AONL | Guiding Principles

Diversity, Equity, Inclusion and Belonging Toolkit™

Dear Colleague:

The American Organization for Nursing Leadership (AONL) is steadfastly committed to diversity, equity, inclusion and belonging (DEIB) within the organization and the field of nursing leadership. We have intentionally woven this focus into every aspect of our AONL 2022–2024 strategic plan and will continue to fully integrate it into our strategic priorities moving forward. Though this work is challenging, it is the moral, professional and ethical responsibility of AONL and nurse leaders everywhere to proactively transform our approach to DEIB within our communities.

For AONL, one of the first steps was creating the Diversity, Equity, Inclusion and Belonging Committee to head up this important work. A member of the American Hospital Association's Institute for Diversity and Health Equity was also invited to sit on the committee to ensure alignment of overarching diversity initiatives. Further, AONL worked with Just Health Collective, a partner that brings expertise in health equity strategy and operational performance, to improve our processes. Through that work, we listened to input from members to learn how we could create a better sense of belonging for all nurse leaders...and we heard you! Based on that feedback, we modified the nominations process and put structures in place to ensure nominees from a wide variety of backgrounds have the opportunity to serve (e.g. practice setting, location, role, specialization, race, ethnicity, gender identity, age, experience or sexual orientation). We are excited to see this intentional evolution taking place.

The DEIB committee began its work with self-assessment and reflection. We had generative discussions and created environments of trust and psychological safety where each member felt they had the support to have their voices heard and understood. Then, together we created a mission and vision statement to help guide our work – we thought boldly and didn't restrict the possibilities. Ultimately, this allowed us to create a framework for the AONL Guiding Principles: Diversity, Equity, Inclusion and Belonging, which were published in January 2022. The foundational elements are:

- DEIB are the cornerstones of everything we do
- Building a diverse workforce and educating teams and community results in improved outcomes
- A workforce that looks like your community is critical to optimal care
- Partnerships are key, especially those with our colleagues in academia to improve equity in training
- Technology, data and research must be leveraged to identify areas of focus and investment

Phase two of the guiding principles companion toolkit incorporates feedback from AONL members and collaborative partners. This updated resource will assist nurse leaders in implementing the four main principles (role of leader, practice environments, partnerships and research and technology) with practical action steps. These recommended steps can be adapted for the nurse leader role, practice setting or based on where the system, hospital, unit or department is on its DEIB journey. We encourage you to provide feedback on the toolkit so that we ensure ongoing development of impactful resources.

Thank you for taking this journey with us and we hope that you will find these DEIB tools useful in your practice. We will continue to roll out additional resources as they become available. Please stay tuned.

Sincerely,

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OVERVIEW

Nursing leaders play a critical role in setting the tone for their organizations, creating policies and procedures and guiding the behavior of colleagues and teams. By prioritizing diversity, equity, inclusion and belonging (DEIB), nurse leaders can foster cultural competency and inclusive environments for teams and patients. Further, diverse workplaces lead to increased retention, collaboration and innovation and most importantly, improved patient outcomes and health care parity within communities.

Nurse leaders can use the *AONL Diversity, Equity, Inclusion and Belonging Toolkit*, regardless of role, practice setting or where they are on the DEIB journey. The resources are to be adapted to the specific environment, the level of responsibility or the leader's scope of practice.

To use the toolkit, nurse leaders should first review the foundational resources shared to gain a firm understanding of the *AONL Guiding Principles: Diversity, Equity, Inclusion and Belonging* and how they relate to the Nurse Leader Core Competencies. Other items in the toolkit include the *Nurse Leader Diversity, Equity, Inclusion and Belonging Assessment Tool,* which can help leaders identify gap areas and the *Action Step Framework* to help build a strategy of actionable items. The *Diversity, Equity, Inclusion and Belonging Case Studies for Reflective Dialogue* can serve as a catalyst to raise challenging conversations within teams and address potential situations within a unit, department or organization. To demonstrate commitment, nurse leaders are strongly encouraged to take the Organization for Nursing Leadership's *Nurse's Pledge to Champion Diversity, Equity and Inclusivity*.

AONL will update the toolkit as new information becomes available. To ensure continuous assessment and improvement, it is recommended that nurse leaders revisit these tools often. DEIB is not a one-time activity. The achievement of an enduring impact requires diligent, committed and intentional effort and ultimately, full integration into strategic plans and standard operating procedures.

AONL DIVERSITY, EQUITY, INCLUSION AND BELONGING COMMITTEE MISSION AND VISION

Mission: To build, empower and leverage the talent of diverse nurse leaders that honors their individuality and unique contributions to the nursing profession. Research, education and advocacy will support us to explore, understand, educate and embrace diversity, be inclusive of all nurse leaders and to transform our community and culture, where nurse leaders will thrive.

Vision: To unleash the potential of a diverse and united nurse leader community.

