

Justice, Equity, and Inclusion in a School of Nursing: A Quality Improvement Program

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ABSTRACT

Background: Despite the increased racial and ethnic diversity in the general population of the United States, the nursing workforce remains mostly White. Schools of nursing (SON) have increased recruitment and enrollment; however, students who represent racial and ethnic minoritized groups experience microaggressions, injustice, and social exclusion. This quality improvement program sought to equip faculty with skills to create a just and inclusive SON. The program was guided by the Institute for Healthcare's Model for Improvement. **Method:** Five workshops were developed and implemented during two semesters. Workshops were led and moderated by a diversity, equity, and inclusion consultant. **Results:** After the workshops, participants committed to create an inclusive environment, intervene when microaggressions occurred, implement curricular changes, and recognize themselves as members of a privileged group. Postworkshop discussions and reflections led to new initiatives in the SON. **Conclusion:** This faculty development program demonstrates programs to enhance justice, equity, and inclusion can be implemented successfully within SON. [*J Nurs Educ.* 2023;62(1):20-27.]

The *Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* (National Academies of Sciences, Engineering, and Medicine, 2021) calls for a nursing workforce that is diverse and prepared with the specialized knowledge and skills to reduce health disparities and more fully address social determinants of health. Throughout the United States and globally, schools of nursing (SON) have responded to the call to diversify by recruiting more students of color (American Association of Colleges of Nursing [AACN], 2021b; Johannessen et al., 2022; Randon et al., 2020).

Increasing student racial diversity has brought some challenges related to retention, cultural barriers (LaVeist & Pierre, 2014), institutional racism (Williams et al., 2019), and linguistic diversity (Guler, 2022). Unfortunately, racism in nursing education is a destructive problem worldwide (Burnett et al., 2020; Johannessen et al., 2022; Zanchetta et al., 2021). The work to dismantle racism in nursing education should not be left to the few diversity and inclusion professionals; rather, it should be a matter of interest for all nurse educators, nurses, and other stakeholders. This article describes how one SON located in a majoritized White, urban private, not-for-profit graduate school of health professions in the northeastern U.S. cultivated a culture grounded in social justice, equity, and inclusivity to help the institution confront some of the challenges faced by students of color.

DESCRIPTION OF THE PROBLEM

Students of color at the SON anecdotally reported being unfairly targeted by peers, being excluded in group work, not getting any help from their professors, and feeling unwelcomed in the clinical setting. A qualitative study was conducted to better understand the challenges that nursing students in the program were experiencing (Gona et al., 2019). Students reported being intentionally excluded from school and social activities by classmates, feeling isolated as one or one of a few students of color, lacking faculty diversity, and experiencing difficulties developing mentor relationships (Gona et al., 2019). Further analysis of the data revealed incidents of microaggressions from faculty and peers both in the classroom and clinical settings, leaving students disillusioned and feeling unwelcomed, unwanted, and unsure of where to turn to get support (Pusey-Reid et al., 2022).

To protect themselves, the students self-silenced (Gona et al., 2019) by repressing feelings that might threaten their relationships or security and appearing outwardly agreeable as they grew angry and more resentful (Jack & Dill, 1992; Spanierman

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et al., 2021). However, this self-silencing strategy can be detrimental to success (Gona et al., 2019). Students also reported faculty often made assumptions and judgments regarding students' academic ability, causing the students to experience self-doubt (Gona et al., 2019). Such negative experiences create hostile environments in which students who represent racial and ethnic minoritized groups might struggle, leading to increased attrition (Hill & Albert, 2021; Truong et al., 2016).

Available Knowledge

The U.S. population is becoming increasingly racially and ethnically diverse, with the non-Hispanic White population estimated to fall below 50% of the population by 2060 (U.S. Department of Commerce, 2021; Vespa et al., 2020). However, despite the increased racial and ethnic diversity in the general U.S. population, the nursing workforce has remained mostly White. According to the 2020 National Nursing workforce survey, the majority (81%) of the nursing population was White, with 19.2% of nurses having racially diverse backgrounds (Smiley et al., 2021). These data are concerning because racially and ethnically diverse providers promote better access and health care for patients from diverse backgrounds, reducing inequities (Agency for Healthcare Research and Quality [AHRQ], 2020; Sullivan Commission, 2004; Williams & Cooper, 2019). Consequently, a more diverse nursing workforce is needed to provide care for the increasingly diverse U.S. population.

