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Diversity in Nursing to Transform Diversity in Academia

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Diversity in Nursing to Transform Diversity in Academia

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Abstract

This project endeavors to use the nursing process as a framework to assess and synthesize information around diversity and inclusion in healthcare and particularly nursing. The paper is formatted in an intentional way looking at Otterbein University as a type of 'patient." Using this as a model provides research and information geared towards dynamic interventions and goals. It also looks at barriers to success in higher education to recruit diverse and minority faculty members. The focus is to show how literature points to the best practices in the realm of creating an organization that is intrinsically diverse and inclusive. There is a conversation about merit and how this ideal can be detrimental in the area of creating a diverse and culturally sensitive organization. This information is synthesized, and interventions are described that are short term and long term. Short term goals are created so that change will be evident and will continue to encourage investment to reach the long-term goals.

Keywords: Nursing, Diversity, Inclusion, Nursing Process, Cultural Competence

Diversity in Nursing to Transform Diversity in Academia

Nursing is a profession that is inextricable from the human experience. Nursing is rooted in caring for each individual and treating the whole person. As a field, nursing continues to evolve to meet the ever-changing demands of healthcare. There are three main barriers to equitable healthcare that will be examined together in this work. One of these is health disparities among racial and ethnic minorities in the American population. According to established research, "Minority populations are more likely to have poor health and die an at earlier age because of a complex interaction among genetic differences, environmental and socioeconomic factors" (Potter, Perry, Hall, & Stockert, 2013, p. 101). This would indicate that these populations would be more likely to need healthcare services, however these populations are still not receiving them. The second fact is that nursing historically has been a Caucasian and female profession. This situation creates a stigma between minority individuals who are trying to enter into the nursing field and practicing nurses. Steps have been taken to augment this, however, much work is required (McMenamin, 2015). Finally, diverse faculty at institutions can impact minority students. "Faculty of color played a critical role in the survival and success of students" (Hasouneh & Lutz, 2012). With a diverse environment, this could provide opportunities to all members of the campus community. This work seeks to examine these three facts by creating connections between them and working to create changes that will positively impact healthcare delivery.

In the first section, the assessment, the facts mentioned above are discussed further: the disparities and blockades to health care, the Caucasian nature of nursing and the effect that faculty have on their students. This will help to underpin the PICOT question. PICO(T) questions are a part of an evidence-based approach. (Potter et al., 2013) It is an acronym: P

relates to the population/problem/patient, I refers to the intervention/indication element of the

question, C is comparison, O is the outcome, and T is the time frame. Answering PICOT

questions ensures evidence-based practice is utilized in nursing delivery of care (Potter et al.,

2013). The PICOT question is as follows: In nursing students, how does a diverse faculty

compared to faculty hired without regard to diversity affect student perception and sense of

acceptance within their tenure. This project will answer this question using the nursing process:

assessment, diagnosis, plan, interventions and evaluation, and evidence pulled from literature.

Assessment

The first step in the nursing the nursing process is assessment. The assessment is the

deliberate and systematic collection of data (Potter et al., 2013). It is comprised of two steps:

collection of information from primary and secondary sources, and the interpretation and

validation of data to ensure a complete database (Potter et al., 2013). In the year 2000, 23% of

Americans were identified as members of ethnic minorities. In 2010 however that percentage

increased to 25%. This reflects an additional 13 million people from minority groups. (Hixson,

Helper, Bradford & Myoung 2011). By 2050 these groups are projected to increase to nearly half

of the American population (Agency for Healthcare Research and Quality, 2011). This increase

in the population means that the structure of healthcare should also change along with it. This

increasing segment of the population is also at risk for suboptimal health care. The research has

shown that Blacks received worse care than Whites in 40% of measures (Agency for Healthcare

Research and Quality, 2011). These measures include admissions to the hospital for lower

extremity amputations. In this area, Blacks were more than twice as likely to be patients in leg

amputations (Agency for Healthcare Research and Quality, 2011). This trend extends to the

number of patients who are leaving the hospital without being seen (Agency for Healthcare

Research and Quality, 2011). Whites are 70% less likely than Blacks to leave the emergency

department without being seen (Agency for Healthcare Research and Quality, 2011). But these

issues are not limited to African Americans; Hispanic and Latinx people are even more likely to

experience deficiencies in their healthcare (Agency for Healthcare Research and Quality, 2011).

People in this group are over three times less likely to be diagnosed with Acquired

Immunodeficiency Syndrome (A.I.D.S) when compared to their white counterparts.

Additionally, nearly twice as many Caucasians have health insurance compared to Hispanics.

(Agency for Healthcare Research and Quality, 2011). Moving away from the individualistic

health concerns, public health safety and access are areas wherein these groups that continue to

lag behind the national mean. One study claims that, "All…areas showed disparities related to

race, ethnicity, and socioeconomic status" (Agency for Healthcare Research and Quality, 2011 p.

3).

    A tenant of nursing is that the patient is the center of healthcare. According to Florence

Nightingale's work, the goal of nursing ought to be assisting the patient in his or her retention of

vital powers by meeting his or her needs (Parker, 2006). The American Nurses Association

produced Principles for Health System Transformation 2016 that states that one of the goals is to

ensure universal access to a standard package of essential healthcare services for all citizens and

residents (ANA's Principles for Health System Transformation, 2016). Caring for a patient and

creating a universal package that serves all patients requires an understanding of each patient.

According to Leininger's Cultural Care and Diversity Model, patients who experience nursing

care that fails to be congruent with their beliefs and values will demonstrate conflict stress and

noncompliance (Butts & Rich, 2015). From a nurse's viewpoint, Leininger's theory underscores

the importance of "assistive, supportive, facilitative, or enabling professional actions and

decisions that help individuals, families and communities of a particular culture retain and

preserve care values so that they can maintain wellbeing" (Butts et al., 2015 p.219).

Understanding a patient in a fundamental manner will provide better care and help

patients and their community achieve wellness. One such way that this can be accomplished is

through varied staffing. This disparate staff has the tendency to work with poor and often times

minority populations. (Mensah & Summers, 2016). Much discussion has been focused on the

role of medical schools in creating racial and ethnic parity in relation to the groups in which they

serve. The benefits are not only for the minority students. The research shows that among

medical students, increasing diversity enhances the experience of non-underrepresented groups

in interacting with diverse patient populations. This might, in turn, assist the non-minority

students in their interactions with groups who differ from themselves. Nurses are able to provide

more direct care to patients and, therefore, spend more time interacting with them, when

compared to doctors (Payton, 2008).

Therefore, it would be logical to see an increased imperative to have nurses who are

diverse. Before they are nurses, however, they spend time in an educational system. This benefits

not only the underrepresented but the entire cohort of nurses. "Studies have shown that by

increasing the numbers of racial minority students, institutions can increase the frequency of

cross-racial interactions among students and add value to the educational environment to enrich

all students' learning" (Milem, 2005 p.17). The evidence points to benefits of increasing the

variety of students if nursing cohorts were more diverse. These students who are exposed to

more diversity are also more likely to have discussions that assess previously considered ideas

and perspectives. This leads to higher levels critical thinking and analysis (Diversity in the

Classroom, 2014).   There has been work done at Otterbein University to recruit more culturally

diverse students. In fall of 2017, 21 percent of the students were of color. This is a notable

achievement due to the fact that this is the most diverse class for the fourth year in a row

("Otterbein Ranked in top 20 in U.S. News & World Report, 2017). This increase in diversity,

helps to create a climate in which students are able to interact in ways that they may not have

been able to prior to their time at the institution. Furthermore, these interactions form a part of

their education. This education will inform the ways in which the students interact with the world

after graduation.

Honing in on undergraduate nursing programs, studies have pointed to the fact that

institutions have better retention when students have stronger levels of comfort and sense of

belonging (Milem,2005). Better retention rates mean that more nurses are going to be in the field

because the nursing cohorts will be larger. And the larger cohorts and larger nursing pools will

work to help provide a larger professional pool that will help to ease the shortage of nurses

(Janiszewski, 2003). The nursing workforce is aging and admissions to nursing programs are

declining (Janiszewski, 2003). It would be reasonable then to make sure that the students who

have matriculated into the program have the best possible shot of completing the program. These

culturally diverse programs have been shown to increase the engagement, achievement,

wellbeing and happiness for a wide range of students. This includes members of Latino, LGBT

(lesbian, gay bisexual, transgeneder) and African-American male groups (Milem,2005). This

level of engagement and sense of wellbeing has a positive effect on students and will in turn

increase the morale of the entire institution.

Conversely, if there is not an intention to create diversity there are problems for the

under-represented members of the college who are already there. It can create a sense of

tokenism. Tokenism according to Merriam-Webster is the policy or practice of only making a

symbolic effort to create a change (Merriam-Webster, nd) This can be the result of forming

initiatives to create more diverse student populations irrespective of the ways in which the

institutions can hinder their achievement. Beyond the tokenism, evidence shows that

underrepresented groups on campus can produce a negative stigma and "other" minority status.

