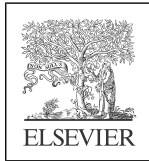




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Building bridges and capacity for Black, Indigenous, and scholars of color in the era of COVID-19 and Black Lives Matter

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ABSTRACT

Background: There is a critical need to increase diversity in the nursing workforce to better address racial health disparities.

Purpose: To provide academic institutions with practical recommendations to foster a collaborative environment and essential resources for and in support of Black, Indigenous, and People of Color (BIPOC) scholars.

Methods: We examine the experiences of three Black nurse scholars, at a research-intensive university in an urban area during the COVID-19 pandemic and civil unrest in the United States.

Findings: Findings suggest barriers exist, which negatively impact workplace climate, collaboration and mentoring for BIPOC nursing scholars. Guided by a Black feminist perspective and utilizing existing literature, we recommend strategies to enhance workplace climate, to develop culturally aware collaboration, and to center mentoring as the foundation for BIPOC nurse scholar success.

Discussion: This article acknowledges that a crucial step in addressing health disparities is successful support of and collaboration with BIPOC nurse scholars.

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Introduction

Nationally there is a critical lack of diversity in academic nursing. The need to increase diversity, equity, and inclusion in nursing has been recognized by the American Association of Colleges of Nursing and the National Institutes of Nursing Research. Both national organizations have stressed that the failure to attract and retain Black, Indigenous and People of Color (BIPOC) students and faculty has implications for the overall quality of health sciences research and our ability understand and intervene on the drivers of

health inequalities associated with diseases such as COVID-19 (American Association of Colleges of Nursing, 2017; National Institutes of Nursing Research, 2016). We define BIPOC scholars as underrepresented tenure and non-tenure track faculty who identify as Black, Indigenous, or other non-white race/ethnicity.

Although academic institutions have begun emphasizing the importance of equity and inclusion, recruiting, retaining, and engaging BIPOC scholars, their representation in nursing is inadequate. Despite the documented alienation and academic pressures experienced by Black scholars (Ackerman-Barger & Hummel, 2015; Bell et al., 2021; Hall et al., 2012; Iheduru-Anderson et al., 2020;

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Puzan, 2003; Tilki et al., 2007; Villarruel & Broome, 2020), limited resources exist to expand the capacity of this group to cope with the blatant disparities and injustices that occur within and outside of the workplace. Based on 2016 data from the American Association of Colleges of Nursing, only 16% of nursing faculty were from diverse backgrounds (American Association of Colleges of Nursing, 2017). More specifically, in 2017 the National League for Nursing, reported 81% of nurse educators are white, 9% Black, 3% Latinx, 3% Asian and less than 1% Indigenous, which is in misalignment given the racial/ethnic composition of undergraduate students in the United States (US) (i.e., 55% white, 14% Black, 20% Latinx, 7% Asian; Davis & Fry, 2019).

Retention of BIPOC scholars remains a significant problem specifically in predominantly white institutions (Hamilton & Haozous, 2017). Predominantly white institution (PWI) is the term used to describe academic institutions, which white students account for 50% or greater enrollment (Brown & Dancy II, n.d.2010. Schools of nursing serve as examples of large academic settings that are predominately white systems that further perpetuate the effects of institutional racism (Ackerman-Barger & Hummel, 2015; Hall et al., 2012; Iheduru-Anderson et al., 2020; Puzan, 2003; Tilki et al., 2007; Villarruel & Broome, 2020). Many institutions have failed to implement systems to protect BIPOC mental and social well-being while occupying predominantly white spaces (Zambrana, 2018). Moreover, lack of attention to overall well-being is one of many factors that have influenced poor retention of BIPOC scholars (Hamilton & Haozous, 2017; Zambrana, 2018).

