Racism in Nursing: Education

Introduction

Schools of nursing (SON) is the front-door to the nursing profession. Racial, structural, and institutional inequities that are embedded in nursing programs and schools have the most profound impact on the profession because of the expanded reach it has into the future of students that progress and those that fail, the nursing workforce, future nurse educators (NE), and the health and well-being of our nation. It is important that NEs learn about our racist history and work to create climates and environments that are built on equity, human dignity, and equal service to all.

It starts with leadership. Once students enter our SON and programs, academic leaders must ensure that faculty are trained and taught how to develop curricula and course content that are pedagogical sound, racially affirming and promote an anti-racism ideology. Academic leaders, faculty, researchers, publishers, and social media platforms must evaluate all future publications, proposals, and communication to eliminate racist stereotyping of diverse populations. Our scholarship must be based on “biological markers” and not social construct such as race, religion, gender, sexuality, etc. Nurse educators are compensated for their services to prepare and produce future nurses, and there is no place in the profession for structural and institutional barriers that block access and limit students and faculty progressions. Both student and faculty need to support to be successful. Therefore, SON and universities/colleges leaders will need to rethink how success is measured in both spaces.

Looking through a new lens, we invite you to review our work and provide critical feedback to inform this work and shape the future on nursing. It is our hope that you will join us in advocating for real change. “As a nurse, we have the opportunity to heal the heart, mind, soul and body of our patients their families and ourselves. They may forget your name, but they will never forget how you made them feel (Maya Angelou, The Future of Nursing 2020-2030, Charting a Path to Achieve Health Equity). Nurses cannot chart a path toward health equity, until there is racial healing in the profession.

THEME: Historical

Goal Statement: Recognize the roots of racism in nursing education

Pre 19th Century

To recognize the metastatic nature of racism and how it presents in nursing today, one must painstakingly unearth the foundation that underlies the profession and dare to interrogate the racial caste system that shaped the discipline. In the early 17th century, racism emanated in the United States through a lens of white superiority that promulgated a false doctrine and erroneous rhetoric that alleged the congenital inferiority and worthlessness of
individuals racially identified as Black (King, 1968). Race, a socially constructed marker, was sold
as a biological construct that transcended generations (National Human Genome Research
Institute, 2018). Racism became the vehicle in which discriminatory ideas, policies, practices,
guidelines, and rules came together, were endorsed legally or by de facto, and driven by
dominant voices across healthcare systems and the nursing discipline over multiple centuries
(Hine, 1989; Carnegie, 2000). While rooted in slavery, racism is not a binary construct that
exclusively encapsulates white dominance over Black disempowerment. Rather, racism
continues to be operationalized by an unconscious and sometimes deliberate acceptance of
negative stereotypical messages about historically racialized groups that serve to delegitimize
and reduce their full humanity, limit access, fuel oppression, normalize unfair treatment, and
sustain racial inequities through racist policies. It is against this backdrop that the genesis of
nursing came to be.

The myth of “separate but equal” produced inequities regardless of where it was
situated or when it was espoused. It was during the Crimean war in 1854 that Ms. Mary Seacole
was denied an opportunity to join the team of nurses under the supervision of Ms. Nightingale
(Seacole, 2005). Nevertheless, Ms. Seacole cared for wounded men inflicted with diseases,
albeit separately and without the government sponsorship afforded to Ms. Nightingale. In
1890, Emma Reynolds applied to every nurse training institution in Chicago and was denied
access (Hine, 1989). Her story was not an anomaly (Carnegie, 2000). When the Supreme Court
upheld the constitutionality of a state’s Jim Crow law in Plessy vs Ferguson, in 1896, under the
cloak of “separate but equal” systems, racial discrimination was affirmed in health care systems
and nursing education. In the United States, beliefs that fueled segregation crossed state lines
and prevented many students from accessing nursing. From 1890-1925, racial segregation and
discrimination occurred alongside “an elite cadre of white nurse leaders” who gave “shape and
guidance to the professionalization of nursing” (Hine, 1989, p. 89). The professional
organizations, journals, and special body of scholarship created by white nurses were racially
exclusive and reinforced the power of discrimination and segregation (Hine, 1989; Carnegie,
2000).

