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DIVERSITY, EQUITY, AND INCLUSION IN NURSING EDUCATION

A Christian Perspective

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ABSTRACT: Nurse educators must prepare graduates who advance diversity, equity, and inclusion (DEI) across healthcare to decrease health disparities among diverse populations. Defining DEI and reflecting on personal implicit bias can help nurse educators intentionally integrate DEI throughout the nursing curriculum. This article explores DEI in the Bible and examines the Christian educator's role in promoting classroom diversity, providing equitable support for all students, and developing strategies for inclusive teaching. Addressing DEI from a biblical viewpoint can give nursing students the knowledge, skills, and attitudes needed to impact the well-being of all patients.

KEY WORDS: AACN Essentials, DEI, diversity, equity, faith-based nursing education, health disparities, inclusion, nursing, nursing education



For nursing classrooms to be more diverse, Christian educators must be aware of and reflect on their own unconscious or implicit biases.

Nurse educators play an integral role in preparing the nursing workforce. The next generation of nurses will care for people across the lifespan who come from diverse ethnic, religious, and cultural backgrounds. However, the number of nurses with comparable diverse backgrounds is inconsistent with the growing population in the United States (Smiley et al., 2021)—an inconsistency that may be contributing to health disparities among diverse populations. The 2019 *National Healthcare Disparities Report* reported that White patients receive better quality of care than 30% to 40% of patients from other races (Agency for Healthcare Research and Quality [AHRQ], 2023). Although some improvement was noted over the past 2 decades, health disparities have primarily persisted or worsened (AHRQ, 2023). The American Association of Colleges of Nursing (AACN) updated *The Essentials: Core Competencies for Professional Nursing Education* (also known as the Essentials) in 2021 to include the integration of diversity, equity, and inclusion (DEI) throughout nursing curricula. To help close the health disparity gap, nurse educators must teach students to value the importance of caring for diverse patients while working with diverse healthcare staff. This call to integrate DEI into nursing curricula is critical, but education alone cannot remedy health disparities (Powell, 2018). Although the power of education cannot be over-emphasized, the AACN (2021) is calling nurse educators to prepare graduates who advance DEI across the healthcare services in which they will be employed after graduation.

Although nurse educators determine how to integrate the revised essentials for education, Christian educators are challenged to incorporate the essentials while maintaining the integration of faith into nursing curricula. In communicating with Christians in the ancient city of Corinth, the apostle Paul wrote, “Therefore, we are ambassadors for

Christ, God making his appeal through us. We implore you on behalf of Christ, be reconciled to God” (2 Corinthians 5:20, ESV). Christian nurse educators are called to represent Christ and spread his message of reconciliation. Although Paul wrote this over 2,000 years ago, the message has not changed: Christian nurse educators are called to be Christ’s ambassadors. Christians represent Christ in every human encounter, impacting others’ view of Christianity.

WHAT IS DEI?

Although not a new concept, DEI remains a persistent trepidation of Christian higher education. Defining DEI is necessary for Christian educators to understand different worldviews as well as determine their own worldview. Attempting to understand or be empathetic toward another person’s worldview does not mean agreeing with the person’s lifestyle (Welbaum, 2021). Christian educators who understand more fully each of the DEI concepts can adapt their teaching more effectively. Although DEI is typically used as a combination of concepts, the following defines each concept separately.

Diversity describes the composition of people from different walks of life. Diversity includes qualities and characteristics, such as “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, p. 1). *Equity* is defined as recognizing differences in resources or knowledge needed to participate fully in society (AACN, 2017). The goal of equity is to remove obstacles, so each individual has an equal opportunity to achieve the same outcome. *Inclusion* represents an

environment and culture where diverse characteristics thrive (AACN, 2017). An essential concept of inclusion is more than just the statement; inclusion is also the behaviors and actions that intentionally embrace differences.

Christian educators must be knowledgeable about DEI and how these affect student populations. Academic nursing is becoming more inclusive with its recruitment of diverse students; however, access to higher education in its current state is still considered by some to be inequitable (Woods-Giscombe et al., 2020). Over the past several years, societal unrest has continued to shed light on DEI and require deeper conversations and self-awareness of unconscious or implicit bias. If educators teach from the perspective of an unknown bias, this bias may be transferred to students through teaching curricula that are not inclusive. The Bible should be consulted as the source of truth on any topic, especially when Christian educators revise the nursing curriculum adequately to address DEI from a biblical perspective.

BIBLICAL TRUTH

Many Bible verses and passages address DEI. Table 1 offers verses that Christian educators can reference on DEI. Specific examples include Christ’s diverse creation, Christ’s solution to equity, and Christ’s inclusive ministry.

