

The Journey Toward Inclusive Excellence

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ABSTRACT

Background: Several national organizations have issued calls for academic nursing to create inclusive environments. Inclusive environments are needed given the vast inequities that plague the demography of nursing coupled with the need to serve diverse populations. **Method:** This article describes one school's journey toward inclusive excellence. A framework and infrastructure were developed detailing the strategy to enable the school to move toward an environment that supports inclusive excellence. **Results:** The framework identified five priority areas to mobilize change: leadership for inclusive excellence, student service delivery and engagement, recruitment retention and advancement, community engagement, and research and scholarship in health equity, along with metrics and measures to monitor progress. **Conclusion:** Inclusive excellence is an ongoing journey rather than a destination that requires leadership commitment as well as faculty, staff, and student involvement to create a diverse environment where all individuals feel valued and respected. [*J Nurs Educ.* 2023;62(4):225-232.]

The collective awareness of social injustices has made diversity, equity, and inclusion (DEI) a priority for many institutions. These social injustices include the countless killings of unarmed Black men, the proliferation of hate crimes and hateful rhetoric, the disparities laid bare by COVID-19 (coronavirus disease 2019), and the rising in-

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come inequality that affects the health of poor, minoritized, and marginalized populations. These highly publicized events have spurred most organizations, including universities and colleges, to issue statements of support, reaffirm organizational commitment to DEI, express solidarity, and make institutional changes to elevate DEI efforts (Wesley et al., 2021). One visible manifestation of organizational support for DEI is creating a position dedicated exclusively to initiatives surrounding DEI. Similar to other organizations, many nursing education programs have created specific positions to establish DEI initiatives (Wesley et al., 2021)

As the newly appointed chief diversity officer (CDO) of a midwestern school of nursing, the first author's charge from the dean was to create a strategy and process to support an environment of inclusive excellence. This article highlights one school's journey to develop a strategic plan for inclusive excellence that other schools of nursing can use to replicate a similar process. Inclusive excellence is a comprehensive organizational change effort that repositions diversity and inclusion as essential to the academic unit's excellence, and drives change across every dimension of the school (Clayton-Pedersen et al., n.d.). This comprehensive, university-wide organizational strategy was expected to be manifested in the tripartite mission of teaching, research and scholarship, and service of the various schools and colleges comprising the university.

When considering diversity, most individuals think in terms of numbers and ask, "Do we have a higher percentage of minoritized and gendered faculty, staff, and students than last year?" However, when striving for an environment of inclusive excellence, one must move beyond computational diversity and consider the "E," "I," and "J" in DEI initiatives. Stewart (2017) has described the differences between the four terms. Equity examines the conditions that enable certain groups to remain the perpetual majority within an institution. Inclusion puts an analytical lens on the practices that have created or inhibited a sense of belonging through meaningful interactions with others (Metzger et al., 2020). Justice celebrates dismantling practices and policies with disparate effects on minoritized populations (Stewart, 2017). Diversity and inclusion focus on numbers and feelings of belonging. Justice and equity demand envisioning policies and practices that produce equitable outcomes (Martinez & Truong, 2021; National Health Foundation, 2021). Thus, the intent is to establish a strategic framework for inclusive excellence that embraces four specific components: diversity, equity, inclusion, and justice.

TABLE 1
DEI Champion Workgroup Functions

Track the admission, retention, and graduation rates of students in all programs disaggregated by race, ethnicity, and gender
Ensure that health equity, social needs, and the social determinants of health are pervasive and progressive threads throughout the graduate and undergraduate curricula in concert with the program committees
Advance faculty and student scholarship and research on health equity in concert with the Research Committee
Assess the school climate and culture through survey data and disaggregate survey results based on specific attributes, and make recommendations to the dean based on findings
Provide programmatic offerings in concert with the director of continuing education on topics related to DEI
Develop a diversity hiring plan for full-time faculty in concert with the dean's office
Establish a Student Diversity and Belonging Champion Affinity Group and serve as an advisor to the group
Engage alumni in DEI activities

Note. DEI = diversity, equity, and inclusion.

Recently, several leading national organizations have called for inclusive environments in academic settings. For example, both *Future of Nursing* reports (Institute of Medicine, 2011; National Academies of Sciences, Engineering, and Medicine [NAS-EM], 2021) highlight the need for schools of nursing to cultivate inclusive environments to recruit and educate nurses to serve diverse populations. *The Essentials: Core Competencies for Professional Nursing Education* (American Association of Colleges of Nursing [AACN], 2021a) state equitable and inclusive environments support the enrollment of students from underrepresented and disadvantaged backgrounds by creating environments where faculty, students, staff, and administrators can thrive. The recently released *Standards for Quality Nurse Practitioner Education* (National Task Force for Quality Nurse Practitioner Education, 2022) stipulate nurse practitioner programs must provide evidence of initiatives that support diverse, equitable, and inclusive working and learning environments and ensure diversity within their academic community.

