EXPERIENCE EXCHANGE

The School of Nursing has a problem with diversity, equity and inclusion. Can curriculum revision address it? An educational case study

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ABSTRACT

Introduction: This article describes an educational case study based in a School of Nursing at a private university in the Southeastern United States which is called by students to address structural racism and a lack of diversity, equity and inclusion in the program. In the case study, a decision is made to review and revise the curriculum. A variety of stakeholders are included, and they have a variety of motivations and levels of commitment to the work.
Methodology and results: The case was created by nurse educators, and based on a fictitious school with invented characters. Teaching notes are provided for the facilitator, and discussion questions and activities for the learners.
Discussion: Current and future nursing faculty may use this case study to learn about curricular revision to support equitable educational practices. Instilling diversity, equity and inclusion in the nursing curriculum equips future nursing professionals to provide culturally congruent health care.

Key Words: Diversity, Curriculum development, Racial bias

1. INTRODUCTION

University schools of nursing hire nurse clinicians and researchers to teach and administer their educational programs. Nurses that pursue graduate education as clinicians or researchers need preparation for roles in administration and education.[1] One of the functions that nurse educators and administrators perform in nursing programs is that of curriculum revision.

Case-based learning is an effective educational strategy, used in a variety of fields, including teacher education.[2] Case studies offer the opportunity for learners to explore situations that mimic real life, in the safe setting of the classroom. Learners can develop critical thinking skills as they grapple with ill-defined and nuanced situations presented in the case.

The remainder of this article consists of a case study that may be used with nursing graduate students, to help prepare them for a role in academia. The case was created by nurse educators in an academic setting, based on themes and concepts, and populated with invented characters and settings. The case presents a nursing faculty engaging in curricular revision, in a context that prompts examination of diversity, equity and inclusion (DEI) principles.

The case narrative is presented first, to introduce the learner to the characters and setting of the case. Background and literature are presented next, to inform the learner of the current landscape related to DEI and higher education, par-

ticularly in the nursing profession. The "Teaching Notes" section provides guidance for the facilitator, including analysis of elements of the case narrative. Discussion questions are provided for the facilitator to use with learners, and a final section offers learning activities that may be used with the case.

2. CASE NARRATIVE

The University of Southern Roanoke (USR) is a private university situated on 6,000 acres of land in a neighborhood outside of Charleston, South Carolina and home to the Tanya L. Williams School of Nursing. As a Predominantly White Institution, built on land that was previously worked by enslaved people, and with money donated from slave owners, USR had a racial heritage that was less than prideworthy.

Approximately five years ago, USR and each of its schools, similar to many other universities, began the process of holistic admissions. As a result, the applicant pool and students who accepted admissions offers became more diverse in a variety of ways, such as culture, religion, ethnicity, race, gender, sexuality, physical ability, and veteran status. However, despite holistic admissions, the student body is still not as diverse as the general population; the student body currently is 80% White, 8% Black, 4% Asian, 2% Latino or Hispanic, and less than 1% American Indian.

2.1 Concerns about diversity are raised

Mr. Osama Nazir and Ms. Bethany Stall, both clinical nurse educators (CNEs), were assigned to teach first semester nursing students how to perform a skin assessment. After completing a teaching session, they noticed that two students were waiting to speak to them. Mr. Nazir turned to Nguyen Le and Katie Vanderbilt and asked how he could help them.

Nguyen responded, "As a matter of fact, Mr. Nazir and Ms. Stall, you can help us! Today, in lab, we practiced assessing the skin and reviewed a slide presentation that had examples of things that you may see or feel when you are assessing skin. But we noticed that all the examples on the slides were of people with fair or white skin. Now granted, I am Vietnamese, and my skin isn't what many would consider dark, but why weren't the slides showing any brown or dark skin tones? How can I do a good job of assessing skin if I don't even see images of any skin tone other than white?"