BIPOC scholars experience unique challenges of thriving in PWI, often due to personal and professional barriers (Diggs et al., 2009; Gregory, 2001; McCoy, 2020). However, recent events, particularly a global pandemic and civil unrest, have created additional vulnerabilities (Laurencin & Walker, 2020; McCoy, 2020). Social media has brought to light institutional racism in law enforcement that has and continues to lead to a disproportionately high incidence of Black people (i.e., Trayvon Martin, George Floyd and Breonna Taylor) being fatally shot by police (Garza, 2020; McCoy, 2020). These events led to efforts, such as the Black Lives Matter (BLM) global network, demanding an end to police brutality and access to fair and equitable society (Garza, 2020). These movements highlight the racist foundations and systems in the US and the work required among educational and health care systems to provide a working environment conducive to the success of BIPOC scholars (Garza, 2020; McCoy, 2020). Institutional racism seen in law enforcement also exists in academic institutions such as nursing (Bell, 2020; Villarruel & Broome, 2020). The persistence and pervasiveness of white dominance in nursing, perpetuates institutional racism and discriminatory/non-inclusive work environments for BIPOC faculty (Bell, 2020; Villarruel & Broome, 2020). However, addressing racism in healthcare requires collaborations with experts who have multiple forms of knowledge including first person and community experiences to draw on.

BIPOC scholars have been particularly impacted by the current events in the US. Numerous articles and perspectives have highlighted the exhaustion of Black faculty resulting from the disproportionate impact of COVID-19 on Black lives in addition to the highly publicized deaths of Black people resulting from police brutality (Bell et al., 2021; Cobb et al., 2020; McCoy, 2020). The US has exceeded 520,000 COVID-19 related deaths and Black, Indigenous Americans, Latinx, and Pacific Islanders all have death rates higher than the percentage of which they represent amongst the US population (APM Research lab Staff 2021; Centers for Disease Control and Prevention, 2020). However, scholars, faculty, staff and administrators may be overwhelmed and uncertain about how to support and/or collaborate BIPOC during these crises. As nurses we have an ethical responsibility and obligation to respect and support each other as colleagues in academia. According to the American Nurses Association's Code of Ethics, nurses should (a) collaborate with other health professionals and the community to protect human rights, promote health diplomacy, and reduce health disparities and (b) integrate principles of social justice into nursing and health policy (Haddad & Geiger, 2018; Olson & Stokes, 2016). We must do better to understand this responsibility and opportunity as educators, practitioners, and researchers to support communities and scholars who are disproportionately impacted by COVID-19 and BLM. However, there is limited literature describing how to support Black scholars, in unprecedented times such as the COVID-19 pandemic and within the context of racial injustice and civil unrest.

Nursing is also unique as it has predominately female faculty, however administration is still often male, creating a double minority for BIPOC as having even lower status being Black and female. Black, female scholars experience unique, intersectional stressors occurring within the context of their race and gender, which can be further exacerbated by sexual identity and socioeconomic status (Blackstock, 2020; Carr, 2020; Castillo-Mancilla et al., 2016; Crenshaw, 1991; Ginther et al., 2016; Hoppe et al., 2019; Lautenberger et al., 2016). In addition to navigating family issues of childcare, resulting in lack of time for research and writing (Fulweiler et al., 2021; Gabster et al., 2020; Stadnyk & Black, 2020; Staniscuaski et al., 2020). Black, female scholars have also watched their friends and family members die at higher rates from COVID-19 while witnessing and mourning the deaths of Black men and women as a result of police brutality (Gregory, 2001; Blog). Black female scholars experience specific challenges including advocating for Black students, carrying the emotional and conversational burden of educating white peers, and an overall lack of support towards career advancement (Blackstock, 2020; Carr, 2020; Myers et al., 2020). Even after the height of civil unrest, they are still grappling with these issues, which can significantly impact work productivity as these issues persist.

Increasing diversity in the academy of nursing will address issues identified by BLM and COVID-19 health disparities (Myers et al., 2020). BIPOC faculty help to create knowledge that allows us all to better understand the experiences of diverse populations, thus providing an important platform and voice for marginalized communities, which is central to addressing health disparities (Madyun et al., 2013; Matthews et al., 2020). BIPOC faculty typically do community-based research that aims to address health disparities (Matthews et al., 2020). Increasing BIPOC faculty could help reach population most impacted by COVID-19 by more effectively addressing issues of historical medical mistrust and vaccine perceptions within communities of color (Crooks, Donenberg, & Matthews, 2021; Matthews et al., 2020; Michener et al., 2020). Representation is particularly important in getting students and communities of color involved in research (Matthews et al., 2020). Through collaborating and supporting the work of BIPOC faculty many of the stressors placed onto them, may be reduced allowing them to have the capacity to serve those communities most impacted by racial injustice and COVID-19 (Michener et al., 2020). The purpose of this article is to provide academic institutions with practical, evidence based recommendations to foster a supportive environment. With practical evidence-based recommendations for multiple levels, this article is a tool to be used by individuals, by department administrators and by institutions at large to provide essential resources for supporting BIPOC scholars in predominantly white workspaces.

