

REVIEWS

# Exploring the concepts of diversity, equity, and inclusion in nursing curricula through an integrative review

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## ABSTRACT

**Objective:** The aim of this review was to explore the concepts of diversity, equity, inclusion within nursing education. Moving forward with the new AACN Essentials, nursing professors will be required to integrate these concepts into the curriculum, therefore it is important to understand what is currently available in the literature.

**Methods:** An exhaustive review of the literature revealed that among the original 3,107 articles found, only 24 were included because of the narrowed IR focus on curriculum. Articles were then evaluated for suggested learning activities.

**Results:** This IR reviews 24 articles in total. Some of the articles reviewed contained more than one concept. Of the articles reviewed, 18 focused on inclusion, 8 on equity, and 13 on diversity.

**Conclusions:** The findings first and foremost indicate the need to incorporate teaching and learning practices related to the concepts of diversity, equity, and inclusion and secondly the need to publish additional best practices and exemplars.

**Key Words:** Diversity, Equity, Inclusion, Integrative review, Nursing education, Nursing curriculum

## 1. BACKGROUND

Nurses have long recognized the holistic approach that is needed to care for and improve patient outcomes. Health inequities are prevalent in our organizations and result in unfair access to and delivery of health care.<sup>[1]</sup> Nursing education is the foundation in which we help prepare our future healthcare workers and to impact outcomes for our patients both on the individual and the community level.

The push to integrate the concepts of Diversity, Equity, and Inclusion (DEI) into nursing education has a long history. Now known as the National Academy of Medicine, The Institute of Medicine's (IOM) report 'The Future of Nursing: Leading Change, Advancing Health' urged nursing leaders

to focus on diversity and develop models to promote respect for various populations.<sup>[2]</sup> In 2016, the National League of Nursing (NLN) encouraged faculty members to achieve excellence regarding diversity and inclusion in student and faculty populations.<sup>[3]</sup> Moving forward, in 2017, the American Association of Colleges of Nursing (AACN) published their position statement entitled 'Diversity, Equity, and Inclusion in Academic Nursing' which reaffirmed the need to include DEI concepts in nursing education. Most recently, with the updated AACN Essentials (2021) update it will now need to be further incorporated into nursing curricula.<sup>[4]</sup>

Diversity, equity, and inclusion refers to a broad range of individual, population, and social constructs. Although these

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are collectively mentioned as one concept,<sup>[5]</sup> differentiation of each conceptual element leads to enhanced understanding. The AACN (2017) defines diversity as “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.”, equity as “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” and inclusion as “environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive”.<sup>[6]</sup> The complexities that the umbrella term DEI includes cannot be completely taught, learned, or even felt in one or two specific classes. Nursing education needs to be reformed in three distinct ways. The first is through representation of faculty and staff with diverse backgrounds, the second is creating a climate of inclusivity for all staff, faculty, and students, which happens at the organizational level, and the third is through curriculum change which equates to a change in our teaching practices and learning competencies. This paper addresses the third component related to teaching and learning, and to evaluate what is currently documented in the literature regarding DEI in nursing education/curriculum. It serves to create a repository for published best practices with DEI implementation and will help further provided resources that can be used in educational settings.

Integrative reviews are used to summarize and synthesize available literature pertaining to a specific topic of interest. The goal is to provide a more comprehensive understanding of the concept, present the state of science, and have an impact on practice and policy.<sup>[7]</sup> The method for conducting the integrative review will follow the format and the five steps proposed by Whittemore and Knafl. The five steps include: problem identification, which is intended to create a clear picture of the issue that will be reviewed; literature search, which will screen the maximum number of articles that have been published; data evaluation, in which the sources will be evaluated based on relevance; data analysis, which includes interpretation and synthesis of evidence, and presentation to display the findings.<sup>[7]</sup>

### **Aim**

The purpose of this integrative review was to systematically explore and analyze the current available literature pertaining to teaching and evaluating learning outcomes with regards to diversity, equity and inclusion within nursing education.

## **2. LITERATURE SEARCH**

To identify relevant studies, the Cumulative Index of Nursing and Allied Health Literature (CINHAL), as well as the College of New Jersey library homepage was used to search across multiple disciplines. Search terms included: diversity AND nursing education; diversity AND nursing curriculum, equity, AND nursing education; equity AND nursing curriculum; inclusion AND nursing education; inclusion AND nursing curriculum. Ancestry searching was completed using reference lists from relevant articles to identify further studies. The inclusion criteria were full text research articles published and available in English in scholarly peer reviewed journals. Abstracts were reviewed for relevance. Published manuscripts were evaluated from 2018-2023. For purposes of this review, only studies pertaining to teaching and learning within nursing education were considered. Appendix 1 illustrates the three Prisma diagrams for the literature searches.

