

Advancing Racial Justice and Diversity Through Equity and Inclusion

What better time than now for academic nursing to look critically and intentionally at how the profession addresses racism? The National Commission to Address Racism in Nursing (American Nurses Association [ANA], 2021) announced a call for immediate action earlier this year. The Commission's focus is to explore racism within nursing, and the impact racism has on individuals, communities, and health care systems. The press release stated, "nursing has a long history of institutional inequities, classism, and racism as evidenced by the low percentage of non-White nurses and less than 1% of deans and chief nursing administrators coming from diverse backgrounds." As African Americans who are registered nurses working in academic nursing, we have grown accustomed to being a part of an underrepresented group in predominantly White institutions. Still, we have often wondered why so few people look like us in academic nursing. This fact says a lot about exclusivity rather than the inclusivity of the profession. The critical question posed by Njie-Carr et al. (2020, p. 5) in the book, *Disparities in the Academy: Accounting for the Elephant*, "why is it that nursing in the U.S., which according to decades of Gallup Polls, is rated the most ethical profession, but has not yet become a more racially and ethnically diverse profession that includes, in particular, substantially more Black faculty, in predominantly White Schools of Nursing? Why is it?"

Is it because beliefs of meritocracy undergird the profession? In other words, the belief that all persons are born into a relatively level playing field, and success or failure depends on the person's merit, motivation, intelligence, ambition, and abilities (Blumenfeld, 2019)? Adopting the stance of meritocracy justifies ignoring and denying the systemic oppression, racism, and

inequities embedded within nursing since the days of Florence Nightingale. Meritocracy paves the way to ignore the patterns of systemic oppression that operate within societal structures, including academic nursing. However, the killings of George Floyd and countless named and unnamed African Americans by police officers raised the collective consciousness that racism exists within many structures in society, including in nursing.

Gee et al. (2012, p. 967) identified the central role of race by stating: "From crib to coffin, race is invented, recorded, and reported. The classification of people's race on their birth certificates, college applications, medical charts, and death certificates highlight the central role of racial stratification in the U.S." In recent months, there has been significant backlash against critical race theory (CRT). One tenet of CRT is that "racism is ordinary, not aberrational, it is the usual way society does business and the everyday experience of most people of color" (Delgado & Stefancic, 2017, p. 8). From our lived experience, this is true. Experiencing racism is a familiar experience for most people of color. Hartlep and Ball (2020, p. 1) describe "racial battle fatigue (RBF) as the physiological, psychological, and behavioral strain exacted on racially marginalized and stigmatized groups and the amount of energy spent coping with and fighting against racism." Thus, we attest, racism remains alive and impacts the daily lives of people of color. Nonetheless, the growing backlash against CRT continues to intensify, with more than 16 states introducing or passing legislation to ban teaching CRT in public institutions (Flaherty, 2021).

Not only is CRT an off-limit topic for many institutions, but so are discussions on White privilege. When hearing the term, White privilege, White people often search their personal histories for narratives of struggle to demonstrate

they were not privileged (Cabrera, 2017). Cabrera goes on to say, it is not so much that White people are privileged, but rather people of color are precluded from the equitable treatment or protection that Whiteness brings. Thus, one must wonder if White privilege and CRT conversations create discomfort because they lay bare the inequities embedded within meritocracy that have been taken for granted for far too long. The discontent and legislation against the open dialogue on these topics underlie why the tensions about race and racism remain ever-present today.

Structural racism is embedded in policies, practices, and procedures in academic nursing. If we believe this to be true, what are we, in academic nursing, doing about it? If you doubt structural racism exists in academic nursing, why are the admission, retention, and graduation rates not equal across racial groups? And why do the faculty and staff demographic data not mirror that of the general U.S. population? We are "calling in" academic nursing colleagues to address racism in nursing education. In addition to professional accountability, there is personal accountability. What plans do you have personally to uphold and take part in addressing racism in nursing education to advance diversity, equity, and inclusion (DEI)? In terms of academic nursing, how can we transform the status quo? We suggest that (1) programs on microaggressions, interpersonal, systemic, and structural racism be required rather than encouraged or optional; (2) metric-driven data are used as a basis to determine progress on DEI initiatives; a person(s) is hired to direct a team with responsibility to advance DEI initiatives; and a DEI statement is developed that faculty, staff, and students can embrace as part of your institution's culture.