20th Century

In the first half of the 20th century, nursing was moving towards establishing formalized
hospital-based training for nurses (Hine, 1989). The centuries-long existence of Black,
Indigenous, and Latinx nurses, midwives, and other healers was systematically erased to make
room for this new Victorian era approach to nursing education where nurses were expected to
be “literate” and meet a cadre of preferred characteristics. This emerging preference for white
Eurocentric attributes influenced the development of “professional” nursing standards that
continue to be used to discriminate against racialized groups and perpetuate racism in nursing
education (Baptiste et al., 2021; Hine, 1989; Niles & Drew, 2020; Theobald, 2020). By 1900,
there were 432 nursing training schools, most of which were hospital-based programs.
Hospitals and training programs for nurses remained largely segregated and rapidly
overshadowed free standing nursing programs in the United States (Hine, 1989). Though Black,
Indigenous, and Latinx women had historically been responsible for nursing care in their
communities, very few were admitted to nursing training schools (Hine, 1989; Moore & Drake,
2020; Theobald, 2020).
During the period from 1900-1950s nursing education continued to evolve towards a
more standardized curriculum. In 1923, the Goldmark Report was published stating that nursing
education should occur in a university setting (Goldmark, 1923). As nursing education moved
into academic settings the number of advanced education programs increased, and nurses of
color continued to be excluded through the racial gatekeeping that was pervasive in the
beginning half of the century (Niles & Drew, 2020; Moore & Drake, 2021). Schools of nursing
were not the only source of racial gatekeeping in nursing during this time. Nurses began to
organize as a profession with the first assembly of the Nurses Associated Alumnae of the United
States and Canada occurring in 1896. In 1911, the Nurses Associated Alumnae of the United
States and Canada became the American Nurses Association. Once again, racialized nurses
were excluded from participation. In 1916, the American Nurses Association required that
nurses join the organization through their state organizations, which denied membership to
Black nurses. Many states also prevented Black nurses from taking the examination to become
registered nurses (Moore & Drake, 2021). Racialized groups were compelled to form their own
professional nursing organizations. To address the specific needs of Black nurses the National
Association of Colored Graduate Nurses was formed in 1906 (Moore & Drake, 2021) and in
1916, the Association of Registered Nurses of Porto Rico was formed (Walsh, 2018).
In the 1950s and 1960s, a series of legal changes ended legal support for racial
discrimination. In 1954, the US Supreme Court ruled in Brown vs Board of Education “in the
field of public education the doctrine of “separate but equal has no place” (Cornell Law School,
2020). Brown highlighted the nation’s racial caste system and set the stage for passage of civil
rights legislation (Rothstein, 2014). As a result, de jure racial exclusion in historically white
nursing institutions and organizations, which endured through the 1960s (Lewenson, &
Graham-Perel, 2020), eventually ended. In 1951, the National Association of Colored Graduate
Nurses dissolved to integrate into the ANA (Staupers, 1961). Passage of the Immigration and
Nationality Act in 1965 ended legal preference for immigrants from northwestern Europe
(Masselink & Jones, 2014). Similarly, the ANA sponsored Exchange Visitor Program, which had
brought primarily European nurses to the United States before 1959, expanded to include
nurses from other countries particularly from the former US colony the Philippines (Choy,
2003).
Although legal changes eventually had a significant impact on de jure racial discrimination, they
had no power to abolish racist ideology in nursing and health care. Acceptance of scientific
racism (beliefs in biological inferiority) contributed to nurses’ historic participation in the
violation of racialized people’s human rights such as occurred in the Tuskegee Experiment
(Crenner, 2012) and the forced sterilization of thousands of racialized women in the 1960s and
1970s, and hundreds in the 2000s (Alonso, n.d.; Kardish, 2014). At the same time scientific
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1966 racism in nursing curricula and textbooks, prepared a nursing workforce to deliver
discriminatory care (Byrne, 2001; Jaschik, 2017), reinforcing the status-quo of medical
apartheid in America (Garber, 2020; NewKirk, 2016; Smedley et al. 2003). De facto racial
exclusion in nursing organizations and mass human suffering caused by health injustice led to
the formation of professional associations to represent the voices of racialized nurses and their
communities including Chi Eta Phi Professional Nursing Sorority in 1932, the National Black
Nurses Association (NBNA) in 1971, the National Association of Hispanic Nurses (NAHN) in 1975
(NBNA n.d.; NAHN, n.d.), the Philippine Nurses Association of America, Inc. (PNAA) in 1979, the
Asian American Pacific Islander Nurses Association (AAPINA) in 1992, and NANAINA unites
American Indian/Alaska Native nurses, 1993. Due to the ongoing lack of diversity, support, and
progression in nursing, in 1998 the National Coalition of Ethnic Minority Nurse Associations
(NCEMNA) was founded to provide a unified voice and force advocating for equity and justice in
nursing and health care for ethnic minority populations. NCEMNA consist of five national ethnic
nurse associations: AAPINA, NANAINA, NAHN, NBNA and PNAA.

