

## EMBRACE: Developing an Inclusive Leadership Program *With and for* Undergraduate Nursing Students



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### ABSTRACT

In order to meet the needs of an increasingly diverse patient population, nursing schools around the United States have been trying to recruit future nurses from a variety of racial/ethnic backgrounds, with limited success. To date, the literature does not describe how to develop culturally appropriate engagement models that can successfully transform minority nursing students into nurse researchers and leaders. Thus, the purpose of this article is to describe a promising research and leadership program for underrepresented undergraduate students entitled, “EMBRACE - Engaging Multiple-communities of BSN students in Research and Academic Curricular Experiences”. More specifically, this article will: 1) describe the steps one College of Nursing has taken toward developing the EMBRACE program; 2) describe the theoretical framework developed for the program; and 3) present the initial challenges and positive outcomes of the program. The theoretical framework of the program is based on principles of excellence for diversity and inclusion as well as student and faculty engagement. The EMBRACE framework includes components of *education, faculty contributions, social connections* and *emotional intelligence*. The EMBRACE program consists of group mentoring with peers, one-on-one mentoring with faculty and graduate students, and working on a hands-on project relating to research or leadership.

### Introduction

Nurses are committed to providing appropriate and culturally sensitive care to the general patient population, which has become significantly more diverse in recent decades. To undertake these changes, many nursing organizations and leaders have highlighted the relationship between a nursing workforce that reflects the patient population and the ability to provide quality, culturally competent care, address inequities in health care, enhance nursing engagement in human rights, and reduce health inequities (American Association of College of Nursing [AACN], 2017; Murray, Pole, Ciarlo, & Holmes, 2016; National League for Nursing [NLN], 2016). While demographic data show that approximately 37.9% of the United States populations are from racially and ethnically diverse groups, recent nurse workforce data show that only 19% of registered nurses (RNs) are from minority groups and men comprise 9.6% of all RNs (The National Council of State Boards of Nursing [NCSBN] & The National Forum of State Nursing Workforce Centers, 2016). This problem extends from clinical practice to academia, where only 13.1% of full-time nursing school faculty are from minority backgrounds, and 5.5% of nursing faculty are male (AACN, 2015). However, the good news is that nursing students who identify as minorities are on the rise, with approximately 32% of

all baccalaureate and graduate nursing students coming from diverse backgrounds (AACN, 2017). Recent evidence indicates that in order to achieve adequate representation of minorities in nursing schools across the country, nurse leaders need to emphasize recruitment and retention of even greater numbers of students from diverse backgrounds (AACN, 2015). In addition, nursing education needs to develop systematic approaches that prepare students to address inequities in health care. Once nurses from diverse backgrounds become actively engaged in the advancement of human rights, they will be well positioned to reduce disparities in access to and quality of health care (Breslin, Nuri-Robins, Ash, & Kirschling, 2018).

Despite the need for greater diversity in undergraduate nursing programs, many nursing schools have struggled to recruit and retain minority students in both their baccalaureate and graduate degree programs (Ferrell & DeCrane, 2016; Wros & May, 2013). Indeed, they have found that minority students may not pursue nursing education because of negative role stereotypes, inadequate funding, a lack of direction from early authority figures, and misconceptions about nursing practice (Vélez-McEvoy, 2010; Villarruel, Canales, & Torres, 2001; Wros & May, 2013). As a result, schools are working on an innovative type of recruitment—“pipeline recruitment”—that entails strengthening relationships with potential minority students over a period of

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years, usually starting when they enter high school. Schools have also begun to work on a range of other combined approaches to enhance minority representation in nursing — holistic admission processes, individualized academic coaching, significant financial aid and academic-practice scholarship programs, and support for developing strong social networks (Amaro, Abriam-Yago, & Yoder, 2006; Bond, Gray, Baxley, Cason, & Denke, 2008; Moceri, 2010; Relf, 2016; Villarruel et al., 2001; Wros & May, 2013). In addition, safe and inclusive learning environments, culturally sensitive teams of faculty mentors, and learning strategies that appeal to a diverse student population are being implemented to address the need for minority representation in nursing (Bednarz, Schim, & Doorenbos, 2010; Moceri, 2010; Vélez-McEvoy, 2010).