## **3. DATA EVALUATION**

All the articles that fit the criteria were reviewed. Appendix 1 shows the excluded articles after reading through the abstracts to eliminate those not related to teaching the concepts of diversity, equity, and inclusion. The result was a total of 24 articles included in this integrative review. Appendix 2 provides an overview of the article, level of evidence and the academic setting. Information was provided for evidence scoring according to the JHNEBP Levels of Evidence (see Appendix 2). Most articles, 20 out of 24, were written for students enrolled in a baccalaureate program, one at the graduate level (MSN) two at the doctoral level (1 PhD and 1 DNP), and 1 article did not specify.

### **3.1 Diversity**

Thornton proposed that clinical settings need to better reflect community-based environments. The author believes that by having future nurses learn in diverse care settings they can increase confidence and cultural competence.<sup>[8]</sup> Gillson and Cherian describe the importance of faculty members providing specific examples that demonstrate the importance of developing cultural competence and expand opportunities outside of the classroom.<sup>[9]</sup> Burton speaks about the significance of gender in nursing. Considering that nursing is female dominated, gender roles and norms are reinforced in nursing education, potentially limiting diversity in the nursing profession.<sup>[10]</sup> Pierce and Felver believe that health education needs to represent the overall population.<sup>[11]</sup> To accomplish this, nurse educators should use photos that are representative of all skin colors. Carter and McMillian-Bohler gave 97 students a pre/posttest after completed a workshop on microaggressions. They noted that race was the most common, followed by gender and ability.<sup>[12]</sup> There needs to be

additional teaching centered on recognizing and responding to microaggressions. Kelly integrated topics such as DEI, climate change, and health disparities into a first semester course. The author believes that by teaching and introducing these DEI to nursing students they are capable of decreasing inequalities in healthcare.<sup>[13]</sup> Foronda and colleagues navigate ways they can help student nurses develop cultural humility. Educational tools that were tested throughout their study consisted of simulations, modified monopoly, modified privilege walks, and a bias awareness activity.<sup>[14]</sup> Najjar, Noone & Reifenstein described the importance of correct name pronunciation and how the misuse of pronunciation can lead to microaggressions.<sup>[15]</sup> Cox and colleagues created a guide for prelicensure nursing education that describes ways in which principles of DEI can be implemented within all courses of nursing education.<sup>[16]</sup>

### 3.2 Equity

Garritano & Stec discuss the development of a health policy course for DNP students to prepare students with health policy competency integrating concepts such as health equity, cultural competence, and social awareness.<sup>[17]</sup> Crawford and colleagues conducted a study in which 41 graduate nursing students took a social justice and health course.<sup>[18]</sup> Daly and Pauly created a 4th year course that entailed a seven-session seminar and 78-hour practicum component. The students are placed in a community-based program where they provide services to disadvantaged communities.<sup>[19]</sup> Koszalinski and Jones published a short teaching tip for nursing programs when introducing DEI for PhD education.<sup>[20]</sup>

### 3.3 Inclusion

Zlotnick and Carmit-Noa created a 5-step conceptual framework to promote inclusivity among nurses and nursing students.<sup>[21]</sup> Petkari et al conducted a systematic review on 22 articles on students' stigma towards mental illnesses give them better individualized care.<sup>[22]</sup>

Ercan-Sahin and Aslan conducted a qualitative study to get nursing students' perspectives on the inclusion of LGBTQ content in their nursing curriculum. The study revealed that course content covering LGBTQ material was inadequate.<sup>[23]</sup> Gunowa and colleagues wrote an article on the importance of integrating skin tone diversity into nursing curriculum.<sup>[24]</sup> Englund, Basler, and Meine wrote an article discussing if the inclusion of LGBTQ topics has improved in recent years. Despite the fact that sexual minorities in the US are becoming more socially accepted, there still continues to be a prevalence of homophobia in the health care system.<sup>[25]</sup> Pitts et al., wrote an article about having nursing programs write a diversity statement for how they will work to advocate for

a culturally diverse workforce.<sup>[26]</sup> Giralt, Prat Vigué, and Tort-Nasarre conducted a systematic review with 13 studies on the stigma towards mental health in nursing students.<sup>[27]</sup> Kronk, Colbert, Smeltzer, and Blunt wrote an article about developing competencies in caring for people with disabilities in prelicensure nursing students.<sup>[28]</sup> Foronda et al., wrote an article to provide tools to integrate cultural humility into the nursing curriculum to create a more inclusive learning environment.<sup>[14]</sup> Ozkara et al., support the need to include disability content in nursing education.<sup>[29]</sup> Bingham and Heavey propose education pertaining to creating an inclusive environment for LGBTQ patients.<sup>[30]</sup>

## 4. DATA ANALYSIS

The 24 articles included in the above evaluation shared one similarity, they all had a focus on nursing curricula. Some pertained to suggestions for curriculum change based on expertise, others completed surveys to identify gaps in knowledge. The search was done with all levels of nursing education, and therefore studies from pre-licensure through PhD were presented. Appendix 2 illustrates the articles reviewed and the keywords (diversity, equity, and inclusion) that were used to find the articles. Information for evidence scoring was according to the JHNEBP Levels of Evidence (see Appendix 2). Although these 24 articles gave concrete suggestions for curriculum change, most did not provide specific information that could be utilized in the classroom to promote student learning.

