

Diversity, Equity, and Inclusion in Nursing

The Pathway to Excellence Framework Alignment

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The promotion of diversity, equity, and inclusion (DEI) in nursing is a topic of renewed importance, given the civil unrest following the death of George Floyd and identified disparities in health and health outcomes during the COVID-19 pandemic. Despite its progress, the nursing profession continues to struggle with recruiting and retaining a workforce that represents the cultural diversity of the patient population. The authors completed a review of the literature on DEI in nursing and found a scarcity of studies, and that a limitation exists due to the strength of the evidence examined. This article aims to provide a review of the literature on DEI in nursing, outcomes and strategies associated with organizational DEI efforts, and knowledge on how the American Nurses Credentialing Center Pathway to Excellence® Designation Program framework supports DEI initiatives. The authors further provided recommendations for nurse leaders and a checklist of proposed questions for assessing commitment, culture, and structural empowerment initiatives toward a more diverse, equitable, and inclusive organization. **Key words:** *diversity, equity, health care, inclusion, nurse, nursing, work environment*

IN THE WAKE of the civil unrest following the death of George Floyd, during a pandemic that has disproportionately impacted

racial minorities, the promotion of diversity, equity, and inclusion (DEI) in health care is a vital topic with a new sense of urgency.¹ Now more than ever, health care organizations understand the strategic importance of working toward a culture rich in DEI, given the effects a lack of DEI has on the work environment, patient outcomes, and organizational performance. As the profession, which spends the most time in direct care with the patient, nursing is entrusted with recruiting and retaining a workforce that represents the cultural diversity of the patients for whom they care. Although progress has been made, an imbalance continues within the profession, with White and female populations vastly outpacing minority populations.² This article explores the importance of this topic to the

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health care practice environment and patient outcomes, while highlighting the alignment of the American Nurses Credentialing Center Pathway to Excellence Designation Program (Pathway to Excellence) framework in supporting organizations to make strides toward a more diverse, equitable, and inclusive nursing workforce. The authors proposed to answer, when compared to organizations with limited DEI strategies, do health care organizations that implement DEI strategies through concepts associated with the Pathway to Excellence framework have improved outcomes for key stakeholders?

BACKGROUND

As the nation approached the 21st century, the US Department of Health and Human Services (DHHS) was tasked with continuing the nation's work on its third installment of *Healthy People*, now known as *Healthy People 2010*.³ In 1998, the Institute of Medicine (IOM) assembled a committee of health care experts to promote healthy and safe communities.⁴ In its final report, the committee determined 3 health indicator sets requiring focus from health care providers to educate the public and promote healthy behaviors, healthy communities, the deterrence and decrease of disease, and health system improvement. The indicator sets identified were: (1) health determinants and health outcomes,^{3(p3)} (2) life course determinants,^{3(p3)} and (3) prevention orientation.^{3(p3)}

The committee acknowledged disparities continue to persist among minority groups of varying racial and ethnic backgrounds. At the time of the study, a knowledge gap existed at national, state, and local levels of the health issues faced by minority communities. When information was available, it was often data that did not reflect the needs of local communities or was not interpreted correctly. Hence, local officials and the community did not have baseline data useful in identifying health concerns impacting citizens in the area. Therefore, officials

had no meaningful data to advocate for developing programs and associated funding to address health concerns. Additionally, without data, communities were not aware of health concerns that existed among them.

To address this lack of imperative information, the DHHS was advised to continue data collection specific to population groups to improve outcomes based on racial and ethnic minorities, income, age, gender, disabilities, sexual orientation, educational attainment, and geographic location.^{5(p71)} Specific care to the health statuses of Black, Hispanic, White, Indigenous Americans, and Asian American Pacific Islanders was recommended along with consideration of clarifying data according to subsets within each minority group to identify those at high risk for certain behaviors. An example is an association between alcohol abuse and unprotected sex resulting in disproportionate rates compared with non-Hispanic White women of HIV and sexually transmitted infections. However, with attention to minority groups, such as Hispanic women, interventions by health care organizations have the potential to reduce poor outcomes significantly.⁶

Similarly, the Joint Commission published *A Roadmap for Hospitals* outlining expectations for health care organizations, particularly hospitals seeking their health care accreditation. The guide addressed traits such as “race, ethnicity, language, disability, and sexual orientation”^{7(p9)} to emphasize the need for hospital caregivers to focus on the associated health risks of patients from minority groups within their community. In June 2020, the American Nurses Association (ANA) aligned the Code of Ethics for Nurses with the call on all nurses to “recognize human dignity regardless of race, culture, creed, sexual orientation, ethnicity, gender, age, experience, or any aspect of identity.”⁸ Prior to the ANA's call, the nursing profession, particularly leaders in higher education, sought to address DEI in health care through programmatic changes in nursing education.

