Minority Voices: Addressing the Lived Experience of Black Nurses and Nurse Leaders Confronting Racism in the Nursing Profession

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Racism continues to erect substantial barriers for Blacks and minorities within the nursing profession, even while the shifting US population demographics and increasing numbers of minorities make diversifying the profession imperative. Interviews with Black nurses at virtually every career stage indicate that racism remains a significant obstacle and may prevent them from ascending to leadership. Building a diverse nursing workforce and leadership is necessary to serving a diverse community, especially underserved populations. A more diverse nursing organization is better equipped to identify and address the social determinants of health affecting a given patient population and thereby more effectively alleviate health disparities.

Anecdotal evidence is compelling: racism remains a significant obstacle within the nursing profession and is even more of an impediment to progressing to nursing leadership positions.

In spite of widespread efforts at both the national and local levels to enhance diversity, equity, and inclusion within the health care industry, nearly two-thirds (63%) of current nurses say they have experienced racism, and more than half (56%) say it has negatively affected their professional well-being, according to a national survey of 5,623 nurses released January 25, 2022, by the National Commission to Address Racism in Nursing.[1]

Black nurses report the highest incidence of personal experience with racism, at 92%, followed by Asian nurses, 73%; Hispanic nurses, 69%; and White nurses, 28%. More than three-quarters of Black nurses say racism negatively impacts their professional well-being.

Leading nursing organizations comprising the Commission—including the American Nurses Association, National Black Nurses Association, National Coalition of Ethnic Minority Nurse Associations, and National Association of Hispanic Nurses—have called racism a public health crisis and urged other leading nursing organizations to join forces and combat racism both in the health care industry and society in general.

Eradicating racism within the nursing profession is vital to serving the evolving healthcare needs of American society, according to the National Academies of Sciences, Engineering, and Medicine's *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* report, which notes that nurses and nurse leaders play a crucial role on addressing the social determinants of health and fostering greater health equity. The report charges nurse leaders to acknowledge and mitigate the impact of structural racism and implicit bias within the nursing profession; and stresses the role of nurses in

KEY POINTS

- **Systemic racism prevents Blacks and other minorities from entering the nursing profession and ascending to leadership positions.**
- **Nursing schools and health systems should develop focused programs to address the shared experiences and systemic bias impacting Black nurses.**
- **Increased representation of Blacks and minorities is vitally important to address the disconnect between population demographics and the nursing profession.**

identifying, addressing, and alleviating health inequities in the United States.[2]

MINORITIES UNDERREPRESENTED IN NURSING

A major issue in addressing systemic racism is the current demographic makeup of the nursing profession: Among the estimated 3,957,661 licensed registered nurses in the United States, nearly three-quarters (73.3%) are White, non-Hispanic RNs, according to the 2018 National Sample Survey of Registered Nurses conducted every 10 years by the National Center for Health Workforce Analysis within the US Department of Health and Human Services.[3] Hispanic/Latino RNs represent 10.2% of the nursing workforce, followed by Black, non-Hispanic RNs at 7.8%, Asian, non-Hispanic RNs at 5.2%, and multiple races at 1.7%.

The underrepresentation of minorities in nursing is particularly alarming when viewed in the context of the shifting demographics of the US population: the US Census Bureau estimates that the percentage of the population identified as "White" will slip below 50% by 2045 or earlier, and analysts point out that the decade from 2010 to 2020 was the first time in the nation's history that the White population declined in numbers.[4] According to the 2020 Census, the "White alone" population has declined by 8.6% since 2010.[5]

Building a diverse nursing workforce and leadership is necessary to serving a diverse community, especially underserved populations. Diversity helps to establish a higher degree of trust and build confidence among patient populations, by having culturally competent health care teams that better reflect the communities they serve. A more diverse nursing organization is better equipped to identify and address the social determinants of health affecting a given patient population and thereby more effectively alleviate health disparities. At the same time, improving diversity helps health care systems attract and retain top talent at all levels of the organization.

