

University of Michigan School of Nursing
2016-2021 Diversity, Equity, and Inclusion Strategic Plan
Summary Report

Introduction

The University of Michigan School of Nursing mission is “to advance health for all by educating and developing nurses and other professionals as leaders, generating and applying knowledge, and serving individuals, communities and populations.” This mission guides our activity and is embedded in a vision “to be the world’s leading source of high-impact research, evidence and education that will develop the knowledge and nurses necessary to address healthcare’s biggest challenges and provide health for all.”

Our community aspires to ‘health for all,’ well knowing we live in times when the segregation of low and no-income families and individuals is increase, wherein racial, cultural, ethnic, age, gender and other historically marginalized populations disproportionately bear the burden of health inequities. Indeed, the impoverishment of large sectors of the population has left millions in need and without access to adequate health care or other basic life sustaining resources. Given our “health for all” mission – and the UMSN’s moral, ethical and professional expectations in diversity, equity and inclusion - we have a mighty task ahead of us.

In healthcare, nursing, and nursing education we are aware that we are up against many forms of oppression. At the UMSN, we are even more aware of the nature of these challenges now, as we’ve reached the end of our first “DEI 1.0” plan and intensive 5-year period of DEI efforts. Racism, gender, and sexual oppression are a few forces we have yet to fully address as a nation and global society. Yet, these forces continue to be amongst the most difficult social phenomena to even see and comprehend. Study after study finds that US nurses, nursing faculty, nursing students and other healthcare practitioners and researchers for example have the presence of *implicit* bias. Attitudes of nurses, known as amongst the most trusted of US professionals, continue to be colored by unconscious stereotypes and false beliefs about human differences. Beliefs and implicit biases which unintentionally reproduce unequal outcomes.

Given this context, and in mobilizing the strength of our School, students, faculty and staff in the interest of “health for all”, this summary document provides a discussion of our DEI 1.0 strategic plan efforts. It is organized according to the four priority DEI strategic domains that we share with other schools and colleges across the University of Michigan.

DEI Domain #1 – Recruitment, Retention and Development

Inequality or social exclusion within healthcare and nursing can never be effectively eradicated without the ability to see and comprehend it. This makes the implicit nature of implicit bias particularly challenging with respect to fully seeing its pervasiveness and eliminating its underlying structural and cultural roots. As a School of Nursing, we understand now more than ever that diversity within our community of students, faculty, and staff, as well a climate wherein diverse members of our community can share experiences, insights, expertise, interests, and viewpoints freely, is a primary enabler of building a mutual appreciation for the complexity of implicit bias in society and healthcare. Diversity in our community positions each of us to be able to address implicit bias in a more effective way. Quite

simply, we cannot address the monumental challenges related to diversity, equity, and inclusion in healthcare, if we are not diverse ourselves as a community of learners, nurses, and nurse leaders.

This is why, during our DEI 1.0 strategic plan, UMSN leaders took a closer look at student, faculty, and staff recruitment, using data-based approaches to identify key patterns and areas of focus. The specific strategies we used are described further in our strategic plans.

During DEI 1.0, and across our students, staff, and faculty populations, the UMSN diversified further by race, ethnicity, and gender, with incremental progress each year. We achieved this greater diversity using evidence-based, legally aligned methods including faculty and staff unconscious bias and STRIDE training, “blinding” applicant reviews of demographic information, holistic evaluations of applicant pools to align with our mission, engaging our networks in applicant recruitment, and marketing strategies that appeal to diverse and digitally engaged audiences. The racial and ethnic diversity of our undergraduate BSN students, early career clinical and tenure track faculty, and staff showed greatest improvement. In other areas of priority, such as increasing gender diversity amongst our students (males are a demographic minority amongst nurses), margins of improvement were certain, but lower, and much more challenging to attain. We are aware that the sustainable recruitment of men into nursing schools must begin in primary and secondary education with increased opportunities for young men to develop a critical awareness and consciousness around gender and so called “prescribed” gender roles. As we move into DEI 2.0, we expect to put continued focus on gender diversity, as well as diversifying our graduate students and senior faculty by race, ethnicity, and culture. Pipelines from amongst our increasingly diverse undergraduates, early career clinical and tenure track faculty, as well as staff are in place, and carry the promise of *sustainably* increasing diversity, retention, and opportunities across UMSN for years to come.