Recommendations made by the Committee on the Robert Wood Johnson Foundation

Initiative on the Future of Nursing acknowledged diversity as a growing health care challenge, as the United States experienced more significant diverse populations.⁹ The committee recommended increasing the diversity of nursing students in baccalaureate and graduate programs and diverse nursing faculty to instruct and mentor the students. As of 2020, further work is required to grow a nursing workforce that meets the nation's need for DEI within the community. Noone et al¹⁰ recommend strategies to include DEI training for staff and implementation of a multicultural framework. Pathway to Excellence is such a framework.

THE PATHWAY TO EXCELLENCE CONNECTION

The Pathway to Excellence framework encompasses 6 evidence-based standards that nurses and researchers have found essential in creating a positive practice environment—leadership, safety, quality, well-being, professional development, and shared decision-making. With a dedicated standard for well-being and requirements around DEI protocols, the framework aligns with the ANA Code of Ethics for Nurses. The standards provide a blueprint for organizations to create a sustained culture of excellence, where nurses feel valued and, therefore, inspired to go above and beyond.¹¹ Such a culture supports strategic goals surrounding DEI.

Pathway to Excellence organizations foster DEI by building a solid foundation and promoting interprofessional collaboration and a process for shared decision-making. Ethics, a vital element of shared decision-making, ensures that the patients' needs are central in all decisions related to their care, including preferences surrounding spiritual and cultural beliefs. Furthermore, Pathway to Excellence organizational leaders cultivate shared governance by engaging staff in significant initiatives and encouraging diverse thoughts and inputs.

Respectful communication and interprofessional collaboration are critical to en-

hancing DEI and cultural sensitivity further. Pathway to Excellence organizations implement safety measures to create a culture free of incivility, bullying, and violence, respecting diversity. Safety is enhanced through effective interprofessional collaboration where a shared decision approach is utilized, affording diversified thinking and inclusivity. Organizations driven by strong missions, visions, goals, and values cultivate a culture of person- and family-centered care, rendering respect for individual preferences and attributes.

Pathway to Excellence organizations recognize the significance of fostering resiliency and safeguarding staff well-being to build a strong foundation for DEI. They also understand the need to personalize orientation, promoting the individualization of the preceptorship experience. Such organizations are passionate about building professionally competent staff, so they delve into the specific needs of all staff. With a strong foundation of shared decision-making and interprofessional collaboration, the Pathway to Excellence framework supports the principles of DEI across its different standards. DEI contributes to the quality, safety, professional development, and well-being of the nursing workforce while meeting the expectations of the IOM and the Joint Commission.

STRENGTH OF THE EVIDENCE BASE

Based on the discussed background and the associated connection with the Pathway to Excellence framework, a search of the literature was performed using diversity, equity, inclusion, work environment, nurse, nursing, and health care. CINAHL, EBSCOhost, PubMed, Google Scholar, and OVID databases limited to English language and between 2010 and 2020 were explored, as well as ancestry searches within the articles reviewed, yielding 24 published studies. The majority of studies reviewed were of low quality ranging from Levels of Evidence V observational studies to VII expert opinion.¹² While these articles provided expertise and guidance, the

strength of the evidence was a recognized limitation to the discussion on this topic area.

Utilizing Melnyk Levels of Evidence for Levels of Evidence VI or greater, 14 articles were kept for analysis, as outlined in Table 1. Two of the articles included in the review were evidence Level I meta-analysis. One meta-analysis included 16 medical and business research articles in which diversity was compared to financial or quality outcomes.¹³ The analysis revealed that increasing diversity in the health care workforce led to improved quality of care, financial performance, innovation, team communication, and, most importantly, decreased health disparities. A second meta-analysis included 30 articles in which diversity and inclusion initiatives were compared.¹⁴ The analysis demonstrated that the promotion of DEI was consistently associated with positive outcomes by developing policies and practices that generated a climate of inclusion. Findings from the literature were then examined in relation to the 6 Pathway to Excellence standards for both outcomes associated with diverse and inclusive cultures and strategies to build organizational DEI.

