Developing a Diversity, Equity, and Civility Council to Advance Health Equity in Nursing Academia and Practice

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The National Academy of Medicine (NAM) recently released the Future of Nursing 2020-2030 focused on charting a path to achieve health equity. This article focuses on the critical role of nursing education in this call for action. Most specifically, we provide an overview of the process of developing a diversity, equity, and civility council in a school of nursing to promote equity, inclusivity, and diversity grounded in social justice within the culture of the school for faculty, staff, and students. In addition, we describe the council's work to date highlighting goals and the council's plans for future work based on data-driven processes. **Key words:** *civility, diversity, education, equity, health equity*

HEALTH INEQUITIES have long challenged the US health care system.[1] These systematic differences in the health status of different groups are linked to social, economic, or environmental disadvantages.[2,3] Inequities in health and health care are detrimental, leading to higher rates of chronic disease and premature death. Despite many concerted efforts, health inequities have persisted within the health care system.[4] Because of the notable impact on health outcomes, the elimination of these social gradients continues to be a priority. To achieve health equity, we must recognize value in everyone and close the disparity gap by addressing systematic differences that impact health outcomes.[1] We must create a just society in which race, ethnicity, sexual orientation, gender identity, socioeconomic status, functional limitation, or other defining categories are not associated with disadvantageous health care access or outcomes.[5]

The National Academy of Medicine (NAM) recently released a bold report for the Future of Nursing 2020-2030 focused on "Charting a Path to Achieve Health Equity."[6] This consensus report outlines key areas for strengthening the nursing profession by targeting the achievement of health equity. The report challenges the nursing profession to be change agents in the creation of health equity, strategically calling to action nursing, which represents the largest sector of the health care workforce with nearly 4 million nurses nationwide.[7] Nursing can make a substantial impact in reducing health inequities and improving health outcomes, with the most recent opportunity presenting itself in the fight against COVID-19.

The COVID-19 global pandemic has focused the spotlight on the ongoing problems of health inequities and the overwhelming

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disparities among those who have acquired, suffered, or died from the infection.[8] Racial and ethnic minorities have had disturbingly high rates of death from COVID-19 and in some locations, these rates were up to 2 times higher than those of Whites.[9] In a study of risk differentials, 34% of deaths from COVID-19 were among non-Hispanic Black people, though this group accounts for only 12% of the total US population.[10] Another study linked higher levels of poverty and lower levels of education, income, and employment to higher death rates from COVID-19.[11] Access to care has been identified as one of the reasons for this higher rate of death.[1,12] The COVID-19 global pandemic has only resurfaced the spotlight on the ongoing problems of health inequity. It has also emphasized the important role of nurses in addressing this problem. Nurses continue to be on the frontlines of care and are strategically positioned to lead the charge with a focus on health equity solutions.[8]

Nurse educators are responsible for ensuring the cultural competence of future nurses and thus must be fully engaged in the process of addressing health inequities. We must ensure that future nurses are equipped to combat inequities in health care by providing student nurses with an education that integrates social needs, social determinants of health, population health, environmental health, trauma informed care, and health equity throughout the curriculum.[6] Therefore, as nurse educators, it is important to understand the critical role nursing education has in this call for change. To have an impact on the way nurses practice, nurse educators should focus on the integration of health equity concepts and cultural competence into curricula. In addition, to ensure that the curriculum is structured to build in these key concepts, nurse educators must be keenly aware of the environment we cultivate, the values and knowledge we instill in our students, and the actions we role model daily. Our behaviors should continuously reflect solidarity in support of the elimination of health inequities both nationally and globally.

In addition, we are tasked with creating a diverse workforce that reflects the diversity of the student body.[6] One barrier to a more diverse workforce is the achievement gap for students of color. Poor outcomes for minority groups impede progress toward diversifying the nursing workforce. We are tasked with finding ways to support students of color to become registered nurses, including developing a sense of belonging, which has been correlated with student outcomes.[13]

Strategies to shape the cultural competence of future nurses and set the stage for positive change include the development of committees, task forces, and working groups within schools of nursing. This aligns with the recommendation noted in the NAM Future of Nursing consensus report surrounding the creation of a shared agenda.[6] In this model, nursing organizations are charged to work together to eliminate inequities in health care, not just across but also within institutions. Therefore, the purpose of this article is to provide an overview of the process of developing a diversity, equity, and civility council in a school of nursing to promote equity, inclusivity, and diversity grounded in social justice within the culture of the school for faculty, staff, and students. In addition, we will also detail the process of developing the council, describe work to date by addressing the 3 main goals of the council, and the future of the council's work.

