

DEVELOPMENT OF THE DIVERSITY, EQUITY, AND INCLUSION ELEMENTS TOOL (DEIET)

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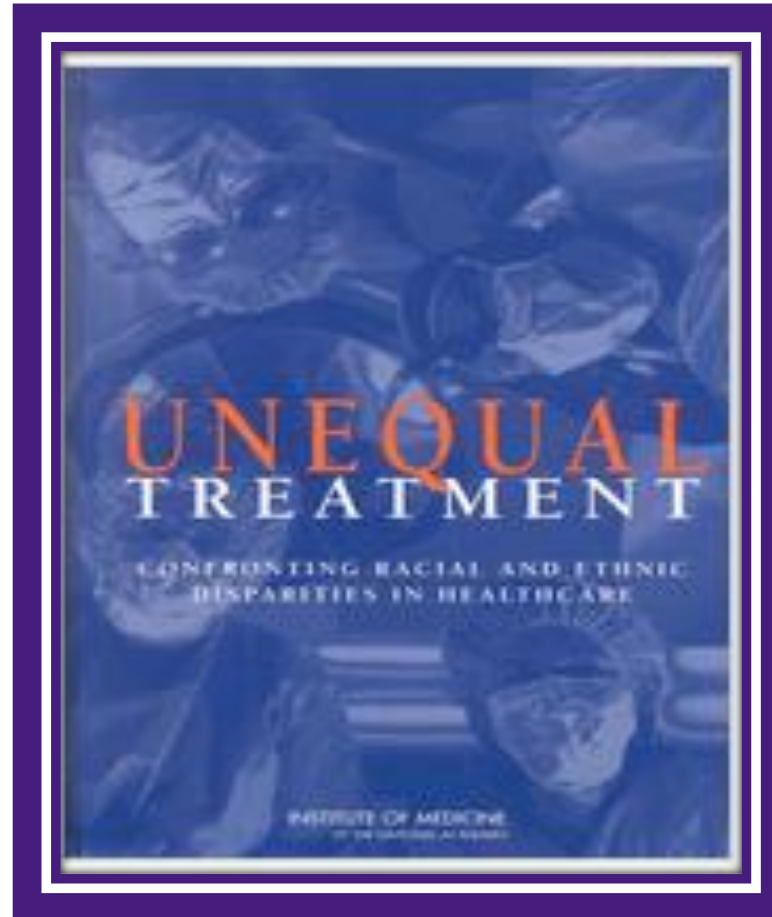
DISCLOSURE

Conflicts of Interest and Disclosures: Neither the developer or the presenter indicated that they any or real perceived vested interest related to this presentation.

OBJECTIVES

- INTRODUCTION AND BACKGROUND
- PURPOSE
 - AIM AND GOALS
 - SMART STRATEGIC INITIATIVES
 - SON GOVERNANCE
- METHODS
- RESULTS
- LIMITATIONS
- IMPLICATIONS FOR PRACTICE
- METRICS/DISSEMINATION

WHY NOW?



LSU Health
NEW ORLEANS

School of Nursing

The Office of Diversity, Equity, and Inclusion

WHY NOW?

The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity

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THE ESSENTIALS: CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION

American Association
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The Voice of Academic Nursing

American Association
of Colleges of Nursing

DIVERSITY, EQUITY, & INCLUSION FACULTY TOOL KIT AUGUST 2021

DIVERSITY &
INCLUSION
Leading Across Differences

NLN
National League
for Nursing
Center for Diversity and Global Initiatives

NLN DIVERSITY & INCLUSION TOOLKIT



LSU Health
NEW ORLEANS
School of Nursing

The Office of Diversity, Equity, and Inclusion

HOW DO WE INCORPORATE DEI ELEMENTS INTO THE CURRICULUM?



MISSION



VISION



VALUES



TRADITIONS



NORMS



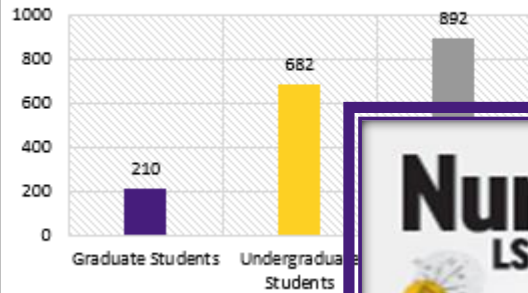
COMPETENT,
DIVERSE NURSING
WORKFORCE TO
CARE FOR A
CULTURALLY
DIVERSE
POPULATION