These novel recruitment and retention strategies are promising ways for nursing schools to ensure that the future workforce is comprised of nurses from a variety of backgrounds. Refinements to nursing accreditation standards may influence the process for academic nursing to engage in a critical self-reflection related to diversity initiatives (Relf, 2016). In addition to these strategies, nursing schools need to develop culturally appropriate engagement models that can successfully empower and prepare minority-nursing students to become nurse researchers and nurse leaders. These engagement models are occasionally used in nursing schools unless they are adopted in combination with recruitment and leadership programs (Carter, Powell, Deroiom, & Cusatis, 2015).

Many nursing schools still perceive diversity according to one dimensional attributes (i.e. students are either Black, Hispanic, or non-Hispanic White) and use a student's race/ethnicity simply to increase the school's "diversity" metric, a numeric percentage. However, thought leaders in biomedical research such as NIH, and key policy organization like Institute of Medicine (IOM), recognize that increasing the representation of minorities in nurse research and nurse leadership positions are vital to improve clinical practice environments, increase the value of health care systems and address health disparities (Institute of Medicine [IOM], 2010; Villarruel, 2004). Pursuing a culturally proficient educational organization requires intentional system approaches, ongoing learning on the part of all stakeholders, and commitment to productive dialogue (Breslin et al., 2018). Thus, in order to enhance the diversity of future nurse leaders and researchers, nursing schools need to develop transformative leadership programs and enhance opportunities of research engagement for minority students that take advantage of the intersectionality that may exist in our student population. To achieve these goals, this College of Nursing has developed a promising research and leadership program for underrepresented undergraduate students entitled, "EMBRACE – Engaging Multiple-communities of BSN students in Research and Academic Curricular Experiences". Specifically, this article will describe the following: 1) the steps the (blinded for a review) College of Nursing has taken toward developing the EMBRACE program; 2) the theoretical framework developed for the program; and 3) the initial challenges and positive outcomes of the program.

In this article, diversity is defined as a variation of individuals' attributes extending beyond race, age, and gender, which include, but are not limited to the following: age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; physical, functional, and learning abilities; religious beliefs; and socioeconomic status (AACN, 2017). In order to successfully enhance diversity in the nursing workforce, nursing schools need to consider the intersectionality of these attributes and how they may foster the development of nurse leaders from underrepresented backgrounds. These considerations may lead to greater inclusion, which is defined as environmental and organizational culture that encourages diversity and enables individuals to contribute their full potential (AACN, 2017).

## Development of the EMBRACE program

The EMBRACE Program was developed to provide multifaceted experiences in *research* and *leadership* to underrepresented, undergraduate nursing students. Prior to developing the program, we explored the literature to identify concepts for the EMBRACE theoretical framework as well as potential leadership programs that empower diversity and foster inclusion with target populations. The literature revealed that mentoring could provide a strong foundation for transformational leadership, inclusion, and group engagement (Aponte et al., 2015; Crooks, 2013). Indeed, mentorship offers a valuable, bidirectional learning experience between faculty and students, and it is flexible because it can vary in content, time, and overall goals (Ferrell & DeCrane, 2016; Ferrell, DeCrane, Edwards, Foli, & Tennant, 2016). Thus, mentorship offers a way for nursing schools to focus more on approaches that prepare minority students holistically for transformational roles as nurse leaders in clinician, administrative, educational or research positions. With these principles in mind, the College of Nursing Director of Diversity and Inclusion (DDI) proposed a structure that focused on leadership and research that is sustained by mentorship in order to promote principles of "Diversity and Inclusion Excellence". Notably, the philosophy of the EMBRACE program rejects the social construct of "color blindness" and instead fosters initiatives for social and professional inclusion and engagement *for* and *with* underrepresented students.