In the post-civil rights era nursing education deployed race-neutral policies in a white
supremacist system, resulting in reproduction of the pre-civil rights racial hierarchy. Race
neutral approaches obscured how white supremacist power relations cultivated inequality and
oppression often by ignoring its existence and impacts (Koschmann, Jeffers, & Heidari. 2020;
Jones, 2014). Examples include the different accreditation standards for nursing programs,
which have historically ignored white supremacy (Hassouneh, 2018). Similarly, the AACCN (1997)
has historically expressed support for diversity, equity, and inclusion without engaging in the
substantive anti-racist policy change efforts needed to create equal outcomes across groups.
Thus, the construction of standards for education and of problems and their solutions by
nursing educational institutions and organizations obscured the operations of white supremacy
while maintaining the status-quo of racial hierarchy in the profession.

Nursing’s most recent history in the 21st Century reveals some progress towards
changing the predominant White female leadership of the American Nurses Association. Of the
first 35 American Nursing Association presidents, two of them were Black women-- Dr. Barbara
Nichols, elected in 1978; and Dr. Beverly Malone, elected in 1996 (Waite & Nardi, 2019). The
election of Dr. Ernest Grant heralded the election of the first Black male president of ANA in
2014. He is currently serving his second term. However, at the state level, many of ANA’s
affiliate chapters have yet to elect a nurse of color as the president.

THEME: Pedagogy

Nursing curricula and pedagogy has historically centered the experiences of people who are
white-identifying and failed to ensure that content and methods for teaching are racially
affirming and promote an anti-racism ideology. This is evident in the pedagogical approach
used to address cultural competency where a variety of races and ethnicities are discussed in
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2005 nursing textbooks and peer-reviewed journals. It is common to see stereotypes being taught through patient-provider scenarios, case studies, simulation, and in the clinical setting.

2006 Nursing textbooks are commonly written without references to or input from highly skilled scholars from minoritized groups. The omission of diverse perspectives and lived expertise results in educational materials that perpetuate stereotypes and biased beliefs. Despite the significant efforts to analyze the interlocking systems of inequitable access and discrimination in healthcare, nursing education tends not to include an anti-racism pedagogy in its curricula (Hassouneh, 2006). Nurse educators should become proficient and knowledgeable about, structural, institutional, and political social determinants of health as they prepare the future nursing workforce to provide culturally informed, congruent, and safe care for an increasingly diverse population.

2007 In addition, educators play a fundamental role in the academic success of students and their ability to operationalize the profession’s value of social justice. Equity pedagogy is one approach to teaching and learning that supports the academic achievement of all students. According to Banks (2006), “an equity pedagogy exists when teachers modify their teaching in ways that will facilitate the academic achievement of students from diverse racial, cultural, gender, and social-class groups” (p. 18). Effective educators learn to utilize a range of pedagogical strategies to meet the needs of a range of learners. Three examples that support the three domains of learning: cognitive, socio-emotional, and skills and behaviors (Bloom & Krathwohl, 1956) are: (1) cooperative strategies rather than competitive strategies help students develop positive racial attitudes; (2) narrative pedagogy allows students to build on lived experiences and supports relevance: and (3) culturally responsive teaching which is “an umbrella term for pedagogies that prepare students to support social justice in and beyond the classroom” (Day & Beard, 2019, p. 279).

2008 Recommendations

1. Develop programmatic outcomes for DEI
2. Assess curriculum for DEI & revise. Consider policy modification
3. Assess education resources for bias, especially textbooks
4. Assess for, develop, and ensure access to DEI educational resources – provide supplemental DEI educational resources as needed

2009 THEME: Access

2010 Goal: To promote an equitable and inclusive academic environment, students, staff, faculty, and administration need access to people, resources, and opportunities to make a meaningful impact and drive optimal success.
To promote an equitable and inclusive academic environment where students, faculty, staff, and administration are successful, each group needs access to people, resources, and opportunities. Within the academy, these groups have a synergistic relationship meaning that successes or challenges of one influence another and the overall mission of an institution of higher learning. Although they work together, each is discussed separately in terms of tools for success: people, resources, and opportunities.

