Washington State Nursing Student Diversity Survey

April 2017

FINAL REPORT

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It's About Washington's Health

WCN WASHINGTON CENTER FOR NURSING

NSWS NURSING STUDENTS of WASHINGTON STATE

WSNA WASHINGTON STATE NURSES ASSOCIATION

Executive Summary

Nursing leaders recognize the connection between a diverse nursing workforce and the ability to provide quality, culturally competent care[1]. In 2012, according to the Governor's Interagency Council on Health Disparities; Washington State Budget and Policy Center, 29% of the population of Washington State were people of color. In the 2015 National Nursing Workforce Survey (National Council of State Boards of Nursing and the National Forum of State Nursing Workforce Centers), only 17% of the Washington RN sample identified with ethnic/racial minority groups. Currently 32% of RN to BSN students; 27% of ADN students; 25% of BSN pre-licensure students; and less than 20% of students in nursing graduate programs are from under-represented racial/ethnic groups[1]. It is essential that the nursing profession continue efforts to grow the diversity of its workforce in order to address health needs of the people of our state and to correct existing health disparities. This report defines diversity broadly to include gender identity; veteran status; sexuality; English as a first language; or first generation in the family to get a college degree in addition to race and ethnicity.

The purpose of this survey was to hear the voices of nursing students in Washington State regarding their experiences with diversity and inclusion and strategies that promote recruitment and retention of diverse students in our state's pre-registered nurse licensure and graduate nursing programs. Survey findings are intended to inform the

further development of strategies for the recruitment, retention, graduation & leadership development of diverse students from underrepresented groups.

This survey asked students about seven areas that support diversity:
- Recruitment into the nursing profession
- Financial support and opportunity
- Emotional and moral support
- Mentoring
- Academic advising
- Technical and academic support
- Professional socialization, or the values, attitudes, skills, and knowledge pertaining to the nursing as a profession.

Recommendations

1. Increase students from underrepresented groups in graduate nursing education to increase the pool of diverse nursing faculty.
2. Promote outreach and recruitment to families of underrepresented students. Face to face interactions are more important to underrepresented students than white non-Hispanic students when it comes to choosing a nursing program.
3. Minimize student debt by providing access to scholarships, financial aid, and debt forgiveness. In addition, ensure student and family are made fully aware of financial aid opportunities.
4. Promote and provide professional development for faculty, staff, and academic advisors to increase cultural awareness, sensitivity & inclusion and the skills to address institutionalized racism.
5. Increase visibility of a school's commitment to diversity such as adopting a diversity mission statement.
6. Provide social support to build community among students, faculty, staff, students and their families to enhance student success.
7. Collaborate with diverse professional nursing associations to provide role models for students.
8. Provide a "safe space" for students to promote the sharing and expression of diverse points of view and experiences.
9. Provide a variety of formal and informal mentorship opportunities, such as faculty-to-student, peer-to-peer, practicing nurse-to-student, and others.
10. Prioritize relevant, accessible, and timely academic and technical support.

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Nursing leaders recognize the connection between a diverse nursing workforce and the ability to provide quality, culturally competent care[1.] In 2012, according to the Governor's Interagency Council on Health Disparities; Washington State Budget and Policy Center, 29% of the population of Washington State were people of color. In the 2015 National Nursing Workforce Survey (National Council of State Boards of Nursing and the National Forum of State Nursing Workforce Centers), only 17% of the Washington RN sample identified with ethnic/racial minority groups. Currently 32% of RN to BSN students; 27% of ADN students; 25% of BSN pre-licensure students; and less than 20% of students in nursing graduate programs are from under-represented racial/ethnic groups[1]. It is essential that the nursing workforce to continue efforts to grow in diversity in order to address health needs of the people of our state and to correct existing health disparities. This report defines diversity broadly to include gender identity; veteran status; sexuality; English as a first language; or first generation in the family to get a college degree in addition to race and ethnicity.

Background

In 2015, the Washington Center for Nursing (WCN) conducted an online survey of *Best Practices in Increasing Nursing Student Diversity.* Twenty-five of 46 (54%) of nursing programs approved by the NCQAC in Washington State responded. As the title indicates, this survey focused on recruitment of diverse students. The most frequently cited helpful recruitment strategies were: working with local high schools (81% of respondents); collaborating with campus counselors to help underrepresented students understand the nursing program (50%); working with minority groups in our community (41%) and including more faculty from underrepresented groups (41%). A wide range of challenges to increasing diversity were noted; most frequently: English language proficiency; inadequate academic preparation; admission process/criteria; and lack of resources to support diverse students once accepted.

The team reviewed literature on recruitment and retention of diverse nursing students for the last 10 years. Robinson[18] cited the importance of acknowledging that racism is endemic and that nursing needs to employ appropriate interventions at professional, organizational, policy and individual levels to address this. Beginning at the individual level, she suggests that this involves looking inward to identify biases that lead to acts of discrimination and identifying self-imposed oppressive thoughts related to race. The nursing literature reports many promising strategies that nursing programs might implement at the organizational level to create organizational change enhancing recruitment and retention of diverse students.

Organizational strategies for recruitment of diverse nursing students reflect a multifaceted approach. Strategies identified include: community and family outreach[8,9,11,12,16]; providing role models[2,9,17,19]; partnerships with K-12 education[8,9,11,12,17]; providing information & counseling about financial aid[2.12]; using holistic college admission criteria that go beyond GPA[11,19]; academic/career counseling informed by culturally specific student needs so students know what to expect and what resources are available[11,16,17]; and developing faculty/staff cultural competence and agility to promote a climate of inclusion[11,18,19].

Related themes are evident in the nursing literature about diverse student retention. Strategies identified for student retention include: technical[4] and academic support[2,3,7-9,11,12,17,19]; financial aid, support & childcare[3,4,7,11,16,17]; social support[2,4,9,11,12,16,19]; culturally congruent advising[4,9,11] and pre-program orientation[3,16]; inclusive teaching strategies[2,8,11,19]; counseling for personal issues[11] and provision of role models[11,17], mentoring[2,9,11,12,17,19] and professional socialization[4].

Bond and colleagues developed an adapted Model of Institutional Support for Diverse Populations at the University of Texas Arlington (Bond, Cason & Gray, 2015; Bond Cason & Baxley, 2015) based on their experience working with Hispanic and African-American nursing student populations. This model reflects the themes identified above in the literature for retention of diverse students and includes six constructs: financial support and opportunity; emotional and moral support; mentoring; academic advising; technical support and professional socialization. This model was adapted and expanded with the construct of recruitment into nursing/nursing school in the development of the Washington State survey tool.

The Academic Progression in Nursing-Washington State (APIN-WA) grant for 2014-16, provided additional impetus and resources for the current survey. Grant Goal 3 focused on promoting the diversity of the nursing student population in our state. Goal 3 was to: "*Further develop and expand the Diversity Mentoring Program and other supportive systems for recruitment, retention, graduation and leadership development of current and future diverse (URG) students.*" This survey was developed in order to gather valuable input *from the student perspective* in order to improve supportive systems for diverse students in Washington State nursing programs.

Purpose & Aims

The purpose of this survey was to hear the voices of nursing students in Washington State about their experiences with diversity and inclusion and strategies that promote recruitment and retention of diverse students in our state's pre-licensure and graduate registered nursing programs. Survey findings are intended to inform the

further development of supportive systems for recruitment, retention, graduation and leadership development of future diverse students from underrepresented groups. Specific aims include:

- Present a plenary session at the annual Nursing Students of Washington State (NSWS) 2016 annual meeting that includes a presentation about health disparities and the need for increased diversity in the nursing workforce followed by student discussion groups about:
  - Experiences or observations of inclusion and exclusion in nursing programs
  - Strategies for promoting diversity and inclusion in nursing programs
- Conduct an online survey of Washington registered nursing students (pre and post licensure students) regarding their experiences and strategies for promoting diversity and inclusion in Washington State nursing programs.

The survey team included the APIN-WA project manager (who was also a nursing faculty member); the WCN Executive Director (also the APIN-WA Principal Investigator); three nursing graduate students; and two additional senior nursing faculty members from the state. Consultants to the survey team included the Executive Team of the Nursing Students of Washington State (NSWS); the Council on Nursing Education in Washington State (CNEWS); the Mary Mahoney Professional Nurses Organization; Western WA Chapter of National Assn of Hispanic Nurses; and Filipino Nurses & Professional Healthcare Association. These consultants assisted with instrument development and/or access to nursing student populations in the state for participant recruitment.

Methods

Data Collection Instrument Development

We completed a literature review and identified key constructs which were shown to impact recruitment and retention of diverse students in nursing programs. The University of Texas Arlington Healthcare Professions Education Program Self-Assessment (PSA) instrument (Bond & Cason, 2014) was used as a model for potential survey questions. They reported that content validity for each of the six constructs ranged from 85-95% and Cronbach's Alpha internal consistency reliability of the tool as 0.83. Their evaluation of the psychometric properties of the PSA found that it was a reliable and valid tool for assessing institutional friendliness, highlighting strengths and identifying potential areas of improvement at institutional and program levels.

With permission of the instrument authors, several items were adapted from the PSA and additional items were developed for use in the Washington State tool (See Appendix A) utilizing results of the literature review aiming to elicit additional data not measured in the PSA as illustrated in the comparison table below.

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Table 1. Survey Items related to each Diversity Support Construct

Construct	Scale Items adapted from UTA-PSA Tool	Additional WA Items for each Construct
Recruitment into Nursing/Nursing School		**Q1** (10 options; check all that apply), **Q 2** (9 options; check all that apply)
Financial Support and Opportunity	**Q 5, 8**	**Q 3** (From PSA adding a 5th choice for "don't know"; select one) **Q 4** (yes/no), **Q6** (6 options; select all that apply) **Q 7** (10 options; select all that apply;)
Emotional and Moral Support	**Q 9, 10, 12, 13, 14**	**Q15** (4 options, select one) **Q 24** (open ended-program aspects most helpful in promoting belonging & inclusion)
Mentoring	**Q 18**	**Q 19** (8 options; select all that apply: types of mentoring relationship)
Academic Advising	**Q 20**	
Technical & Academic Support	**Q 21**	**Q 22** (rank importance of academic support services), **Q 23** (open-ended; barriers for not using available academic support services)
Professional Socialization	**Q16**	**Q 11** (8 options; select all that apply), **Q 17** (check availability & interest on four items)

Each member of the team reviewed the proposed survey questions individually and then as a team. The proposed online version of the survey was built using SurveyMonkey. SurveyMonkey is a platform which helps create surveys, analyze data and survey a target market. Once the survey was uploaded to SurveyMonkey team members again tested the tool individually and reviewed results as a group. The instrument was pilot tested with 12 nursing students and additional changes were made based on this feedback. A paper-based version of the survey was developed for use at the NSWS conference. Refer to Appendix A for the final version of the WA tool which was used for this survey.

The survey provided quantitative data in the form of closed ended and multiple choice questions. While there were open ended questions in the online survey, the team determined that a group discussion at the NSWS meeting would provide valuable qualitative data not obtainable through the online survey. Group discussion questions were developed to elicit individual data from nursing students regarding experiences of

inclusion and marginalization and strategies for promoting diversity and inclusion in Washington State nursing programs. Colored coded cards were utilized to gather responses to the discussion questions. The three group discussion questions were:

- Q-1. Briefly describe one example of a nursing student experience of exclusion in the course of your nursing education. This might be something you observed or something you experienced personally.
- Q-2. Briefly describe one example of a nursing student experience of inclusion in the course of your nursing education. This might be something you observed or something you experienced personally.
- Q-3. List one strategy that you would recommend to make a difference in promoting a climate of inclusion at your school.

Data Collection Methods

Survey procedures. Recruitment was done by disseminating a survey link through relevant professional groups including: CNEWS (Council of Nurse Educators in WA State); NSWS (Nursing Students of Washington State); WSNA (Washington State Nurses Association); the Mary Mahoney Professional Nurses Organization; Western WA Chapter of National Association of Hispanic Nurses; and the Filipino Nurses & Professional Healthcare Association. The survey was administered in both electronic and paper formats. A paper version of the survey was distributed in the packets for participants at NSWS meeting. Students completing the paper version at the NSWS meeting received a raffle ticket for a Starbucks gift card if they submitted a completed survey at the conference. Paper format survey responses were transcribed into the Survey Monkey electronic data set by one of the survey team members.