HISTORICAL BACKGROUND

To effectively promote diversity and attack entrenched systemic bias, it is first necessary to understand how racism and discrimination are embedded in the very history of the nursing profession. Nearly all scholars and historians ascribe the beginning of the modern nursing profession to the efforts of English social reformer Florence Nightingale. Indeed, she is so closely associated with the inception of modern nursing that the annual International Nurses Day has been celebrated on her birthday since 1965; it is no coincidence that 2020, which marked the 200th anniversary of Nightingale's birth, was selected by the World Health Organization as The Year of the Nurse and The Midwife. Nightingale came to prominence during the Crimean War (1853-1856) when she organized care for wounded soldiers and later founded the first nursing school in London.

Minority representation in nursing history, however, has been largely overlooked. The career of Jamaican-born "doctoress" Mary Seacole, for instance, is rarely cited as foundational to the nursing profession, even though her efforts were widely hailed throughout Central America and the Caribbean. Seacole, the daughter of a Scottish soldier and a Jamaican businesswoman, had applied to join Nightingale and her assistants in caring for wounded British soldiers, but was rejected. The medical expertise that she brought to the battlefield—including directing treatment for cholera sufferers in Panama and handling outbreaks of yellow fever in her native Jamaica—was snubbed at the time by British authorities, and she wound up funding her Crimean War efforts to care for sick and wounded soldiers by herself.

Seacole attributed the rejection of her application to racist attitudes, noting in her autobiography, "Did these ladies shrink from accepting my aid because my blood flowed beneath a somewhat duskier skin than theirs?"[6] Indeed, despite being voted the "Greatest Black Briton" in a 2004 poll, and serving in the exact same war as the acclaimed Nightingale, Seacole languishes in relative obscurity today.

In the United States, the Civil War (1861-1865) provided the impetus for the establishment of nurse training schools, but in spite of the fact that many Black women were already working as unregistered nurses, they were not allowed to enter these new professional nursing schools.[7]

This discrimination has continued to the present day, with many prospective Black and minority nursing students having negative experiences at predominantly white nursing schools, which themselves have an underrepresentation of Black and minority faculty members.[8,9] According to Robinson,[8] Black nursing students often experience a high prevalence of perceived racism, a lack of inclusion, and a lack of support in the educational and clinical environment. According to Whitfield-Harris et al.,[9] the underrepresentation of Black faculty members may be due to a negative cultural climate, including microaggressions, workload inequity, discrimination, and incivility, and all contributing to lower job satisfaction and high attrition rates.

As a result, systemic racism continues to plague US health systems. Black and minority nurses face a shared commonality of experiences and obstacles at virtually every level of the profession, including schools and faculty. These barriers serve to prevent Blacks and other minorities from entering the nursing profession and maintaining a career in nursing, and also present nearly insurmountable difficulties when it comes to advancing into executive management positions.

VOICES OF EXPERIENCE

Developing a meaningful strategy for addressing systemic racism in the nursing profession means starting with information and developing a knowledge base to illuminate and elucidate the obstacles faced by minority nurses and nurse leaders. Only a thorough understanding of the challenges facing minority nurses will allow the profession to develop meaningful and sustainable programs to address these persistent problems and systemic biases.

To this end, confidential interviews were conducted with 5 separate individuals at varying stages of their career trajectory. Volunteers were solicited to represent key positions within the nursing profession, to identify the pertinent problems and issues facing Black nurses today. Each participant was asked the same series of questions (*Table 1*) and asked to detail their experiences in the nursing profession in their own words. When appropriate, participants were asked to confirm or elaborate on specific incidents to aid in evaluation and understanding.

