

**Annotated Table of Contents, Creative Nursing Vol. 29 Issue 4:
Redesigning Health Care: Understanding the Human and Financial Costs of Marginalization**

FROM THE EDITOR

Life on the Margins, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, Editor of Creative Nursing, developmental/copy editor of the Interdisciplinary Journal of Partnership Studies, and affiliate faculty member at the University of Minnesota School of Nursing.*

This editorial reviews the events of Creative Nursing's 2023 publication year, importantly our transition to Sage Publishing and the expanded opportunities this new relationship provides for our future. It then summarizes the 11 scholarly articles in which marginalization and the experiences of the people who live on those margins are regarded, examined, explained, analyzed, dealt with. The articles as a whole this time are strongly oriented toward the US, but the concepts discussed are universal. Synonyms for marginalization, and related terms: Othering. Stigma. Minority stress. Stereotyping. Microaggressions. Intersectionality. Social determinants of health. And antidotes to marginalization: Belonging. Diversity. Inclusion. Sustainable partnerships. Equity-minded nurses. Service learning. Culturally safe support. Ideas and questions to consider: Marginalization precedes (is the precursor to) exclusion. There are levels and degrees of marginalization: different types, different manifestations. Stigma is social rejection that comes from an imbalance in power and lack of knowledge that excludes people from normed privileges. Intersectionality may increase marginalization. What is the role of unconscious bias in marginalization? Who decides who is allowed to feel marginalized? And, belonging is the other end of the spectrum from marginalization.

FROM THE GUEST EDITORS

Overcoming Marginalization by Creating a Sense of Belonging, by *Brigit M. Carter, PhD, RN, FAAN, Chief Diversity, Equity, and Inclusion Officer, American Association of Colleges of Nursing; Wanda Thruston, DNP, APRN, Director of Diversity, Equity, and Inclusion, American Association of Colleges of Nursing; and Danica Fulbright Sumpter, PhD, RN, CNE, Clinical Associate Professor, University of Texas at Austin School of Nursing*

Marginalization encompasses structural, interpersonal, and intergroup dynamics that perpetuate inequality and exclusion. This manuscript advocates that the solution to marginalization lies in fostering a sense of belonging, a fundamental human need that is critical for mental well-being, academic success, and personal growth. Belonging significantly impacts engagement, retention, and overall development, especially in educational settings like nursing schools. Individuals who feel they belong are more likely to seek support, engage actively in learning, and perform better academically. However, achieving a sense of belonging is not straightforward, and many challenges, spanning both individual and institutional levels, hinder its realization. Individual challenges include resistance to change, implicit biases, and a lack of awareness. Institutional challenges encompass insufficient commitment, inadequate resource allocation, and a lack of representation from marginalized groups. Moreover, recent anti-diversity, equity, and inclusion legislation poses additional obstacles. To overcome these challenges and promote belonging, these authors offer strategies that highlight the importance of aligning institutional values with policies and practices, recognizing and rewarding inclusive efforts, and actively seeking diverse perspectives.

A Mentoring Initiative for Students at Historically Black Colleges and Universities: One Strategy to Increase Nursing Workforce Diversity and Advance Health Equity, by *Vernell P. DeWitty, PhD, MBA, RN, Senior Consultant for Diversity, Equity, and Inclusion at the American Association of Colleges of Nursing, and President/CEO of Pourquois Diversity Consulting; Jazmine Cooper, MBA, Project Advisor, Advocacy & Consumer Affairs, at the AARP Center to Champion Nursing in America; and Deborah Stamps, EdD, MBA, MS, RN, GNP, NE-BC, CEO of Deborah Stamps Consulting.*