Group discussions procedures. The NSWS organized an annual conference of nursing students for a day of education and networking. Students who are members and non-members from across the state were invited to attend the conference held on April 23, 2016. The survey team presented a general overview of health disparities and nursing diversity for the conference. The final section of this presentation was a group discussion facilitated by graduate nursing students on diversity and inclusiveness in nursing school. Oxford dictionary definitions for the terms marginalization, inclusion and exclusion were included on the color-coded cards along with two action oriented definitions of inclusion as examples. The steps in the discussion included:

1. Students were given five minutes to write an individual answer on color coded cards for the first two questions (see section above). Oxford dictionary definitions were provided as reference for the questions.
   a. Marginalization: "treatment of a person or group as insignificant or peripheral"
   b. Exclusion: "the process or state of excluding or being excluded; an act of excluding"

c. Inclusion: "the action or state of including or of being included within a group or structure"

2. Students were given five minutes to share their answers in small groups of 4-5 students and compare the differences between positive and negative examples.

3. Students were then given two minutes to write a response to the third question on the last color coded card considering action-oriented definitions of inclusion that were provided.
   a. Inclusion: "Inclusion puts the concept and practice of diversity into action by creating an environment of involvement, respect, and connection—where the richness of ideas, backgrounds, and perspectives are harnessed to create educational value"
   b. Inclusion: "affirmative action to change the circumstances and habits that lead to (or have led to) social exclusion"

4. Students submitted the cards to the survey team.

5. Survey team compiled responses for data entry into NVivo Version 11 for coding and analysis.

Student responses on the cards were anonymous and the students could choose to complete or not complete the cards for submission to discussion leaders at the end of the session.

Protection of Human Subjects. Because this was a voluntary, anonymous and confidential survey sponsored by a workforce center and professional organizations, no human subjects review was sought. Any school or individual identifiers mentioned by participants in open-ended comments were removed upon transcription of the comments for analysis.

Data Analysis

Quantitative Survey Item Analysis. Used SurveyMonkey and SPSS 23 for descriptive statistical analysis of quantitative items.

Qualitative Data Analysis. A conventional qualitative content analysis (Hsien & Shannon, 2005) method guided the analysis of qualitative data from the group discussion cards and open-ended data on the survey. A deductive approach was supplemented with inductive coding of additional ideas that appeared in the data (Elo & Kyngas, 2007). Software program NVIVO 11 was used for managing qualitative data analysis. Qualitative analysis procedures involved the following steps:

1. Developing a preliminary coding matrix deductively based on survey and discussion questions (Elo & Kyngas, 2007).

2. Reading through the transcript for each question to make sense of the data as a whole.
3. Initial coding of the manifest context of meaning units (Graneheim & Lundman, 2003) within each question response set by two raters and comparison across raters
4. Describing and categorizing findings on a higher logical level through abstraction of codes and categories on varying levels (Graneheim & Lundman, 2003, Elo & Kyngas, 2007).
5. Develop themes that interpret how meaning is expressed across multiple questions and all survey content (Graneheim & Lundman, 2003).

Sample

NSWS Conference Discussion Participant Sample

The NSWS Nursing Conference discussion groups included 102 Washington nursing student participants of the conference held on April 23, 2016. The number of students that submitted cards for each question was:

- Q1 Example of marginalization or exclusion. N=93 cards
- Q2 Example of inclusion. N=87 cards
- Q3 Strategy recommended to make a positive difference in supporting diversity and promoting a climate of inclusion at your school. N=84 cards.

No demographic characteristics of the conference participants were collected however, 82 of the 102 students attending also completed a written version of the electronic survey and are reflected in the survey sample demographic characteristics as described below.

Survey Sample

Sample Size. The final survey sample size was 295 which included 92 surveys that were manually entered by the survey team from the paper surveys collected at the end NSWS conference and the 203 from surveys completed online.

Racial/Ethnic Identification. The survey question allowed respondents to select as many racial/ethnic identities as applied to them. 277 of 295 participants chose to answer this question. Six percent of the survey sample did not respond to this question.

Table 2. What is your racial or ethnic identification? (Select all that apply) N=285

	Response Count	Percentage
American Indian or Alaska Native, Non-Hispanic	8	3%
Black or African American, Non-Hispanic	14	5%
Asian, Non-Hispanic	30	11%
Native Hawaiian or Pacific islander, Non-Hispanic	7	2%
White, Non-Hispanic	197	69%
Hispanic	26	9%
Mixed race	23	8%
Prefer not to respond	8	3%
Other (please specify)	8	3%
answered question	285	100%
skipped question	10	
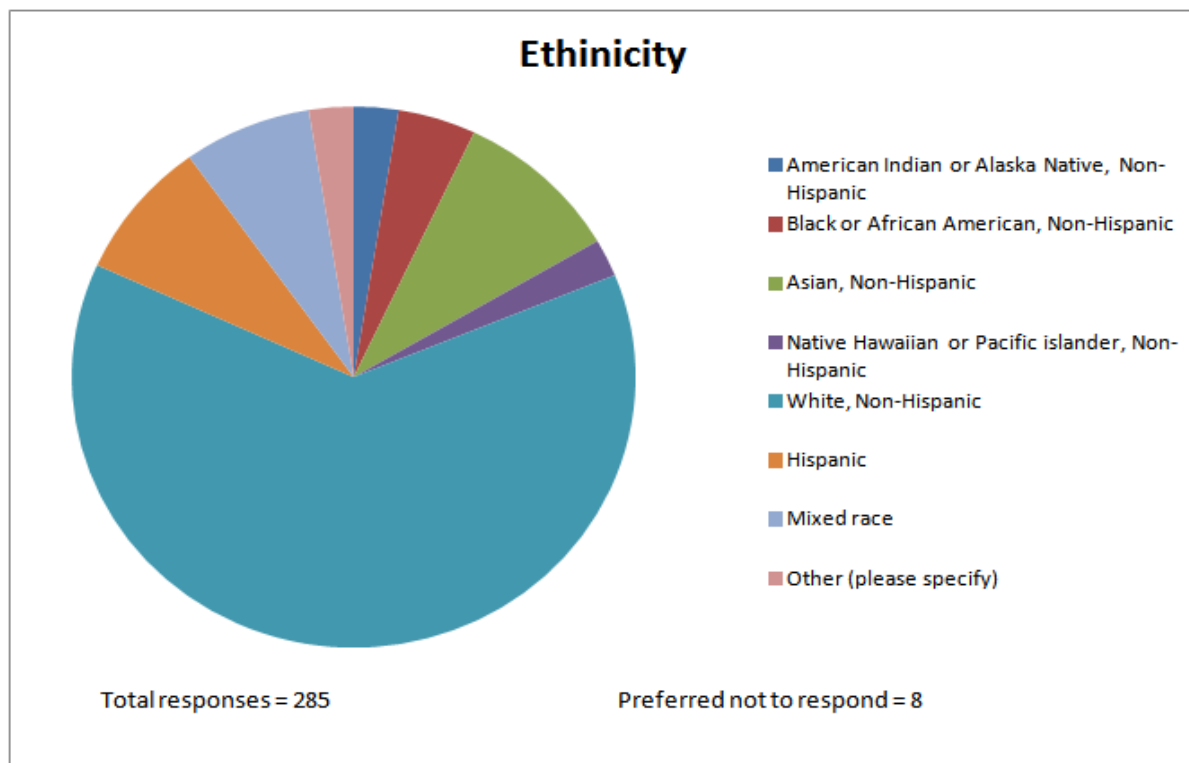
The responses to the racial/ethnic identity question were re-coded into two groups in SPSS for a new variable (Ethnic/Racial Group Identification) defined as:

1) identify as white, non-Hispanic only (**WNH)**

2) identify with one or more underrepresented racial/ethnic groups **(URG).**

The contents specified in the 10 "other" responses were used to do this recoding. For example, "Slavic" was recoded into the WNH category and Filipino was recoded into the URG category. Several of the respondents selecting "other" also indicated another identity which was factored into the recoding. One of the respondents selected only "other" without a comment specifying an identity. There was no information within this response with which to recode within these definitions, so the respondent was added to the "no response" category for this analysis. This variable was used to further describe selected question responses by racial/ethnic identity group.

Table 3. Racial/Ethnic Group Identification (Select all that apply) N=277

	Frequency (%)
WNH Identifies as white, non-Hispanic only	185 (66.8%)
URG Identifies with one or more underrepresented groups including mixed.	92 (33.2%)
Total	277 (100%)

Assigned Gender at Birth

Table 4. Assigned Gender at Birth N=283

Answer Options	Response Count	Percentage
Male	31	10.9%
Female	252	89.1%
answered question	283	
skipped question	12	

Assigned sex at birth: What sex were you assigned at birth, on your original birth certificate?
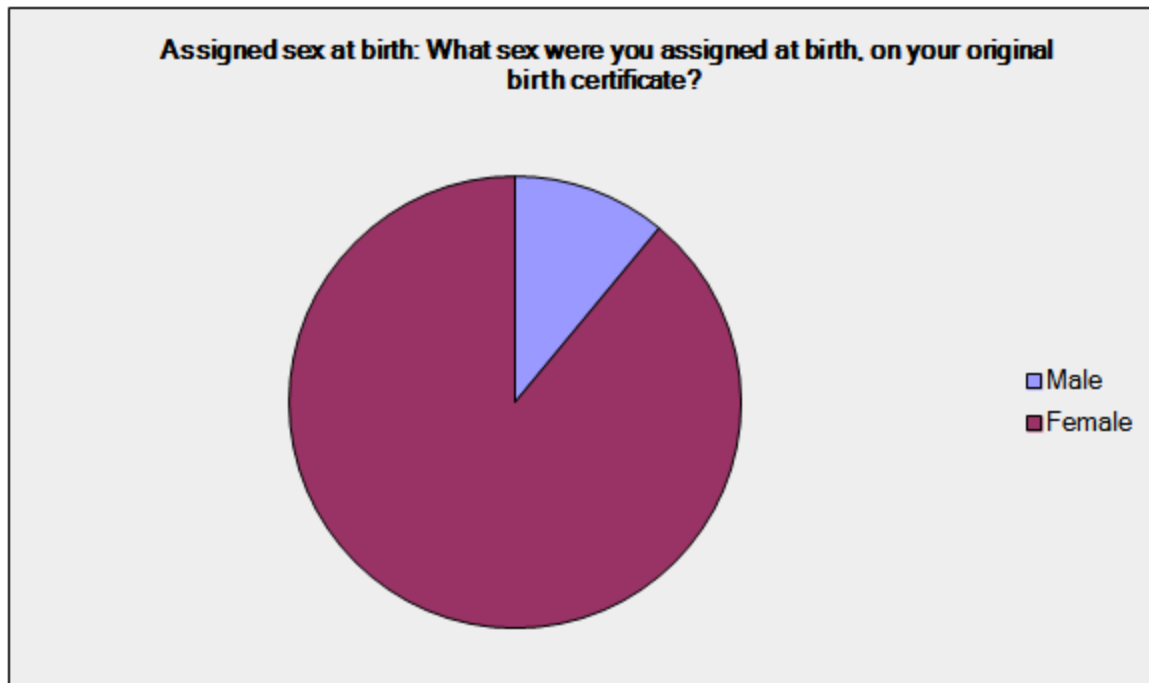
Male
Female

Current Gender Identity

Table 5. Current Gender Identity N=283

Answer Options	Response Count	Percentage
Male	31	10.9%
Female	251	88.7%
Transgender	1	0.4%
Do not identify as female, male or transgender	0	0.0%
answered question	283	
skipped question	12	

Current gender identity: How do you describe yourself now?