Before implementing the EMBRACE program, several faculty forums were held at the (Blinded for review) College of Nursing. In the initial discussions, some faculty members proposed ways to mitigate the need for the program while others identified potential strategies that could be used for successful implementation (Fig. 1). Initially, some faculty members expressed concern that the EMBRACE program would increase segregation in the college, especially if the program targeted minority students, and they suggested that minority students should more fully participate in existing programs alongside non-minority students. EMBRACE may have been perceived as challenging the status quo of the nursing profession and initially was not supported by the faculty. However, in a reserved meeting with the Dean, the DDI highlighted the importance of role models for minority students and expressed concern that hidden norms of nursing faculty associated with the majority (i.e., white) culture may be unconsciously imposed on minority students, leading to feelings of compromise instead of transformation. Indeed, many nursing schools ignore the fact that minority students are compelled to fit into mainstream culture, with marginal opportunities to develop as authentic leaders "like themselves". Thus, nursing faculty need to understand that hidden white norms often have powerful, adverse effects on minority students and may ultimately prevent significant social and cultural changes in the nurse workforce (Schroeder & DiAngelo, 2010).

After further dialogue with the faculty and administrators, the DDI expanded the scope of the program to include undergraduate nursing students who self-identified as underrepresented in nursing, including those who experienced financial hardship, had diverse personal attributes (e.g. different mental and/or physical abilities) and/or were the first members of their families to attend college. The revised proposal for the program, which was presented in a discussion forum with all faculty members present, was overwhelmingly approved.

## EMBRACE program framework

The central pillar of the EMBRACE framework (Fig. 2) is mentoring to achieve "Diversity and Inclusion Excellence". In order to meet the goals of this pillar, all students were expected to complete a research, leadership, educational, or quality improvement project with an assigned faculty mentor as well as participate in monthly mentoring meetings led by the DDI. The program has four interrelated elements: a) *Education*, b) *Faculty contributions*, c) *Social connections*, and d) *Emotional*

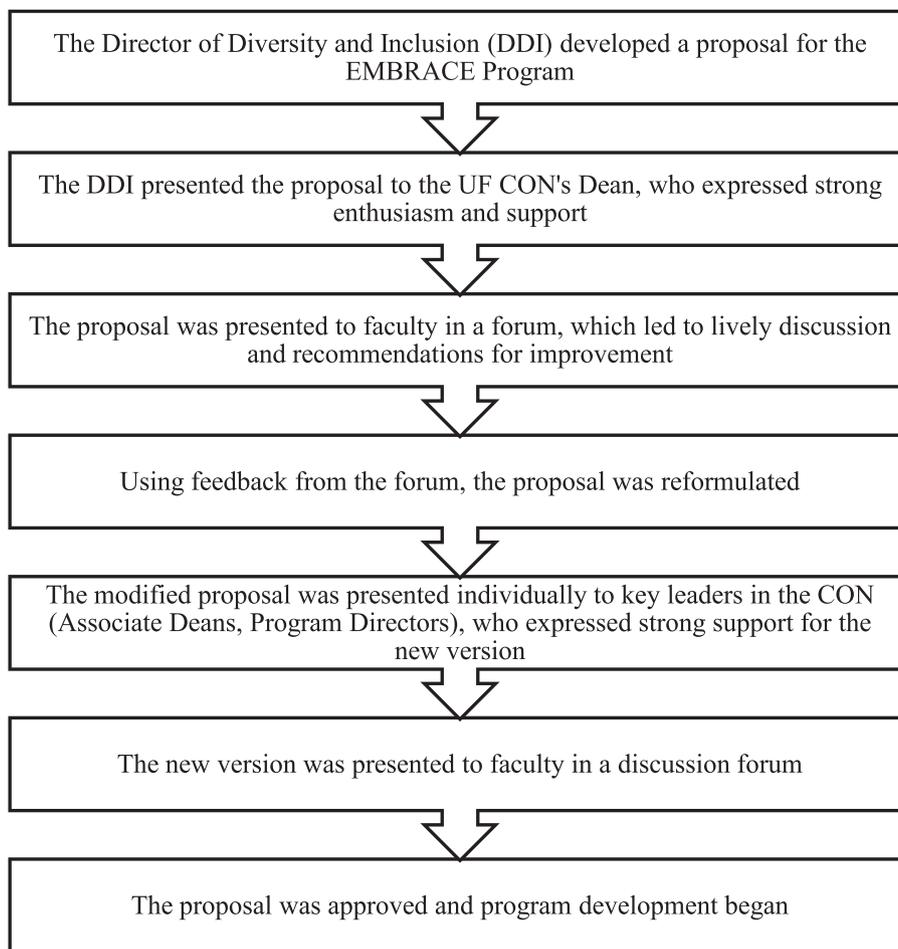


Fig. 1. The development of EMBRACE. This figure illustrates how nurse leaders developed the EMBRACE program over time.