GETTING STARTED

The CDO developed a draft of a strategic framework based on a literature review that included five priority areas deemed necessary for building a community of inclusive excellence. Under each priority area, specific focus areas were identified that would be developed into goals or objectives to accomplish. This draft was presented to faculty and staff at general assembly meetings for discussion and feedback. After several iterative processes, the framework was adopted as the school's Strategic Framework for Inclusive Excellence (Murray, 2021a). The CDO reports directly to the dean on matters of DEI since the initiatives are school-wide. The external advisory council advises the CDO on national

trends and issues. The DEI Champions receive direction from the CDO based on input from the dean, executive advisory council, and faculty who work with the DEI Champions to accomplish the designated functions (Table 1). The five focal areas are listed in Table 2, and the dean, CDO, and DEI Champions are responsible for ensuring the priorities listed under each focal area are implemented and evaluated periodically.

As the strategic framework depicts, diversity is not one person's job; instead, it takes an entire community to move an organization toward an environment of inclusive excellence. Therefore, the CDO solicited faculty and staff volunteers who were passionate and committed to moving the DEI initiatives forward in the school (Cary et al., 2020). As a result, seven faculty and two staff members volunteered to serve as DEI Champions, establishing the DEI Champion Working Group. The specific functions of the DEI Champion Working Group are listed in Table 1. The DEI Champion Working Group initially met bimonthly and then monthly. The DEI Champion Working Group started as a task force with plans to become a standing committee as a permanent part of the school's governance structure (Cary et al., 2020). Once established, the standing committee would be known as the Diversity, Equity, and Inclusion Committee.

ADOPTING DEFINITIONS

It was important for the entire school community (i.e., administration, faculty, staff, and students) to have clear and shared understanding of the meaning of the terms diversity, equity, and inclusion. According to the New England Resource Center for Higher Education (2016), there should be a common language and shared definition that provides meaning and can be used to drive the focus and intent of the school's inclusive excellence strategy. The DEI Champions scoured prominent professional associations and governmental organizations' websites, such as the American Academy of Nursing, American Association of Colleges and Universities, AACN, National League for Nursing, Robert Wood Johnson Foundation, and United States Department of Health and Human Services, Health Resources and Services Administration, for definitions of the terms diversity, equity, and inclusion. Variations in the descriptions were posted for the entire faculty and staff to view, reflect on, and discuss. Several meetings were held to determine which definitions the school should adopt. After several iterative processes, the faculty and staff adopted the following definitions:

1. Diversity is 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 (AACN, 2017).

2. Equity is about fairness, including the fair and just treatment of all individuals. Equity includes access to resources and opportunities for all people while building better outcomes for the historically and currently disadvantaged populations. Equity requires targeted strategies. To differentiate between equity and equality, equality is the equal treatment of all or sameness. Although equality provides the same resources and opportunities for everyone, without considering their needs, not everyone is

TABLE 2
Strategic Priorities with Areas of Focus

I. Leadership for Inclusive Excellence	II. Student Services Delivery and Engagement	III. Recruitment, Retention, and Advancement (Faculty and Staff)	IV. Community Engagement: Internal and External	V. Advance Research and Scholarship in Health Equity
Mission, philosophy, and vision	Recruitment (pipeline programs)	Search committee (diverse representation and bias training)	Partnership with VP of Diversity and Community Engagement	Research and scholarship on health equity and the intersections between and among race, gender, and social class
DEI value statement	Holistic admissions process—schoolwide	Formal mentoring program	Partner and collaborate with university DEI representatives in medicine, allied health, and public health	Social justice and social identities
Setting the tone for climate and culture	Academic advising and career counseling	Curriculum integration of health equity, diversity, inclusion, and social justice	Alumni engagement and ambassadors	
Incorporate DEI into performance reviews (how does the faculty demonstrate a commitment to health equity, diversity, and inclusion)	Retention services (tutoring)	Inclusive pedagogy (universal design for learning)	Establish and strengthen partnerships with affinity groups (BNA, LGBTQIA, and others)	
Establish a dashboard and baseline	Faculty mentoring	Ongoing faculty and staff development and dialogue related to DEI	Collaborate with local community groups (e.g., Urban League) to expand KSAs related to DEI for mutual benefit	
Climate assessment—disaggregate by constituency	Safe space group dialogues	Required professional development on cultural humility, bias education, civility, and microaggressions		
	Affinity groups	DEI designee for teachable moments (1 faculty, 1 staff, and 1 student)		
	Scholarships for minority/URMs			
	DEI designee ^a for teachable moments (1 faculty, 1 staff, and 1 student)			

Note. BNA = Black Nurses Association; DEI = diversity, equity, and inclusion; KSA = knowledge, skills, and abilities; LGBTQIA = lesbian, gay, bisexual, transgender, queer or questioning, and asexual; URM = underrepresented minority; VP = vice president.

