

Ethics: Dismantling DEIB: A Challenge to Nursing Ethics and Science

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Column

Science is under threat in the United States. This includes nursing science, which has implications for the health and wellbeing of the people for whom nurses care. The reverberations of this threat have been enormous, particularly as the Trump administration retracts funding both promised and awarded. These actions have begun to shut down lifesaving research efforts and stymie the collection of federal data that people rely on to move through the world safely. This includes critical research focused on quality of life, symptom management, and family health that is central to the health and well-being of the public. The reality is that lifesaving science is under threat at the same time as the civil rights of the American people are profoundly compromised.

With this column, we take up the question of nursing ethics and how it might prepare us to meet the challenges to science and health equity we currently face. We do this by first quickly accounting for the background of these politically-charged challenges. We go on to examine the social contract of nursing ethics and the ethical underpinnings of diversity, equity, and inclusion. We conclude with some thoughts for moving forward, together, to meet the moment.

Current Challenges

The current administration applies an extra degree of scrutiny to scholarship that focuses on the interrelated concepts of diversity, equity, inclusion, and belonging (DEIB). These concepts, and related ideas such as access, affirmative action, intersectionality, and critical race theory are not new. They have been part of nursing and nursing scholarship for decades, although not consistently. Unfortunately, neither is resistance to these ideas. While it is tempting to hold up the current administration’s escalating ideological rhetoric as unusual, the systems that we have in the United States have been designed or have evolved to serve the interests of white, cisgender, heterosexual men. Should we require evidence for this claim we need only look to the groups afforded voting rights by the original Constitution and to the long-term efforts that were necessary to win those and other civil rights for women, Black people, queer and transgender individuals, people with disabilities, Indigenous communities, and people who are undocumented—to name a few. These victories have demanded that nurses and all people exercise their rights and use their voices—and do so continually, or risk losing the gains they have made.

Efforts to dismantle DEIB label it as divisive and anti-meritocratic and weaponize the language of inclusion and tolerance as a cudgel to re-center the priorities of white patriarchy, often due to the belief that benefits to one group come at the expense of another. On the contrary, DEIB initiatives are designed to address structural disadvantages that hinder meritocratic ideals and work to ensure equity and justice for all (Iyer, 2023; Myeong, 2024). Addressing its impact in terms of moral and structural repair, Iheduru-Anderson et al. (2025) recently argued that “the dismantling of [Diversity, Equity Inclusion, and Access] DEIA initiatives represents not only a setback for nursing, nursing education, and the healthcare system but a broader regression in civil rights, social progress, and institutional accountability” (p. 2). We agree. Nursing ethics is a social ethics as Fowler (2015) contends, concerned with the “rightness and goodness in the shaping of human society” (p. S10).

Given this definition, and the commitment of the nursing profession to the dignity, rights, flourishing, and wellbeing of all people, as outlined in the Code of Ethics for Nurses (American Nurses Association [ANA], 2025), there is no ambiguity in the profession’s orientation to concerns related to DEIB and anti-science legislation: *take care of people*. Our primary obligation as nurses is to the people who need nursing care. This is also the focus of nursing scholarship: patients, families,

communities, and the broader population, whether providing direct care to the ill, promoting health and wellbeing to all, or conducting research that advances health equity. Nurses care for their patients, irrespective of a patient's personal beliefs or value systems.

The Social Contract of Nursing Ethics

As noted, nursing ethics at its core is a social ethic focused on repairing a range of injustices in service to the goal of achieving health equity, an explicit mandate in the Code of Ethics for Nurses ("the Code"; [ANA, 2025](#)). Provision 9 of the Code states "nurses and nursing organizations have an obligation to speak against legislation and social policy that undermines health, equity, human flourishing, and the common good" ([ANA, 2025](#), p.41). The administration's initiatives, outlined in both *Project 2025* and implemented in a string of questionably legal executive orders, directly impede the ethical imperative of nurses to support health while dismantling health inequity. Attacks on DEIB initiatives within healthcare have consequences for efforts to diversify the workforce in support of a diverse population ([Hope & Munro, 2023](#); [Murray et al., 2023](#)). By actively harming workforce diversity, these efforts harm patients, innovative research, and the professional and ethical integrity of the profession.

Anti-DEIB threats may also give rise to bad science that fails to prioritize the health needs and lived experiences of historically and currently oppressed peoples. DEIB-related funding initiatives have been developed in recent decades to repair historical harms caused by a scientific apparatus that prioritized the needs, desires and knowledge ways of people in power. In nursing, these have included workforce diversity initiatives, scientific training initiatives, expanding nursing curriculum to make it more representative of all people, and support for identifying and addressing health disparities to achieve toward health equity. Directives from the Trump administration imperil these efforts, directing scientists to avoid certain words and topics while defunding scholarship that addresses disparities and inequities.

Ending these initiatives harm not only the researchers whose livelihoods are at stake, but also the broader educational and scientific enterprise, damaging the credibility of scientific knowledge while— most critically—endangering the health, wellbeing, and lives of people who depend on nursing care and advances in scientific knowledge as a foundation for competent healthcare. But as in the pandemic, although all people will be impacted, the costs will be borne unevenly, amplifying existing health inequities caused by racism, sexism, homophobia, transmisia, ableism, and other forms of oppression.

