

# Analyzing DEI<sup>1</sup> Efforts and Curricula in Collegiate Nursing Programs

By

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A diverse, representative health care workforce is crucial to advancing health care access, patient satisfaction, and health outcomes, particularly for patients of color (Taylor et al. 2022). However, nursing education programs too often create obstacles to diversifying the nursing workforce. Studies have shown that healthcare students are exposed to racial bias and discriminatory standards of care within their medical education and placement sites (Joseph et al. 2021). Bias can also take place among current students and faculty and causes some students to feel unsupported in their educational experience. Best practices for nursing education programs that center on health equity include an anti-racist curriculum, bias awareness training, pathway programs to diversify the healthcare workforce, financial support, and effective mentorship (Taylor et al. 2022).

It is imperative that nursing programs are built on the foundation of health equity. In this Point of View essay, we argue that anti-racist DEI education should be incorporated *throughout* nursing program curricula instead of having only one or two courses that focus on equity. Our research consisted of reviewing and analyzing the scholarly literature in the area of DEI/ equity training effectiveness, conducting interviews among a sample of undergraduate nursing students and examining nursing programs' DEI websites to identify 1) challenges to providing culturally competent and inclusive education and 2) characteristics and practices employed by nursing programs that successfully prepare

students to deliver equitable care. Our vision and goal in working on this essay were guided by Hassmiller & Wakefield's (2022) manuscript on the future of equitable nursing from 2020-2030.

## Existing Research

Dobbin and Kalev (2018) identified barriers that negatively affect the impact of diversity interventions within both academia and the workplace. They found that, in general, short-term educational interventions *do not* change people. Completing a class to fulfill a diversity requirement for a nursing program *may not* have the long-term effects originally hoped. In addition, having an entire course on diversity and equity can lead to a lot of information being packed into too short a time frame (in comparison to a lifetime of future nursing practice). The short time frame can cause disdain for the intervention in the following ways: 1) a negative reaction by college students regarding being told what to do. An adverse reaction to diversity training is common due to an individuals' lack of personal autonomy; 2) the perception by white students of being 'left out' when learning about DEI programs, diversity interventions, and the treatment of patients of other races and ethnicities.

According to Rosseter (2023), a report by the American Association of Colleges of Nursing, found that students of minority backgrounds make up 40.8% of the student population in entry level baccalaureate programs and students who identify as White comprise about 59% of the U. S. student population. Some White students *may be* negatively disposed to diversity programs because of perceived entitlements related to race.

As the two issues identified above show, nursing program curricula must adapt by offering more

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<sup>1</sup>According to the Office of Research at the University of Washington, "Diversity is the presence of difference that enrich the workplace... Equity is ensuring that access, resources, and opportunities are provided for all to succeed and grow, especially for those who are underrepresented and have been historically disadvantaged... Inclusion is a workplace culture that is welcoming to all people regardless of race, ethnicity, sex, gender identity, age, abilities, and religion and everyone is valued, respected, and able to reach their full potential."

comprehensive curricula incorporating material that would typically be taught in a diversity and equity course but do so throughout the entirety of the nursing program. That is, each course should have a component on diversity and equity integrated to seamlessly fit the style and themes of each specific course. Doing this is important because “the key to improving the effects of training is to make it part of a wider program of change” (Dobbin & Kalev 2018:52). A diversity-inclusive curriculum will provide undergraduate nursing students with a multi-year experience in diversity and equity training and intervention *prior to* the start of their clinical experiences during which they can put much of what they learned into practice.

### Sample Selection for the Interview Phase

After doing research on selected Northeast institution’s nursing programs, we wanted to collect interview data to help ensure that nursing students are well qualified to provide culturally competent and inclusive care of patients of different races, genders, ethnicities, and sexual orientations. We wanted to increase the likelihood that nursing students attend educational institutions that address the harms of implicit bias and discriminatory standards of care and provide them with anti-racist and culturally inclusive learning experiences.

We chose four institutions<sup>2</sup> that had reputable nursing programs within the Northeast and interviewed students from each program based on the following criteria: similarity in the number of undergraduate students, location within the New England region, and at least one of the authors having a personal connection to a nursing student at each college. We used convenience and snowball sampling to recruit nursing students for interviews. We reached out to our contact person at each institution and asked if they could recommend other nursing students that would be interested in participating in our research. We also searched for students from each of these institutions through LinkedIn and attempted to recruit them in this way.