This otherness reverses the positive effects that can be achieved through creating a more diverse

college community. And this can even extend to negatively effecting the student's achievement

within the classroom (Diversity in the Classroom, 2014). Even within the Otterbein community,

focus has been on increasing the number of qualified applicants who are admitted, however these

individuals lack the resources to provide them with the optimal experience (Hughes, 2018).

Increasing diversity among students, however, is not enough to fully create changes

within the institution. A diverse and inclusive environment has to be throughout the entirety of

the institution. Advancing Diversity and Inclusion in Higher Education states, "Promoting

diversity and inclusiveness across all levels of the institution, including the institution's

administration and faculty, can be an important way to achieve a diverse and inclusive campus

climate" (Advancing Diversity and Inclusion in Higher Education, 2016, p.37). This is an area

for improvement on many campuses. The faculty and staff create the environment and makes the

choices that are pivotal in the success of a diverse student body. The article cited earlier

continues, "Campus leadership, including a diverse faculty, plays an important role in achieving

an inclusive institution. Faculty's curricular decisions and pedagogy, including their individual

interactions with students, can foster inclusive climate." (Advancing Diversity and Inclusion in

Higher Education, 2016 p.3). The choices that the faculty make within the classroom are critical

to the effectiveness of education. Prior to the student interaction with classroom faculty the

choices of who is teaching these students is paramount.

The hiring decision is a weighty one for any institution. Teaching faculty have the most interaction with the student body and play a critical part in shaping student experiences at the college or university. All interactions have consequences. When speaking about the area of midwifery "Seemingly micro interactions and experiences have macro consequences, specifically retention in midwifery education program and ultimately the diversification of the nation's corps of midwives" (Goode,2014 p. 86) It is reasonable to think that these effects would be the same in nursing as a whole. Consideration should be given to the intentions and actions of faulty and the framework in which they work to connect with their students. These micro-interactions can lead to more competent nurses. Conversely, faculty who that are not cognizant of their interactions could negativity impact the students and have permanent effects on students. Jeffrey Milem states, "findings show that institutions efforts should aim for twin goals: creating opportunities for students to interact in diverse groups and opportunities for students to feel included and welcome, both in and outside the classrooms" (Milem, 2005 p.23) This project will only focus on one aspect of the aforementioned goals. The end goal of this project is to demonstrate the importance of being intentional with the ways in which nursing instructors are chosen to teach at institutions. This will focus on creating a guide that considers diversity and what its possible benefits could entail. When institutions make diversity benefits explicit and dedicate resources to this aim, the benefits to underrepresented students are innumerable. They must also create an infrastructure to support the diverse population. From these efforts, the university or college is bound to be successful (Taylor, 2016). Admittedly creating these environments is complicated. Considering how an institution hires administrators and faculty as well as what resources they have to retain these team members requires much time and effort (Advancing Diversity and Inclusion in Higher Education, 2016). This research alone may

provide the motivation for an institution to invest in diverse faculty upon seeing the rich benefits

it yields.

Diagnosis

Following the assessment next in the nursing process is the diagnosis. The nursing

diagnosis differs from a medical diagnosis. A medical diagnosis is the identification of a disease

condition based on a specific evaluation of physical signs, symptoms, the patient's medical

history and the results of diagnostic tests and procedures (Potter et al., 2013). However, a nursing

diagnosis classifies issues within the domain of nursing. A nursing diagnosis, "is a clinical

judgement about individual, family or community response to actual or potential health problems

or life processes." (Potter, Perry, Hall, & Stockert, 2013, p. 222). What sets this process apart

though is having patients involved as much as possible. This section provides the theoretical

framework. This framework is vital in understanding subsequent sections of the work. Therefore

although it might appear irregular from the traditional process, the goal of this section is present

relevant context that works to guide the reader in understanding the subsequent sections.

This project is not focused on the patient but on the Otterbein community as a whole. In

this paper, the nursing perspective will be applied to tackle questions that surround a diverse

faculty and its impact on students. Using this format offers consistency and flow. Additionally, it

works to help to delineate each step in the process so that the reader is able to understand the

progression of the work. This progression will include interventions and information that can be

synthesized in a manner that can be used outside of the nursing profession although that is not

the focus of this project.

The assessment section identified the foundation and background of the issue that will be

discussed in subsequent sections. The theoretical framework that grounds this project is the

Humanistic Learning Theory. This theory was developed in the mid 20th century and focuses on

education, "to foster the growth, self-development, and creativity of each individual." (Butts et

al., 2015 p.219). It also argues that education promotes conformity rather than creativity.

Additionally, individuals who are perceived to be different are stigmatized within this system

and are not encouraged to have a full share in the community. In a similar fashion, the medical

community is characterized as a profession that treats those seeking its help in routine,

mechanistic ways that do little to fix the whole person (Butts et al., 2015).

   According to the Humanistic Learning Theory, "Teachers…need to engage in a

collaborative relationship with students and patients based on authentic behavior, honest

dialogue andante genuine therapeutic listening" (Butts et al., 2015 p.219). A relationship that is

based on authentic behavior and honest dialogue puts each student at the center of education.

Impetus is also found teaching in a manner that puts the educators as facilitators who are mindful

to listen rather than speak. It seeks to find space for those who are perceived as different and may

be stigmatized by society. Additionally, the theory focuses on using non-Eurocentric techniques.

This is done with the goal of finding the optimal way of reaching the individual student. The

focus of the Humanist is to use principles to guide better teaching and adapting to the needs of

the individual pupil.

   The Humanistic Theory is central to this project because it focuses on the experience of

each individual student. It points to the student's success increasing due to having faculty who

represent them. If the goal of the program is to create the best and most well-rounded student, the

education must go beyond general education. Students will face unique challenges and the

faculty can help them have the resources that they need to navigate. Additionally, the faculty

may use non-Eurocentric ideas and concepts that could help students as they begin to imagine

things in ways that might be more closely aligned to their concept of healthcare. This

collaboration could yield more engaged students and better prepare them for the workplace

which is what this project hopes to establish.

This project looks at the research about the patient reactions to a nursing staff that reflects

the diversity of those whom they serve and compares it to the university setting. Increasing

cultural competency and understanding in the classroom is critical for student success. If the

students of marginalized groups feel more accepted and are taught according to their needs and

strengths, they could be better equipped to serve their patients and advocate for them. The

project offers the faculty an understanding of the importance of representation and diversity

while also giving information and recommendations related to the possible student experience

with a diverse faculty. This could positively impact the nursing program because it could help in

the retention of culturally diverse students who are recruited and provide them with the tools

needed to be successful in their practices.

As a nurse, it is vital to collect objective and subjective data to create an accurate picture

of what is going on. Objective data is measurable and quantifiable (Potter et al., 2013).

Subjective data is self-reported (Potter et al., 2013). Similarly, data that will be collected for this

project will pertain to subjective and objective data. The objective data should be obtained from

reports administered to those who are familiar to Otterbein's Nursing program. This will provide

a gauge of where the organization is currently and areas of possible improvement. It also can

help to develop a plan to fix those areas. However, in discussions with faculty it is apparent that

the consideration of diversity is in its nascent stage, therefore no data has been collected

(Fitzgerald, 2018). This means that information that follows is focused on the best practices. It is

a dynamic system that allows for reassessment in the future and continued work to be done in the

future. This project has the same aim. It will provide concrete research in an effort to inform the future of Otterbein's Nursing program.

Plan

The next step in the nursing process is the plan. The plan refers to creating patient centered goals and expected outcomes (Potter et al., 2013). In this section of the paper the focus is on critical thinking applied through deliberate problem solving and decision making (Potter et al., 2013). This will be best done if the goals are given context and relevance. Some of this was established in the assessment but bringing it back to the forefront will help to add gravity and understanding to the overall project. A plan is best accomplished when it is dynamic and sensitive to the needs of the population (Potter et al., 2013). The focus of the priorities will come from the PICOT question mentioned in the assessment, and information that has been previously discussed. Information will also be presented in the context of a smaller university nursing program such as Otterbein, but the information could be remapped to larger organizations as well with similar outcomes. This section of the work will begin with the PICOT. It will speak to the current situation and why this issue is ever present in our modern atmosphere and what has been done about it thus far. Finally, this section will discuss the gaps that have plagued programs and the effects that has on the students' and their perception of their respective nursing program.

