

Strategy 5

Enhance the preparation of nursing students through more inclusive educational environments and curriculum

Strategy 5.3 University and community college nursing programs should:

- a) Implement plans to create nursing education environments and curriculum offerings that support inclusive excellence. Implementation should include ongoing evaluation and adjustment based on outcomes and feedback from students and faculty.
- b) Work with the North Carolina Organization of Nurse Leaders and the North Carolina Nurses Association to identify best practices in nurse leadership development in the academic and employer settings and opportunities to equitably identify the strengths and skills of current and future nurses that can be harnessed to encourage them to explore roles, additional education, etc., related to health care informatics, health care payment (e.g., value-based care), technology, and business.

Desired Result

Nursing students of all backgrounds and identities will be welcomed and included in their nursing program. Nursing students will have the opportunity to identify and explore their strengths and interests that can contribute to nursing beyond direct patient care. Nursing programs will prioritize the development and implementation of best practices to create inclusive programs that meet the needs of a diverse student population.

Why does the task force recommend this strategy?

Creating welcoming and inclusive educational environments in nursing education is crucial for cultivating a diverse and competent nursing workforce. Such environments not only support students and faculty from various backgrounds and identities in feeling valued and understood but also enrich the learning experience for all students by exposing them to diverse perspectives and ideas. Many nursing programs have begun this work and will continue to do so, while others may be in the early stages of identifying best practices and needed changes. Furthermore, offering opportunities for students to identify and develop their strengths in specialized areas like health care business and informatics is essential in an increasingly complex and technologically driven health care landscape. By identifying nursing students with interests in these areas and equipping them with knowledge, educational programs can prepare them to navigate the evolving health care system effectively, contribute to innovations, and take on leadership roles.

Context

INEQUITIES IN NURSING PROGRAMS AND INSTRUCTION

Nursing education, like many fields in the United States, has a long history of segregation and racial gatekeeping.⁵² The professional organizations and related scholarship that shaped contemporary nursing practice and research were homogenous in race and sex. While there have been great strides made in the field's dedication to diversity and inclusion, nursing students of color still face persistent barriers to equitable education, training, and opportunities for advancement.

Related Recommendations from Other Groups

The Future of Nursing 2020-2030

Conclusion 7-4: Successfully diversifying the nursing workforce will depend on holistic efforts to support and mentor/sponsor students and faculty from a wide range of backgrounds, including cultivating an inclusive environment; providing economic, social, professional, and academic supports; ensuring access to information on school quality; and minimizing inequities.

<https://nap.nationalacademies.org/read/25982/chapter/9#190>

National Commission to Address Racism in Nursing

1. Assess all organizational policies for diversity, equity, and inclusion best practices.
2. Build an organizational anti-racist climate by routinely assessing the perceived racial climate as well as the cultural competence of faculty, staff, and students, and promote cultural competence of faculty, staff, and students. Assess student bias against faculty of color.
3. Provide anti-racism training resources and create open and safe spaces for action-oriented conversations.
4. Build the infrastructure and allocate resources to support underrepresented and disadvantaged students, faculty, and staff. An example of structural resources is the existence of departmental groups and clubs that are inclusive of people of color. These groups could include faculty, staff, and students.

<https://www.nursingworld.org/~49b97e/globalassets/practiceandpolicy/workforce/commission-to-address-racism/3racismintheeducationspace.pdf>

“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 they have into the future of students who progress and those who fail, the nursing workforce, future nurse educators (NEs), and the health and well-being of our nation.”

-National Commission to Address Racism in Nursing. *How Does Racism in Nursing Show Up in the Education Space?* <https://www.nursingworld.org/~49b97e/globalassets/practiceandpolicy/workforce/commission-to-address-racism/3racismintheeducationspace.pdf>



Nursing faculty do not reflect the diversity of their students

Baccalaureate Nursing Students (2022):

40%
Non-White



13%
Male

Full-time Nursing Faculty (2021):

19%
Non-White



7%
Male

Source: American Association of Colleges of Nursing. *Enhancing Diversity in the Nursing Workforce*. <https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Enhancing-Diversity-Factsheet.pdf>

Lack of diversity in nursing faculty, as shown in the figure above, may be a microcosm of the disproportionate representation of White registered nurses (81%) relative to the population (59%).^{53,54} As the nursing workforce moves to reflect a diverse patient population, nursing students would benefit from faculty that represent diverse backgrounds and experiences.

Because people of color were historically excluded from early formative nursing scholarship, certain aspects of nursing curriculum and instruction have reproduced misinformation about non-White patients. Although we know that race is a social category and an insufficient proxy for genetic ancestry, many clinicians maintain false beliefs about perceived biological differences by race. For instance, a 2016 study of White medical students and residents demonstrated that almost a quarter of participants believed false statements about race, including that Black people's skin is thicker than White people's skin and that Black people's blood coagulates faster than White people's blood.⁵⁵ Additionally, nursing textbooks that seek to educate students on culture have often been more harmful than helpful. In 2017, Pearson pledged to remove content in a nursing textbook that offered a list of stereotypes about responses to pain by racial/ethnic group, including statements like, "Native Americans may prefer to receive medications that have been blessed by a tribal shaman" and "Blacks often report higher pain intensity than other cultures."⁵⁶ Curriculum is also often plagued by a disproportionate use of White bodies in the classroom and other instructional materials and the minimization of racial inequality in classroom teaching.⁵⁷ These paradigms do not prepare students to work with diverse patient populations and to understand the social drivers of inequity, including inequity in health status and outcomes.

