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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

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1886 individuals racially identified as Black (King, 1968). Race, a socially constructed marker, was sold
1887 as a biological construct that transcended generations (National Human Genome Research
1888 Institute, 2018). Racism became the vehicle in which discriminatory ideas, policies, practices,
1889 guidelines, and rules came together, were endorsed legally or by de facto, and driven by
1890 dominant voices across healthcare systems and the nursing discipline over multiple centuries
1891 (Hine, 1989; Carnegie, 2000). While rooted in slavery, racism is not a binary construct that
1892 exclusively encapsulates white dominance over Black disempowerment. Rather, racism
1893 continues to be operationalized by an unconscious and sometimes deliberate acceptance of
1894 negative stereotypical messages about historically racialized groups that serve to delegitimize
1895 and reduce their full humanity, limit access, fuel oppression, normalize unfair treatment, and
1896 sustain racial inequities through racist policies. It is against this backdrop that the genesis of
1897 nursing came to be.

1898 The myth of “separate but equal” produced inequities regardless of where it was
1899 situated or when it was espoused. It was during the Crimean war in 1854 that Ms. Mary Seacole
1900 was denied an opportunity to join the team of nurses under the supervision of Ms. Nightingale
1901 (Seacole, 2005). Nevertheless, Ms. Seacole cared for wounded men inflicted with diseases,
1902 albeit separately and without the government sponsorship afforded to Ms. Nightingale. In
1903 1890, Emma Reynolds applied to every nurse training institution in Chicago and was denied
1904 access (Hine, 1989). Her story was not an anomaly (Carnegie, 2000). When the Supreme Court
1905 upheld the constitutionality of a state’s Jim Crow law in *Plessy vs Ferguson*, in 1896, under the
1906 cloak of “separate but equal” systems, racial discrimination was affirmed in health care systems
1907 and nursing education. In the United States, beliefs that fueled segregation crossed state lines
1908 and prevented many students from accessing nursing. From 1890-1925, racial segregation and
1909 discrimination occurred alongside “an elite cadre of white nurse leaders” who gave “shape and
1910 guidance to the professionalization of nursing” (Hine, 1989, p. 89). The professional
1911 organizations, journals, and special body of scholarship created by white nurses were racially
1912 exclusive and reinforced the power of discrimination and segregation (Hine, 1989; Carnegie,
1913 2000).

1914
1915 **20th Century**

1916 In the first half of the 20th century, nursing was moving towards establishing formalized
1917 hospital-based training for nurses (Hine, 1989). The centuries-long existence of Black,
1918 Indigenous, and Latinx nurses, midwives, and other healers was systematically erased to make
1919 room for this new Victorian era approach to nursing education where nurses were expected to
1920 be “literate” and meet a cadre of preferred characteristics. This emerging preference for white
1921 Eurocentric attributes influenced the development of “professional” nursing standards that
1922 continue to be used to discriminate against racialized groups and perpetuate racism in nursing
1923 education (Baptiste et al., 2021; Hine, 1989; Niles & Drew, 2020; Theobald, 2020). By 1900,
1924 there were 432 nursing training schools, most of which were hospital-based programs.
1925 Hospitals and training programs for nurses remained largely segregated and rapidly

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1926 overshadowed free standing nursing programs in the United States (Hine, 1989). Though Black,
1927 Indigenous, and Latinx women had historically been responsible for nursing care in their
1928 communities, very few were admitted to nursing training schools (Hine, 1989; Moore & Drake,
1929 2020; Theobald, 2020).

1930 During the period from 1900-1950s nursing education continued to evolve towards a
1931 more standardized curriculum. In 1923, the Goldmark Report was published stating that nursing
1932 education should occur in a university setting (Goldmark, 1923). As nursing education moved
1933 into academic settings the number of advanced education programs increased, and nurses of
1934 color continued to be excluded through the racial gatekeeping that was pervasive in the
1935 beginning half of the century (Niles & Drew, 2020; Moore & Drake, 2021). Schools of nursing
1936 were not the only source of racial gatekeeping in nursing during this time. Nurses began to
1937 organize as a profession with the first assembly of the Nurses Associated Alumnae of the United
1938 States and Canada occurring in 1896. In 1911, the Nurses Associated Alumnae of the United
1939 States and Canada became the American Nurses Association. Once again, racialized nurses
1940 were excluded from participation. In 1916, the American Nurses Association required that
1941 nurses join the organization through their state organizations, which denied membership to
1942 Black nurses. Many states also prevented Black nurses from taking the examination to become
1943 registered nurses (Moore & Drake, 2021). Racialized groups were compelled to form their own
1944 professional nursing organizations. To address the specific needs of Black nurses the National
1945 Association of Colored Graduate Nurses was formed in 1906 (Moore & Drake, 2021) and in
1946 1916, the Association of Registered Nurses of Porto Rico was formed (Walsh, 2018).