**Students**

To support Black, Indigenous and Nursing Students of Color we must set a standard that cultivates an environment of equitable and inclusive excellence along with purposeful development of resources that foster the success of all students (Williams, 2020). Nursing schools must be intentional and committed to cultivating an equitable and inclusive environment that afford students with access to culturally proficient faculty, staff, and opportunities to achieve superior academic outcomes that area reinforced by anti-racist policies and pedagogies. Black, Indigenous and Nursing Students of Color should also be provided with a sustainable and comprehensive safety net such as: mentoring, early access to financial support, current technology, mental wellness practitioners, healthy food, and safe and affordable on/off campus housing.

**Staff**

Staff is often the forgotten members of the academic community when it comes to equitable and inclusive excellence. On the contrary, the staff is vital and is often on the front line to advance the academy's mission. For example, staff may be the first resource for students applying to nursing school or remaining in a program because they may be advising students. Historically, we know the discordance between the interactions of culturally inept staff and nursing faculty with Black, Indigenous and Nursing Students of Color. Williams and colleagues (2004) describe an equitable and inclusive excellence scorecard that includes campus climate with competent staff willing to help set the tone of the culture, commitment and communication academic environment students must navigate. Just like other parts of the academy, staff should be empowered to bring their whole selves to work with opportunities for success. Staff success includes access to people, resources, and opportunities to make a meaningful contribution to inclusive excellence.

**Faculty**

Black, Indigenous, and other Faculty of Color face unique challenges compared to white nursing faculty members. Therefore, an evidence-based, strategic support plan is needed to move these faculty toward success ("Three Strategies to Support Minority Faculty," 2018). The plan includes access to people, resources, and opportunities. Black, Indigenous, and other Faculty of Color need access to collaboration opportunities with other faculty members that shares the same ethnicity and culture. These relationships provide a safe space for faculty to share experiences and decrease feelings of social isolation while enhancing a sense of belonging. Bidirectional conversations between Black, Indigenous, and other Faculty of Color can help these educators express their experiences with microaggressions and bias in the workplace.
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("Three Strategies to Support Minority Faculty," 2018). Access to senior-level minoritized faculty and allies to promote faculty development and exposure to resources is crucial for success in the academy as teachers, scholars, and servant leaders.

Administration
Williams and colleagues (2005) convey that administrators are most important to cultivating and driving organizational change in the academy. These elements set the tone for communicating the vision, building capacity, and attracting resources to make "excellence inclusive." Depending on their role, administrators have significant responsibility in supporting academic inclusive excellence because they often control the necessary resources for student, faculty, and staff success. Not unlike other workplaces, academic administrators set the tone for the culture of an organization. The optimal culture would embrace, expect, and tolerate nothing less than an inclusive environment for all stakeholders. To access people, resources, and opportunities for themselves and stakeholders, Kallargyrou and Woods (2009) stated that administrators need communication, diplomacy, and human resources skills to develop collaborative and collegial relationships among staff and faculty fund-raising, empathy, compassion, and facilitation.

Summary
With access to people, resources, and opportunities, individuals can contribute to the academy's success while also experiencing a sense of value and belonging. All stakeholders in an inclusive academy will contribute to and expects a culture that embraces the importance of communication, diplomacy, empathy, humility, and respect.

THEME: Climate and Culture

As early as pre-school there are distinct variabilities in school performance between minoritized groups and their peers (Voight, 2013). Almost half of all college students who enter a four-year postsecondary institution will fail to complete a bachelor’s degree within 6 years of entering higher education (National Center for Education Statistics [NCES] 2012). In addition, students of color face substantial racial and ethnic disparities in college persistence and degree attainment.

Climate and culture are concepts that help to describe the internal environments of organizations and institutions. Culture refers to the deeply embedded patterns of organizational behavior and the shared values, assumptions, beliefs, that members have about their organization or its work. Climate is generally thought to focus on patterns of behavior or formal activities in an institution that can be observed directly and objectively. Examples include but are not limited to certain practices, policies, procedures, and characteristics.