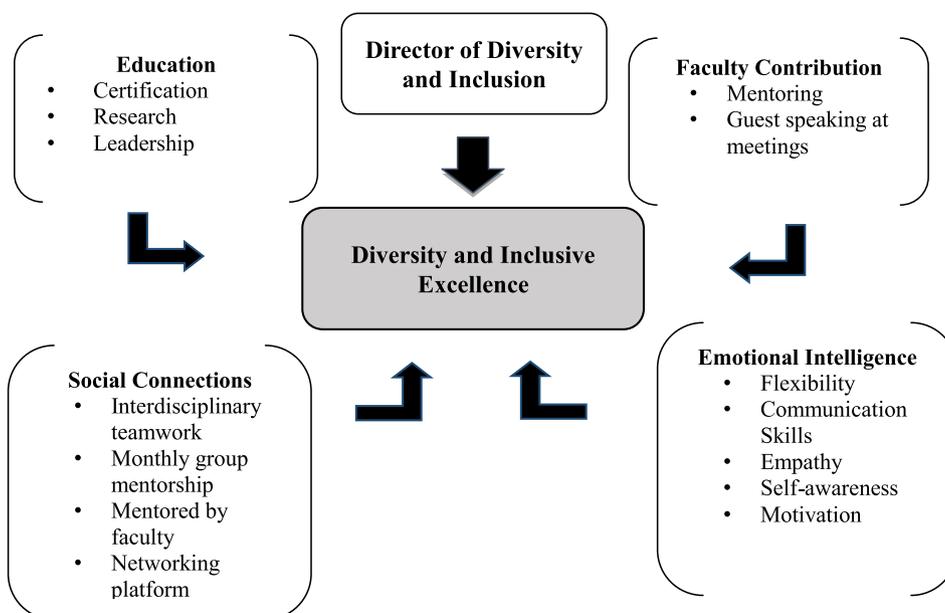


Fig. 2. Elements of diversity and inclusion excellence. This figure illustrates the four interrelated elements of the EMBRACE program that support diversity and inclusion excellence.

**Table 1**  
EMBRACE projects.

Project areas	Project titles	Research, QI or leadership project
Psychosocial nursing/underrepresented populations	Language commonly used by LGBTQ+ leaders in healthcare	Research
	Mental well-being of rural Latino adolescents: Family, social and community environments	Research
	Creative management of neuropsychiatric symptoms of patients with dementia	Research
	Developing a diverse and inclusive environment in the nursing students	Leadership
	A qualitative study of multidimensional factors influencing linkage to HIV care in Florida	Research
Patient health assessment/education	Enhancing interdisciplinary collaboration in diabetes education (2 students)	Quality improvement
	Perinatal depression screening: A quality improvement project	Quality improvement
	Structured Patient Education	Quality improvement
Global health	Nurse 2 nurse education connection: The next chapter (3 students)	Research
	Planning a baccalaureate international nursing study abroad experience	Research
	Utilization of university infirmary services by Asian international students	Research
Nursing workforce	DNP entrepreneurs: Lessons from nurse practitioner trail blazers	Research
	Nurse work-related fatigue, care delivery and patient outcomes: An international perspective (2 students)	Research
	Differences in patient reported outcome by age: Evidence against reporting bias	Research
Research methods	Comparing the accuracy of currently available Automatic Speech Recognition (ASR) technologies in transcribing interviews	Research