1947 In the 1950s and 1960s, a series of legal changes ended legal support for racial
1948 discrimination. In 1954, the US Supreme Court ruled in *Brown vs Board of Education* “in the
1949 field of public education the doctrine of “separate but equal has no place” (Cornell Law School,
1950 2020). *Brown* highlighted the nation’s racial caste system and set the stage for passage of civil
1951 rights legislation (Rothstein, 2014). As a result, de jure racial exclusion in historically white
1952 nursing institutions and organizations, which endured through the 1960s (Lewenson, &
1953 Graham-Perel, 2020), eventually ended. In 1951, the National Association of Colored Graduate
1954 Nurses dissolved to integrate into the ANA (Staupers, 1961). Passage of the Immigration and
1955 Nationality Act in 1965 ended legal preference for immigrants from northwestern Europe
1956 (Masselink & Jones, 2014). Similarly, the ANA sponsored Exchange Visitor Program, which had
1957 brought primarily European nurses to the United States before 1959, expanded to include
1958 nurses from other countries particularly from the former US colony the Philippines (Choy,
1959 2003).

1960 Although legal changes eventually had a significant impact on de jure racial discrimination, they
1961 had no power to abolish racist ideology in nursing and health care. Acceptance of scientific
1962 racism (beliefs in biological inferiority) contributed to nurses’ historic participation in the
1963 violation of racialized people’s human rights such as occurred in the Tuskegee Experiment
1964 (Crenner, 2012) and the forced sterilization of thousands of racialized women in the 1960s and
1965 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
1967 discriminatory care (Byrne, 2001; Jaschik, 2017), reinforcing the status-quo of medical
1968 apartheid in America (Garber, 2020; NewKirk, 2016; Smedley et al. 2003). De facto racial
1969 exclusion in nursing organizations and mass human suffering caused by health injustice led to
1970 the formation of professional associations to represent the voices of racialized nurses and their
1971 communities including Chi Eta Phi Professional Nursing Sorority in 1932, the National Black
1972 Nurses Association (NBNA) in 1971, the National Association of Hispanic Nurses (NAHN) in 1975
1973 (NBNA n.d.; NAHN, n.d.), the Philippine Nurses Association of America, Inc. (PNAA) in 1979, the
1974 Asian American Pacific Islander Nurses Association (AAPINA) in 1992, and NANAINA unites
1975 American Indian/Alaska Native nurses, 1993. Due to the ongoing lack of diversity, support, and
1976 progression in nursing, in 1998 the National Coalition of Ethnic Minority Nurse Associations
1977 (NCEMNA) was founded to provide a unified voice and force advocating for equity and justice in
1978 nursing and health care for ethnic minority populations. NCEMNA consist of five national ethnic
1979 nurse associations: AAPINA, NANAINA, NAHN, NBNA and PNAA.

1980 In the post-civil rights era nursing education deployed race-neutral policies in a white
1981 supremacist system, resulting in reproduction of the pre-civil rights racial hierarchy. Race
1982 neutral approaches obscured how white supremacist power relations cultivated inequality and
1983 oppression often by ignoring its existence and impacts (Koschmann, Jeffers, & Heidari. 2020;
1984 Jones, 2014). Examples include the different accreditation standards for nursing programs,
1985 which have historically ignored white supremacy (Hassouneh, 2018). Similarly, the AACN (1997)
1986 has historically expressed support for diversity, equity, and inclusion without engaging in the
1987 substantive anti-racist policy change efforts needed to create equal outcomes across groups.
1988 Thus, the construction of standards for education and of problems and their solutions by
1989 nursing educational institutions and organizations obscured the operations of white supremacy
1990 while maintaining the status-quo of racial hierarchy in the profession.

