

# Diversity, equity, inclusion, and belonging: A role for us all

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Let us take a step back in time to May 2020, when the world was reeling from the COVID-19 global health pandemic and witnessed the murder of Black American George Floyd. Floyd's murder sparked protests, social unrest, and brought an old topic to the forefront: racism. As a result, organizations (both for-profit and non-profit) began to make public statements condemning racism and sharing their diversity, equity, inclusion, and belonging (DEIB) strategies to address issues internally and externally.

Racism isn't something new, particularly in the US. However, the discussion of the true impact of racism on the health equity and well-being of healthcare workers, especially nurses and physicians, is now in the spotlight. In 2022, *Nursing Times* featured an opinion article titled "Nursing while Black: Why is racism killing nurses?," which discussed the global impact of racism on Black nurses and how it can lead to "self-doubt and the internalization of these experiences."<sup>1</sup>

In January 2021, several nursing organizations launched the National Commission to Address Racism in Nursing to examine "the issue of racism within nursing nationwide focusing on the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront individual and systemic racism."<sup>2</sup> The deep structural impact racism has on how we function daily in society and the heavy burden it can place on the shoulders of nurses, patients, and communities of color are undeniable. In fact, Watson and Malcolm state, "The systemic burden of slavery is still present in institutions throughout our country."<sup>3</sup> It's evident in systems from the housing market to the financial sector, from employment to our very own beloved industry: healthcare.



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In April 2021, Dr. Rochelle P. Walensky, director of the CDC, released a statement declaring racism “a serious public health threat.”<sup>4</sup> Specifically, she said:

“What we know is this: racism is a serious public health threat that directly affects the well-being of millions of Americans. As a result, it affects the health of our entire nation. Racism is not just the discrimination against one group based on the color of their skin or their race or ethnicity, but the structural barriers that impact racial and ethnic groups differently to influence where a person lives, where they work, where their children play, and where they worship and gather in community. These social determinants of health have life-long negative effects on the mental and physical health of individuals in communities of color.”<sup>4</sup>

This CDC position statement gave individuals within organizations dedicated to this work, particularly in healthcare, the space to lean in even further to help make changes.<sup>5</sup> What resulted was a new sense of validation, support, hope, and commitment among institutions to “do the hard, forever work of changing structures, processes, and outcomes to dismantle racial health disparities, and ultimately save lives.”<sup>3</sup>

As we continue to have these conversations, we each must ask ourselves why these structures exist and why this conversation matters to all of us. We each bring different perspectives and lived experiences to our interactions with these systems, our patients, and each other. Through connection, storytelling, listening, and education, we can collectively

make strides toward a more equitable environment. Our goal with this article is to provide a different perspective, share our experiences, and provide recommendations on how we can continue to move forward together as allies and partners in this work.

Although many individuals must be part of this work, we want to start in a personal and specific way by writing letters to three important partners: leaders, nurses of color, and allies. Each group plays a critical role in creating cultures of inclusion and belonging; cultures that are rooted in psychological safety for all—specifically for our staff, caregivers, and patients. We believe this ongoing conversation can collectively address the issues of racism and health equity in employment and our organizational cultures. Although you may find yourself reflected in one letter over another, we encourage you to read all to get a holistic view of inclusivity to join the journey to make change.

Many organizations have developed definitions based on their own culture, intent, mission, vision, and values. Therefore, it’s important to establish a baseline of shared language to provide a foundation for our conversation (see *Table 1*). For the purpose of this article, we’ll use the Cedars-Sinai Office of Diversity and Inclusion DEIB definitions of the terms, largely because of the work they’ve done, the strides they’ve made, and the commitment they’ve demonstrated to the community.<sup>5</sup> Now that we have a shared language, let’s begin with a message to leaders.