Climate is often related to governance and decision patterns, teaching, and learning processes, participant behaviors, effort, and interaction patterns, and work patterns. Therefore, climate is considered more rapid to change as compared to culture.
Nora and Cabrera (1996) conducted a quantitative analysis of 831 students at a single predominantly White institution and found that students of color reported more negative campus climates, higher levels of discrimination from faculty, and greater insensitivity in the classroom than their White peers. These are common negative behaviors experienced by students of color enrolled at predominantly White academic institutions. Developing diverse, equitable, inclusive, and accessible environments where there is a collective sense of belonging and all individuals thrive and do their best work is critical to achieving academic nursing’s goals related to diversity, equity, and inclusion. When students feel valued, respected, and welcomed by their classmates and peers, they report experiencing a stronger bond to the greater campus community. In this environment, students feel safe enough to share experiences, engage in thoughtful discussions, and offer support to others. Peers can also help buffer the effects of a negative classroom relationship with a faculty member (Sidelinger, Bolen, Frisby, & McMullen, 2011).

By developing a better understanding of how learning environments are impacting student success, educators can be equipped with valuable information to initiate change, target areas of growth, and most importantly, improve student outcomes. Hence, the examination of climate and culture are key elements in mitigating racism in nursing education.

**Recommendations to build inclusive learning environments**

(National Academies of Sciences, Engineering, and Medicine. (2021):

1. assess diversity, equity and inclusion policies that perpetuate racism and discrimination;
2. build organizational anti-racism climate by routinely assessing the perceived racial climate as well as the cultural competence of faculty, staff, and students,
3. providing anti-racism training resources, and creating open and safe spaces for action-oriented conversations;
4. building the infrastructure and resource allocation to support unrepresented and disadvantaged students, faculty, and staff.

**THEME: Progression**

**Related Goal: 2. Advocate for equity in educational outcomes for racially minoritized students in access, retention, and degree completion. (Student Focused)**

**Related Goal: 3. Ensure equitable structures and opportunities that foster pathways to increase the recruitment, retention, and progression of faculty of color and leaders in schools of nursing. (Faculty and Administrator Focused)**

**Overview**
Ensuring student, faculty, and administrator progression requires understanding of systemic patterns of disparity to address and eliminate barriers and remove participation gaps as part of an intentional strategy to improve student progression, faculty progression, and administrator progression (ABET, 2021). Intentional restructuring of academic environments that focus on transparent policies, processes, and resources provides equitable access to resources that empower students, faculty, and administrators to be successful in their progression pathways. To mitigate systemic racism embedded in nursing education, the workgroup focused on systems, processes, and resources that can support students’ progression through their programs of study. Likewise, faculty and administrator progression can be supported by the implementation of systems, processes, and resources for role transition and role development.

Operational Definitions for Progression

1. Student progression is the pathway to degree or certificate completion from the point of admission through program completion. Student progression encompasses retention and focuses on how students proceed through programs of study. Student progression includes systems, processes, and resources that assist students through programs of study, from the point of admission through degree or certificate completion.

2. Faculty progression is the pathway to role acquisition and includes systems, processes, and resources that support faculty success for transition in the faculty role. Faculty progression starts from the first day of employment and proceeds throughout the employment period.

3. Administrator progression is the pathway to role acquisition and includes systems, processes, and resources that support administrator success for transition in the administrative role. Administrator progression starts from the first day of employment and proceeds throughout the employment period.

Resources

Resources to support student progression include, but are not limited to, robust orientation/mentoring process, holistic admission/transfer pathways, targeted and intentional engagement/socialization (internal and external), faculty and peer mentoring, academic strengthening mechanisms, “wrap around” student support services, flexible learning options, and non-academic support (e.g., fiscal and childcare). Resources to support faculty and administrators include, but are not limited to, adoption of comprehensive onboarding processes, engagement/socialization (internal and external), peer mentoring, professional development for role development, academic support, leadership support, and other support (e.g., childcare).