*intelligence*. *Education* encourages students to continuously develop skills related to research and leadership. For example, one student learned how to use NVivo software to appraise the literature on her research topic and then acted as a peer mentor and taught other students the same skills. *Faculty contributions* included mentoring assigned students, discussing nursing career opportunities at the monthly meetings, and engaging students in activities related to leadership and research in global health. *Social connections* occurred regularly at the monthly meetings, in private meetings between students and their assigned faculty member, and at meetings that included eminent nurse leaders, interdisciplinary team members and fellow graduate students, who were working on projects with the same mentors. In addition, EMBRACE students were connected to advocacy group members (e.g. LGBT affairs committee) and educational leaders across the university in accordance with student interest. Finally, *emotional intelligence* was emphasized during the monthly meetings, in which a faculty member led students through experiential exercises and dialogues that aimed to develop a transformational leadership style. For example, students engaged in-group activities focused on the development of self-awareness, self-regulation, self-empowerment, crisis management, problem solving, empathy, and teamwork. Senior students also participated in mock job interviews and received constructive feedback about their interview skills. During these meetings, students presented their posters/oral presentations to their fellow EMBRACE students prior to public venues and more importantly, discussed issues related to diversity, such as implicit norms, hidden biases, and strategic ways to overcome barriers to success.

### Selection for the EMBRACE program

Eligibility, level of commitment, expected outcomes, and application requirements were publicized on the college of nursing website, student email-list, and Facebook page, and during faculty-student interactions. Students were considered eligible for the program if they self-identified as an underrepresented student in the BSN (junior or senior), RN-BSN, or Accelerated Nursing program. The open program was not available to freshmen and sophomores, as the college only admits nursing students as juniors. Eligible students were required to commit to the extra-curricular, non-credit related program for at least two consecutive semesters, contribute at least 50 h on research leadership or quality improvement project, and attend regular meetings with an assigned faculty mentor. Because of their participation, students were expected to present in a conference, write a publishable paper, develop a scholarly community/leadership project, or complete

a service learning project. The application process consisted of an online data-form that asked students to state their goals for the program, outline reasons they should be included, and list personal contributions they could make to the program. After the applications were reviewed, all the potential participants were invited to attend a group meeting, where the DDI explained the required level of commitment, the type of work involved, and the program's goal of diversity and inclusion excellence. The first EMBRACE cohort (N = 21) of undergraduate students was accepted into the program in fall 2016. All the students were matched with a faculty mentor who best reflected their potential research or leadership interests.

### Results

#### *Challenges and successes*

Launching the EMBRACE program was an accomplishment in diversity leadership *for* and *with* the college of nursing administrators, faculty, and students. The EMBRACE program finalized the first cohort with 19 participants who were juniors (6), seniors (8), RN-BSN (1) and accelerated (4) students. All of the students were from diverse backgrounds and included African-Americans (3), Hispanics (4), Asians (3), male (2), first generation in college (3) and others (1). Two students dropped out of the program on the first few weeks, due to external obligations and lack of time for a full commitment to the program.

Initially, some students struggled to understand the research language and felt they were not contributing to their mentor's project. In addition, a few students did not receive their expected one-on-one mentoring and withdrew themselves from the individual faculty mentoring experience. Fortunately, this issue was identified early in the program and students received advice regarding how to dialogue with their "busy mentors". Faculty mentors were also contacted by the DDI, who requested more engagement in the program and eventually all faculty met student expectations for mentorship.

EMBRACE students were voluntarily mentored by nine faculty members; students collaborated with these faculty on interdisciplinary team-based science or quality improvement projects that aimed to reduce health disparities. These projects demonstrated how social factors can shape health and healthcare outcomes, and potentially sparked students' desire to work in underserved communities in the future. The theme of the students' projects varied as well as their roles on the projects (Table 1); indeed, students learned research methods and collected and/or analyzed research or quality improvement data. The four students performing quality improvement projects were involved in

hands-on activities with diverse patients, which allowed them to exercise their leadership as future clinicians. The variety of project themes and roles for students stimulated conversation during the regular monthly meetings with the DDI.