OUTCOMES ASSOCIATED WITH DIVERSE AND INCLUSIVE CULTURES

Leadership

Within the Pathway to Excellence framework, the leadership standard emphasizes leadership development, orientation, retention, accountability, and succession planning.²⁷ The literature review verified that the successful growth of an organization that is attentive to DEI involved a commitment by the executive leadership team to the recruitment, retention, professional development, and support of employee candidates from underrepresented groups.¹³ Furthermore, leadership teams that implemented policies and practices encouraged a work environment that promoted self-value, belonging, and fairness, minimized inequalities and fostered inclusion.¹⁴ Leaders with an inclu-

sive leadership style were found essential to building relationships, motivating employee engagement and increased commitment, and creating a more trusting, higher-performing workforce.²² Organizational leaders who contributed to valuable, strategic initiatives that steered the organization on a path of excellence and continuous learning were most effective at maintaining staff buy-in.¹³

Shared decision-making

The leadership standard also supports an environment of shared governance, or shared decision-making, which is the second standard of importance to the Pathway to Excellence framework—creating opportunities for direct care nurses to network, collaborate, share ideas, and be involved in decision-making.²⁷ The authors found the dialogue in the literature regarding DEI was ongoing at both the personal and organizational levels. Positive outcomes in health care organizations were associated with established policies that engaged and supported all workforce members, and which exhibited an environment conveying shared decision-making.²⁸ Additionally, positive outcomes were accomplished through leadership styles that provided an environment in which fairness, equality, and diversity of ideas were essential to the organizational core values and mission. According to the literature, leaders resolved to encourage the workforce at all levels to test existing processes at their organization.²⁸ Other findings indicated that inclusive environments led to improved job performance and satisfaction, loyalty to the organization, and enhanced workforce well-being.²³

Safety and quality

The safety and quality standards within the Pathway to Excellence framework prioritize both patients and nurse safety, and are based on evidenced-based care, continuous improvement, and improving population health.²⁷ It is imperative for health care organizations to provide safe and high-quality

Table 1. Evidence Table

Study	Pathway Standard	Findings	Recommendation
Alhejji et al ¹⁵ Literature review, 61 articles	Professional development	Diversity training increases: <ul style="list-style-type: none"> • knowledge, • attitudes, • skills, and • tolerance for minorities' health care issues. 	More sophisticated research strategies related to diversity training are needed to identify best practices.
Banister et al ¹⁶ Qualitative study, 19 African American graduate students, USA	Leadership	Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) was established to empower minorities to lead. Two of the 6 themes emerged from the study: <ul style="list-style-type: none"> • I'm going to be one of them (Leaders to look up to). • Leadership. I think that's a big word. 	Programs such as CLCDN that provide mentoring, education, financial support have a high success rate for African American nurse leadership development.
Bezrukova et al ¹⁷ Literature review, 178 articles	Professional development	Integrated diversity training is more positively received than stand-alone diversity training. There are gaps in the research on this topic.	Training should focus on a more general, positive, and inclusive approach with case studies where diverse workplaces have been successfully managed.
Clavelle et al ¹⁸ Deductive literature review and concept clarification	Leadership	Attributes related to structural empowerment: <ul style="list-style-type: none"> • accountability, • professional obligation, • collateral relationships, and • decision-making. 	Organizations should foster professional governance, and associated engagement that builds on shared governance improves nursing/organizational outcomes and community health.
Downey et al ¹⁹ Online assessment study of 4597 health sector employees	Shared decision-making	Diversity practices increase: <ul style="list-style-type: none"> • trust climate, and • employee engagement (workplace well-being). A trusting climate is moderated by both the level of inclusion and the level of perception of inclusion.	Organizations should promote employee inclusion, strengthening the relationship between diversity practices and a trusting climate.

(continues)

Table 1. Evidence Table (*Continued*)

Study	Pathway Standard	Findings	Recommendation
Gomez and Bernet ¹³ Literature review, 16 articles	Safety Quality	Diversity in the health care workforce Increases: <ul style="list-style-type: none"> • quality, • financial performance, • innovation, • team communications, • risk assessment, and • ability to avoid frictions. Decreases: <ul style="list-style-type: none"> • health disparities, and • clinical uncertainty regarding diagnoses and treatment options. 	Organizations should promote open environments and diversity-friendly policies to retain employees and provide quality patient care.
Lorenzo et al ²⁰ Empirical analysis, 171 German, Swiss, and American companies surveyed diversity managers, HR executives, and managing directors	Leadership Shared decision-making	A diverse workforce (racial and gender) increased diversity impact with larger companies. A positive culture where employees can voice their opinions increases innovation. A positive relationship between diversity and innovation must go beyond tokenism for the relationship to be significant.	Organizations should encourage diversity through: <ul style="list-style-type: none"> • participatory leadership behavior, • openness to cognitive diversity, • strategic priority • frequent interpersonal communication, and • equal employment practices.
Mor Barak et al ¹⁴ Literature review, meta-analysis, 30 studies	Leadership	Understanding pathways through which diversity influences employee outcomes may inform and facilitate workplace interventions that improve the functioning of diverse workforces. Human service managers and administrators should view diversity management strategies designed to create an inclusive organizational climate as a strategy to improve workplace outcomes. Women on boards positively relate to: <ul style="list-style-type: none"> • accounting returns, • market performance in countries with high levels of gender parity, and • executive functions of monitoring and strategy involvement. 	Organizations should not focus solely on diversifying leadership but focus on developing policies and procedures that promote a climate of inclusion.
Post and Byron ²¹ Statistical analysis, 140 studies	Leadership Shared decision-making	Organizations should consider gender diversity in the board selection process and develop a shared decision-making culture, allowing for diverse voices and opinions to shape organizational policies, practices, and procedures.	Organizations should consider gender diversity in the board selection process and develop a shared decision-making culture, allowing for diverse voices and opinions to shape organizational policies, practices, and procedures.

