

The Importance of Equity, Diversity and Inclusion in Nursing Practices

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Abstract

Equity, diversity, and inclusion (EDI) are critical pillars to support nursing practice, education, leadership, and research. The use of EDI principles guarantees that health care is provided ethically, culturally sensitive, and relevant to diverse populations. This narrative review synthesizes the existing literature on the significance of EDI in nursing, with emphasis on its role in contributing to patient outcomes, workforce efficiency, quality education, and leadership formation. Evidence indicates that inclusive staffing, inclusive organizational cultures, and inclusive policies increase patient satisfaction, reduce health disparities, improve professional commitment, and increase innovation. Despite the benefits, issues like systematic inequities, organizational opposition, implicit bias, and narrow policy frames exist to limit the full achievement of EDI in nursing. The effective solutions to addressing these problems are policy reforms, diverse, culturally competent hiring and mentoring practices, culturally competent education, leadership development policies, and evidence-based practice policy. In conclusion, this review finds that EDI is not only an ethical imperative but also a practical matter for building robust healthcare systems and improving quality of care. Long-term commitment, continuous monitoring, and anticipatory enactment of policy are required to integrate EDI principles into nursing practice, education, and administration.

Keywords: Equity, Diversity, Inclusion, Nursing, Culturally Competent Care

Word Count: 242

Introduction

Equity, Diversity, and Inclusion (EDI) are now the pillars guiding the formation of contemporary healthcare systems, and more particularly so in the field of nursing. Equity is defined by the World Health Organization (WHO) as the lack of avoidable or remediable differences in health amongst population groups defined in terms of social, economic, demographic, or geographic characteristics (WHO, 2025). EDI nursing entails creating fair chances for education and professional development; building a diversified workforce that reflects the populations served; and creating welcoming learning and practice environments

that foster culturally safe, person-centered care (Shah et al., 2024). Equity invokes the need to eliminate systemic obstacles to allow equitable healthcare access and results for all patients (Williams et al., 2016; Cunningham et al., 2022). Diversity emphasizes the need to embrace the multitude of cultural, ethnic, socioeconomic, and experiential differences that typify modern patient populations (Stanford et al., 2020; Lauwers et al., 2024). Inclusion involves the fostering of a sense of belongingness, whereby all individual (patients and practitioners) are respected and empowered (Shen et al., 2022). Collectively, these dimensions form the foundation of social justice in health and are critical to the provision of optimum care quality and patient well-being.

The global nursing workforce remains pivotal and yet unevenly distributed, with persistent inequities in educational preparation, scope of practice, salaries, and presence in leadership. The State of the World's Nursing 2025 report finds persistent imbalances in training pipelines and deployment and calls for policy action to allow nurses to practice to the full extent of their education while health systems integrate equity and inclusivity into workforce planning (WHO, 2025). EDI is therefore framed both as an ethical imperative and a pragmatic approach to enhance systems and outcomes.

In the US, the National Academies' Future of Nursing 2020–2030 report locates health equity at the forefront of nursing's charge, calling on the profession to tackle structural determinants of inequity throughout practice, education, leadership, and research. The report links workforce preparation (e.g., anti-bias and cultural humility training) and inclusive organizational cultures to improved population health. In the United Kingdom, the NHS Workforce Race Equality Standard (WRES) provides an annual, system-wide emphasis on equity, documenting persistent disparities in career progression and workplace experience among minority ethnic staff and promoting targeted improvement actions. Together, these activities illustrate how HICs are institutionalizing EDI to support quality and safety, even as gaps remain.

Nigeria is representative of both the potential and pressures shaping EDI in nursing. Recent reviews estimate a total of ~301,579 nurses and midwives nationwide (~88 nurses and 59 midwives per 100,000 population), stressing nursing's role in service delivery while underlining density gaps relative to need. Nigeria is also listed on WHO's Health Workforce Support and Safeguards List (2023) which is a sign that international recruitment from the country should be reduced and ethically managed due to local shortages. In this case, EDI is not only a moral obligation; it is a workforce strategy to develop pipelines (e.g., increasing participation and retention in nursing education), workplace environments (e.g., inclusive leadership, anti-discrimination), and patient experience and outcomes across Nigeria's pluralistic health system.

