

# Nurse Leaders Continuing the Work and Conversations on Diversity, Equity, Inclusion, and Abilities



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The nursing profession is at a pivotal place in its history, in the United States and the world. The nursing profession is being asked to address diversity, equity, inclusion, and abilities in a meaningful way. Societal forces coupled with the report by the National Commission to Address Racism in Nursing are requiring action to address organizational spaces and work environments. In a survey conducted by the National Commission to Address Racism in Nursing, 70% of black nurses said they experienced racism at the hands of a leader. Additional survey findings highlighted that 64% of nurses surveyed, who challenged racism, saw no change.

The nursing profession is at a pivotal place in its' history, in the United States and the world. The American Nurses Association (ANA) issued a "Racial Reckoning Statement" on June 11, 2022. "Through acts of omission, when we failed to act, and commission, when ANA's actions negatively impacted nurses of color, we have caused harm and perpetuated systemic racism," the overall statement recognizes past harms to nurses of color in the community of practice.<sup>1</sup> The World Health Organization (WHO) declared 2020 as the "Year of the Nurse and the Midwife," and extended this recognition and celebration into the 2021 calendar year because of the novel coronavirus (SARS-CoV-2) pandemic. No one could have ever predicted how events that took place during the 2020 calendar year would provide the backdrop, a call-to-action, an indictment, and assessment of race relations within the world's health care delivery systems. Calendar year 2020 served as a platform to address racism and engage in discussions within the community of practice and to call for organizational ownership of bias related practices within the organizational culture. There were calls for development of diversity, equity, and inclusion practices as standard operational protocols, and demands for organizational culture shifts. This call, although not previously addressed in a significant fashion, is in alignment with the theoretical, philosophical, and practical frameworks deeply rooted in educational and organizational constructs of the nursing profession.

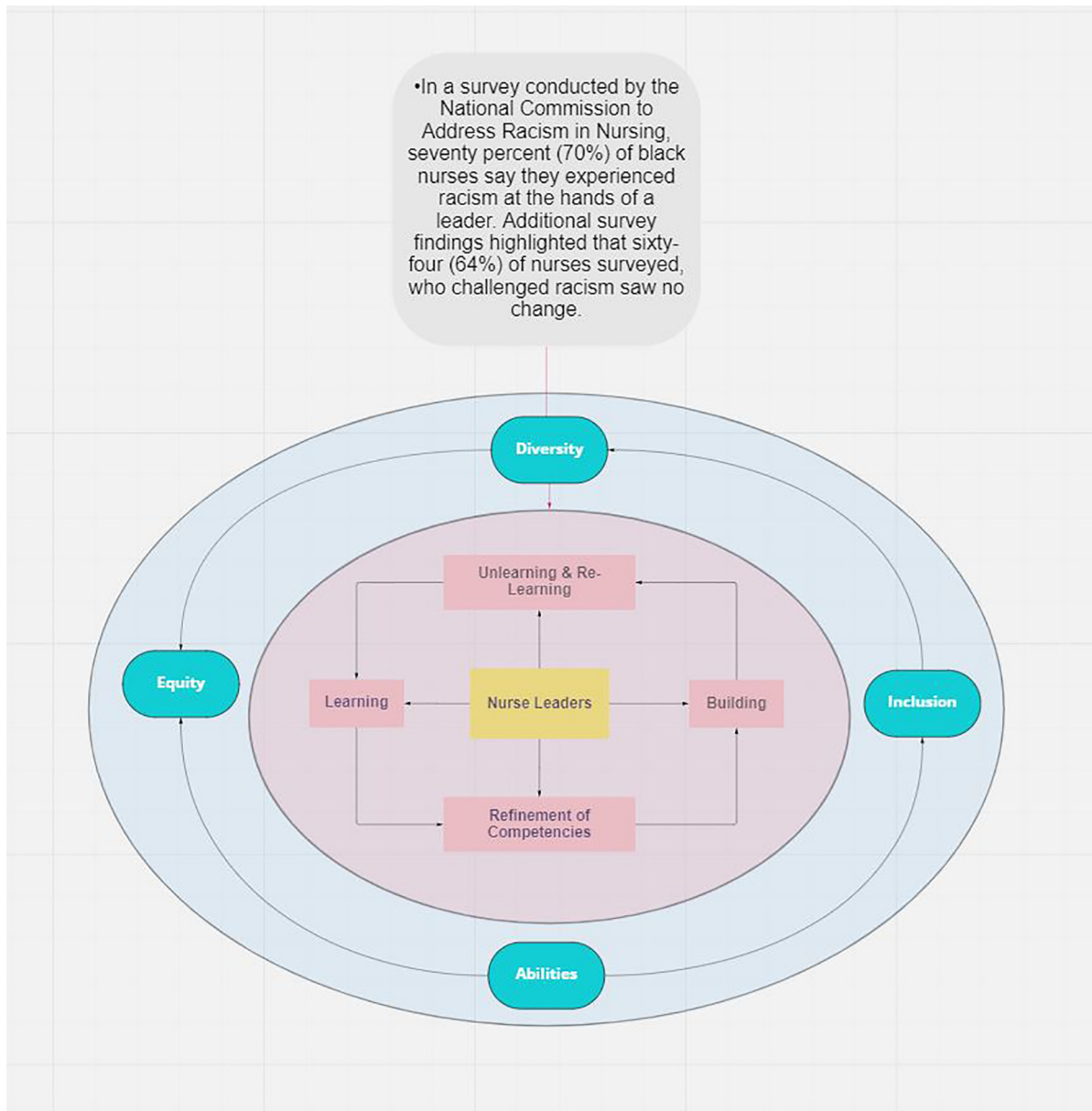
## HISTORIC EVENTS SHAPE OUR WORLD AND CALL FOR ACTION IN THE NURSING COMMUNITY OF PRACTICE