In response, nursing and other health care and policy organizations have advocated for increased diversity in nursing through recruitment, retention, and higher graduation rates for students from racially minoritized populations (AACN 2021b; National Academies of Sciences, Engineering, and Medicine, 2021). Nursing schools have increased enrollment of Black, Indigenous, and People of Color (BIPOC) students from 25.5% in 2010 to 33.8% in 2020; paradoxically, unlike other ethnic groups, African Americans experienced a 2% decrease in enrollment during the same period (Broadhead, 2021).

The literature is replete with evidence that students of color experience racism and bias on nursing campuses (Ash et al., 2020; Coleman, 2020; Gona et al., 2019; Hill & Albert, 2021). With increased recruitment and enrollment of students of color at predominantly White SONs, several organizations have committed to promoting racial justice and inclusive environments (AACN, 2019, 2021c). Several SONs have launched diversity, equity, and inclusion (DEI) initiatives and have been recognized for their successes (AACN, 2021c). Despite these local and national efforts, diversifying the nursing workforce requires time. The call for social justice, equity, and inclusivity in the profession is a responsibility shouldered by all nurses, not just nurses from racial and ethnic minoritized backgrounds. As Zappas et al. (2021) noted, "In the era of COVID-19 [coronavirus disease 2019], coupled with a community in tune to Black lives, the call to action is now" (p. 225).

Rationale

At our SON, the killing of George Floyd, the subsequent Black Lives Matter protests, and the ongoing disparities and inequities highlighted by the COVID-19 pandemic empowered minoritized students to demand a safe campus environment.

Students organized a student-led group called SEA (Students for Equity and Anti-Racism) to bring issues forward to the Dean and SON leadership, with support from a faculty advisor. The students challenged faculty to endorse curriculum reform to address racism within the SON and throughout the health care system. They shared concerns about lack of diversity within the SON student body and called for additional academic and psychosocial resources to support SON BIPOC students. Their work contributed to the overall SON effort to address bias and build an inclusive community.

As a response to student concerns and based on the findings from a qualitative study (Gona et al., 2019), a planning team consisting of the Dean of the SON, the Associate Dean of Academic Affairs, two faculty of color, the SON's Chief Equity Officer, and a consultant specializing in equity and inclusion designed a series of workshops. The purpose of the faculty development program was to cultivate faculty consciousness about structural and institutional inequities, the influence of privilege and power used to enable injustice, and the need to foster humanistic, socially conscious health professions education and change (Park et al., 2022; Halman et al., 2017; Solórzano, 1998). This article describes a faculty development quality improvement (QI) project implemented at the SON.

Specific Aims

The faculty development QI program aimed to improve students' educational experiences by developing a more inclusive environment and assisting faculty members in addressing bias and microaggression within the SON. Application of QI approaches support the ability to achieve and demonstrate the desired outcomes. Based on the Model for Improvement by the Institute of Healthcare Improvement (IHI), the planning team addressed the following three core questions from the model (IHI, 2022a; Langley et al., 2009):

1. What is the team trying to accomplish?
2. How will the team know that a change is an improvement?
3. What changes can be made that will result in an improvement?

A unique feature of the IHI Model of Improvement is the cyclical nature of the Plan-Do-Study-Act (PDSA) framework instead of a slow and large adjustment (IHI, 2022b). The PDSA model is particularly valuable for an educational setting in which faculty and students participate in a multifaceted improvement approach that requires value-based changes (IHI, 2022b; Venugopal et al., 2017). The improvement model was benchmarked to the Standards for Quality Improvement Reporting Excellence in Education (SQUIRE-EDU) developed for the quality and improvement of the health professions education system (Ogrinc et al., 2019). The team followed the SQUIRE-EDU guidelines for improvement scholarship to report on the QI project and outcome results. The interventions for improvement included a continual process initiated with the planning and integration of multiseried faculty development program workshops to influence student experiences in the overall program (i.e., campus, classroom, and clinical). The workshops were rooted in the need to address faculty's unconscious biases and assist them in integrating principles of social justice, equity, and inclusion in their teaching-learning, clinical instruction, and mentoring and advising activities.