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Table 1. Evidence Table (Continued)

Study	Pathway Standard	Findings	Recommendation
Rodriguez ²² Qualitative study, 221 men and women	Leadership	Increased inclusive leadership (IL) leads to increased employee engagement (EE). Increased EE motivates employees to devote more cognitive, emotional, and physical resources to their work roles. Group success is due to increased focused support and facilitation, perception, belongingness, and uniqueness.	Organizations with open, available, accessible managers and working teams that practice inclusive leadership are essential in employee engagement.
Shore et al ²³ Literature review, 42 articles	Shared decision-making	Themes associated with inclusive organizations: <ul style="list-style-type: none"> • feeling safe, respected, and valued, • involvement in the workgroup, • influence on decision-making, • authenticity, and • recognizing, honoring, and advancing diversity. Women who perceived a more robust diversity climate had decreased conflict from physicians and managers.	Evaluate current HR practices to ensure that tools are developed to address inclusion at all levels globally, socially, and within the organization.
Sliter et al ²⁴ Survey study, 172 White, women nurses, USA	Well-being	Diversity climate increased engagement. The workforce was becoming more diverse, but people of color are mainly in entry-level, lower-skilled health occupations.	Organizations should foster a “diversity climate” to promote staff engagement and reduce interpersonal conflict and burnout.
Snyder et al ²⁵ A systematic review, racial and ethnic data from 2005 and 2014 US Health Workforce	Professional development	Educational programs are designed to increase racial and ethnic diversity in health care but need better assessment and evaluation.	Educational programs must expand beyond measuring performance based on reporting and monitoring participation. Evaluation and assessment need to focus on the overall development of the student based on the program’s goals.
WittKieffer ²⁶ Online longitudinal survey, 311 health care executive participants	Professional development	Many of the respondents were optimistic about closing the diversity gap. However, the majority acknowledge that much more work needs to be done.	Organizations should consider partnering with a search firm to find qualified, diverse applicants to fill leadership positions.

patient care. The literature demonstrated that when respectful communication and appreciation of diverse colleagues and patient perspectives were enculturated, the organizational climate was primed to provide safe and high-quality care. Moreover, effective communication between diverse health care teams and their patients facilitated more accurate diagnoses.¹³ The adaptations required to achieve diversity and inclusion in teams improved both collective and individual judgment.¹³ Boards in health care organizations that were more diverse displayed more accurate assessment of risk¹³ and more significant oversight.²¹ Improvements in communication, diagnosis accuracy, judgment, risk assessment, and oversight contributed to a safer and higher-quality health care environment.

The gains seen in diverse health care organizations build upon the safety achievements to further the realization of quality patient care. Higher patient satisfaction and greater compliance were reported when the team providing the care was more diverse.²⁹ Creativity thrives in teams that acclimated and stretched as they became more diverse.¹³ Patient satisfaction, compliance, and team creativity were related to providing quality care and the notion that teams with above-average diversity levels earned more for services offered.²⁰

STRATEGIES TO BUILD DIVERSITY, EQUITY, AND INCLUSION

Well-being

The fifth Pathway to Excellence standard is well-being, which promotes a workplace culture of recognition for the contributions of nurses and the health care provider team. Additionally, this standard provides staff with support and resources to promote their physical and mental health.²⁷ The literature revealed proactive diversity strategies, such as policies, are essential to set expectations and requirements for an organi-

zation. When employees perceived practices advocating for diversity in their workplace, their sense of well-being was improved. This finding was true for both minority and nonminority groups.¹⁹ Inclusion, a distinct concept from diversity, occurred when employees sensed their contributions were vital to the organization and when they influenced decisions through participation in essential workgroups and were permitted access to needed resources and information.¹⁴ The employees' sense of inclusion in the work of their organization fostered both trust and engagement. By ensuring organizational policies and processes that encouraged inclusion, trust and engagement outcomes were amplified.¹⁹