Christ’s Diverse Creation

God provides a compelling vision for diversity in Scripture by describing his love for his diverse creation. The creation story found in Genesis 1 and 2 accounts for God’s vast array of creation. Although we often think of the complex differences in the plants, animals, and humans; even the basic differences between dark and light on day one of creation suggests that

diversity was God’s idea. After creating multiple atmospheres, galaxies, lands, plants, animals, and humans, God said, “It was good” (Genesis 1:3, 10, 12, 18, 21, 31). Paul continues to reflect God’s diverse creation when writing to the church of Corinth:

Not all flesh is the same: People have one kind of flesh, animals have another, birds another and fish another. There are also heavenly bodies and there are earthly bodies; but the splendor of the heavenly bodies is one kind, and the splendor of the earthly bodies is another. The sun has one kind of splendor, the moon another and the stars another; and star differs from star in splendor. (1 Corinthians 15:39–41, NIV)

Reflecting on the wonders of God’s creation, our human minds find it difficult to comprehend that God intentionally chose to make humankind in his image (Genesis 1:26–27; 9:6). As Christians, we believe all people reflect *Imago Dei*, Latin for “the image of God.” All have been bestowed with God’s image, and thus are equal and of equal value (Marshall et al., 1996). Yet, people are different in many ways and made different by God—the first sign that God’s kingdom is intentionally diverse. From the Bible’s beginning to its end, God does not discriminate in his creation, as evidenced by the variety of people groups that make

up the Kingdom of God (Revelation 7:9). We are all created in God’s image but unique in our diversity. No two humans are fully alike; even identical twins are different in ways that show their diverseness. The plan for diversity is in our DNA, designed by God for all of us to simultaneously be the same and different.

Christ’s Solution to Equity

The Bible uses the word *equity* several times in the Old Testament. According to 2 Samuel 8:15 (ESV), David reigned over Israel and administered justice and equity to all his people. The Hebrew word for equity, *mê-šā-rīm*, conveys the idea of uprightness, integrity, and fairness (Strong, 2010). This stems from the idea that humankind are all image bearers and deserve fairness in the eyes of God (Deuteronomy 25:15; James 2:1). But these examples do not align with the AACN definition of equity (AACN, 2017). The most congruent biblical example of modern-day equity, as defined by AACN, can be found in the parable of the Good Samaritan:

Jesus replied, A man was going down from Jerusalem to Jericho, and he fell among robbers, who stripped him and beat him and departed, leaving him half dead. Now by chance a priest was going down that road, and when he saw him he passed by on the other side. So likewise, a

Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan, as he journeyed, came to where he was, and when he saw him, he had compassion. He went to him and bound up his wounds, pouring on oil and wine. Then he set him on his own animal and brought him to an inn and took care of him. And the next day he took out two denarii and gave them to the innkeeper, saying, “Take care of him, and whatever more you spend, I will repay you when I come back.” Which of these three, do you think, proved to be a neighbor to the man who fell among the robbers? He said, “The one who showed him mercy.” And Jesus said to him, “You go, and do likewise.” (Luke 10:30–37, ESV)

The lesson in Jesus’ parable of the Good Samaritan suggests that Christians should have compassion on those considered more vulnerable than themselves (Jude 22). The Samaritan used his own possessions and resources to take the injured man to a safe place at the inn to rest and be restored. This is a radical way of life that can be seen as inconveniencing ourselves to take on someone else’s problems as our own. The Samaritan loved his “neighbor” as himself (Matthew 22:36–40) and fulfilled the promise of what is considered good (Micah 6:8).



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Christ's Inclusive Ministry

The Bible's account of Christ's ministry on earth is one of inclusion, as Jesus went out of his way to impact people who were outcast by society. Jesus extended an invitation to those who were marginalized and invited them back into the community by offering his restorative hope. Examples from Christ's ministry include Jesus giving a paralyzed man the ability to walk (Matthew 9:1-7), healing a deaf man (Mark 7:31-36), cleansing lepers (Luke 7:11-19), and restoring sight to a blind beggar (Luke 18:35-43). Yet one of the most compelling examples of Christ's inclusive ministry was when he protected a prostitute from death:

Jesus went to the Mount of Olives. Early in the morning he came again to the temple. All the people came to him, and he sat down and taught them. The scribes and the Pharisees brought a woman who had been caught in adultery, and placing her in the midst they said to him, "Teacher, this woman has been caught in the act of adultery. Now in the Law, Moses commanded us to stone such women. So what do you say?" This they said to test him, that they might have some charge to bring against him. Jesus bent down and wrote with his finger on the ground. And as they continued to ask him, he stood up and said to them, "Let him who is without sin among you be the first to throw a stone at her." And once more he bent down and wrote on the ground. But when they heard it, they went away one by one, beginning with the older ones, and Jesus was left alone with the woman standing before him. Jesus stood up and said to her, "Woman, where are they? Has no one condemned you?" She said, "No one, LORD." And Jesus said, "Neither do I condemn you; go, and from now on sin no more." (John 8:1-11, ESV)

Empathy and understanding of another's worldview do not equate to acceptance of that worldview.