METHOD

TABLE 1
Workshop Description

Workshop	Learning Objectives	Instructional Strategies
1: "Using Research to Build Racial Justice and Equity in the SON" delivered by faculty researchers and Chief Equity Officer	<p>Discuss research describing the experience of SON Black nursing alumni</p> <p>Explore the effects of the educational experience to student attrition and challenges for student success</p> <p>Identify the role of faculty to address bias and promote equity and racial justice for students from minoritized backgrounds</p>	2 hours; presentation and discussion of research findings from the SON; guided reflection and processing
2 & 3: "Race, Whiteness, and Antiracist Action—Parts I and II" delivered by DEI Consultant	<p>Define whiteness and its features in nursing and nursing education</p> <p>Identify visible and invisible identities</p> <p>Acknowledge and act against anti-Black racism in nursing, nursing education, and everyday lives as antiracist allies and accomplices</p> <p>Develop a practical, personal action plan for becoming allies and accomplices in the struggle for racial equity and social justice</p>	2 hours each for parts I and II; presentation and small-group breakout room scenario discussion; guided reflection, discussion, and processing
4: "Recognizing and Responding to Microaggressions" delivered by Chief Equity Officer	<p>Create awareness of common occurrences of microaggressions</p> <p>Discuss different responses to microaggressions</p> <p>Understand the research on racial microaggressions as it relates to students' experiences</p>	1-hour presentation; small-group breakout room for case study discussion and guided reflection and processing
5: "Building Curricular Confidence With an Antiracist and Antioppressive Lens" delivered by DEI Consultant	<p>Define erasure, misrepresentation, cultural appropriation, stereotyping, and bias in nursing and nursing education</p> <p>Identify racism, male centrality, heteronormativity, and hegemony in the visible and invisible curriculum</p> <p>Codevelop curricula with members of historically excluded and marginalized groups that honor the dignity and respect of all human beings</p> <p>Develop a personal action plan for using curriculum, pedagogy, advising, and mentoring as vehicles for taking action on the antiracist and antioppressive solidarity spectrum</p>	2-hour presentation and then small-group breakout room scenario discussion and guided reflection, discussion, and processing

Note. DEI = diversity, equity and inclusion.

Context

The context is an SON within a nonprofit interprofessional academic setting that is part of a large health care system that offers undergraduate, graduate, and doctoral degree programs in nursing. The SON is located in an urban area in the northeastern U.S. In this urban area, 47.9% of the population is BIPOC (U.S. Census Bureau, 2021). In the SON, 34% of the students in 2020 identified as BIPOC. Full leadership involvement, support, and resources were allocated to the QI project.

Interventions

The planning of the five faculty development workshops represented the first step in the preimplementation phase. The two-semester monthly 2-hour workshops targeted full-time, part-time, and contract faculty in the SON (Table 1). Five workshops were conducted. Two Black faculty members led workshop 1, the institution's Chief Equity Officer led workshop 4, and a DEI consultant led workshops 2, 3, and 5. The workshops covered the following content:

- Workshop 1: Using Research to Build Racial Justice and Equity in the SON.
- Workshop 2: Race, Whiteness, and Antiracist Action—Part I.
- Workshop 3: Race, Whiteness, and Antiracist Action—Part II.
- Workshop 4: Recognizing and Responding to Microaggressions.
- Workshop 5: Building Curricular Confidence with an Antiracist and Antioppressive Lens.

Before implementation, faculty members received sufficient notification to ad-

just their schedules to attend the workshops. In addition, the SON provided funding for the workshops. Workshops comprised short content presentations, small-group breakout room sessions, skills building, and practice with time allotted for group discussion and reflection. Participants completed an outcome survey and workshop evaluation. Participants also received continuing education credits for each workshop attended.

The planning team carefully selected the topics to avoid creating fear, triggering individuals to deny problems or withdraw from the development process. The presenters anchored the workshops and new initiatives on antiracism system changes to advance curricula, program policies, practices, norms, equity, and values informed by research findings (Gona et al., 2019), highlighting the need for equity advancement. The workshops provided participants with a guide to direct the transformative journey toward ending racism in the SON. Interpersonal relations or transformations, such as racial sensitivity training, were not included in the workshops.

Ethical Considerations

The QI project received exempt status from the university's Institutional Review Board. Maintaining the confidentiality of all collected DEI data was essential as the team navigated these sensitive topics.

Assessment of the QI project

The effects of the workshop interventions were assessed using postworkshop anonymous online Likert-scale surveys, which also included yes or no as well as short-answer questions at the completion of each workshop and at 3 and 6 months postcompletion. The surveys solicited data on the intended use of the tools and skills that faculty attained during each workshop to address unconscious bias in their teaching-learning process, assessment, curricular activities, and clinical practice.

