Diversity is widely accepted as a critical component of organizational excellence. Nursing organizations have echoed the importance of diversity and amplified how individuals from different backgrounds are essential to strengthening the quality of nursing education and mitigating inequities in health care (American Association of Colleges of Nursing, 2019; American Organization for Nursing Leadership, 2011; National League for Nursing, 2016; National Organization for Nurse Practitioner Faculties, 2018). Yet, institutions have struggled to assemble a racially diverse group of nurse leaders who are positioned to achieve the ideals of diversity. While nursing pipeline and leadership development programs were constructed to strengthen the pool of racially diverse candidates, these efforts alone have lacked the finesse to fight against the invisible yet deeply entrenched roots of racism which have historically limited the racial diversification of the profession.

Robust Conversations

The reasons why the epidermal color of nursing has remained largely consistent calls for deeper and courageously authentic discourse. For example, why Black and Brown nurses, although more likely to achieve higher degrees than White nurses, are less likely to be seen in leadership positions, is concerning (Smiley et al., 2018). Some studies have revealed that racism and race-related inequities in hiring and promotion serve as invisible barriers to entering and staying in the profession (Beard & Julion, 2016; Hassouneh, 2013; Iheduru-Anderson, 2020). Achieving sustainable changes in the profession’s racial demographics requires forward-thinking leaders who have the capacity to understand how racism fortifies the racial stratification in nursing, critically appraise their hiring and promotion practices, promote an ethos that welcomes difference, and adopt tangible strategies that maximize the institution’s collective ability to operationalize a commitment to antiracism practices.

Until recently, platforms for robust conversations which call for the examination of practices that may stem from structural racism, the normalization and legitimization of practices that advantage Whites while yielding negative outcomes for Black and Brown individuals (Rose, 2015), have not been widely encouraged. However, with the recent horrifying deaths of George Floyd and Ahmaud Arbery, the country has abruptly reawakened to the ways in which racism manifests when grossly ignored and left unchecked. Nursing, recognizing that structural racism has also penetrated the walls of its profession, has responded swiftly to the societal atrocities and enacted policies that call out racism and ways to mitigate racist practices (American Academy of Nursing, 2020; American Nurses Association, 2020; Yale School of Nursing, 2020).

Racism and Hiring Practices

How does racism block entry into leadership positions in the nursing profession and how does it manifest and influence hiring practices? Racism, explicitly muted from conversations, is a fraudulent belief of melanin-induced genetic inferiority and irrelevance that drive discriminatory behaviors. In nursing, racism remains a factor in how some Black and Brown people believe they are perceived and has tainted their experience (Beard & Julion, 2016; Iheduru-Anderson, 2020). Stereotypes, shaped by racism, have been used to affirm false beliefs about individuals despite visible evidence that counters negative assertions. For example, when a Black or Brown person seeks a promotion, they are sometimes viewed through a myopic lens that is shaped by potent stereotypes that obfuscate qualifying attributes. Failure to see how bias operates like them and appear to share similar worldviews. Code words such as “not a good fit” may be used to disguise the perspective that non-Whites need not apply (Iheduru-Anderson & Wahi, 2018). Similarly, the normalization of inequities can jeopardize the adoption of equitable hiring practices by centering racism and discrimination as the problem of Black and Brown people, or blaming disparate patient outcomes on race, rather than racism.

Despite nursing’s ethical and social justice mandates, the profession as a whole has been unwilling to engage in public discourse and practices that address racism and discrimination among its rank and file. The
Black Lives Matter movement has fueled the outrage for the importance of collective humanistic accountability. What is currently pushing the profession into the space of justice could be the fear of being perceived as non-responsive to the call for change. Critical Race Theory speaks to the phenomenon of interest convergence, the mechanism through which the interests of the dominant majority and the minoritized align to affect meaningful and lasting change (Delgado & Stefancic, 2000).

### Reframing Hiring Practices

Institutional racism in the form of normalizing Whiteness and maintaining policies that maintain the status quo are revealed in statements such as “we’ve always done it this way,” or a vocal Black or Brown member of the profession who challenges the status quo is a “troublemaker.” This type of racism contributes to an unwelcoming culture within institutions and leads to perceptions by Black and Brown people that the playing field is anything but level (Beard & Julion, 2016). Even so, while greater transparency in hiring is needed, transparency is not the panacea for institutional racism. When Black and Brown leaders are selected or promoted, resources, support, and mentoring for success must also be provided. Success, rather than failure, must be the expectation.

Disrupting structural racism and adopting equitable hiring practices will not be achieved without first clearly identifying the goals, pledging the achievement of goals, employing action, and assessing its impact. Unlike other objectives, advancement with antiracist practices in hiring and promotion must work against the structural and systemic inequities that are normalized within the nursing profession. Thus, a sustained and uncompromising potent force is necessary to conquer the significant and pervasive obstacles to embedding antiracist hiring processes in nursing. REGARD for the following questions is needed: How does nursing’s hiring processes propagate institutional racism? What narratives must be reframed to build hiring processes that personify anti-racism? How will success toward producing an antiracist hiring process be measured?

Examples of intentional actions and evaluation of impact include:

1. **Conduct self-work via self-inquiry.** Engage in critical self-awareness, self-criticism, self-examination, and education of one’s own understanding of how racism operates in society, within our profession, and within one’s self.
2. **Redesign hiring processes applying antiracist values to promote equitable hiring practices;** require departmental accountability with leadership employing appropriate resources.
3. **Require education on antiracism for hiring to mitigate implicit or explicit racial biases.**
4. **Enhance interviewing skills among nursing personnel at all academic levels with the inclusion of explicit questions about anti-racism and anti-oppression practices.**
5. **Endorse leaders’ voice and actions that champion antiracist hiring and recruitment processes in order to build healthy, inclusive, and anti-discriminatory work settings.**

### Moving Toward Excellence

The persistence of a racially homogenous body of nurse leaders has prevailed despite concerted efforts and targeted funding. To move toward excellence in the quality of education and practice, nursing must consider the ways in which structural racism and bias have derailed diversity policies and hijacked ethical hiring and promotion practices. Indeed, the adoption of antiracist practices is a plausible way to overcome the diversity policy paradox and could become the cornerstone for advancing and operationalizing the values of the profession and enduring change. $^	ext{1}$

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