PICOT Synthesis

The PICOT question that is at the center of this paper is: In nursing students, how does a diverse faculty compared to faculty hired without regard to diversity affect student perception and sense of acceptance and belonging within their tenure as students. The focus of this paper is one the experience of the students in relation to their professors. This section will explore what the current outlook of professors and what those effects have been on students. This is different

from the assessment because the facts presented here is more specific information. These facts

will be synthesized in a manner that will emphasize the importance of addressing the current

issues that limit the opportunities for nursing workforce that best serves patients. In caring for

patients, the goals are focused on creating the highest possible level of wellness and

independence (Potter et al., 2013). Research shows the interaction between the environment and

the traits that nurses possess impact their competence and their ability to work on the job

(Takase, Masako, & Yoko, 2017). It is also known that personality is linked with the culture and

experience of the individual (Hofstede & McCrae, 2004). Taking these facts together helps to

illustrate the dynamic advantages in having a diverse nursing staff. These members would

represent different facets of the shared human experience. These experiences can allow for the

nurses to connect with different types of patients. This diverse workforce could have huge impact

on not only the patients who interact with healthcare but also on the ways in which healthcare is

discussed and utilized in this country.

Current Situation for Faculty

When considering the need for diversity in the nursing community, a way to underscore

the importance is that 37 percent of the national population is a part of minority groups but on

the other hand, only 16 percent of the Nation's nurses is within this minority group (U.S

Department of Health, 2010). When taken as it is, that statistic is shocking, a gap of nearly 20

percent represents many patients who may not have the opportunity to be treated by nurses who

align with their personal community. People who are from lower socioeconomic strata are often

members of minority groups. Additionally, those same members also experience deficits in their

satisfaction in healthcare (Shui & Stevens, 2005). This however is not the focus of the paper.

The aforementioned information emphasizes the need for a nursing staff that is more reflective of the patients that they serve.

When looking at the make-up of faculty in higher education similar patterns arise to that of the students whom they teach. In the academic year 2013-14, less than ten percent of instructional faculty were black or Hispanic (USDE, 2016). In that same year 74 percent of faculty were white whereas only 4 and 5 percent of the faculty were black and Hispanic respectively (USDE, 2016). This trend persists across all levels of faculty status. Sixty-five percent of faculty who were on tenure track but not already tenured, were white. Already tenured faculty were even more predominately white at 77 percent (USDE, 2016). The majority of faculty in higher education is essential to understanding the ways in which students especially those of non-white backgrounds view and experience higher education. This also disproportioned ratio of white faculty members could have an effect on the culture and values of the university. Evidence shows that this culture, if incongruent with the culture that the students are accustomed to, can have a negative impact on their initial success in higher education (Bankston, 2018). Specifically, in science majors, minority students that were not acclimated to the campus climate were less likely to persist and more likely to take a longer time to graduate (Arcidiacono, Aujeco & Hotz, 2016). This evidence points the ways in which the campus culture is integral the success of minority students. If these students are unable to make the necessary adjustments in their initial time with the institution, they will not continue to receive the skills necessary to enter the workforce in that field. This represents a loss of talent, that in the case of nursing could have an impact on the patient population over decades.

Although the figures above show a difference between white and non-white faculty members, much work has been done in the past to narrow this. In its report on higher education,

The United State Department of Education noted, "Since 1993 the percentage of faculty of color

has gradually increased… from fall 1993 to academic year 2013–14, the percentage of faculty

who reported as Asian nearly doubled from 5 percent to 9 percent and the percentage of Hispanic

faculty increased from 3 percent to 5 percent" (USDE, 2016 p.76). This research goes on to

mention that progress is also increasing for African Americans, however, at a slower rate (USDE,

2016). This rate of change is heartening because it points to the fact that reshaping is occurring in

higher education even if it is at a glacial pace. This reshaping of the faculty makeup is crucial to

the larger changes in culture that impact students.

Education has drastically changed over time. What is more pronounced and relevant are

the changes that have occurred since the Great Recession of 2008 (Finkelstein, Conley, Schuster,

Jack H., 2016). Two significant trends in the ways that impact students and diverse faculty are

the rapid increase in for-profit organizations and the increased enrollment in two-year colleges

(Finkelstein et. al., 2016). The trend towards the two-year education is important because it

reflects the decisions also that students are making in higher education. These students are opting

for cheaper and more flexible two-year academic organizations. Additionally, these institutes hire

the highest percentage of faculty of color (Finkelstein et. al., 2016). This information though, is

more complicated. The true area wherein diverse faculty are being utilized are in part-time

positions. These facilities, however, suffer from the highest turnover rate in higher education

(Finkelstein et. al., 2016). It is important to note that with the inception of higher education in the

United States, this was a similar trend. Often the graduates would take a job in higher education

as an "odd job" or as placeholder as they moved towards their desired field. (Finkelstein et. al.,

2016). As the nineteenth century progressed, the expectations of faculty changed. The

aforementioned Great Recession has had a similar shift in the role of educators and recognized

that the mode of yesteryear to points to the ability for change and adaption to meet the needs of

the ever-changing world (Finkelstein et. al., 2016). As technology changes the ways that people

interact and receive knowledge fundamentally, it also augments the ways that professors and

other faculty interact with students. There is a drive to reach more individuals with information

but also that this information is becoming increasingly nuanced and the demand for specialists in

a field of study are also increasing. Just as professionalism was the hallmark of teaching in

nineteenth century, this specialization is what is defining the post-recession academic landscape

(Finkelstein et. al., 2016).

       This specialization and the increase in part-time faculty on the whole of higher education

does not provide the most complete picture. Data collected by the Coalition of the Academic

Workforce in the late 1990s shows that this type of data is significantly different depending on

the type of program the discipline (Finkelstein et. al., 2016). When the same data was collected

in 2010, it showed that, "part-time teaching is not necessarily temporary employment and those

teaching part-time do not necessarily prefer part-time to full-time employment" (Coalition on the

Academic Workforce, 2012 p.2). This data also found that over 75 percent of these individuals

are seeking full time tenure track positions and nearly three-quarters of the 75 percent said that

they would accept a position at the organization where they are currently employed. In states,

including Ohio, these faculty members are being limited in the amount that they teach in order to

prevent them from qualifying for benefits (Finkelstein et. al., 2016). This means that these

faculty members although having the desire to continue working for the university, may leave

due to the lack of confidence in the working conditions (Coalition on the Academic Workforce,

2012). Finkelstein shows that this new divergence in the type and appointment of various faculty

members in this post Great Recession space.

These differences have a direct impact on the outlook and overall satisfaction that the members in each organization may have. Those who are tenured express greater satisfaction with the college or university. As mentioned earlier these positions are held by an overwhelming white majority. However, between, African Americans and Caucasians who are both tenured, African American faculty reported significantly less satisfaction (Finkelstein et. al., 2016). This is due in part, according to Finkelstein with, "the basic mantra that defines faculty work today is, Do more with less" (Finkelstein, Conley, Schuster, & Jack H., 2016 p.283). This is evidenced in many ways but fundamentally it lies in the expectation that the faculty align with the mission of the institution and have greater emphasis on productivity.

This emphasis on productivity and aligning with the ideals of the institution creates career stress points that underlie barriers that would preclude or deter individuals from entering into higher education to teach (Finkelstein et. al., 2016). Enumerating these issues can help to unpack and possibly propose solutions to create a more conducive environment. This first major barrier to working in higher education is career entry. Job mobility is easier than it was 25 years ago, with more pathways to career development (Finkelstein et. al., 2016). However, Finkelstein asserts that there is a premium on doctoral students who are graduates from prestigious organizations and have held a postdoctoral fellowship. The stress that these events put on individuals to get into these prestigious organizations may have a lasting impact on their career (Finkelstein et. al., 2016). Additionally, faculty members on tenure track, consistently enumerate five keys to satisfaction: tenure clarity, work-life integration, support for teaching and research, culture climate and collegiality and engagement with leaders throughout campus. (Qualters, 2013). These keys are factors that can be measured for each individual to make them more attractive to top talent and engender a better environment. Fostering an environment that

balances work and the professor's personal life is opposite to the focus on productivity.

Engagement with other members of the community and leadership will create a cohesive campus

environment and will help them withstand the issues that will arise.

Another stress point for faculty is the creation of a dossier to receive tenurship. The

faculty member endeavors to show his or her competence in teaching, research and service. The

crux of the stress comes from not knowing whether this is a positive or negative decision. This

tenure process varies from one institution to another and even between each department. This

lack of clarity is a key factor in the dissatisfaction (Finkelstein et. al., 2016). Along with the

stress of tenureship is the promotion to professor. When it comes to the area of the advancement

of women, and minorities there is not a lot of research going on. Finkelstein cites only a handful

of individuals who are doing research on this topic, so the solutions are harder to distinguish

(Finkelstein et. al., 2016).

With that being said, there is an increased interest for research on the pressure points

surrounding the faculty experience. This research presented above helps to connect the issues of

being a minority and being a faculty member. Additionally, another point of reference is the fact

that excluding those of Asian descent all other ethnic minorities make on the average less than

Caucasians (Median Weekly Earnings by Educational Attainment in 2014, 2015). This speaks to

the larger divide between different ethnicities throughout American society. This also impacts the

students whom the faculty are teaching and may indicate their worth in the eyes of the

institution. Looking at the perspective of the faculty help to understanding the experience of

students and nurses in the workplace. First however, there will be a discussion surrounding the

trap of meritocracy and the effects that this belief system can have on socially disadvantaged

members.