TABLE 2
Descriptive Statistics of Faculty Ratings and Narrative Session Evaluations for Workshops Offerings

Workshop	Participants Who Responded, <i>n</i> ^{a,b}	Would Recommend Workshop ^a	Mean Response ^{a,b}	Emergent Themes ^c
1	41/64	34/35 (83%)	36/41 (4.8)	"I will reassess my own biases. I aim to increase my knowledge and awareness of my biases." "I commit to create an environment where students have the feeling of belonging and community."
2	30/54	22/23 (73%)	23/30 (4.6)	"The workshop increased my awareness of my White privilege in the nursing profession, which will affect my actions."
3	22/46	17/20 (77%)	18/22 (4.6)	"I will be able to identify when I am an ally or accomplice and use those powers and privileges to combat racism in my classes."
4	20/37	13/15 (65%)	13/20 (4.6)	"I will try to be more aware and intervene when microaggressions arise."
5	24/39	17/23 (70%)	17/24 (4.6)	"I will change the language in my syllabus to be more positive and less punitive." "I will reflect on how I present content in my course"

^aDenominators represent the total number of participants who answered the question.

^bFaculty indicated they would make changes in their courses and teaching on a scale of 1 to 5.

^cTheme responses to the question, "What change(s) will you commit to make?"

Analysis

Descriptive statistics were used to analyze survey data collected after each workshop and at 3 and 6 months after the intervention. The mean Likert scale score was calculated by summing the individuals' ratings and dividing by the number of responding participants. Percentages were calculated by dividing the number of yes answers by the total number of responses. Short-answer questions provided additional data regarding faculty response to the workshop content.

RESULTS

Five workshops (Table 1) were conducted throughout two semesters. The workshops were implemented to educate and equip nursing faculty members to address microaggressions and racial injustice experienced by students of color on campus and in the clinical setting. Workshop attendance ranged from 39 to 64 participants. Faculty rated the workshops highly. The proportion of faculty recommending the workshops ranged from 83% to 65% for the five

TABLE 3
Justice, Equity, Diversity, and Inclusion and Curriculum Changes From 3 to 6 Months

Workshop	Question/Item	Responses/Scalea				
		Not at All (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
1	Identify role of faculty to address bias and promote equity and racial justice for students from minoritized backgrounds	–	–	3/13 (23.1%)	3/13 (23.1%)	7/13 (53.8%)
2	Identify visible and invisible identities	–	–		10/11 (91%)	1/11 (9%)
3	Acknowledge and take action against anti-Black racism in nursing, nursing education, and their everyday lives as antiracist allies and accomplices	–	–	1/5 (20%)	4/5 (80%)	–
4	Create awareness of common occurrences of microaggressions	–	–	6/12 (50%)	4/12 (33%)	2/12 (17%)
5	Develop a personal action plan for using curriculum, pedagogy, advising, and mentoring as vehicles for taking action on the antiracist and antioppressive solidarity spectrum	–	–	2/5 (40%)	3/5 (60%)	–

^aDenominators represent the total number of participants who answered the question.

and staff in the SON to address the school’s shared responsibility to challenge systemic barriers within the school’s learning community. Consistent with the IHI Model of Improvement and the Plan-Do-Study-Act (PDSA) cycles (IHI, 2022), the aims of the program to improve students’ educational experience through development of a more inclusive environment and to assist faculty to address bias and microaggression within the SON was time-specific for a span of 12 months and was measurable. Faculty evaluation scores from workshops indicated a positive response to workshop objectives; in the 3- to 6-month follow-up survey, more than 50% of the faculty consistently indicated they had incorporated new knowledge and skills into their practice based on objectives. These findings are consistent with those of O’Connor and colleagues (2019) regarding their DEI program.

Although the majority of faculty indicated the workshops provided an opportunity to create a time for reflection

workshops. The mean Likert score (range, 1 to 5) for faculty committing to curricular change or teaching strategy integration was 4.8 in workshop 1 and 4.6 for workshops 2 to 5 (Table 2).

In the qualitative narrative, participants indicated a willingness to assess their own biases and to create an inclusive environment by identifying and intervening when microaggressions occurred, developing an equity-minded syllabus, reflecting on content presentation, and recognizing themselves as members of a privileged group (Table 2). Although follow-up surveys at 3 and 6 months had a low response rate, 79% of the respondents could identify the role faculty play in addressing bias and promoting equity and justice. Eighty percent committed to act against anti-Black racism in nursing, nursing education, and everyday life (Table 3). Although 50% of the respondents thought the workshops created awareness of common occurrences of microaggressions, 60% developed an action plan for implementing this new knowledge in courses and for advising and mentoring students. Although the response rate at 3 to 6 months was low, it is similar with response rates for other faculty development workshops at our institution.