AONL Guiding Principles: Diversity, Equity, Inclusion and Belonging

AONL is committed to advocating for and achieving diversity, equity, inclusion and belonging within the community of nurse leaders. The mission, vision, values and strategic priorities of AONL recognize that the success of nursing leadership is dependent on reflecting the diversity of the communities we serve.

It is the position of the AONL that DEIB are essential building blocks of a healthy practice environment, a tenet within the Code of Ethics for Nurses and aligns with the Future of Nursing 2020-2030 recommendations. The following principles are critical for nurse leaders in supporting and promoting an environment where all persons can thrive.

Read Full Guiding Principles

AONL Advocacy

AONL provides public policy updates on federal proposals and asks nurse leaders to share with policymakers how these proposals affect their ability to provide safe, accessible and quality patient care. AONL advocates for federal funding for nursing workforce programs, increasing clinical education sites, addressing bias, as well as removing barriers patients experience trying to access care. The voice of the nurse leader is critical in shaping these policies and we strongly encourage active engagement at the local and national level.

Key issues for nurse leaders

AONL Nurse Leader Core Competencies

AONL is committed to developing and disseminating core competencies for nurse leaders in a variety of care settings and levels of responsibility. These competencies have been developed by experts in the nursing leadership field and approved by the AONL Board of Directors.

The AONL Nurse Leader Core Competencies provide the framework for the knowledge, skills and abilities associated with effective leadership—from first time leaders to experienced executives. The overarching core competencies encompass the breadth and depth of the nursing leadership specialty, across health care settings and leadership roles.

Specific to each leadership role are functional, or technical, competencies. These competencies distinguish the needed competencies in various roles and settings.

Review Competencies

Nurse Leader Assessment Tool for Diversity, Equity, Inclusion and Belonging

The *Nurse Leader Assessment Tool for Diversity, Equity, Inclusion and Belonging (NLDEIB)* can help identify areas where you can improve practices related to diversity, equity, inclusion and belonging in nursing. By regularly evaluating performance in these areas, you can take steps to create a more inclusive, equitable and healthful practice environment for your team(s).

Consider the following definitions when completing this assessment.

- Diversity is defined as the many ways humans are different based on their background, where they grew up, their environment, culture, social behaviors, norms, language and religion.[1]
- Perspectives describe viewpoints, how someone thinks or understands, while experiences refer to exposure to actions, happenings, situations or involvement.[2]
- Belonging is an inherent human need, the experience of feeling valued, accepted and safe in the practice environment.[3]
- Finally, micro-aggressions are defined as the everyday, subtle, intentional and oftentimes unintentional interactions or behaviors that communicate some sort of bias toward marginalized groups.[4]

Download NLDEIB Assessment Tool

Nurse's Pledge to Champion Diversity, Equity and Inclusivity

The Organization for Nursing Leadership (ONL) and the New England Regional Black Nurses Association (NERBNA) have developed a pledge to eliminate bias and racism in nursing. ONL urges all nurses and nurse leaders to commit to the pledge and to become change agents within their communities.

Take the Nurse's Pledge

Diversity, Equity, Inclusion and Belonging Case Studies for Reflective Dialogue

Nurse leaders are encouraged to review and use the *Diversity, Equity, Inclusion and Belonging Case Studies for Reflective Dialogue* at their discretion based on alignment with individual gap assessments. These case studies give nurse leaders specific instances of overt and covert prejudice, discrimination and racism. The described cases are real. Nurse leaders can use these case studies to increase awareness, generate dialogue with teams and develop strategies, giving team members a deeper awareness and appreciation for all human beings. The scenarios are grouped by each of the four areas of the DEIB Guiding Principles. For resources to solve the scenarios presented below, access the Action Step Framework.

ROLE OF LEADER

| Case Study 1 |

As a nurse manager, you are approached by a nurse who is emotionally distraught about some experiences she has had with your team. She reports situations where she has felt discriminated against and states she has witnessed racism. She provides three examples from the past month:

1. A charge nurse assigns three Filipino nurses to the same hallway and states "you all should have a good night since you're with your people."
2. She has witnessed and overheard conversations about Black nursing assistants who are consistently assigned roles which require stocking supplies, cleaning equipment and answering phones while their white nursing assistant peers are given opportunities to interact with patients and work alongside nurses. Both Black and white nursing assistants are in nursing school and desire more patient exposure to help set them up for success with their program and licensure exam.
3. The nurse was recently told not to apply for an opportunity to be a charge nurse/assistant nurse manager because she wasn't a good fit for the role. When she asked for more feedback, she was told leaders don't wear braids.

Reflective Questions for the Nurse Leader on Discrimination and Racism in the Workplace

1. Assessment of DEIB Impact: How can we measure the impact of our responses to discriminatory practices on workforce diversity and patient care quality?

2. Barrier Reduction: What barriers might exist in our organization that prevent equitable treatment of all staff and how can we mitigate these?