WHO WE SERVE

SON Students



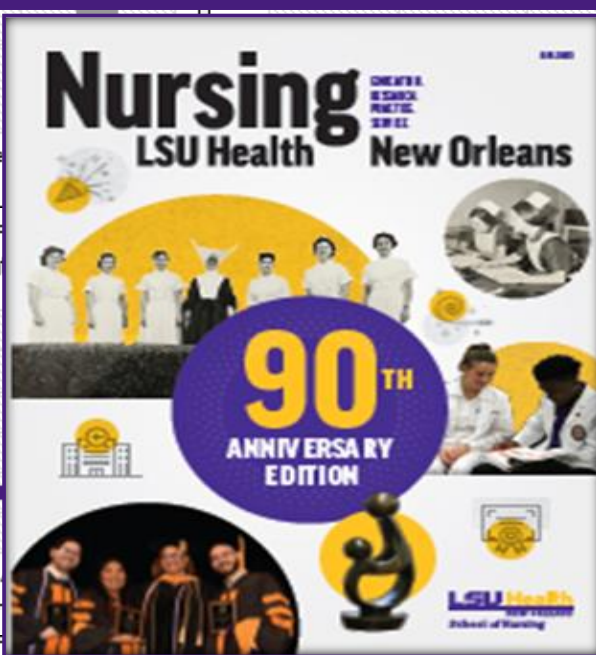
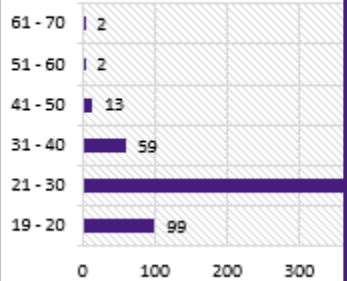
Total Students Ethnicity By Gender



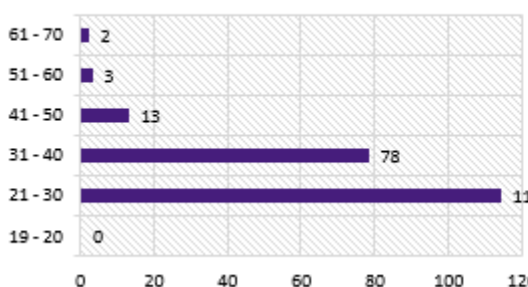
Total Students Gender



Undergraduate Students By Age



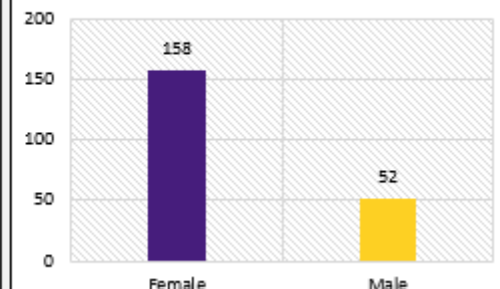
Graduate Students By Age



Graduate Students Ethnicity By Gender

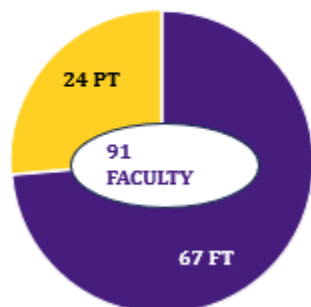


Graduate Students Gender



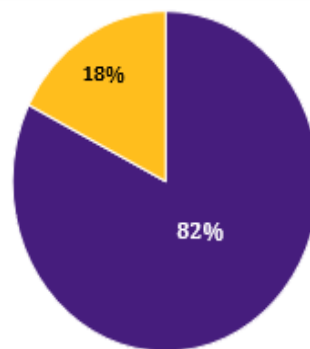
WHO WE ARE

FACULTY FULL-TIME & PART-TIME



■ Full-Time ■ Part-Time

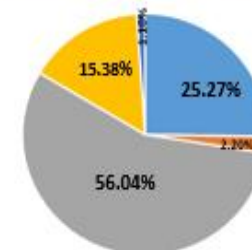
FACULTY GENDERS



■ Female ■ Male

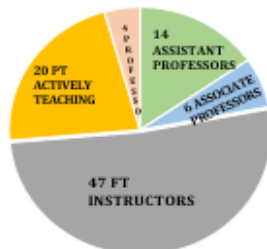
FACULTY RACE AND GENDERS

RACE/ETHNICITY AND GENDERS



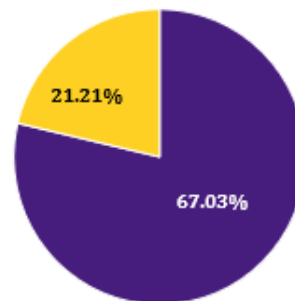
■ Black Females ■ Black Males ■ White Females ■ White Males ■ Asian Females