DISCUSSION

Findings from this QI project reveal faculty development sessions and involvement of SEA mobilized faculty, students,

and discussion about how bias, microaggressions, and lack of inclusiveness exists in the nation, in local communities, and more specifically in the SON, the integration of Justice, Equity, Diversity, and Inclusion (JEDI) content has been uneven among programs and courses. Faculty who were early adopters and moved quickly to revise syllabi and incorporate JEDI curriculum objectives have slowly begun to influence a cohort of early majority faculty to adopt innovative approaches. Progress has been made in developing case study, revising syllabi to eliminate stereotype language, setting the tone for a welcoming environment, and implementing clinical exercises that call for understanding diversity of thought and perspective. The progress identified in this QI project is just the beginning; true to the QI approach, learning from this phase will lead to refinement of aims and measures of progress to implement change on a broader scale, throughout the program of learning.

The JEDI-focused discussions and reflections during the workshop led to three new initiatives in the SON. These include (a) the JEDI Curriculum Integration Task Force, (b) the SON JEDI Fellows program, and (c) revision of the SON’s vision and mission statement (Table 4).

JEDI Curriculum Integration Task Force

As a result of the intense faculty development workshops, the faculty developed and executed a student-faculty team, the

JEDI Curriculum Integration Task Force. This task force conducted a needs assessment to identify gaps across the SON curriculum, desired resources, and faculty development needs to address social justice, health equity, and inclusivity issues. Subsequently, the JEDI team modified the SON's syllabus template, created a curriculum repository, and shared common inclusive terminology in the first phase of curriculum revisions. Faculty from diverse backgrounds provided exemplars for best practices and served as peer reviewers and curriculum consultants. Their work aimed to improve course curricula to be more inclusive, avoid bias, and address assessment and intervention of the social determinants of health as a consistent theme in all SON courses. The outcome of this work, which is ongoing, is to more intentionally prepare SON graduates to lead in providing holistic care to diverse populations.

JEDI Fellows Program

The institution's JEDI office initiated the JEDI Fellows program, consisting of students from all health profession disciplines, to work collaboratively with their course faculty and the university's JEDI office. The SON elected to expand the program and accept applications for SON Dean JEDI Fellows to work specifically with SON leadership. The SON JEDI Fellows met weekly with the dean and associate dean to plan workshops for students to address social inequities, bias, and microaggressions. The JEDI Fellows provided input on the development of curriculum integration of health care issues that address health disparities and inequitable treatment of oppressed and marginalized individuals, families, and communities. They created virtual listening sessions for students to share ideas, identify concerns, and discuss possible solutions. With guidance from faculty mentors, their leadership role significantly enhanced communication within the SON.

Revision of the SON's Vision and Mission Statement

As faculty grew in their understanding and commitment to justice and equity, they realized the SON mission and vision did not fully align with their current passion for creating an inclusive and welcoming culture within the SON. A task group was convened to revise the SON's vision and mission statement. Task force members consulted and received input from internal (administration, students, and staff) and external (clinical partners, alumni, and expert colleagues) stakeholders. The new mission and vision were adopted by the faculty, and student learning outcomes across the program of learning subsequently were modified to align with the revised mission and vision.

Survey results also revealed congruency between the faculty development program outcomes and task group accomplishments (Table 2). The JEDI Curriculum Integration Task Group became an extension of the workshops, directed by SON leadership. The group provided students with a place to share concerns, take action to collaborate with faculty and make significant curricular changes, and be accountable for changes within their program of learning. Together with the JEDI fellows, SEA successfully identified gaps in the nursing curriculum that potentially hindered students' ability to respond appropriately and sensitively to the health needs of diverse client populations. Workshops for incoming students, provided by SEA and JEDI Fellows, identified issues of racial bias, and explored ways for students to voice their concerns with faculty to mitigate nega-

TABLE 4
New Initiatives and Goals

Initiatives	Goals
JEDI Integration in the Curriculum Task Force	Goal: Integrate JEDI principles across programs, identify needed resources, and develop workshop for students to explore how to be allies to build an inclusive SON
Revision of the SON Mission, Vision, and Core Values (integrating JEDI principles/philosophy)	Goal: Align the SON vision and mission with core principles of JEDI and program student learning outcomes
SON JEDI Fellows	Goal: Work collaboratively with SON leadership to address social inequities, bias and microaggressions in the SON and plan effective strategies across programs

Note. JEDI = Justice, Equity, Diversity, and Inclusion; SON = school of nursing.

tive experiences that hindered a successful educational experience. This outcome has been successful.