3. Cultural Competence: How can we ensure our team is culturally competent to prevent incidents of racial discrimination and promote inclusivity?

| Case Study 2 |

A transgender nurse approaches you and states she feels she is being treated unfairly and harassed. As the nurse manager, you apologize and ask the nurse if she would share with you why she feels she is being treated differently. The nurse states when she first joined the unit a couple of months ago, she overheard her preceptor say to a couple of nurses and patient care techs, "I am so pissed that of all the nurses to precept, I was assigned the guy who thinks he is a woman … someone please shoot me." I tried to pretend I did not overhear the conversation because I really wanted this job and to work on this unit. So, I just accepted it and moved on. When I would ask her for help or clarity, she would just roll her eyes and say, "I am sure you will figure it out." The nurse proceeds to share the following examples:

1. Whenever I sit at a table in the breakroom for a break or lunch, people get up and move to another table.

2. When I ask for help, everyone says they are busy.

3. Last week, I asked the PCT if he could grab some ice for my patient, he looked at me, rolled his eye and mumbled under his breath… "queer."

4. Today, I was approached and asked why I wanted to be a woman, with the person stating, "Weren't you born a man?"

Reflective Questions for the Nurse Leader on Harassment of the Transgender Nurse

1. Community Engagement: How can we engage with the LGBTQ+ community to ensure our workforce reflects and respects this diversity?

2. Feedback Mechanisms: What mechanisms can we implement to gather feedback from LGBTQ+ staff and use this to inform our DEIB initiatives?

3. Cultural Competence: How can we enhance cultural competence training to include gender diversity and prevent harassment?

| Case Study 3 |

A nurse leader recognized that cultural diversity was changing not only within his community but also within his health care organization. The nurse leader began to collaborate with human resources professionals and organizational development leaders to proactively initiate inclusivity measures. However, recently, this nurse leader was approached by a staff member who has indicated that she has been experiencing a lack of inclusion in her department. She provides the following examples:

1. Eight nurses working: one Caucasian, one Latina and the remaining were of Chinese descent. Throughout the shift, Mandarin was spoken at the nurses' station and when she asked if they could speak English it was ignored.

2. Help was not offered to her or her Caucasian colleague during these shifts however, help was offered to those of the same ethnic background as the charge nurse.

3. This experience was not singular and occurred over the course of a few months before the team member brought it to the leader's attention.

Reflective Questions for the Nurse Leader on Cultural Exclusion

1. Continuous Improvement: How can we continuously evaluate and improve our team dynamics to ensure inclusivity for all cultural backgrounds?
2. Cultural Competence: What steps can we take to ensure our team's cultural competence in a linguistically diverse environment?
3. Barrier Reduction: How can we identify and reduce language and cultural barriers that lead to exclusion in our team?

| **Case Study 4** |

Recently a group of nurse leaders were gathered to interview applicants for a posted leadership position at their organization. Prior to the applicants' arrival, the members of the selection committee were given standardized questions, scoring methodology and each applicant's resume. Prior to the meeting, each of the applicants was screened by the talent coordinator for the position's required qualifications and experience. During the interview, two of the committee members recognized that another member was discriminating against an applicant:

1. She went off script and tone, inflection and communication patterns changed.
2. The male applicant and the female tenured leader were asked the standardized questions. The female leader who mentioned her young children was asked very arduous questions regarding how she would manage work-life balance, how she achieved her qualifications at such a young age and why she thought she could be a leader and a mother.
3. The committee members concluded the interviews and began to discuss the applicants. The member who was observed going off script mentioned, "I don't care that she met the qualifications, those are just a threshold, there's no way that she can balance kids and this job. I don't think we need to hire her because she will always take time off. We need someone older."

Reflective Questions for the Nurse Leader on Gender Bias in Hiring Practices

1. Scalability of Initiatives: How can we scale our gender bias training to ensure equitable hiring practices across the organization?
2. Feedback Mechanisms: What feedback mechanisms can we establish to ensure our hiring practices are free from gender bias?
3. Retention Strategies: What strategies can we implement to support and retain women, especially those with family responsibilities?

| **Case Study 5** |

Due to staffing constraints a new associate director (in the position for three months) was researching what it would take to create an integrated model of care for licensed practical nurses (LPNs) and embed it into their nurse staffing pattern. At the time LPNs were not utilized in the inpatient care environment. However, implementing a plan to include LPNs would help them to address the current nurse staffing challenges.

The purpose of the LPN pilot, as proposed by the associate director, is to 1) create a pathway for LPNs to integrate into the inpatient care environment; 2) promote a more diverse and inclusive work environment which would better reflect their patient population; 3) encourage interdisciplinary collaboration to build stronger relationships and trust between teams and 4) provide opportunities for LPN educational advancement, continuing professional development and peer support.

The CNO became aware of this work and encouraged and advocated for the associate director to not only create a proposal, but to also submit the proposal to the Innovation Pilot Award committee for consideration that year.

