American Association of Colleges of Nursing

NOTE: This statement is currently under review for revision.

Diversity, Equity, and Inclusion in Academic Nursing

AACN Position Statement

As the collective voice for academic nursing, the American Association of Colleges of Nursing (AACN) serves as the catalyst for excellence and innovation in nursing education, research, and practice. The values of diversity, inclusion, and equity are central to advancing AACN's mission. This AACN position statement is intended to articulate the vision and principles of AACN associated with these values, which may be reflected in similar statements by AACN members.

Introduction

Relevant research affirms the core interests of AACN members in advancing diversity, inclusion, and equity in academic nursing. As reflected below, those interests center on many facets of nursing education, central to the success of nursing schools in 21ST Century America. They reflect the need to:

1. ***Improve the quality of education*** by enhancing the capacity of academic nursing to maximize learning opportunities and experiences for students and faculty, alike, which depend in significant ways on learning from individuals with diverse life experiences, perspectives, and backgrounds.
2. ***Address pervasive inequities in health care*** by ensuring the preparation of nurses and other healthcare professionals able to meet the needs of all individuals in an increasingly diverse American society.
3. ***Enhance the civic readiness and engagement potential of nursing students*** who will be in positions of leadership in health care, as well as in society, more broadly.

As used in this position statement, ***diversity*** references a broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; physical, functional, and learning abilities; religious beliefs; and socioeconomic status. ***Inclusion*** represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments. More broadly, ***equity*** is interrelated with diversity and inclusion. Equity is the ability to recognize the differences in the resources or knowledge needed to allow individuals to fully participate in society, including access to higher education, with the goal of overcoming obstacles to ensure fairness (Kranich, 2001). To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes or prejudices (Cooper, 2016).

Improving the Quality of Nursing Education

When diversity is integrated within inclusive educational environments with equitable systems in place, assumptions are challenged, perspectives are broadened, and socialization across a variety of groups occurs, resulting in intellectual and cognitive benefits for all learners (Hurtado, 2005; Chang, Denson, Saenz, & Misa, 2006; Saha, Guiton, Wimmers, & Wilkerson, 2008). In diverse and inclusive environments, students, staff, faculty, and administrators recognize the value of and need for diversity to achieve excellence in teaching, learning, research, scholarship, service, and practice. As academic nursing becomes more inclusive in the recruitment of diverse learners, faculty may need to acquire new knowledge, skills, and attitudes to foster success of the student learner (International Council of Nurses, 2008).

Notably, realizing the benefits of diversity in the profession of nursing depends in part on expansion of the traditional pool of nursing school applicants and the employment of faculty and staff by appropriately defining variables reflecting the value and diversity of the human experience. With respect to students, in particular, leadership and faculty should examine how potential student applicants are assessed for meeting qualifications and how merit (or the likelihood of success in nursing) is evaluated. The measures of an applicant's readiness for nursing education and preparedness for practice should extend beyond reliance on specific quantitative data such as standardized test scores and grade point averages, to include other valid and reliable measures of prospective success. Factors such as leadership skills, ability to overcome obstacles, strengths, communication and language skills, ability to gain entrée into underserved communities, other transferable skills and abilities, and prior life experiences of individuals, may be relevant when determining how the applicant might contribute to the profession and/or to the academic environment of a particular institution (Glazer & Bankston, 2014).

In addition, academic leadership and faculty should examine any unconscious and conscious biases that may undermine efforts to enhance diversity, inclusion, and equity, including the use of everyday verbal, nonverbal, intentional or non- intentional messages which devalue the perspectives, experiences, and/or feelings of individuals or groups. These biases may restrict academic nursing's ability to attract and retain a more diverse student body and to recruit and promote diverse leaders, faculty, and academic support staff.

Addressing Healthcare Inequities

AACN recognizes the impact of shifting U.S. population demographics, a health system challenged by workforce shortages, and persistent health inequities on academic nursing. Therefore, AACN and its member schools commit to accelerating diversity, inclusion, and equity initiatives to prepare the current and future nursing workforce to be reflective of the society it serves while simultaneously fulfilling societal expectations and needs (Relf, 2016; Danek &

Borraya, 2012).[1]

Healthcare reform has revitalized efforts to examine how our nation's health system should evolve to meet the needs of all persons while being representative of the population served (Danek & Borrayo, 2012). By 2044, more than half of the United States population will belong to a census grouping other than non-Hispanic White (Colby & Ortman, 2015). By 2060, one in five Americans will be foreign born. Health inequities, including diminished life expectancy and poor health outcomes, vary based on race, ethnicity, culture, sexual orientation, gender identity, age, and socioeconomic status. The social determinants of health – the conditions in which people are born, grow, learn, live, work, play, worship, and age – coupled with the distribution of money, power and resources are primarily responsible for these inequities (World Health Organization, 2016; Healthy People 2020, 2016).

Advancing Civic Leadership and Engagement

The desired nursing workforce that results from creating more diverse and inclusive nursing schools would be better prepared to advocate with and for others—including engaging with community leaders to work toward achieving equity in health and wellbeing The benefits of diversity and inclusivity in education programs also can help prepare health professionals to take action on or address the social determinants of health described above. (National Academies of Sciences, Engineering, and Medicine, 2016, p. 11-20).

Conclusion

To improve the quality of nursing education, ameliorate health inequities, and advance leadership in the profession and society at large, the values and principles of *diversity*, *inclusion,* and *equity* must remain mission central. These values and principles should be a part of the ongoing dialogue of AACN-member nursing schools, which are responsible for defining their particular educational missions and then engaging in the work to make those visions become a reality. Nursing school leaders, administrators, faculty, staff, and students must continue to collaboratively engage in efforts to recruit, retain, and graduate students who will advance institutional missions, which should address issues of diversity, inclusion, and equity.