Legend:
- Male
- Female
- Transgender
- Do not identify as female, male or transgender
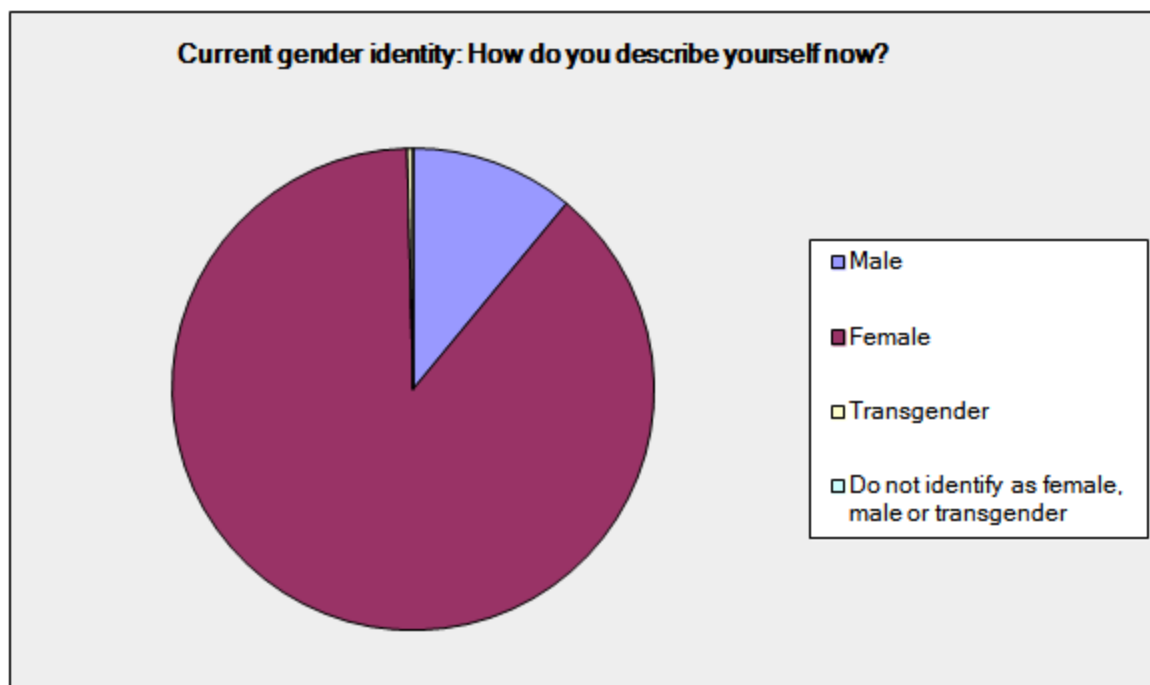
Type of Nursing Program Enrolled In

Table 6. Type of Nursing Program Enrolled In   N=283

Answer Options	Response Count	Percentage
ADN Pre-licensure RN	172	60.8%
BSN Pre-licensure RN	67	23.7%
Masters Entry Pre-licensure RN	9	3.2%
RN to BSN	22	7.7%
Masters in Nursing	10	3.5%
Doctorate in Nursing or PhD	3	1.1%
answered question	283	
skipped question	12	

What type of nursing program are you enrolled in?

Legend:
- ADN Pre-licensure RN
- BSN Pre-licensure RN
- Masters Entry Pre-licensure RN
- RN to BSN
- Masters in Nursing
- Doctorate in Nursing or PhD
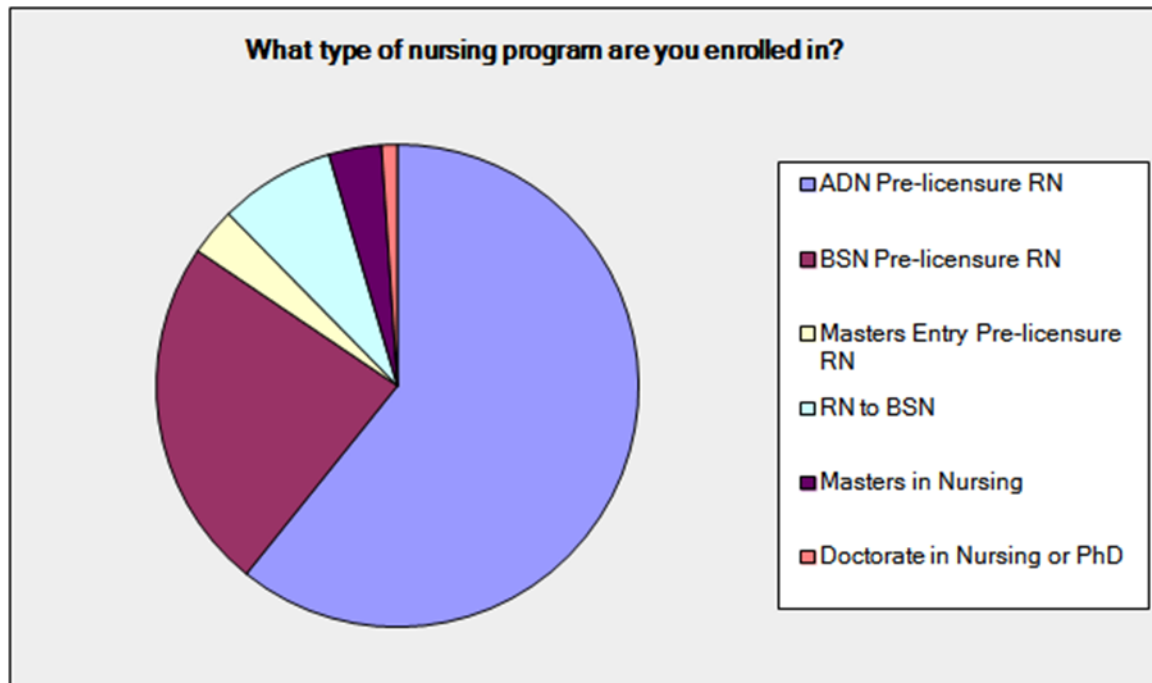
Status as a Veteran of US Armed Forces

Table 7. Status as Veteran of US Armed Services N=280

Answer Options	Response Count	Percentage
Discharged Veteran	9	3.2%
Reservist	2	0.7%
Child/Spouse of a Veteran	43	15.4%
No Known Veteran Status	226	80.7%
answered question	280	
skipped question	15	

What is your status as a Veteran of US Armed Forces?

Legend:
- Discharged Veteran
- Reservist
- Child/Spouse of a Veteran
- No Known Veteran Status
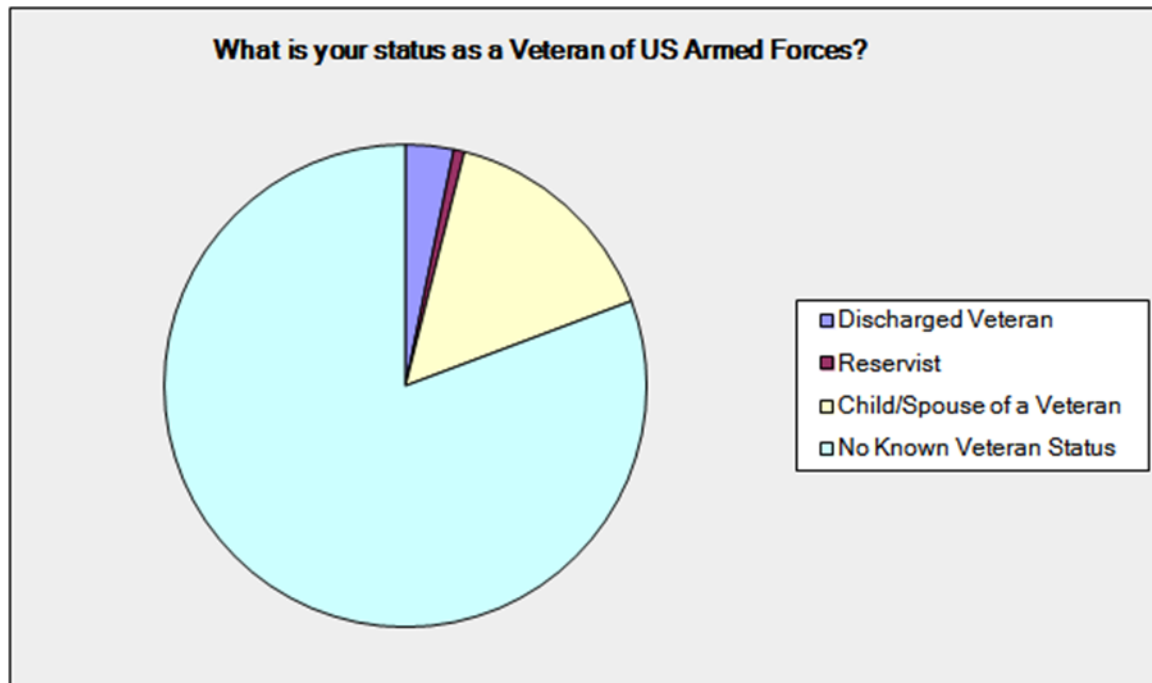
English as a first language in childhood home

Table 8. English as first language in childhood home N=283

Answer Options	Response Count	Percentage
Yes	229	80.9%
No	54	19.1%
answered question	283	
skipped question	12	

Was English a first language in your childhood home?

□ Yes
■ No
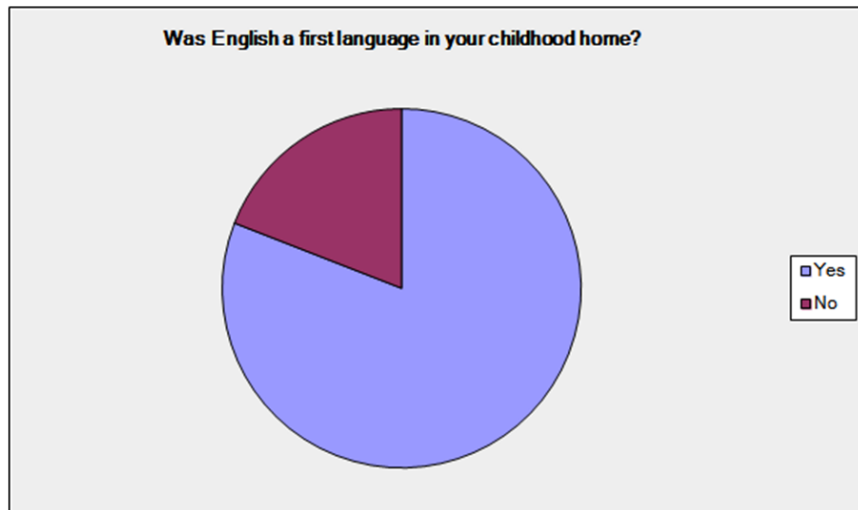
First Generation College Student Status

Did either of your parents complete a college degree?

□ Yes
■ No
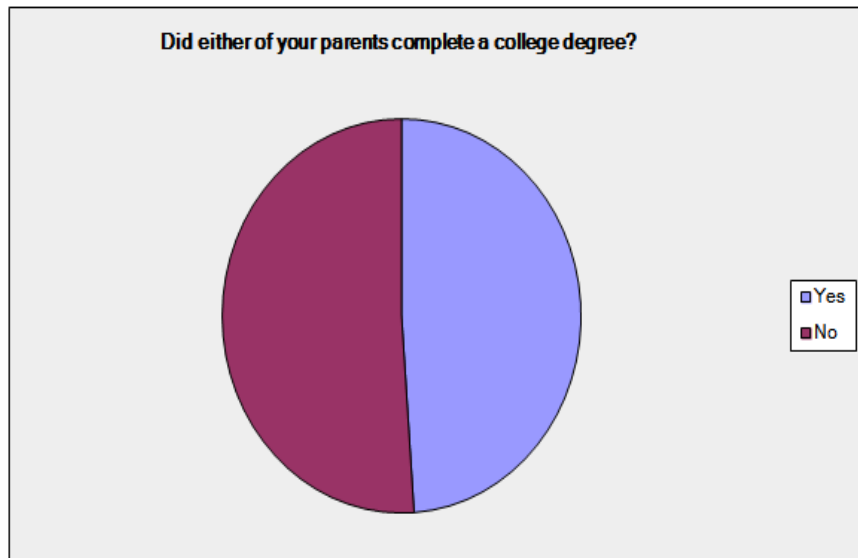
Table 9. Did either of your parents complete a college degree? N=282

Answer Options	Response Count	Percentage
Yes	138	48.9%
No	144	51.1%
answered question	282	
skipped question	13	

Results

Recruitment of Students (Q1 & Q2)

Table 10. Q1: Which of the following experiences helped you decide to pursue nursing as a career? (Select all that apply) Answered: 293   Skipped: 2.