### 4.1 Diversity

Throughout the 9 articles related to diversity, there is an underlying theme of ensuring that clinical settings and classroom curricula mirror community environments.<sup>[8]</sup> Essentially these articles are stressing the importance of preparing nurses for the diverse patient population that they will experience in their professional future. This is why Gillson and Cherian advocate for cultural competence and the effects social determinants of health have on clients lives.<sup>[9]</sup> Burton,<sup>[10]</sup> Najjar,<sup>[15]</sup> and Carter & McMillian-Bohler<sup>[12]</sup> focus more on the nursing students' perspectives of their career as they argue that traditional gender roles and microaggressions to underrepresented students still affect the nursing profession and need to be further investigated, as well as implementing preferred pronouns in the classroom. On the other hand, Pierce & Felver<sup>[11]</sup> and Cox et al.<sup>[16]</sup> focus more on teaching about the diversity in patient populations rather than the environment of the classroom.

Foronda et al. however, has a unique approach to the topic of diversity in the classroom. They focus on changing the way students think to increase cultural humility. This would be

done by expanding students' perspective to becoming more open minded.<sup>[14]</sup>

#### 4.2 Equity

There are 4 articles covering the topic of equity. A common theme among these articles is that they focus on the community rather than the classroom setting and education like the diversity articles. There is also an emphasis on social justice. Both Crawford et al.,<sup>[18]</sup> and Koszalinski and Jones<sup>[20]</sup> stress that knowledge of social justice will enforce the ideology that there are structural inequities in healthcare that, as future healthcare professionals, need to be made aware of. This will aid in providing quality care as well as individualized care to patients in all settings. Similarly, Garritano & Stec<sup>[17]</sup> argue that nursing students should be educated in health policies to improve their advocacy skills for their future patients. Daly and Pauly<sup>[19]</sup> bring up a different idea, that students should use their community clinicals to serve disadvantaged populations. While this is a different approach, the goal is the same in that it will aid in making students aware of different backgrounds that patients may be coming from.

#### 4.3 Inclusion

The 11 articles based on inclusivity focus more on subcultures within populations that need to be addressed. The main topics include: mental illness, LGBTQ content, skin tone diversity, and competence surrounding patients with disabilities. Pitts et al.<sup>[26]</sup> and Zlotnick and Carmit-Noa<sup>[21]</sup> focus on making the nursing workforce more inclusive to all subcultures while the other articles focus on implementing education on the previous main topics into nursing curricula.

It is important to mention the deficit in education surrounding patients with disabilities. Kronk et al.<sup>[28]</sup> and Ozkara et al.<sup>[29]</sup> wrote on the importance of educating nursing students on caring for patients with disabilities, but there are few articles that explain how to care for these patients in real practice. Like LGBTQ patients, patients with disabilities, whether intellectual or physical, have different health care needs that need to be addressed but are lacking in current curricula.<sup>[23,28]</sup>

### 5. CONCLUSION AND IMPLICATIONS FOR EDUCATORS

Already well known is the fact that nursing education is not preparing students to enter a workforce and care for an increasing diverse population. For example, a study interviewed nursing students and an overwhelming percentage of the participants reported that their curriculum lacked adequate coverage of LGBTQ+ health.<sup>[23]</sup> The LGBTQ community is not the only population that needs further coverage in

nursing curricula; geriatrics tends to be neglected, patients of color, patients with a history of mental health problems, and patients with mental and/or physical disabilities. Having a single course focus on inclusivity isn't sufficient; it must be woven throughout the nursing curriculum.<sup>[21]</sup> Since all schools of nursing are moving towards competency-based education it is no longer enough to say "this is taught", there needs to be objective learning competencies that can be measured.<sup>[20]</sup>

O'Connor notes one reason for the lack of DEI content taught may be a low level of comfort with presenting the material. DEI education may need to start with the faculty members within the schools of nursing.<sup>[32]</sup> In 2021, the AACN constructed a DEI Tool Kit which helps faculty members by providing exemplars and evidence-based resources.<sup>[33]</sup> Out of the over 500 total articles reviewed for relevance to teaching, only 4% gave concrete examples of learning activities. This integrative review supports the need for additional studies and exemplars to be published to incorporate DEI into the curriculum. Additionally, there is a lack of literature related to associates and graduate level nursing. The more competency based educational content that is available, the more faculty members could learn and incorporate into their own classes. If all schools of nursing could share their knowledge on DEI integration than we can better educate the future nursing workforce.

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**DATA SHARING STATEMENT**

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