Though it was not the chosen program, the CNO's advocacy helped the associate director put forward her ideas, get out of her comfort zone and "I'm too new" mindset and apply for the grant. Additionally, the CNO provided professional support and demonstrated how to encourage innovation among team members.

Reflective Questions for the Nurse Leader on Inclusion of LPNs in Practice

1. Partnership Expansion: How can we use the LPN integration initiative to inspire similar partnerships for workforce diversification?
2. Funding and Resources: What resources can we leverage to sustain and expand initiatives like the LPN integration for workforce diversity?
3. Assessment of DEIB Impact: How can we assess the long-term impact of integrating LPNs on our workforce diversity and patient care quality?

General Reflective Questions for the Nurse Leader on DEIB Improvement for Leadership

How can I assess the impact of our current DEIB efforts on the team dynamics, patient care and overall workplace environment in these specific scenarios?

1. Scalability of Initiatives: What strategies can I employ to expand successful DEIB initiatives from these scenarios to other units or departments within the organization?
2. Retention Strategies: From these scenarios, what retention strategies could be most effective in maintaining a diverse and inclusive nursing workforce, ensuring that all team members feel valued and supported?
3. Continuous Improvement: How can I continuously evaluate and improve our DEIB strategies to ensure they remain effective and responsive to the needs highlighted in these scenarios?
4. Community Engagement: How can I engage with the broader community, including minority and marginalized groups, to ensure our nursing team reflects and effectively serves this diversity?
5. Barrier Reduction: What barriers, as evidenced in these scenarios, might staff from diverse backgrounds face, and how can I work to mitigate these challenges?
6. Cultural Competence: How can I ensure that our DEIB initiatives in response to these scenarios also extend to enhancing cultural competence among the nursing staff?
7. Funding and Resources: What funding models or resources can I explore to support and expand DEIB initiatives, particularly in response to the challenges highlighted in these scenarios?
8. Partnership Expansion: How can the experiences and lessons learned from these scenarios inform and inspire similar partnerships or collaborations to enhance DEIB in health care settings?
9. Feedback Mechanisms: What mechanisms can I implement to gather and utilize feedback from nursing staff and other stakeholders to inform and refine our DEIB strategies in light of these scenarios?

PRACTICE ENVIRONMENTS

| **Case Study 6** |

As the nurse leader, several staff nurses come to your office emotionally upset and near tears about how the parents/families of Hispanic or African American patients are treated as compared to white patients. You invite them into your office and asked them to share their concerns. They provided the following examples.

- Today they witnessed a mother's eyes well up in tears as she was dismissed by the physician when asking about her child's treatment. As the physician left the room, they could see she was upset with tears rolling down her face. The nurse asked if she was okay and she inquired why the physician are so uncaring and mean and that she just wanted to know when her child was going to get better.

- Yesterday while rounding with the physicians on a Black patient, the mother asked if they could delay the patient's discharge until the evening when her boyfriend could pick them up. The physician said that they needed the bed for other patients, and she needed to figure out how they would get home. Yet when the white parent asked if the discharge could be delayed into evening when her husband got off work, the physician said it wasn't a problem.

- During multidisciplinary rounds with the attending and residents, the attending included the family in the discussion and asked if they had any questions regarding the plan of care. However, the same did not occur when rounding on Black/Hispanic patients and families. If they tried to ask a question about the plan of care, they were dismissed and asked not to interrupt.

- Another incident happened during rounds when the grandmother of a Hispanic patient was sleeping in the bed with the child, she was told by the dayshift charge nurse she couldn't be in the bed and that it is against hospital rules. However, when the mom of a white patient was sleeping in the bed with the patient, nothing was said.

- On several occasions we have seen situations where social workers are doing their assessments; their tone and questioning of Black/Hispanics parents is harsh and threatening, versus the tone used when speaking to white patients.

> **Reflective Questions for the Nurse Leader on Racial Disparities in Patient and Family Treatment**
> 1. Assessment of DEIB Impact: How can we assess and address the impact of perceived racial biases in patient and family interactions on the quality of care and patient satisfaction?
> 2. Barrier Reduction: What barriers might contribute to differential treatment of families based on race and how can we mitigate these?
> 3. Cultural Competence: How can we enhance training and awareness among all staff to ensure culturally competent and equitable treatment of all patients and families?
> 4. Feedback Mechanisms: What mechanisms can we implement to gather feedback from patients and families about their experiences and perceptions of care?

| **Case Study 7** |

A group of nurse leaders recognized the lack of nurses in their organization with disabilities. Increasing the visibility and promotion of nurses with disabilities can shift the view of disability from a negative attribute to a positive, value-added characteristic within nursing practice. Nurses with disability can offer much to the patient care environment to include supporting a shared experience and valuing disability. A nurse who was a wheelchair user approaches you with concerns that she is being discriminated against because of her disability – she was experiencing anti-ableism at work. The nurse shared the following examples:

- The small medication room is often cluttered with supplies and equipment not leaving enough space to easily navigate through the room. The nurse had shared this concern several times with colleagues and her supervisor, but there has been no action to improve the tidiness of the room.