On January 20, 2020, the Centers for Disease Control (CDC) confirmed the first case of COVID-19 in the United States. The first person to have contracted COVID-19 worldwide was identified in China on November 19, 2019. Cases were reported throughout various countries and on March 11, 2020, the WHO declared COVID-19 a pandemic. Rhetoric about the origins of the first cases of infection resulted in targeted acts of harassment and assault toward persons of Asian American and Pacific Islander (AAPI) heritage.

Outcries for a review of practices, and policies based on race were furthered by the murder of George Floyd, a black man. George Floyd's death was ruled a homicide. The world watched a video that was 9 minutes and 29 seconds in duration as convicted murderer Derrick

### KEY POINTS

- Visionary nurse executives utilize the competencies of leadership, professionalism, business skills and principles, knowledge of the care environment, communication, and relationship management to build diversity, equity, inclusion, and ability programs.
- Diversity, equity, inclusion, and accessibility work is ongoing, dynamic, and iterative.



**Figure 1.** Activity Required By Nurse Leaders in the Diversity, Equity, Inclusion, and Abilities Space

Chauvin, at the time a Minneapolis Police Department officer, restrained Mr. Floyd and compressed his neck. George Floyd was deprived of oxygen and basic human dignity, seemingly in our living rooms. Many said there would be moral reckoning, yet the death of Daunte Wright killed by Minnesota police officer Kimberly Porter occurred on April 11, 2021. Protesters, global citizens, and humanitarians across the world asked for the restoration of basic human rights within the context of policing. Health care leaders and frontline health care workers shared that the conditions allowing for the dehumanization of George Floyd and Daunte Wright were experienced personally within their respective workplaces and home communities. Black indigenous people of color (BIPOC) spoke of their lived experiences and shared that there needed to be greater accountability and more

concrete actions to address conditions that directly affected their physical and professional survival.