Jesus did not consider a person's background or status as a factor in the worthiness of receiving his ministry (Espinosa, 2021). Espinosa (2021) goes on to say that Christian nurses are called to serve with God's love regardless of patients' status, stereotype, or stigma. An underlying or unrecognized bias toward others who do not share a preconceived paradigm of one's own personal values is at the root of many societal problems (Groos et al., 2018; National Institutes of Health [NIH], 2022). The challenge to pause and choose to see life through another's perspective can be done through personal reflection and prayer, for example using Psalm 139:23, asking God to search our hearts for impurity, remembering that we are all created equally by God who loves each of us and asks us to love one another.

THE CHRISTIAN EDUCATOR'S ROLE

A Christian educator's desire to be more diverse, equitable, and inclusive stems from the desire to be faithful to God. The educator's role is to facilitate learning and act as a mentor and role model (see Web Resources). Therefore, the classroom, whether in-person or virtual, should serve as a setting for learners to see the inherent love of Christ through teaching and actions. Just as the Bible indicates that faith without action is dead (James 2:17), so teaching without taking action to incorporate Christ's perspective is dead (Meeker, 2021).

Classroom Diversity

Increasing diversity in the classroom is easier said than done. When the AACN (2019) recommended increasing workforce diversity in the profession, nursing schools began to recruit and retain diverse students and faculty. For nursing classrooms to be more diverse, Christian educators must be

aware of and reflect on their own unconscious or implicit biases. A recent review of global literature by Wei et al. (2023) exploring the presence of nurses' implicit bias on patient care unearthed pervasive bias. Implicit bias was present across multiple studies related to race/ethnicity, sexuality, aging (ageism), health condition (obesity, especially in women), mental health status, and substance use disorder. To address implicit bias, the authors recommend critical self-reflection, mindfulness, perspective-taking, and individuation (exploring patients as individuals, not just members of a particular group) to increase self-awareness and consciously identify personal feelings. They summarize, "Nurses' ability to pause and critically reflect on—becoming aware of—individually held biases was considered an essential component for transformative growth and mitigating implicit bias" (Wei et al., 2023, p. 130).

The *Implicit Association Test* from Harvard University is a helpful method to become more self-aware of implicit biases (Project Implicit, 2011). Educators can take one of many tests from Project Implicit and use the results to develop strategies that foster a culture of diversity in the classroom. Moving beyond identifying implicit bias, long-term training that explores personal values and addresses defensiveness of dominant groups, policy changes that support DEI, and systemic organizational restructuring are needed to help decrease implicit bias (Onyeador et al., 2021). The NIH Office for Scientific Workforce Diversity (2017) offers free training programs on sociocultural factors impacting diversity, including courses on stereotype threat, implicit bias, and microaggressions.

One method of promoting diversity in the classroom is to enhance community outreach to underrepresented populations through nursing program curricula and assignments. Woods-

Table 1.

BIBLE VERSES RELATED TO DEI

Topic	Verses
Diversity	Genesis 1:27 1 Corinthians 12:12-28 1 Corinthians 14:10 1 Corinthians 15:39-41 Colossians 1:16-17 Colossians 3:11 James 2:1-13 Revelation 7:9-10
Equity	Psalms 98:9 Isaiah 56:1-12 Micah 6:8 Matthew 7:1-5 Matthew 22:35-40 Luke 10:30-37 Romans 2:1-29 1 Corinthians 1:10 Ephesians 4:1-32 Jude 22
Inclusion	Romans 12:15-18 Romans 14:1-23 1 Corinthians 12:12-27 1 Corinthians 14:26 Galatians 3:28 Galatians 5:6

Giscombe et al. (2020) found that culturally diverse and economically disadvantaged students had misconceptions about what the profession of nursing entailed. Dispelling stereotypes by highlighting that nursing is grounded in science and evidence-based practice may engage students from culturally diverse backgrounds that otherwise may not have considered nursing as a profession. The authors found that educating students about the profession of nursing should begin in elementary school, and continue through middle and high school. Highlighting nursing as a science, technology, engineering, and mathematics (STEM) vocation improved recruitment into nursing programs (Woods-Giscombe et al., 2020).