- The nurse overheard a coworker stating, "I feel so sorry for her – she isn't a real nurse." The nurse cannot comfortably reach the keyboard on the workstation on wheels to complete nursing documentation.

- She has heard coworkers making comments such as "I can't believe she is still working as a nurse – she couldn't run after a patient if she had to and would have a hard time administering CPR. It just isn't safe to have her here."

Reflective Questions for the Nurse Leader on Inclusion of Nurses with Disabilities

1. Continuous Improvement: How can we continuously evaluate and improve our facilities and practices to be more inclusive and accessible for nurses with disabilities?
2. Community Engagement: How can we engage with the community of nurses with disabilities to better understand their needs and perspectives?
3. Retention Strategies: What strategies can we implement to support and retain nurses with disabilities, ensuring they feel valued and supported in their roles?

| Case Study 8 |

During multidisciplinary rounds, the physician and nursing team began discussing the plan of care for a Black patient who has consistently reported pain at high levels. The primary nurse reported to the physician during rounds that the patient's pain remains uncontrolled. The physician stated, "Well those people are always like that when they come to the hospital." The primary nurse approached the nurse leader about the physician's comments. The nurse shared the following:

- During multidisciplinary rounds physicians caring for Black patients do not address or answer their concerns.
- The nurses overheard the physician say, "I do not even know why I bother with this type of patient population; these people are always hard to deal with."
- The nursing team is uncomfortable approaching the physician to discuss the behavior because they believe the physician's perceptions of Black people will cause retaliation.
- During bedside shift handoff one nurse stated, "The physician walked in and the patient reported her pain as uncontrolled. As he walked out, he indicated that she was only here for the drugs and that she'd be fine."

Reflective Questions for the Nurse Leader on Bias in Patient Care

1. Assessment of DEIB Impact: How can we effectively measure and address the impact of racial bias in pain management and patient care?
2. Cultural Competence: What steps can we take to ensure all health care providers, including physicians, are trained in cultural competence and bias awareness?
3. Feedback Mechanisms: How can we establish feedback channels for nursing staff to report and discuss concerns about bias without fear of retaliation?

General Reflective Questions for DEIB Improvement in the Practice Environment

1. Continuous Improvement: How can we continuously evaluate and improve our practices to ensure they align with the evolving needs of a diverse patient population and workforce?
2. Scalability of Initiatives: What strategies can we employ to expand our DEIB initiatives to encompass all aspects of patient care and staff interaction?
3. Funding and Resources: What resources can we leverage to support and sustain initiatives aimed at improving DEIB in our practice environment?
4. Partnership Expansion: How can we use our experiences to inform and inspire partnerships with other health care organizations and educational institutions to promote DEIB?
5. Community Engagement: How can we further engage with diverse communities to ensure our practice environment reflects and serves the diversity of the population?

PARTNERSHIPS

| Case Study 9 |

A large academic medical center (AMC) has capitalized on its longstanding partnership with a local community college to advance Diversity, Equity, Inclusion and Belonging (DEIB) within its workforce, particularly in nursing and health sciences. As founding members of the Healthcare Workforce Collaborative (CHWC), the AMC and the college have spearheaded initiatives to tackle shared workforce challenges and respond to the dynamic needs of the health care sector.

One of the flagship programs born from this collaboration is the certified nursing assistant (CNA) pipeline program, which is designed to create accessible career pathways for students, especially from underrepresented communities. The AMC's commitment to student engagement is evident in its robust internship, practicum and apprenticeship offerings, as well as its active role in career development events and consistent hiring of graduates.

By considering these questions, stakeholders can refine their approach to DEIB, ensuring that the workforce pipeline supports a diverse and skilled workforce and fosters an environment where every member feels they belong and can thrive.

Reflective Questions for Building a Sustainable Workforce Pipeline

1. Assessment of DEIB Impact: How can the AMC effectively measure the long-term impact of the CNA pipeline program on workforce diversity and the quality of patient care?

2. Scalability of Initiatives: What strategies can the AMC employ to scale these initiatives to include more students and potentially other academic institutions?

3. Retention Strategies: After hiring graduates, what retention strategies could be most effective in maintaining a diverse workforce and ensuring that employees from underrepresented backgrounds feel valued and supported?

4. Continuous Improvement: How can the AMC and the community college continuously evaluate and improve the effectiveness of their collaborative efforts to ensure they align with the evolving needs of the health care industry?

5. Community Engagement: How can the AMC further engage with the local community to ensure that the workforce reflects the diversity of the population it serves?

6. Barrier Reduction: What additional barriers might students from underrepresented backgrounds face in accessing these programs, and how can these be mitigated?

7. Cultural Competence: How can the AMC ensure that its DEIB initiatives also extend to cultural competence training for its workforce to improve patient outcomes?