Efforts to improve EDI among the nursing workforce extend beyond education and workforce representation into research and leadership. Systematic reviews illustrate the ethical, clinical, and economic benefits of increasing diversity among health research workforces and leadership teams. Yet, metrics show underrepresentation of most minority groups in these fields, and in career progression and availability of sources of funding (Gichane et al., 2025). Additionally, new frameworks such as the American Nurses Credentialing Center's Pathway to Excellence offer structural mechanisms through which EDI concepts can be embedded in organizational

culture. Nevertheless, there is still sparse literature evaluating their effectiveness (Morrison et al., 2021).

This review combines evidence on the effects of EDI in nursing on patient care, workforce wellness, education outcomes, and leadership; plots barriers at the policy, organizational, and interpersonal levels; and extracts actionable solutions specific to health systems in Nigeria and comparable West African settings.

Concept of Equity, Diversity, and Inclusion in Nursing

Equity, diversity, and inclusion (EDI) are interconnected yet separate concepts that together form the moral and professional foundation of culturally responsive and socially equitable nursing practice. Their implementation in nursing education, workforce policy, research, and leadership are essential to eradicating health inequities and advancing optimal care for diverse populations. Although the words are often conflated, each has a different meaning and operational importance within the context of nursing.

Equity

Equity in nursing is the theory and practice of advocating for equitable and just access to health resources, opportunities, and outcomes for individuals and populations regardless of social, economic, cultural, or geographic differences. The World Health Organization has characterized health equity as "the absence of unfair, avoidable, or remediable differences in health status among groups of people" (WHO, 2023). In nursing, equity extends beyond patient care to include equal access to nursing education, career advancement, pay, and leadership roles. It entails proactive identification and removal of systemic barriers, including institutional bias, discriminatory policies, and unequal distribution of resources (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021).

Diversity

Diversity accounts for the presence and representation of differences among individuals and groups on the basis of race, ethnicity, gender, sexual orientation, age, religion, disability status, socioeconomic status, and other indicators of identity. Diversity in nursing is necessary in developing a workforce that is reflective of the populations served, thereby enabling the delivery of culturally congruent care. Evidence demonstrates that diverse nursing teams enhance clinical decision-making, innovation, and patient satisfaction, particularly for marginalized populations (NASEM, 2021). Diversity is not only demographic but also includes diversity of thought, education, clinical experience, and professional orientation.

Inclusion

Inclusion in nursing is the practice of creating and maintaining settings whether in academia, healthcare organizations, or research teams where all individuals feel included, respected, supported, and empowered to contribute to the fullest (Flaubert et al., 2021). Whereas diversity is a matter of representation, inclusion is a matter of substantive participation and belonging. Such an inclusive nursing setting actively values differences, buffers power imbalances, and is accountable for examining policies and practices to prevent the subtle marginalization of individuals or groups (Dixon et al., 2020). Inclusive climates have also been linked to improved

staff retention, reduced burnout, and improved collaboration within multidisciplinary teams (Shen et al., 2022).

Interrelationship of EDI in Nursing Practice

Equity, diversity, and inclusion are distinct concepts but are interconnected in practice. A diverse nursing workforce without equitable policies can perpetuate inequities in opportunities and career progression. Similarly, equity policies without inclusion can fail to create safe and welcoming workplaces. The application of EDI principles together in nursing ensures that recruitment efforts are supplemented by equitable treatment and inclusive cultures, thereby enhancing patient outcomes and professional satisfaction (Rovito et al., 2022).

Theoretical Underpinnings

The integration of EDI in nursing is founded on several theoretical underpinnings:

Social Determinants of Health Framework – linking social, economic, and environmental conditions to health inequities and highlighting the nurse's role in addressing these determinants (Solar & Irwin, 2010).

Cultural Safety Model – evolved in New Zealand, this model clarifies that care is only culturally safe when the patient perceives it as such, requiring sensitivity to historical, social, and political contexts in care delivery (Ramsden, 2002; Curtis et al., 2025).