Biographical context

We draw from and discuss the experiences of three Black scholars, particularly during global pandemic and civil unrest at a research-intensive university in an urban area in the Midwest. The first author is an assistant tenure track professor, whose research program centers on addressing sexual health disparities among Black girls and women. The second author is postdoctoral fellow with a research program focusing on improving interpersonal relationships and mental health of sexual minority youth through the development of game-based interventions. The last author has recently transitioned from clinical to tenure track as an assistant professor and her research aims to improve access to healthy foods in predominantly Black communities where access is limited. We draw from our experiences as Black faculty who share the common goals of addressing health disparities using community-based research and achieving tenure. We hope this article contributes to insights about strategies that nursing administrators and scholars may use to support and collaborate with BIPOC scholars in an era, when their presence is critical to addressing health disparities.

Positioning our recommendations within a Black Feminist Framework

As Black scholars, we decided to write this article from a Black feminist perspective (M. P. Bell et al., 2021;

Collins, 1990; Crenshaw, 1991; Taylor, 1998), which centers the experiences of Black women, to provide recommendations to better support BIPOC scholars within academic institutions. Black feminist thought describes Black women as a unique group that is situated within US social relations, where intersectional processes of race, ethnicity, gender, class, history and oppression, shape Black women's experiences (Collins, 1990; Crenshaw, 1991; Taylor, 1998). These intersectional processes influence the treatment, behaviors, and perceptions of Black communities by society (Crenshaw, 1991). Therefore, our experiences as Black nurse scholars are shaped and influenced by our identities as Black women and we describe how that intersects and is situated within academia. The history of the US provides an additional layer of complexity for Black women to navigate academic settings, as it is rooted in negative stereotypes (i.e., unintelligent, undervalued, underappreciated) of Black women (Walkington, 2017). Black women are one of the most vulnerable and unprotected groups within the US context (Crooks et al., 2020). Black feminist perspectives on social, cultural, and economic conditions, provides a more nuanced view of Black women's lived experiences by considering Black women's identities and politics central to their experiences (Collins, 1990; Crenshaw, 1991). We used Black feminist theory to pull from our collective experiences as Black nurse scholars to develop recommendations for culturally safe collaboration with and workplace support for BIPOC scholars. Black feminist theory provides theoretical grounding for the recommendations we offer as means to transform oppressive conditions for BIPOC scholars (Collins, 1990). We offer the following recommendations at multiple levels (individual, departmental and institutional) within academia (see Table 1).

Across all individual, departmental and institutional levels

Enhancing workplace climate

The workplace climate refers to the degree in which faculty of color are comfortable with the culture, habit, decision, practices, and policies embedded within an academic environment (Stanley, 2006). The academic climate has the potential to create an environment welcoming of diversity and inclusion or an atmosphere of isolation and loneliness (Matthews et al., 2020; Smith & Foronda, 2021). Historically, BIPOC scholars have reported experiences of isolation, alienation, marginalization, or overall tension from their majority peers (Carlos, 2016). A qualitative study found it common for faculty of color to exert extra effort to engage majority faculty when adjusting to a new setting (Carlos, 2016). Additionally, BIPOC scholars bear the burden of duality as they attempt to reconcile tensions often experienced between their ethnic culture and the academic environment (Stanley, 2006). Duality refers to the double consciousness embodied when interacting with their white and/or non-BIPOC counterparts in various social settings (Richardson, 2019). BIPOC scholars feel the need to 'shapeshift' between their

Table 1 – Recommendations for Supporting BIPOC Scholars

Across all Levels

Enhancing workplace climate

- Intentional support of the Black community such as sourcing from local Black-owned businesses
- Display signs (i.e., posters, pins, and artwork) that symbolizes support of the Black community and emphasizes solidarity
- Provide “brave-spaces” for BIPOC faculty

Individual Level*Promoting cultural safety and allyship in support of BIPOC scholars*

- Engage in personal reflection through intentional readings, cultural awareness training, and engaging in dialogue
- Assess where people are at prior to engaging difficult conversations and acknowledge that you will most likely make mistakes
- Utilize history as a starting point for conversations about race, privilege and whiteness