Recommendations

In addition to implementation of the resources identified previously, schedule regular review (monitoring) of systems, processes, and resources for student, faculty, and progression to
identify implicit bias and take measures to correct biases. Implement structural and
institutional changes that reduce implicit biases. Increase situational awareness of
bias, education regarding consequences of bias, strategies for reducing bias, and Self-reflection
(FitzGerald, et al., 2019). Engage college/university leaders, faculty, staff, and students in
communications directed toward addressing explicit and implicit bias to foster inclusiveness.
Encourage faculty to discuss equity in student resources and faculty resources that link success
to academic equity and access to resources. Provide faculty and administrator development to
prepare faculty and administrators for implementation of learning experiences that decrease
non-persistence in students. Maximize educational capacity by establishing partnerships with
communities of interest to build collaborative initiatives that engage students, faculty, and
administrators. Implement reporting systems for students, faculty, and administrators’
documentation of aggressions and microaggressions for investigations. Establish workload
policies that provide equitable research opportunities and leadership opportunities for faculty
and administrators. Remove barriers to research tracks. Additional recommendations are listed
in Table 1 Student Systems, Processes, and Recommendations and Table 2 Faculty and
Administrator Systems, Processes, and Recommendations.

Table 1. Student Systems, Processes, and Recommendations

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<th>Systems</th>
<th>Processes</th>
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<td>Engagement/Socialization</td>
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<td>Pathways &amp; Matriculation) Advisement</td>
<td>Orientation/Mentoring</td>
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<td>Partnerships (e.g., sororities and fraternities,)</td>
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<td>Instructional Modalities</td>
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<td>Academic Support</td>
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Table 2. Faculty and Administrator Systems, Processes, and Recommendations

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<td>Employment/Hiring</td>
<td>Onboarding Mentoring</td>
<td>Engagement/Socialization Peer Mentoring (faculty/administrator and organizational leadership; inclusive of the tenure process)</td>
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<td>Professional Development</td>
<td>Professional Development Selection</td>
<td>Professional Development (role, research, specialty, and leadership) Faculty/administrator fellowships</td>
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<td>Professional Development</td>
<td>Support (Academic and other)</td>
<td>Administrative Support Grant Writers Teaching/Learning Centers for Excellence Childcare</td>
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Conclusion

We need leaders to commit to “real change” and are ready to view their systems from the edge of chaos, not just to innovate, but to eliminate. Our call to action is that academic leaders move beyond hiring diversity, equity, and inclusion (DEI) officers and seek to include equality. Mostly, the work assigned to these positions appears to focus on “training” around the concepts of diversity, equity, and inclusion, and to small extent tolerance. Diversity is the “low hanging fruit” of the analytical profile of differences in the organization. It is easy to measure and is ideal for developing dashboards that are then translated to mean organizational excellence, (Dawson 2018a, Dawson 2018b, and National Black Nurses Association, Newsletter, Fall 2021). On the other hand, equity is about fairness and justice in the workplace ensuring that every person is going to have access to and receive the resources and support they need to achieve and be their best self (DeConinck, 2010). It is about the impartiality of decision-makers and leaders in the organization.
Organizations must perform the baseline work to identify leaders “work arounds” practices. This may mean evaluating and addressing organization equality practices which is different from the social policy view of equality that focus on equal amongst races, ethnicity, gender and other societal or human characteristics. Organizational equality is a state of being treated equally in pursuit of professional status, progression in one’s career, promotional opportunities, compensation, rights to share in non-monetary benefits and to have more than a seat at the table, but to also be heard. SON should include internal and external comparison and assessment of their policies and practices. For example, why is it that most major universities consider a 70-point earned grade to be a passing C, while many programs with a large minority student population requires 75 or higher to receive a C grade, or in the worst case a C is failing grade; thereby, increasing the timeframe for graduation and the economic debt of these students.

Finally, there is the question of inclusion or as some authors and organizations are defining their culture as “belonging”. Glassdoor Team (2021) defined belonging as the ability to be my authentic self both professionally and personally with respect to culture and my lived experiences. It is the ability of the organization to support and allow me to show-up and connect with their mission, vision, and values without being asked me to change to fit who they think I should be.

Our charge to each individual nurse is can you lean in and help make the profession better? Can nurses learn from the past, assess the present and create the future? Peter Drucker stated that the “the best way to predict the future is to create it”. Can nursing education envision a way forward and create the profession future?

References


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Moore, S. S. & Drake, D. (2021, Aug. 20.). We are the solution to our problem. A brief review of the history of nursing and racism. https://www.npwomenshealthcare.com/we‐are‐the‐solution‐to‐our‐problem‐a‐brief‐review‐%E2%80%A8of‐the‐history‐of‐racism‐%E2%80%8Aand‐nursing/


National Association for Hispanic Nurses. (n.d.). History. https://nahnnet.org/about/history


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