The first goal of this project was to identify and analyze some of the major challenges and barriers to advancement for Black nurses, as well as to determine through first-person accounts what the journey towards leadership has been like for Black nursing professionals at various stages in their unique and storied careers. A second objective was to develop a professional development framework to remediate the current underrepresentation of minority nurses and nurse leaders, to assist Blacks and other minorities in "gaining a place at the table"—in other words, to help Blacks and minorities assume meaningful, impactful, decision-making roles within the broader system of health care service, operations, administration, and management.

In order to preserve the anonymity of the volunteer interview subjects, each was given a "code name," descriptive of their current roles within the nursing profession (*Table 2*).

Participants were asked to detail their experiences in pursuing a leadership role in the nursing profession, with specific questions regarding the impact of race,

Table 1. Interview Questions

1.	Please give me a little bit of background about yourself and your career path—how and why did you become a nurse? What roles and responsibilities have you held during your career?
2.	What have been the most rewarding aspects of your career so far? What are some of your most memorable moments as a nurse?
3.	What made you decide to pursue a role in nursing leadership? What are your hopes and goals as a nurse leader?
4.	What barriers or challenges have you encountered in your journey towards a leadership role, and how have you addressed them? How did these challenges make you feel?
5.	Has race been a topic of discussion (a thought) at any point of your career?
6.	Do you think race has been an advantage or disadvantage toward your opportunities?
7.	Have you thought of the impact of gender?
8.	Do you think gender has been beneficial or a barrier in your career?
9.	Did someone mentor you or assist you in your professional development? If so, please describe how they assisted you. If not, do you think it would have been helpful to have a mentor? Would you consider yourself someone who would wish to serve as a mentor to others? Why or why not?
10.	What can hospitals and health care organizations do, in your opinion, to help women and minorities move into leadership roles? Based on your personal experience, what would be helpful and valuable to other nurses looking to develop into leadership roles?
11.	As a minority, what roles do you think we can play toward improving health disparities?
12.	Do you think being a nurse has been a barrier to moving into a more senior leadership role? Are nurses less likely to be considered for management than other health care professionals, such as doctors?

Table 2. Volunteer Subjects' Code Names

Code Name	Volunteer Subjects
Retired Educator	A barrier-breaking nurse educator with more than 60 years of nursing, academic faculty, and consulting experience: This award-winning academic has achieved the highest level of credentials in the nursing profession, starting with a diploma degree as a registered nurse (RN), a bachelor of science in nursing (BSN), a master of science in nursing (MSN), and a doctor of philosophy in nursing (PhD); additionally, she was named a Fellow of the American Academy of Nursing (FAAN) and a Fellow of the Gerontological Society of America (FGSA). Her extensive experience includes serving as a staff nurse, head nurse, supervising nurse, director of nursing education, director of nursing, university faculty member, university dean, researcher, administrator, volunteer board member, and consultant.
Nurse Practitioner	A pioneering nurse practitioner with more than 35 years of nursing experience, currently serving as a medical director and instructor: This highly-respected executive also achieved some of the highest credentials possible, beginning with a bachelor of science registered nursing/registered nurse (BSN-RN), master of science nurse practitioner (MSN-NP), and doctor of nursing practice (DNP). Her experience includes serving as an adult nurse practitioner, clinical director, instructor, and medical director functioning in a chief medical officer and executive director role.
Military Officer	A high-ranking military officer with more than 25 years in nursing as a clinician, public health practitioner, educator, and emergency manager: Continuing a diversified career in both civilian and military health care, this nurse leader's credentials include a BSN-RN, MSN, master of public health (MPH), and DNP. Her career includes positions as a staff nurse, public health nurse, case manager, case management specialist, care coordinator, nurse manager, senior public health analyst, senior health policy analyst, instructor, university faculty, and chief nursing officer.
Nurse Manager	A motivated nurse manager in charge of a major hospital's neuroscience/stroke unit with more than 14 years experience as a nurse, administrator, and instructor: Her credentials include a BS in healthcare management, RN-ONC, BSN, MSN, and DNP. Her experience includes serving as a patient coordinator, assistant nurse manager, nurse administrator, and nurse manager.
Bedside Nurse	An ambitious clinical nurse with more than 15 years of experience currently serving as a clinical leader in the neonatal intensive care unit of a major hospital: Her credentials include licensed professional nurse (LPN), RN, BSN, and MSN, and she is currently working on her DNP. Her positions include charge nurse and increasingly responsible positions as a clinical nurse in specialized units.