^aDesignee for teachable moments—the thinking is to create a safe space for an individual to share concerns about something experienced; not meant to be a “gotcha” moment but just a group of representatives working through issues. The Diversity and Inclusion Officer serves as an advisor to this group.

situated the same (Michigan Department of Health and Human Services, 2022).

3. Inclusion is the active engagement of all voices within an organization’s membership, leadership, policy-setting, decision-making units, and overall profile. Inclusion is the intentional incorporation of strategies and practices that foster a sense of belonging by promoting meaningful interactions among persons and groups representing different traits, perceptions, and experiences (American Academy of Nursing, 2020; Metzger et al., 2020). Inclusivity acknowledges and values differences and embraces relationships with others whose lived experiences may differ dramatically from their own (Martinez-Acosta & Favero, 2018).

The next activity of the DEI Champions was to develop a school diversity and inclusivity statement. Diversity and inclusivity statements generally are aspirational statements about the institution’s commitment to and value of diversity (Carnes et al., 2019). Diversity and inclusivity statements should reflect the teaching-learning values that the school hopes to cultivate within the environment. The statement should serve as a cohe-

sive guide for the behaviors of the faculty and staff (Pitts et al., 2020). Through another iterative process with faculty and staff, just as with the development of standard definitions for DEI, the DEI Champions developed a diversity and inclusivity statement, an antiracist statement, and a cultural humility stance, as well as a pledge for the school community; these statements were placed on the school’s website.

The CDO then created an external advisory council composed of scholars and experts in DEI and health equity to provide strategic advisement, thought leadership, and recommendations regarding the school’s DEI efforts and their desire to advance health equity. The advisory council’s functions are listed in **Table 3**. The council planned to meet at least three times annually.

IDENTIFYING PRIORITY AREAS TO MOBILIZE CHANGE

Based on the strategic framework, five priority areas were identified as areas to mobilize change to create an environment

TABLE 3
Executive Advisory Council Functions

Provide feedback on the current DEI efforts underway and determine improvements needed
Keep the CDO and other advisors abreast of DEI trends and future directions
Provide thought leadership
Shape the function and activities of the Executive Advisory Council
Advise CDO on how best to operationalize the structure and function of the strategic framework for inclusive excellence
Review evaluative data for each of the five strategic target areas and suggest the next steps
Appraise the outcomes and benchmarks of inclusive excellence efforts

Note. CDO = Chief Diversity and Inclusion Officer; DEI = diversity, equity, and inclusion.

of inclusive excellence. The five areas include: (1) leadership for inclusive excellence; (2) student services delivery—access and success; (3) faculty and staff development and advancement; (4) community engagement; and (5) advancing research and scholarship in health equity. The following section presents general areas of focus under each priority area; the descriptions highlight the broad direction and are not exhaustive (**Table 2**).

Leadership for Inclusive Excellence

It is essential that the institution’s leaders not only call for an environment of inclusive excellence but also hold the community accountable for supporting an environment in which everyone feels valued, respected, and appreciated. This requires a firm commitment from the leadership and a directive that the institution is moving toward collective responsibility and collective action. Collective responsibility is based on the social justice concept that individuals are responsible for others’ actions by tolerating, ignoring, or sheltering them even though they may not actively participate in the actions (Winters, 2020). Collective responsibility is when those who do not participate in perpetuating injustices assume responsibility for stopping injustices (Winters, 2020).

With collective action, complicity is not accepted by silence; if an individual witnesses an injustice and does nothing, that individual condones the injustice (Winters, 2020). Accordingly, leadership for inclusive excellence is based on social justice, which states (1) everyone has equal access to and equitable distribution of the rights, benefits, privileges, and resources, and (2) everyone in the environment should be unencumbered by social constructions of hierarchal positions of domination and subordination based on social identities and backgrounds (Blumenfeld, 2019). Essential activities to help schools of nursing move toward an environment of inclusive excellence are listed in **Table 2**.