Critical Race Theory (CRT) – providing tools to identify and criticize systemic racism and injustices in healthcare institutions and policy (Ford & Airhihenbuwa, 2010).

The Importance of Equity, Diversity, and Inclusion in Nursing

Equity, diversity, and inclusion (EDI) are central to the creation of nursing practice, education, and leadership. Integrating them ensures that health care is ethical, effective, and responsive to the needs of diverse populations. Evidence from a number of studies highlights the key role of EDI in improving patient outcomes, workforce performance, and institutional innovation.

1. Improved Patient Outcomes

EDI enhances the quality of care through promotion of patient-centered and culturally sensitive practice. Nurses who are sensitive to and respectful of patients' social, cultural, and linguistic contexts are likely to provide care in a way consistent with patients' values and beliefs (Campinha-Bacote, 2018; Kwame et al., 2021; Licen et al., 2023; Cipta et al., 2024). Culturally sensitive practices reduce miscommunication, improve adherence to treatment, and increase patient satisfaction (Cipta et al., 2024). Besides, fair delivery of healthcare ensures that traditionally disadvantaged populations of people achieve equal access to interventions and resources, thereby decreasing disparities in health outcomes (WHO, 2023).

2. Workforce Effectiveness

A diverse and representative nursing workforce facilitates teamwork, innovation, and job satisfaction. Research indicates that EDI-friendly workplaces have reduced staff turnover, lower burnout, and increased employee engagement (Shen et al., 2022). Inclusion allows for active participation of nurses with different backgrounds in decision-making, leading to a stronger sense of belonging and professional fulfillment. Policies which avoid discrimination in recruitment, promotion, and remuneration also enhance workforce stability and ability.

3. Educational Excellence

In nursing education, EDI facilitates equal access to education and inclusive curricula. Courses that incorporate cultural competence, anti-bias training, and inclusive pedagogies prepare nurses to respond to the needs of increasingly diverse populations (NASEM, 2021). Faculty and student diversity enhances classroom discussion, encourages innovative thinking, and maximizes the professional preparedness of graduates.

4. Leadership and Research

Embedding EDI in nursing leadership and research builds inclusive decision-making, equitable resource allocation, and innovation. Leadership prioritization of EDI allows leaders to address systemic inequities and advance policies that benefit both patients and employees (Rovito et al., 2022). Similarly, inclusive research teams with representative diversity generate more relevant, culturally sensitive, and generalizable findings ultimately enhancing the evidence base for nursing practice.

Challenges to Equity, Diversity, and Inclusion in Nursing

Even though it is universally accepted as being crucial, the nursing practice of equity, diversity, and inclusion (EDI) is faced with various barriers. Such barriers exist at individual, organizational, and system levels, truncating the optimal practice of EDI principles in practice, education, and leadership.

a. Structural and Systemic Barriers

Healthcare organizations and education institutions operate systems that inadvertently perpetuate differences. Structural barriers include unequal access to training and professional development, biased recruitment and promotion practices, and unequal resource allocation. Systemic discrimination in the forms of institutionalized racism or sexism can hinder career progression of the underrepresented groups and restrict workforce diversity (Ford & Airhihenbuwa, 2010). Policies that are not EDI-focused in nature may further solidify differences, i.e., revolutionary change is not feasible.

b. Organizational and Cultural Barriers

Organizational culture is most likely to affect the success of EDI initiatives. Lack of inclusive leadership, resistance to change, and absence of accountability for equity initiatives can undermine staff commitment and continue to perpetuate exclusion (Shen et al., 2022). Cultural barriers also become a reality in hierarchical environments where minority nurses or students are excluded, inhibited from contributing their ideas, or kept out of the decision-making process. Without purposeful strategies for fostering inclusion, diversity alone does not equal equitable participation.

c. Barriers at the Individual Level

Low individual cultural competence, stereotyping, and implicit bias can be obstacles to inclusive interaction among the nurses, colleagues, and patients at the individual level. Implicit bias might influence clinical judgments, communication, and professional decisions, yielding unequal outcomes (Campinha-Bacote, 2018). Underrepresented groups might also doubt themselves or lack mentorship, further limiting them from engaging and developing within the profession.

d. Resource and Policy Constraints

Limited resources and weak policy systems further limit EDI implementation. All institutions lack dedicated funds for diversity initiatives, cultural competence training, and monitoring and reporting mechanisms. Unclear policy guidance on inclusive practices results in inconsistency between nursing schools, hospitals, and research institutions and inhibits system adoption (AACN, 2022).