gender, and age on their progression. Participants also were asked a series of related follow-up questions to ascertain how those experiences made them feel, and how they coped with those feelings, in order to determine the emotional and psychological implications of their journey.

SHARED EXPERIENCES, SHARED FRUSTRATIONS

No matter the age or the career stage, Black nurses and leaders interviewed for this project report that racist attitudes hinder growth and development throughout the profession. Participants pointed to other sources of bias as impediments to professional development, including gender discrimination, particularly ironic due to the fact the nursing profession is overwhelmingly female; ageism, including both a perception that the subject is too young for a leadership role or too old to provide creative and innovative input; and a general lack of esteem for nurses within the broader health care industry, where nursing generally is not considered to be a pathway to health care administration and management.

Accounts of overt, racist hostility in today's society and in the nursing profession are as far away as the governmentally sanctioned Jim Crow era of separate but equal, and as close as today's headlines, where institutional racism is acknowledged as the driving force behind the ongoing epidemic of violence against Blacks.

"I grew up in 'Small Town USA'…when bias was 'legal,'" recalled *Retired Educator*, who said she was rejected by numerous nursing schools because of race, despite having worked as a nurse's aide. Finally, after excelling in an all-day test, she was allowed to enter a diploma nursing program. "Later on, a woman told me, 'You know, the whole hospital threatened to strike if you came to work here, but you're not so bad.'

"I think that race is always there," she added. "When I was a nursing student I wasn't allowed to go with the rest of my class to the park because it was a segregated park. It puts you a little bit on the defensive. You find yourself asking, 'Do they want me; what do I have to offer; can I be accepted for my skills and talents?'"

Slightly later in her career, after achieving a position of prominence among the faculty as the first Black to hold the post, *Retired Educator* said White colleagues did not believe she deserved the job. "That was hard for some of the faculty to accept," she said ruefully. "I had one faculty member come into my office and scream at me for 2 hours, telling me why I shouldn't be [in that position]; he didn't think I was capable."

Today, even though many health care organizations have codified diversity and inclusion policies, ugliness and aggression are still extremely prevalent. As recently as October 2019, *Bedside Nurse* reported someone changing her name on the unit's daily whiteboard roster, erasing her entry and writing the phrase "NI 6," in its place, using urban slang for the derogatory term "nigger."

When she went to management about the incident, she experienced foot-dragging and a classic "blame the victim" mentality, with her manager suggesting that maybe the term "meant something else" or was meant as a joke. The manager even went so far as to say she wanted to "safeguard the feelings" of the other people in the unit by not publicizing the abhorrent event. Even more insulting and demeaning was the fact that the human resources department dropped the investigation without informing her and without making any statement to censure the unknown culprit.

"I think what hurt me the most, not just the term being written about me, but the response that I got after the fact," *Bedside Nurse* revealed. "I was never under the notion that they would be able to find exactly who did it. I didn't expect anyone to confess, but I think I wanted an outright denunciation of the act; just a general statement, an acknowledgement that it happened, that it happened to me, and that it was not something that we would tolerate in the organization."

However, because she is pursuing leadership within the organization, *Bedside Nurse* said she felt like she needed to minimize her feelings and let the issue drop. "I felt like I shouldn't say any more, because I do intend to go into leadership there. I really believe in the organization, and I was disappointed in their response, but I was reluctant to push it further. I have to smile and not have it affect my work or my patients; to act like everything is OK."