Student Services Delivery—Access and Success

Having a cadre of diverse faculty, students, and staff is essential as diversity is known to enrich the academic setting. When faculty, staff, and students learn together, it offers a richness that leads to cultural agility. This capacity enables individuals to appreciate the varying understandings and values that different cultures bring to a situation (Aoun, 2017). As a result, culturally agile individuals can perform successfully in cross-cultural situations, have a multicultural worldview, and recognize patterns and perspectives in their own culture as well as other cultures with mutual respect (Aoun, 2017; Winters, 2020). Moreover, research has shown that when minoritized students engage in meaningful experiences with diverse groups, there is a positive effect on their sense of belonging. Activities deemed essential to move schools of nursing toward an environment of inclusive excellence under this domain are listed in **Table 2**, in addition to policies, practices, and processes that can enable schools to recruit and retain diverse students.

The holistic admissions review process examines student experiences and attributes beyond the metrics of grade point average and standardized test scores as indicators of students’ potential. A holistic review of students can provide the context for how applicants demonstrate success outside of traditional metrics (AACN, 2020; Murray, 2021b). After students are admitted to the program, the necessary academic resources should be in place to help them achieve success. These academic resources include career counseling, tutoring, academic coaching, writing center assistance, and financial support.

Sufficient financial resources can ease students’ burdens. Having adequate financial resources removes the stress and worry associated with how students will pay for their education and can reduce the number of hours that students may need to work, thereby leaving students with more time to study. Schools must find resources for scholarships and grants to support students through their educational process. Additionally, when students have adequate financial resources, they have a greater ability to engage in extracurricular activities that enhance undergraduate learning. Recent studies cited by Nguyen and Herron (2021) indicate that 80% of low-income students work during college, with approximately 30% working more than 40 hours per week. Working during undergraduate education decrease students’ ability to engage in co-curricular activities as well as internships, faculty research, or other activities that can provide meaningful learning experiences (Nguyen & Herron, 2021).

Students also need mentors to be successful. Mentorship is a professional working alliance in which individuals work together to support the personal and professional growth, development, and success of the relational partners and the provision of career and psychosocial support (NASEM, 2019). Mentoring is associated with increasing the student’s desire to learn, fostering independence, stimulating critical thinking, and enhancing one’s commitment to learning and has been associated with mentee self-efficacy, academic persistence, degree attainment, research productivity, and career satisfaction (Murray et al., 2016; NASEM, 2019). In

addition, mentors provide guidance, advice, feedback, and coaching (Chow, 2021).

Evidence suggests that students representing minoritized groups find predominantly White institutional environments to be less supportive than their White counterparts, and this perceived lack of support negatively affects their sense of belonging (Hussain & Jones, 2021). A sense of belonging manifests when students feel a psychological connection and integration into their academic community (Hussain & Jones, 2021). This sense of belonging proves to be critical for students' well-being and academic success. Student affinity groups create safe spaces for students, thereby fostering open dialogue. Within the respective affinity spaces, students are free to discuss how to respond and navigate racialized interactions and develop resistant capital. Resistant capital is a type of capital rooted in the history of marginalized groups that serves to refute racialized ideas and affirm their backgrounds (Morales, 2021). Therefore, establishing affinity groups wherein students have safe spaces to explore uncomfortable conversations and interactions and affirm their worth is essential.

Faculty and Staff Development and Advancement

Nationally, there is a need to increase diverse faculty in academic nursing. According to the AACN (AACN, 2021b), less than 20% of the nation's nursing faculty are from underrepresented backgrounds. When attempting to recruit diverse faculty, it is imperative that schools of nursing move beyond advertisements in diverse journals and begin to network with people in minoritized groups at professional meetings and through diverse organizations. Interactions could include contacting various affinity networks and diversity-related organizations and associations.

It is equally important to ensure that search committees have diverse representation as a diverse committee is more likely to seek a range of applicants from different backgrounds. Members of the search committee should undergo bias education, which will help committee members critically examine how implicit biases influence decisions in the recruitment process. Having preset evaluation criteria for candidates also helps minimize bias.

Another aspect of recruitment is to establish a formal mentoring program. Before starting the DEI journey, a formalized mentoring program was designed but had not been fully implemented. With the new DEI journey and the need to recruit a more diverse faculty body, a decision was made to fully implement the mentoring program. Mentoring programs help new faculty navigate workplace hurdles. Mentors can help new faculty understand the unwritten rules of the work environment and the institutional policies and practices. Some institutions establish launch committees. Launch committees are designed to facilitate new faculty members' introduction to the institution and assist them in becoming productive contributors (Stewart & Valian, 2018); launch committees typically last for 1 year.

With the advent of the revised *Essentials* in 2021, faculty began tracking DEI within the curriculum along with social determinants of health and health equity. As a result, two articles were shared, *Fostering Equity, Diversity, and Cultures of Inclu-*

siveness Through Curricular Development (Lane & Waldron, 2021) and *Tipping Point: Integrating Social Determinants of Health Concepts in a College of Nursing* (Davis et al., 2021). These articles helped increase faculty's understanding on how to implement these concepts within the curriculum and will be used as the process continues.