Meritocracy

Vinkenburg (2017) states that a strong belief in meritocracy in systems is related to how we perceive success. However, these practices can result in unequal distributions of resources, opportunities and even education, despite of the intentions. Meritocracy can be defined as, "An elite group of people whose progress is based on ability and talent rather than in class privilege or wealth" (Mijs, 2016 p. 15). Or it can be defined as, "A system in which such persons are rewarded and advanced or Leadership by able and talented persons." (Mijs, 2016 p.15). These definitions show that there is a greater emphasis on talent and ability rather other external factors, like wealth or socioeconomic status. This theory has become widely popular in education, economics, sports and other areas of life (Mijs, 2016). It provides the idea that there is a direct correlation between work and effort to success. McCoy, Wellman, Saslow and Epel (2013) state this is a reassuring thought for those with talent and even for those without-because at least they were given a fair shake. Meritocracy can be broken into three primary tenants: careers are open to talents, educational opportunity matched to natural ability, and achievement as the basis for social inequality in industrial society (Mijs, 2016). These ideas are basically appealing but when considered critically, it will underlie issues that can easily marginalize some groups. The first tenant, connects to the ideals of modernity (Mijs, 2016). It asserts that positions should be given to people who demonstrate competence rather than giving the positions based on nepotism or bribery. The second focuses on the trend that arose in the West in the nineteenth century. This focuses on the idea that children who show the most potential would receive the best education. The third element corresponds to the functionalist idea that for a society to perform at its most efficient level, differences in achievement should lead to different rewards (Mijs, 2016). Simply put, Young, the father of term of meritocracy created a formula wherein

M= I+E. M stands for merit*, I* is natural endowments (particularly IQ) and *E* is effort (Mijs,

2016).

        In the arena of education, the idea that the one who puts in the most effort and has the

best natural ability will have the best education is not close to the truth of how education is

designed. No school is set up identically to another. Many of the differences are related to the

populations that attend each school (Mijs, 2016). These populations face significantly different

outcomes depending on the opportunities and resources they have been presented with. Van de

Werfhorst and Mijs (2010 p. 407) states, "Ability grouping directly impinges on the quality of

class instruction and the beneficial or harmful influence of the peer group a student is embedded

in. It affects dropout rates and access into higher education." This means that this process of

education, which has an enormous effect on a student's ultimate success, is still dependent on

external factors. Research shows that even when selection processes are created in meritocratic

fashion, a student's ethnicity and socioeconomic status still have a huge impact. This is true

throughout the lifespan. Children of affluent parents are more likely to end up in higher quality

preschools than low income students with the same academic talents (Mijs, 2016). These patterns

continue and widen the gap between students with the same abilities but different resources.

Lucas (2001) attests that even when educational opportunities are designed to be more inclusive,

a student's social class remains an important predictor of academic success.

        Another factor to consider is that the definition of merit is not a neutral a term. It is

dependent on the society to determine what is considered valuable (Mijs, 2016). For example,

Ivy league schools have become more inclusive, particularly when related to racial diversity

(Mijs, 2016). However, the socioeconomically privileged attend Harvard at a rate of 3-14 times

higher than what would be expected if financial status and admission to the university were

unrelated (Mijs, 2016). Studies point to the fact that incorporating meritocratic practice as part of the organization's ethos may hamper meritocratic selection (Dobbin, 2009). Vinkenburg (2017) summarizes it as a strong belief in meritocracy in systems that is linked to how we perceive success. These practices can result in unequal distributions despite of the intentions.

These notions are crucial in the understanding the changes needed to make higher education more inclusive for students and faculty. In doing research for this project, there was a notion that came across that reflected the meritocratic ideals. One person expressed that she did not see the issue linked with the access to higher education. Her thought process was if people could go college then they could, and if they are not successful then it was due to the fact that they were not "cut out" for success (Anonymous, 2017). Krefting (2003 p. 261) states, "Diversity interventions that *do* try to challenge and change reward allocation and performance evaluation practices are often met with considerable resistance, even from non-dominant group members." They continue, "A critical revision of how we assess merit might "lower standards and compromise qualifications" (Krefting, 2003 p.261). This underlies the importance of understanding the dominant attitude prior to seeking to change the culture. O'Brien, Scheffer, van Nes and van der Lee (2015) show, however, that this is a difficult undertaking due to the fact that there is inherent complexity in group dynamics. Taking a systemic perspective is imperative in determining the interventions (Vinkenburg, 2017).

Barriers for Minority Students

Although trends are to increase the number of minorities who are being recruited to universities, however attrition rates remain low (Loftin, Newman, Gilden, Dumas & Bond, 2013). Recruiting is not the solution. Coleman (2008 p.8) states, "Currently, the attrition rate of

African American students completing predominately White nursing programs poses a serious

concern and challenge for the nursing profession inasmuch as there is an insufficient and

decreasing supply of African American nurses to meet the escalating nursing shortage and to

reflect adequate representation of all members of society". This section will focus on the

experience of minority students particularly African American student nurses who constitute an

even smaller amount of the student nursing population on the whole when compared to the

percentage of African American students (USDE, 2016). The focus on African American students

is due to the fact that African Americans constitute the majority of minorities who represent a

small number of students who graduate and practice as nurses. African Americans in nursing are

less represented in college overall (USDE, 2016). This section will examine the current state of

African Americans in nursing and can be used as a cased study for the experience and

deficiencies in inclusive nursing and what that means for the profession of nursing.

In understanding the role of African Americans in healthcare it is imperative to look at

the role that Africans had in America before the Civil War. Slave owners used African slaves as

healers for those working on the plantations (Davis, 1999). After the Civil War, nursing

institutions limited the number of African American students who were allowed to be enrolled at

a time (Carnegie,1995). Additionally, in many southern states, African American students were

prohibited from taking licensure exams (White & Fulton, 2015). And if African American

students were permitted to take the exam, they were given separate exams that marked them as

inferior (Davis, 1999). Under the Jim Crow Laws, nursing schools that served African

Americans were entirely dependent of the philanthropy to meet the needs of their community

(Carnegie,1995). This meant that the majority of these programs were attached to hospitals and

were considered inferior to White schools even though there was no accreditation process (White

& Fulton, 2015). The Civil Rights Act of 1964 mandated that African Americans were allowed

access to all public colleges and in 1965, the need-based financial aid began (White & Fulton,

2015).

In the 1990s the Institute of Medicine and the American Nurses Association both called

for an increase in ethnic diversity. The value of African American nurses had been proven. White

and Fulton (2015 p.167) state, "During the time of Black schools of nursing, African Americans

were critical to improving the health of the African American community by urging access to

contemporary care." This influence was achieved though providing advice about health

maintenance and illness treatment to address the health disparities in the African American

community.

In looking at the challenges that beset African American nursing students three major

areas were identified: struggling with isolation and wanting to belong, the impact of faculty on

student success and the importance of academic and interpersonal support (White & Fulton,

2015). The first area in which African Americans felt isolated, showed that some reported being

the only African American student in class, or not being invited to study groups (Coleman,

2008). This is not a trifle because other students report that fitting in was integral in order to

drawing information from White students about course content and exams (White & Fulton,

2015). Coleman (2008 p.9) also states, "that while they [African American students] were

noticeable due to the color of their skin, they were at the same time voiceless, not a part of

important conversations, left out of cliques, alienated and insignificant." Another student cited

that from the students reported feeling left out when a study guide was passed from one group to

another. Some Black students experienced tension because they desired to be with the White

students' social groups while trying not to offend these same individuals by seeking their

friendship too aggressively (White & Fulton, 2015). Other students reported that in order to be

accepted into the White social groups that they felt that they had to "act White" but still needed

to 'act black around friends and family (Love, 2010). Research has shown that it was not

possible to identify how some students successfully navigated the process while others did not.

The perceived discrimination did not come only from students, administrators told them they

might not get into the program despite a high-grade point average. (White & Fulton, 2015).

Reports also documented that faculty members treated students differently in that implications

that confronting an African American student would have dangerous consequences or to

minimize their concerns, they could ask and asking them to stop being 'so sensitive' (Love,

2010). These students described this type of discrimination as particularly difficult because

faculty members individuals have the ability to pass or fail the student (Love, 2010). Faculty and

other students however, are not the only ones that can make it harder for African American

students. Students reported that patients would request a reassignment because they did not want

an African American student caring for them. Some other patients assumed that an African

American student was the nursing tech or aide (White & Fulton, 2015).

      Since the Great Recession, importance has been placed on faculty to do more with less

and there are many conditions that make education less attractive ranging from the difficulty in

becoming tenured or the transition from one organization to another without clarity. Another

challenge that is being faced is that faculty members who might not be the most inviting or the

most willing to share the information that they have gathered (Finkelstein et. al., 2016). Another

trend is that a diverse faculty is more likely to be found at a two-year less selective institution

(Finkelstein et. al., 2016).

