Advancing Diversity Through Inclusive Excellence in Nursing Education

MICHAEL R. BLEICH, PhD, RN, FAAN, BRENT R. MACWILLIAMS, PhD, ANP-BC, AND BONNIE J. SCHMIDT, PhD, RN, CNE*

Nurse leaders call for a more diverse nursing workforce, but too few address the concept of inclusion as a recruitment and retention strategy or as part of improving the academic learning milieu. This article addresses organizational considerations of diversity and inclusion as part of the agenda established by the Association of American Colleges and Universities for inclusive excellence, building on the idea that academic environments only become excellent when an inclusive climate is reached. Six organizational strategies to inclusion are presented from the authors' experiences, some structural and others behavioral: admissions processes, invisibility, absence of community, promotion and tenure, exclusion, and tokenism. A call for structural and behavioral adaptions within nursing education to advance an inclusive excellence agenda is presented. (Index words: Diversity; Inclusion; Inclusive excellence; Nursing education; Academic culture; Organizational behavior) J Prof Nurs 31:89–94, 2015.

DIVERSITY HAS GARNERED increasing attention in a society that is demographically pluralistic. In health care, both the Institute of Medicine (IOM), (2010) and The Sullivan Commission (2004) proclaim that health care providers should reflect diversity that mirrors those being served. The purpose of this article is to focus on nursing education and the professional formation of nursing students as diverse and inclusive providers of future care.

Many colleges and universities have focused on increasing the diversity of faculty, staff, and students. Diversity typically includes ethnicity, race, socioeconomic status, gender, sexual orientation, and other factors that each institution defines for its communities of interest (American Association of Colleges of Nursing [AACN], 2008; Marvasti & McKinney, 2011; Williams, Berger, & McLendon, 2005). Inclusion extends beyond the notion of diversity. Inclusion activities create organizational structures that advance communications, foster advanced decision making, and mitigate power differentiation between and among diverse individuals and groups. Inclusion results in enriched perspectives and creativity central to the purpose of becoming educated in a pluralistic academic culture.

To this end, the Association of American Colleges and Universities (AAC&U) has coined the term *inclusive excellence* (IE; Williams et al., 2005). Their work draws attention to the commingling of diversity with engaged ways of participating to achieve academic excellence and successful careers. Nursing educators can benefit from a focus on diversity, inclusion, and excellence in academic and clinical settings.

Historically, nursing in the past century has not been diverse; the world view in nursing has been narrower than might be desirable, with a latent expectation that nursing students adapt to Eurocentric norms (Hassouneh & Lutz, 2013). Today, through faculty, curricula, and co-curricular opportunities, higher education aims expand learners' world view by adding depth and breadth of knowledge, exposing learners to varying social constructs, and advancing students' ability to inquire and seek answers to questions in service of others (Morin, 2003).

The State of Nursing Demographics for Underrepresented Groups

To support the case for enhanced diversity in nursing education, an assessment of the demographics for underrepresented groups is in order. But demographics tied to the nursing workforce are inconsistent, with no existing

*Bleich-Goldfarb School of Nursing, MacWilliams & Schmidt-University of Wisconsin Oshkosh College of Nursing. Bleich-Goldfarb School of Nursing, MacWilliams & Schmidt-University of Wisconsin Oshkosh College of Nursing.

Address correspondence to Dr. Schmidt: University of Wisconsin-Oshkosh College of Nursing, 800 Algoma Blvd., Oshkosh, Wisconsin 54901. E-mail: schmidtb@uwosh.edu

8755-7223

http://dx.doi.org/10.1016/j.profnurs.2014.09.003

national standardized definitions or data collection processes, creating variable and uneven study results. Data collected are often simplistic and not robust enough to establish a baseline for measuring diversity-oriented initiatives (i.e., race/ethnicity, gender, and age). The data that follow examine nursing diversity contrasted with other health care disciplines and the overall U.S. workforce.