Another area of focus was ongoing faculty and staff development in inclusive teaching pedagogies and cultural humility, bias education, civility, and microaggressions. The educational sessions were structured in various ways, such as workshops, seminars, and ongoing monthly Brown Bag Teach and Learn sessions, and were held throughout the academic year. These sessions involved improving the knowledge, skills, and abilities related to DEI and will be offered in subsequent academic years as part of the school's commitment to faculty and staff professional and personal growth. Administrators and faculty should address various areas under the strategic priority of recruiting, retaining, and advancing faculty and staff, beginning with the hiring process and the promotion process to ensure inclusive pedagogical practices and relevant curricula to ongoing faculty development.

Community Engagement

In terms of community engagement, the CDO partnered with the university's vice president of diversity and community engagement to offer a series of cultural fluency workshops and a presentation entitled, "Truth, Dialogue, and Reconciliation in Health Care." In addition, the CDO successfully became a DEI Fellow in the university's Center for Transformative Teaching and Learning. Consequently, the CDO partnered with two fellow DEI university fellows, one from the school of medicine and the second from the school of law. The three CDOs formed an interprofessional partnership and were able to offer university programmatic offerings related to DEI. One offering included a book club session, *Teaching to Transgress: Education as the Practice of Freedom* (bell hooks, 1994), to university faculty, and a university presentation entitled, "Discussions About Race, Oppression, and Marginalization in the Classroom," to faculty at large. Two DEI Champions completed University for Safe Zone training so that the school will have onsite Safe Zone representatives. Safe Zone training is a professional development opportunity where individuals can learn about lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) identities, gender, and sexuality. This training provides an opportunity for individuals to examine prejudice, assumptions, and privilege (The Safe Zone Project, n.d.). Additional plans under this priority also include engaging more with community-based health care partners and nursing alumni.

Research and Scholarship to Advance Health Equity

There is still much work to do within this strategic priority. An annual DEI lecture series related to advancing health equity has been established. The series enabled the CDO to bring nationally recognized health equity experts to speak with faculty and staff at the beginning of the academic year. The inaugural lecture was titled, *Community-Based Research and Practice: Culturally Responsive and Committed*. A second annual DEI lecture, *Culture and Health: The Use of the PEN-3 Cultural*

TABLE 4**Measures and Metrics to Chart Progress With Corresponding Strategic Priority**

Retention and completion rates of underrepresented groups (II)
First-year retention rates of underrepresented groups (II)
Number of pipeline recruitment events; increased yield of underrepresented students over baseline (II)
Number of underrepresented program graduates working in underserved areas (IV)
Perceptions of university and school climate by all groups (I)
Faculty and staff turnover rates by ethnicity and race (III)
Percentage of faculty on tenure, tenure track, and nontenure track by race and ethnicity (III)
Number of underrepresented racial and ethnic minority faculty by rank (III)
Number of underrepresented staff (III)
Time to completion rates of underrepresented populations for the graduate program (II)
Six-year graduation rates of underrepresented populations for the undergraduate program (II)
NCLEX-RN® pass rates aggregated by race and ethnicity (II)
Certification pass rates aggregated by race and ethnicity (II)
End-of-semester DFW rates aggregated by race and ethnicity (II)
Enrollment of students who speak another language (II)
Presence of remediation programs and tutoring specific to the SON (II)
Presence of a formal mentoring program for faculty (III)
Development of a formal mentoring academy for peer-to-peer mentoring (II)
Number of community and alumni engagement opportunities (IV)
Number of educational and programmatic offerings related to DEI and Health Equity (III & IV)
Number of presentations, publications, and extramural funding related to health equity, disparities, inclusion, and social justice (V)
Number of faculty and staff serving on national, regional, local, and university committees related to diversity and inclusion (III)
Number of faculty in national academies (III)

Note. DEI = diversity, equity, and inclusion; DFW = D or F grade and withdrawals; SON = school of nursing.

Measures and Metrics

The metric and measures for charting the progress on a particular strategic priority are listed in **Table 4**. The terms measures and metrics are used interchangeably to establish baseline data and denote progress toward achieving the goals and focal areas underlying each of the strategic priorities. Measures and metrics can be quantitative or qualitative (i.e., a percentage or number) (National Research Council, 2013). They also can be constructed as a scale with high, medium, or low values (National Research Council, 2013). Proxy indicators can be used, which are an indirect measure between the metric and objective as long as a strong relationship exists between the two (National Research Council, 2013). For example, the number of underrepresented students in the school would be a quantifiable measure.