Health care workers, and more specifically professional nurses, highlighted inequities navigated daily in the workplace. The conditions were said to negatively affect well-being daily. Health care organizations admitted internally through their employee platforms and externally through their marketing departments that there were issues. Simultaneously, the death rates from COVID-19 began to show that health care disparities were significant and affected morbidity and mortality in a disproportionate manner for communities of color. Black and brown people were dying at alarming rates. The CDC declared racism a serious threat to the public's health in November 2021. It is understood that leading and curating change through these challenging times will require learning,

unlearning, relearning, and building and refinement of competencies related to diversity. Competencies that some leaders admittedly have not had to demonstrate, develop, or evaluate on a perpetual basis. Nursing and nurse executives must activate conversation about racism and diversity to retain staff and positively impact staff well-being at physical, emotional, and spiritual levels.

### IDENTIFIED PROBLEMS HIGHLIGHTED IN THE NURSING PROFESSION AND OUR CALL-TO-ACTION

In a survey conducted by the National Commission to Address Racism in Nursing, 70% of black nurses said they experienced racism at the hands of a leader. Additional survey findings highlighted that 64% of nurses surveyed who challenged racism saw no change. “Racism does not exist in a silo, and its actions are not always explicit.”<sup>2</sup> “Nursing leadership is responsible for improving racial equity while assuring health equity practice and outcomes by fostering mindsets, helping managers and teams to address structural racism in their organizations and institutions.”<sup>3</sup> Nurse executives utilizing their knowledge of the health care environment can address biases that impact the morbidity and mortality of the communities they serve and develop tools and resources that address systematic practices that have negatively impacted the health care delivery system. They can also develop tools and playbooks that address long-entrenched practices and systems, dismantling those that do not support their professions’ nurses or patients.

An environment that has diversity as a value proposition allows for leadership that is in alignment with the domains of the American Organization for Nursing Leadership (AONL). Diversity, equity, inclusion, and accessibility work is dynamic and iterative (*Figure 1*). Nurse leaders are designing delivery models, living and building within these watershed moments as they unfold. Commitment paired with an equity lens will allow nurse leaders to navigate this space, and start and continue the work to transform protocols, practices, and systems. The survival of the profession of nursing is inevitably connected to addressing concerns, biases, and behaviors highlighted by the community of practice that have not previously been interrogated for the harms they cause.

Visionary nurse executives utilize the competencies of leadership, professionalism, business skills and principles, knowledge of the care environment, communication, and relationship management to build diversity, equity, inclusion, and ability programs. Visionary leaders routinize their thinking, actions, and decisions to consider equity from their positional power address systemic issues. Visionary leaders work at dismantling practices and systems that do not work, and while simultaneously leading to build on practices and systems that do work for the community of practice. While assessing the current state, visionary leaders are

evaluating the rigor of innovative ideas and programs to address biases and build toward a future state that reflects the true mosaic of inclusion for the community.

### THE TRANSFORMATIONAL CHANGE AND LEAVING BUSINESS AS USUAL—THE MOST TRUSTED

“Structural racism in nursing and healthcare is a key social influencer of health and its elimination should also align with professional nursing’s policy and priorities.”<sup>3</sup> Nurse leaders are uniquely gifted to be the agitators for change. Nardi et al.<sup>3</sup> further state, “Structural changes that work towards racial equity in the nursing profession require multilayered, multidimensional, and ongoing efforts from numerous key stakeholders because it is a highly complex issue.” “The registered nurse demonstrates advocacy in all roles and settings.”<sup>4</sup> Here are several thoughts on how to negotiate this journey.