### No time for silence

Dear Leaders,  
The American Nurses Associa-

tion’s *Nursing Administration: Scope and Standards of Practice* defines our core accountabilities regardless of the practice setting, role, or title. Accountability in this context means being answerable to yourself and others for your actions and the impact they have on individuals, organizations, neighborhoods, and communities. Each accountability has corresponding standards and competencies for nurse administrators that serve to guide the practice of leadership. Standard 16 discusses resource utilization to provide and sustain high-quality, evidence-based, and culturally appropriate nursing services to persons, communities, and populations. The corresponding competency includes but isn’t limited to addressing discriminatory practices and health disparity issues and their influence on resource utilization; it also promotes the nursing workforce as representative of the diversity of the population served.<sup>6</sup>

A message that resonates with us when thinking about leadership is: involvement improves outcomes. As a leader and stakeholder, you play a critical role in shaping how patients and staff view and trust our organizations. In 2021, McKinsey & Company conducted a survey of nurses, which revealed that 22% of direct care nurses would leave their positions in the next year.<sup>7</sup> Of the 22% of nurses who indicated they may leave their current positions, 60% said they were more likely to leave because of pandemic-related factors, such as insufficient staffing, workload, and the emotional toll.<sup>7</sup> Landi concurs and adds that the nursing staff exodus is a result of fatigue, disenchantment, a lack of community and connection, and a

**Table 1: A shared language (DEIB terminology)**

<b>Antiracism</b>	A form of action to work against racism and the systemic oppression of racially marginalized groups.
<b>Ally/allyship</b>	The continuous process of actively promoting and aspiring to advance a culture of inclusion through intentional, positive, and conscious efforts that benefit people in a group that you are not, yourself, part of.
<b>Belonging</b>	Feeling that your true authentic self is welcomed and celebrated so you can thrive, contribute, and see yourself reflected in the culture.
<b>Bias</b>	A preference for one person, group, or thing over another, especially if that preference is irrational, prejudiced, or preventing objective consideration of an issue or situation.
<b>Cultural competency</b>	The ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than your own, based on various factors.
<b>Cultural humility</b>	A humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases.
<b>Discrimination</b>	Unfair or prejudicial actions (taken consciously or unconsciously) that favor and empower one group over others based on actual or perceived differences of social identities.
<b>Diversity</b>	The visible and nonvisible differences that exist among people.
<b>Equity</b>	Making sure people get access to the same opportunities. Equity focuses on fair treatment, access, opportunity, and advancement while simultaneously attempting to identify and eliminate structural barriers that have prevented full participation of an underrepresented group. We must first ensure equity before we can enjoy equality.
<b>Health equity</b>	Full and equal access to health services that allows for the attainment of the highest level of health for all persons with regard for their unique differences.
<b>Inclusion</b>	Respectfully recognizing, welcoming, supporting, and valuing the talents of all employees regardless of their differences.
<b>Intersectionality</b>	The interconnected nature of a person's social identities/dimensions of diversity, such as race or ethnicity, socioeconomic status, and gender, and how they can create overlapping and interdependent systems of injustice, discrimination, or disadvantage.
<b>Meritocracy</b>	A system, organization, or society in which people are chosen and moved into positions of success, power, and influence on the basis of their demonstrated abilities and merit.
<b>Microaggressions</b>	The everyday verbal, nonverbal, and environmental slights, snubs, or insults—intentional or unintentional—which communicate hostile, derogatory, or negative messages to individuals based solely upon their marginalized group membership.
<b>Microinequities</b>	Verbal or behavioral indignities, whether intentional or unintentional, that single out, overlook, ignore, or otherwise discount an individual based on an unchangeable characteristic, such as gender or race. A microinequity generally takes the form of a gesture, different kind of language, treatment, or even tone of voice.
<b>Prejudice</b>	A preconceived notion or belief that's formed without knowledge, reason, or conscious thought and prevents objective consideration of a situation, person, or event.
<b>Racism</b>	The belief that some people are inferior and thus deserving of discrimination, prejudice, exploitation, or violence based on their actual or perceived race, ethnic group, or skin color.
<b>Unconscious or implicit bias</b>	A stereotype or assumption that a person forms outside of their own conscious awareness.

perceived lack of organizational support during the COVID-19 pandemic.<sup>8</sup>

In today's healthcare environment, when DEIB efforts exist to one extent or another, it's impera-

tive (especially in patient-facing positions) that we begin to identify self-fulfilling beliefs and fallacies. These beliefs have shaped organizational practices related to hiring, recruiting, and retaining

our staff and become a part of the organizational DNA contributing to structural racism. In addition, these fallacies inherently lead to flawed reasoning, followed by actions that don't serve the orga-

nization well. They can be detrimental to the organizational brand and reputation in the community, affect hiring efforts, and have the potential to hinder even the best diversity efforts.