The literature uncovered that conflict among the health care team negatively impacted morale and willingness or ability to contribute toward common goals actively. An organization's diversity climate is defined as how personnel sense diversity is valued and promoted.²⁴ Perception of the diversity climate is linked to interpersonal conflict, employee engagement, and burnout. When nurses perceived a robustly diverse environment, there was less conflict with their managers and physicians.²⁴ An environment that promoted well-being was also supported by a climate strong in diversity, leading to a more engaged workforce and decreasing nursing burnout.²⁴

The literature suggested health care organizations have a variety of ways to be more inclusive and diverse with their nursing workforce. One such strategy outlined in the literature was a collaboration with local universities to enhance professional programs for minority nurses to increase diversity in the workforce and leadership positions. This strategy provided organizations the opportunity to connect and directly engage with the needs of the community.³⁰ Furthermore, when the health care organization employed individuals from within that community, there was increased trust, quality of care, and reduced care disparities.³⁰

Professional development

The sixth and final standard of the Pathway to Excellence framework is professional development, which ensures that nurses are competent to provide care and provides them with mentoring, support, and opportunities for lifelong learning.²⁷ The literature revealed strategies to increase diversity in the health care workforce must be multifaceted to spark interest and foster support to drive diverse and underrepresented populations to pursue careers in health care. Outreach tactics aimed at underrepresented populations included strategic recruitment, summer enrichment programs, holistic admission models, and enhanced curriculum with courses on health disparities and underserved populations.²⁵ Once individuals from underrepresented populations became students, support was necessary to facilitate their success, completion of the academic program, and successful transition to the health care workforce. Some approaches described in the literature ranged from financial, educational, and social support to mentoring programs and professional development.²⁵

A welcoming environment for graduates transitioning from academia to practice was essential for employers promoting the ideals of DEI. One way to encourage these ideals was through professional development. Diversity training as a strategy was defined as programs and courses intended to reduce discrimination and prejudice while enhancing knowledge, skills, and attitudes to enable supportive interactions of diverse peoples.^{15,17} Several positive outcomes were reported, including increased knowledge, skills, and attitudes resulting from the implementation of diversity training programs.¹⁵ Knowledge and awareness of DEI issues generated the actions needed to improve communication skills and enhanced performance when interacting with minority and underserved patients. When positive attitudes toward DEI were developed, motivation to participate in diversity-related events and open-mindedness around health care issues that minorities

faced were enhanced, and hiring and promotion practices focused on moral attributes rather than skin color.¹⁵

RECOMMENDATIONS FOR NURSE LEADERS

Improving DEI within the nursing workforce by applying the Pathway to Excellence framework can create positive cultural outcomes but requires strategies on multiple levels. As an integral part of the health care leadership team, the nurse leader is poised to advocate and direct needed change. However, without a directed effort, the organization will shape unconscious norms. Three specific areas of recommended focus vital to the improvement of DEI and the Pathway to Excellence framework include organizational commitment, culture, and structural empowerment. One recommended technique for nurse leaders to uncover where the organization stands with DEI in each area is to ask questions and observe behavior.³¹⁻³³ When health care organizations support DEI efforts through these areas, it will be reflected in the performance of its personnel and in the policies, processes, and decisions it carries out.

Organizational commitment

LaSala and Bjarnason³⁴ wrote that DEI must first be considered an organizational strategic imperative. An organization's mission, vision, and values set the foundation for its actions and provide a picture of the desired future. A leader can begin by simply asking, does the organization incorporate DEI within its mission, vision, and goals? Nurse leaders at all levels act as influencers to drive DEI initiatives as a required part of organizational strategy. Persaud³⁰ asserted that organizations should make conscientious efforts toward commitment, connection, and collaboration in DEI initiatives, which becomes the lens through which organizational policies, processes, and resources align.

DEI's presence in an organization's strategic plan is merely the initial step. Subsequent questions for nurse leaders should identify the extent to which an organization is committed to DEI. The leader may ask, to what extent does the organization make its commitment known to the public? Actions supporting social justice are essential to DEI. The leader may inquire whether the organization has published position statements on ethics, human rights, and racial justice for communities of color. Leaders set the tone for DEI within an organization by modeling the organization's values and championing DEI initiatives. Crucial to building organizational commitment is staff engagement through working groups or councils, providing the staff with a voice in DEI efforts and developing them as the next level of leaders. The organization's commitment can be measured by whether a DEI working group or breakout group exists, how often the group meets, and who is identified to lead them. Furthermore, it is essential to assess how the outcomes of these working groups are communicated.