Katie chimed in with, "I am White, and I know this is wrong. There are way too many pictures with just White people and not enough pictures of non-White people. Doesn't this school have a commitment to diversity and equity?" Katie's emphatic pronunciation of each syllable in the word "diversity" and her facial expression clearly expressed her disdain.

"These slides displaying skin assessments sure don't look diverse!"

Ms. Stall started to respond, "I'm glad that you told us about these concerns – we need to address them." Before she completed her sentence, Mr. Nazir began speaking in a confident tone, "Nguyen and Katie, thank you for bringing this to us. We do our best to teach the content that you will need to be successful as nurses. There is really no way that we can teach you everything you need to know in nursing school. Some of this, you will get when you are in clinical or after you graduate. Skin is all the same. Some is light and some is darker, but it's all the same. We are all one human race. Let's remember that and treat each other the same."

Ms. Stall's face displayed astonishment. Nguyen's expression was sober. Katie said stiffly, "Thank you. We will see you next week," as they left the lab. Mr. Nazir gave Ms. Stall an uncomfortable look, and started talking. "Bethany, these students have to understand that the real world is not as idealistic as they think. I mean, I definitely know what it is like to be treated differently because I am a man in the nursing profession, a Muslim, and a mixed-race person. But I don't ask for any special favors, I just prove myself and I treat everyone like I want to be treated. That's how I was raised."

Ms. Stall replied slowly, "I don't know, Osama. I think that Katie and Nguyen's concerns were valid and we were maybe a little dismissive of them. I feel like we should do more to push back against racist things... and me being a White woman, I'm not sure I know how to do it."

Mr. Nazir was visibly distressed as he answered, "You really don't get it, Bethany. I am the only CNE who is male and who is a person of color. I have my performance evaluation next month. You don't know what kind of negative consequences could come if I start speaking out and getting political. I get what you're saying, but I really do not want to rock the boat!"

Ms. Stall wrung her hands as she responded, "Oh, I'm sorry, Osama. This kind of situation is so... awkward. I didn't mean to say you had to do anything about it."

2.2 The advisory council meeting

The school of nursing had an advisory council that met monthly, to provide guidance and advice to the school about academic programs and institutional goals. The council was comprised of school administrators, faculty, staff, students, alumni, and donors. Nguyen and Katie were student members of the advisory council.

The meeting was held in a conference room and the meeting

agenda was displayed on a screen. As the chairperson began the meeting, they remarked that Ms. Greta Scott would be presenting an agenda item today. This was a surprise to all as Ms. Scott was a donor and had never presented an agenda item, in the more than two years that she had served on the council. Ms. Scott was a frail, elderly White woman, known for her volunteerism, and her beliefs about how important it was to "help deserving Negroes to become nurses". Her family had donated much of the land on which the school was built.

When it was Ms. Scott's turn to present her agenda item, she opened a document that was an editorial from the university newspaper. Several board members murmured in dismayed surprise as the title was displayed. It read, "The School of Nursing Has a Problem with Race and Diversity and It's Not Just Skin Deep." As Ms. Scott began to speak, her voice was serious and sounded angry.

The editorial, attributed to "Anonymous", expressed concerns that the faculty teaching in the undergraduate program included few educators of color. The article went on to describe the lack of diverse course materials, such as the lack of representation of varied skin colors in the assessment lessons.

Ms. Scott struck the table with her fist several times as she challenged the Advisory Council. "Have you read this? This article makes the nursing school look terrible! We have never had complaints like this before! I don't know what you plan to do about it, but something needs to be done." As she closed her presentation, she stated, "I have serious thoughts about the money I have donated to this school!"

2.3 Action steps
Approximately two weeks later, the faculty, students and staff received a lengthy email co-authored by the Dean and the Director of Diversity, Equity and Inclusion Programming. The email stated that each division in the school of nursing was to convene a workgroup that would identify areas of growth and opportunity to improve diversity, equity and inclusion.

During the first meeting of the workgroup for the undergraduate program, members of the group introduced themselves. The first was Ms. Stall.