As leaders, we should be concerned about long-held practices that prevent us from hiring candidates who reflect the patients we serve, honoring our commitment to DEIB, and having a mindset that reflects inclusiveness and not exclusiveness. The pandemic and societal issues have highlighted this need, and it's now more apparent than ever. Provision 8.3 in the Code of Ethics for Nurses with Interpretive Statements

important as you address and evaluate current approaches with the intent to change the mindset around recruitment and hiring practices.

- Who are you hiring and why? Are you making hiring decisions based on individuals you have a prior relationship with, know personally, or who are associated with someone you know?
- How is the "best" candidate defined? What criteria are used to demonstrate this measure of "best" or "most qualified?"
- Are the criteria evidence-based measures of success or are they based on traditional methods, long-standing tradi-

- Which applicants are considered, and are their applications and résumés blinded to avoid bias?
- Consideration should also be given to clinical affiliations and sources of recruiting. Do your clinical affiliates have the same commitment to DEIB as your organization? Do those affiliations honor your mission, vision, and values, and do those affiliations reflect nontraditional students?
- What plans, structures, and support do you have in place to address belonging for individuals who are diverse?

Your professional obligation, mindset, and leadership role set the tone for all you influence,



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states, "Nurses must recognize that healthcare is provided to culturally diverse populations in this country and across the globe. Nurses should collaborate to create a moral milieu that is sensitive to diverse cultural values and practices" and requires nurses to "collaborate with others to change unjust structures and processes that affect both individuals and communities."<sup>10</sup>

Many of these changes will require a systematic evaluation of current leadership and human resource practices. Therefore, consider your personal and professional obligation to impact, influence, create, and implement more equitable and inclusive hiring practices. Leaders, the following considerations and questions are

tions, or beliefs that don't allow you to evaluate effectively?

- Who interviews the candidates? Are you looking for candidates who are "likeable" and who reflect your likes, beliefs, experiences, and values?
- Do the interviewers represent a diverse slate of opinions, nationalities, cultures, and mindsets? Does each interviewer recognize that they're a part of the selection process to eliminate bias and support the organization's desire to have a diverse staff?
- Are hiring policies and job descriptions evaluated for bias and inclusiveness? Do these policies align with your DEIB commitment and reflect your organizational mission, vision, and values?

including departmental culture, excellence and focus on quality, practice, customer service, and even social justice. Embrace your role to help acknowledge and eliminate structures that don't promote DEIB within the healthcare system. There's no time for silence or blind agreement when so much is at stake and when a voice of accountability is necessary. The late, former US Representative John Lewis said it best: "When you see something that is not right, not fair, not just, you must speak up. You have to say something; you must do something."<sup>10</sup>

### **Emergence from the shadows**

Dear Nurses of Color,  
As a fellow nurse of color, I see you and you matter in the nursing

profession! You're an excellent, competent nurse and beautifully made. Your family, friends, and faith call upon you because you're compassionate, knowledgeable, and have all the answers to their medical questions. They saw how hard you worked in nursing school and how you persevered by overcoming societal stigmas while breaking generational curses. You're a pillar of your community, yet most people don't see you that way.

The nursing profession hasn't been kind to nurses of color since its inception in the US. I can see the disappointment on your face when you weren't promoted to that leadership position, when a patient thought you were "not their nurse," when a patient didn't want "your kind" taking care of them, or when you were given the most challenging assignment for no apparent reason. But despite it all, you still come to work finessing the art and science of nursing while dodging microaggressions, structural racism, and implicit biases from your colleagues, coworkers, and patients. You continue to make a difference, despite being judged by your physical characteristics such as skin tone, hair texture, hairstyle, or attire as soon as you walk into a room. We're encouraged to be authentic, but at what cost?