PROFESSORIAL RANKS FT & PT FACULTY



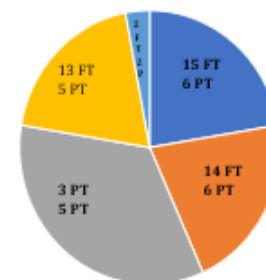
■ Assistant Professor ■ Associate Professor
■ Instructor ■ Instructor PT/Actively Teaching
■ Professor

CERTIFICATIONS



■ FT & PT FACULTY with CERTIFICATIONS
■ ADJUNCT FACULTY with CERTIFICATIONS

FACULTY AGES FULL-TIME & PART-TIME

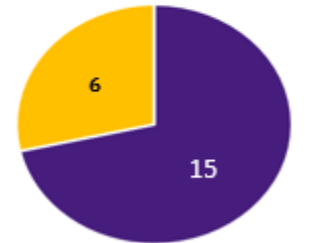


■ 30-40 ■ 41-50 ■ 51-60 ■ 61-70 ■ 71

WHO WE ARE

STAFF FULL-TIME

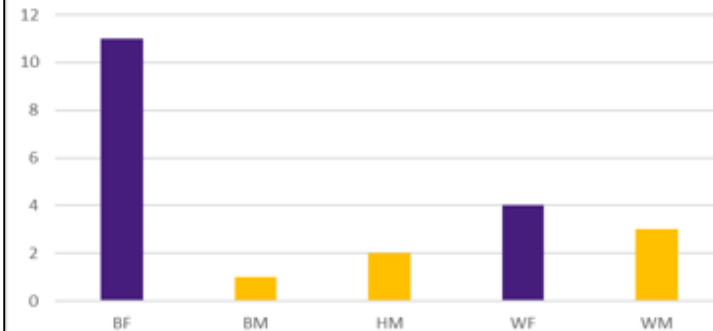
STAFF GENDERS



■ Females ■ Males

STAFF RACE/ETHNICITY

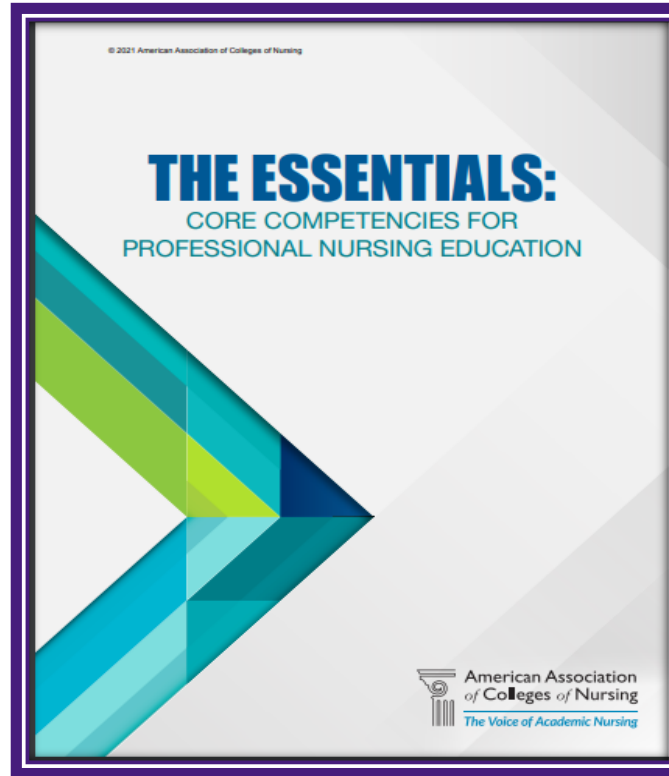
STAFF RACE/ETHNICITY



TAKING ACTION WITH THE DEIET

- As an institution and as individuals
 - Promoting a commitment to our strategic plan to *Advance Diverse, Equitable, and Inclusive Culture, Climate and Healthy Work Environment* that celebrates and honors tradition until our commitment to diversity, equity, and inclusion becomes an integral part of our everyday lives & not merely a set of initiatives
- Committed to our core values: SON C-Pride

BACKGROUND



PURPOSE

The primary purpose was to develop a *valid instrument* that measures the extent to which DEI elements are threaded throughout the curriculum. Utilization of a valid DEI curriculum assessment instrument informs education strategies to be implemented to create, maintain, and sustain an inclusive, equitable, and responsive instructional environment.

HOW DO WE INCORPORATE DEI ELEMENTS INTO THE CURRICULUM?