In addition, program admission requirements may need to be evaluated. Is there a pre-admission requirement that excludes diverse populations? Stetz (2009) gives the example of requiring volunteer experience for pre-admission to a nursing program. If a student works to support family members, volunteer experience might not be feasible. Similarly, a common post-licensure admission requirement is submitting

a scholarly essay to screen students based on writing ability. Although the argument to require or not require this pre-admission requirement can be made, a student who speaks English as a second language may not write in the same manner as a student with English as a primary language. Some programs require a certified nursing assistant certificate prior to admission; such a requirement may not be feasible to a financially challenged population.

Nursing workforce diversity programs have increased opportunities for individuals from underrepresented backgrounds. These programs strengthen the recruitment, enrollment, retention, and graduation of students from diverse backgrounds. Ortega et al. (2020) implemented a scholarship program for students from disadvantaged backgrounds. Students were paired with a faculty member for mentorship and student success was evaluated every 3 months. At the end of the program, 93% of the students completed the plan of study and passed the certification boards (Ortega et al., 2020). Diversity in the nursing profession begins with diversity in the classroom. Teaching and learning opportunities are enhanced when diversity is integrated into the classroom.

Equitable Support

Even if diversity of nursing program applicants is increased, every student admitted to a nursing program may not have the necessary resources to be successful. Villano et al. (2018) examined the relationship between early alert systems and student retention and found that when used correctly, early alert systems can identify students who are at risk of discontinuing their studies. Early alert systems can provide actionable information to support student success (Villano et al., 2018).

Supplemental instruction—regularly scheduled informal review sessions of course content—is another method to provide academic support (Byrd & Meling, 2020). Yue et al. (2018) examined how supplemental instruction helped reduce performance gaps

in disadvantaged students. The authors found that all students improved scores with supplemental instruction; however, traditionally disadvantaged students gained larger performance improvement than those considered less disadvantaged. These findings indicate that regular supplemental instruction for disadvantaged students may be a key to closing potential performance gaps of students considered to be disadvantaged (Yue et al., 2018).

Another suggested way of providing added support in nursing education programs is to develop a learner success planning and academic coaching process. Students admitted to nursing programs may face barriers that prevent them from completing the program. Students who participate in learner success planning and academic coaching are more likely to complete their studies than those who do not (Freeman & All, 2017). Learner success planning requires time, scheduling, and faculty for success. Such academic coaching is individualized, based on the program and student needs. Specific policies of these programs may vary, with the overarching goal being to support students and help them complete their nursing education.

Inclusive Teaching

Christian educators have multiple techniques to incorporate into their teaching to support an inclusive learning environment. Some foundational teaching elements are textbooks and reading resources. Christian educators can adopt textbooks that contextually portray a variety of cultural and diverse backgrounds (Stetz, 2009). Integrating international scholarly research articles and texts that reflect diverse populations and values into classroom readings and resources can promote cultural diversity.

Although textbook and reading selection is a start to inclusive teaching, intentional training to care for vulnerable and underrepresented populations can be one of the most effective techniques of Christian educators. Cultural and communication

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barriers between nursing students and diverse patients may exist, which may propagate health disparities. Kroning (2018) described one example of an educational training program developed to improve competence when caring for persons who identify as lesbian, gay, bisexual, and transgender, queer, intersex, and asexual (LGBTQIA+). Nurses have a professional duty to provide care for all patients regardless of gender identity and sexual orientation. Christian educators can better prepare students to identify risks for health disparities, discrimination, and health concerns by making sure to include topics like caring for persons who identify as LGBTQIA+ (Summers, 2017) and helping students explore the lived experiences of such individuals (Wei et al., 2023). Similarly, recognition of faculty during educational class sessions or case study presentations that highlight a certain ethnicity should be examined for bias, even within factual content. As found in the qualitative work of Kunnen et al. (2023), self-identified diverse students felt some content about their race being at risk for certain diseases or conditions was ostracizing, especially without providing the context of social determinants of health. Intentional and thoughtful delivery about DEI topics is essential for nursing students to understand the full picture of their patients.