Our sample consisted of eight nursing students, all of whom identified as white females. Their ages ranged from 22-24 years old. This response pool consisted of

four interviewees from Northeastern, three from Sacred Heart, and one from Boston College. The demographics are not diverse as stated which is important to note when observing the data given.

We asked each respondent a series of open-ended, qualitative interview questions about their experiences in their nursing program. We also asked about the demographics of fellow students and faculty in their program, their goal in choosing nursing as a career path, the curriculum of their nursing program in terms of diversity and inclusivity, and their perceived preparation by their nursing program to treat patients from diverse backgrounds in a respectful way.<sup>3</sup> Respondents’ answers to the interview questions helped us understand better the challenges to providing inclusive education and the effectiveness of nursing school curricula in preparing students to deliver equitable care to diverse patients.

The demographic characteristics of the interviewees provided a context for their responses to the open-ended interview questions asked. As the interview questions went into more detail regarding whether students felt their programs did an adequate job at discussing bias, implicit bias and cultural sensitivity, the responses began to vary by institution. The general consensus from Sacred Heart and Boston College students (N = 4) was that these topics were touched upon in class, but more in-depth discussions were needed. One Northeastern student felt differently, as she explained that her classes did talk about situational scenarios and her clinicals provided a strong foundation for better understanding bias and cultural sensitivity. This pattern of Northeastern providing a more detailed education surrounding diversity and equity continued as the question, “Do you feel your program has allowed you to treat patients from diverse backgrounds?” was asked to each student.

One interviewee from Sacred Heart answered, “there’s certain interactions that are customary to certain things but it’s not something that I feel comfortable addressing in a patient care setting yet. The diversity and inclusion factors are lacking.” Similarly, a Boston College student responded, “BC Nursing does not do a good job of what to do in certain situations they just give you definitions and that is that.” An interviewee from Northeastern had

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<sup>2</sup>Dr. Susan L. Davis, R.N. & Richard J. Henley College of Nursing at Sacred Heart University, the Connell School of Nursing at Boston College, the Merrimack College School of Nursing and Health Sciences, and the Bouvé College of Health Sciences at Northeastern University.

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<sup>3</sup>Interview Questions: Do you encounter professors or faculty that look like you in your department? Are there any courses that stand out to you in terms of diversity and inclusivity? How is race, ethnicity, bias, implicit bias, and cultural sensitivity being defined in all your courses? Do you feel like your race and ethnicity are honored in your curriculum or on campus? Are you aware of the nursing school DEI department? Do you feel adequately prepared to deliver care in a culturally competent and respectful way?

a very different answer to the question as said, “Yes, my classes have talked about specific instances, but I like that my clinical reinforces it more and you learn by doing it in the clinical setting. They have done a good job at cultural competency.” Based on these responses, it is evident that the education nursing students are receiving at Northeastern prepares them well and teaches health equity. The responses shed light on how to improve nursing programs regarding their DEI education and how to educate future nurses about the different biases that exist.

Through our exploratory research interviewing a non-random sample of eight current nursing students in programs in the Northeast of the US, we found that all our targeted institutions require their students to complete a course on health equity/diversity. While this is a step in the right direction, having students complete just one or two courses that ‘check the box’ for a diversity requirement *may not* be enough to teach them effectively what it takes to treat patients in an unbiased and anti-racist way. Although the completion of one or two diversity courses is more intensive than the traditional diversity training, it is interesting to look at research that has shown the negative effects of diversity training and why traditional training does not work.

### Program Website Research

Based on interviewees’ responses, we concluded that some of the targeted institutions were using a more in-depth approach to preparing their nursing students to treat patients with diverse backgrounds. The questions: “Does your program have a DEI department? Do you feel it is an accessible resource?” were answered with Sacred Heart, Boston College and Northeastern students admitting they are *unsure* whether their specific nursing school has a DEI department at all. This response indicates that advertisements, online presence, and awareness surrounding the nursing specific DEI programs need to be improved at some institutions. However, an online presence cannot be the only solution because research conducted on the institutions’ websites sheds a different light than what students are saying in the interviews. For example, the Boston College nursing school DEI web page is the easiest to navigate as it contains quick-links and an accessible home page, but the Boston College nursing students are unaware this exists. The Northeastern specific nursing DEI webpage was simpler to navigate but the students were also unaware this page exists. Therefore, having a

website about DEI information and resources cannot be the only solution. There needs to be a more hands-on approach to educating current nursing students about the resources available to them.