8. Funding and Resources: What funding models or resources can be leveraged to sustain and expand the CNA pipeline program and similar initiatives?

9. Partnership Expansion: How can the success of the AMC's partnership with the community college inform and inspire similar partnerships between health care organizations and educational institutions?

10. Feedback Mechanisms: What mechanisms can be implemented to gather feedback from program participants and use this feedback to inform future DEIB initiatives?

RESEARCH AND TECHNOLOGY

| Case Study 10 |

A large tertiary hospital introduced the concept of an administrative fellowship for nurse leaders. Those who met the initial screening criteria were invited to apply. Several nurse leaders, primarily in director and higher roles, submitted their applications. These applicants were then reviewed for their potential professional contribution to the organization. Selected candidates were then interviewed by the CNO, COO and a senior vice president, who made the final decision. The nurse leader selected did not represent the majority nursing demographics at the organization, which was primarily Hispanic, African, Pacific Islander and Asian. Nurse leaders across the organization voiced their concerns regarding this decision and selection process.

Resolution:

1. Upon hearing this the organization sought to validate the feedback from the nurse leaders.
2. The enterprise resource planning system was used to complete a 10-year look back on nurse leader promotions, focusing on demographic elements such as race/ethnicity, age and gender. Legacy hiring and/or relationship based decision-making also was evaluated.
3. The organization identified inequities in promotion and development opportunities.
4. The three-step applicant process was revised to mitigate bias.
   a. Applications were blinded in the initial screening process.
   b. Potential for professional contribution was measured using an objective rubric shared with all applicants prior to the submission process.
   c. Composition of the interview panel was representative of the organizational workforce, applicant pool and community served.

Reflective Questions for DEIB Improvement within Research and Technology

1. Assessment of DEIB Impact: How can we assess the long-term impact of the revised administrative fellowship selection process on promoting diversity among nurse leaders?
2. Scalability of Initiatives: What strategies can be employed to scale these revised selection processes to other leadership programs or departments within the organization?
3. Retention Strategies: Considering the identified inequities, what retention strategies can be developed to support and maintain a diverse leadership workforce?
4. Continuous Improvement: How can we continuously evaluate and improve the selection process for leadership roles to ensure it aligns with the evolving DEIB needs of our organization?
5. Community Engagement: How can we engage with the diverse communities our hospital serves to ensure our leadership reflects and understands this diversity?
6. Barrier Reduction: What additional barriers might exist that prevent diverse nurse leaders from advancing and how can these be mitigated?
7. Cultural Competence: How can we ensure our DEIB initiatives extend to enhancing cultural competence among all levels of nursing leadership?
8. Funding and Resources: What resources can be leveraged to support and expand initiatives aimed at diversifying nursing leadership and addressing identified inequities?
9. Partnership Expansion: How can the lessons learned from this initiative inform and inspire similar efforts to enhance DEIB with external partners?

ACTION STEP FRAMEWORK

BBased on the four pillars within the *AONL Guiding Principles: Diversity, Equity, Inclusion and Belonging*, these action steps can be implemented and adjusted at the discretion of the nurse leader within the context of their role (ex: CNO/CNE, nurse manager, director, etc.) and/or where their organization/unit is on their DEIB journey.

For assistance in completing the actions steps, please see the examples and tools in each resource area below.

ACTION STEP FRAMEWORK | ROLE OF LEADER	
Principle #1: Diversity, equity, inclusion and belonging are the cornerstones of human wellness Health care organizations will aim to establish a healthful practice/work environment reflective of diversity within organizational levels, including front-line, leadership and governance teams through a commitment to inclusivity, acceptance and appropriate governance structures. Nursing leaders will be advocates for DEIB.	
Phase 1 – Learn and Assess	
Action 1	Complete the AONL Nurse Leader Assessment Tool for Diversity, Equity, Inclusion and Belonging
Action 2	Complete an unconscious bias assessment • Based on the results of the assessments, identify areas for personal growth
Action 3	Perform a gap analysis of the organization or a defined unit(s) • Collect data to establish a baseline understanding of the organization's climate and culture
Action 4	Based on the gap analysis: • Create the structure for a DEIB interprofessional council • Develop a DEIB council charter • Establish objectives based on the gaps/change opportunities identified in the gap analysis • Utilize shared goals of advancing DEIB efforts
Action 5	Develop guidelines and define criteria for council membership: • Passionate about DEIB • Wants to lead change • Willing to complete self-assessments to understand personal growth opportunities/blind spots • Include diversity of members

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ACTION STEP FRAMEWORK | ROLE OF LEADER

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Phase 2 – Integrate, Collaborate and Share