Answer Choice	WNH	URG	ALL
I met or know a nurse who made me believe this career was possible	62.2% (117)	51.0% (47)	58.70% (172)
My family encouraged me to go into nursing	42.2% (80)	52.2% (48)	45.39% (133)
I have a family member who is a nurse	39.5% (73)	31.5% (29)	36.52% (107)
I talked to nursing students who influenced me	21.6% (40)	17.3% (16)	19.80% (58)
I watched stories of nurses that looked like me or had backgrounds like me that made me believe I could be a nurse.	14.1% (26)	18.5% (17)	15.70% (46)
I met nurses at events in my community or in my previous schools	13.0% (24)	19.6% (18)	15.36% (45)
I attended a health career program which influenced me	7.6% (14)	12.0% (11)	10.24% (30)
I read information or brochures about nursing that included nurses that look like me	3.8% (7)	4.3% (4)	4.78% (14)
I attended a "nursing camp"	1.6% (3)	1.1% (1)	1.37% (4)
Other (please specify)	28.6% (53)	39.1% (36)	32.08% (94)
Total Respondents	185	92	293

Table 11. Q2: What factors influenced your decision to select your particular nursing program over others? (Select all that apply). Answered: 293 Skipped: 2

Answer Choice	WNH	URG	ALL
Location	77.2%	76.1%	77.5%

	(143)	(70)	(227)
Tuition & fee costs	45.4% (84)	40.2% (37)	44.7% (131)
Availability of financial aid/scholarships	31.9% (59)	37.0% (34)	32.4% (95)
I saw or met faculty and staff from the nursing program at a community or school event	20.5% (38)	21.7% (20)	20.5% (60)
Availability of hybrid or online courses	11.9% (22)	5.4% (5)	9.6% (28)
Advisers and faculty from the nursing program seemed culturally sensitive	6.5% (12)	9.8% (9)	7.2% (21)
A mentoring program was available in the nursing school	2.2% (4)	6.5% (6)	3.4% (10)
Ethnicity of faculty and advisers in the nursing program that could be models for me	1.6% (3)	2.2% (2)	1.7% (5)
Other	34.6% (64)	34.8% (32)	34.1% (100)
Total Respondents	185	92	293

Financial Aid and Support (Q3-Q8)

Table 12. Q3: Does your school have scholarships specifically for students from underrepresented minority groups or backgrounds? Answered 294. Skipped 1.

Answer Choice	WNH	URG	ALL
No scholarships or stipends are available through my school for minority students	1.6% (3)	6.5% (6)	3.40% (10)
Limited scholarships or stipends are available through my school for minority students	3.3% (6)	16.3% (15)	7.14% (21)
Some scholarships or stipends are available through my school for minority students	16.8% (31)	20.7% (19)	18.37% (54)
Number of scholarships or stipends available for minority students is adequate to meet the number of minority students in the school	17.9% (33)	17.4% (16)	18.03% (53)
I don't know	60.3% (111)	39% (36)	53.06% (156)

Total Respondents	184	92	294

Table 13. Q4: Did you apply for financial aid from your school? Answered 294. Skipped 1.

Answer Choice	WNH	URG	ALL
Yes	78.8% (145)	82.6% (76)	79.25% (233)
No	21.2% (39)	17.4% (16)	20.75% (61)
Total Respondents	184	92	294

Table 14: Q5: How were you supported in seeking financial aid from your school? Answered 285. Skipped: 10.

Answer Choice	WNH	URG	ALL
I had to seek out information about financial support that is available	26.6% (47)	34.4% (31)	28.77% (82)
I was provided with general information about financial support	32.2% (57)	35.6% (32)	34.39% (98)
I was encouraged to apply for financial support that is available and got assistance in obtaining information and completing forms when I requested it.	24.6% (44)	20.0% (18)	23.16% (66)
I was provided with timely information and help with applying for available funding to match my circumstances and help me stay in school.	16.4% (29)	10.0% (9)	13.68% (39)
Total	177	90	285

Table 15. Q6: In your experience, what criteria are used at your school for selecting financial aid recipients? (Select all that apply). Answered 294. Skipped 1.

Answer Choice	WNH	URG	ALL
Financial need	71.4% (132)	79.3% (73)	73.5% (216)
GPA/Grades	33.0%	48.9%	37.4%

	(61)	(45)	(110)
Status as a member of an underrepresented ethnic/racial group	25.4% (47)	27.2% (25)	26.5% (78
Status as member of an underrepresented group OTHER than an ethnic/racial group (LGBT, men in nursing, first generation college student, etc.)	18.9% (35)	14.1% (13)	17.7% (52)
Non-grade related achievement (veteran status, community service, etc.)	27.0% (50)	25.0% (23)	26.5% (78)
I don't know	31.9% (59)	21.7% (20)	29.6% (87)
Total	**185**	**92**	**294**

Table 16. Q7: What type of financial aid or other financial support have you received for your nursing education. (Select all that apply)
Answered: 293. Skipped: 2.

Answer Choice	WNH	URG	ALL
I do not receive any financial support for my nursing education beyond myself and my family	20.0% (37)	18.5% (17)	21.1% (59)
My financial aid/support includes payment of tuition and fees	55.1% (102)	51.1% (47)	53.2% (156)
My financial aid/support includes funds that can pay for other school related expenses such as housing, living expenses, and/or books and other learning materials	30.8% (57)	30.4% (28)	30.7% (90)
My financial aid/support includes cooperative work opportunities at the school designed to accommodate my schedule	3.8% (7)	5.4% (5)	4.1% (12)
My financial aid/support includes student loans	45.4% (84)	42.4% (39)	44.4% (130)
My financial aid/support includes a loan forgiveness program for work I will do in designated areas after graduation	1.0% (2)	1.1% (1)	1.0% (3)
My financial aid/support includes tuition reimbursement or scholarship from my employer	7.0% (13)	3.3% (3)	% (17)
My financial aid/support includes a scholarship or funding from a community group or my labor union	19.5% (36)	12.0% (11)	17.4%

My financial aid/support includes discounted tuition or a tuition waiver	3.8% (7)	4.3% (4)	4.1% (12)
Other	11.9% (22)	13.0% (12)	12.6% (37)
Total	**185**	**92**	**293**

Table 17. Q8: How instrumental has your financial aid or support been in helping you stay in school and successfully complete ongoing coursework?
Answered 291.Skipped 4.

Answer Choice	WNH	URG	ALL
I have not received financial aid or support beyond myself or my family	16.9% (31)	14.3% (13)	16.8% (49)
I received some financial aid/support, but it has not been a factor in my staying in school or not	16.9% (31)	16.5% (15)	17.5% (51)
Financial aid/support has been helpful in keeping me from dropping out but I still have financial stress that inhibits my optimal success in my coursework	19.7% (36)	33.0% (30)	24.4% (71)
Financial aid/support has been extremely instrumental in my ability to stay in school and be successful in my coursework	46.4% (85)	36.2% (33)	42.2% (120)
Total Respondents	**183**	**91**	**291**

Emotional and Moral Support (Q9,10,12,13, 14 ,15, 24 & discussion cards)

Table 18. Q9: Select the item that best describes your interactions with faculty and staff at your school. **Answered: 290   Skipped: 5**

Answer Choice	WNH	URG	ALL
Faculty and staff are abrupt and cold during interactions with me	1.1% 2	2.2% 2	1.4% (4)
Faculty and staff are professional but distant in their interactions with me	7.7% 14	11.0% 10	9.0% (26)
Faculty and staff are friendly toward me but are task-oriented during interactions	26.0% 47	29.7% 27	27.2% (79)
Faculty and staff create a welcoming environment by being genuinely interested in me	65.2% 118	57.1% 52	62.4% (191)

Total Respondents	181	91	290

Table 19. Q10: Select the item that best describes the cultural sensitivity of faculty and staff at your school. Answered: 287   Skipped: 8

Answer Choice	WNH	URG	ALL
Faculty members and staff lack insight into the cultural values of others	2.8% 5	9.9%9	5.6% (16)
Faculty members and staff seem aware of the cultural values of underrepresented groups	14.5% 26	26.4% 24	18.5% (53)
Faculty and staff demonstrate culturally appropriate communication with students	41.3% 74	27.5% 25	36.9% (106)
Faculty and staff design activities and courses inclusive and supportive of cultural values and provide opportunity for ethnic expression and exploration	41.3% 74	36.3% 33	39.0% (112)
Total Respondents	179	91	287

Table 20. Q12: Select the item that best describes the interest that your faculty members show toward you. Answered: 291   Skipped: 4

Answer Choice	WNH	URG	ALL
Faculty members are abrupt and distant to me	2.2% 4	3.3 % 3	2.4% (7)
Faculty members are polite and professional to me	24.2% 44	29.7% 27	26.5% (77)
Faculty members convey genuine interest in my professional growth	30.9% 56	35.2% 32	31.3% (91)
Faculty members convey genuine interest in me as a person and as a future colleague	42.9% 78	31.9% 29	39.9% (116)
Total Respondents	182	91	291

Table 21. Q13: How available are your faculty members? (Choose the item that best describes your faculty as a whole). Answered: 294   Skipped: 1

Answer Choice	WNH	URG	ALL
Faculty members are unavailable to meet outside the classroom	1.6% 3	2.2% 2	1.7% (5)

Faculty members are available during specified office hours to meet with students to talk with them in person (or via telephone or internet)	18.5% 34	27.2% 25	22.1% (65)
Faculty members are available by appointment to meet with students to talk with them in person (or via telephone or internet)	40.2% 74	35.9% 33	38.44% (113)
Faculty members encourage or require students to meet with them individually and have an open-door policy	39.7% 73	34,8% 32	37.8% (111)
Total Respondents	**184**	**92**	**294**

Table 22. Q14: How do faculty and staff view your family and friends in relation to your school success? Answered: 290   Skipped: 5

Answer Choice	WNH	URG	ALL
Faculty and staff view family and friends as barriers to my school success	3.8% 7	6.6% 6	4.8% (14)
Faculty and staff view family and friends as neutral factors in my school success	19.1% 35	23.1% 21	21.4% (62)
Faculty and staff acknowledge family and friends as people who can provide positive support in my school success	68.9% 126	57.1% 52	63.8% (185)
Faculty and staff actively involve families and friends as partners in my school success.	8.2% 15	13.2% 12	10.0% (29)
Respondents	**183**	**91**	**290**

Table 23. Q15: How would you rate your nursing program's commitment to diversity and inclusion? Answered: 289   Skipped: 6

Answer Choice	WNH	URG	ALL
No commitment to diversity and inclusion	3.3% 6	1.1% 1	2.4% (7)
A little commitment to diversity and inclusion	13.3% 24	28.6% 26	18.7% (54)
Moderate commitment to diversity and inclusion	34.4% 62	30.8% 28	33.6% (97)

Strong commitment to diversity and inclusion	48.9% 88	39.6% 36	45.3% (131)
Total Respondents	**180**	**91**	**289**

Table 24. Q 24: What aspects of your nursing program are most helpful in promoting a climate of inclusion of diverse students? Plus Discussion Q3: Strategy recommended to make a positive difference in supporting diversity and promoting a climate of inclusion at your school.