MISSION

VISION

VALUES

TRADITIONS

NORMS

COMPETENT,
DIVERSE NURSING
WORKFORCE TO
CARE FOR A
CULTURALLY
DIVERSE
POPULATION

AIM AND GOALS



- *Assess curriculum for DEI Elements
- *Obtain approval of DEI tool from SON governance
- *Provide a DEI tool so faculty are able to thread DEI Elements with consistency
- *By Spring 2023 utilize tool to measure DEI competency based measurers

WHAT STRATEGIES ARE NEEDED?



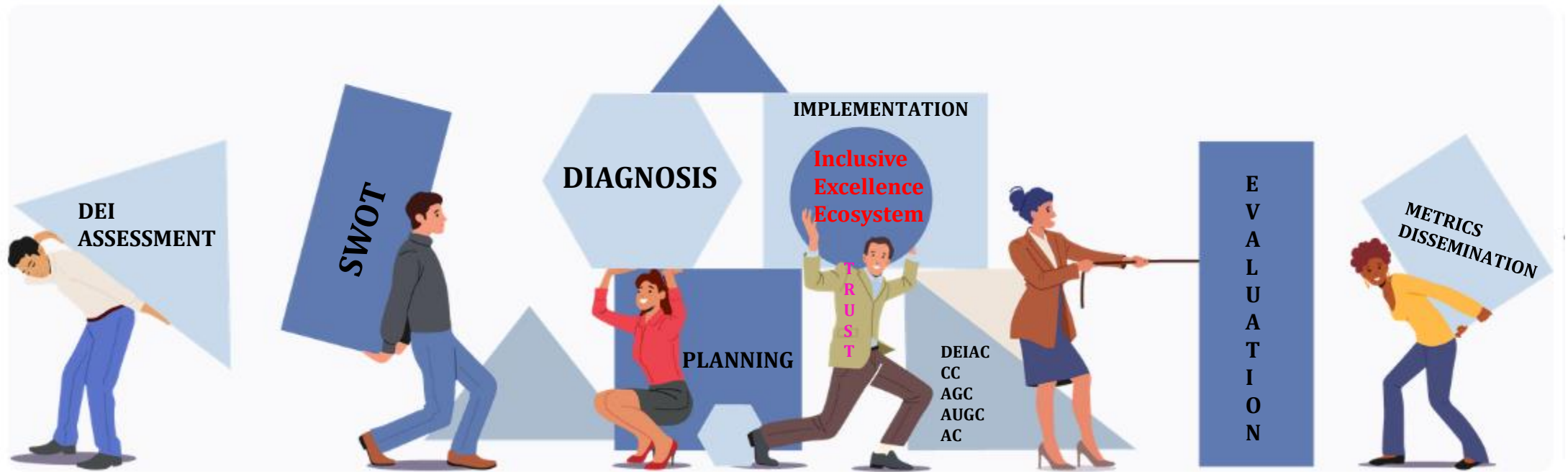
Inclusive Excellence Ecosystem for Academic Nursing



Adopted from Smith, D. G. (2020) Diversity's Promise for Higher Education

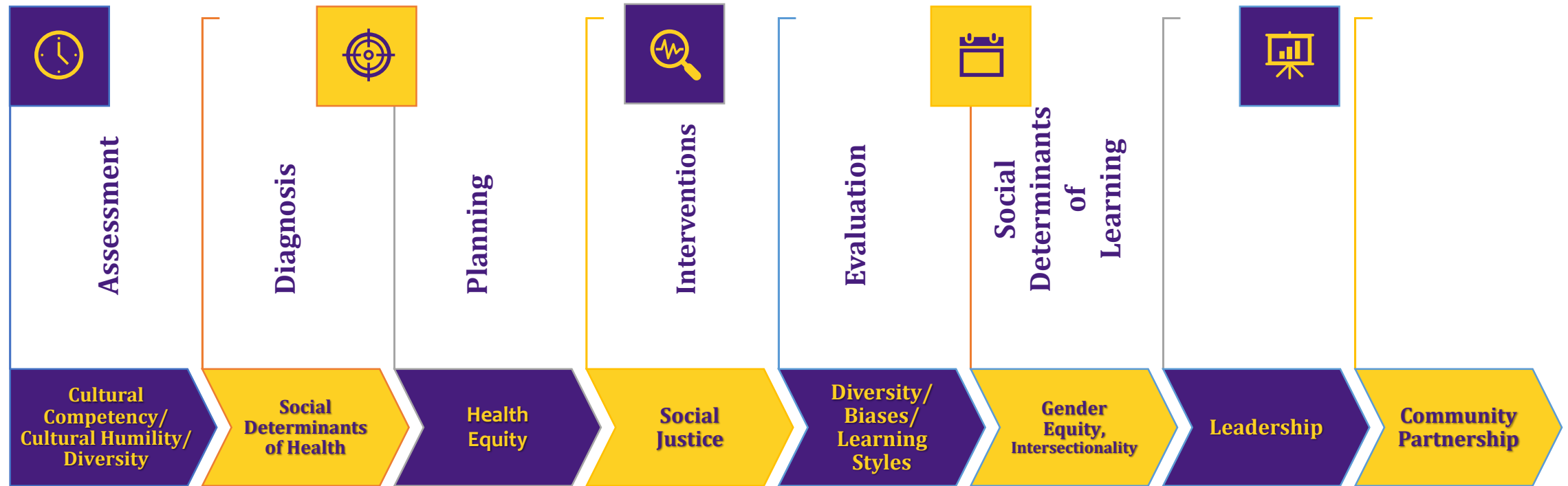
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MISSION-DRIVEN, STRATEGIC, EVIDENCE-BASED, INTENTIONAL PLANS