While blatant acts of racism typically are not tolerated by most health care organizations, there are many covert and surreptitious acts that occur on a sometimes daily basis that can cause minority nurses to become dispirited and disheartened.

"The macroaggressions are important, but the microaggressions are the ones that wear you down," noted *Retired Educator*. "When I went into nursing school, they said I couldn't room with anyone, they had a room for me on the third floor in the back, because they couldn't have a black nurse and a white nurse sharing a room. The little insults are the ones that get to you: 'She's colored but she's nice,' or being told 'It's good to have someone represent African American cultures, but smart, too.' You learn how to handle those slights."

Many times, Black nurse leaders are faced with a situation where they are the only people of color in a leadership role, which can cause awkward and uncomfortable conditions. "Race is a harder, more difficult barrier and challenge than others," commented *Military Officer*. "I've often found myself in the position of being 'the only one:' the only woman, the only Black woman, the only young woman. You have to find a way to relate to people and share the aspects of culture that relate to the circumstances."

Nurse Manager agreed, commenting, "As you start your career as a nurse leader, you walk into a room and people assume you report to the people who actually report to you; they don't think a manager, a nurse leader, can be a Black woman. You always have to prove yourself; you never find yourself in the majority."

Implicit bias prevents many Black and minority nurses from moving up the career ladder, despite having equal, if not superior, credentials, education, and experience to their White counterparts. A common theme among minority nurses is the perception that they must work "harder, longer, smarter, faster" in order to get ahead. In fact, each of the volunteers interviewed for this study agreed that they have had to work considerably harder than White colleagues in order to be taken seriously or considered for a promotion.

"You have to work twice as hard to be considered half as good," asserted *Nurse Manager*, who pointed out that she is the only person in her position responsible for 2 units; other managers are only responsible for 1 unit. Despite having a double workload, her units deliver the best metrics across the entire enterprise, a fact she feels has been overlooked in her quest for advancement. "Normally, when people are doing that great, I strongly believe that the organization would create some opportunities for them," she said, noting that the lack of a succession plan is frustrating and discouraging.

"You have to be a little bit smarter, run a little bit faster, stay a little bit longer at work," she added. "You always have to do more."

Nurse Practitioner pointed out, "We all recognize that race always plays a factor. Every single one of the opportunities that I've had, I've had to prove to executive leadership that I was worthy and 'as good as,' because of race more so than anything else. Implicit bias moves heavily in how we make decisions. Many White people don't recognize implicit bias for what it is, how it impacts decision-making, how Blacks are approached differently."

Subjects agree that in many cases, management in many health care organizations seems unable or unwilling to view Black and minority nurses as having leadership potential, even when they have the qualifications and experience. "Many minority nurses don't think that it is possible to break through that glass ceiling," *Nurse Manager* declared. "You prepare yourself through education and experience, but it all comes down to trying to get people to see you in that leadership role."

Bedside Nurse related that she is often told that she needs to start at a lower level to gain experience, even though she has seen White nurses promoted into higher positions with less experience and less educational qualifications. "No one gives you a chance. As a person of color, you have to be 10 times more qualified to get that position. People aren't willing to take a risk on you; aren't willing to invest in you, aren't willing to build you up; aren't willing to let you grow into the role."

Black and minority nurses seeking to move into executive roles in health care organizations also suffer from gender bias. In fact, even though male nurses represent less than a tenth of the total nursing workforce, they are often promoted into leadership roles faster and with fewer credentials. "The medical space is still a boy's club," declared *Nurse Manager.* "As a female in leadership, gender will always be a barrier."

"Gender and race work against you," affirmed *Bedside Nurse*. "As a minority, it is harder to get into leadership position, but for some reason, men seem to accelerate faster than women do."