Definition of the Theme	Example Quotes
Administrative aspects of the program: Commitment to diversity Admission Policies Financial aid availability and help Class size (Admitting cohorts or numbers of students so that class size allows community building and regular peer support)	**Have more scholarships** **-**our program's dedication to social justice and diversity -program has no age limit. -Competitive entry based purely on merit **-Small class size** -more diverse students are selected in cohort to make friends with **-our open acceptance policy and holistic review of applications** -Accepting diverse students into program **-the location, the cost, and the application requirements** **-commitment to diversity is part of the school mission** -It is a globally oriented program -hey are mainly focused on other ethnicities. the fact that a large percentage of my cohort is foreign-born
Mentorship	**Allowing culturally diverse students the opportunity to meet and mentor one another (from different cohorts)** **-**mentoring relationship with faculty **-consistent intermingling of lower cohort with higher to allow knowledge to pass around** **-mentoring from students ahead in the nursing program** -our student mentorship program -international mentorship program **-they are building a mentor program and have had events to promote inclusion** -my mentor and class advisors have always been readily available **-Allowing culturally diverse student the opportunity to meet and mentor one another (from different cohorts)** -matching with fellow students -staff follow with each student individually -real nurses that understand what we are going through -the mentorship program in the ADN was a great idea -most professors want students to succeed. I have been able to develop relationships with the staff, and they have all helped me to further learn the content or the nursing process -I found my own mentors of second year students -with nurses in my family

	-we have faculty advisors -I have mentors at my hospital when i have new training -a mentor I speak with over the phone that i wa introduced to by a friend -self initiated mentoring relationship with another student at my school -the nursing students (as far as I know) don't have "formal" mentoring program, but we have counselors and teachers who do an excellent job of mentoring. Also the students of the varying levels of the nursing program have been open and dedicated to helping one another succeed. **It isn't about minority or diversity but a whole inclusion of everyone**
Social Support	**-**Instructors go out of their way to make us all feel welcome and comfortable -within the student body, simply surviving, adapting and overcoming obstacles as we face them, together. -the students in my program get along well, have a group text and try to include everyone in the class regardless of age, sex, race, class, and gender. -the faculty are very supportive and foster acceptance and encouragement **-advisors** are great. They really help me with any questions I have or opportunities I want to do.
Support Systems	**-**Our nursing program does not have aspects that allow for inclusion of diverse students -We haven't had any really **-my nursing program does not promote a sense of belonging with inclusion of diverse residents. Strictly built on GPA.** **-It is difficult to find this from my particular program. I don't see it at all. There is no recruitment, support (community building), or mentorship (older student, professional nurse, faculty, etc.) for minority students.** **-None, many ESL students struggled to continue in the program.** -I don't see any helpful aspect in this school to bring sense of belongingness
Cultural awareness and sensitivity	**-Being aware of personal biases about certain cultures/ ethnicities before interacting with others from specific communities** - faculty are very culturally aware and sensitive -Sensitivity to culturally specific needs and differences **-Giving additional support services to diverse students** - Emphasizing cultural sensitivity -Acknowledgement of various culture and faculty that demonstrate competency in this area **-A focus on cultural competency** -all students treated equally with openness to personal

	identity/race **-an understanding and expression of diversity in the nursing profession**, especially with regards to different personalities within nursing **-Being aware of personal bias about certain cultures and ethnicities before interacting with others from specific communities** **-**prayer -Faith **Anonymous Dropbox for those needing further support, with a title including suggestions for improving" possible culturally encouraging**
Diverse role models/peers	**-more diverse teachers and students** -the RN cohort are multicultural -genuine, caring culturally compliant professors **-it helps that my school has students my age** -we have diversity among the students in the program -having faculty members and students from my ethnic group **-just seeing other students who are diverse culturally, as I am, in the program. there is no sense of inclusion otherwise** - i have had African American instructors and mentors **Have a male teacher**
Safe Space	**-**Being able to address the differences in class, talk openly about our differences without judgement. Having the instructor include all students. -Our college really supports different diverse people and treats them in the same way, everyone is committed and helpful
Groups that build community, outreach and belonging	**-diversity club on campus; including monthly meetings, potluck, and community activities** -club involvement -cultural diversity projects **Having weekly study groups that everyone is invited/ encouraged to attend** -nursing clubs and open lab -student nurse organizations **Include race/class/gender in all areas of the curriculum in some way- articles, discussions films. I can think of ways that this could be done across the various disciplines** -student associations, cohort get together **-cohorts that take the same classes together and student nurse organizations on campus** **-our cohort has been very active in creating events where we can all interact with each other informally** 1st quarter we had a potluck -SNO quarterly meetings provides a feeling of unity **Culturally informative events where students and faculty can gather to educate each other and learn about different cultural**

	backgrounds **-**reputation and visibility **Actively offering education, information, opportunity and resources to pre-nursing students at two year colleges to promote their success before, during, and after the nursing program. To all** -getting to know each other early in the program in the first year **I have wanted for a long time to make an effort to reach out to the Lummi nation to encourage the next generation to pursue a career in nursing**	

Mentoring (Q18 & Q19)

Table 25. Q18. Select the item that best reflects any organized mentoring at your school. **Answered: 290   Skipped: 5**

Answer Choice	WNH	URG	ALL
Students are not assigned mentors within the nursing program (no mentoring program)	36.4% 64	31.9% 29	34.5% (100)
Students are assigned mentors within the nursing program	48.1% 87	46.2% 42	47.2% (137)
Students are matched to a mentor based on race/ethnicity, area of expertise, or other personal characteristics	1.7% 3	3.3% 3	2.1% (6)
Students are matched to a mentor based on personal characteristics which students and mentors evaluate for fit OR students may self-select mentors.	14.9% 27	18.7% 17	16.2% (47)
Total Respondents	**181**	**91**	**290**

Table 26. Q19: What types of mentoring relationships do you have in professional nursing? (Select all that apply). Answered: 258   Skipped: 37

Answer Choice	WNH	URG	ALL
A mentoring relationship with faculty member(s) at my school in a relationship that was assigned or matched through a formal school process	27.1% 44	34.1% 28	29.8% (77)
A self-initiated mentoring relationship with a faculty member	25.3% 41	26.8% 22	24.8% (64)

A faculty member-initiated mentoring relationship with me	9.2% 15	9.7% 8	10.5% (27)
A mentoring relationship with another student that was assigned or matched through a school-sponsored mentoring program	20.9% 34	20.7% 17	20.5% (53)
A mentoring relationship with another student at my school arranged through a student-initiated mentoring program	30.8% 50	20.7% 17	27.5% (71)
A mentoring relationship with a nurse in the community initiated through my personal contacts	32.0% 52	20.7% 17	27.1% (70)
A mentoring relationship with a nurse in my community initiated through a professional organization or community program	6.7% 11	10.9% 9	8.1% (21)
A mentoring relationship with an alumnus from my school	10.4% 17	3.6% 3	8.5% (22)
Other (please specify) (responses included in qualitative dataset)	17.2% 28	9.7% 8	14.7% (38)
Total Respondents	**162**	**82**	**258**

Academic Advising (Q20)

Table 27. Q20: Select the item that best describes the advisers at your school.
Answered: 279   Skipped: 16

Answer Choice	WNH	URG	ALL
Academic advisers are not diverse and are uninformed about needs of a diverse student population	7.4% 13	13.8% 12	9.7% (27)
Academic advisers are not diverse but recognize and acknowledge the needs of a diverse student population	32.6 57	39.1% 34	33.7% (94)
Academic advisers include diverse people and recognize/acknowledge the needs of a diverse student population	38.3% 67	37.9% 33	38.7% (108)

	21.7% 38	9.2% 8	17.5% (50)

The pool of academic advisers includes people from a range of backgrounds representative of the student population and are quite knowledgeable of student cultural values and needs.

Total Respondents	**175**	**87**	**279**

Technical & Academic Support (Q21, 22 & 23)

Table 28. Q21: **Select the item that best describes your accessibility to computers. Answered: 289   Skipped: 6**

Answer Choice	**WNH**	**URG**	**ALL**
My computer accessibility is limited to computers available on campus	4.4% 8	11.0% 10	6.9% (20)
My computer accessibility includes a personal computer/laptop/tablet that I purchased at market cost	79.6% 144	70.3% 64	75.8% (219)
My computer accessibility includes the option to rent or purchase a computer/laptop/tablet at a reduced cost	7.2% 13	9.9% 9	8.7% (25)
My computer accessibility includes a computer/ laptop/tablet that was provided to me at admission with cost included in tuition and fees	8.8% 16	8.8% 8	8.7% (25)
Total Respondents	**181**	**91**	**289**

Table 29. Q22: **Please rank from 1-7 how important you would find each of the following academic support services, whether your school offers them or not. (1=most important-7=least important). Answered: 281   Skipped: 14**

	GROUP Mean Rank	1	2	3	4	5	6	7	N
Comput-ing skill support	ALL 4.8	6.8% (15)	12.3% (27)	8.2% (18)	13.2% (29)	11.8% (26)	23.2% (51)	24.5% (54)	220
	URG 5.1	5.6% 4	7.0% 5	5.6% 4	14.0% 10	16.9% 12	21.1% 15	29.5% 21	71

29

	WNH 4.6	7.9% 11	14.4% 20	9.4% 13	11.5% 16	10.1% 14	23.1% 32	23.1% 32	138
Techni-cal com-puting support	ALL 4.39	10.0% (23)	10.4% (24)	17.0% (39)	10.4% (24)	13.5% (31)	22.2% (51)	16.5% (38)	230
	URG 4.63	8.2% 6	4.1% 3	23.2% 17	8.2% 6	12.3% 9	24.6% 18	19.1% 14	73
	WNH 4.17	11.7% 17	14.4% 21	13.7% 20	12.4% 18	13.1% 19	20.6% 30	13.7% 20	145
Reading and writing skill support	ALL 4.34	10.4% (24)	11.7% (27)	17.3% (40)	16.9% (39)	18.2% (42)	12.6% (29)	13.0% (30)	231
	URG 3.71	14.8% 11	14.8% 11	18.9% 14	14.8% 11	17.6% 13	9.4% 7	9.4% 7	74
	WNH 4.74	6.9% 10	9.0% 13	17.4% 25	18.1% 26	19.5% 28	13.2% 19	15.3% 22	143
Quantita tive skill support	ALL 3.98	8.1% (19)	15.8% (37)	16.2% (38)	21.4% (50)	15.8% (37)	12.8% (30)	9.8% (23)	234
	URG 4.06	5.4% 4	20.2% 15	13.5% 10	22.9% 17	12.1% 9	12.1% 9	13.5% 10	74
	WNH 3.95	10.2% 15	13.0% 19	17.8% 26	20.5% 30	15.7% 23	14.3% 21	8.2% 12	146
Informa-tion literacy/ library skill support	ALL 4.07	10.3% (25)	11.9% (29)	20.9% (51)	12.7% (31)	20.0% (49)	10.2% (25)	13.9% (34)	244
	URG 4.19	5.1% 4	12.8% 10	21.7% 17	12.8% 10	24.3% 19	11.5% 9	11.5% 9	78
	WNH 3.95	13.3% 20	12.6% 19	19.3% 29	12.6% 19	18.6% 28	8.6% 13	14.6% 22	150
Languag e/verbal commun ication/ presen-tation skill support	ALL 3.79	11.3% (27)	19.8% (47)	17.2% (41)	15.6% (37)	13.0% (31)	13.0% (31)	10.1% (24)	238
	URG-2 3.69	13.4% 11	23.6% 18	10.5% 8	17.1% 13	7.8% 6	15.7% 12	10.5% 8	76
	WNH 3.87	8.7% 13	16.8% 25	21.6% 32	14.8% 22	15.5% 23	12.8% 19	9.4% 14	148
Personal skill	ALL 2.94	41.3% (114)	17.0% (47)	5.1% (14)	10.5% (29)	7.6% (21)	5.8% (16)	12.7% (35)	276

support (study skills, time manage ment, career develop ment)	URG-1 2.66	43.3% 39	16.2% 14	4.6% 4	10.4% 9	5.8% 5	8.1% 7	6.9% 6	86
	WNH 3.06	38.7% 67	17.3% 30	5.2% 9	9.85 17	9.2% 16	5.2% 9	14.4% 25	173

Table 30. Q23: What is your biggest barrier or reason for not using needed academic support services that are available at your school?