### THE NURSE LEADER IS ON DUTY!

- Continual assessment of one’s individual competency and understanding of the diversity, equity, inclusion, cultural humility, and ability awareness in the landscape must be a priority. “The identities of those sitting at the tables of power in this country have remained remarkably similar: white, male middle- and upper-class, able-bodied.”<sup>5</sup> Experts in the field of diversity, equity, inclusion, and ability space stress that competency is never possible. There is intersectionality between groups, and regions of the country and world. Those invested must commit to being uncomfortable, but actively engage in this area of study to be impactful and lead.
- A document that can be utilized for knowledge acquisition is the National Commission to Address Racism Report.<sup>2</sup>
- “Engage in inclusive conversations for the ultimate purpose of taking action to mitigate systemic inequities.”<sup>6</sup>
- Leaders commit to ongoing learning and re-learning to build knowledge. Marginalized communities or individuals that have experienced biases are not be required to do the teaching. There are several experts and consultants in this content area. Leaders should interface with content and cultural experts, community experts, and faith-based leaders. Mastery of work within the diversity, equity, inclusion, and ability space is not possible as the subtleties of behaviors and policies may change and require ongoing assessment, reassessment, and change. “Develop very specific behaviors to which you will hold yourself and others accountable.”<sup>6</sup>
- Ask yourself, and your organization, when was the last time the community was invited in? Do you currently have a multiethnic, multigeneration patient and family advisory committee/council (PFAC)?

- Have you had discussions recently with clergy from various denominations? What do the food choices in the cafeteria, coffee shop, or the gift shop reflect?
- Do your meeting times allow for all team members to be included and maintain their individual authenticity without needing to disclose their preferences?
- Has there been consideration that a specific meeting time could influence religious or cultural practices?
- Have existing policies been evaluated for both inclusive language and equitable impact.
- For potential hires has consideration or coordination from an equity lens been applied when scheduling in-person or virtual interview sessions. For virtual interviews, not all candidates can be in a quiet space that optimizes communication. What accommodations do you make as a leader? Systemic housing-related challenges have significantly impacted populations along racial lines directly impacting optics and auditory privacy in a virtual space.
- When scheduling times to interview a potential hire, has flexibility been built into available meeting times that demonstrates inclusivity.
- When conducting interviews are interview panels diverse. Are all panelists aware of the commitment to building an equitable organization? Are they familiar with protocols and human resources mandates that address hiring inclusivity? Have the individual panelist received any bias related training? Panelists should feel comfortable pausing before interviews begin to ensure the correct personnel are part of the interview process. The talent and acquisition teams in your organizations should be skilled or building skills in this content area.
- Are interview debriefs held?
- Once hired, is there flexibility within the onboarding process from an equity lens?
- The nurse leader often has a role in establishing salaries. The organization structure must evaluate pay parity for incumbent and new staff hires.
- Leaders build knowledge and evaluate the economic expenditures within their organizations', communities', and individual businesses to promote the health of communities disproportionately influenced. Evaluating collaboration with the communities for meaningful economic change.
- Does the purchasing department within your organization evaluate purchases and consider small, minority, or women owned business. Nursing in most organizations is a significant area of expenditure. As a nurse leader, are you committed to engaging in economic partnerships with groups not previously considered and invited into the health care space in an equitable manner?
- Leaders commit to evaluating diversity within their professional organizations. Actively questioning the compositions of boards, committees, and

expenditures for advocacy-related work. Evaluate all publications from an equity lens.

- Leaders commit to working daily to build equity into the organization culture.
- This work can begin as you enter the doors of your organization. What narratives are being created by the signage, and art that is visible upon entry? Do the internal and external stakeholders' sense that they have entered and organization on a journey to inclusion?
- Have you held a focus group or listening session to determine what is working organizationally?
- Leaders must also consider the role of academic partnerships. Leveraging connections that allow for a more diverse workforce, directly affecting patient outcomes.
- Nurse leaders can develop partnerships with organizations across a spectrum of professional practice arenas to broaden their individual experiences, and impact diversity related work.
- Remember both words and actions matter. Nurse leaders are positioned to navigate complex situations, with skill, compassion, and integrity. The diversity imperative is no different.

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