INCLUSIVE EXCELLENCE

DEI ELEMENTS



Assessment:

How does your courses develop _____?

Diagnosis:

How are _____ competency-based strategies measured?

Planning:

Which strategies have been successfully implemented to support _____ in an inclusive and responsive instructional environment?

Interventions/Implementation:

What challenges so you or your course faculty anticipate or have experienced in measuring _____ competency-based measures?

Evaluation:

After implementation of DEI content, are there additional strategies needed for _____?

SDOL:

Denounce racism; embrace just principles; identify & address underlying unjust, & avoidable social causes disadvantaging learners; create conditions for student success.

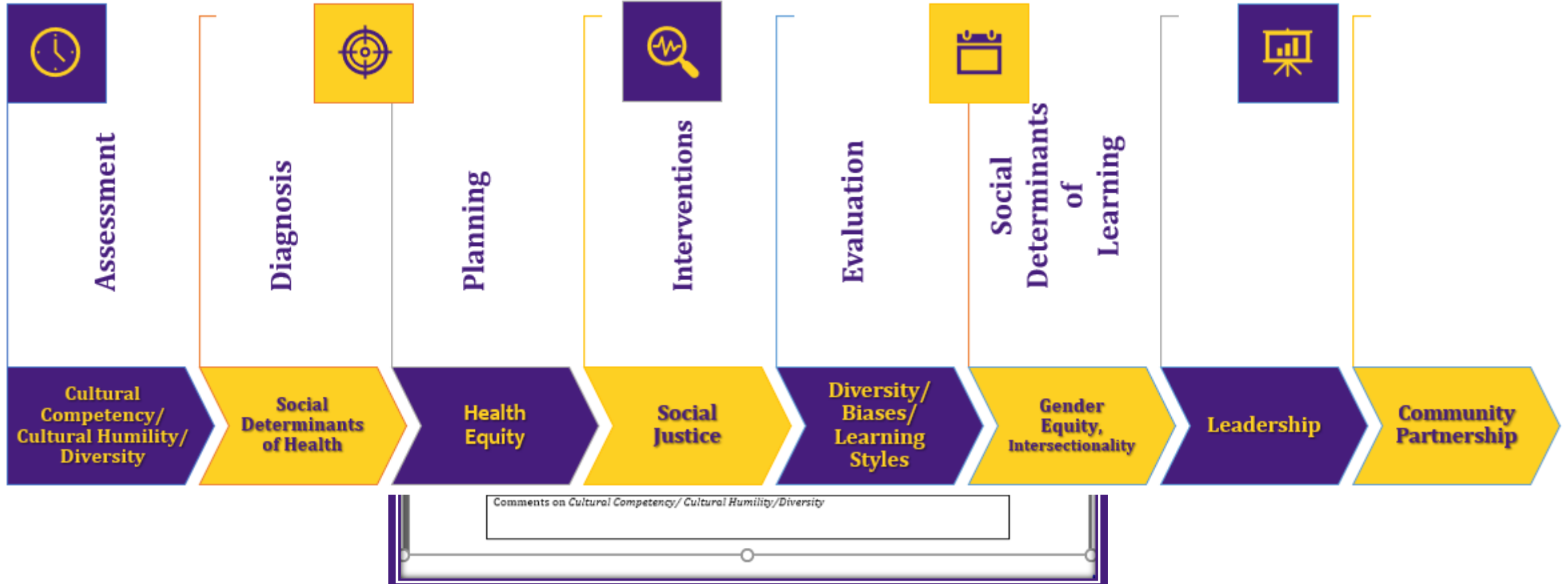
CONTENT VALIDITY

DEMOGRAPHICS FOR NURSING CONTENT EXPERTS						
1. Indicate your highest nursing degree earned						
Associate of Science	Bachelor of Science	Master of Science	Master of Science in Nursing	Doctor of Nursing Practice	Doctor of Nursing Science	Doctor of Philosophy
0	0	0	2	7	1	15
2. Indicate your number of years of experience as a registered nurse						
3 – 5	6 – 10	11 – 15	16 – 20	21 – 25	26 – 30	31+
0	0	3 (1 PhD; 3 DNP)	4 (2 MSN; 2 DNP)	1 (PhD)	5 (4 PhD; 1 DNP)	12 (9 PhD; 2 DNP; 1 DNS)
3. Indicate your highest level of education in another field						
Associate Degree	Bachelor Degree	Master's Degree	Doctoral Degree	Not Applicable		
2	3	4	5	11		
4. Indicate your primary practice setting						
Academia/higher education	Clinical environment/practice setting	Other (please specify)				
196	3	1 National Nursing Organization; 1 Association; 1 Clinical and Academia				
5. Indicate your primary role						
Nurse Educator	Academic leadership/DEI Officer	Nurse manager/leadership	Nurse researcher	DEI Officer other than nursing		
9	12	1	2	1		
6. Indicate your number of years of expertise as a DEI Officer (4 respondents did not indicate year; 3 NE; 1 NR)						
3 – 5	6 – 10	11 – 15	16 – 20	21+		
14	4	0	2	1		
7. Indicate the gender you identify with the most						
Female	Male	Transgender Female	Transgender Male	Non-binary/Gender Variant/Non-Conforming	Not listed (please specify)	Prefer not to answer
23	0	0	0	0	0	0
8. Indicate your race (4 respondents did not indicate; 3 PhD/NE; 1 DNP/Academic leadership/DEI Officer)						
American Indian or Alaskan Native	Asian	Black/African American	Native Hawaiian or Pacific Islander	Two or More Races	White	
0	1	14	0	1	5	
9. Indicate you're your ethnicity (3 respondents did not indicate; 2 DNP/Academic leadership/DEI Officer; 1 Master/NE)						
Hispanic or Latino	Non-Hispanic or Latino					
1	21					
10. Indicate your age (2 respondents did not indicate; 1 DNP/Academic leadership/DEI Officer; 1 Master/NE)						
20 – 29 years	30 – 39 years	40 – 49 years	50 – 59 years	60+ years		
0	1 (DNP)	6	8	8		