African American students can used as allegory for many non-white students' experience in a nursing program. Looking at the history of care that African Americans faced in the antebellum South during the 17th and 18th centuries, history notes the continued challenges that African American nurses faced from being deemed lesser even without metrics or being prevented sitting for licensure exams in the Jim Crow South (White & Fulton, 2015). Despite this, African Americans continued to care for the communities and helped to advance the health of their communities (Coleman, 2008). After the changes in the 1960s to allow African Americans in public centers of Higher education, some roadblocks were removed but African American students still have not reached parity with their white counterparts. African American students are reported as thinking that their faculty are less caring (White & Fulton, 2015). Their fellow students were less likely to invite them to study groups or pass on information that would aid them in being successful in their program. Love (2010 p.10) states that African American students face, "discrimination from nurses and nurses' aides. They tend to be singled out, the only Black face, not included in White social groups." Over half of African American Students polled stated that the absence of African American faculty is very important (Mills-Wisneski ,2005). The lack of these interactions inhibits socialization in nursing school. Some African American students even reported racism from faculty members, students or other nurses (White &Fulton, 2015). Hurtado and Alvarado (2013 p.1) assert, "Our research suggests that introducing diversity into the higher education workforce and into teaching and learning processes is important wherever improving student success is a priority." They continue, "By teaching and designing inclusive educational programs, faculty and staff who value diversity and know how to work with diverse students will provide the necessary scaffolding for student success" (Hurtado &Alvarado, 2013). The next section will discuss things that have been

changed to make higher education more diverse, interventions that have been implemented and the results of creating these implementations.

Implementation

The fourth step in the Nursing Process is Implementation It occurs after the nurse has developed a plan and has collected relevant nursing diagnoses (Potter et al., 2013). From this point the nurse creates interventions that are designed to achieve the goals and expected outcomes (Potter et al., 2013). These interventions are treatment modalities that are based upon clinical judgement and knowledge. These interventions should also be evidenced-based (Potter et al., 2013). This means that the interventions utilize the most current and up-to-date information that has been rooted in scientific and systematic research. This helps to build confidence in that the information that is presented will have the best possible outcomes (Potter et al., 2013). In reference to this work, the Implementation section will continue from the Plan and present interventions that can be integrated at Otterbein.

In the previous section, the focus on was on what the prevailing culture is in higher education for both faculty and for students. The goal of this section is to look at the second half of the PICO(T) question. This section will look at interventions that are being used to combat this pervasive trend of non-inclusive college environment. This section will also look at the ways in which these interventions are being received and the results. Finally, the information that has been presented will be discussed critically within the context of Otterbein's Nursing program.

Interventions for Students

Students perceived faculty to have a strong influence, positive and negative, on their nursing school experiences (Coleman, 2008). Once again, African American students, are being

used as a case study on the effects of being an ethnic minority. This is due partially because of

the amount of information and research that is available about this ethnic group. However, as

mentioned in the previous section, African Americans constitute the largest percentage of

minorities yet constitute the smallest group of nursing entrants and graduates. Negative

interactions were described as being unfair, being shown unequally treated, not honoring

confidences, and mistrusting students (White & Fulton, 2015). Another study specified that at

times faculty expectations were unclear, therefore, limiting their success in meeting the

expectations (Payton, Howe, Timmons, and Richardson, 2013). Some African American students

stated they felt as if African American faculty role models were more approachable and more

understanding of their experience (Coleman, 2008). Some students expressed that they preferred

faculty members who had to work through school and struggled to succeed (White & Fulton,

2015). However, some students who felt inferior to white faculty may contribute to Black

students' not seeking faculty assistance when they are struggling (White & Fulton, 2015).

Another factor to note was that instructors lost credibility with African American students when

they were unaware of racial and cultural differences (White & Fulton, 2015). When instructors

teach cultural sensitivity but do not practice it, the students' expectation and perception and sense

of belonging can be impacted (White & Fulton, 2015).

Students are dependent on academic and interpersonal support to help them persevere all

the way through nursing school and through the nursing licensure exam (White & Fulton, 2015).

A study suggested that student support is integral to survival, success, and stress management in

nursing school (deRuyter, 2008). This support comes from many sources: peers, family, friends,

faculty, and academic support (deRutyer, 2008). An organization, such as Otterbein's Nursing

program, must provide the support provided through professors and ancillary staff members.

When students enter into the university, activities such as orientation processes as well as connections to academic support, are particularly helpful for African Americans (Loftus & Duty, 2010). Faculty can impact students' in their clinical experiences, group projects. These interactions can have a large impact in the students' perception of their overall nursing school experience (White & Futon, 2015). Also, the learning environment in college is often very different than that of what minority students may have experienced in their secondary education (Coleman, 2008).

Interventions by Faculty

The first set of interventions that faculty can do to learn about not only cultural competence but cultural sensitivity. Another set of interventions will focus on the support that some African Americans and by extension other under-represented groups require support to overcome systemic issues that can make nursing school more difficult than just what the class work creates. Evidence shows that African American students have to spend more time in family care hours when compared other ethnic groups (Loftus & Duty, 2010). Kezar and Maxey (2014) show that faculty interaction is more crucial for African American students' success than other races and ethnicities. Therefore, short term interventions are suggested that are targeted to teaching soft skills to faculty members to better understand and support their students. This would benefit not only the underrepresented students but all students with which they interacted.

One study stated that student support was integral to survival, success and stress management (deRuyter, 2008). Prior to supporting the students, it is vital that organizations and departments create a foundation for cultural competence and sensitivity. One way to create measureable and individualized outcomes is through the use of self-assessment tools. These tools are for imperative as organizations so that they can to gauge their ability to effectively address

the needs and preferences of diverse groups (Georgetown, 2018). Additionally, these self-

assessments provide valuable information about the direction about of the individual

departments. These separate goals are important as departments continue to evolve to provide the

best outcomes for students. These assessments help to identify needs that could be overlooked

when looking at the University as a whole (Georgetown, 2018). This can provide an opportunity

to dedicate resources that would impact the students in each cohort. Also, it would give a

measurable way to see how the institution is moving towards its goals.

Barriers to Faculty

Prysock (2018) gives information about current practices for new hires. Firstly, he speaks

to them about the campus climate in reference to diversity and inclusion. However, Otterbein

also has initiatives in conjunction with the Center for Teaching and Learning to create biannual

reports for faculty members. As shown earlier these activities are invaluable in creating an

inclusive environment. Information disseminated in such a manner will help to ensure that all

students are receiving the best education that can be afforded to them. Some faculty members

believe that this education is not vital to their teaching (Prysock, 2018). However, this

information creates opportunities that helps to shift the overall campus culture.

Another issue that was discussed earlier was the lack of support and understanding of

current faculty in becoming tenured (Finkelstein et. al., 2016). As mentioned earlier the shift in

the post Great Recession market focuses on maximum efficiency. This means that there is an

increased utilization of part-time faculty (Finkelstein et. al., 2016). These people desire guidance

surrounding research, grant utilization and career advancement. Creating these clear resources

for faculty will help to support them as they try to achieve their career goals. This assists the

faculty members with incorporating their goals with the overall vision of the University. These

interventions will help to create a culture that is supportive and can create a sustained

environment of mutual success. Another benefit of fostering an environment that is supportive is

that it will create a deep and lasting connection that will support the students throughout their

college experience and beyond into the workforce (Kosowski, Grams, Taylor, and Wilson, 2001).

Integrating elements of diversity and inclusion into management and employee reviews, is way

to stress the importance of being responsive to the needs of diverse populations (University

Health Services, 2013). Finally, enforcing accountability among staff, departments, and

management will provide a high level of education and support to all members of the student

population (University Health Services, 2013).

Another intervention focuses on the new faculty members before they join the

organization. This is the crucial in the outcomes of students. Faculty have the ability to uplift or

discourage students and their interactions are the primary indicator of student satisfaction with

the overall university experience (White & Fulton, 2015). Taking a closer look at the lack of

diversity among nurses and the needs for creating a nursing workforce that represents the overall

population are paramount. Providing a sense of connection and understanding through various

faculty are instrumental in helping students continue to graduation from nursing school

(Kosowski et. al., 2001). The first action to consider is the way that job is being described to

potential faculty candidates (University Health Services, 2013). Taking time to consider the tone,

language and details included and excluded are essential in recruitment. Highlighting the

existing diversity present and providing examples on how each university department values

diversity is invaluable (University Health Services, 2013). Emphasizing the importance of

previous experience with diverse populations, not just ethnic diversity but also sexual

orientation, gender identity, religious affiliation and the like is also critical (University Health

Services, 2013). In advertising for faculty positions, how this role will directly impact the student populations must be emphasized in all messages (University Health Services, 2013).