"Hi everyone. My name is Bethany Stall and I am a clinical nurse educator in the undergraduate program. I am excited and nervous about working on this committee. I have never done anything like this, but I know that it is important for the students and for everyone. I know that I am White, but we need more diversity here and students are right, they need to see themselves in the classroom as peers and in the materials that we teach."

Senior faculty member Dr. Soto- Vazquez introduced herself next. "Good morning! I am Alyssa Soto-Vazquez. Before I came to USR, I taught at a community college in the city, where I learned a lot about curriculum design and revision. I was born in Puerto Rico, and I grew up speaking Spanish, so I have a special desire to help students from culturally and linguistically diverse backgrounds."

Morganne Smith, a young blonde woman, spoke. "Hi, I'm Dr. Smith. I am a new tenure-track faculty member with a specialty in maternity nursing. I have only been here for a few months, but I care about USR and the nursing school and I am really concerned about our reputation in the community and among potential students of color."

An elegant, dark-skinned Black individual took the next turn to speak. "Hello, everyone. For those who don't know me, I am Dr. Lela Roberts and my pronouns are they and them. I was hired about six months ago to be the first Director of Diversity, Equity and Inclusion Programming. I hope that this work group will take the opportunity to do more than just harvest the low hanging fruit. It would be easy to enact some superficial changes but I think that for the first time the university is supporting us in making more meaningful improvements."

The remaining workgroup volunteers, including students Katie and Nguyen, introduced themselves.

3. BACKGROUND AND LITERATURE
The higher education system of the United States has historically been inequitable, with recent data showing persistent gaps: Black and Latinx populations are significantly less likely to attend college or complete a college degree and significantly more likely to acquire higher levels of student debt if they do attend college.[3] In a society where education is so correlated with income, college is arguably a requirement to achieve a middle class or higher income.[4]

Access is not the only equity issue in higher education. Bias and discrimination are threaded throughout the higher education experience, from policies to curricula to the community of the school. McGee[5] offers examples of structural, policy-level racism in the proportionally lower funding provided to historically Black colleges and universities in comparison to predominantly White institutions (PWIs), and the meritocratic and colorblind admissions processes used in many science, technology, engineering and math (STEM) programs. In a qualitative study of students of color attending a PWI, systemic microaggressions were identified including segregation, lack of representation, campus response to criminality, cultural bias in courses, tokenism and pressure to conform.[6]

The context of a given institution of higher education includes historic, social, political, and geographical elements. USR is a private, non-profit university in the Southeastern United States. Known as a politically liberal institution, USR is nevertheless situated in a geographic locale that has a culture of social and economic conservatism. USR was founded on money from slave-owning people, and the history of the school is steeped in colonialism.[7]

Current events influence institutions of higher education. The novel coronavirus SARS-CoV-2 or "COVID 19" pandemic that was first felt at USR in March of 2020 produced dramatic changes in how educational experiences were offered, with many activities cancelled and others converted to a virtual online format. Soon after, the police killing of George Floyd and other Black people in the United States created an emotional impact[8] that prompted a groundswell of activism, both authentic and performative, as people all over America demonstrated and embraced the Black Lives Matter[9] movement. At USR, students demanded that school administrators go on record with statements of support of people of color, and to back those statements with action. USR, like many institutions in the United States, began to examine their own culture and systems, and recognized that bias, discrimination and oppression were under their own roof.

As a response to what the media called a "reckoning with racial injustice" (https://www.npr.org/series/868567696/america-reckons-with-racial-injustice), the dean of the school of nursing created a Racial Justice Task Force (RJTF). This group was charged to work with the school community "to develop and make recommendations to address racial injustices and/or inequities at the school of nursing."

