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**Title:** Embedding racial diversity, in evidence informed nursing practice

Nursing as a profession is deeply rooted in caring and advocating for the wellbeing of others linking it to social justice praxis (Abu and Moorley 2023). Social justice refers to the fair and equitable distribution of resources, opportunities, and upholding the rights of individuals within society, regardless of their characteristics such as race, gender, socioeconomic status, religious belief, age, disability and other protected characteristics. The tenets of social justice are diversity, equity, and inclusion. In this editorial we focus on, racial diversity because it has a very important place in nursing and nurses should be continually taught how to embed racial diversity in practice.

Embedding diversity, equity, and inclusion (DEI) in evidence-informed nursing practice is crucial to ensuring that healthcare is accessible, culturally competent, socially just and addresses the unique needs of all individuals and communities. We hold the view that diversity is not and should not be a one-off showcase in the nursing curriculum, but it should be part of continuous professional development for every student and registrant. A continuous curriculum can help develop cultural competence, cultural humility and sensitivity to racialised care needs and explore feelings and way of addressing areas of uncomfortableness that is often present when working in race.

Racism exists in nursing and recently the Nursing and Midwifery Council (NMC) the regulator in England apologised to registrants for the racism they may have experienced or observed from the Council (NMC 2023). If nursing is to be truly diverse there needs to be racial representation at every level of the profession, in England this includes racially minoritised nurses at very senior management level. The 2023 Workforce Race Equality Standard, reported the highest proportion of BME (Black and Minority Ethnic) staff is found within Agenda for Change (AfC) band 5, (bands are at 5 (lowest)-9 (highest)) comprising 38.5% of the workforce. However, BME representation decreases as job bands increase, reaching its lowest point at 11.2% within AfC band 9 and at the very senior manager (VSM) level ([WRES 2024](#)). A more radical approach is required if we are to embed minoritised racial workforce diversity. We need to go beyond implicit bias and diversity workshop training and take further action. There must be transparent recruitment practices, which includes standardised interview processes. Racially minoritised nurses should be offered leadership development programmes specifically designed for them to counter workplace racism and develop required skills for leadership while navigating the career space. Hospitals should not underestimate the importance of networks and affinity groups as these can foster community support, mentorship and coaching using an intersectional approach. Networks and affinity groups should report directly to board as this can ensure racially minoritised nurses' voice reaches the board room.

Nurses are in an ideal position to identify and address racial health disparities through evidence-based interventions that consider social determinants of health. They can advocate for policies that promote health equity and reduce disparities in healthcare access and outcomes. By recognising the power of language nurses have a role in emphasising effective

communication skills that consider language preferences, health literacy levels, and cultural nuances. They can request and lobby hospital boards to adopt the use of interpreters and translated materials to resolve language barriers and ensure patients understand their health and care requirements. Nurses should actively participate in the development of healthcare policies that address DEI issues. They must advocate for policies that promote equity in resource allocation, healthcare access, and treatment options for those with racial and other protected characteristics.

Some of the other key areas that are aligned to embedding diversity, equity, and inclusion to achieve evidence-informed nursing practice includes disability, age, religious belief or non-belief, LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, questioning Intersex and asexual), gender and gender diversity. In this series readers will gain insight from authors who are specialist in these areas.

We advocate for regular reflection on nursing practices to identify and address any biases or barriers to racial diversity, equity and inclusion. Nurses and hospital boards should evaluate the impact of DEI initiatives on patient outcomes and adjust strategies accordingly. By integrating these strategies, hospitals can contribute to creating a healthcare environment that is not only evidence-based but also inclusive and equitable for all individuals, regardless of their racial background or identity.

In conclusion, racial diversity in nursing brings numerous benefits to the healthcare system and society. It promotes cultural competence, increases patient trust, and can lead to better health outcomes. However, racial diversity in nursing also faces challenges, such as biases and discrimination or to term it differently racism exist in nursing. To address these challenges, healthcare organisations and nursing professionals should implement strategies and policies that promote inclusivity and create a supportive work environment for diverse nurses. By embracing racial diversity, nursing can strive for excellence in healthcare and create a more inclusive and equitable healthcare system.

## References

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