This article addresses low retention and graduation rates among historically marginalized students in nursing programs at Historically Black Colleges and Universities (HBCUs). Attrition increases economic costs and reduces the lifetime earnings of students who may have become nurses; nursing schools must identify effective support strategies and interventions to reduce attrition and encourage persistence. Mentoring is a proven success strategy to support historically marginalized students, helping them navigate challenges, improving academic outcomes, and increasing the diversity of the nursing workforce. Mentors have connections with others who may help the student and who can open doors to establishing new relationships and opportunities, including internships, externships, and employment options. The article highlights a mentoring initiative of AARP's Center for Health Equity through Nursing (A-CHEN) and the Future of Nursing: Campaign for Action, to enhance graduation rates and National Council Licensure Examination (NCLEX) success among historically marginalized students. This initiative, which emphasizes collaboration among institutions and organizations as well as strategies for funding, mentor recruitment, and NCLEX preparation, prioritizes diversity and inclusion in the nursing workforce because evidence indicates that ethnically and racially diverse nurses are more likely to serve vulnerable populations and therefore to help improve health equity. The authors' recommendations include promoting robust mentoring programs, preparing mentors, and conducting further research on the effects of mentoring on student outcomes in HBCUs.

ARTICLES AND ESSAYS

Call to Action: Academic Nursing's Role in Redesigning Health Care to Reduce the Human and Financial Cost of Health Inequities, by *Kupiri Ackerman-Barger, PhD, RN, CNE, ANEF, FAAN, Associate Dean for Health Equity, Diversity and Inclusion, Director of Faculty Development for Education and Teaching, and Professor and Program Director for Summer Health Institute for Nurses Exploration and Success, and Jessica E. Draughon Moret, PhD, RN, Associate Professor of Nursing and a fellow in the Betty Irene Moore Fellowship for Nurse Leaders and Innovators at the University of California Davis; and Debra Barksdale, PhD, FNP-BC, CNE, FAANP, ANEF, FAAN, Dean of the School of Nursing and Professor at University of North Carolina Greensboro.*

Health equity is an aspirational goal for health outcomes that can be achieved when systemic inequalities are addressed. This essay summarizes the impact of continued health disparities and inequities in the US and outlines the ways in which increasing diversity in the nursing workforce and graduating equity-minded nurses can promote innovation and problem solving to address these disparities and inequities. Stress, marginalization, racism, and/or any form of discrimination exist on the opposite end of the emotional continuum from freedom and happiness. Medical mistrust is not the fault of the communities affected; rather, fault lies with the overlapping systems of discrimination that

result in mistrust. Diversity and representation are essential in academic nursing where nursing knowledge is constructed, debated, and disseminated, where research is conducted and interpreted, and where curricula are designed and taught to future nurses. Nurses in academia are uniquely situated to promote health equity through increasing the overall diversity of the nursing workforce, graduating equity-minded nurses, conducting high-quality and historically grounded health equity research, and living the praxis of health equity with our students and colleagues.

The Invisible Minority: Stigma and Sexual and Gender Diversity in Health Care, by *Isabel Francis, MPA, MSN, RN, doctoral student and Graduate Research Assistant at the University of South Florida; and Charles Buscemi, PhD, APRN, WOCNF, Clinical Professor in the Department of Graduate Nursing, Nicole Wertheim College of Nursing and Health Sciences at Florida International University.*

This concept analysis elucidates the concept of stigma in the sexual and gender diverse (SGD) population and how it impacts interactions with the health-care system. Difficulty accessing health care, avoidance of health care, and multiple individual and environmental stressors result in SGD persons having greater risk for suicidal ideation, substance use, anxiety, certain cancers, and cardiovascular disease. SGD persons co-identifying or belonging to multiple marginalized groups may experience additive effects, resulting in poorer outcomes. Review of the literature clarified the power imbalance perpetuating stigma, its defining attributes, antecedents, and consequences. Stigma is defined as a form of social rejection resulting from an imbalance in power and lack of knowledge, in which the process of labeling, stereotyping, and discrimination excludes an individual or group from normed privileges. Although the preponderance of consequences are negative outcomes, positive interactions with providers can empower SGD individuals to disclose their identity more willingly, navigate the health system effectively, and experience greater well-being. Emerging research suggests that reframing stigma as an opportunity to generate novel ways to work through and with power disparities characterizing health-care system interactions may improve access to and delivery of services. Nurses can combat stigma by acknowledging and respecting diverse identities; creating trusting, co-equal relationships; and advocating for sexual and gender diverse persons at both practice and policy levels.

