Integrating Diversity, Equity, and Inclusion into the Fabric of Nursing Care

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For at least 50 years, we have been discussing diversity, equity, and inclusion (DEI) in the context of corporate America, beginning with the introduction of legislation in the 1960s surrounding equal pay, affirmative action, and age discrimination (Dong, 2021). These discussions have been inadequate in producing the desired level of change in staff perspectives on DEI, or diversity of the healthcare workforce (Todic et al., 2022). How is this possible? The onus of implementing authentic, sustainable change falls on all levels of the chain of command, and there has been too little sustainment of DEI efforts amid many other changes in the nursing landscape.

Systemic racism, social inequity, and historical biases all impact the healthcare environment. Historically, programs attempting to address DEI topics have been less than successful. This may be attributed to a lack of stakeholder buy-in across the healthcare team and inadequate efforts to dismantle structural barriers to equity (Todic et al., 2022). C-suite strategic plans without true engagement have resulted in an understandable resistance to revisiting DEI approaches. How do we overcome these historical challenges? The approach needs to be authentic at its core, and at all levels of health care. Without effecting change at all levels (inclusive of education, coaching, and accountability for all), there will be no sustainable change. This column will explore ways to successfully integrate DEI into the fabric of nursing care using tactics to engage frontline ownership, preparing leadership to work with a diverse workforce, reimagining telephone triage protocols that take DEI concepts into account, and enhancing nursing education.

The *Future of Nursing 2020-2030* report (National Academies of Sciences, Engineering, & Medicine [NASEM],

2021) highlights the benefits of having a diverse workforce for patient care. However, achieving a workforce representative of the population has been difficult for many organizations. Even when representation is achieved within the workforce, an organization may still lack true equity among its employees. Employees and patients may see others who look or act like them and still not feel included or safe enough to engage fully in the workplace (Beach & Segars, 2022).

This is where a sense of belonging comes in. It is exceedingly important to institute frontline, culturally appropriate education to redefine the workplace, understand the why behind diversification, and reduce the bias, racism, and unequal treatment that occurs within the frontline team (Esper, 2021). Only when this occurs and a psychologically safe space is created will organizations achieve true belonging and the full benefits of a diversified workforce.

As organizations diversify the workforce through pipeline development programs and strategic recruiting, they also must prepare frontline and middle managers to address the potential conflict that occurs during times of changing organizational dynamics. Readers may be familiar with the aphorism "people work for managers, not companies." Developing an effective environment for inclusivity and belonging begins with communication from leaders. How do they speak about DEI? How do they celebrate one another? Are microaggressive behaviors rewarded? When issues arise among teammates, how are they managed? When individuals or teams are recognized, is it for performance and not just for DEI reasons? Organizational interventions to improve DEI competency at all levels of leadership have been found to be effective in healthcare organizations

(Weech-Maldonado et al., 2018). Such interventions should be implemented widely in healthcare settings.

For teams with little diversity or with high turnover of diverse teammates, one solution is to offer mentorship with an effective leader or job shadow opportunities with a functional, diverse team. Encourage staff to ask questions, offer support sessions, and create safe spaces for leaders to discuss challenges among themselves and offer solutions. Consider using an organizational assessment designed for healthcare settings (Weech-Maldonado et al., 2018).

Telephone triage is another area in which DEI concepts are essential. Standardizing nursing triage protocols is a first step in establishing an equitable approach to triage across a diverse patient population. The intention is to eliminate any differentiation of care based on non-clinical data (such as socioeconomic status, insurance coverage, race/ethnicity, religion, etc.) and thereby create a more equitable care space where every patient answers an algorithm of questions that leads to the same outcome. The challenge with this model is that removing all potential social, cultural, and personal data from the plan of care for the patient does not address healthcare barriers to a personalized plan of care. Health literacy, general literacy, healthcare access, and language access challenges must be addressed with telephone triage.

Language barriers, for instance, pose a clear hurdle for the utilization of telephone triage protocols. A potential solution to linguistic challenges in telephonic work is video interpretation. Video interpretation, as opposed to telephone interpretation, has been demonstrated to allow significantly better comprehension, thus improving patient adherence to a plan of care (Lion et al., 2015). Innovative technologies such as video interpretation should be considered as part of a larger strategy to meet the needs of a diverse patient population.

With the increasing diversity of the American population, there is a need to move towards a more representative diverse nursing profile. One of the barriers to diversifying the nursing workforce is the difficulty with pre-licensure education and examination for under-represented minorities. Potential barriers to a diverse nursing student body include financial stress, lack of academic preparation, lack of family support and mentoring, and lack of diverse representation in the nursing education field in general (Loftin et al., 2013). The *Future of Nursing 2020-2023* report (NASEM, 2021) offers suggestions to improve diversity among nursing student bodies, including connecting potential students to mentors, highlighting the contributions of Black nurses, collaborating with community groups to promote nursing to their members, and increasing faculty exposure to diverse segments of their communities.

Representation and mentorship are key contributors to retention and success in completion of nursing licensure (Williams et al., 2018). In addition to increasing the diversity of the students entering nursing education, schools of nursing should seek to improve representation among their faculty, with a goal of reflecting the makeup of the local population. As diversity increases, faculty mentorship programs will be important to support career growth of minoritized faculty members and sustain representation and diversity among the faculty.

Understanding the impact DEI has on all aspects of nursing care is imperative to the future forward movement of nursing practice. Frontline engagement, leadership training, culturally appropriate nursing triage, inclusion of DEI in nursing education, and focused, sustained efforts are just a few ways to promote inclusivity and improve patient care. These solutions depend on honest examination of the errors of the past and commitment to take actionable steps forward. ●

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