So, what do you do? You get busy doing the work. We're a moving force now and can't stand in the shadows anymore. Our voices and collaborative partnerships are too critical and more necessary than ever. Being the voice for our patients comes naturally; now, we must be the voice for ourselves. We must be the spokesperson for our narrative,

not the individuals who have made us subjects of their scholarly work.

Nurses of Color, here is your call to action:

- Find sources that celebrate the accomplishments of nurses of color within the profession. Researching their stories and understanding their challenges connects us to our history within nursing and gives us a sense of pride, inspiration, and belonging. The Nurses You Should Know Project, a collaborative campaign designed to raise awareness of the contributions of nurses of color in the nursing profession and healthcare at large, provides an online platform that allows us to acknowledge, honor, and promote the history of Black, Asian American, Pacific Islander, Hispanic, and Native American trailblazing nurses.<sup>12</sup>

- Be brave and strong like the visionaries who started minority nursing organizations because they were told we didn't belong at the table, such as Adah Belle Thoms, a charter member of the National Association of Colored Graduate Nurses; Susie Walking Bear Yellowtail, a founding member of the American Indian Nurses Association; and Dr. Ildaura Murillo-Rohde, the founder of the National Association of Hispanic Nurses.
- Be a pioneer like Dr. Hector Hugo Gonzalez, the first Mexican American RN to earn a Doctorate in the US; Lula Owl Gloyne, the first Eastern Band Cherokee Indian RN; Rose Lim Luey, a bilingual Chinese American public health nurse and founding member of Asian Health Services; and Colonel

Lawrence Washington, the first male army nurse and the first Black nurse promoted to the rank of colonel.

- Join nursing organizations to enhance your professional and personal growth, knowledge, and development. Membership in professional organizations offers abundant benefits, including certification opportunities, networking, professional publications, continuing education, and standards for practice.
  - Become an active member by volunteering for professional nursing organization committees. Your expertise, knowledge, and wisdom are needed on committees to influence healthcare policy and practices by advocating for minority and underrepresented nurses and patients.
  - Consider running for elected positions at the local, regional, and national levels. Many nursing organizations want to diversify their board of directors. We must be willing to apply for these positions and ready for the challenge when called. Show up to the table even if you weren't invited; they must make space for us now.
- Be kind to true allies of nurses of color; understand them just as much as we want them to understand us. Provide opportunities for allies to act with us in advocacy roles such as mentorship and sponsorship programs. If they're brave enough to stand up for us, let us embrace them, teach them, mentor them, and stand with them in our work.
- Know what microaggressions are and recognize them when you see them. Be courageous to

speaking up; however, don't feel that you must be the spokesperson for your whole race. This can be intense, exhausting work, and you can't carry the weight alone. Everyone needs to take action to address systemic racism and DEIB. Become an activist who stimulates broader DEIB change within your institution and communities through partnership and collaboration.

My fellow Nurses of Color, I leave you with this quote: "Please do yourself a favor. Don't lower your standards to fit in. Don't shrink who you are to make other people comfortable. Do find and surround yourself with people who like you just the way you are and encourage you to keep growing."<sup>12</sup>

## An obligation to advocate

Dear Allies,  
Did you know that our voices, actions, beliefs, and positions as role models shape the culture of belonging on our teams, in our departments, for our organization, and ultimately for our patients? Nurses of color need us as we look to create a more equitable environment for all to thrive, belong, and succeed. Our patients of color need us to ensure they survive in a system that has historically been set up to exclude.

Allyship is essential to change, and it will take all of us. bell hooks, author of *Feminist Theory: From Margin to Center*, proposes that "for any defined group, especially one with any power, influence or control, there is a center and a margin, where the center has more power, influence or control than the margin."<sup>13,14</sup> The center of power and the margins theory is more applicable than ever in the allyship and DEIB conversa-

tion. It's a great reminder that when we have power, or are an ally, we must use that power for good and to level the playing field.