Organizational culture

The second area of focus vital to the improvement of DEI is organizational culture. Like organizational commitment, some questions can be asked to assess the organization's culture and identify gap areas ripe for improvement. The nurse leaders should begin with understanding the data. In a Society for Human Resources Management How-To Guide, a 9-step process was offered that can be used to develop a DEI strategy.³⁵ The first identified step in the article was to compile the data. Does the organization have diversity data compiled for review, and if so, what factors are included? Upon reviewing the data, does the data demonstrate whether the organization is achieving its goals for diversity representation at all staffing levels, including the executive team/board of directors and the managerial team? What does the current workforce look like compared to the labor

market or to the community for which it serves? Diversity can be reached through understanding organizational gaps and setting diversity goals for recruitment and retention.

Mor Barak et al¹⁴ caution that increasing diversity representation within organizational personnel alone is not enough. Mor Barak et al¹⁴ asserted that DEI efforts might begin focusing on surface-level characteristics or personal attributes that are generally more immediately visible to others but must evolve beyond these things. DEI initiatives that promoted a culture of inclusion were consistently associated with positive outcomes. The development and implementation of a nursing professional practice model adds to organizational inclusivity. Professional practice models reflect the nursing staff's values and provide direction to clinical care.³⁶ There can be several main elements to a professional practice model. These elements strongly align to the 6 standards of the Pathway to Excellence framework. Focusing initiatives especially within the elements of leadership development and shared governance can result in improvements to nurse autonomy, accountability, professional development, high quality of care, and patient-centered care delivery.

Banister et al. wrote, "Leadership development must be intentional if we are committed to advancing diversity in nursing leadership roles."^{16(p41)} Activities that drive intentionality include mentoring programs and academic partnerships that expose underrepresented nurses to health care leadership roles.^{16,26} Exposure to nurse leaders and their daily job functions can build self-confidence and vision of oneself successful in that role.¹⁶ Leadership development can also include coaching opportunities, book clubs, and academies focused on executive and managerial competencies to create leadership at all levels.

Organizational structural empowerment

The third area of focus in the improvement of DEI is the organization's use of

structural empowerment. A critical aspect of professional practice is that of shared or professional governance. Shared governance aims to empower and engage nursing staff, giving them a voice in governance and clinical decisions. Lee and Kim³⁷ wrote that structural empowerment, such as the development of shared governance, is an initiative in which processes are delegated to the employees and where employees feel responsible for the organization's success. The nurse leader should ask whether a system of shared governance exists? As well as, to what extent the staff have ownership over policy development, and processes which govern promotion, recruitment, and compensation?

A shared governance structure must address 4 core elements: accountability, partnership, ownership, and equity.¹⁸ Shared governance structures and processes support nurses to make decisions at the organizational and unit service levels, with impacts on employee engagement and well-being, patient safety, and quality of care. One such example is through the implementation of nursing practice councils; however, models can vary from organization to organization. To assist the nurse leader, the authors offer a checklist from the questions discussed earlier to consider when assessing an organization's commitment, culture, and use of structural empowerment in improving organizational DEI (see Table 2).

Table 2. A Checklist to Improve Organizational DEI

Organizational commitment	<ul style="list-style-type: none"> • The organization has incorporated DEI within its mission, vision, and goals. • The organization has specific goals surrounding DEI initiatives, with identified leaders accountable for each goal. • The organization has a mechanism to identify emerging DEI needs and areas of concern. • The organization has a DEI working group with identified leaders accountable for communicating the working group outcomes. • The organization uses numerous media formats to share its commitment to DEI with the public.
Organizational culture	<ul style="list-style-type: none"> • The organization compiles and tracks diversity data. • Diversity is represented at all levels of staffing. • The organization provides opportunities for feedback and safe spaces to discuss DEI issues in the workplace. • The organization celebrates diversity of ideas and people. • The organization has a professional practice model. • The organization provides management and leadership training programs that support DEI goals.
Organizational structural empowerment	<ul style="list-style-type: none"> • The organization has a system for shared governance and shared decision-making that promotes accountability, partnership, ownership, and equity. • The organization has a structured process for recruitment, promotion, and evaluation that supports DEI goals. • The organization has a mechanism for the recruitment of a diverse candidate pool. • The organization ensures fair compensation regardless of race, gender, sexual orientation, or background. • The organization routinely reviews organizational policies to ensure they support DEI initiatives and strategies.

Abbreviation: DEI, diversity, equity, and inclusion.