Ethical Underpinnings of DEI

Diversity, Equity, and Inclusion

Extending to ancient Greece, the definition and meaning of dignity has been explored across disciplines, including philosophy, law, ethics, and nursing (Franco et al., 2021). The term, human dignity, introduced in the 1948 United Nations Declaration of Human Rights, has been present in the Code since 1960 ([Fowler, 2015](#)). Provision 1 in the current version of the Code states that a "fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals" ([ANA, 2025](#), p. 1). This recognizes the intrinsic worth of every person simply by virtue of being human.

Similarly, diversity refers to respecting and valuing differences among individuals, including differences in race, ethnicity, gender, sexual orientation, culture, religion, and abilities. Thus, respecting diversity is a direct expression of honoring human dignity. These ethical obligations are not just symbolic but reflective of the understanding that diverse teams and inclusive environments contribute to better outcomes in clinical and ethical decision-making, problem-solving, innovation, and health outcomes ([Blackstock et al., 2024](#); [Hope & Munro, 2023](#)).

Equity differs from equality, which refers to treating individuals the same, regardless of circumstances. Equity means justice, a controversial issue as it may involve reallocating resources to level the playing field, eliminate systemic barriers, and address historical and structural inequity. Health equity, however, is critical to nursing's social contract as it strives to not only enhance diversity in the nursing and healthcare workforce but also to decrease health disparities for marginalized and excluded groups by addressing the social and moral determinants of health. These goals include enacting environmental justice and radical rethinking of the United States' carceral system, among others ([Berwick, 2020](#); [Braverman, 2022](#)).

As with diversity and equity, inclusion has several definitions and attributes depending on the context, whether workplace, healthcare or academic setting. A simple definition of inclusion is creating a setting in which everyone is welcome to be who they want to be without fear of judgment or retribution ([Sanchez, 2021](#)). For patients, inclusion promotes access and trust when they are able to see themselves reflected in the setting and in those providing care ([Steinkamp et al., 2021](#)). Similarly, a diverse nursing faculty may contribute to an inclusive environment and the acceptance and retention of students of color.

When students, faculty, or nurse leaders are recruited or accepted merely to fulfill an organization's performative diversity language, however, the absence of a sense of belonging may result in attrition or resignations. As one nurse stated in a study exploring the experiences of Black women academic leaders, "When you are hired in a leadership position as a token to make the institution feel like there is diversity.... are undermined at every turn, disrespected, and sometimes explicitly excluded.... I see it a form of modern Black subjugation" ([Iheduru-Anderson et al., 2023](#), p.7).

A sense of belonging, or being a member of a community who is trusted, valued, and accepted, is recognized as vital to sustainment of the nursing profession ([Patel et al., 2024](#)). Unlike othering, which seeks to protect the privileged group through interpersonal and systemic mechanisms, an environment characterized by belonging is one in which everyone's voices are heard and respected and everyone can contribute to the mission and goals of their work setting ([Edwell & Edwell, 2024](#); [Jacob et al., 2021](#)). Professional organizations' reckoning statements and anti-racism initiatives aim to reverse workplace and academic cultures created through exclusionary and othering tactics and to create a place of belonging.

Moving Forward

Navigating the troubled waters ahead will require nurses to position themselves to "address the social, economic, political, and institutional causes that inhibit health and well-being." ([ANA, 2025](#), p.47). The nursing profession must not forget its mission and must continue to address unjust policies that harm the public good. Raising our voices is a justifiable act in recognizing that health disparities continue to exist within society and the healthcare system in which nurses live and work. To date, healthcare systems and their leaders have taken varied approaches to navigating anti-DEIB mandates in their institutions. Many have chosen to remain silent while others have dropped "objectionable" language and acronyms. These choices may seem like a capitulation to oppressive demands, but such accommodations may be acceptable if the ethical values and actions associated with DEIB are retained ([Woolf, 2025](#)). Other large healthcare systems, including Kaiser Permanente, have kept explicit DEI language and have committed to continuing their extensive outreach health equity programs ([Dyrda, 2025](#); [Hudson 2025](#)). For healthcare systems that depend on federal funding, rephrasing DEIB language contained in programs, committee bylaws, and reports may be necessary, and alternative strategies should be carefully thought through.

Seeking alternative funding may also be necessary for nursing education programs to reduce financial burdens for underrepresented groups and to maintain support for a diverse student body and future workforce. While the American Association of Colleges of Nursing ([\[AACN\], 2021](#)) *Essentials* emphasize the value of DEI throughout the document and in several domains, the ethical foundations and moral failures that the terms seek to address are not considered ([Fowler, 2024](#)). Nurse educators must ensure that the health equity, civic engagement, political activism, direct action, and structural competency are addressed in nursing curricula to prepare graduates to provide equitable care to diverse groups of people ([Iheduru-Anderson et al., 2023](#); [2025](#); [Robichaux & Sauerland, 2021](#)). The road ahead will not be easy, but the ethical foundations of the profession of nursing and nursing practice require respect for the dignity, worth, and human flourishing of all people.

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