QUESTIONNAIRE FOR CONTENT EXPERTS

Appendix C QUESTIONNAIRE FOR CONTENT EXPERTS

Thank you for your participation as a content expert for the Diversity, Equity, and Inclusion Elements Tool (DEIET). The purpose of the questionnaire is to rate each item based on its relevance.



GLOSSARY

Appendix D Glossary

Belongingness – An effective state of engagement, one that is heavily influenced by how people feel about themselves and others. It is a multifaceted and complex state of being that is heavily influenced by both internal and external factors. Students' sense of 'belongingness' and their engagement in academic study have been identified as key contributors to student success. When examining sense of belonging in the classroom setting, two major players emerge: faculty and classmates. Faculty set the tone for student interactions and model respect and valuing (Gayle, Cortez, & Preiss, 2013; Wilson & Gore, 2013). The extant literature shows that students with high levels of belonging speak to having had positive experiences with faculty who exhibit a caring disposition, use active learning techniques, and create safe spaces for expression and debate (AACN, 2021, p. 39).

Community partnerships are developed as a new frontier in diversity learning (Irizarry, 2007). Multicultural communities serve as the real-life laboratory for students and faculty alike, and the potential for building mutually supportive relationships that enhance student skills and competence becomes evident (Stolder, Rosemeyer, & Zorn, 2008).

Cultural Competence – "A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Competence implies the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities" (Cross et al., 1989, p. 17).

Cultural Humility – In health care, cultural humility is a goal in training and education that informs providers' relationships to patients and people and involves "developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined population" (Tervalon and Murray-Garcia, 1998, p. 118).

Diversity – references a broad range of individual, populations, 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, 2021, p. 3).

Equity – is 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 (AACN, 2021, p. 3). To have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes, or prejudices (Cooper, 2016).

Explicit Bias – the person is very clear about their feelings and attitudes, and related behaviors are conducted with intent. This type of bias is processed neurologically at a conscious level as declarative, semantic memory, and in words. Conscious bias in its extreme is characterized by overt negative behavior that can be expressed through physical and verbal harassment or through more subtle means such as exclusion (National Center for Cultural Competence at Georgetown University, 2021).