Action 1	Identify DEIB council members: • Self-nominate, volunteer, request/appoint (be an ally) • Seek recommendations
Action 2	Meeting frequency defined by the council and evaluated annually, at a minimum, to determine if the frequency is adequate to support goals • Consider DEIB council as a potential subcommittee of unit-based councils
Action 3	Define ground rules and encourage all members to have a voice
Action 4	Embed DEIB as a part of the committee process: • Communicate the organization's purpose • Exemplify the culture • Share role expectations and responsibilities to each employees to ensure progress on the DEIB journey
Action 5	Empower committee members to create policy recommendations that incorporate DEIB

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ACTION STEP FRAMEWORK | ROLE OF LEADER	
Phase 3 – Evaluate and Modify	
Action 1	Evaluate gap analysis at unit level • Develop and document actions to be taken
Action 2	Define SMART goals at the unit and facility levels. Establish measure(s) and point of truth for measure • Create metrics/measures of success (utilize evidence-based practice)
Action 3	Continue organizational and unit-based DEIB council meetings
Action 4	Reassess facility and unit success in closing gaps at six months and one year

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Ongoing –Transformation and Continuous Measurement	
Action 1	Incorporate a multi-modal approach for leader and staff education, including allyship
Action 2	Review and revise (as needed) DEIB action plan annually; consider board level approval
Action 3	Seek employee feedback via pulse survey or safety survey(s) regarding DEIB initiatives/areas for continued opportunity
Action 4	Seek additional assessment tools and education as they evolve
Action 5	Advocate for diversity within the nursing workforce and support health equity • Consider creating a DEIB role within the department(s) of nursing • Incorporate DEIB work with nursing and organizational strategic plan(s)

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ACTION STEP FRAMEWORK | PRACTICE ENVIRONMENTS

Principle #2: Creating practice environments of psychological safety with diverse teams ensures equitable, safe and effective patient-centered care.

Health care organizations will strive to develop internal and external resources that support patient centered care and meet the needs of the diverse patient and workforce populations served.

Phase 1 – Learn and Assess

Action 1	Collaborate with DEIB officer and/or develop a DEIB/DEI team with key stakeholders
Action 2	Review AHA IFDHE's The Roadmap for Health Equity [41]; ANA's Racism in Nursing Resources for Change[35] and Lever's "*The Diversity and Inclusion Handbook*".[36]
Action 3	Complete *AHA Health Equity Transformation Assessment* or consult with HR/outside resource to perform organizational assessment.[42]
Action 4	Review AHRQ "*Creating Psychological Safety in Teams*"[38]
Action 5	Review educational materials on the importance of DEIB initiatives to organizational financial well-being

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ACTION STEP FRAMEWORK | PRACTICE ENVIRONMENTS	
Phase 2 – Integrate, Collaborate and Share	
Action 1	Share AONL Guiding Principles: Diversity, Equity, Inclusion and Belonging with all nurse leaders and DEIB/DEI team

Action 2	Review organizational assessment data with DEIB/DEI team and develop a strategic framework with focus measures
	1. HR process/practice, education and training, employee network program objectives
	   » supports DEI objectives and goals, provides critical training and education and supports cultural awareness
	   » Key performance indicators, number of employees participating in network programs, number of employees participating in training, monthly conversation.

Action 3	Disseminate and share framework
Action 4	Set up timeline
Action 5	Implementation

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Phase 3 – Evaluate and Modify	
Action 1	Review and update early KPI data
Action 2	Continue and revise strategy based on data
Ongoing –Transformation and Continuous Measurement	
Action 1	Continuous review of annual strategy and KPI data
Action 2	Long-range transformation and adjustment

Resources and References

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ACTION STEP FRAMEWORK | PARTNERSHIPS

Principle #3: Partnerships play a pivotal role in advancing our vision.

Health care organizations will partner with universities, schools of nursing and other organizations that educate nurses and nurse leaders to support development and implementation of policies, procedures, programs and learning environments that foster cultural intelligence and recruitment and retention of a student population reflecting the diversity of the communities it serves.

Phase 1 – Learn and Assess

Action 1	Conduct an environmental scan to determine the current state of the organization's educational partnerships
Action 2	Review the American Association of Colleges of Nursing (AACN) Diversity, Equity and Inclusion Faculty Toolkit for alignment [50]
Action 3	Engage current and future students adopting a Social Determinants of Learning Framework to determine what barriers they may be facing at any point in their journey to become a nurse [51]
Action 4	Survey student's post clinical rotations to evaluate strengths and opportunities related to DEIB from the student's/prospective employee point of view
Action 5	Review educational partner mission statements and codes of conduct to ensure the organization is partnering with institutions that align with the DEIB vision and objectives