PROCESS OF DEVELOPING THE COUNCIL

Our school of nursing is located in a regional comprehensive 4-year university in the southeast. Nursing is the largest major on campus with more than 900 nursing majors and of those roughly 400 enrolled in nursing coursework. In addition, we have 40 full-time faculty and 7 staff across 2 campus locations. We offer the bachelor of science in nursing with 2 tracks: prelicensure and RN-BSN and the master of science in nursing with 3 program tracks that include clinical nurse leader, nursing education, and nursing

leadership. The university has a vice chancellor for equity and inclusion and encompasses embracing diversity and inclusion in the mission. This aligns with the mission of the school of nursing.

We first sought to establish a diversity, equity, and civility council in early 2020. The council would comprise up to 7 members that included faculty, staff, and students. Individuals were asked to volunteer as we sought champions who were passionate to lead the charge of integrating the concepts of diversity, equity, and civility throughout the program. We also asked faculty to recommend students who would be committed to the council's agenda. The inaugural council included 3 faculty: 1 tenure track, 1 tenured, and 1 instructor; 2 students, both undergraduates; and 1 staff. The dean/chief nursing administrator also volunteered to serve on the task force forming a total of 7 individuals. Having the dean involved was important because leadership buy-in and active engagement in the change process are critical.[14] The first meeting was led by the dean of nursing and included discussion on (1) membership, (2) how the diversity, equity, and civility council fit into the organizational structure of the school of nursing, (3) council leadership, and (4) overall goals.

Regarding membership, the group discussed the composition of the council and whether the membership reflected the diversity of the faculty, staff, and students adequately enough to proceed. We also discussed the desire to not appoint individuals to the council who did not have a sincere interest in the work, as it could be counterintuitive to the council's success. The council deemed the current membership included representation from faculty, staff, and students, and was adequate. The council's positioning in the organizational structure of the school of nursing was vitally important as standing committees serve as the method and means of shared governance within the school's framework. The members identified a great need for the work of the council in the school of nursing

and did not want to delay by seeking standing committee approval in the initial phase. Therefore, it was determined that the council would become a subcommittee of the faculty council with the goal to advance to a full standing committee in the future. The faculty council was selected because this standing committee includes all chairs for each standing committee within the school. Therefore, the work done in the diversity, equity, and civility council could span across the full program and essentially impact every area of the nursing program.

The members elected a faculty member as chair. The chair would lead the council's efforts by setting meetings, tracking membership, and engaging with local, regional, and national diversity initiatives. The council began with 1 initial goal to be champions for diversity, equity, and civility in nursing and the academic environment. This goal was further actualized and shaped to target 3 specific focus areas: (1) conduct diversity, equity, and civility needs assessments for the school of nursing faculty, staff, and students; (2) serve as a communication hub for issues and trends related to diversity, equity, and civility; and (3) develop internal and external partnerships to serve diversity, equity, and civility needs for the school of nursing and the community.

We defined diversity, equity, and civility within the context of this work. Our definition of diversity was defined as, "fostering an inclusive environment that affirms identity, embrace's our university's core values or wellness, equity, and civility and celebrates the unique dimensions of every individual."[15] Equity was defined as, "the creation and maintenance of operational processes, practices, and spaces that affirm identity, promote safety, inclusion, and fairness, and celebrate and expand the intellectual, cultural, and experiential dimensions of humanity."[15] Civility was defined as, "the selection of positive behaviors and characteristics that promote respect, influence communication, interpersonal relationships, learning, and patient outcomes."[15]

GOAL 1: DATA-DRIVEN CHANGE

In the initial stages of the council's work, student participation was invaluable. They voiced concerns about the need for faculty to better understand the diversity of our student body. They asked that faculty be better able to support students with variations in age, background, and learning needs. This highlighted the need to receive feedback from the entire student body as well as faculty and staff to identify improvement areas for the school of nursing. This aligns with the NAM Future of Nursing report recommendation for nursing education programs, "... to eliminate policies, procedures, curricular content, and clinical experiences that perpetuate structural racism, cultural racism, and discrimination among faculty, staff, and students."[6] This was a crucial step because students who attend schools that prioritize inclusion and diversity feel more prepared to care for diverse populations.[13]

Input from the school's Strategic Performance and Evaluation committee data obtained from graduates also guided the work of the council. In exit survey data obtained from Skyfactor reports, students expressed dissatisfaction with their ability to work in study groups as well as with the level of camaraderie. The Strategic Performance and Evaluation committee requested that the council discuss and develop opportunities and strategies that would address faculty development regarding civility and role modeling behavior. We were also tasked with identifying strategies to improve trust and integrity. Next, the council conducted research into valid and reliable assessment tools for surveying faculty, staff, and students about the diversity climate within the school of nursing. We discussed tools previously used at our university and explored instruments used at other universities. It was determined that the best approach would be to develop a new internal tool based upon the University of Michigan's Campus Climate Survey on Diversity, Equity, and Inclusion.[16] The council worked collectively to modify the tool, creating one for faculty, staff, and students that assessed our specific needs. The survey was launched in year 1 as a pilot survey.