Gender Equity – means fairness of treatment for men and women according to their respective needs. This may include equal treatment that is different but which is considered equivalent in terms of rights, benefits, obligations, and opportunities (United Nations Educational, Scientific and Cultural Organization, 2021).

Health Disparities – refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. A "health care disparity" typically references to difference between groups in health insurance coverage, access to and use of care, and quality of care. Health and health care disparities often refer to differences that are not explained by variations in health needs, patient preferences, or treatment recommendations and are closely linked with social, economic, and/or environmental disadvantage. The terms "health inequality" and "inequity" also are used to refer to disparities. Disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation (AACN, 2017).

Health Equity – is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life, quality of life, rates of disease, disability, and death; severity of disease; and access to treatment (AACN, 2017).

Health Inequities – Systematic differences in the opportunities that groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes (NASEM, 2017).

Implicit Bias – operates outside of the person's awareness and can be in direct contradiction to a person's espoused beliefs and values. What is so dangerous about implicit bias is that it automatically seeped into a person's affect or behavior and is outside of the full awareness of that person. Implicit bias can interfere with clinical assessment, decision-making, and provider-patient relationships such that the health goals that the provider and patient are seeking are compromised (National Center for Cultural Competence at Georgetown University, 2021).

Intersectionality – Recognizing the complex factors that contribute to health inequities by stressing the importance of the intersection of multiple interdependent social determinants that shape health and well-being of individuals and communities. More specifically, the theoretical framework considers the intersection of these social determinants at the "micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level" (Bowleg, 2012, p. 1267).

Inclusion – represents environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive. Inclusive environments require intentionality and embrace differences, not merely tolerate them. Everyone works to ensure the perspectives and experiences of others are invited, welcomed, acknowledged, and respected in inclusive environments (AACN, 2021, p. 3).

Just Culture – The Just Culture concept establishes an organization-wide mindset that positively impacts the work environment and work outcomes in several ways. The concept promotes a process where mistakes or errors do not result in automatic punishment, but rather a process to uncover the source of the error. Errors that are not deliberate or malicious result in coaching, counseling, and education around the error, ultimately decreasing likelihood of a repeated error (ANA, 2010).

Microaggression – Belief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial gender, sexual-orientation, and religious slights and insults to the target person or group. People who engage in microaggression are ordinary folks who experience themselves as good, moral, decent individuals. Microaggressions occur because they are outside the level of conscious awareness of the perpetrator (Sue, 2010).

Privilege – Unlearned social power accorded by the formal and informal institutions of society to ALL members of a dominant group (e.g. white privilege, male privilege, etc.). Privilege is usually invisible to those who have it because we are taught not to see it, but nevertheless it puts them at an advantage over those who do not have it (AACN, 2021, p. 73).

Psychological Safety – Is the belief that you won't be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes. It is a shared belief held by members of a team that others on the team will not embarrass, reject, or punish you for speaking (Center for Creative Leadership, 2021).

Racism – is a system consisting of structure of policies, practices, and norms – that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society. Racism is a serious threat to the public's health (Centers for Disease Control and Prevention, 2021).

Social Determinants of Health (SDOH) – The conditions of the environments in which "people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." These conditions include education, employment, health systems and services, housing, income and wealth, the physical environment, public safety, the social environment (including structures, institutions, and policies), and transportation at the population level. SDOH are sometimes call social influences or social factors (HHS, 2020).

Social Determinants of Learning (SDOL™) – addresses learning disparities and expand learning opportunities for nursing students from under-resourced backgrounds. The SDOL™ framework provides a structure to coalesce discussions, teachings, and research about the influence and impact of social determinants supporting diversity, equity, and inclusion (Sanderson et al., 2021, p. 206).

Social Justice – The concept that everyone deserves equal rights and opportunities. In health care, it refers to the delivery of high-quality care to all individuals. Equity, access, participation, humans rights are four principles of social justice including to ensure fair distribution of available resources across society, to ensure all people have access to goods and services regardless of age, gender, race, ethnicity, etc., to enable people to participate in decisions that affect their lives, and to protect individual liberties to information about circumstances and decisions affecting them and to appeal decisions believed to be unfair (AACN, 2021).