Advocating for initiatives that support diversity, inclusion and equity

- Cultivate relationships with BIPOC scholars with similar research interest
- Serve on diversity, inclusion and equity committees and other service related to those initiatives
- Engage in dialogue regarding potential collaborations on manuscripts and grants

Departmental Level*Developing culturally aware collaborations*

- Create a community that fosters and values collaboration
- Seek out BIPOC scholars to add value and perspective to current projects
- Demonstrate the value of BIPOC faculty contributions

Eliminating barriers for career transition and flexibility in faculty expectations

- Provide recognition for diversity, equity, inclusion related service and community-based research which is disproportionately undertaken by BIPOC faculty
- Evaluation of tenure-track and other promotion guidelines to ascertain if there is institutional bias hindering the progression of certain research topics
- Enhance departmental transparency in communicating promotion guidelines and timeline expectations

Institutional Level*Mentoring as foundation of BIPOC scholars’ success and building inclusivity*

- Establish a formalized mentorship program with a teaching mentor, research mentor, and career mentor for BIPOC with the full involvement and cooperation of these individuals
- Conduct a needs assessment to determine what resources would be helpful to serve BIPOC scholars
- Provide equitable opportunities for BIPOC advancement by including and inviting them faculty into leadership roles to increase representation

Connecting individuals to supportive scientific and professional development networks

- Invest in programs (i.e., The National Research Mentoring Network) to aid with mentorship, retention and training of BIPOC faculty
- Invite leaders of professional networks to give a brief talk to faculty and provide information on how to connect
- Utilize department listservs to highlight scholarly work, trainings, seminars, and campus events to encourage BIPOC scholars to engage in these activities
- Offer continuing education credits for engaging in scientific and professional development networks

Developing policies and resources to enhance diversity in nursing

- Utilize institutional resources to recruit and retain BIPOC scholars in the health science field and create systematic processes to identify BIPOC faculty at risk for leaving the institution
- Implement policy which ensures stagnant growth, recruitment and retention of BIPOC faculty at the institutional level
- Ensure equitable resources (i.e., mentorship, salary-merit raises, and promotion) across clinical vs research tracks

professional and casual selves to maintain their personal sanity and peace within the workplace and to fit into the culture of the academic environment, which may be predominantly influenced by the cultural norms and expectations of the white middle class (Richardson, 2019). Moreover, BIPOC scholars often alter their appearance, vernacular, and various other elements of their being to contradict the negative stereotypes often placed on Black people (Elkins & Hanke, 2018). This duality in addition to

other social factors contribute to BIPOC scholars reporting more occupational stress than their white peers (Hall et al., 2012; Wadsworth et al., 2007). However, BIPOC scholars, specifically Black scholars in PWIs are expected to continue fulfilling their academic duties without consideration of personal emotional exhaustion and stress relating to current racial tensions impacting their daily living experiences (Blackstock, 2020; Carr, 2020; Blog; Myers et al., 2020).

BIPOC scholars constantly experience tokenism and have been called to represent their entire racial/ethnic group since there are few people of color within a department. Tokenism is classified as the practice of doing something (i.e., hiring one Black faculty member or appointing a Black colleague to a higher position) to prevent criticism and give the appearance on inclusion and diversity without the proper infrastructure to support those individuals (Kelly, 2007). These actions often result in increased occupational stress and psychological symptoms for minority individuals (Jackson et al., 1995; Perez & Strizhko, 2018). The heavy workload that provides higher standards for promotion and progression can also result in higher levels of stress that can interrupt health (Blackstock, 2020; Carr, 2020). An example of this is when senior faculty ask or require junior BIPOC faculty to sit on committees or other service requirements because “diversity” is needed creating burdens of time that are unequal. Additionally, this structurally interrupts career progression of junior BIPOC faculty as they are asked to be on committees and not do their own research. To ease these consequences, it is critical for nursing departments to become intentional about creating a work environment that not only welcoming but genuinely supportive and collaborative of Black experiences. Although peers may be reluctant to vocally reach out to Black peers regarding the recent events, there are several ways individuals and departments can serve as allies and show genuine support during times of widespread social injustice and civil unrest.

