

# The Power of Words

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The analogies are many and varied. “Many branches, one tree” (Botany 101) and “One body, many members” (the Bible) are just two of them. Perhaps you are musical and can relate to the way the orchestra, made up of many different instruments, creates the fabulous visuals in the Disney animated classic “Fantasia” (20th Century childhood, USA).

This concept also paints a picture of CNA, in which we find nurses with many and varied skills and backgrounds working together to create and sustain a strong representation of our profession and to help it grow.

The CNA Advisory and Networking Teams (A.N.T.s) are an example of this. They represent rural nurses, nurse educators, researchers, and nurses in hospitals and other places of work. And as you have no doubt noticed in our recent Colorado Nurse editions, they have reached out to educate us and bring us information. This work is timely and relevant. Most recently the Nursing Research group, in a collaborative effort with the Nurse Educators, has finalized their Executive Summary and recommendations regarding the ethical concerns arising from the use of AI in nursing education. This study invites schools to acknowledge the place of AI in nursing and nursing education and to establish guidelines for its use. The CNA Board is anticipating the introduction of a Position Paper on AI in Nursing Education, which will be presented at our Membership Assembly in October.

The Board is also anticipating a Position Paper on DEIJ (Diversity, Equity, Inclusion and Justice). This volunteer work group began its meetings in June, led by CNA Deputy Director Margaret Bishop.

As work on this Paper continues, the nation remains focused on DEI initiatives. Many organizations have opted to eliminate their programs, while others are seeking ways to maintain their focus but perhaps with different language. Healthcare is affected in ways that have persisted for many decades – the ANA Racial Reckoning Statement (2022) ac-

knowledges historic past actions “that have negatively impacted nurses of color and perpetuated systemic racism.” (<https://www.nursingworld.org/practice-policy/workforce/racism-in-nursing/RacialReckoningStatement/>). And the need for a diversity of nurses in the workplace is now well documented. Author Joelle Y. Jean, FNP-C, BSN, RN, writes in Nurse Journal (2022): “Representation and diversity in nursing improve healthcare outcomes.” (<https://nursejournal.org/resources/why-representation-matters-in-nursing/?>) I am sure you have seen that research.

We remain a long way from bringing nurses into the workforce in numbers representative of the patient populations of Colorado. Jean goes on to explain in the Nurse Journal that part of the reason nationwide lies in the overall shortage of nurses, exacerbated by a shortage of nursing faculty – an issue that CNA’s Nurse Educator A.N.T. has been exploring. Other reasons cited as contributing to a shortage of nurses are socioeconomic, financial, or based on unequal access to education. The solution to this is not as simple as it may seem. Growing a diverse nursing workforce is dependent on admitting qualified students to nursing programs. And there is the problem. Not all diverse students have equal access. This is the “E” in DEI – Equity. As an example, I have heard anecdotal evidence of students from the reservations of SW Colorado who have not had electricity or access to computers until they came to college. This already places them at a disadvantage. A teaching colleague of mine used to say that her school uses blind admissions and therefore cannot discriminate. BUT if the student does not begin with the same advantages, there can be no equal opportunity.

The patient population stands to lose. I heard someone mention at a recent meeting of the Rural A.N.T. that there are people who are less likely to seek healthcare based on their unease with the perceived effects of

the elimination of DEI on the treatment they may receive – or rather, be denied.

Our concern as nurses is to offer care to ALL people regardless of race, gender, or whatever may define them “differently.” Access to healthcare is a human right. Until our nursing workforce matches the faces of our patient population, we need to open our minds to the diversity of cultures that we serve. Our differences, when combined, are what make us strong. Remember the branches and the tree.

The most recent class of the Air Force Academy in Colorado Springs graduated on May 29th. Among the graduates, according to reporter Mary Shinn of the Colorado Springs Gazette ([www.gazette.com](http://www.gazette.com)), were three transgender students who had met the academic and physical standards of the Academy and graduated with degrees, one of them in aeronautical engineering and applied math. Because of enforcement of the recent policy banning transgender troops, the three did not receive commissions as second lieutenants and have no immediate future with the Air Force, unlike the other 906 of their classmates, 100 of whom are commissioned in the Space Force. This is one example of the trickledown effect of Executive Order 14173.

By contrast, ANA has reaffirmed their dedication to the support of diversity, equity, inclusion, accessibility, and belonging (DEIAB) for all nurses (ANA Bylaws Article I, Section 3-j). Representatives to the ANA Membership Assembly in June voiced their support for taking this stand in the face of possible risks.

By creating this Position Paper, CNA will demonstrate support not only for diversity in the nursing workforce but for the diversity of our patient population. By putting it down in words, we will fulfill our purpose of advocating for nurses and healthcare – and by extension, human rights – in Colorado. ■