AACN recognizes diversity, inclusion, and equity as critical to nursing education and fundamental to developing a nursing workforce able to provide high quality, culturally appropriate, and congruent health care in partnership with individuals, families, communities, and populations. AACN is committed to preparing a community of scholars, clinicians, educators, and leaders who fully value the importance of diversity, inclusion, and equity to promote the health of the nation and the world. AACN will advocate for advancing diversity,

[1] As outlined in each of the AACN *Essentials* documents, which delineate the curriculum content and expected competencies of graduates of baccalaureate and higher degree nursing programs, administrators, faculty, staff, and students in schools of nursing are charged to advocate for social justice, including a commitment to promoting the health of all people and the elimination

inclusion, and equity in nursing through its public policy initiatives and in its regulatory advocacy, in collaboration with the Tri-Council for Nursing and other health professions

of health inequities. *Social justice* is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, disability, sexual orientation, and gender identity (AACN, 2008). In the pursuit of social justice, institutions, systems, structures, policies and processes should advance fairness and equity (Buettner-Schmidt & Lobo, 2012).

education organizations. It is imperative that academic nursing advance human rights and reduce health inequities by developing a nursing workforce that is compassionate and respectful of the inherent dignity, worth, and unique attributes of every person as outlined in the American Nurses Association's Code of Ethics for Nurses (2015) and Nursing's Social Policy Statement (ANA,2010).

References

American Association of Colleges of Nursing. (2008). The Essentials of Baccalaureate Education and Professional Nursing Practice. Washington DC.

American Nurses Association. (2015). Code of ethics for nurses with interpretive statements. Accessed online at http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Foundational-and-Supplemental-Documents

American Nurses Association. (2010). Nursing's Social Policy Statement: The Essence of the Profession. Silver Spring, MD.

Buettner-Schmidt K & Lobo ML. (2012). Social justice: a concept analysis. *Journal of Advanced Nursing,* 68(4), 948-58. doi: 10.1111/j.1365-2648.2011.05856.x.

Chang, MJ., Denson, N., Saenz, V., Misa, K. (2006). The educational benefits of sustaining crossracial interaction among undergraduates. *Journal of Higher Education* 77(3):430455.

Colby, S. L. & Ortman, J. M. (2015). Projections of the size and composition of the U.S. population: 2014 to 2060, Current population reports. P25-1143. Washington, DC: U.S. Census Bureau.

Cooper, C. L. (2016). *The Blackwell Encyclopedia of Management*. Blackwell Publishing, Blackwell Reference Online. Accessed at http://www.blackwellreference.com/public/book.html?id=g9780631233176_9780631233176

Danek, J. & Borrayo, E. (2012). Urban universities: Developing a health workforce that meets community needs. Retrieved from: http://urbanuniversitiesforhealth.org/media/documents/Urban_Health_Workforce_Final_Report.pdf.

Glazer, G., & Bankston, K. (2014, September). *Holistic Admissions in the Health Professions*. Retrieved July 18, 2016, from http://urbanuniversitiesforhealth.org/media/documents/holisticadmissionsinthehealthprofessions.pdf

Healthy People 2020. (2016). Social determinants of health. Accessed online at https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-ofhealth

Hurtado, S. (2005). The next generation of diversity and intergroup relations research. *Journal of Social Issues* 61(3):595-610.

International Council of Nurses (ICN). (2008). Nursing care continuum – framework and competencies. Geneva, Switzerland: ICN.

Kranich, N. (2001). *Libraries and Democracy,* Chicago, IL: American Library Association, 2001: 15-27.

National Academies of Sciences, Engineering, and Medicine. 2016. *A framework for educating health professionals to address the social determinants of health.* Washington, DC: The National Academies Press. doi: 10.17226/21923. Accessed at http://nationalacademies.org/hmd/Reports/2016/Framework-for-Educating-HealthProfessionals-to-Address-the-Social-Determinants-of-Health.aspx

Relf, M. V. (2016). Advancing diversity in academic nursing. *Journal of Professional Nursing.* 32(55):S42-47) doi: 10.1016/j.jana.2015.11.008.

Saha, S., Guiton, G., Wimmers, P., & Wilkerson, L. (2008). Student body racial and ethnic composition and diversity-related outcomes in US medical schools. *Journal of the American Medical Association*, 300(10), 1135-1145.

World Health Organization. (2016). What are the social determinants? Accessed online at http://www.who.int/social_determinants/sdh_definition/en

AACN Diversity and Inclusion Advisory Group

Carolina G. Huerta, EdD, RN, FAAN (Chair)
University of Texas Rio Grande Valley

Azita Emami, PhD, RN, FAAN
University of Washington

Greer Glazer, PhD, RN, FAAN
University of Cincinnati

Judith Martin-Holland, PhD, RN, FAAN
University of California, San Francisco

Judith Lewis, EdD, RN
D'Youville College

Michael Relf, PhD, RN, FAAN
Duke University

Edilma L. Yearwood, PhD, RN, FAAN
Georgetown University

Lin Zhan, PhD, RN, FAAN
University of Memphis

AACN Staff
Vernell DeWitty, PhD, RN

Endorsed on March 20, 2017 by AACN Members
Position statement titled changed in February 2021 to reflect current terminology. The original title was *Diversity, Inclusion, and Equity in Academic Nursing*.