Some of our recommendations to enhance workplace climate include intentional support of the Black community such as sourcing from local Black-owned businesses and inviting Black organizations to engage the faculty and staff within the college. Also displaying signs that symbolize support of the Black community (i.e., BLM signs) in common places to emphasize the department stands in solidarity with Black communities and acknowledges the pain experienced by all students and faculty of color who may be directly or indirectly influenced. This helps to also acknowledge the significant role of Black scientists in nursing and the health sciences. Departments can support Black organizations that are both peer-led and supported through departmental or university funding to provide “brave-spaces” for BIPOC faculty (Smith & Foronda, 2021). For instance, the department can provide small grants and other resources to assist BIPOC develop writing groups where they can discuss personal catalysts and hindrances to their work and collaborate with peers to brainstorm and troubleshoot solutions. These groups could also help faculty connect with potential collaborators across departments with individuals with similar topic areas to continue encouraging productivity while fostering meaningful relationships. In addition to these spaces, targeted resources are needed to help navigate the physical and emotional fatigue that accompanies fulfilling tenure responsibilities, emotional distress stemming from

systematic racism, and personal issues such as working from home with children. These spaces would function as intentional opportunities for Black faculty to gather and discuss their experiences. Departments could also assemble committees to clearly articulate the expectations of faculty production during complex social climates. These committees should include BIPOC faculty to ensure these expectation account for the unique experiences of these academicians. Although it will take time and intentionality, implementing these practices can begin creating an environment that considers and accounts for the lived experiences of Black faculty.

Individual level

Promoting cultural safety and allyship in support of BIPOC scholars

Recently, nursing has been criticized for their “politically soft curricula,” which fails to address racism and oppression (Bell, 2020). Additionally, the racial stratification of nursing leadership reflects what is taught in the curriculum, which is not representative of the demographics of the US, lacking diversity and cultural safety. Racial and ethnic diversity among nursing faculty is low, preventing nursing from reflecting the populations that they serve academically. In order to enhance workplace climate, culturally sensitive collaborations, and mentorship of BIPOC nursing departments need to address and provide additional guidance and training throughout the school year that promote cultural safety (Atewologun & Harman, 2020, p. 280-282). Cultural safety is not something that can be learned in one workshop or addressed in a stand-alone class, it is an ongoing continuous process (Jakubec & Bearskin, 2020). Cultural safety is the ability to create environments that are spiritually, emotionally and physically safe for people to be who they are in a space that values shared respect, meaning and learning together (Williams, 1999). As nursing is a predominantly white profession, in order to achieve cultural safety and have difficult conversations about difference, it is critical to develop an awareness of privilege and whiteness. It is important to acknowledge that we all have privilege and have privileges as educators, however there is a history of racism in the United States embedded in our structures and systems that makes us different and unequal. There is a parallel between historical US events (e.g., World War I, Red Summer and Civil Rights Movement) and present-day events such as COVID-19 and the BLM movement as Black people are disproportionately impacted by police violence and civil unrest (McCoy, 2020). Understanding privilege in relation to this US history aids in supporting BIPOC scholars, as it provides a foundation of racism and helps confronts societal and institutional discrimination.

Our recommendations to help develop an awareness of privilege and whiteness include various activities

and cultural humility, which is the process of self-reflection and acknowledging oneself as the learner when it comes to understanding other experiences (Curtis et al., 2019). Cultural humility is important to consider, while engaging in activities about privilege and race (Smith & Foronda, 2021). One of the most common ways to begin these conversations is the “Privilege Walk” or hand raise activity, which help to identify which privileges we have and others don’t (McIntosh, 1988). Describing privilege, explicitly white privilege, makes one newly accountable for our power and helps to situate ourselves and others within that power (McIntosh, 1988). Literature such as “White fragility” and “So you want to talk about race” can also help accept and step into our privilege. Engaging the literature written by or about BIPOC scholars and incorporating these voices into the nursing curriculum is important to build a foundational understanding of privilege and whiteness. Once this foundation has been established and there is a cultural of safety established, which includes cultural humility-self-reflection on one’s identities, attitudes, beliefs and values, respectful communication, trust and engaging in dialogue where knowledge is shared (Williams, 1999), we then should engage students in their own experiences of racism, discrimination and oppression. This shared knowledge can help build their understanding and for white and/or non-BIPOC scholars to learn from them. Promoting cultural safety can also be addressed through conversations of privilege and whiteness should happen in the setting of a classroom, book clubs, committee meetings and faculty retreats. Additionally, privilege and whiteness need to be integrated into the curriculum and every nursing program so that a diversity of cultures is emphasized in healthcare and we begin to teach about diversity as the norm.