CONCLUSION

Although the literature is sparse regarding DEI and the nursing workforce, it is clear that DEI strategies are paramount in providing the best care for all patients. With a diverse workforce, the literature demonstrated quality of care, communications, innovation, financial performance, a climate of inclusion, and positive outcomes all improve.^{7,13,14} In addition to patient outcomes and economic improvement, it has been shown that a diverse culture has higher patient satisfaction and higher patient compliance.²⁹ Diversity promotes better communication within the staff as well as with patients. It is with this better communication and teamwork that patient outcomes improve.

Health care organizations are the key to influencing change and creating a culture of DEI. Making a DEI culture is accomplished through recruitment, retention, and professional development of underrepresented health care providers. Through these actions, incivility, lateral violence, and harassment

decline, thus promoting a culture of care, wellness, and increasing quality of life, while facilitating more accurate diagnosis.^{13,17,34} A culture of DEI not only supports the staff but also is the right thing to do for the patients.

There are critical steps necessary for improving DEI within an organization. These steps include creating a strategic initiative, developing an organizational culture, and building structures to support and empower programs, policies, and processes that promote DEI. The framework provided by the Pathway to Excellence program furnishes a blueprint for organizations to create a sustained culture of excellence and reinforce strategic goals surrounding DEI. Steps organizations can take to improve DEI include implementing a nursing professional practice model, promoting diversity training to enhance knowledge while reducing discrimination and prejudice, and conveying shared decision-making.^{28,34,37} By providing an environment with a DEI culture and supporting shared-decision making, health care organizations will thrive within the diversity of patient care.

REFERENCES

- Millett GA, Jones AT, Benkeser D, et al. Assessing differential impacts of COVID-19 on black communities. *Ann Epidemiol*. 2020;47:37-44.
- American Association of Colleges of Nursing. *Enhancing Diversity in the Nursing Workforce*. Washington, DC: American Association of Colleges of Nursing; 2019.
- Chrvala CA, Bulger RJ, Institute of Medicine, Committee on Leading Health Indicators for Healthy People. *Leading Health Indicators for Healthy People 2010: Final Report*. Washington, DC: National Academies Press; 1999.
- Institute of Medicine. *The Future of Nursing [electronic resource]: Leading Change, Advancing Health*. Washington, DC: National Academies Press; 2011: <https://search.ebscohost.com/login.aspx?direct=true&db=cat06423a&AN=wal.EBC3378745&site=eds-live&scope=site>.
- Institute of Medicine. *Leading Health Indicators for Healthy People 2010: First Interim Report*. Washington, DC: National Academies Press; 1998.
- Jessikah M, Namino G, Arianna L, et al. Understanding the impact of five major determinants of health (genetics, biology, behavior, psychology, society/environment) on type 2 diabetes in U.S. Hispanic/Latino families: Mil Familias—a cohort study. *BMC Endocr Disord*. 2020;20(1):4.
- The Joint Commission. Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals. <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/health-equity/roadmapforhospitalsfinalversion727pdf.pdf?db=web&hash=AC3AC4BED1D973713C2CA6B2E5ACD01B>. Published 2010.
- American Nurses Association. ANA's membership assembly adopts resolution on racial justice for communities of color. *S C Nurse*. 2020;27(4):3. <https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=146483148&site=eds-live&scope=site>.
- Nardi D, Waite R, Nowak M, Hatcher B, Hines-Martin V, Stacciarini J-MR. Achieving health equity through eradicating structural racism in the United States: a call to action for nursing leadership. *J Nurs Scholarsb*. 2020;52(6):696-704.
- Noone J, Najjar R, Quintana AD, Koithan MS, Vaughn S. Nursing workforce diversity: promising educational practices. *J Prof Nurs*. 2020;36(5):386-394. <https://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=146324351&site=eds-live&scope=site>.