DEI Doman #2 – Education and Scholarship

While increasing diversity is a crucial reality for DEI progress, we must understand that all people, regardless of identity and including those from diverse communities, have been similarly conditioned through life and educational experiences, to perpetuate implicit bias. That is, having a more diverse student, faculty and staff doesn’t in and of itself guarantee our ability to meet our “health for all” mission. In addition to diversity, all of us require a deeper understanding of the pervasiveness of health inequities that are caused by poverty, racism, homophobia, sexism, ableism, xenophobia, and other forms of oppression. This deeper appreciation and understanding is unlikely to reach nursing schools across the country - until nursing education, research, and scholarship embrace a historical, contextual, and sociocultural view of nursing, in both clinical and non-clinical educational and research learning spaces and environments.

Paths forward to a more contemporary approach for nursing education are written into the new American Association of Colleges of Nursing DEI Essentials, National Academy of Medicine Future of Nursing Report, and landmark American Nurses Association National Commission to Address Racism in Nursing Racial Reckoning Statement, and Racism in Nursing Report. These documents argue that challenges to DEI ethics within society have always spilled over into nursing and nursing education, and indeed across the sciences and academy itself. They argue that healthcare, and nursing, are not optimized to address social injustices, and in fact can function to further perpetuate and deepen them. In nursing education, for example, a false dichotomy can separate clinical competency from the ability of nurses to also become deeply and socio-culturally self-reflective in their practice, in clinical and

leadership arenas, and this false dichotomy, arguably enabled by fear, has partially enabled inequities to thrive from within nursing.

Therefore, during DEI 1.0, our faculty and faculty leaders placed great focus on developing our health equity curriculum to support nursing students to move from hearing about inequities to leading and reshaping a healthcare system that is optimized for addressing the structural and cultural determinants of health. The efforts of our academic leadership in partnership with our faculty at large, supported as well by our inclusive teaching liaisons, toward building our curriculum for health equity - included the robust development of internal inclusive teaching resources, the development of health equity curricular resources, the highlighting of programmatic objectives related to health equity and social justice, and retreats, trainings, events and other opportunities for faculty to generate new ideas related to health equity content within their courses. Health equity learning opportunities were in turn offered more consistently to students. Indeed, student voices played a key role in providing feedback and re-shaping the curriculum in key UMSN courses toward more inclusive curriculum.

Moreover, with the increase in diversity as well as the leadership emphasis on health equity and health for all, within our school, many nursing educators, researchers and theorists are developing scholarship that helps our faculty, students as well as staff, within the school and beyond, achieve a deeper understanding of the specific way issues of inequality related to culture, race, gender, sexuality, immigration, class, disabilities, age, the environment, and geography manifest across the country and globe within nursing science, education, practice and leadership as it is practiced in diverse national and global contexts. Our researchers have also been concerned about the ways in which nursing science can perpetuate, resist, or transform these inequities. Finally, as a result of our collective DEI 1.0 efforts, our researchers who may not identify as “health equity researchers” as such, are more intentional in highlighting the impact of their work on equity and the impact of equity on their scholarship.