Due to inadequate inclusion within nursing programs, nursing students of color can experience a hostile learning environment. A Robert Wood Johnson Foundation survey found that 4 in 10 nurses believe that "racism and/or discrimination was a part of their nursing school's culture."⁵⁸ These experiences are more than an inconvenience—they contribute to the isolation and alienation that students of color feel in the classroom and hamper their ability to learn and engage with lessons.⁵⁹⁻⁶¹ This environment can also adversely affect student health and well-being.⁶¹

"As faculty advocating for Black and Brown students, [a focus group participant] described how she was seen as 'a problem'. This same nurse faculty spoke of students experiencing posttraumatic stress because of false accusations brought against their character and integrity, such as false accusations of cheating, and the harm the lack of action taken against racism is causing overall."

-National Commission to Address Racism in Nursing. *Summary Report: Listening Sessions on Racism in Nursing*. <https://www.nursingworld.org/~49be5d/globalassets/practiceandpolicy/workforce/commission-to-address-racism/final-racism-in-nursing-listening-session-report-june-2021.pdf>



Racism/Discrimination was experienced in nursing school by:

60%
Black Nurses

45%
Asian Nurses

40%
LatinX Nurses

Source: Robert Wood Johnson Foundation. *Insights Into Nurses' Experiences and Perceptions of Discrimination*. 2023. <https://www.statnews.com/wp-content/uploads/2023/05/rwjf473632.pdf>

SUPPORTING FUTURE NURSING LEADERS

The American Association of Colleges of Nursing (AACN) supports advancing diversity, equity, and inclusion as central to the success of nursing schools in the 21st century. These interests reflect the need to improve the quality of education, address pervasive inequities in health care, and enhance the civic readiness and engagement potential of nursing students. In their **"Building a Culture of Belonging in Academic Nursing"** report, the AACN promotes strategies that include and go beyond representational diversity to support the recruitment and retention of students and faculty of color. Organizational culture change requires the integration of equity into all facets of nursing education, including a program's mission and core values, hiring practices, student recruitment and retention strategies, learning objectives and curriculum, ongoing education, and evaluation.

"Nursing schools must be intentional and committed to cultivating an equitable and inclusive environment that affords students access to culturally proficient faculty, staff, and opportunities to achieve superior academic outcomes, reinforced by anti-racist policies and pedagogies. There should be access and opportunities for students to engage with nursing faculty with diverse experiences and role preparation such as nurse researcher and nurse executive/leader."

-National Commission to Address Racism in Nursing. *How Does Racism in Nursing Show Up in the Education Space?* <https://www.nursingworld.org/~49b97e/globalassets/practiceandpolicy/workforce/commission-to-address-racism/3racismintheeducationspace.pdf>

CHAPTER 2 - PREPARING FUTURE NURSES

The National League for Nursing (NLN) “serves as the leading voice for nurse faculty and leaders in nursing education.... [and] offers professional development, networking opportunities, assessment services, nursing research grants, and public policy advocacy”.⁶² NLN’s Taking Aim Initiative aims to “enhance the preparation of nursing graduates at all levels of higher education to provide safe, equal, high-quality care to patients, families, and communities at risk”.⁶³ To that end, the program provides a variety of free resources and toolkits to improve understanding and address race, racism, bias, and diversity, equity, inclusion, and belonging.

Primarily White institutions can learn from universities and colleges that have demonstrated a commitment to students of color. In North Carolina, historically Black colleges and universities (HBCUs) have been educating and supporting nurses from diverse backgrounds for decades. These programs are consistently recognized for their NCLEX passage rates, job placements, and support for Black nursing students.^{64,65} Additionally, community colleges have a long history of offering low-cost pathways to careers in nursing for students from underserved backgrounds.

Health care students and professionals, especially those who pursue leadership opportunities, are increasingly interested in developing skills related to health informatics, health care payment, technology, and business. Programs like the UNC Center for the Business of Health formalize this education by offering a health care-focused MBA and dual-degree programs with the School of Pharmacy, School of Public Health, School of Medicine, and School of Dentistry. Similar offerings in partnership with nursing programs can build the capacity of future nursing leaders.

Professional nursing organizations like the American Nurses Association (ANA) and the American Organization for Nursing Leadership (AONL) are working to create nursing scope of practice recommendations and identify the competencies necessary to meet contemporary expectations of nursing professionals.^{66,67} Given that these discussions are taking place at a national level, it is important for state nursing leaders to integrate these national recommendations into the standards set by the NCBON and competencies in our state’s nursing education.

Spotlight on North Carolina

UNC-Chapel Hill School of Nursing offers a master’s degree program in health care leadership and administration that is fully online and is partnered with the UNC Center for the Business of Health through the UNC-Chapel Hill School of Business. This program helps nursing leaders “develop a robust foundation in systems-thinking, organization theory, human resource management, health care policy and advocacy, and leadership development”.

-Carolina Nursing, MSN Health Care Leadership & Administration. <https://nursing.unc.edu/programs/master-of-science-in-nursing/health-care-leadership-administration>

KEY RESOURCE NEEDS



Nursing education programs will need financial support, as well as tools and best practices, in the continued work to improve the educational environment and expand opportunities for students to learn skills in health informatics, health care payment, technology, and business.