In contrast, the open-ended responses in a climate survey would be qualitative data as long as the survey used a qualitative design and analysis framework. The results of the Culture and Climate Assessment disaggregated by constituent also could serve as a proxy for whether faculty, staff, and students feel the environment is safe and whether they feel respected, appreciated, and valued as individuals. Measuring disaggregated faculty turnover data will enable leaders to determine whether all of the faculty experience the environment in the same way. Incorporating DEI statements into performance reviews will show how faculty demonstrate a commitment to DEI, which serves as a proxy measure for the dean's directive to promote an environment of inclusive excellence. Using school-wide holistic admissions should enable the school to track whether there is an increase in the representation of diverse groups within the student body. The retention and graduation rates disaggregated by population will clearly show whether all of the students succeed. These data will help faculty and staff recognize whether there is a need for additional student service supports to ensure that all students achieve optimal success. Memorandums of agreements with community partners can serve as proxy measures for community engagement. The number of faculty presentations and publications related to advancing research and scholarship in health equity can be measured annually to determine whether there are gains in this strategic priority area. It is essential to acknowledge that measures and metrics are comprehensive and not easily achievable in a single year. Yet, these metrics can provide the North Star for the journey to inclusive excellence. As mentioned previously, strong leadership and commitment is needed on behalf of the entire school to create an environment where all can be successful.

NEXT STEPS

The strategic framework is an evolving document. Future plans are to fully integrate the DEI Champion Working Group as a standing committee within the school that works with faculty for consensus on committee responsibilities. After this is done, some of the DEI Champion Working Group members have discussed offering a DEI Certificate course for faculty, staff, and students. In addition, there are plans to incorporate a DEI session as a required component of the faculty and staff orientation so that all incoming faculty and staff will understand

Model in Health Research, has been planned. The goal is to stimulate faculty and doctoral student interest in research and scholarship to advance health equity.

the DEI journey and the charge of fostering an environment of inclusive excellence. It is important to incorporate diversity as a component of the faculty onboarding process. Additional plans include expanding the dashboard with measures and metrics to chart the school's ongoing progress.

In addition, after the working group becomes a standing committee fully integrated into the school's structure, consideration will be given to adding a new function that could involve the ongoing assessment of school policies and procedures through a DEI lens. For example, the committee would review the policies and procedures to determine what policies and procedures, if any, have a disparate effect on underrepresented and disadvantaged student populations.

LESSONS LEARNED

As the CDO working with a group of committed DEI Champions, faculty, and staff, it has been an incredible journey. There have been several vital accomplishments along the way. Some of the lessons learned during this process have been extremely valuable. It was important to understand that garnering increased awareness, interest, and excitement for DEI initiatives is an uphill climb. At the same time, there was never any overt opposition to the DEI initiatives. There was, at times, silence with no discussion or disagreement. Silence sometimes can declare disengagement and disapproval (Willie-LeBreton, 2016). Although hard to conceive with nurse faculty and administrators, it is crucial to recognize that not everyone will be on board with DEI initiatives because of individual ideological beliefs and practices. Because race currently is a complex and divisive issue, perhaps starting the initiative to increase the representation of diverse individuals may have caused some to be less engaged in the process. As nurses and faculty who teach future nurses, the effects of not being on board with DEI initiatives can result in negative consequences for patients who deserve culturally responsive care to reach optimal levels of health. It is crucially important to avoid counter-productive and divisive dialogue. One should avoid heavy-handedness by attempting to force individuals to accept DEI initiatives, as heavy-handedness creates defensive postures, such as ingroup and outgroup behaviors.

In addition, power and privilege dynamics are always at play when implementing DEI initiatives. Some faculty may not realize the need for DEI initiatives. Moreover, they do not understand that whiteness affords a position of privilege that others may not possess. The term privilege is often difficult to grasp. Many Whites are offended by the notion of White privilege and believe hard work has gotten them to this point in their education and career. McIntosh (2020) defines privilege as the invisible package of unearned assets that one can count on cashing in each day but about which the person remains oblivious to that fact. Cabrera (2017) posits the notion of White privilege as immunity, "It is not as much that Whites are privileged, but rather, that People of Color are precluded from equitable treatment (p. 82)." This preclusion undergirds the need for DEI initiatives. Cabrera (2017) maintains that White immunity means People of Color have not historically, and are not contemporarily, guaranteed their rights, justice, and equitable social treatment, whereas

whiteness is viewed as the complexion of protection for the collection, that is, White immunity. It may have helped some faculty members to embrace the DEI initiatives more readily had the distinction between privilege and immunity been shared at the beginning of the DEI journey. The goal is to ultimately build respectful relationships across racial and ethnic lines that honor and value each person's humanity (National Collaborative for Health Equity, 2022).

