

Commentary

Equity Makes Diversity Possible

As I near the end of the second year of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Minority Fellowship Program (MFP), I find myself reflecting on the necessity of programs such as the MFP that work diligently to improve the diversity of the psychiatric-mental health nursing workforce. While developing cultural competence has become integral to nursing, SAMHSA's MFP attempts to make achieving terminal degrees in mental health equitable for minorities. But why are such stand-alone programs such as the MFP needed instead of diversity being infused into the essence of academia? The issue seems to rest in the subtle yet profound difference between equity and diversity.

Diversity has been included in the dialogue surrounding our workforce, but equity has been left by the way side. One might use equity and diversity interchangeably but they are quite different. Diversity has to do with including a variety of people from different backgrounds. Equity makes diversity possible. Equity is about leveling the playing field so that people from different backgrounds can successfully be included. Some misinterpret this to mean that content must be simplified or admission criteria lessened. However, equity is absolutely not about decreasing expectations. Equity pedagogy, for example, suggests delivering the material in a way that improves its reception by culturally diverse audiences. This does not suggest changing but instead teaching in a way that considers a variety of learning styles. Equity is about leveling the playing field. It is about making entry into nursing school and obtaining advanced degrees achievable for all.

One way SAMHSA's MFP evens the playing field is by providing financial support. This reduces the financial burden for students of color who cannot afford not to work while they pursue an advanced nursing degree. They also provide intensive educational opportunities. While I cherish these experiences, I cannot help but wonder why they are necessary. While the MFP has a history of producing leaders of color in mental health, where does the responsibility lie for each nursing program to ensure all students' success in their programs? Have we succumbed to the fact that most nursing programs do not consider how the academic, social, and environmental histories of nursing students of color potentially impact their success?

This means taking the necessary steps to explore how institutional racism impacts students of color's ability to

successfully complete nursing programs. The preponderance of faculty will consider the words institutional racism to be harsh and untrue. However, when educational systems and nursing education programs are less successful at educating students of color, the reasonable professional must be at least open to the possibility that it exists. Therefore, leveling the playing field potentially encompasses more than strictly providing financial support. Can we do more? I would suggest that we can.

Will we only rely on programs like the MFP to produce quality leaders of color in the field? The call for equity and diversity in the nursing workforce has broad support. The American Association of Colleges of Nursing (AACN, 2013) has made it clear that nursing must produce a workforce that more adequately reflects the population it serves and that nursing's ability to provide culturally competent quality nursing care depends on such a workforce. What does it take to make this a reality and when will accrediting bodies require it? While most nursing programs have begun to incorporate cultural competence into curricula, they have failed to consider how academic success is directly impacted by what the Institute of Medicine (IOM, 2004) refers to as institutional climate. The IOM report cites Hurtado, Griffin, Arellano, and Cuellar's (2008) four elements that influence institutional climate: structural diversity (physical presence of diverse populations), historical legacy of inclusion/exclusion, psychological climate (perception of racial tension or discrimination), and behavioral dimension (meaningful interactions among diverse populations including diversity pedagogy). Each of these elements influences the others and one element alone seems less meaningful if not combined with the others. To adequately address issues of equity, each nursing program must begin with assessing how these elements of institutional climate plays out at their institution and commit to shifting their climate toward a more equitable environment. The result of a more equitable academic environment may lead to the diversity we are looking for in nursing.

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