Given the sheer breadth and intellectual diversity of our faculty and researchers’ collective interests in equity, and the fact that we will continue to grow in this area, and also given our access to health equity collaborators across the University, we have a unique opportunity for not only impacting health equity (our #1 priority), but also for developing a uniquely broad and encompassing conceptual lens - that distinguishes the DEI and health equity scholarship that will be developed in our School during the DEI 2.0 period. Moreover, as our researchers are moving forward to collaborate and critically engage one another’s research through a DEI and health equity lens, they are identifying how the equity principles which are emerging, speak broadly across all our collective research interests and areas of expertise. Again, we are not where we know we can be, know we want to be, and DEI 2.0 will give us the opportunity to further align our outcomes in education and scholarship with our DEI values.

DEI Domain #3 - Promoting an Equitable and Inclusive Community

Inclusive teaching is analytically and pragmatically distinct from the health equity curriculum. Where the curriculum describes the content we are teaching, inclusive teaching describes the actual, lived practice of our curriculum. Through the curriculum we share knowledge, whereas through inclusive teaching we cultivate an ethical standpoint amongst future nurses and faculty that is essential for building a sustainable and effective ethics of nursing education and community care.

Our DEI 1.0 plan aimed to support UMSN faculty efforts to connect their teaching to a larger project of diversity, equity, inclusion, and well-being. At the same time, our approach to inclusive teaching during

DEI 1.0 aimed to appreciate the way our students already come to us with a strong ethical and moral compass, whether they are undergrads or grads, how they already come to us with serious concerns about equity.

In addition to a focus on inclusive teaching, DEI 1.0 provided training and professional development opportunities for all faculty, staff and students, and participation in these activities was consistent and growing throughout the DEI 1.0 period. We also created opportunities for students, faculty, and staff to participate in creating the culture we want to have; through the development of various working groups, committees, and organizations that were faculty, staff and student led opportunities - to engage in decision making within our School. Faculty and staff had further opportunities to develop and share progress on their individual DEI professional development goals; through annual evaluation processes that recognized their efforts and contributions, towards matching their DEI values with DEI behaviors and orientations to their roles and work.

DEI Domain #4 - Service

Given the nature of DEI and health equity work, health equity focused researchers and clinical faculty scholars, in addition to students, faculty and staff from underrepresented communities, tend to do most of the heavy lifting for DEI service to our community. This includes service to mentor equity interested students, demographic minority students, and to diversify working groups and committees that are working to have more DEI-conscious conversations. Health equity researchers, faculty of color and LGBTQ faculty in particular, are providing expertise for curricular and training enhancements related to race, culture, class, gender, and sexuality; and also providing expertise for inclusive teaching and participating in all the different ways that one can possibly express a contribution to DEI in the school. As we move into DEI 2.0, our leadership is prioritizing making DEI service for faculty and staff more visible. This will help us ensure we can retain our best talent and remain on a trajectory in DEI progress.

Conclusion and Next Steps

DEI 1.0 has required our students, faculty, and staff to constantly work, as individuals and as a community, to cultivate coherence in our DEI and “health for all” mission, so that the gap between the words we speak in our commitment to diversity, equity, inclusion and health for all, and the actions we take in DEI, become less and less each day.

As a community, we have been working through our DEI plan for 6 years. Today we all have a clearer understanding of what each of us, working within our diverse realms of influence: within and beyond our school, can do to push our community forward. And we’ve learned by listening closely to one another, caring earnestly for the quality of the lives of others. Caring for others through DEI and culture initiatives has been more than about helping others, but a way of exercising our own humanity, dignity, and self-respect.

But despite how far we have come, we know we have much more to do. DEI 1.0 has laid bare and brought to the fore a deeper appreciation of our social conditions, as well as the realities facing healthcare and nursing education. Over the next year, we will be prioritizing what we want to work on together - to accomplish during the following 5-year DEI 2.0 period. Inclusive teaching, advancing health equity in the curriculum and research, and our health for all mission, will remain keen areas of priority for the future of DEI in our school; along with integrating DEI mindsets and goals more evenly within all

the structures that make up the UMSN, including all our programs, offices, and departments. DEI 2.0 promises to help us have a deeper impact on the day to day, and thereby help us increase our national and global impact towards achieving health for all.