Centering Health Equity through the Social Determinants of Health, Interprofessional Collaboration, and Sustainable Partnerships with Historically Black Colleges and Universities: Imagining Upstream and Downstream Impacts, by *Catherine Holton, EdD, MSN, RN, CNE, Associate Dean of the School of Nursing; Sri Banerjee, MD, PhD, MPH, FACE, REHS/RS, FRSPH, member of the Core Faculty in the PhD in Public Health Program; Phyllis Morgan, PhD, member of the Core Faculty in the Master of Science in Nursing Nurse Practitioner Program; Nina M. McCune, EdD, Associate Dean 2 for Inclusive Teaching and Learning Environments; Amber Cook, DNP, FNP, MSN, member of the Core Faculty in the Master of Science in Nursing Program; Jeani Thomas, DNP, MSN, member of the Core Faculty in the Master of Science in Nursing Program; and Alyssa Vesey, MSN, RN, Coordinator of Field Experience Faculty in the Master of Science in Nursing Program; all at Walden University.*

The social determinants of health (SDOH) framework identifies barriers to health care, education, financial stability, and other conditions that exist across socially determined parameters, often to the detriment of Communities of Color. Marginalized populations often receive treatment that is impacted by the psychosocial environment; this treatment can improve with culturally competent care and unbiased approaches to individual patients. Postsecondary health-care professions students must be aware of these disparities. HBCUs contain unrealized potential to develop extraordinary health-care leaders; robust partnerships integrating SDOH and interprofessional education can be a powerful upstream force to advance downstream health equity. Infusing SDOH throughout curricula encourages health professions students to recognize connections between social determinants and equity, with downstream effects of improved health. Faculty development opportunities that center SDOH in interprofessional education are critical to ensuring that the framework is embedded across all curricula.

Utilizing Simulation to Address Structural Racism in the Health-Care System, by *Susan L. Huehn, PhD, RN, PHN, Associate Professor in the Department of Nursing at St. Olaf College.*

This article reports a simulation exercise for senior pre-licensure nursing students on the topic of implicit bias and racism in the health-care system, in which a health-care provider acted in an oppressive manner toward a client. This simulation provided an opportunity to open and deepen important conversations about equity, belonging, and justice. Research on health disparities has historically been limited by focusing on the health problems faced by people of color while neglecting the perpetrators of racist practices and institutions that have created these problems. In the simulation, nursing students cared for a postpartum patient who was a Black nursing student, on maintenance suboxone for prior opioid addiction with one year of sobriety. The client reported acute abdominal pain; the students called the health-care provider to come to the bedside, but the provider refused, and declined to order any analgesia, stating on the phone that “She is one of those people, a junkie” and “She just wants more drugs.” After debriefing, students completed a survey; their responses generated three themes: Shock and Anger, Need for Advocacy, and Glad for Preparation. Participants described a lack of previous experience with responding to microaggressions from members of the health-care team, as well as anxiety over being expected to respond to this situation during a simulation. Creating organizations in which everyone has access to the opportunities they need to thrive depends on our willingness to confront the history and impacts of structural racism in the health-care system and to take action to interrupt inequitable practices at the interpersonal, institutional, and structural level.

DIVERSITY, EQUITY, INCLUSIVENESS, AND BELONGING

Culturally Safe Support for American Indian Nursing Students, by *Michelle Kahn-John, PhD, RN, Research Associate in the Johns Hopkins School of Nursing; Regina Eddie, PhD, RN, Associate Professor title in the School of Nursing at Northern Arizona University; and Anna Slaven, MSN, Graduate Research Assistant in the Johns Hopkins School of Nursing.*