Institutions must provide additional guidance and training online and in the classroom throughout the school year to address cultural safety. Recommendations of how to do this could include bias training, recognition of assumptions, and having more intentional interactions with BIPOC scholars in and outside of academia. White and/or non-BIPOC faculty should not use the language of “colorblind” or avoid difficult conversations about race, oppression, politics and history, but rather demonstrate that they value the importance of learning how to navigate sensitive topics, with students, faculty and colleagues. We need to normalize challenging one another and reframe the “niceness” engrained in nursing culture (Li, 2005). We acknowledge that talking about race may not feel “nice” as it may make white and/or non-BIPOC faculty, students and staff feel uncomfortable and sit in silence; however, this is necessary to support BIPOC scholars (Li, 2005). As health care is high stakes, we have also noticed the inability to make mistakes in nursing, which may also contribute to the silence of white and/or non-BIPOC faculty, specifically who do not want to make mistakes, during discussions of race, oppression or micro-aggressions. However, before engaging in these more difficult conversations about privilege, race and whiteness it

is important to assess and meet people where they are at in their process of cultural awareness.

In the course of heightened racial tensions and civil allyship has been at the forefront of many discussions at universities across the US. There have been various opinions and conceptualization of what and who is an “ally,” but have they asked BIPOC scholars what they need from allies? We need to debunk norms of allyship. Allyship is not the equivalent to the “white savior” or helping people of color “survive” or navigate white dominated systems, it is the action to transform systems to be equitable, fair, and just (Edwards, 2006; Spanierman & Smith, 2017). Another possible way to start these more difficult conversations about privilege, race and whiteness are with history as the foundation, and then move it forward to current context of health disparities, COVID-19 and BLM. It is important that white and/or non-BIPOC scholars to address and acknowledge historical context of patients, students and faculty’s experiences, which often place BIPOC scholars at a disadvantage (Crooks et al., 2020). During conversations of race, oppression, and discrimination it is important that white and/or non-BIPOC allies do not center their own experiences or say things like “I get it,” “I have had a similar experience” as their role may sometimes be to just listen to the experiences and perspectives of scholars of color and not to center and respond in reference to themselves. This validates and allows the experiences of scholars of color to be at the center and heard. White and non-BIPOC scholars can then share what they have learned with their colleagues and students and engage them in conversations as an approach to helping transform the climate.

Advocating for initiatives that support diversity, inclusion and equity

Once culturally safety has been established, white and non-BIPOC scholars can show their support by advocating for initiatives that support diversity, equity, and inclusion in various aspects of scholarship. An example of this could be, serving on diversity, equity, and inclusion committees and other service related to those initiatives as those responsibilities typically fall onto BIPOC faculty (Allen et al., 2000). Faculty could offer to co-teach with BIPOC to learn from and relieve burden of health disparities coursework. Another strategy to support BIPOC faculty is by cultivating relationships with faculty and students with similar research interests and engaging in dialogue regarding potential collaborations on manuscripts and grants.

Departmental Level

Developing culturally aware collaborations

The National Institutes of Health has recognized the value of minority health and health disparities through the installment of the National Institute of

Minority Health and Health Disparities in 2020 (Alvidrez et al., 2019). Therefore, acknowledging the value that Black scholars bring to nursing science is critical to evolving the field. As health care professionals who are working with diverse populations, it is important to consider bringing in Black scholars familiar with the research topic and community when working directly with BIPOC communities and to better support their needs (Crooks, Donenberg, & Matthews, 2021; Matthews et al., 2020). It is also important to honor the collaborative efforts of Black scholars working with community partners that serve BIPOC communities. Building community relationships takes time and this can be at a disadvantage for scholars on the tenure-track, yet balancing a strong relationship with developing a research trajectory has yet to be truly addressed.

