



Living the CCNE Values: 20th Anniversary Editorial Series

Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the community of interest.

August 31, 2018 - As I reflect on CCNE's commitment to inclusion and diversity as CCNE celebrates its 20th anniversary, I am reminded that this month marks the 55th anniversary of Dr. Martin Luther King Jr.'s "I Have a Dream" speech delivered on the National Mall at the 1963 March on Washington. It was not just a speech. It was a call to the American people that resonates with and informs us still.

Today diversity, inclusion, and equity are part of the fabric of our nursing culture, whether we are clinicians, faculty or students; nursing education or nurse residency program leaders; or members of regulatory agencies or higher education organizations. In its 2017 position statement "Diversity, Inclusion, and Equity in Academic Nursing," the American Association of Colleges of Nursing (AACN) references diversity as a broad range of individual, population, and social characteristics. It describes inclusion as representing organizational and environmental cultures where individuals with diverse characteristics thrive. And it describes equity as the ability to recognize differences in resources or knowledge which impact full participation in society.

Research shows that "exposure to diverse backgrounds and perspectives improves academic achievement for students of all backgrounds, including critical thinking skills and academic self-confidence" (<https://www.ecampusnews.com/campus-administration/4-best-practices-around-diversity-and-inclusion>). We are preparing for the next generation of nurses to be more diverse than ever before, and this has implications for education and practice. Additionally, by 2044, over 50% of the U.S. population will be from groups other than non-Hispanic White (Colby & Ortman, 2015). As a result, the curricula of nursing education and nurse residency programs must reflect a commitment to diversity and inclusion not just in words in a mission statement but in actions in the classroom, clinical settings, and community at large. Prioritizing diversity, inclusion, and equity/social justice is essential for our students, residents, and graduates to provide culturally sensitive care and address those social determinants of health that lead to disparities among



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About the editorial series:

Upon its founding, the CCNE Steering Committee developed a set of 12 values to guide CCNE's work. These values are central to the organization's identity, and CCNE accreditation activities are premised on these statements of principle.

Throughout CCNE's 20th anniversary year, each edition of this editorial series will explore a different CCNE value. This series can be accessed on the [CCNE website](#).

vulnerable groups. Uncovering unconscious or implicit bias is critical. For instance, statements such as “She’s a boomer---works all the time; this must be the source of her stress!” or “That’s a for-profit nursing program; all they’re interested in is the bottom line” are presumptuous and reflect that decisions have already been made and opinions formed without any evidence to support those statements. As a dean of a nursing program that had been not-for-profit but transitioned to for-profit status as a result of a merger, I can personally say our priority in both scenarios was to provide excellent nursing education. To do that, I needed to be fiscally responsible, as we all are expected to be regardless of Federal tax designation!

CCNE operationalizes diversity and inclusion in its values, standards, and processes. One example is the process recently used by the Standards Committee to review and revise the 2013 *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*, which brought together individuals representing diversity of thought, institutional classification, practice background, race, ethnicity, and geographic location. As a member of that committee, it became clear to me that one of the primary foci was to ensure that the CCNE standards and key elements continue to reflect the core values of inclusion and diversity. Committee members were called upon to examine our conscious and unconscious biases, which were sometimes unintentionally reflected in our choice of words. I believe that by broadening our perspectives through discussion of each committee member’s assumptions and the challenges they presented led to an improved document that recognizes innovation and creativity as well as the uniqueness of institutions and their faculty, students, and communities of interest.

CCNE’s commitment to diversity and inclusion is further exemplified in the committee’s recommendation (and the Board of Commissioners’ subsequent approval) to emphasize that teaching-learning practices should “expose students to individuals with diverse life experiences, perspectives, and backgrounds” (CCNE *Standards*, 2018, Key Element III-G). As a result of this strengthened language in the standards, graduates of CCNE-accredited programs will continue to be clinicians, scholars, educators, and leaders who value the principles of diversity and inclusion to reduce health disparities and promote global wellness.

It is an honor to be a member of the CCNE community, participating in the standards revision process; co-chairing the Substantive Change Review Committee; and serving as a team leader for on-site evaluations. I applaud CCNE’s 20 years of commitment to excellence in nursing education. And I wish the organization many more!