Data were collected on demographics (age, race, gender, religious belief, sexual orientation, country of origin, disabilities, military experience, parental education, etc). Factors also included work climate (feeling valued, respected, sense of belonging); school commitment to diversity, equity, and inclusion; diversity of the overall school, faculty, staff, and student populations; and camaraderie. We examined camaraderie as a follow-up to our Skyfactor exit survey results. Individuals were also asked whether they had considered leaving due to feeling isolated or underwelcomed. The survey also asked whether there was too much emphasis on diversity, equity, and inclusion. Respondents were asked whether they had experienced discrimination based on age, racial or ethnic identity, disability status, height or weight, political orientation, gender, gender identity or expression, sexual orientation, marital status, national origin, or social class. In addition, open qualitative feedback was collected to allow individuals to further expand on responses. The survey was optional, distributed electronically, and all results were anonymous. The goal of this initial assessment supported the NAM's Future of Nursing's report recommending that schools, "create safe spaces to engender trust and open communication ...."[6] and was critical in laying the foundational groundwork for the council's next steps.

There were high response rates to the assessment survey; 42% (N = 155/366) among students, 80% (N = 32/40) among faculty, and 71% (N = 5/7) among staff. Faculty, students, and staff themes included a lack of sense of belonging, difficulty making connections, need for increased civility, and the desire to bond. Students desired to build closer relationships with faculty and faculty wanted to learn more about creating diverse inclusive classrooms. Data were not collected for dissemination, so detailed results are not provided and were used only

internally to determine how to best proceed in the council's work. However, based on the results the council chair contacted the vice chancellor for equity and inclusion for the university to seek guidance on the development of a course on structural racism. Faculty were consulted to identify how diversity, equity, and civility topics and issues could be added to class content. The development of a learning module on cultural competence for students was also explored. And finally, the council decided to produce 2 workshops or sessions each year, prioritizing racial tension, discrimination in health care, and civility training.

GOAL 2: A COMMUNICATION HUB

In the fall of 2020, the council organized a guest speaker and panel focusing on health inequities experienced by the transgender community. Because of the pandemic, we had multiple postponements and ultimately shifted to a virtual event. The session was open to faculty, staff, students, and members of the university and local community, and had more than 40 attendees. A physician and author, who published a book with transgender health issues as a major plot point, opened the workshop. Local transgender activists participated in a panel discussion. A handout on transgender terms with local and national resources was created by the diversity council chair and reviewed by the panel before disseminating it to the workshop attendees. The workshop ended with a question-and-answer session. Objectives included (1) reflecting on the value of representing lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) individuals in works of fiction; (2) utilizing correct gender pronouns and terminology to create an inclusive environment; (3) and understanding the health care needs of LGBTQIA individuals. The session was well received with feedback highlighting the need for more opportunities to learn about the health and health care needs of the LGBTQIA community.

To disseminate the work of the council, a link was placed on faculty and student blackboard pages with links to recordings of workshops and resources. A link to the office of equity and inclusion was included. This link allows faculty, staff, and students to report concerns about discrimination anonymously. In keeping with the council's vision to be a communication hub for issues and trends related to diversity, equity, and civility, we identified a strategy to virtually support conversation around diversity, equity, and civility within the school of nursing. The council identified videos that highlighted topics of interest. A 9-minute TED talk by Rebecca Hwang on *The Power of Diversity Within Yourself* was shown and discussed at a faculty meeting.[17] Although many faculty members were highly engaged, council members identified some who were less vocal and made few or no comments. In the next semester, we showed a 12-minute TEDx talk by Anthony Jack called *Access Ain't Inclusion*.[18] During that video, we utilized the chat box in the virtual faculty meeting to increase feedback and communication on the topic being discussed and improvement was noted.

Another strategy was to send out email communications during times of political and social unrest. The council chair and the dean reached out via email to offer support and resources for those experiencing emotional distress surrounding the murder of George Floyd, the murder of 8 women of Asian descent at a spa in Atlanta, and during the capitol riots in spring 2021. For the capitol riots, the chair issued a statement highlighting the impact of this event on different individuals, the need for open nonjudgmental conversations on the topic, the nursing code of ethics, and the school's stance on the rejection of any form of violence or harm to others.