Ageism also has an impact, at both ends of the spectrum, which is ironic because according to the 2018 National Sample Survey of Registered Nurses, the average age of an RN was 50 years old; with more than half (53%) of nurses less than 50 years old, and slightly less than half (47.5%) aged 50 or older.[3]

"Age has been more of an issue for me. I moved up in roles very quickly in my career and have often supervised staff older than me," noted *Military Officer.* "I am always questioned due to my age. You have to address these biases when they come up and be willing to have the difficult conversations."

Retired Educator pointed out that age can be an issue with older nurses as well. "Age is always a topic of discussion. One of the things about the nursing profession is that we have nurses who work so much longer in terms of their age, some doing clinical work into their 70s." For her part, however, she noted, "God never said 'retire,' so as long as I'm able, I'll just continue to work."

The intersection of race, gender, and age exacerbates the difficulty for nurses seeking to move into management positions. Also, because nursing is a female-dominated industry, as a whole, the profession is not given as much respect as male-dominated fields, a factor that may explain why many physicians are in health care management roles versus nurses.

Nurse Practitioner said it has been a career-long struggle to heighten the profile of her chosen profession. "The number 1 challenge has been to prove that nurse practitioners can do the job as well as physicians. I have had to make the case for my training, my education, my experience as competent as, and comparable to, physicians."

Military Officer commented, "A young black woman walking into a situation is going to face more unconscious bias, from different angles—race, age, and gender. I do believe the gender issue impacts our ability to have a voice in the larger health care industry. It impacts our ability to break through the glass ceiling."

Nurse Manager agreed, noting, "Some of the biggest struggles for me have been how people identify me—I'm Black, I'm female, I'm a woman in leadership trying to navigate the medical community. Nurses are still trying to find a space [in which] to be respected, and this is a hard place to get to, even with a DNP."

NURSING PROFILE HEIGHTENED DURING COVID-19 CRISIS

The current global pandemic may be causing a sea change in the way health care management views the nursing profession. As numerous national polls and news services have reported, public perception of nurses as "heroes" and respect for the nursing profession reached record high levels in 2020: according to the Gallup Honesty and Ethics Poll, nurses earned a record 89% very high/high score for their honesty and ethics, up 4 percentage points from their prior high of 85% in 2019. Indeed, nurses have topped Gallup's Honesty and Ethics list since 2002.[10]

In this sense, the COVID-19 crisis magnifies both the importance of nurses being in the vanguard of defense and treatment of the disease, but at the same time, shines a light on the health disparities and inequities faced by communities of color, as COVID-19 has had disproportionate rates of infection and mortality among minorities.[11] As such, the crisis may actually present opportunities to enhance the representation of nurses in health care leadership in general, and boost the recruitment and retention of Black and minority nurses throughout the profession.

Volunteers interviewed for this report agreed that the COVID-19 health crisis has made nurses'

contributions on the frontlines of health care more dramatically visible.

"Nursing takes center stage in COVID-19 treatment," declared *Nurse Practitioner.* "This has amplified the role of nursing, both nationally and internationally. We need to use this as an opportunity to have organizations see us in leadership and CEO roles, just like our physician colleagues."

Nurse Manager commented, "I see myself as an advocate for patients," noting that the role of advocacy is especially important when patients are immigrants and non-English speakers. "There is a lot of mistrust of the medical community among immigrant populations; but they feel less vulnerable with me because I treat every patient like a sister, a nephew, a brother. I care for my team that way, too, so they can care for our patients."

Participants agreed that having nurses and nurse leaders involved in setting policy is crucial to addressing health disparities. "Board memberships are important for minorities and nurses," asserted *Retired Educator*: "I think it is important because our country is moving more toward diversity, and we need to get more nurses on boards, and we need to get more nurses of color on boards. It is our turn to be involved in policy-making and decision-making that affects the profession.

"Nurses need a place at the table," she continued. "Back when I was in nursing school, doctors were on the top of the totem pole, you stood up when they walked into the office and followed doctors' orders. The whole system of health care has changed; the road to health is an educative process, so we need to make it a collaborative situation with the goal of providing the best care for the patients."