The latest Health Resources and Services Administration (HRSA) report noted that the nursing workforce is still predominantly White—75% (United States Department of Health & Human Services [USDHHS], 2013). Only 5% of the nursing workforce is Hispanic/Latino, yet this ethnic group comprises 14% of the overall U.S. workforce. The proportion of men in nursing has increased from 7.6% in 2000 to 9.6% in 2011, per the American Community Survey (United States Census Bureau, 2013). Furthermore, and pulled from a variety of sources, the Bipartisan Policy Taskforce Executive Summary (Keckley, Coughlin, Gupta, Korenda, & Stanley, 2011) documents that a highly disparate gender distribution for registered nurses is 7% male to 93% female, compared with dentists with 22% female; pharmacists, 45% female; physicians, 30% female; and psychologists, 57% female. This illustrates the degree of gender imbalance in nursing in contrast to other health professions that have achieved gender recalibration.

Over one third of the U.S. population belongs to racial and ethnic minorities, yet minorities constitute only 16.8% of the nursing workforce (United States Census Bureau, 2011; USDHHS, 2010). These data reflect the magnitude of the issue and the challenge at hand for nursing education to advance a diversity agenda, not only for direct care positions but also for compounding the impact leading to diversity in leadership, faculty, research, and other visible professional positions where role models are needed. Furthermore, it is expected that by the year 2043, minorities will constitute over half of the U.S population (United States Census Bureau, 2012b). Currently, racial and ethnic minorities make up nearly half of the U.S. population younger than the age of five (United States Census Bureau, 2012a).

Status of Underrepresented Populations in the Nursing Education Pipeline

In contrast with workforce data, nursing education data document that effort toward recruitment of underrepresented populations has increased, yet many of these recruits disproportionately do not graduate (Gilchrist & Rector, 2007; Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008; Pryjmachuk, Easton, & Littlewood, 2009). Underrepresented and diverse students outnumber diverse faculty who could serve as their role models. According to the AACN (2012), 26.8% of students in entry-level baccalaureate programs belonged to minority groups, of which 11.4% were men. They further report that 6.2% of full-time nurse faculty members are men, and 12.6% belong to minority groups—a marked imbalance.

Some faculty members have been implicated as gatekeepers to the nursing profession who limit entry of underrepresented populations into nursing (Davis & Bartfay, 2001; Hassouneh, 2008). By virtue of their role in student admissions, faculty members have been implicated in stereotyping and discrimination, although many times this occurs without conscious intent (Bell-Scriber, 2008; MacWilliams, Schmidt, & Bleich, 2013). Nurse educators who have been socialized to Eurocentric values may hold a world view that is more exclusive than inclusive. Switching to a faculty example of gatekeeping, Hassouneh and Lutz (2013) noted patterns of control and exclusion of minority nursing faculty in rank and tenure decisions. "Academe is a model based on commonalities – not a community built around the concepts of diversity" (Medina & Luna, 2000, p.48–49). The injustices experienced by historically underrepresented populations (i.e., African American, Hispanic/Latino American, Native America and "others") in the academy mirror a social system where the White majority holds the power and the minority is marginalized.

Strategies to Advance IE in Nursing Education

An inclusive culture is one that (a) fosters and values diversity; (b) builds communication, decision making, and reward and recognition mechanisms that elevate diversity through respectful engagement; and (c) creates intentional feedback loops, both internal and external, that advance awareness of diversity and inclusion blind spots, with action to support improvements. As used here, a diverse culture differs from an inclusive culture. A diverse culture is open to creeds, cultures, ethnicities, gender, and other human qualities. We define that an inclusive culture is one that brings diverse perspectives into decision-making structures at all levels, allows for and celebrates differences as enriching, and reduces and/or eliminates barriers to full engagement of all. Even if diversity in academe is sparse, the culture can be inclusive for those who represent diverse qualities and traits; the opposite is also true, whereas a diverse culture may not be inclusive.

Together, a diverse and inclusive organization eradicates individual and organizational practices that perpetrate attitudinal or repressive structural barriers, in lieu of practices that honor, celebrate, and reward differences within the culture. An inclusive culture is an outcome to achieve but only through appreciating differences. A group may be diverse but not inclusive, if diverse members are viewed with a perspective of unequal power, limited engagement, or silenced voice.

Nursing education practices can accelerate an inclusive culture through six strategies that the authors identify as foundation for further enhancement and outcomes measurement. These strategies have been identified from the literature, lived experience, and observations of academic practices. Further, ideas specified in the work of the IOM's Future of Nursing (2010) report and Benner, Sutphen, Leonard, and Day's (2010) work on radical transformation give us grounding in these strategic areas of focus. Six strategies will next be presented: improve admissions processes, reduce the