EMBRACE students worked with their faculty mentors individually, on collaborative student teams, or in partnerships with graduate students, to develop their specific projects. All the primary mentors received a minimum advising load, which is the same process used with faculty who mentor undergraduate honors' students. In fact, studies have shown that student collaboration with interdisciplinary research team members and graduate students can advance their educational and career goals (Aponte et al., 2015). All students learned research-related skills, such as performing literature reviews, using research software to analyze data (i.e. NVivo and SPSS), interviewing research participants, developing an abstract for a conference, creating a research poster, or developing oral presentations. Two students became members of the Dean's Advisory Board for diversity and inclusion, which advocates for diversity and seeks to expand methods of inclusion across the college.

Throughout the implementation process, the EMBRACE program provided the students with opportunities to network with other professionals, work on interdisciplinary teams, and present final projects at local, regional, and national conferences. Some students chose to present their findings orally whereas other students chose to present their findings in a poster format. As a result of the excellence of their work, four EMBRACE students received "best presenter" awards at their conferences, and one junior student attended a successful research-focused seminar at another institution. In addition to these achievements, one RN-BSN student was accepted into the college's PhD program in Nursing Science, and she was awarded a 2017–2018 Johnson & Johnson-AACN Minority Nurse Faculty Scholarship. Upon graduation, this student intends to become a nurse researcher and faculty, studying implicit bias in palliative care for minority patients.

The EMBRACE program, which had a small budget generously offered by the Dean's office, enabled the provision of refreshments at the monthly meetings and provided travel support that allowed all students to attend conferences. In addition, the DDI organized a celebration reception for EMBRACE participants at the end of the program; at this event, all students received a certificate, shared their learning experiences in the program, and received a bracelet with the word "EMBRACE" engraved across the top. Although EMBRACE only required a modest amount of money to implement, the cost of the program may be too high for nursing schools with limited budgets. Thus, it is vital to increase federal/state funding and establish creative partnerships for new pathways to support underrepresented nursing students as they become the transformational nurse researchers and leaders of the future.

Recommendations for developing diversity program in nursing schools:

Here are some suggestions for developing a program like EMBRACE:

- 1) Use a planned systems approach, obtain commitment from the organization and participating faculty, and engage in ongoing learning (Breslin et al., 2018).
- 2) Find several faculty who will champion the program and one faculty member to act as designated leader. The leader will coordinate the students' selection, manage the faculty mentor-student matching process, and organize the monthly meetings and the learning activities. Leadership activities should be included in the faculty assignment and not regarded as an extra-activity.
- 3) Define "diversity" for the program. In the EMBRACE program, "diversity" can include, but is not limited to, a student's ethnicity/race, socio-economic status, sexual orientation, gender, nationality, different learning styles/abilities, and status as the first member in the family to attend college.
- 4) Follow a theoretical framework; see Fig. 2 as an exemplar.

- 5) Make the program voluntary for the students but expect their full commitment after they are selected to become members. In this way, students and faculty collaborate to achieve the goals of the program, and can be proud of both personal and group successes.
- 6) Conduct a mandatory monthly meeting to share learning experiences, dialogue ways to develop emotional intelligence, and listen to successful stories of underrepresented guest speakers.
- 7) Expect students to complete a research, leadership, educational, or quality improvement project with their assigned mentor.
- 8) Record and celebrate successes (e.g. acceptance in a PhD/DNP program, publications, awards) with all group members.

## Conclusion

The EMBRACE program emphasized using innovative and culturally appropriate engagement learning models to inspire underrepresented students to pursue careers as nurse researchers and nurse leaders in clinician, educational, and administrative roles. This program evaluation is based on short-term outcomes, and it is too early to determine long term results; however, it should be noted that faculty and students were very enthusiastic about the accomplishments of the first cohort of students, and as a result, the EMBRACE program will be continue to be offered at the (Blinded for review) College of Nursing. The next step is to include students from another campus, introduce mentorship through online platforms, and identify ways to follow-up the "real-life" achievements of graduates from this program. In addition, we plan to include underrepresented alumni as guest speakers during the monthly meetings of the program. The success of this program may inspire other nursing schools to implement similar programs and assist minority students assume key roles in the next generation of nurse leaders.

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