Developing culturally aware collaborations can help provide opportunities for BIPOC scholars to connect with other researchers with similar interests. Collaborations and conversations are important across the faculty and departments to support retention and academic advancement of BIPOC scholars. It has been acknowledged that advancing up the academic hierarchy has been a challenge for BIPOC faculty (Allen et al., 2000). This is particularly noticeable in research intensive institutions where obtaining research funding is a requirement for advancement on the tenure track. Creating a community that fosters collaboration and is intentional about providing opportunities for BIPOC faculty to obtain research funding is fundamental to their success. However, expectations of BIPOC faculty can serve also a barrier to advancement. Often times BIPOC faculty are expected to take on the “diversity role” in addition to mentoring and teaching. This enhances the burden of being the only or one of the few BIPOC faculty (Allen et al., 2000). Even though there is a sense of urgency to hire more “diverse” candidates, when Black faculty are sought out and hired, there is still a need for them to prove their value and credibility as a scholar (Kelly, 2007; Whitfield-Harris et al., 2017). It is important to provide recognition for diversity, equity, and inclusion related service and community-based research, which is disproportionately undertaken by BIPOC faculty (Smith & Foronda, 2021).

BIPOC faculty, in our experience, often carry the weight of engaging students of color; however, white and/or non-BIPOC faculty can relieve this burden, by checking in on students themselves and creating personal relationships. There are often competing research interests with students, but if there is intentionality in diversifying research this can in turn create a pipeline and support the future of BIPOC scholarship. However, the first step is that white and/or non-BIPOC faculty must take a close look at their mentees, research teams, collaborations with colleagues on grants and publications and determine if they are diverse and change them. One of our recommendations is to intentionally include BIPOC students (from

undergraduates to post-docs), faculty and staff into our research and on our teams, as they bring a unique perspective and background to research, and there is an opportunity to plant a seed about the need for their interests to be explored through research. Engaging students in research can be done during the writing process and tapping into undergraduate honors and research programs. However, the responsibility to engage BIPOC scholars must be shared across faculty and be intentional rather than tokenizing (Kelly, 2007). To avoid proacting tokenism the expectations of participation and what are the benefits for the student need to be clear, which need to be substantial or else it is performative.

Eliminating barriers for career transition and flexibility in faculty expectations

We recommend transparency and flexibility in faculty expectations, especially those on the tenure track that conduct community-based research, as these relationships take time to build, but are valuable in addressing health disparities and inequity. An example of this could be counting early stages of community-based research as productivity. Also the literature suggests, evaluation of tenure-track and other promotion guidelines to ascertain if there is institutional bias hindering the progression of certain research topics, is critical considering the work that many BIPOC scholars do is typically health disparities (Ginther et al., 2016; Hoppe et al., 2019). Consistent conversations around the impact and value of Black scholarship in courses, conferences, and leadership forums will help demonstrate their value across staff, faculty and student level. Having these conversations can come in many forms but one way is to identify resources and create opportunities for advancement in scholarship through the intentional development of diverse research teams. This can be an opportunity to bring in new researchers of color that have an inroad with communities and to pull together researchers that would not normally work together. We can create a new way of collaborating and conducting research together in the academic community.

Institutional Level

Mentoring as foundation of BIPOC scholars' success and building inclusivity

Mentoring is critical to retention and successful advancement of BIPOC faculty, more specifically collaborative mentoring (Matthews et al., 2020; Mkandawire-Valhmu et al., 2010; Ransdell et al., 2021; Zajac, 2011). Collaborative mentoring has been described as a relationship consisting of mutual respect, admiration and is reciprocal (Mkandawire-Valhmu et al., 2010). This collaborative model suggests

the mentor provide advice, counsel, and opportunities for advancement, which are situated in relationships where mentors share in the work; they offer concrete assistance to mentees in securing research funds, writing manuscripts, teaching courses, and choosing service activities (Mkandawire-Valhmu et al., 2010). Additionally, navigating how and when to confront oppressive and discriminatory conditions (i.e., microaggressions) can be made within these relationships (Mkandawire-Valhmu et al., 2010). The time and commitment of effort of both the mentor and the mentee must be acknowledged, and institutions need to invest resources to make these mentoring activities succeed (Mkandawire-Valhmu et al., 2010).