1991 Nursing's most recent history in the 21st Century reveals some progress towards
1992 changing the predominant White female leadership of the American Nurses Association. Of the
1993 first 35 American Nursing Association presidents, two of them were Black women-- Dr. Barbara
1994 Nichols, elected in 1978; and Dr. Beverly Malone, elected in 1996 (Waite & Nardi, 2019). The
1995 election of Dr. Ernest Grant heralded the election of the first Black male president of ANA in
1996 2014. He is currently serving his second term. However, at the state level, many of ANA's
1997 affiliate chapters have yet to elect a nurse of color as the president.

THEME: Pedagogy

2000
2001 Nursing curricula and pedagogy has historically centered the experiences of people who are
2002 white-identifying and failed to ensure that content and methods for teaching are racially
2003 affirming and promote an anti-racism ideology. This is evident in the pedagogical approach
2004 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
2006 through patient-provider scenarios, case studies, simulation, and in the clinical setting.

2007
2008 Nursing textbooks are commonly written without references to or input from highly skilled
2009 scholars from minoritized groups. The omission of diverse perspectives and lived expertise
2010 results in educational materials that perpetuate stereotypes and biased beliefs. Despite the
2011 significant efforts to analyze the interlocking systems of inequitable access and discrimination
2012 in healthcare, nursing education tends not to include an anti-racism pedagogy in its curricula
2013 (Hassouneh, 2006). Nurse educators should become proficient and knowledgeable about,
2014 structural, institutional, and political social determinants of health as they prepare the future
2015 nursing workforce to provide culturally informed, congruent, and safe care for an increasingly
2016 diverse population.

2017
2018 In addition, educators play a fundamental role in the academic success of students and their
2019 ability to operationalize the profession's value of social justice. Equity pedagogy is one
2020 approach to teaching and learning that supports the academic achievement of all students.
2021 According to Banks (2006), "an equity pedagogy exists when teachers modify their teaching in
2022 ways that will facilitate the academic achievement of students from diverse racial, cultural,
2023 gender, and social-class groups" (p. 18). Effective educators learn to utilize a range of
2024 pedagogical strategies to meet the needs of a range of learners. Three examples that support
2025 the three domains of learning: cognitive, socio-emotional, and skills and behaviors (Bloom &
2026 Krathwohl, 1956) are: (1) cooperative strategies rather than competitive strategies help
2027 students develop positive racial attitudes; (2) narrative pedagogy allows students to build on
2028 lived experiences and supports relevance; and (3) culturally responsive teaching which is "an
2029 umbrella term for pedagogies that prepare students to support social justice in and beyond the
2030 classroom" (Day & Beard, 2019, p. 279).

2031
2032 **Recommendations**

- 2033 1. Develop programmatic outcomes for DEI
2034 2. Assess curriculum for DEI & revise. Consider policy modification
2035 3. Assess education resources for bias, especially textbooks
2036 4. Assess for, develop, and ensure access to DEI educational resources – provide
2037 supplemental DEI educational resources as needed

2038 **THEME: Access**

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2040 Goal: To promote an equitable and inclusive academic environment, students, staff, faculty,
2041 and administration need access to people, resources, and opportunities to make a meaningful
2042 impact and drive optimal success.

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2043 To promote an equitable and inclusive academic environment where students, faculty, staff,
2044 and administration are successful, each group needs access to people, resources, and
2045 opportunities. Within the academy, these groups have a synergistic relationship meaning that
2046 successes or challenges of one influence another and the overall mission of an institution of
2047 higher learning. Although they work together, each is discussed separately in terms of tools for
2048 success: people, resources, and opportunities.

2049 **Students**

2050 To support Black, Indigenous and Nursing Students of Color we must set a standard that
2051 cultivates an environment of equitable and inclusive excellence along with purposeful
2052 development of resources that foster the success of all students (Williams, 2020). Nursing
2053 schools must be intentional and committed to cultivating an equitable and inclusive
2054 environment that afford students with access to culturally proficient faculty, staff, and
2055 opportunities to achieve superior academic outcomes that area reinforced by anti-racist
2056 policies and pedagogies. Black, Indigenous and Nursing Students of Color should also be
2057 provided with a sustainable and comprehensive safety net such as: mentoring, early access to
2058 financial support, current technology, mental wellness practitioners, healthy food, and safe and
2059 affordable on/off campus housing.