Military Officer pointed out, "My focus is on where we can insert the nursing voice into the public health system. We need to build nurse leaders inside public health services in order to maximize our potential. You have to take into account the culture of patients and the community, and how this impacts the social determinants of health. This is where a community-based nurse can really make a difference.

"We need to continue to elevate nurses so that our voices are heard in the broader context of the medical community," she added.

Nurses historically have been blocked from making inroads into executive, decision-making positions, subjects said. "Nursing is the most trusted profession—but we have never been able to leverage that," *Nurse Practitioner* stated. "Why aren't there more of us running hospitals, running for office, or running Fortune 500 companies? We have incredible nurse leaders around the country, but we are socialized as nurses not to apply to these [executive] roles. We have been complacent with the low percentage of minorities in leadership. We need to take leading organizations to task, for not having Black chairs or board members, not having nurses as chairs or board members."

Subjects agreed that current leaders need to be proactive in terms of recruiting and retaining Black and minority nurses, and grooming them for leadership positions in order to address the current imbalances. For example, *Retired Educator* noted that her leadership position at a predominantly White university allowed her to actively recruit more minorities into the nursing school. "Somebody asked me, 'How can you work at that racist school?' and I said, 'Somebody has to be inside to open the door and let people in,'" she recalled.

"My goal is to increase awareness and visibility of nursing as a profession," *Military Officer* remarked. "We need to develop each nurse as an independent nurse leader. At the same time, nurses need to know, you can lead from wherever you are. You don't have to ask for a seat at the table, you can just pull up a chair and sit down; if there are no chairs, bring your own chair, or even make your own table and invite others to take a seat."

CONCLUSION: IMPLICATIONS FOR THE NURSING PROFESSION

Overcoming the challenges of systemic racism and other obstacles for minority nurses and nurse leaders is vitally important to addressing the current disconnect between the demographics of the population at large and the corresponding racial and ethnic composition of the nursing profession, as well as supporting the health care industries' stated goals of promoting diversity and inclusion, eliminating health disparities, and serving disparate demographic populations with care and compassion.

Based on the narrative revealed by this project, it is imperative that nursing schools, hospitals and large health systems develop focused programs designed to address the shared experiences and systemic bias that impact Black nurses, identifying factors that may prevent them from achieving the higher levels of leadership of which they are qualified, capable, and deserving.

Addressing health inequities among underserved minority populations requires outreach and a committed program of community and staff education. It is clear that health systems need to reiterate the fundamental principles of medical ethics and embrace a mission to provide quality health care in an atmosphere of dignity and respect to all, regardless of a person's race, ethnic background, religion, gender, or ability to pay.

To better fulfill this mission, hospitals and health systems need to identify and implement the foundational elements of diversity and inclusion work. This includes having executives, administrators and senior nursing leadership drive system-level strategies and solutions to integrate equity, diversity and inclusion

goals, focusing on policies and programs to eliminate barriers, institutional and structural inequities, and improve the health and well-being of vulnerable and marginalized communities.

At the same time, it is important to establish public/private partnerships between health care organizations, leading nursing professional associations, academic institutions, and governmental agencies to fund research into nursing recruitment and retention issues and develop strategies and programs to attract more Blacks and other minorities to the nursing profession.

Clearly, entrenched institutional racism and other forms of implicit bias are creating a distinct disincentive for Blacks and minorities to enter and remain in the nursing profession, and preventing those already committed to nursing from ascending into higher-ranking, more responsible positions. Without having equitable representation of Blacks and minorities at every level, health care systems are doomed to fall woefully short of achieving their goals of providing inclusive health and wellness treatment based on evidence-based best practices. Understanding and responding to the diverse demographics of our patient populations is fundamental to the nursing profession's mission to provide culturally competent, compassionate care, and address the challenges of a changing and increasingly varied and multicultural society.

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