Being the least-represented ethnic/racial group in college settings, American Indian students often experience loneliness and self-doubt related to the challenges of adapting to an environment that embodies values, norms, and culture so different from those represented in their traditional culture. The impacts of historical colonization persist, resulting in ongoing health disparities and psychosocial inequities that have led to hardships for these students, further complicating their academic experiences. Strategies and resources created with the intention of supporting American Indian students may be unavailable, misguided, culturally misaligned, culturally unsafe, or hastily offered without knowledge of the complicated historical underpinnings of their culture and lived experiences in America. Fostering culturally safe learning environments where faculty are compassionate and caring and provide culturally aligned teaching is important in addressing these complex disparities. Reciprocity, shown through graceful exchange of knowledge and discourse between students and faculty, demonstrates equity and mutual respect. Use of American Indian pedagogies such as place-based learning, sensory learning, and storytelling in curricula demonstrates respect, acceptance, and inclusion of American Indian culture. Reciprocal intergenerational transfer of knowledge is a critical underpinning of the kinship structure in American Indian communities that nurtures inclusion, connectedness, strength, and thriving. Derived from American Indian values and teachings, intergenerational mentoring emphasizes the nursing mentors' responsibility to support the growth and success of American Indian nursing students. This approach focuses on students' strengths and protective factors, drawing on American Indian teachings identified as sources of strength for these students, as well as acknowledging the historical impacts of colonization, cultural intelligence, the quality and safety of the learning environment, and mentoring capacity. Culturally safe mentoring aims to maximize American Indian students' potential for academic and professional success through promotion of culturally derived strengths.

THE VOICE OF PATIENTS AND FAMILIES

The Lived Experience of African American Individuals with Cystic Fibrosis, by *Sigrid Ladores, PhD, RN, PNP, CNE, FAAN, Associate Professor and Department Chair of the Department of Family, Community and Health Systems; Brittany M. Woods, PhD, RN, CNOR, Clinical Research Coordinator II; Leslie N. Pitts, MSN, CRNP, CPNP-AC, CDCES, AP-PEN, doctoral student; and Deyana Belay, nursing student and student assistant, all in the School of Nursing at the University of Alabama at Birmingham; Lauren Washington, CF community member and consultant; and Leigh Ann Bray, PhD, RN, CNL, CNE, Assistant Professor in the Capstone College of Nursing at the University of Alabama, in Tuscaloosa.*

Cystic fibrosis (CF) is a rare genetic disease affecting approximately 30,000 people in the United States. African American persons with CF are even rarer, comprising approximately 5% of this population. There is a dearth of information in the literature that explores how African American people navigate the predominantly white world of CF. These authors used descriptive phenomenology to study the lived experiences of African American persons with CF. Interviews revealed three themes: Accepting a Diagnosis of CF, Desiring a Normal Life while Living with an Invisible Disease, and A Slippery Slope of Subtle Racism. While the average person may not consider taking multiple medications, performing breathing treatments, and being admitted to the hospital on numerous occasions as a 'normal' childhood and adolescence, these experiences were a part of participants' daily lives. They described a lifetime of challenges, trying to find a diagnosis for such a rare disease, seeking out education to

manage their CF symptoms, and feeling the immense burden of a life-limiting disease. The experience of not being believed, of having symptoms discounted because they did not fit providers' image of what a person with CF looks like, was common. Participants recounted in poignant detail these experiences of being discounted, as well as the toll the disease takes on mental health and its impact on crucial life decisions. The authors conclude that it is critical to explore the unique challenges faced by African American persons in order to develop interventions that improve their daily lives and create better futures. Members of CF care teams must look beyond the lungs and delve into other body systems affected by CF, including mental health concerns.