11. American Nurses Credentialing Center. *Pathway to Excellence and Pathway to Excellence in Long-Term Care Application Manual*. Silver Spring, MD: American Nurses Credentialing Center; 2020.
12. Melnyk BM, Fineout-Overholt E. *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice*. 4th ed. Philadelphia, PA: Wolters Kluwer; 2018.
13. Gomez LE, Bernet P. Diversity improves performance and outcomes. *J Natl Med Assoc*. 2019; 111(4):383-392.
14. Mor Barak ME, Lizano EL, Kim A, et al. The promise of diversity management for climate of inclusion: a state-of-the-art review and meta-analysis. *Human Serv Organizat Manage Leadership Governance*. 2016;40(4):305. <https://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=117672878&site=eds-live&scope=site>.
15. Alhejji H, Garavan T, Carbery R, O'Brien F, McGuire D. Diversity training programme outcomes: a systematic review. *Hum Resource Dev Quarterly*. 2016; 27(1):95-149.
16. Banister GE, Harris AL, Townsend C, Raymond N, Masson PR, Dzurec L. African American Nurses' perspectives on a leadership development program. *J Nurs Adm*. 2020;50(7/8):414-418.
17. Bezrukova K, Jehn KA, Spell CS. Reviewing diversity training: where we have been and where we should go. *Academy Manag Learning Educ*. 2012; 11(2):207-227.
18. Clavelle JT, O'Grady TP, Weston MJ, Verran JA. Evolution of structural empowerment: moving from shared to professional governance. *J Nurs Adm*. 2016;46(6):308-312. doi:10.1097/NNA.0000000000000350.
19. Downey SN, van der Werff L, Thomas KM, Plaut VC. The role of diversity practices and inclusion in promoting trust and employee engagement. *J Appl Soc Psychol*. 2015;45(1):35-44.
20. Lorenzo R, Voigt N, Schetelig K, Zawadzki A, Welpel I, Brosi P. *The Mix That Matters. Innovation Through Diversity*. Boston, MA: The Boston Consulting Group; 2017.
21. Post C, Byron K. Women on boards and firm financial performance: a meta analysis. *Acad Manag J*. 2015; 58(5):1546-1571.
22. Rodriguez JL. *Inclusive Leadership and Employee Engagement: The Moderating Effect of Psychological Diversity Climate*. Long Beach, CA: California State University; 2018.
23. Shore LM, Cleveland JN, Sanchez D. Inclusive workplaces: a review and model. *Human Resource Manage Rev*. 2018;28(2):176-189.
24. Sliter M, Boyd E, Sinclair R, Cheung J, McFadden A. Inching toward inclusiveness: diversity climate, interpersonal conflict and well-being in women nurses. *Sex Roles*. 2014;71(1/2):43-54.
25. Snyder CR, Frogner BK, Skillman SM. Facilitating racial and ethnic diversity in the health workforce. *J Allied Health*. 2018;47(1):58-65. <https://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=128574253&site=eds-live&scope=site>.
26. WittKieffer. *Closing the Gap in Healthcare Leadership Diversity*. Oak Brook, IL: WittKieffer; 2015.
27. American Nurses Credentialing Center. *About Pathway*. Silver Spring, MD: American Nurses Credentialing Center; 2020.
28. Randel AE, Galvin BM, Shore LM, et al. Inclusive leadership: Realizing positive outcomes through belongingness and being valued for uniqueness. *Human Resource Manage Rev*. 2018;28(2):190-203.
29. LaVeist TA, Pierre G. Integrating the 3Ds—social determinants, health disparities, and health-care workforce diversity. *Public Health Rep*. 2014; 129(suppl 2):9-14. <https://search.ebscohost.com/login.aspx?direct=true&db=edsgea&AN=edsgecl356641528&site=eds-live&scope=site>.
30. Persaud S. Diversifying nursing leadership through commitment, connection, and collaboration. *Nurs Adm Q*. 2020;44(3):244-250.
31. Zak H. 3 questions to ask to improve your company's diversity and inclusion. <https://www.inc.com/heidi-zak/3-questions-to-ask-to-improve-your-companys-diversity-inclusion.html>. Published 2020.
32. Schultz S. 13 questions you should ask to understand if a company cares about diversity, equity, and inclusion. <https://scouted.io/blog/companies/13-questions-you-should-ask-to-understand-if-a-company-cares-about-diversity-equity-and-inclusion/>. Published 2020.
33. Nix R. Is your company inclusive? Here are 10 questions to ask. <http://buildingkentucky.com/news/is-your-company-inclusive-here-are-10-questions-to-ask/>. Published 2021.
34. LaSala CA, Bjarnason D. Creating workplace environments that support moral courage. *Online J Issues in Nurs*. 2010;15(3):4.
35. Society for Human Resources Management (SHRM). How to develop a diversity, equity and inclusive initiative. <https://www.shrm.org/resourcesandtools/tools-and-samples/how-to-guides/pages/how-to-develop-a-diversity-and-inclusion-initiative.aspx>. Published 2020.
36. Silverstein W, Kowalski MO. Adapting a professional practice model. American Nurse. <https://www.myamericannurse.com/adapting-professional-practice-model/>. Published 2017.
37. Lee HW, Kim E. Workforce diversity and firm performance: relational coordination as a mediator and structural empowerment and multisource feedback as moderators. *Hum Resour Manage*. 2020;59(1): 5-23.