### Challenges and Successes to Nursing Equity

The interviews we conducted and our research into website data both helped us to identify the challenges of preparing nursing students to provide culturally competent and inclusive patient care through their classes. Specifically, DEI awareness, preparation to treat patients from diverse backgrounds, education about inclusive care, and DEI missions have been lacking at the institutions our interviewees attend. As for DEI awareness, interviewees from all three institutions said that they were unaware of specific nursing DEI Department. In addition, not all students interviewed utilized their DEI Department.

Regarding their preparation for treating diverse patients, interviewees from all three institutions felt their classroom education alone *did not* prepare them to care for patients of all races, ethnicities, sexual orientations, etc. The student from Northeastern noted that exposure to these populations during their clinical work did prepare them and their classmates. However, the onus of exposure to these populations should not be on the student. Institutions have a responsibility to have a nursing program with faculty and students from diverse backgrounds to model and reinforce an intersectional approach to patient care. As for DEI missions, two of the institutions had DEI resources specific to the nursing school.<sup>4</sup> According to each institution’s DEI resource page, which was identified through their websites, none of the missions or visions of the institutions’ DEI initiatives discussed preparing students for providing comprehensive care specific to those in marginalized communities.

Through our interviews and analysis of website data, we also found evidence of successes. The three Northeastern students we interviewed all agreed that their clinical experience immersed them into a space where they were exposed to a diverse community. They stated that their clinical coordinators gave them the proper tools to provide comprehensive care to each patient they are likely to encounter. Clinical experience with actual patients is valuable because almost all interviewees felt their education alone *did not* give them

<sup>4</sup>Institutions with DEI resources specific to the nursing school include the Connell School of Nursing at Boston College and the Bouvé College of Health Sciences at Northeastern University.

enough preparation and just ‘checked off a box’ regarding teaching about diversity and inclusivity. Another success we identified was respondents’ willingness to receive a health equity centered education -- even those that felt that they did not receive this education in their current nursing curriculum. All interviewees emphasized that they knew the importance of treating patients from diverse backgrounds in an equitable way. This awareness of wanting an equity-based education provides a positive outlook for the future of nursing. In the future, we hope nursing programs build upon this passion as they work to improve their own programs and curricula.

## CONCLUSIONS

Through researching what makes an inclusive, equitable nursing program, conducting interviews with nursing students, and locating DEI resources on each institution’s website, we identified three important findings. *First*, the importance of avoiding just ‘checking off a box.’ A nursing program built on the foundation of health equity should provide their students with an immersive, comprehensive education about treating patients of diverse backgrounds, and students *should not* have to depend on their clinical experience alone for preparation. *Second*, the awareness of the Nursing school’s specific DEI program should be increased. Although our interviewees did not utilize the DEI department, they should be aware that this could be used as a significant resource for their peers or classmates. *Third*, the DEI resources from each institution’s website *did not* highlight an important aspect of nursing school education-- providing comprehensive and inclusive care to each patient they encounter through nursing school and beyond.

Overall, we found that nursing schools should be implementing and emphasizing diversity and inclusivity into its required curriculum with the objective of training accomplished nursing students who will feel adequately prepared to deliver equitable care to patients of all races, ethnicities, sexual orientations, and any other underrepresented intersectional combination.

## The Limitations of Our Study Relative to Designing Future Research on this Topic

More research on this topic is needed. The design of future studies should contain

1. *random samples* of respondents/subjects:

As more research is designed surrounding the equity of nursing programs, it is imperative to include diverse voices. An important limitation of our exploratory study is the lack of diversity in our sample of interviewees. Therefore, the lack of diversity in this study is a limitation and an area to improve upon in future research.

2. *much larger random samples* of respondents/subjects so that statistical analysis and hypothesis testing can be conducted:

We used convenience and snowball sampling that resulted in a very small sample of only eight female students. However, the selection of larger random samples would increase the likelihood of obtaining more diverse responses from those studied.

3. *larger and more diverse samples of academic institutions with nursing programs*:

We researched only a few institutions that were similar in size and location to Providence College. However, future research might reveal different responses based on specific institutions’ required courses. Therefore, it would be beneficial to interview nursing students from larger institutions with more popular and well-established nursing programs to see if their programs are actually delivering quality, inclusive education.

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