Approaches to Enhance Equity, Diversity, and Inclusion in Nursing

Overcoming the barriers to equity, diversity, and inclusion (EDI) in nursing requires multi-dimensional approaches with impacts at individual, organizational, and systemic levels (Carter, 2020). There is evidence that multi-level interventions combining policy change, education, leadership development, and organizational culture transformation achieve optimal outcomes for sustainable EDI outcomes.

a. Policy and Institutional Strategies

Institutions play a crucial role in instilling EDI values. Equal hiring, open career paths for promotion, and equal pay policies reduce systemic inequities. For instance, having official mentorship schemes for minority nurses benefits career advancement and job retention (NASEM, 2021). Accrediting institutions and professional associations, such as the American Association of Colleges of Nursing (AACN), provide models and guidelines to allow institutions to create inclusive cultures, such as diversity reporting guidelines and bringing institutions into account (AACN, 2022).

b. Educational Interventions

Integration of EDI in nursing education equips nurses in training to deliver culturally competent care. Strategies in curriculum include curriculum courses in cultural competence, anti-bias training, and social determinants of health. Simulation practice, reflective practice, and community engagement programs can improve disparity awareness and strengthen students' capacity for providing equitable care (Campinha-Bacote, 2018). In addition, broadening access to nursing education for marginalized student groups maximizes workforce diversity and social mobility.

c. Workforce Development and Leadership

Leadership commitment is needed to create an inclusive organizational culture. Inclusive leaders show equity deliberately, champion underrepresented employees, and design decision-making processes that respect diverse voices (Shen et al., 2022). Leadership development programs can prioritize diversity by training and preparing underrepresented nurses for supervisory and executive roles. Similarly, employee retention and satisfaction are promoted by workforce development programs such as flexible work schedules, continuous professional development, and recognition programs.

d. Research and Evidence-Based Strategies

Integration of EDI into research and practice is dependent on evidence-based interventions. Nursing research needs to include a representative sample of diverse populations in study design, provide equal access to participation, and analyze outcomes based on equity. Institutions can create EDI research committees, sponsor projects addressing disparities, and

share findings with implications for policy and practice (Ford & Airhihenbuwa, 2010). Evidence-based assessment of EDI programs is essential to measure impact and improve strategies over time.

e. Cultural Competence and Inclusive Practice

Inclusive practice and cultural competence are fundamental strategies in clinical settings. Preparing nurses to realize their own prejudice, value patients' cultures, and communicate effectively across differences improves compliance with care plans and patient satisfaction (Ramsden, 2002). Creating safe reporting mechanisms for discrimination, establishing peer-support networks, and implementing team-building programs also enhance inclusive workspaces.

Conclusion

Equity, diversity, and inclusion (EDI) are core values of contemporary nursing practice, education, leadership, and research. In the aim to improve patient outcomes, maximize workforce performance, enhance educational settings, and encourage innovation and equity in organizational decision-making, EDI values are utilized. Despite the clear benefits, deeply ingrained systemic, organizational, individual, and policy-based barriers limit extensive implementation of EDI in nursing.

Addressing such challenges requires multi-level interventions like policy reform, inclusive leadership, educational interventions, workforce development, and culturally competent clinical practice. Implementation of evidence-based interventions produces environments in which all patients and nurses are respected, valued, and empowered. Furthermore, the incorporation of EDI in nursing research ensures representation of diverse populations, and findings relevant, equitable, and actionable.

Lastly, EDI is not only an ethical imperative but also a pragmatic imperative toward enabling nursing excellence. Long-term institutional commitment, continuous assessment, and visionary policy planning are pivotal in establishing nursing as a profession that is truly equitable, diverse, and inclusive ultimately translating into more equitable, effective, and responsive healthcare systems.

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