Brandford and Brandford-Stevenson note that while this country becomes increasingly diverse, there's a lag in the representation of races in the nursing workforce as compared with the general population.<sup>16</sup> The authors cite that minorities and persons of color account for 19.2% of the nursing workforce yet comprise 37.8% of the population in the US.<sup>15</sup> Given this, we need authentic allies to address the issues within healthcare and nursing "by actively engaging in improving the lives of marginalized individuals through intentional and conscious efforts."<sup>16</sup>

We have an obligation to advocate for the profession that takes care of people in communities across this nation. The best approach to caring for the communities we serve is to advance and advocate for the true culture of DEIB. Our profession and industry have the intellect, compassion, and balance of art and science to do this, but it will take a commitment to change from us ALL!

Allies, here is our collective call to action:

- Be intentional about your commitment to transforming the culture of systemic racism. Take it upon yourself to be curious about the history of racist systems: read informational sources, ask questions, and attend educational webinars/sessions. Do the work!
- Use your power for good. Remember bell hooks' Feminist Theory: If you have a seat at the table, how can you ensure the voices of those who may be at the margins are heard and respected?

- Expect the conversations to be uncomfortable and difficult. You may feel defensive, guilty, apologetic, or ashamed of your lack of awareness. You may be faced with others who feel that way too as you're trying to change the conversation and make change. Please don't let that be an excuse to stop being an ally.

- Be a part of the work. Assess who is and isn't benefiting from the current practices, policies, and inequities. Basically, does it further marginalize or disempower nurses of color, patients of color, and our communities?

- Use your voice to articulate a more equitable way and encourage and support the voices of those you're supporting.

- Become a professional sponsor. Being an ally doesn't necessarily mean you fully understand what it feels like to be oppressed, but it means you acknowledge the inequities in society, and you're committed to doing your part to change it.

- Commit to moving from ally to advocate. Remember an ally is an individual from a dominant group who seeks to end oppression by actively engaging in improving the lives of marginalized individuals through intentional and conscious efforts.<sup>16</sup> In contrast, an advocate is a person who publicly supports, recommends, or pleads a cause, person, or policy.<sup>17</sup> Be the person to continue your journey publicly to change the systems.

According to Atcheson, allyship is a lifelong process of building relationships based on trust, consistency, and accountability with marginalized individuals and/or groups of people.<sup>18</sup> However, it's not self-defined because

the work and efforts must be recognized by those with whom you're seeking to be an ally. However, continuing to show up and be supportive will bring you one step closer to true allyship and advocacy.

"We all have a sphere of influence. Each of us needs to find our own sources of courage so that we can begin to speak. There are many problems to address, and we cannot avoid them indefinitely. We cannot continue to be silent. We must begin to speak, knowing that words alone are insufficient. But I have seen that meaningful dialogue can lead to effective action. Change is possible."<sup>19</sup>

### Time for transformation

It's time to transform our health-care organizations to improve access, diversity, equity, inclusion, and belonging. It's also our obligation to the future of nursing and, fortunately, there's a role for all of us in the DEIB journey to combat structural racism. Leaders, we can impact change from our leadership seats that drives health equity and improved health outcomes at the point of care. We can use our voices to speak truth and bring clarity about the need and cause. Nurses of Color, share your perspective as nurses of color. Allies, lean in and use your allyship to drive change within nursing and the community. With our collective actions, we can transform our workplaces one healthcare organization at a time. **NMI**

### REFERENCES

1. Moorley C. Nursing while Black: why is racism killing nurses? *Nursing Times*. 2022. [www.nursingtimes.net/opinion/nursing-while-black-why-is-racism-killing-nurses-27-04-2022](http://www.nursingtimes.net/opinion/nursing-while-black-why-is-racism-killing-nurses-27-04-2022).