2060 **Staff**

2061 Staff is often the forgotten members of the academic community when it comes to equitable
2062 and inclusive excellence. On the contrary, the staff is vital and is often on the front line to
2063 advance the academy's mission. For example, staff may be the first resource for students
2064 applying to nursing school or remaining in a program because they may be advising students.
2065 Historically, we know the discordance between the interactions of culturally inept staff and
2066 nursing faculty with Black, Indigenous and Nursing Students of Color. Williams and colleagues
2067 (2004) describe an equitable and inclusive excellence scorecard that includes campus climate
2068 with competent staff willing to help set the tone of the culture, commitment and
2069 communication academic environment students must navigate. Just like other parts of the
2070 academy, staff should be empowered to bring their whole selves to work with opportunities for
2071 success. Staff success includes access to people, resources, and opportunities to make a
2072 meaningful contribution to inclusive excellence.

2073 **Faculty**

2074 Black, Indigenous, and other Faculty of Color face unique challenges compared to white nursing
2075 faculty members. Therefore, an evidence-based, strategic support plan is needed to move
2076 these faculty toward success ("Three Strategies to Support Minority Faculty," 2018). The plan
2077 includes access to people, resources, and opportunities. Black, Indigenous, and other Faculty of
2078 Color need access to collaboration opportunities with other faculty members that shares the
2079 same ethnicity and culture. These relationships provide a safe space for faculty to share
2080 experiences and decrease feelings of social isolation while enhancing a sense of belonging.
2081 Bidirectional conversations between Black, Indigenous, and other Faculty of Color can help
2082 these educators express their experiences with microaggressions and bias in the workplace

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2083 ("Three Strategies to Support Minority Faculty," 2018). Access to senior-level minoritized
2084 faculty and allies to promote faculty development and exposure to resources is crucial for
2085 success in the academy as teachers, scholars, and servant leaders.

2086 **Administration**

2087 Williams and colleagues (2005) convey that administrators are most important to cultivating
2088 and driving organizational change in the academy. These elements set the tone for
2089 communicating the vision, building capacity, and attracting resources to make "excellence
2090 inclusive." Depending on their role, administrators have significant responsibility in supporting
2091 academic inclusive excellence because they often control the necessary resources for student,
2092 faculty, and staff success. Not unlike other workplaces, academic administrators set the tone
2093 for the culture of an organization. The optimal culture would embrace, expect, and tolerate
2094 nothing less than an inclusive environment for all stakeholders. To access people, resources,
2095 and opportunities for themselves and stakeholders, Kallargyrou and Woods (2009) stated that
2096 administrators need communication, diplomacy, and human resources skills to develop
2097 collaborative and collegial relationships among staff and faculty fund-raising, empathy,
2098 compassion, and facilitation.

2099 **Summary**

2100 With access to people, resources, and opportunities, individuals can contribute to the
2101 academy's success while also experiencing a sense of value and belonging. All stakeholders in
2102 an inclusive academy will contribute to and expects a culture that embraces the importance of
2103 communication, diplomacy, empathy, humility, and respect.

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THEME: Climate and Culture

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2107 As early as pre-school there are distinct variabilities in school performance between minoritized
2108 groups and their peers (Voight, 2013). Almost half of all college students who enter a four-year
2109 postsecondary institution will fail to complete a bachelor's degree within 6 years of entering
2110 higher education (National Center for Education Statistics [NCES] 2012). In addition, students
2111 of color face substantial racial and ethnic disparities in college persistence and degree
2112 attainment.

2113 Climate and culture are concepts that help to describe the internal environments of
2114 organizations and institutions. Culture refers to the deeply embedded patterns of
2115 organizational behavior and the shared values, assumptions, beliefs, that members have about
2116 their organization or its work. Climate is generally thought to focus on patterns of behavior or
2117 formal activities in an institution that can be observed directly and objectively. Examples
2118 include but are not limited to certain practices, policies, procedures, and characteristics.

2119 Climate is often related to governance and decision patterns, teaching, and learning processes,
2120 participant behaviors, effort, and interaction patterns, and work patterns. Therefore, climate is
2121 considered more rapid to change as compared to culture.