The education literature clearly describes how the curriculum contributes to inequality, bias and microaggressions. The political and epistemological power of higher education has traditionally been held by White, and usually male people. With this perspective driving the development of theory, choice of knowledge to be valued, and creation of educational experiences, it is not surprising that the curriculum of most educational programs lacks the inclusion of multiple perspectives. In recent years, there has been a call for "decolonization" of educational systems and curricula.[10]

Health professions education, such as medical and nursing education, have increasingly begun to recognize the importance of teaching about health disparities and addressing bias and discrimination in health care settings. However, the health professions fields have been slower to acknowledge the curricular content that perpetuates inequity within the educational process,[11] even as faculty and students of color experience these inequities.[12]

An examination of the curriculum for inequity and bias is not just the right thing to do, it is becoming a necessary task. Although historically perpetuators of systemic racism,[13] many agencies that accredit institutions of higher education have begun to recognize that inequity is part of education, and expect that is addressed in the accreditation process. Organizations that set standards for education of professional students, such as those going into the healthcare field, are also demanding that attention is given to racial injustice in the curriculum. One way that accrediting organizations hold schools to address diversity, equity and inclusion principles is by expecting them to demonstrate that their programs are in alignment with their mission statement. Diversity, equity and inclusion are part of the mission of most institutions of higher education.[14] The Council for Higher Education Accreditation has published a diversity, equity and inclusion statement (https://www.chea.org/diversity-equity-and-inclusion-statement).

Many forces in the external and internal environments of a school may trigger curriculum change.[15] In addition to an increasing internal call to make changes for educational equity, and current events in the United States, the school of nursing was presented with new requirements from an accrediting body and a call for action from a professional organization. The school's accrediting body, the American Association of Colleges of Nursing published their document "The Essentials: Core Competencies for Professional Nursing Education".[16] These "Essentials" include a new emphasis on equity and inclusion in educational environments, and specifically charge academic nursing with eliminating structural racism in higher education. At the same time, the National Academy of Medicine, a scientific advisory organization for the United States and beyond, published their report "The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity".[17] This "Future of Nursing" report calls on nursing education to strengthen curricula to promote health equity and reduce health disparities, and to "... break down barriers of structural racism prevalent in today's nursing education" (p. 189).

It was clear that the time had come for the school of nursing to take a thorough and critical look at their curriculum, to enact change for educational equity.

4. TEACHING NOTES

4.1 Breaking down the case narrative
This case is situated in a context that includes professional values, institutional and geographic history, and societal pressures. Students were the first to question the status quo, and educators had varied responses informed by their individual perspectives and experiences. When the newspaper

published an anonymous editorial calling out the school of nursing for racist and inequitable teaching, powerful stakeholders became concerned about public image.

Mr. Nazir's response to Katie and Nguyen in the skin assessment lab session represents a "colorblind" perspective that is shared by many well-intentioned educators. It is possible that Mr. Nazir voices this perspective to avoid conflict in professional settings, and it is also possible that he has unknowingly internalized this perspective.[18] Katie and Nguyen's conversation put Ms. Stall and Mr. Nazir in the position of needing to respond summarily to a concern they had not previously considered. Educators are often put in this position, and can benefit from learning skills for responding to incidents of bias, discrimination and microaggressions.[19]

The discussion in the Advisory Council meeting brought a variety of stakeholders together around the concern that the school of nursing was providing a biased and inequitable education. When the quality of an academic program is questioned, stakeholders may have differing concerns. Does this concern indicate that the program is not fulfilling its responsibility to the nursing profession? Do the identified problems or deficiencies pose a risk for accreditation? Donor and council member Ms. Greta Scott was not the only one concerned about the reputation and public image of the school. Would a reputation for being insensitive to concerns about racism result in decreased applications or enrollments?

When the USR administrators instructed the school of nursing to create a workgroup to identify and address areas for growth and opportunity to improve diversity, inclusion and equity in the curriculum, they created a call for action. The response to this call for action holds the potential for, though not assurance of, meaningful change at the school of nursing. There is limited evidence about the outcomes of diversity initiatives in higher education[20] and there is suggestion that they may result in unintended consequences.[21] The outcomes of the school of nursing workgroup will depend both on the work that they do, and the support of administration for implementing changes that may require monetary or other resources.