It has been recognized that racial concordance, mentoring matching can make a difference in the clinical setting, and there is evidence that it can help when working with diverse populations in research (Fryer et al., 2016). However, if an institution is unable to provide racially concordant relationships, other steps to enhance the collaborations with scholars of color are necessary. As the literature suggests, there is value in having your mentor be the same racial identity as the mentee, that may not be possible in nursing (Fryer et al., 2016; Matthews et al., 2020). Furthermore, the scarcity of BIPOC faculty in academia contributes to challenges in creating a community that supports the development of scholars of color. BIPOC faculty have noted the lack of mentoring and lack of available resources to work efficiently and successfully, as well as the need to seek mentors outside of their college or department (Whitfield-Harris et al., 2017). Often if institutional support structures exist for BIPOC scholars, it is across a variety of campuses instead of within the nursing department itself. However, establishing a collaborative mentorship in nursing can help this. Part of developing a community of BIPOC scholars is to build organic relationships that enhance mentorship in a meaningful way. The literature suggests BIPOC scholars can benefit significantly from engaging other scholars of color outside of their discipline and gain insight into different ways to garner success in the academy (Fryer et al., 2016; Matthews et al., 2020; Ransdell et al., 2021).

There are numerous spaces that cater to the scholarship interests of nursing faculty. Collaboration with other scholars and community partners is essential to the development and growth of scholarship in this new era of research. Creating pipelines to help faculty grow is important and it is also important that those pipelines include faculty at various levels of their career (Matthews et al., 2020). Often assistant professors are working with one another without the support of more associate or full professor faculty. This can be a disservice to the needs of assistant professors to grow within their careers. A recommendation to avoid this would be to better train associate and full professor on how to mentor BIPOC scholars based on their unique needs as they often experience microaggressions and racism, which are embedded into institutional structures (Mkandawire-Valhmu et al., 2010). Cross mentoring with other

senior faculty at other colleges within the university or other universities can be beneficial to the development of BIPOC faculty. Another recommendation would be for institutions to conduct a needs assessment to determine what resources would be helpful to serve BIPOC scholars.

Connecting individuals to supportive scientific and professional development networks

National minority outreach networks for BIPOC faculty in nursing can go a long way in creating diversity in thought, leadership and research to create new mentors and networks. Furthermore, creating and investing in networks (i.e., The National Research Mentoring Network) that specifically engage BIPOC faculty can help to move nursing forward in addressing the issues that plague it in regards to its connection to multiple racial/cultural groups of scholars. Institutions could invite leaders of these professional networks to speak to faculty and provide information on how to collaborate and support BIPOC faculty and students. Utilize department listservs to highlight scholarly work, trainings, seminars, and campus events to encourage BIPOC scholars to engage in these activities. Other strategies include offering continuing education credits for engaging in scientific and professional development networks.

Developing policies and resources to enhance diversity in nursing

Recruiting BIPOC faculty is key to increasing diversity in the nursing pipeline; yet, it is the retention and scholarly success of these faculty that will contribute to any long-term solution (Matthews et al., 2020; Zajac, 2011). It is critical that leadership utilize institutional resources to recruit and retain BIPOC scholars in the health science field. However, to ensure this, institutions need to do more than say they are “committed to diversity,” systematic processes and policies need to be created to identify BIPOC faculty at risk for leaving the institution. Policies should be implemented to establish continuous growth in recruitment and retention of BIPOC faculty at the institutional level. Leadership needs to ensure equitable resources (i.e., mentorship, salary-merit raises, and promotion) across all tracks. Strategies need to be developed to increase representation and/or visibility of BIPOC that are already pursuing these paths. One of these strategies could include, nursing leadership acknowledging and addressing current issues such as COVID-19 and BLM and their impact on BIPOC communities in their departments and colleges.

Conclusion

Supporting BIPOC scholars is integral in creating a diverse health care system. The intersection of COVID-19 and BLM has called upon institutions to state their

commitment and support to a cultural climate that is inviting and supportive of BIPOC scholarship. We offer various recommendations to better support BIPOC scholars by; enhancing workplace climate, developing culturally aware collaboration, mentoring as foundational to BIPOC success and promoting cultural safety and allyship in support of BIPOC scholars. We have written this piece in hopes of creating sustainable changes that will further inspire the diversity, equity, and inclusion of nursing institutions.

Author contributions

Natasha Crooks: Conceptualization, Writing - Original draft preparation, Writing - Review & Editing and validation. Ariel Smith: Conceptualization, Writing - Original draft preparation. Saria Lofton: Conceptualization, Writing - Original draft preparation.

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