THE STUDENT VOICE

Evaluation of Social Determinants of Health in Nursing Education Through Service Learning, by *Desi M. Newberry, DNP, NNP-BC, Associate Professor at Duke University School of Nursing; Lori A. Spies, PhD, APRN, FNP-C, FAANP, Associate Professor, and Jennifer J. Jones, DNP, APRN, AGCNS-BC, CCRN-K, Clinical Associate Professor, both at Baylor University Louise Herrington School of Nursing; and Patricia Yvonne Perez, DNP, NNP-BC, neonatal nurse practitioner at South Texas Health System.*

These authors report on a service learning experience for Baylor University nursing students who volunteered in a COVID vaccination clinic and refugee respite center in the Rio Grande Valley on the U.S.-Mexican border. People crossing that border are a diverse group that includes immigrants seeking to improve their quality of life, refugees who are fleeing persecution and conflict, and those seeking asylum. In preparation for the experience, students completed an independent study course, *Refugee and Immigrant Population Health*, and training in vaccine administration. In the clinic and refugee center, they planned and led health and education activities, with a daily faculty-led debriefing. After the hands-on experience, students composed essays reflecting on what they learned about the health-care needs of immigrants and refugees, health disparities, cultural humility, and what effect the experience would have on their future practice. Participants found policies on immigration and provision of health care for asylum seekers, immigrants, and refugees to be in ethical conflict with their nursing backgrounds. The authors used featured concepts of the AACN's *Core Competencies for Professional Nursing Education*, with a focus on SDOH, to interpret the students' responses, and recommend this framework in designing future service learning experiences, stating that well-planned global engagement in the form of service learning trips can bridge the gap between theory and practice and help develop globally aware and appropriately skilled nurses.

Creating a Pathway to Health-Care Professions for Historically Marginalized Students, by *Kellie Bryant, DNP, WHNP, CHSE, FAAN, Assistant Dean of Clinical Affairs & Simulation and Associate Professor in the School of Nursing at Columbia University, and Allison Lee, MD, MS, Associate Professor in the Department of Anesthesiology at Columbia University Medical Center and Medical Director of the Margaret Wood Center for Simulation and Education at Columbia University.*

Developing a diverse talent pool starting at the high-school level, while students are making future education and career decisions, should be a national priority, given the need to build a diverse health-care work force. The Black and Latino/Hispanic populations make up the fastest-growing racial and

ethnic groups in the US but are the most underrepresented in the health-care workforce. The communities surrounding New York City's Columbia University are largely Black and Latino/Hispanic, with major immigrant populations; students there face numerous obstacles to attending college, such as living in low-income households and attending underserved schools categorized as low performing. These authors describe a 6-week immersive simulation-based summer program to introduce junior high-school students to the range of health professions. Because pre-college students typically receive limited exposure to clinical settings, high-fidelity simulation is an excellent surrogate for providing realistic experiences in health care. Students networked with members of various health professions, earned CPR certification, learned about health equity, studied in nursing and anesthesiology simulation labs, and worked in teams to create public service announcements about health-care issues affecting their community (topics included COVID-19, heart disease, stroke, breast cancer, prostate cancer, asthma, diabetes, and substance use disorder). The final session culminated in a well-received escape room challenge, in which students had to identify safety hazards, place a simulated IV, deliver bag/mask ventilation, identify SDOHs, and perform a respiratory assessment. Future programs will focus on longitudinal support and mentoring, essential for mitigating the higher rates of attrition from health professions among minoritized students.

MEDIA REVIEW

The Sum of Us: What Racism Costs Everyone and How We Can Prosper Together, by Heather McGhee. Reviewed by Lacrechia M. Bell, MSN, RN, Clinical Associate in the Accelerated BSN Program at Duke University School of Nursing.

Chronicling racial hierarchy dating back to colonial America, historian Heather McGhee uncovers the impact of racism in almost every societal sector including politics, the economy, education, housing, criminal justice, and climate change. Color-blind approaches to the societal ills that have historically plagued America are clearly not working; the history of segregation and racism that accounts for what some may consider the poorly visible social determinants of health cannot be erased. McGhee challenges the fallacy that racial equity is only for people of color, demonstrating that political, socioeconomic, and financial equity for individuals and communities of color is equity for all people. Increasing the diversity of nurses and nursing faculty can promote health-care equity and minimize the zero-sum game of racial hierarchy when patients can see themselves reflected in their care providers and students can see themselves reflected in their instructors, researchers, and clinicians. McGhee challenges Americans to consider how we might live in solidarity and allow diversity to be our superpower, instead of our dividing power.