Another way to ensure increased staff diversity is working along with human resources to note the current composition of the faculty and what goals for diversity are already in place. Also working with community leaders who serve and represent under-represented populations is vital. Interventions in the area of recruitment focus on being active and continuous in the recruitment process. Professional websites like LinkedIn help to identify perspective talent for the organization (University Health Services, 2013). Taking an active role in recruitment will not only ensure that the best candidates are being recruited but that they are more likely to be from diverse and unique backgrounds. This continuous recruitment should be accompanied with maintaining a file of possible candidates from these underrepresented groups (University Health Services, 2013). Another intervention that Otterbein has already adopted, is the creation of a team to hire diverse faculty members. This is critical to ensuring that there is an organized and methodical manner in recruitment and hiring of diverse staff members (University Health Services, 2013). Creating on-the-job mentorships and career ladders benefit a university as it works towards a diverse faculty model. One of the first interventions should be publicly announcing and emphasizing the university's role in career advancement, and opportunities for mentorship and training (University Health Services, 2013). Prior to doing that however, it is important to collaborate with each department to create career development and mentorship opportunities that can be showcased through the recruitment process (University Health Services, 2013). Finally, offering compensation, financial or through another mode, to those who participate in conferences, committees, or cohorts related to diversity and the reduction of disparities on campus can be valuable (University Health Services, 2013).

When assembling a hiring committee, it is crucial that the hiring members are committed

to diversity and inclusion (University Health Services, 2013). Making an effort to include

members from underrepresented groups is mandatory. Educating the committee is a priority

before they interact with candidates (University Health Services, 2013). Handouts such as

Assessing Candidates In terms of Equity Inclusion and Diversity are vital (See Appendix A)

(University Health Services, 2013). Another important issue to discuss with the committee are

the implicit factors that can cause them to fall prey to unconscious bias (University Health

Services, 2013). A test like the Implicit Association Test (Harvard, 2018) will help to increase

awareness of diversity.

During the interview using questions that assess the candidates' attitude and experiences

with diverse populations are required (University Health Services, 2013). Questions could range

from, "What do you see as the fundamental characteristics of organizations that create an

inclusive environment?" (University Health Services, 2013 p.13) to more complicated scenarios

wherein the applicants are asked a series of questions related to their interaction with the

supposed individual. (University Health Services, 2013). These questions are critical in gauging

the applicants' perspective. These questions should be crafted with language that is clear and

concise. This language should be free from overt biasness and should be sensitive to the different

cultures and attitudes. It also provides the applicant the opportunity to see the expectation of an

inclusive and diverse environment from early in their interaction with the organization.

Using these tools in the hiring and continued education is crucial in the support and

perception that students experience. This final list of interventions focuses on how to make

faculty aware of resources that can support underrepresented communities. These faculty

interventions are vital to ensure that these students have the resources necessary to graduate

(Kosowski et. al., 2001). Resources should be utilized to help students overcome the divisions

that might plague them to not be fully able integrate into the nursing culture (Coleman, 2008).

The lack of African American faculty members meant that questions such as, "How have you

found life as black nurse?" may not be truthfully answered (Kososwki et. al., 2001 p. 17). In this

case, it is important to connect students with resources on campus that can help to mitigate the

issues and lack of support that they may face. In addition, to educating faculty about resources

providing a guide or directory to areas of expertise can help to create for the student a sense of

support for the student that is often lacking. Another intervention that will help students is

mentorship. This is something that helps them grow as people but also in a professional capacity.

Underrepresented individuals might be lost or may not feel comfortable in seeking out these

relationships (Coleman, 2008). Working collaboratively, faculty members can search out

opportunities to speak and create spaces for these students.

Looking at nursing specifically relationship opportunities are best afforded in the clinical

setting and in hospital settings (Arieli, 2013). In the clinical setting students are able to interact

with faculty in meaningful ways and over the course of the semester to build lasting patterns of

behavior (Cervera-Gasch, Marcia-Soler, Torres-Manrique, Mena-Tudela, Salas-Medina, &

Gonzalez-Chorda, 2017). The time that the faculty spend with the students and the relatively

small size of groups help to relieve some pressure on the student and also proves to be a great

opportunity for discussion between faculty and students. Coleman (2008) states that these

environments also help to teach the student what nursing is like. Making an effort to engage with

students should be predicated on the knowledge of the standards of cultural competency and

sensitivity (Cervera-Gasch et. al., 2017). This information it will allow for improved interactions.

The clinical setting also offers a unique opportunity for students to get witness of the biases and

inequities that patients, family members, staff or others can experience. These situations can be

rather disconcerting for one who is not educated on how to manage them in a professional

manner. Clinical instructors, if they are able to build that support and trust early on, will be more

likely to have students will be to approach them and seek assistance. Faculty must correctly be

understanding of the dynamic and traumatizing effects that these experiences have and the

feeling of inequity that exist between the healthcare provider and the patient. Learning to

navigate that exchange is different for students of color or in the LGBT community for example.

Both of these groups can experience harassment and less than ideal patient experiences but how

they are perceived varies from student to student. It is imperative though that the student has an

outlet so that they are able to process the situation and learn from the experience (Cervera-Gasch

et. al., 2017).

In summation the Implementation section dug into interventions that are proven to

support both faculty members and most importantly students. This section took a look at the

theory of meritocracy and why it should be wholly rejected. It discussed research of Mijs (2016)

The next section focused on interventions that would impact students through diversified faculty

and the ways in which hiring can recruit and retain those committed to being inclusive and

working with diverse populations (University Health Services, 2013). When looking at a nursing

program, the importance of diverse and well-educated clinical instructors is illustrated in their

support of nursing students who may have had a hard time integrating into the dominant culture.

Educating these faculty members on how to help students who might be faced with unique

challenges in the clinical setting will benefit the students' career. The Evaluation, is the synthesis

of the information that has been discussed thus far. It will review interventions that Otterbein has

already instituted and how they could become more robust in the context with the information

that was presented in this Implementation section. The Evaluation section will speak to the

shortfalls of this work and possible future research. It will also discuss the successful

implementation strategies that can be used for on other disciplines. These actions will motivate

continued work on creating equity and parity on campus for all different types of students.

<div align="center">**Evaluation**</div>

The final step in the nursing process is the Evaluation. In previous sections, the focus has

been on critically thinking and gathering data with the aim of carrying out a plan of care for a

client or patient (Potter et al., 2013). In the context of this work, the focus has been on gathering

data and crafting interventions that would be suitable for this project. The final Evaluation

section will determine, after the application of the nursing process whether the actions have been

effective. The focus of the evaluation is not whether the interventions were accomplished but

rather if expected outcomes were met (Potter et al., 2013). To ascertain this, the activities that

have been discussed will be critically appraised using standardized measures. Next these

measures will be analyzed and discussed. These actions will then be applied directly to the work

that Otterbein is currently doing. From there, areas of improvement will be identified. Finally,

the evaluation will discuss what future research, data and studies follow this project and the

benefits it could provide to Otterbein.

Evaluation of Practices at Otterbein

In evaluating the articles that are presented it is vital to focus attention on the outcomes of

research. In using tools that are standardized, it allows for an unbiased appraisal of the

information is presented and helps reflect the most salient information. This information is then

compared and distilled in a manner that is usable for those at Otterbein and other organizations.

The work of Finkelstein (2016), showed that being a faculty member has many barriers to being

faculty, especially in higher education. This could indicate that these barriers can put an unfair

burden on potentially valuable members of the team. People of color and particularly African

Americans are the lowest paid personnel at an educational institution (Bureau of Labor Statistics,

2017). Furthermore, many institutions are trending towards hiring faculty on a part-time or

temporary basis (Coalition on the Academic Workforce, 2012). Within higher education there is

much confusion related to processes for professional development (Finkelstein et. al., 2016).

Interventions that are focused on creating a clear track for members of the Otterbein community

are still in their infant stages. These changes, however, can do much to encourage top talent to

stay with the organization.

   Another focus of the research pointed to the importance of data collection in order to get

a proper understanding of the current climate so that realistic and attainable can be created from

data collection. Creating data to track changes will increase the effectiveness of interventions and

when positive changes are seen, it can further empower change. An important element to focus

on is the methods of data collection. One important tool that can be utilized is the end of

semester reflections. These reflections are required for all undergraduate students to complete for

each class they are enrolled in. Often the information is collected to help the class improve but

more in-depth and specific responses can be gathered. This process may lead to higher

participation with anonymity. The high participation works to give a clear snapshot of the

perspectives of all students not just the ones in under-represented groups. Work has begun to

create a "score card" (Fitzgerald, 2018) that will compare current data to future data gathered in

three years to five years. All the information collected will help to continue refine and grow

diversity on campus.

Another short-term change that can have an impact on diversity on campus is increasing cultural competency for all staff and faculty. New hires are introduced to members of the Otterbein Office of Social Justice and Activism and other members who are committed to inclusion or diverse populations. This is a great first opportunity; however, more is needed. Teaching cultural competency and sensitivity will help to impact all Otterbein students. Understanding cultural competency helps individuals to acquire the specific knowledge that equips them to interact in ways that are sensitive to and respectful of their worldview, preferences, and desires (Potter et al., 2013).