RELIABILITY STATISTICS

	Reliability Statistics		
	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
Cultural Competence/Humility/Diversity	0.878	0.874	8
Social Determinants of Health	0.751	0.766	7
Health Equity	0.911	0.921	7
Social Justice	0.876	0.879	7
Diversity, Biases, and Learning Styles (DBL)	0.982	0.985	24
Gender, Equality & Intersectionality	0.915	0.915	7
Leadership	0.931	0.935	8
Community Partnerships	0.916	0.918	7
Evaluation	0.906	0.91	4
Diversity, Equity, and Inclusion Elements Tool (DEIET)	0.968	0.974	78

**Two (2) items removed due to zero (0) variance*

MAINTAINING AND SUSTAINING INCLUSIVE, EQUITABLE, AND RESPONSIVE LEARNING ENVIRONMENTS USING DEI ELEMENTS

An inclusive, equitable, and responsive instructional environment is one where faculty exhibit a caring disposition and use active learning techniques;

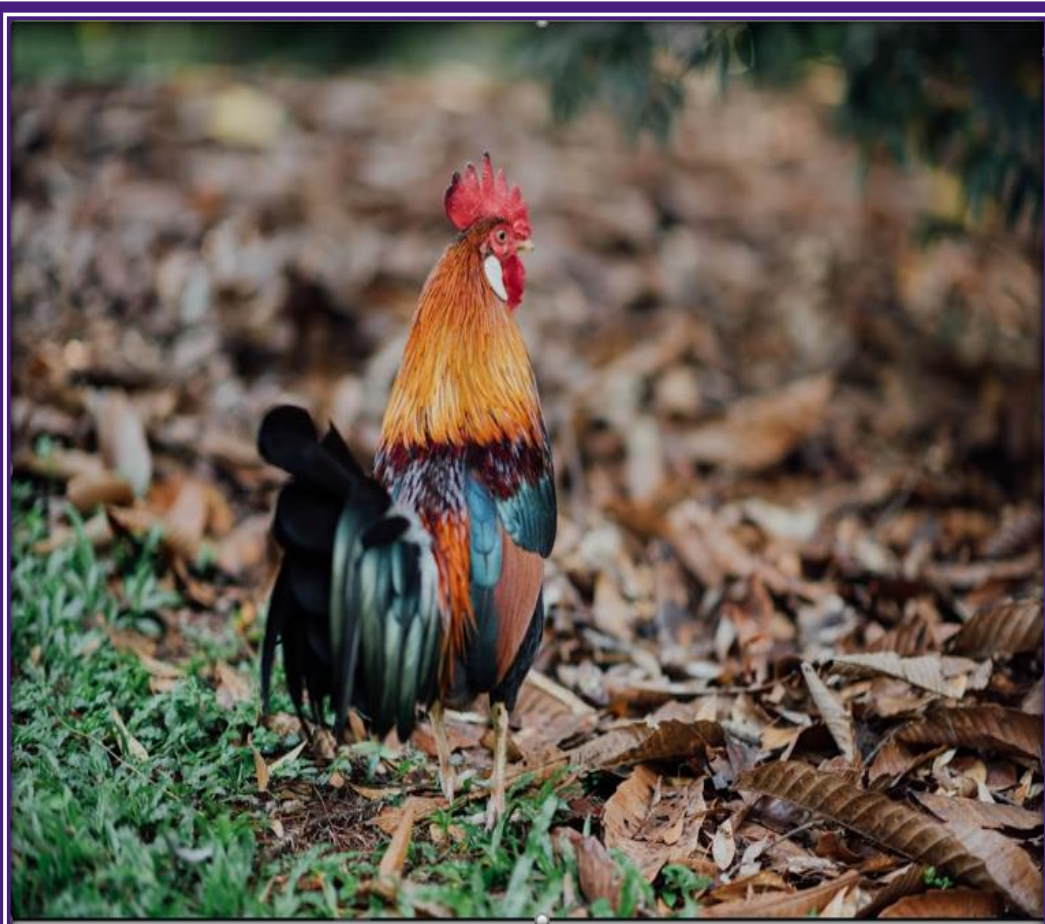
Where students have a high level sense of belonging within safe spaces created for expression and debate;



Where faculty facilitate discussion, address biases, -isms, or microaggressions while maintaining a psychological safe environment.

An inclusive, equitable, and responsive instructional environment is one where there are measurable DEI elements that are integrated as expected learning experiences across the curricula.

IMPLICATIONS FOR PRACTICE



IT MAY SEEM LIKE WE ARE ALL ALONE, BUT OUR WORK IS OUTSTANDING

LIMITATIONS



WHEN IT IS ALL SAID AND DONE WE HAVE ACHIEVED EXCELLENT HEALTH EQUITY



SUMMARY

- INTRODUCTION AND BACKGROUND
- PURPOSE
 - AIM AND GOALS
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 - SON GOVERNANCE
- METHODS
- RESULTS
- LIMITATIONS
- IMPLICATIONS FOR PRACTICE
- METRICS/DISSEMINATION

REFERENCES

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QUESTIONS