4.2 Premises of curricular development and revision

In the university setting, it is often said that the faculty "own" the curriculum. Faculty are content experts for the subjects they teach, and in the nursing school, they are also experienced members of the nursing profession. Therefore, curriculum revision or redesign will begin with the educators of the school of nursing at USR.

The components that are considered when developing or revising a curriculum include the mission, philosophy, organizing framework, end-of-program outcomes, level and course objectives, and syllabi. The agencies accrediting USR and the school of nursing will have requirements for the curriculum that must be considered, also.

Keating and DeBoor[22] describe internal and external frame factors that influence the curriculum. External frame factors that must be considered in curriculum development or revision include regulation or accreditation, financial support, community and demographics, and in the case of the nursing school, the nursing profession. Internal frame factors include the mission, philosophy and goals of the school as well as organizational structure and resources.

Finally, there are numerous stakeholders that have interest in the curriculum. The workgroup will save time and end up with a curriculum that everyone supports if they include these stakeholders early in the process. Faculty, staff, administrators and students of USR are primary stakeholders. Other stakeholders include members of the community and the health care profession and the accrediting agencies.

4.3 The work group for curriculum revision

The work group includes students, Nguyen and Katie, CNEs Ms. Stall and Mr. Nazir, and faculty members Dr. Soto-Vazquez and Dr. Smith. At least one administrator is on the work group also, the Director of Diversity, Equity and Inclusion Programming, Dr. Roberts. The work group will include several faculty members, perhaps those already on a school- or program-wide Curriculum Committee. It will be valuable for the group to include faculty or administrators who have significant formal or informal power in the school.

The charge for this workgroup is to address issues of diversity, equity and representation in the curriculum. They will need to begin by assessing the current program and identifying opportunities for improvement. The work group may need to seek education or consultation during this process. Ultimately, they will identify recommendations for curricular change that will need to go through the institutional approval processes.

There are several possible outcomes of this process, for example, the work group might:
• Recommend superficial or performative changes that add on to the current curriculum to quickly and simply "address the problem".
• Conduct a deep analysis of the current curriculum to root out and remove problematic elements and "fix" it.
• Reconsider the curriculum from the ground up, going through each step of curriculum development using the lens of diversity, equity and inclusion.
The outcomes of the work group will be influenced by the re-

sources and support that are available both within the group, and from the school as a whole.

5. DISCUSSION QUESTIONS

1) Identify norms that the workgroup may use as they work collaboratively to address diversity, equity, and inclusion in the school of nursing. In doing so, consider different group members, their potential viewpoints or reactions and how those reactions might be managed.

2) List oppositional statements or ideas that contributors might share and provide responses to those statements that redirect contributors and encourage them to engage in the work as an advocate for equity.

3) Historically, people of color have had their voices silenced or they have been unwelcomed. How will the workgroup ensure that there is diversity of thought among the workgroup and that the ideas of people of color will be listened to, brought forth and advocated for?

4) What data will the workgroup need to assess for bias and inequities in teaching and learning materials?

5) What strategies might be used to address identified bias or inequity in the curriculum?

6) How will the curriculum revision be evaluated?

7) How will faculty be held accountable for adhering to the recommended changes?

6. LEARNING ACTIVITIES

1) In small groups, review any accreditation requirements or guidance on equity, diversity and inclusion in your field or programs that you teach in. What are the similarities and differences in the documents that you have found in comparison to those found by other groups?

2) Brainstorm assessment strategies that could be used to identify bias or inequity in the curriculum. For each strategy, consider barriers and facilitators to accomplishing that assessment. Which assessment strategies would you recommend to the workgroup, and why?

3) Role play: Identify a situation where an important stakeholder might be opposed to the work or recommendations of this committee. In pairs or small groups, role play a dialogue between members, with a goal of honoring and respecting differing perspectives. Each non- role-playing member will provide feedback with at least one example of how the dialogue facilitated moving the work forward, and one example of an opportunity to improve dialogue.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare no conflict of interest or competing interests.

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