Another lesson learned was that students were not engaged in the process to the extent they should have or could have been. Their involvement was limited to the student affinity groups; future plans are for the DEI standing committee members to hold open fora with students twice per year. Conversations and relationship-building with students are critical and can influence their perceptions and perspectives toward others within the academic community.

CONCLUSION

Annual surveys are planned to determine the strength of DEI initiatives and identify opportunities for improvement, thereby incorporating a cycle of continuous quality improvement. Remaining intentional over time is a critical lever for change. Most notably is the recognition that inclusive excellence is a journey. Although the journey starts with a single step, inclusive excellence is a process that occurs over time with the ultimate goal of organizational transformation.

REFERENCES

- American Academy of Nursing. (2020). *Diversity and inclusivity statement*. <https://www.aannet.org/about/about-the-academy/edi>
- American Association of Colleges of Nursing. (2017). *Diversity, equity, and inclusion in academic nursing*. <https://www.aacnursing.org/Diversity-Inclusion/Publications-on-Diversity/Position-Statement>
- American Association of Colleges of Nursing. (2020). *White paper: Promising practices in holistic admissions review: Implementation in academic nursing*. <https://www.aacnursing.org/Portals/42/News/White-Papers/AACN-White-Paper-Promising-Practices-in-Holistic-Admissions-Review-December-2020.pdf>
- American Association of Colleges of Nursing. (2021a). *The essentials: Core competencies for professional nursing education*. <https://www.aacnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- American Association of Colleges of Nursing. (2021b). 2021-2022 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing. Table 2a: All full-time nurse faculty: Selected characteristics of member and nonmember respondents. Washington, DC: AACN
- Aoun, J.E. (2017). *Robot-proof: Higher education in the age of artificial intelligence*. MIT Press. <https://doi.org/10.7551/mitpress/11456.001.0001>
- bell hooks. (1994). *Teaching to transgress: Education as the practice of freedom*. Routledge.
- Blumenfeld, W.J. (2019). *The what, the so what, and the now what of social justice education*. Peter Lang.
- Cabrera, N. L. (2017). White immunity: Working through some of the pedagogical pitfalls of "privilege." *Journal Committed to Social Change on Race and Ethnicity*, 3(1), 77–90. <https://journals.shareok.org/jcscore/article/view/33>
- Carnes, M., Fine, E., & Sheridan, J. (2019). Promises and pitfalls of diversity statements: Proceed with caution. *Academic Medicine*, 94(1), 20–24. <https://doi.org/10.1097/ACM.0000000000002388> PMID:30067539
- Cary, M. P., Jr., Randolph, S. D., Broome, M. E., & Carter, B. M. (2020). Creating a culture that values diversity and inclusion: An action-oriented framework for schools of nursing. *Nursing Forum*, 55(4), 687–694. <https://doi.org/10.1111/nuf.12485> PMID:32737871