 This education will create a culture that will enable for students and faculty to demonstrate this cultural competency as well. Focus should be placed on cultural awareness, cultural skills and cultural knowledge. Cultural awareness is crucial as it allows for people to examine their personal background, biases, and assumptions. This self-examination allows for effective cultural knowledge and skills which, in turn, creates a culture at Otterbein wherein respect and self-awareness are integral to the learning experience (Potter et al., 2013). A faculty member does not have to be a member of a minority or non-traditional community, to teach cultural competency to a high level (Prysock, 2018). This is an important to note because there has been an assumption that the only teachers of cultural competency should would be those of that culture. Current staff can be utilized to make a change like this on campus.

Faculty being the model of this level of competency will produce opportunities for students to emulate them throughout their time at Otterbein. Taking a multifaceted approach would yield the best results and having members who are invested in the success of the program to teach cultural competency will further boost interest. There are many student-led organizations that can work with faculty in creating these resources. Among these are the African American

Student Union, Sisters United, Otterbein Deaf Culture Club, Heritage of Latino Americans, and

FreeZone! along with other organizations. These organizations are helpful in being a part of the

process of cultural inclusion throughout Otterbein, but the responsibility still lies with faculty.

Faculty members can work with one another to create cross-linked course experiences for

students that would help them to build cultural competence. For example, Women's Gender and

Sexuality Studies' majors pave the way for understanding and advocating for members of the

LGBTQA+ community. Interacting with these students intentionally can help to broaden the

perspective of future nurses to the barriers to members of this community. Some faculty believe

that these crossover moments should be reserved for the student's Integrative Studies courses

(Prysock, 2018). This program has proved to be beneficial for many but peer to peer interaction

can further help to foster a sense of community and engagement that will help to highlight the

importance of cultural competence.

Traditionally disadvantaged faculty members will continue to be shut out of institutions

unless concentrated efforts are made to reverse this trend. At Otterbein University, interventions

have been geared towards finding and recruiting diverse faculty members (Fitzgerald, 2018).

Firstly, the University created a committee dedicated to hiring diverse faculty. Next, they joined a

consortium for higher education hiring (Higher Education Recruitment Consortium, 2018). This

step has allowed for a group of diverse candidates to be identified and be presented in way for

roles that may not be filled by traditional Caucasian candidates. This not-for-profit consortium

has the additional benefit in that it has resources to help to create a diverse and inclusive

community in a particular college of university (Higher Education Recruitment Consortium,

2018). Another resource that this consortium provides is assistance for dual-career couples. This

has been a challenge for smaller organizations similar to Otterbein where they have a smaller

pool of jobs when compared to other larger universities. The ability to have both members of a

couple to be employed in an area that utilizes their skills will remove a possible barrier to

recruiting top diverse candidates.

Literature also points to language that is being used in job postings (University Health

Services, 2013). Otterbein has worked to alter the language that is used and draw on its rich

history of inclusion. It speaks about the relationship of African Americans and women as

students of the university (Otterbein, 2018). Using information about abolition or women's rights

helps to signal potential candidates, that this is a place that values diversity.   Using the history as

an argument that Otterbein is committed to continuing to value diversity may make it more

probable for an increase in diverse candidates who apply and therefore become members of the

Otterbein community.

Literature also focuses on removing bias within the hiring committee prior to them

questioning potential candidates. This is an important step in hiring because subtle biases can

lead to decisions that can have a long-lasting impact on the success of creating a diverse faculty

(University Health Services, 2013). There are various tools that are available from Harvard

University to help with this concern. The Implicit Association Test delineates possible biases and

attitudes that have existed from the earliest acculturation (Harvard, 2018). *Appendix A* is a great

first step in creating the most equitable opportunities for potential faculty.

The final set of interventions aimed at creating a more diverse and culturally appropriate

staff, is mentorship. Mentoring of students from Otterbein have promoted assimilation into

culture of the University. Mentorship will help to create opportunities to encourage a diverse

faculty. The advantage of this is that alumni have a tradition in understanding the values of

Otterbein. Also, they identify areas that could possibly require improvement in each individual

department. This mentorship program can help to provide for the alumni opportunities to create networks that will allow for them to be in spaces that foster inclusivity. It can also help in hiring individuals who will be help the next generation of Otterbein students.

Finally, this mentorship program can create a pipeline of knowledgeable and culturally sensitive faculty members in the future. Investing in students in a manner prior to their graduation will make them more likely to come back and continue in these mentorship roles. Obviously, it is impossible to mentor all students who are in a program. The important role for current faculty to do is to set the ability to mentor other students outside of their course work. This action will cultivate students to possibly become future faculty, especially among students who may not traditionally believe that they could be in higher education.

Future Research and Data Collection

This project has created more questions that can be explored in the future. The continuation of this process will allow Otterbein to continue to segregate itself from other higher education institutions as it works towards achieving their values and goals of diversity and inclusion. It also is important to share the information that has been gained through this research in other types of disciplines, information around the importance of diversity. For example, the same diversity principles also can affect chemists or biologists and move beyond the realm of science majors. Extending the same type of research to business and professional majors such as Business Administration or Accounting or Criminology, can also be very valuable. Introducing data and best practices in these majors will create students who are champions of inclusion and diversity. Considering this information along with the historical perspective of Columbus outreach to Otterbein's peers can be created throughout the city and eventually throughout the rest of the state. Making Ohio a mecca for diversity and student awareness can have a huge

impact on the local job market and set these students apart from their counterparts. Using these strategies can underscore how this knowledge can impact not only the student's impact in a fiscal way but also can focus on their emotional fulfillment throughout this process.

In the sphere of nursing, research should continue on how nursing can diversity eliminate barriers for patients and allow them to be partners in their care. These changes are of particular interest in an area like Columbus, where there are many different types of communities and a wealth of healthcare options. However, patients sometimes do not feel comfortable in asking questions about diversity or may not even be sure of what to ask. Especially in minority populations, there can be a distrust of healthcare professionals. Nurses can be vital in altering these perceptions. This can create a higher utilization of healthcare service by diverse populations and can create an overall elevation of the health of the community.

Summary

The goal of this project was to create lasting changes in institutions of higher education and particularly in nursing that focus on diversity and a positive impact on the health care of populations. It looked at the data around what Otterbein has done currently and what the state of health care utilization is among minority populations. It also took at a look at ways in which barriers in higher education can prevent minority populations from being successful as faculty members. It also focused on the hiring process and the issues that can cause the best potential candidates to be overlooked. Otterbein has a rich history in being inclusive and promoting liberal arts which makes it an ideal space to create an organization that is culturally competent, and diverse and inclusive. These Otterbein ideals will continue to shape exceptional students and citizens. These individuals who have the ability to shift the culture not only in Ohio but throughout the country.

References

A toolkit for recruiting and hiring a more diverse workforce (2013)., 3.

Advancing diversity and inclusion in higher education.(2016). *Office of Planning, Evaluation, and Policy Development,*

ANA's princples for health system transformation 2016. (2016). Retrieved 10/3, 2017, from

http://www.nursingworld.org/Principles-HealthSystemTransformation

Arcidiacono, P., Aucejo, E. M., & Hotz, V. J. (2016). **University differences in the graduation of minorities in STEM fields: Evidence from california**. *American Economic Association, 106*(3)

Arieli, D. (2013). Emotional work and diversity in clinical placements of nursing students. *Journal of Nursing Scholarship, 45*(2), 192-201.

Bankston, C. L. (2018). From high school to college: Gender, immigrant generation, and race-ethnicity. *Ethnic and Racial Studies, 41*(3), 568-570.

Burea of labor statistics. (2018). Retrieved 3-29, 2018, from

https://data.bls.gov/projections/nationalMatrix?queryParams=25-1072-889&ioType=o

Butts, J., B., & Rich, K. L. (2015). Leininger's cultural care diversity and universality theory and model. *Philosophies and theories for advanced nursing practice* (Second ed., pp. 524). Burlington, Ma: Jones and Bartlett Learning.

Cervera-Gasch, A., Macia-Soler, L., Torres-Manrique, B., Mena-Tudela, D., Salas-Medina, P., Orts-Cortes, M., et al. (2017). Questionnaire to measure the participation of nursing professionals in mentoring students. *Investigacion & Educacion En Enfermeria, 35*(2), 182-190.

Coleman, L. D. (2008). Experiences of african american students in a predominantly white, two-

year nursing program. *ABNF Journal, 19*(1), 8-13.

Davis, A. (1999).

Early black american leaders in nursing: Architects for integration and equality.

Deruyter, L. M. (2008). Cultural care education and experiences of african american students in

predominantly euro american associate degree nursing programs. ProQuest Information &

Learning). *Dissertation Abstracts International: Section B: The Sciences and Engineering,*

69 (2-), 930-930.