In the spring of 2021, we invited 2 nationally known speakers to lead workshops for faculty, staff, and students on civility in nursing. This topic aligns with the NAM's Future of Nursing report to "establish a culture

of physical and psychological safety and ethical practice in the workplace ... addressing bullying and incivility ... "[6] as civility among faculty, staff, and students is a core tenet in promoting health and well-being.

GOAL 3: DEVELOP INTERNAL AND EXTERNAL PARTNERSHIPS

To meet the goal of developing internal partnerships, the council worked with our internal NCLEX task force to develop NCLEX style questions without bias to support faculty growth with developing test items. We have also developed learning modules on teamwork and cultural competency for our nursing study modules. In addition, faculty have added content to courses based upon the results of the diversity survey and the recommendations of the council including civility mentor modules, how to give and receive feedback and strategies, and skills for working in teams. Members of the council have written items for the school of nursing newsletter, which is published within the university.

External partnerships have been enhanced by membership in the American Association of Colleges of Nursing's (AACN) Diversity, Equity, Inclusion Leadership Network (DEILN). The council chair shared the work of the DEILN and posted a list of videos and resources to the faculty work group page. Membership in a national diversity organization has benefitted the school of nursing. The chair of the council reached out to the DEILN for support with redesign of a graduate class Cultural Perspectives in Nursing, received resources, and input for course content and activities.

Diversity, Equity, and Civility council members within the school of nursing have also attended local, regional, and national meetings. The chair attended a Racial Equity Institute Groundwater meeting, and this information was presented at a faculty meeting. Another member of the council attended the AACN Inaugural Diversity Symposium and shared the highlights with the faculty, and a member attended a regional Diversity in Education Summit. Students and faculty were encouraged to participate in the virtual "Collaborative Approach to Addressing Racism in Nursing Webinar Series" offered by the South Carolina Nurses Association.

FUTURE GOALS

The council recently streamlined our diversity climate survey by combining 3 surveys (faculty, staff, and student survey) into 1, using skip logic for ease of access and distribution in the upcoming years. We have expanded our membership to include representation from an RN-BSN student and incorporated a breakout group with discussion and dialogue on combating structural racism in schools and driving equitable change within faculty meetings. In the coming months, a workshop will be held for faculty on *Living Out a Teaching Philosophy for Inclusive Learning*. In addition, the council will be collaborating with El Centro, the state's first university-based center for the study and appreciation of Latinx students to coordinate a nursing and health care–focused event.

Future goals for the council also include a focus on the inclusion of the NAM's Future of Nursing's call to action into the nursing curriculum. We are currently surveying faculty to determine what diversity, equity, and civility topics are in the curriculum to ensure that topics are covered and to identify gaps. Topics identified in the survey of faculty, staff, and students include an overview of LGBTQIA issues related to health care, LGBTQIA mental health issues, specific diversity issues in our local and regional community, cultural perspectives on integrative and complementary health modalities, the creation of a simulation experience with a transgender patient, links between domestic violence, ethnicity and culture, racial tension, reverse racism, White fragility, historical discrimination in health care (eg, the Tuskegee experiment), and its impact on vaccination rates for COVID-19.

We recognize that the work of the diversity council was singularly within one institution, but we also note that the impact will be multiplied, as our students will touch many institutions, communities, and patients following degree completion, especially, since addressing health inequities and improving patient outcomes require change at every level. The causes of health inequities are deeply complex, but assessing our own growth opportunities and exposing faculty, staff, and students to the existence of health inequities begin the initial steps of change needed. Our long-term goal is to build a "nursing workforce that is diverse and prepared with the knowledge and skills to address the social determinants of health."[6] So we start from within, because, "what is taught" is just as important as "who teaches them" and before our faculty and staff can lead others, they must be able to lead themselves.[6]

SUMMARY

The development of a diversity, equity, and civility council within a school of nursing has generated meaningful progress toward educating nursing students who are prepared to address health inequities in nursing practice. Faculty and staff need professional development opportunities to expand the breadth and depth of their knowledge about social determinants of health and in creating a culture that embraces diversity, equity, and inclusion. Developing a diversity, equity, and civility council in our school of nursing to promote equity, inclusivity, and diversity grounded in social justice within the school's culture was identified as a monumental first step in addressing nursing and nursing education's role in reducing health inequities and responding to the NAM's Future of Nursing 2020-2030 call to action.

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