2. American Nursing Association. National Commission to Address Racism in Nursing. 2022. [www.nursingworld.org/practice-policy/workforce/racism-in-nursing/national-commission-to-address-racism-in-nursing](http://www.nursingworld.org/practice-policy/workforce/racism-in-nursing/national-commission-to-address-racism-in-nursing).

3. Watson L, Malcolm M. Racism as a preventable harm. *Nurs Adm Q*. 2021;45(4):302-310.

4. Centers for Disease Control and Prevention. Media statement from CDC Director Rochelle P. Walensky, MD, MPH, on racism and health. 2021. [www.cdc.gov/media/releases/2021/s0408-racism-health.html](http://www.cdc.gov/media/releases/2021/s0408-racism-health.html).

5. Cedars-Sinai Medical Center. 2022. Cedars-Sinai Unconscious Bias Education Supplemental Materials.

6. American Nurses Association. *Nursing Administration: Scope of Standards of Practice*. 2nd ed. Silver Spring, MD: ANA; 2016.

7. Berlin G, Lapointe M, Murphy M, Viscardi M. Nursing in 2021: retaining the healthcare workforce when we need it most. McKinsey & Company. 2021. [www.mckinsey.com/industries/healthcare/our-insights/nursing-in-2021-retaining-the-healthcare-workforce-when-we-need-it-most#](http://www.mckinsey.com/industries/healthcare/our-insights/nursing-in-2021-retaining-the-healthcare-workforce-when-we-need-it-most#).

8. Landi H. Third of nurses plan to leave their jobs in 2022. Fierce Healthcare. 2022. [www.fiercehealthcare.com/providers/third-nurses-plan-leave-their-jobs-2022-survey-finds](http://www.fiercehealthcare.com/providers/third-nurses-plan-leave-their-jobs-2022-survey-finds).

9. American Nurses Association. *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: ANA; 2015.

10. Black Alliance. 25 Best John Lewis Quotes (Voting, Education, Good Trouble!). "If You See Something" Quote. 2019. <https://blackalliance.org/john-lewis-quotes>.

11. Seltzer Uribe J. Nurses you should know project: helping change the nursing narrative. Johnson & Johnson. 2021. <https://nursing.jnj.com/nursing-news-events/nurses-leading-innovation/nurses-you-should-know-helping-change-the-nursing-narrative>.

12. Butler K. Daily Inspirational Quotes. 2018. [www.dailyinspirationalquotes.in/2017/09/please-favor-dont-lower-standards-fit-dont-shrink-make-people-comfortable-find-surround-people-like-just-way](http://www.dailyinspirationalquotes.in/2017/09/please-favor-dont-lower-standards-fit-dont-shrink-make-people-comfortable-find-surround-people-like-just-way).

13. Hooks B. *Feminist Theory: From Margin to Center*. Cambridge, MA: South End Press; 1984.

14. Hooks B. Primary Goals, Center/Margin Theory. 2021. <https://primarygoals.com/teams/models/center-margin>.

15. Brandford A, Brandford-Stevenson A. Going up!: exploring the phenomenon of the glass escalator in nursing. *Nurs Adm Q*. 2021;45(4):295-301.

16. Arif S, Afolabi T, Mitrzyk BM, et al. Engaging in authentic allyship as part of our professional development. *Am J Pharm Educ*. 2022;86(5):377-381.

17. Merriam-Webster. Advocate. 2023. [www.merriam-webster.com/dictionary/advocate](http://www.merriam-webster.com/dictionary/advocate).

18. Atcheson S. Allyship - The key to unlocking the power of diversity. *Forbes*. 2018. [www.forbes.com/sites/shereeatcheson/2018/11/30/allyship-the-key-to-unlocking-the-power-of-diversity/?sh=10f5b96f49c6](http://www.forbes.com/sites/shereeatcheson/2018/11/30/allyship-the-key-to-unlocking-the-power-of-diversity/?sh=10f5b96f49c6).

19. Tatum BD. *Why Are All the Black Kids Sitting Together in the Cafeteria?* New York, NY: Basic Books/Hachette Book Group; 1997.

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