Disparities in health care quality in racial and ethnic minority groups. (2011). Retrieved 9/21,

2017, from

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqrdr10/minorit

y.pdf

Dobbin, F. (2009). *Inventing equal opportunity* Princeton, N.J. : Princeton University Press,

©2009.

Finkelstein, M. J., Conley, V. M., & Schuster, J. H. (2016). *The faculty factor : Reassessing the*

american academy in a turbulent era. Baltimore, Maryland: Johns Hopkins University

Press.

Fitzgerald, S. (2018).

Goode, K. (2014).

 "Birthing, blackness, and the body: Black midwives and experiential continuities of

institutional racism" (Sociology, *CUNY Academic Works,*

Hixson, L., Helper, B., B., & Myoung Ouk, K. (September 2011). *2010 census briefs*U.S.

Department of Commerce.

Hofstede, G., & McCrae, R. R. (2004). Personality and culture revisited: Linking traits and

    dimensions of culture. *Cross-Cultural Research, 38*(1), 52-88.

Hughes, K. (2018).

Hurtado, S., & Alvarado, R. (2013). **Diversity in teaching and learning: Affirming students as**

    empowered learners. *American Association for Colleges & Universities,*

Janiszewski Goodin, H. (2003). The nursing shortage in the united states of america: An

    intergrative review of literature. *Integrative Literature Reviews and Meta Analysis, ,*

    10/6/18.

Joshi, A., Son, J., & Roh, H. (2015). When can women close the gap? A meta-analytic test of sex

    differences in performance and rewards. *Academy of Management Journal, 58*(5), 1516-

    1545.

Kezar, A., & Maxey, D. (2014). Faculty matter: So why doesn't everyone think so? *Thought &*

    Action, , 29-44.

Kim, U., Halpin, J., & Morrison, G. (2017). *Diversity and inclusion in healthcare: A leadership*

    perspective Digital Commons @ Otterbein.

Kosowski, M. M., Grams, K. M., Taylor, G. J., & Wilson, C. B. (2001). They took the time...

    they started to care: Stories of african-american nursing students in intercultural caring

    groups. *Advances in Nursing Science, 23*(3), 11-27.

Krefting, L. A. (2003). Intertwined discourses of merit and gender: Evidence from academic

    employment in the USA. *Gender, Work & Organization, 10*(2), 260-278.

Loftin, C., Newman, S. D., Gilden, G., Bond, M. L., & Dumas, B. P. (2013). Moving toward

    greater diversity: A review of interventions to increase diversity in nursing education.

    Journal of Transcultural Nursing, 24(4), 387-396.

Loftus, J., & Duty, S. (2010). Educating ethnic minority students for the nursing workforce: Facilitators and barriers to success. *Journal of National Black Nurses Association, 21*(1), 7-16.

Love, K. L. (2010). *The lived experience of socialization among african american nursing students in a predominantly white university*

McCoy, S. K., Wellman, J. D., Cosley, B., Saslow, L., & Epel, E. (2013). Is the belief in meritocracy palliative for members of low status groups? evidence for a benefit for self-esteem and physical health via perceived control. *European Journal of Social Psychology, 43*(4), 307-318.

Median weekly earnings by educational attainment. (2015). Retrieved 2/26, 2018, from https://www.bls.gov/opub/ted/2015/median-weekly-earnings-by-education-gender-race-and-ethnicity-in-2014.htm

Michael O. Mensah, B. A., & Benjamin D. Sommers, M.D., Ph.D. (July 18 2016). The policy argument for healthcare workforce diversity *Journal of General Internal Medicine,* , 1369.

Mijs, J. (2016). The unfulfillable promise of meritocracy: Three lessons and their implications for justice in education. *Social Justice Research, 29*(1), 14-34.

Milem, J. F., Chang, M. J., & Lising Antonio, A. (2005). **Making diversity work on campus: A research-based perspective** *Association of American Colleges and Universities,* , 17.

Mills-Wisneski, S. M. (2005). Minority students' perceptions concerning the presence of minority faculty: Inquiry and discussion. *Journal of Multicultural Nursing & Health (JMCNH), 11*(2), 49-55.

O'Brien, K. R., Scheffer, M., van Nes, E. H., & van, d. L. (2015). How to break the cycle of low

workforce diversity: A model for change. *Plos One, 10*(7), 1-15.

Otterbein ranked in top 20 in U.S. news & world report. (2017). Retrieved 10/5, 2017, from

http://www.otterbein.edu/News/2017/09/13/otterbein-ranked-in-top-20-in-u.s.-news-world-

report

Parker, M. E. (2006). *Nursing theories & nursing practice* (Second ed., pp. 39-51). Philadelphia,

PA 19103: F.A. Davis Company.

Payton, S. T. (2008). *The infromal power of nurses for promting patient care.* Retrieved 10/3,

2018, from

http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJI

N/TableofContents/Vol142009/No1Jan09/ArticlePreviousTopic/InformalPowerofNurses.ht

ml

Payton, T. D., Howe, L. A., Timmons, S. M., & Richardson, M. E. (2013). African american

nursing students' perceptions about mentoring. *Nursing Education Perspectives (National

League for Nursing), 34*(3), 173-177.

Potter, P. A., Perry , A. G., Stockert, P. A., & Hall, A. M. (2013). *Fundamentals of nursing* (8th

ed., pp. 51-101, 110, 197, 206,, 222, 236, 265). St. Louis Mo: Mosby Elsevier.

Project implicit.(2018).

Project implicit. (2018). Retrieved 3/12, 2018, from

https://implicit.harvard.edu/implicit/selectatest.html

Prysock, J. E. (2018). In Maitland J. (Ed.),

Qualters, D. M. (2013). Success on the tenure track: Five keys to faculty job satisfaction - by

cathy ann trower. *Teaching Theology & Religion, 16*, e92-e93.

Sermeus, W., Press, I., Proctor, P. M., & Weber, P. (2016). *Nursing informatics 2016 : EHealth*

for all: Every level collaboration – from project to realization. Amsterdam, Netherlands:

IOS Press.

Shi, L., & Stevens, G. D. (2005). **Disparities in access to care and satisfaction among U.S.**

children: The roles of Race/Ethnicity and poverty status., 2/21/2018.

Takase, M., Yamamoto, M., & Sato, Y. Effects of nurses' personality traits and their

environmental characteristics on their workplace learning and nursing competence. *Japan*

Journal of Nursing Science, , n/a-n/a.

Taylor, T. J., Milem, J. F., & Coleman, A. L. (2016, Bridging the research to practice gap.

College Board, , 24.

Tokensim. Retrieved 10/6, 2017, from https://www.merriam-webster.com/dictionary/tokenism

Van, H. G., & Jonathan J.B. Mijs. (2010). Achievement inequality and the institutional structure

of educational systems: A comparative perspective. *Annual Review of Sociology,* , 407.

Vinkenburg, C., J. (2017).

Engaging gatekeepers, optimizing decision making, and mitigating bias: Design

specifications for systemic diversity interventions *The Journal of Behavioral Science, 53(2)*

VT state BON -- joint position statement on delegation.(2007). *Vermont Nurse Connection,*

10(1), 21-21.

White, B. J., & Fulton, J. S. (2015). Common experiences of african american nursing students:

An integrative review. *Nursing Education Perspectives (National League for Nursing),*

36(3), 167-175.

Appendix A

Assessing Candidates in terms of Equity, Inclusion, and Diversity

Handout for UHS Hiring Committees

ASSESSING A POTENTIAL CANDIDATE IN TERMS OF EQUITY, INCLUSION, AND DIVERSITY

(EID)

When assessing whether an applicant is open and committed to issues related to equity,

inclusion, and diversity, a candidate should:

- Demonstrates an understanding and acceptance of equity, inclusion and diversity concepts, and that they are broader than just race, ethnicity, and gender
- Demonstrates self-awareness, in terms of understanding their own culture, identity, biases, prejudices, power, privilege and stereotypes
- Demonstrates awareness of generational differences in work styles
- Demonstrates willingness to challenge and change institutional practices that present barriers

    to different groups

- Infuses equity, inclusion and diversity concepts in response to questions not directly

    prompting for them

- Able to provide concrete examples and/or experiences in these areas
- Makes an effort to include the broad array of UHS departments in responses
- Uses inclusive language.
- Seems comfortable discussing issues related to EID
- Indicates experience, commitment, and/or willingness to promote issues related to EID at the

    Tang Center.

- Shares successful experiences working with underrepresented populations.

If interviewing for a management position:

• Demonstrates recognition that diversity is threaded through every aspect of management

Campus core competencies for inclusiveness:

• Show respect for people and their differences; promotes fairness and equity. • Engage the talents, experiences, and capabilities of others.
• Foster a sense of belonging; works to understand the perspectives of others. • Creates opportunities for access and success.