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2122 Nora and Cabrera (1996) conducted a quantitative analysis of 831 students at a single
2123 predominantly White institution and found that students of color reported more negative
2124 campus climates, higher levels of discrimination from faculty, and greater insensitivity in the
2125 classroom than their White peers. These are common negative behaviors experienced by
2126 students of color enrolled at predominantly White academic institutions. Developing diverse,
2127 equitable, inclusive, and accessible environments where there is a collective sense of belonging
2128 and all individuals thrive and do their best work is critical to achieving academic nursing's goals
2129 related to diversity, equity, and inclusion. When students feel valued, respected, and welcomed
2130 by their classmates and peers, they report experiencing a stronger bond to the greater campus
2131 community. In this environment, students feel safe enough to share experiences, engage in
2132 thoughtful discussions, and offer support to others. Peers can also help buffer the effects of a
2133 negative classroom relationship with a faculty member (Sidelinger, Bolen, Frisby, & McMullen,
2134 2011).

2135 By developing a better understanding of how learning environments are impacting student
2136 success, educators can be equipped with valuable information to initiate change, target areas
2137 of growth, and most importantly, improve student outcomes. Hence, the examination of
2138 climate and culture are key elements in mitigating racism in nursing education.

2139 **Recommendations to build inclusive learning environments**

2140 (National Academies of Sciences, Engineering, and Medicine. (2021):

- 2141 (1) assess diversity, equity and inclusion policies that perpetuate racism and discrimination;
2142 (2) build organizational anti-racism climate by routinely assessing the perceived racial climate as
2143 well as the cultural competence of faculty, staff, and students,
2144 (3) providing anti-racism training resources, and creating open and safe spaces for action-
2145 oriented conversations;
2146 (4) building the infrastructure and resource allocation to support unrepresented and
2147 disadvantaged students, faculty, and staff.

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2149 **THEME: Progression**

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2151 Related Goal: 2. Advocate for equity in educational outcomes for racially minoritized students in
2152 access, retention, and degree completion. (Student Focused)

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2154 Related Goal: 3. Ensure equitable structures and opportunities that foster pathways to increase
2155 the recruitment, retention, and progression of faculty of color and leaders in schools of nursing.
2156 (Faculty and Administrator Focused)

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2158 **Overview**

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2159 Ensuring student, faculty, and administrator progression requires understanding of systemic
2160 patterns of disparity to address and eliminate barriers and remove participation gaps as part of
2161 an intentional strategy to improve student progression, faculty progression, and administrator
2162 progression (ABET, 2021). Intentional restructuring of academic environments that focus on
2163 transparent policies, processes, and resources provides equitable access to resources that
2164 empower students, faculty, and administrators to be successful in their progression pathways.
2165 To mitigate systemic racism embedded in nursing education, the workgroup focused on
2166 systems, processes, and resources that can support students' progression through their
2167 programs of study. Likewise, faculty and administrator progression can be supported by the
2168 implementation of systems, processes, and resources for role transition and role development.
2169

Operational Definitions for Progression

- 2171 1. Student progression is the pathway to degree or certificate completion from the point
2172 of admission through program completion. Student progression encompasses retention
2173 and focuses on **how** students proceed through programs of study. Student progression
2174 includes systems, processes, and resources that assist students through programs of
2175 study, from the point of admission through degree or certificate completion.
- 2176 2. Faculty progression is the pathway to role acquisition and includes systems, processes,
2177 and resources that support faculty success for transition in the faculty role. Faculty
2178 progression starts from the first day of employment and proceeds throughout the
2179 employment period.
- 2180 3. Administrator progression is the pathway to role acquisition and includes systems,
2181 processes, and resources that support administrator success for transition in the
2182 administrative role. Administrator progression starts from the first day of employment
2183 and proceeds throughout the employment period.

Resources

2186 Resources to support student progression include, but are not limited to, robust
2187 orientation/mentoring process, holistic admission/transfer pathways, targeted and intentional
2188 engagement/socialization (internal and external), faculty and peer mentoring, academic
2189 strengthening mechanisms, "wrap around" student support services, flexible learning options,
2190 and non-academic support (e.g., fiscal and childcare). Resources to support faculty and
2191 administrators include, but are not limited to, adoption of comprehensive onboarding
2192 processes, engagement/socialization (internal and external), peer mentoring, professional
2193 development for role development, academic support, leadership support, and other support
2194 (e.g., childcare).