Carnes et al. (2019) identified three purposes of diversity and inclusivity statements: (1) to attract and retain di-

verse faculty, staff, and students; (2) to establish the basis for policies and practices that promote a welcoming and inclusive environment; and (3) to provide a rationale for considering an applicant's ability to foster workplace diversity or work with diverse populations when hiring faculty and staff. The key is to transform the words in the statement into action. Diversity statements can call for accountability and motivate institutional action and clarify visions for change or the statement can serve as empty rhetoric to merely check a diversity statement box (NASPA: Student Affairs Administrators in Higher Education, 2021). Similarly, Ash et al. (2020) argue that chief diversity officers function as chief absolution officers; they allow an institution to give lip service to diversity without supporting more substantive and potentially controversial change. It is our hope that your diversity officer, in collaboration with the academic nursing leaders, faculty, staff, and students, address racism in your nursing education program and your diversity and inclusivity statement drives institutional change.

References

- American Nurses Association (ANA). (2021). *Leading nursing organizations launch the national commission to address racism in nursing*. <https://www.nursingworld.org/news/news-releases/2021/leading-nursing-organizations-launch-the-national-commission-to-address-racism-in-nursing/>
- Ash, A., Hill, R., Risdon, S., & Alexander, J. (2020). Anti-racism in higher education: A model for change. *Race and Pedagogy Journal*, 4(3), 1–35.
- Blumenfeld, W. J. (2019). *The what, the so what, and the now what of social justice education*. Peter Lang Publishing, Inc.
- Cabrera, N. L. (2017). White immunity: Working through some of the pedagogical pitfalls of privilege. *Journal Committed to Social Change on Race and Ethnicity*, 3(1), 77–90.
- Carnes, M., Fine, E., & Sheridan, J. (2019). Promises and pitfalls of diversity statements: Proceed with caution. *Academic Medicine*, 94(1), 20–24. <https://doi.org/10.1097/ACM.0000000000002388> PMID:30067539
- Delgado, R., & Stefancic, J. (2017). *Critical race theory: An introduction*. New York University Press.
- Flaherty, C. (2021). *Legislating against critical race theory*. Inside Higher Ed. <https://www.insidehighered.com/news/2021/06/09/legislating-against-critical-race-theory-curricular-implications-some-states>
- Gee, G. C., Walsemann, K. M., & Brondolo, E. (2012). A life course perspective on how racism may be related to health inequalities. *American Journal of Public Health*, 102(5), 967–974. <https://doi.org/10.2105/AJPH.2012.300666>
- Hartlep, N. D., & Ball, D. (2020). *Racial battle fatigue in faculty: Perspectives and lessons from higher education*. Routledge.
- NASPA: Student Affairs Administrators in Higher Education (2021). *Moving from words to action: The influence of racial justice statements on campus equity efforts*. <https://www.naspa.org/report/moving-from-words-to-action-the-influence-of-racial-justice-statements-on-campus-equity-efforts>
- Njie-Carr, V., Niemann, Y. F., & Sharps, P. W. (2020). *Disparities in the academy: Accounting for the elephant*. Dorrance Publishing Co.

Teri A. Murray, PhD, PHNA-BC, RN,
FAAN
 Associate Editor
Vanessa Loyd, PhD, DNP
 loydv@umsl.edu
 Associate Teaching Professor
 Dean's Fellow, Diversity, Equity, &
 Inclusion
 College of Nursing, University of
 Missouri-St. Louis

Disclosure: The authors have disclosed no potential conflicts of interest, financial or otherwise.
 doi:10.3928/01484834-20210908-01

Reproduced with permission of copyright owner. Further reproduction prohibited without permission.