How can a Christian nurse educator encourage students to stay true to their biblical worldview in this difficult context? Working with students to discuss their areas of discomfort or spiritual/moral conflict in a safe environment in a reflective manner may be helpful. As Jesus was called to love, he was also called to judge. Is that the role of the Christian nursing student? Having students examine this question through a reflective journal (Summers, 2017; Wei et al., 2023) and/or group discussion can potentially decrease the discomfort Christian nursing students may feel when working with populations that do not share their worldview. Helping students role play difficult conversations that require them to acknowledge

a pronoun for gender diversity or assisting students to navigate conversations with patients who do not believe in God will stretch their thinking and help them develop empathy. Such role playing may also help students uncover and examine their feelings or fears around such situations.

Another current situation that needs integration into Christian education is cultural competency and sensitivity toward people seeking asylum and refuge. Harvey and Wynn (2022) created a simulation-based experience geared toward the spiritual and cultural needs of people seeking refuge. Educating students to advocate for vulnerable populations empowers them to identify health disparities, gaps in health literacy, and health resources. Harvey and Wynn's simulation combined the art of caring and social sciences required to provide cultural and sensitive care while also identifying community resources. Although most educators may implement in-person simulations such as the one outlined by the authors, online and virtual simulation-based experiences are just as beneficial.

A reflective journal can be a debriefing tool after simulation, clinical experiences, or a personal self-reflective exercise based on course content. Kroning (2016) used reflective journals after mental health simulations before entering the clinical setting to improve nursing students' attitudes and competence of caring for patients with mental illness and behavioral needs. Students could communicate their challenges, fears, and experiences from their perspectives in their writings. Kroning was able to individualize educational needs for students based on their reflective journals.

Finally, the implementation of service-learning experiences for vulnerable populations can be integrated into the curriculum to bridge the gap between theory and practice. Barnes (2017) used a service-learning program in an online and onsite nursing program. Students were required to complete 1 volunteer hour per week for 5 weeks at sites that cared

Web Resources


- **AACN: Enhancing Diversity in the Workforce**
<https://www.aacnnursing.org/news-information/fact-sheets/enhancing-diversity>
- **AACN: Diversity, Equity, and Inclusion Faculty Tool Kit**
<https://www.aacnnursing.org/Portals/42/Diversity/Diversity-Tool-Kit.pdf>
- **Project Implicit**
<https://implicit.harvard.edu/implicit/takeatest.html>
- **National Commission to Address Racism in Nursing**
<https://www.nursingworld.org/practice-policy/workforce/racism-in-nursing/national-commission-to-address-racism-in-nursing/>
- **National League for Nursing: Diversity & Inclusion Toolkit**
https://www.nln.org/docs/default-source/uploadedfiles/default-document-library/diversity-toolkit.pdf?sfvrsn=178daf0d_0
- **National Institutes for Health: Diversity**
<https://diversity.nih.gov/>

for vulnerable populations. Many students volunteered at homeless shelters, sexual wellness clinics, sponsored living shelters, refugee clinics, and free health clinics for uninsured or underinsured individuals (Barnes, 2017). The author found that service-learning was easily implemented into both the online and onsite programs. Implementing service-learning allowed students to engage with community members while growing in godly character.

CONCLUSION

There is a critical need to make nursing education more diverse, equitable, and inclusive. Christian educators have an obligation to analyze their own implicit biases that may influence their teaching of nursing students. Staying current in societal events and educational practices that support DEI has a strong influence on the next generation of nurses. In every nursing school, Christian educators can set the example by promoting diverse,

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equitable, and inclusive environments. Intentional educational practices can create a safe learning environment that allows faculty to address health equity issues from a Christian perspective. Christian educators can support and educate nursing students to practice with mercy (Jude 22) so that all people have opportunity for a complete and healthy life. 

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- You'll need to create an account (it's free!) and log in to access My Planner before taking online tests. Your planner will keep track of all your Lippincott Professional Development online NCPD activities for you.
- There's only one correct answer for each question. A passing score for this test is 8 correct answers. If you pass, you can print your certificate of earned contact hours and access the answer key. If you fail, you have the option of taking the test again at no additional cost.
- For questions, contact Lippincott Professional Development: 1-800-787-8985.
- Registration deadline is March 6, 2026.

NCPD Nursing Continuing
Professional Development

PROVIDER ACCREDITATION

Lippincott Professional Development will award 2.0 contact hours for this nursing continuing professional development activity.

Lippincott Professional Development is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is also provider approved by the California Board of Registered Nursing, Provider Number CEP 11749 for 2.0 contact hours. Lippincott Professional Development is also an approved provider of continuing nursing education by the District of Columbia, Georgia, West Virginia, New Mexico, South Carolina, and Florida, CE Broker #50-1223. Your certificate is valid in all states.

Payment: The registration fee for this test is \$21.95 for nonmembers, \$15.95 for NCF members.