- Chow, R. (2021). Don't just mentor women and people of color. Sponsor them. *Harvard Business Review*, 30. <https://hbr.org/2021/06/dont-just-mentor-women-and-people-of-color-sponsor-them>
- Clayton-Pedersen, A.R., O'Neill, N., & Musil, C.M. (n.d.). Making excellence inclusive: A framework for embedding diversity and inclusion into colleges and universities' academic excellence mission. American Association of Colleges and Universities. <https://www.uwp.edu/explore/offices/EDI/upload/Making-Inclusive-Excellence.pdf>
- Davis, V. H., Murillo, C., Chappell, K. K., Jenerette, C., Ribar, A. K., Worthy, K., & Andrews, J. O. (2021). Tipping point: Integrating social determinants of health concepts in a college of nursing. *Journal of Nursing Education*, 60(12), 703–706. <https://doi.org/10.3928/01484834-20211004-05> PMID:34870502
- Hussain, M., & Jones, J. M. (2021). Discrimination, diversity, and sense of belonging: Experiences of students of color. *Journal of Diversity in Higher Education*, 14(1), 63–71. <https://doi.org/10.1037/dhe0000117>
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. National Academies Press. <https://doi.org/10.17226/12956>
- Lane, J., & Waldron, I. (2021). Fostering equity, diversity, and cultures of inclusiveness through curricular development. *Journal of Nursing Education*, 60(11), 614–617. <https://doi.org/10.3928/01484834-20210913-02> PMID:34723745
- Martinez-Acosta, V.G. & Favero, C. B. (2018). A discussion of diversity and inclusivity at the institutional level. The need for a strategic plan. *The Journal of Undergraduate Neuroscience Education*, 16(3), A252–A260.
- Martinez, K., & Truong, K. A. (2021, April 9). From DEI to JEDI. *Diverse Issues in Higher Education*. <https://www.diverseeducation.com/opinion/article/15109001/from-dei-to-jedi>
- McIntosh, P. (2020). *On privilege, fraudulence, and teaching as learning: Selected Essays 1981-2019*. Routledge.
- Metzger, M., Dowling, T., Guinn, J., & Wilson, D. T. (2020). Inclusivity in baccalaureate nursing education: A scoping study. *Journal of Professional Nursing*, 36(1), 5–14. <https://doi.org/10.1016/j.profnurs.2019.06.002> PMID:32044053
- Michigan Department of Health and Human Services. (2022). *2021 Health Equity Report. Moving health equity forward*. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/Chronic-Disease/OEMH/2021_PA653_Health_Equity_Report_Full_Report.pdf?rev=242ac51b2a004a05a9196a026c0c1822&hash=4F8BAC05EB5F71CC50A9C15A5A1C547A
- Morales, E. (2021). “Beasting” at the battleground: Black students responding to racial microaggressions in higher education. *Journal of Diversity in Higher Education*, 14(1), 72–83. <https://doi.org/10.1037/dhe0000168>
- Murray, T. A. (2021a). Building inclusive communities, school spotlight: Saint Louis University. The Diversity Digest Newsletter: Fall 2021. American Association of Colleges of Nursing. <https://images.magnetmail.net/images/clients/AACN//attach/FNL-SchoolSpotlight-SaintLouisUniversity-DDFall2021.pdf>
- Murray, T. A. (2021b). Holistic admissions: Could you be biased? [Editorial]. *Journal of Nursing Education*, 60(8), 427–428. <https://doi.org/10.3928/01484834-20210722-01> PMID:34346810
- Murray, T. A., Pole, D. C., Ciarlo, E. M., & Holmes, S. (2016). A nursing workforce diversity project: Strategies for recruitment, retention, graduation, and NCLEX-RN success. *Nursing Education Perspectives*, 37(3), 138–143. PMID:27405194
- National Academies of Sciences, Engineering, and Medicine. (2019). *The science of effective mentorship in STEMM*. The National Academies Press. <https://doi.org/10.17226/25568>
- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. <https://doi.org/10.17226/25982>
- National Collaborative for Health Equity. (2022). *Healing through policy: Creating pathways to racial justice*. <https://www.nationalcollaborative.org/healing-through-policy/#:~:text=Healing%20through%20Policy%20is%20using,Separation%2C%20Law%2C%20and%20Economy>
- National Health Foundation. (2021). *Justice, equity, diversity, and inclusion*. <https://nationalhealthfoundation.org/people-culture/justice-equity-diversity-inclusion/>
- National Research Council. (2013). *Performance metrics for the global nuclear detection architecture: Abbreviated version*. The National Academies Press. <https://doi.org/10.17226/18424>
- National Task Force for Quality Nurse Practitioner Education. (2022). *Standards for quality nurse practitioner education: A report of the National Task Force on Quality Nurse Practitioner Education* (6th ed.).
- New England Resource Center for Higher Education. (2016). *NERCHE self-assessment rubric for the institutionalization of diversity, equity, and inclusion in higher education*.
- Nguyen, D. J., & Herron, A. (2021). Keeping up with the Joneses or feeling priced out? Exploring how low-income students' financial position shapes sense of belonging. *Journal of Diversity in Higher Education*, 14(3), 429–440. <https://doi.org/10.1037/dhe0000191>
- Pitts, C., Hudson, T., Reeves, G., Christenbery, T., & Johnson, R. (2020). Writing a diversity and inclusivity statement: Guidelines for nursing programs and faculty. *Nurse Educator*, 45(4), 198–201. <https://doi.org/10.1097/NNE.0000000000000754> PMID:31770172
- The Safe Zone Project. (n.d.). *What is safe zone?* <https://thesafezoneproject.com/about/what-is-safe-zone/>
- Stewart, A. J., & Valian, V. (2018). *An inclusive academy: Achieving diversity and excellence*. The MIT Press. <https://doi.org/10.7551/mitpress/9766.001.0001>
- Stewart, D.-L. (2017, March 30). Language of appeasement. *Inside Higher Ed*. <https://www.insidehighered.com/views/2017/03/30/colleges-need-language-shift-not-one-you-think-essay>
- Wesley, A., Dunlap, J., & Russel, P. G. (2021). *Moving from words to action: The influence of racial justice statement on campus equity efforts*. NASPA: Student Affairs Administrators in Higher Education.
- Willie-LeBreton, S. (Ed.). (2016). *Transforming the academy: Faculty perspectives on diversity and pedagogy*. Rutgers University Press.
- Winters, M-F. (2020). *Inclusive conversations: Fostering equity, empathy, and belonging across differences*. Berrett-Koehler Publishers.