Resources and References

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ACTION STEP FRAMEWORK | PARTNERSHIPS	
Phase 2 – Integrate, Collaborate and Share	
Action 1	Collaborate with local education leaders (e.g., deans and diversity chairs) and develop a summit to discuss gaps and opportunities to diversify student population
Action 2	Connect with local representatives of the following diversity nursing organizations. Identify educational programs that the groups deliver that nurse leaders can support or attend • American Association for Men in Nursing (AAMN) • Asian American/Pacific Islander Nurses Association, Inc. (AAPINA) • National Alaska Native American Indian Nurses Association, Inc. (NANAINA) • National Association of Hispanic Nurses, Inc. (NAHN) • National Association of Indian Nurses of America (NAINA) • National Black Nurses Association (NBNA) • National Coalition of Ethnic Minority Nurse Associations (NCEMNA) • Philippine Nurses Association of America, Inc. (PNAA) • Association of Lesbian, Gay, Bisexual, Transgender Addition Professionals (NALGAP) • National Organization of Nurses with Disabilities (NOND) • Gay and Lesbian Medical Association Nursing (GLMA) • National Association of Nigerian Nurses in North America (NANNNA) • National American Arab Nurses Association (NAANA) • The Caribbean American Nurses Association (CANA)
Action 3	Support chapters of diverse nursing associations (e.g. meeting space, supplies, short-term conference support, etc.)
Action 4	Provide time and opportunity for organizational nurse leaders to serve in community and/or educational advisory boards
Phase 3 – Evaluate and Modify	
Action 1	Advance pipeline initiatives through academic partnerships with colleges, high schools and school districts focusing on implementation of intentional economic, social and academic support structures that benefit underrepresented groups
Action 2	Establish stronger linkages between nursing practice and the social determinants of health. Create and disseminate evaluation measures and metrics that assess the contributions of a diverse nursing workforce toward eliminating health disparities of the organization's catchment area
Action 3	Seek grant funding to support innovative pipeline programs to achieve diversity, equity, inclusion and belonging in the organization
Action 4	Consider holistic recruitment and hiring rubrics to ensure prospective diverse candidates are considered on a broad range of factors reflecting past work and life experiences

ACTION STEP FRAMEWORK | PARTNERSHIPS	
Ongoing – Transformation and Continuous Measurement	
Action 1	Invest in DEIB with an annual budget Allocate funding for the implementation of programs that support DEIB activities in the organization
Action 2	Expand service-oriented, community-based, professional development activities that count towards clinical ladder advancement
Action 3	Establish direct hiring agreements between nursing programs and the organization to facilitate the hire of new graduate students from economically disadvantaged backgrounds Collaborate with nursing programs to create clear, measurable criteria that students must meet to be eligible for direct hiring after graduation
Action 4	Partner with schools to create measurable goals for DEIB progress that contributes to the organization's hiring pool

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ACTION STEP FRAMEWORK | RESEARCH AND TECHNOLOGY

Principle #4: Leveraging data, technology and research will assist in achieving the desired goal.

In partnership with statisticians and health policy experts, health care organizations will leverage technology to collect and disseminate diversity-related resources, research and information to improve patient care and track employee wellness.

Phase 1 – Learn and Assess

Action 1	All nurse researchers should complete Collaborative Institution Training Initiative (CITI) education on ethical conduct of research[55]
Action 2	Conduct workforce and/or community-based needs assessments to understand: • Workforce knowledge/learning gaps • Adoption and utilization of technology • Population cared for and their unique needs
Action 3	Assess for intra-operable systems, devices or applications that seamlessly exchange data within and across organizational boundaries (i.e. cloud-based platforms)
Action 4	Assess current reporting capabilities for DEIB and related data activities

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Phase 2 – Integrate, Collaborate and Share

Action 1	Establish governance structure to support: • Secure access to data • Data transparency • Data accuracy • Data translation into useable information, knowledge and wisdom
Action 2	Identify internal/external partners to conduct DEIB research or quality improvement projects on: • Workforce • Health Equity • Nursing Education
Action 3	Optimize data collection tools to align with DEIB best practices and regulatory requirements (i.e. gender orientation, sexual orientation, pronoun use, race, preferred name, preferred language, literacy)
Action 4	Seek small or large grant funding to support DEIB research activities (i.e. AONL Foundation, Daisy or National Institutes of Health (NIH) grants)

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ACTION STEP FRAMEWORK | RESEARCH AND TECHNOLOGY	
Phase 3 – Evaluate and Modify	
Action 1	Establish diversity benchmarks/target data and make improvements • Partner with HR to access aggregate and segmented workforce data to establish benchmarks and identify improvement opportunities (i.e. disparate disciplinary practices, promotion equity, hiring practices) • Implement practice/academic partnership to support academic progression and transition to practice for black, indigenous and people of color (BIPOC) nursing students • Implement population-based initiative to identify disparate care practices and improve health equity (i.e. pain management in BIPOC patients, maternal health)
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Ongoing – Transformation and Continuous Measurement	
Action 1	Continuous evaluation of diversity benchmarks/target data to identify gaps in practice and opportunities for improvement
Action 2	Conduct post-implementation workforce and community-based assessment to measure impact of programs/initiatives
Resources and References	
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(Select resources may be AONL member only content. If you are interested in joining AONL, please learn more and join here.)

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