Theme/Definition	Example Quotes
Limited academic support resources May be due to location, eligibility, hours of availability, relevance to nursing.	**-**Lack of response by financial aid. I turned in papers for review of my income and financial aid said they have no deadline to look at it, despite me already starting the quarter 7 weeks ago and needing financial assistance -times offered compared to class time -the amount of credits assigned to each class; under 12 credits per qtr. even though I am full time -I do not use them. Sometimes there are no tutors for what is needed -our location isn't close to the main campus **-If there were late hours for some of the academic services, it might help** -lack of availability (support<students) -Indifferent quality -not available on our campus so I have to go to another site for support services and it is inconvenient **-Nursing campus is a brand new satellite from main campus, thus all resources are elsewhere** -Lack of resources and assistance -writing center not useful for APA format writing -Quality- the services provided to us are very plagued with issues -**academic support is general in nature and not nursing specific** -being assigned a non-nursing advisor at the beginning of the program -nursing classes are on a different campus -if they had them I used them -not enough support for newcomer/immigrants -instructors underestimate minority students -There isn't enough computers for everyone -difficulty with speed of computer -I use them often. The biggest barrier for the nursing program is that our tutors are limited to the teacher. It would be great to get a tutor system within the nursing program to assist students especially when having a hard time adapting to the new style of tests and studying and time management -not having things that are options for residents of bordering states -These services primarily focus on 100 level concerns

	-Academic support services have been dismissive of my concerns -They need some serious education about LGBT community -My program has a dictated curriculum -live off campus -living away from school so have to strategize to utilize campus services, however I do utilize many resources -too busy using other resources at the school that day
(Dis)Connectedness Definition: Lack of connection with and/or understanding by others of students from URGs and a lack of community among students, leading to feeling alone or isolated.	**-under-represented minority groups; do not feel connected to support services** -not being sure that it will help or that they will understand me and what I want -courage -pride -lack of cultural understanding -the majority of the staff do not understand or are accepting of the LGBT community. They often use the terms "she" and "gender" inappropriately, and I'm aware that faculty have made negative comments about LGBT community. **I worry that I and other classmates will be treated differently if I am open about being LGBT** or have issues because I am LGBT. -Not aware of them, intimidate -Not being connected -Lack of cultural understanding, lack of community among students -**It should be mandatory somehow**. I am too shy and people accept my attempts at independence. I feel that I will be chastised for asking for help sometimes. I was raised that way, and I think a lot of people raised in low income families are brought up this way. In sociology **I learned that affluent families tend to respect questioning and leadership, but lower socioeconomic families respect obedience and silence.**
Time limitations & Access Definition: Limitations due to available student time because of other obligations and limitations created by scheduling and modes of service available (online, in-person, telephone, etc.)	-not enough time for extra hours for support services -my biggest barrier is not having enough time w/studying -time, commute to school, study and clinical requirement -Time management -**I have to work after class** -I work and sometimes my time doesn't allow it - **Mom of two and that works and full-time student** -**Overwhelmed with the load of homework to turn in on a weekly basis** -not enough time to be on campus -**my availability is when services are closed** -hours of service don't work with my schedule -It seems services are available during times inconvenient to me -I have to go to work right after class -Limited hours available that work with my schedule -Library hours are limited

No Perceived Need Students did not perceive a need for services	-I have my needs met -**No barriers, I just haven't needed them** -Students do not seek out help -I do better when studying and seeking improvements on my own or from google, YouTube, and mature friends -**I do not feel I need any help with math or writing**
No Barriers Experienced	-I have taken advantage of academic support programs -**There haven't been any barriers. I've used the support services available when I need them** -I haven't needed to use them, but there are no barriers keeping me from it -**I have no barriers. In fact, I previously used support** -I actively use the resources at school

Professional Socialization (Q11, Q16, Q17)

Table 31. Q16: Access to role models for students from underrepresented groups. Select the item that best fits your school. Answered: 284 Skipped: 11

Answer Choice	WNH	URG	ALL
Administrators and faculty do not recognize the need for role models who are persons from underrepresented groups	14.2% 25	21.1% 19	16.6% (47)
Administrators and faculty recognize the need for role models from underrepresented groups	1.5% 73	32.2% 29	38.0% (108)
Administrators and faculty actively recruit people who can serve as role models and resources to students	18.8% 33	21.1% 19	19.7% (56)
Administrators and faculty facilitate student access to available and accessible professional role models, some of whom are people from underrepresented groups	25.6% 45	25.6% 23	25.7% (73)
Total Respondents	**176**	**90**	**284**

Table 32. Q11: Select the item(s) that best describe the diversity of faculty at your school (Select all that apply). Answered: 293 Skipped: 2

Answer Choice	WNH	URG	ALL
Faculty members do not reflect underrepresented groups in nursing in terms of race/ethnicity	23.2% 43	32.6% 30	25.9% (76)

	Has been visible in my program	Would be Interested in involvement
Faculty members do not reflect diversity in terms of other aspects such as gender and sexuality; veteran status; first generation college graduates; rurality.	14.1% 26	18.5% 17	15.0% (44)
Faculty members are diverse in relation to race and ethnicity	39.5% 73	41.3% 38	41.3% (121)
Faculty members are diverse in relation to gender and sexuality	30.3% 56	39.1% 36	33.5% (98)
Faculty members are diverse in relation to veteran status	16.6% 31	13.0% 12	16.7% (49)
Faculty members are diverse including people who are first generation college graduates	19.5% 36	18.5% 17	19.5% (57)
Faculty members are diverse including people with a rural background	33.5% 62	25.0% 23	31.4% (92)
Don't know	33.5% 62	22.8% 21	29.4% (86)
Total Respondents	**185**	**92**	**293**

Table 33. Q17: Visibility and desired involvement with nursing professional organizations in my program (Check all that apply) Answered: 269 Skipped: 26 Frequency by Group

		Has been visible in my program	Would be Interested in involvement
Umbrella professional nursing organizations (e.g. ANA/WSNA; NSWS; Sigma Theta Tau)	ALL	189	89
	URG	50	37
	WNH	126	48
Specialty professional nursing organizations (e.g. American Association of Critical Care Nurses; School Nurses of WA)	ALL	113	139
	URG	29	54
	WNH	78	78
	ALL	66	121

Ethnic/Minority professional nursing organizations (e.g. Mary Mahoney Professional Nurses Association; National Assn of Hispanic Nurses)	URG	17	52
	WNH	46	63
Other professional nursing organizations representing diversity in nursing (e.g. GLMA Nursing; American Assembly of Men in Nursing)	ALL	52	129
	URG	17	44
	WNH	33	77

DISCUSSION & RECOMMENDATIONS

Recruitment into Nursing Profession & Nursing School (Q1&2; Tables 10-11 on pp 15-16)

Table 10 illustrates that the most influential sources for nursing career decision for all students are family and personal contacts or networks. For students from URGs, family influence was even more important. However, additional outreach activities by the profession and nursing education programs to enhance connections with students and their families from URGs such as stories, brochures, electronic outreach, etc. should not be discounted and have potential to be strengthened as sources of influence for potential students.

Table 11 summarizes factors that influenced student selection of a particular nursing program. Location and tuition/costs are the most influential factors for all students in selecting a nursing program. The availability of financial aid, face to face interaction, mentoring and culturally sensitive faculty and advisors are more important to URG than WNH students.

Recommendation: Promote outreach and recruitment to families and communities of underrepresented students.

Examples of these types of outreach include:

- Host family nights where the whole family comes to learn about how to support a family member in nursing school.
- Bring families in to clinical labs for experiences.
- Bring recruitment efforts to where communities are likely to be found. For example, partnering with a middle school to raise awareness about how to be academically prepared for nursing school.

- Faculty and staff as mentors in school-community partnership events like nurse camps.
- Hold nurse camps in a variety of settings. Healthcare organization, universities and community colleges should hold joint events. Consider involving Nurse Clubs from schools in this and family nights.
- Be creative and provide opportunities for kids to see nurses in action providing health care, especially in nontraditional settings.

Financial Support & Opportunity (Q3,4,6,7: Tables 12-17, pp 16-19)

Table 13 shows high need for financial aid as indicated by the number of applications for financial aid, with the highest (83%) for students from URGs. However, 40 % of students from URGs do not know about scholarships specifically for them and only 17% of these students perceive the financial aid available is adequate to meet the number of minority students (Table 12). More active support and assistance, particularly to students from URGs, in applying for financial aid could be helpful (Table 14). Students need more knowledge about criteria for getting financial aid beyond financial need & grades (Table 15). While 80% of all students get some sort of financial aid, a significant proportion (44%) of that support includes student loans (Table 16). Students from URGs, receive slightly less financial aid in all categories (Table 16). Students from URGs (33%) are also under higher financial stress that interferes with school progress despite getting at least some financial aid; and financial aid is instrumental in helping them stay in school (Table 17).

Recommendation: Minimize student debt by providing access to scholarships, financial aid, and loan forgiveness. Potential strategies include:

- Funding for graduate education, recruitment and support of underrepresented students that have the potential to be nursing faculty must be a priority. Currently, graduate nursing programs have the lowest proportion of underrepresented students. While loan forgiveness programs are needed for all levels of students, underrepresented students could particularly benefit from these programs as well as scholarships. Student awareness of minority scholarships is essential. If there are scholarships for students from URGs, they should visible and promoted actively to eligible students.
- Provide support to students completing applications to highlight their strengths, provide support in completing financial aid applications, creating a financial aid plan, and to develop an individualized approach to maximize available resources.
- Additional support for necessities outside of class and clinicals, such as transportation and child care is needed.

- Deferred Action for Childhood Arrivals (DACA) students are limited to WA State Financial Student Aid. Provide planning assistance for these students n order to utilize his limited resource wisely.
- Develop holistic application evaluation criteria that value life challenges a student from an URG has to overcome in order admitted to nursing school.
- Emphasize the value of scholarships for students from URGs. Advocate for specific scholarships for African American, Latina/o, Native American students, and others.
- Unawarded scholarships for underrepresented students is a concern. Do Nursing Schools need more information on available financial aid for URG students from their financial aid offices in order to promote full utilization?   Professional organizations and employers need information on what is available and unfilled so they can promote the resource to their communities and employees.
- Collaboration: Identify best time to notify students about availability of scholarships through minority organizations and their websites
- Encourage application to for multiple scholarships, and not only minority scholarships. This should increase likelihood of receiving an award.
- More opportunity for financial aid policies for students that work part time.
- Reduce barriers resulting from requirements for parent participation in financial aid applications.

*E*motional & Moral Support: Promoting Belonging & Inclusion (Q9,10,12,13,14,15, 24: Tables 18-24 on pp 19-25)

Table 18 shows that 57% of students from URGs perceive that "faculty and staff create a welcoming environment by being genuinely interested in me" as compared to 65% of the WNH students. Only 36% of students from URGs (41% of WNH students) chose the most supportive response on the scaled item regarding cultural sensitivity of faculty and staff: "faculty and staff design activities and courses inclusive and supportive of cultural values and provide opportunity for ethnic expression and exploration". Another 28% of students from URGs (41% of WNH students) chose the second most supportive response: "faculty and staff demonstrate culturally appropriate communication with students." These findings (Table 19) suggest that strategies to improve the cultural sensitivity of faculty and staff are still needed.

In terms of interest that faculty members show toward students, 32% of students from URGs and 43% of WNH students reported that "faculty members convey genuine interest in me as a person and as a future colleague" and 35% of URG and 31% of WNH students selected the second most supportive response that "faculty members convey genuine interest in my professional growth" (Table 20). Students from URGs perceive that faculty are slightly less available to them than WNH students (Table 21).

In response to the question "How do faculty view your family and friends in relation to your school success?", 57% of students from URGs perceive that "faculty

and staff acknowledge family and friends as people who can provide positive support in my school success", however only 13% selected the most supportive response "faculty and staff actively involve families and friends as partners in my school success" (Table 22).