Interestingly, an additional, unanticipated, and positive outcome is that students of color are now speaking up and bringing issues of bias, perceived classmate incivility, and clinical examples of exclusion forward to faculty far more often than in the past. Faculty have embraced student reports and feedback. At the same time, they have expressed stress, unease, and inadequacy to support students adequately, build their resilience, and mitigate further injustice across the program of learning. Together with SON leadership, academic coaches, and staff from the university JEDI and student service offices, faculty now are actively engaged in developing protocols and guidelines. The next series of faculty development workshops will focus on communication skills, providing opportunities to practice initiating and responding to difficult conversations, listening carefully to students about their lived experiences, and individually supporting learning and student resilience.

Interpretation

SON have made efforts to cultivate inclusive and culturally responsive learning environments through professional development and online strategies (O'Connor et al., 2019; Sumo et al., 2021; Valderama-Wallace & Apesoa-Varano, 2019). As with the faculty development program described in this article, these efforts are in the beginning stages and have been developed with a sense of urgency. Additionally, there is a growing awareness that the "beliefs and ideology of the dominant White culture permeates the profession" and nursing education (Bonini & Matias, 2021, p. 625), leading to adverse outcomes for students of color.

Issues of race in higher education have led to the development of numerous diversity initiatives. Yet, many of these initiatives have been less than successful because the programs did not start with workshops and consultations to dismantle structural inequalities, White supremacy, and beliefs and prefer-

CONCLUSION

This faculty development program indicates it is possible to initiate a program to enhance justice, equity, and inclusion within a SON. Brought together after George Floyd was killed in 2020, faculty acknowledged the reality that microaggression and bias existed within the SON (Gona et al, 2019) and that changes needed to be made across the SON curricula. Faculty then moved systematically and collaboratively in an empowered and unified effort to enhance resources and began a journey to build an inclusive community in which the rights of individuals and groups were fully respected. After an intense year of faculty development and task group participation, faculty entered a new phase of awareness and action. There is an optimism

that equity and inclusivity can be enhanced further for the entire SON community. Recognizing that more work is required, faculty have embarked on another year of workshops, reflection, and curriculum building. The first steps have been made to affirm the SON's commitment to building justice and equity for our students, faculty, and staff to prepare graduates to lead in a diverse society.

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TABLE 5

Recommendations for Successful Development of Faculty Development Programs

Recommendation	Explanation
Involve leadership to create a culture of inclusion	This work cannot be done without strong leadership involvement as the leader sets the tone
Create a group of people to champion the cause	The group can take the lead in faculty development
Conduct focus groups with students	Focus groups help in better understanding the specific problem and refer to data collected during the sessions
Look throughout your institution for expert guidance	Other departments might have people who have expertise to assist with program planning and implementation
Access resources from organizations such as American Association of Colleges of Nursing or the National League for Nursing	These organization offer free resources (i.e., diversity toolkit) to members
Create a safe environment in which faculty can talk freely; create affinity spaces and processing spaces for students	This is an emotive issue and both faculty and students need a space where they can open and speak freely
End every session with faculty members writing down what they intend to change	This creates a sense of commitment and accountability
Offer CEU credit for attendance	CEU credit can be an incentive for faculty to attend workshops and seminars

Note. CEU = continuing education unit.

ences that have perpetuated a system of bias and injustice (Ash et al., 2020). The reality of how whiteness is embedded in philosophies, practices, beliefs, and curricula (Bonini & Matias, 2021) was an integral outcome of early workshops in the SON; these opportunities for reflection and reassessment, directed by an external DEI consultant, were critical in the SON's ongoing movement forward to address institutional racism, power differences, privilege, bias, and revise curricula, as well as share opportunities to formally dialogue with students. Race-based equity continues to be at the forefront of institutional initiatives; the challenge is to find a space where inequity and injustice are brought forward in formal workshops and task groups, as well as through feedback from students who have experienced bias and microaggression. This reality is aligned to SON experiences described in this article.

LIMITATIONS

Generalizability of this single-site QI project is limited. Additionally, because the QI framework was time-constrained, future studies are needed to determine the long-term benefits of the faculty development program. Because the university has a well-established JEDI Office and the SON has the fiscal capacity to hire consultants, the suggested interventions may not be feasible in other SONs without these attributes. **Table 5** lists recommendations for SON leaders and faculty to use these interventions to collectively address issues of racism and bias and support a movement to grow and adapt with limited financial resources.

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