Recommendations

2197 In addition to implementation of the resources identified previously, schedule regular review
2198 (monitoring) of systems, processes, and resources for student, faculty, and progression to

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2199 identify implicit bias and take measures to correct biases. Implement structural and
 2200 institutional changes that reduce implicit biases. Increase situational awareness of
 2201 bias, education regarding consequences of bias, strategies for reducing bias, and Self-reflection
 2202 (FitzGerald, et al., 2019). Engage college/university leaders, faculty, staff, and students in
 2203 conversations directed toward addressing explicit and implicit bias to foster inclusiveness.
 2204 Encourage faculty to discuss equity in student resources and faculty resources that link success
 2205 to academic equity and access to resources. Provide faculty and administrator development to
 2206 prepare faculty and administrators for implementation of learning experiences that decrease
 2207 non-persistence in students. Maximize educational capacity by establishing partnerships with
 2208 communities of interest to build collaborative initiatives that engage students, faculty, and
 2209 administrators. Implement reporting systems for students, faculty, and administrators’
 2210 documentation of aggressions and microaggressions for investigations. Establish workload
 2211 policies that provide equitable research opportunities and leadership opportunities for faculty
 2212 and administrators. Remove barriers to research tracks. Additional recommendations are listed
 2213 in Table 1 Student Systems, Processes, and Recommendations and Table 2 Faculty and
 2214 Administrator Systems, Processes, and Recommendations.
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Table 1. Student Systems, Processes, and Recommendations

Systems	Processes	Recommendations
Student Admission (Inclusive of Transfer Pathways & Matriculation) Advisement	Marketing/Advertisement Orientation/Mentoring	Engagement/Socialization Strategic Internal/External Partnerships (e.g., sororities and fraternities,) Faculty Mentoring Peer Mentoring Affinity Groups
Instructional Modalities	Flexible Learning Academic Support	Flexible Learning Options Retention/Learning Specialist/Inclusion Liaison/Engagement Specialist for Academic/Content Support Referrals to Community Support Administrative Support Adjunct/Visiting Faculty
Non-Academic Support	Non-Academic Student Support	Foundations Scholarships Population-Specific Grants Grant Writers Childcare Referrals to Community Support

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Table 2. Faculty and Administrator Systems, Processes, and Recommendations

Systems	Processes	Recommendations
Employment/Hiring	Onboarding Mentoring	Engagement/Socialization Peer Mentoring (faculty/administrator and organizational leadership; inclusive of the tenure process)
Professional Development (role, research, specialty, and leadership)	Professional Development Selection	Professional Development (role, research, specialty, and leadership) Faculty/administrator fellowships
Support (Academic and other)	Support (Academic and other)	Administrative Support Grant Writers Teaching/Learning Centers for Excellence Childcare
Promotion/Tenure	Promotion/Tenure	Mentors Administrative Support Teaching/Learning Centers for Excellence Development Funds for Granting Writing etc. Research Funds

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Conclusion

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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.

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2235 Organizations must perform the baseline work to identify leaders “work arounds”
2236 practices. This may mean evaluating and addressing organization equality practices which is
2237 different from the social policy view of equality that focus on equal amongst races, ethnicity,
2238 gender and other societal or human characteristics. Organizational equality is a state of being
2239 treated equally in pursuit of professional status, progression in one’s career, promotional
2240 opportunities, compensation, rights to share in non-monetary benefits and to have more than a
2241 seat at the table, but to also be heard. SON should include internal and external comparison
2242 and assessment of their policies and practices. For example, why is it that most major
2243 universities consider a 70-point earned grade to be a passing C, while many programs with a
2244 large minority student population requires 75 or higher to receive a C grade, or in the worst
2245 case a C is failing grade; thereby, increasing the timeframe for graduation and the economic
2246 debt of these students.

2247 Finally, there is the question of inclusion or as some authors and organizations are
2248 defining their culture as “belonging”. Glassdoor Team (2021) defined belonging as the ability to
2249 be my authentic self both professionally and personally with respect to culture and my lived
2250 experiences. It is the ability of the organization to support and allow me to show-up and
2251 connect with their mission, vision, and values without being asked me to change to fit who they
2252 think I should be.

2253 Our charge to each individual nurse is can you lean in and help make the
2254 profession better? Can nurses learn from the past, assess the present and create the future?
2255 Peter Drucker stated that the “the best way to predict the future is to create it”. Can nursing
2256 education envision a way forward and create the profession future?

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