When asked to rate their school's commitment to diversity and inclusion, there was a less positive perception of the commitment to diversity and inclusion by students from URGs. For example, 30% of students from URGs and 27% of WNH students reported little or no commitment to diversity and inclusion. 31% of students from URGs and 34% of WNH students reported a moderate commitment to diversity and inclusion while 40% of students from URGs and 49% of WNH students perceive a strong commitment to diversity and inclusion (Table 23).

Two open-ended question responses were used to identify from the student perspective, strategies recommended to make a positive difference in supporting diversity and promoting a climate of inclusion (Table 24). Themes from the qualitative analysis of these responses provide the basis for recommendations in the following areas: program administration; mentorship; social support; faculty and staff development; diverse role models and peers; and provision of a safe space for learning and clinical experiences.

Recommendations

- **Provide faculty and staff development activities that promote cultural awareness, sensitivity & inclusion and to increase skills to address institutionalized racism.** Potential areas of focus include:
  - Providing safe places for students to grapple with these challenging issues.
  - Like students, faculty should also have the opportunity to discuss and work through these issues.
  - Provide ample opportunities for education to enhance cultural sensitivity such as cultural humility, implicit bias training and other strategies.
  - Prevention strategies to address interpersonal racial microaggressions and bullying
  - Gathering student feedback and using strategies for addressing and removing systematic conditions of marginalization or exclusion in both classroom and clinical sites
  - Prepare faculty to support the individual student experiencing discrimination or exclusion.

- **Prioritize and demonstrate the school commitment to diversity and inclusion in ways that are very visible to students.** Strategies might include:
  - Commitment to diversity as part of school mission
  - Admitting cohorts or numbers of students such that class size allows community building and regular peer support
  - Admissions policies include holistic review beyond GPA

- o Financial aid availability and help with locating & applying for aid
- **Provide social support that enhances student success.** Potential strategies include:
  - o Community building among students, faculty and staff to promote belonging.
  - o Groups and activities that build community, outreach & belonging.
  - o Facilitate active involvement of family and friends as partners in student support.
  - o Providing preparation and orientation for families about how they can support their student in nursing school. For example, have families share their experience, use the WCN videos and other resources to facilitate conversation during family events and other opportunities to communicate with families
- **Provide a "Safe Space" for sharing and expressing diverse points of view and for clinical experiences**
  - o Provide classroom instructional environments that are safe for sharing and expressing diverse points of view.
  - o Provide clinical sites that are inclusive. Sample strategies:
    - ▪ Share feedback with clinical sites about student experience of the site, both positive and negative. Work with nurse executives to do this in a positive, constructive way.
    - ▪ Professional groups can collaborate in feedback and problem-solving, for example nursing organizations representing under-represented groups might share themes of student feedback from clinical experiences with CNEWS and NWone towards the goal of making clinical sites more inclusive.
    - ▪ Student feedback should also be shared with institutional leaders, including long term care and community agency site leaders. Follow-up and response by the facilities is essential.
    - ▪ Bullying should not be accepted in either the classroom nor clinical practice environment.
    - ▪ Explore the role of clinical placement consortiums as educational and clinical leaders to create a culture of support and learning at clinical sites.
    - ▪ Partner with a nursing associations for underrepresented students. They often meet with faculty and students to help work out conflicts and challenges in clinical sites.

Mentoring (Q18 &19: Tables 25-26 pp 25-26)

35% of students reported no organized mentoring program at their school. 47% of students reported being assigned to a mentor within the program. Only 18% reported either being matched with a mentor based on personal characteristics or being able to self-select a mentor (Table 25).

Table 26-Types of mentoring relationships. Many students, 70% of URG are reporting mentoring relationship with faculty member. Responses suggest students more frequently initiate mentoring relationships.

Recommendation: Provide a variety of mentorship opportunities. Strategies might include:

- Faculty development to provide better skills to promote mentoring. This may inspire students to think of nursing education as a future role for them.
- Mentoring may be self-initiated, through a program, formal or informal, between peers, between students and faculty, staff, alumni, or other community member.
- Encourage alumni to be potential members as a non-financial contribution.
- Invite nursing school alumni or past scholarship recipients as guest speakers as a way to be role model.
- Explore preceptorships as mentoring opportunities.

Academic Advising (Q20: Table 27 on pp 26-27)

Nine percent of students from underrepresented groups selected the most positive response to describe the advisors at their school (the pool of advisers includes range of people representative of student population who are quite knowledgeable of student cultural values and needs) and 14% chose the least supportive response (advisers are not diverse and are uniformed about needs of a diverse student population (Table 27). 77% of students from URGs advisers recognized and acknowledged the needs of diverse students whether the advisers regardless of whether the adviser was from an underrepresented group. Overall, the responses of students from URGs were less positive than the responses of WNH students.

Recommendation: Build a diverse pool of adviser more reflective of student population. This would also be helpful in outreach and connection with families and communities.

Technical & Academic Support (Q 21,22&23: Tables 28-30 on pp 27-31)

When asked about computer accessibility, twice the proportion of students from URGs (11%) was limited to using computers available on campus. Most students (70% of URG and 80% of WNH) had to purchase a computer at market cost (Table 28).

Table 34 was extrapolated from the findings reported in Table 29 and ranks the importance of the technical & academic support items by the ratings of the students in URGs. The rank order of importance was the same across groups except for reading and writing skill support whose URG mean was 1.0 full point above that of the WNH group. Also of note is that students from URGs rate higher importance than WNH in all support areas.

Table 34. Q22: Importance of Technical & Academic Support by Group

Support Service	URG Mean Rank	WNH Mean Rank	ALL Mean Rank
Personal skill support (study skills, time management, career development)	2.7	3.1	2.9
Language/verbal communication/presentation skill support	3.7	3.9	3.8
Reading and writing skill support	3.7	4.7	4.3
Quantitative skill support	4.1	4.0	4.0
Information literacy/library skill support	4.2	4.0	4.1
Technical computing support	4.6	4.2	4.4
Computing skill support	5.1	4.6	4.8

Table 30 illustrated the detailed qualitative analysis of the responses to Q23 regarding barriers/reasons for not using needed academic support services.   The themes that emerged from this analysis include:

- Limited availability of the service (may be due to location; modes of service, i.e. in person or online; student ineligibility; inconvenient hours; irrelevance to nursing)
- Student time constraints due to other commitments
- Disconnectedness
- No perceived need
- No barriers

Recommendation: Prioritize accessible, relevant academic and technical support. Strategies include:

- Support needs to be available at times convenient to the nursing class schedules and to student availability.
- Support provided needs to be specific to nursing curricular content and standards (such as APA format).
- To avoid stigma, services should be promoted as a norm and a positive expectation for all students.
- English proficiency tests should be evaluated for effectiveness in the context of duplication and language coursework concurrently or already required.
- Work to ensure academic support services are also culturally sensitive so that students are not experiencing micro-aggressions while receiving services.

Professional Socialization (Q11, 16 &17: Tables 31-33 on pp 31-32.)

One-third of students surveyed from URGs said their faculty do not represent URGs in terms of race nor ethnicity. The findings in Table 32 illustrate that attention to further diversifying faculty is still needed. Table 31 further illustrates that students from URGs are looking for diverse role models in their nursing education.

While ethnic or minority professional nursing organizations appear to have low visibility in nursing schools, students have a high interest in these organizations (Table 33).

Recommendation: To provide diverse role models for nursing students, recruit diverse nursing faculty in collaboration with professional nursing organizations serving underrepresented students. Strategies include:

- Promote nursing education as a role for diverse, graduate prepared nurses. This requires nursing education roles to be competitive with more highly compensated nursing roles.
- Schools and agencies should cultivate diversity among joint staff-faculty appointments. These roles also need the resources to recruit competitively.
- Collaborate with professional nursing organizations representing URGs and other student groups to increase their visibility and outreach to underrepresented students.
- Ensure curricular materials reflect diversity.
- Encourage diverse practicing nurses to be role models by providing opportunities to be guest speakers and preceptors.

Diversity Support Constructs: Differences in perceptions between URG and WNH Groups on Scaled Questions (5,8,9,10,12,13,14,15, 16,18,20, &21)

Pearson's Chi-Square analysis was performed on the scaled items to determine the difference between the perceptions of white, non-Hispanic only students and students from ethnic/racial underrepresented groups. The questions were nominal scales with responses assigned a value from 1-4 corresponding with nominal content reflecting less positive to most positive descriptions of the diversity support construct that was the focus of the question.

Table 35 lists the items in order of the mean rankings of the URG group from highest to lowest. The lower the item mean, the more opportunity for improvement in the diversity support construct measured by the item.

These findings also indicate a significantly different ($p=<.05$) perception of three diversity support constructs between URG and WNH students with students from ethic/racial underrepresented groups having less positive perceptions of three elements:

- Cultural sensitivity of faculty and staff
- The nursing program's commitment to diversity and inclusion
- Diversity of the advisers at the school

These findings further confirm the importance of the three recommendations already proposed related to these areas.

Table 35: Scaled Items: Comparison of Means by Group.

(1=least supportive to 4=most supportive response)

Scaled Items: Comparison of Means by Group
(1=least supportive to 4=most supportive)

Item Content	Mean URG	Mean WNH	Significance *p=<.05
Q9 Interactions with faculty and staff	3.45	3.54	.542
Q15 Program commitment to diversity & inclusion	3.06	3.21	.017*
Q13 Availability of faculty members	3.02	3.23	.399
Q8 Instrumentality of financial aid in staying in school	2.98	2.99	.542
Q12 Interest shown by faculty in students	2.96	3.17	.369
Q10 Cultural sensitivity of faculty and staff	2.92	3.31	.003*
Q14 Faculty & staff view of family/friends in relation to school success	2.79	2.85	.234
Q16 Access to role models from underrepresented groups	2.53	2.60	.359
Q20 Diversity of advisers at my school	2.44	2.76	.039*
Q21 Accessibility of computers	2.20	2.24	.160
Q5 Support from my school in seeking financial aid	2.12	2.35	.285
Q18 Availability of organized mentoring	2.09	1.99	.675

CONCLUSIONS

This survey explores the conditions and resources to support under-represented nursing students with the goal of culturally sensitive patient care and better health outcomes. The findings of this survey are intended to inform the further development of strategies for the recruitment, retention, graduation, and leadership development of diverse students from underrepresented groups. The mean quantitative rating of the following indicators by all students, including those from URGs, was over 3.0 on a 4-point scale: interactions with faculty and staff; program commitment to diversity and inclusion; and availability of faculty. However, significantly different ratings between white-non-Hispanic (WNH) and under-represented groups (URG) were noted three items:

- program commitment to diversity & inclusion
- cultural sensitivity of faculty and staff and
- diversity of advisers.

Perceptions of underrepresented students were lower on all three compared to white non-Hispanic students. These key findings and the qualitative examples provided in open-ended student responses indicate that there is still work to be done.

Recommendations

The recommendations reflect the six diversity support constructs of the adapted Model of Institutional Support for Diverse Populations (Bond, Cason & Gray, 2015; Bond Cason & Baxley, 2015) and were used as a conceptual framework for the survey:

- financial support and opportunity
- emotional and moral support
- mentoring
- academic advising
- technical support and
- professional socialization, meaning the values, attitudes, skills, and knowledge pertaining to nursing as a profession.

Suggestions of strategies to accomplish selected recommendations are described in the Discussion & Recommendations section. The summary recommendations, developed in collaboration with the Ebony Nurses Association, the Filipino and Professional Health Care Association of WA, the Mary Mahoney Professional Nurses Association, the National Hispanic Nurses Association of Western Washington, and the WCN Diversity Advisory Committee are as follows:

11. Increase students from underrepresented groups in graduate nursing education to increase the pool of diverse nursing faculty.
12. Promote outreach and recruitment to families of underrepresented students. Face to face interactions are more important to underrepresented students than white non-Hispanic students when it comes to choosing a nursing program.
13. Minimize student debt by providing access to scholarships, financial aid, and debt forgiveness. In addition, ensure student and family are made fully aware of financial aid opportunities.
14. Promote and provide professional development for faculty, staff, and academic advisors to increase cultural awareness, sensitivity & inclusion and the skills to address institutionalized racism.
15. Increase visibility of a school's commitment to diversity such as adopting a diversity mission statement.
16. Provide social support to build community among students, faculty, staff, students and their families to enhance student success.
17. Collaborate with diverse professional nursing associations to provide role models for students.
18. Provide a "safe space" for students to promote the sharing and expression of diverse points of view and experiences.
19. Provide a variety of formal and informal mentorship opportunities, such as faculty-to-student, peer-to-peer, practicing nurse-to-student, and others.
20. Prioritize relevant, accessible, and timely academic and technical support.

The findings and recommendations illustrate the importance of both faculty and clinical staff having relationships that support students. Students don't want to feel isolated and marginalized from others which can happen across all settings but may be at particular risk in smaller, less diverse areas or schools. Students want to be able to express different stories of how we are experiencing the same society without discomfort, marginalization, or discounting of one's perceptions. There are a variety of approaches and tools available, including cultural humility, recognizing and addressing implicit bias, and others. The goal is safe classrooms and learning environments where students feel comfortable and empowered to express experiences with marginalization and isolation. A related outcome is that faculty and clinical sites include underrepresented students in clinical and theoretical classroom experience evaluation, to continue improvements into the future. End-of-course surveys need to include questions and feedback on the climate of inclusion in both clinical and classroom settings.

Creativity will be needed to collaboratively develop a seamless and supportive environment for nursing education. We need to think differently about how to partner with diverse communities beyond the traditional ways we have so far. How can they take part in recruiting and retaining students, staff and faculty? In helping resolve issues and in the development of faculty and staff?

We urge collaboration between stakeholders, including professional nursing organizations and practice sites, to share this report and to practice strategies to supporting diverse students across their learning experiences in the community.   Such collaborations might involve building and strengthening relationships between nursing education systems, local, state, and national nursing organizations, unions and provider organizations to identify issues and adopt collaborative solutions that are respectful and culturally sensitive.

Institutionalized racism remains a challenge in our society. We need to ensure diversity and inclusion at all levels: for students, faculty, including clinical instructors, and preceptors, practicing nurses, and the community at large. System changes are needed to confront and correct institutionalized racism, the elimination of bullying; and ensuring safe and inclusive environments for learning where the diverse experiences of all are expressed, heard and respected. We must promote the ability of students and their families to reach out and work collectively for equity.

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APPENDIX A: WASHINGTON STATE STUDENT DIVERSITY SURVEY INSTRUMENT, March-April, 2016

WASHINGTON STATE NURSING STUDENT DIVERSITY SURVEY

Thank you for participating in our anonymous survey of nursing students in Washington State. The purpose of the survey is to hear the voice of nursing students regarding strategies that promote recruitment and retention of diverse students in our state's nursing programs. It should take no more than15 minutes to complete this survey.

Diversity in nursing is represented in many ways for example: race/ethnicity; gender identity; veteran status; sexuality; rurality; or first generation in the family to get a college degree.

It is essential that the nursing workforce in our state be further diversified in order to address health needs of the people of our state and to correct existing health disparities.

Thank you for sharing your perceptions. The findings of this survey will be publicly available through the Washington Center for Nursing and will help us promote strategies to support inclusion, retention and academic progression of diverse people in Washington State Schools of Nursing.

If you have any questions about this survey, please contact:
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Washington Center for Nursing
Academic Progression in Nursing Team
Diversity Advisory Group

Nursing Students of Washington State
Executive Team

Acknowledgements:

This survey is based on a Model of Institutional Support for Diverse Populations developed at the University of Texas Arlington (Bond, Cason & Baxley, 2015; Bond, Cason & Gray, 2015; Bond & Cason, 2014). Several survey items have been adapted with permission from the "Healthcare Professional Education Program Self-Assessment" (Gray, Bond & Cason, 2010)

1. Which of the following experiences helped you decide to pursue nursing as a career? (Check all that apply)
   - ☐ I met nurses at events in my community or in my previous schools
   - ☐ I attended a health career program
   - ☐ I attended a "nursing camp"
   - ☐ I watched stories of nurses that looked like me or had backgrounds like me that made me believe I could be a nurse
   - ☐ I read information or brochures about nursing that included nurses that look like me
   - ☐ I talked to nursing students who influenced me
   - ☐ I met or know a nurse who made me believe this career was possible
   - ☐ My family encouraged me to go into nursing
   - ☐ I have a family member who is a nurse
   - ☐ Other: (please specify):

2. What factors influenced your decision to select your particular nursing program over others? (Check all that apply)
   - ☐ I saw or met faculty and staff from the nursing program at a community or school event
   - ☐ A mentoring program is available in the nursing school
   - ☐ Ethnicity of faculty and advisers in the nursing program that could be models for me
   - ☐ Advisers and faculty from the nursing program seemed culturally sensitive
   - ☐ Availability of financial aid/scholarships
   - ☐ Tuition & fee costs
   - ☐ Location
   - ☐ Availability on online or hybrid courses
   - ☐ Other: (please specify):

3. Does your school have scholarships or stipends specifically for students from under-represented minority groups or backgrounds? (Circle the best response)
   a. No scholarships or stipends are available through my school for minority students
   b. Limited scholarships or stipends are available through my school for minority students
   c. Some scholarships or stipends are available through my school for minority students
   d. Number of scholarships or stipends available for minority students is adequate to meet the number of minority students in the school
   e. I don't know

4. Did you apply for financial aid from your school?
   - ☐ Yes
   - ☐ No

5. How were you supported in seeking financial aid from your school? (Circle the best response)
   a. I had to seek out information about financial support that is available
   b. I was provided with general information about financial support

c. I was encouraged to apply for financial support that is available and got assistance in obtaining information and completing forms when I requested it

d. I was provided with timely information and help with applying for available funding to match my circumstances and help me stay in school.

6. In your experience, which of the following criteria are used at your school for selecting financial aid recipients? (Check all that apply)
   - ☐ Financial need
   - ☐ GPA/grades
   - ☐ Status as a member of an ethnic/racial minority group
   - ☐ Status as a member of an under-represented group other than an ethnic/racial minority (LGBT, men in nursing, first generation college student, etc.)
   - ☐ Non-grade related achievement (veteran, community service, etc.)
   - ☐ I don't know

7. What type of financial aid or other financial support have you received for your nursing education? (Check all that apply)
   - ☐ I do not receive any financial support for my nursing education beyond myself and my family
   - ☐ My financial support includes payment of tuition and fees
   - ☐ My financial support includes funds that can pay for other school related expenses such as housing, living expenses, and/or books and other learning materials
   - ☐ My financial support includes cooperative work opportunities at my school designed to accommodate my schedule
   - ☐ My financial support includes student loans
   - ☐ My financial support includes a loan forgiveness program for work I will do in designated areas after graduation
   - ☐ My financial support includes tuition reimbursement or scholarship from my employer
   - ☐ My financial support includes scholarship or funding from my labor union or a community group
   - ☐ My financial support includes discounted tuition or a tuition waiver
   - ☐ Other (please specify):

8. How instrumental has your financial aid or support been in helping you stay in school and successfully complete ongoing coursework? (Circle the best response)
   a. I have not received financial aid/support beyond myself or my family
   b. I received some financial aid/support, but it has not been a factor in my staying in school or not
   c. Financial aid/support has been helpful in keeping me from dropping out but I still have financial stress that inhibits my optimal success in my coursework.
   d. Financial aid/support has been extremely instrumental in my ability to stay in school and to be successful in my coursework

9. Circle the item that best describes your interactions with faculty and staff at your school
   a. Faculty and staff are abrupt and cold during interactions with me
   b. Faculty and staff are professional but distant in their interactions with me
   c. Faculty and staff are friendly toward me but are task-oriented during interactions

d. Faculty and staff create a welcoming environment by being genuinely interested in me

10. Circle the item that best describes the cultural sensitivity of faculty and staff at your school
    a. Faculty and staff members lack insight into the cultural values of others
    b. Faculty and staff members seem aware of the cultural values of underrepresented groups
    c. Faculty and staff members demonstrate culturally appropriate communication
    d. Faculty and staff members design activities and courses inclusive and supportive of cultural values and provide opportunity for ethnic expression and exploration

11. Check the item(s) that describe the diversity of faculty at your school (Check all that apply)
    ☐ Faculty members do not reflect under-represented groups in nursing in terms of race/ethnicity
    ☐ Faculty members are diverse in relation to race and ethnicity
    ☐ Faculty members are diverse in relation to gender and sexuality
    ☐ Faculty members are diverse in relation to veteran status
    ☐ Faculty members are diverse including first generation college graduates
    ☐ Faculty members are diverse in terms of rural background/experience
    ☐ Other (specify aspect of diversity)_____
    ☐ Don't know

12. Circle the item that best describes the interest that your faculty members show toward you?
    a. Faculty members are abrupt and distant to me
    b. Faculty members are polite and professional to me
    c. Faculty members convey genuine interest in my professional growth
    d. Faculty members convey genuine interest in me as a person and as a future colleague

13. How available are your faculty members? Circle the item that best describes your faculty as a whole.
    a. Faculty members are unavailable to meet outside the classroom
    b. Faculty members are available during specified office hours to meet with students to talk with them in person or via telephone or online
    c. Faculty members are available by appointment to meet with students to talk with them in person or via telephone or online
    d. Faculty members encourage or require students to meet with them individually and have an open-door policy

14. Circle the item that best reflects how faculty and staff view your family and friends in relation to your school success.
    a. Faculty and staff view family and friends as barriers to my school success
    b. Faculty and staff view family and friends as neutral forces in my school success
    c. Faculty and staff acknowledge family and friends as people who can provide positive support in my school success
    d. Faculty and staff actively involve families and friends as partners in my school success

15. Circle the item that best reflects your nursing program's commitment to diversity and inclusion.
    a. No commitment to diversity and inclusion
    b. A little commitment to diversity and inclusion
    c. Moderate commitment to diversity and inclusion
    d. Strong commitment to diversity and inclusion

16. Circle the item that best reflects access to role models at your school for students from under-represented groups.
    a. Administrators and faculty do not recognize the need for role models who are persons from under-represented groups
    b. Administrators and faculty recognize the need for role models from under-represented groups
    c. Administrators and faculty actively recruit people who can serve as role models and resources to students from under-represented groups
    d. Administrators and faculty facilitate student access to available and accessible

17. Visibility and desired involvement with nursing professional organizations (Check all that apply)

Type of Professional Nursing Organizations	Yes, I have been exposed to this type of organization at my school	Yes, I would be interested in involvement with this type of organization at my school
Umbrella Organizations (Examples: American Nurse Assn, WA State Nurse Assn, Nursing Students of WA State)	☐	☐
Specialty Organizations (Examples: Critical care, school, emergency, or cardiothoracic nursing; nurse practitioners; administration)	☐	☐
Ethnic/Minority Nurses (Examples: Mary Mahoney Professional Nurses Assn; Assn of Hispanic Nurses)	☐	☐
Other Types of Diversity (Examples: GLMA Nursing; Amer. Assembly of Men in Nursing; Rural Nurses Assn)	☐	☐

18. Circle the item that best reflects any organized mentoring at your school.
    a. Students are not assigned mentors within the nursing program (no mentoring program)
    b. Students are assigned mentors within the nursing program
    c. Students are matched to a mentor based on race/ethnicity, area of expertise, or other personal characteristics
    d. Students are matched to a mentor based on personal characteristics which students and mentors evaluate for fit OR students may self-select mentors.

19. What types of mentoring relationships do you have in professional nursing (Check all that apply)
    - ☐ A mentoring relationship with a faculty member(s) at my school in a relationship that was assigned or matched through a formal school process
    - ☐ A mentoring relationship with another student that was arranged through a student-initiated mentoring program
    - ☐ A self-initiated mentoring relationship with a faculty member
    - ☐ A faculty member-initiated mentoring relationship with me
    - ☐ A mentoring relationship with a nurse in my community initiated through a professional organization or community program
    - ☐ A mentoring relationship with a nurse in the community initiated through my personal contacts
    - ☐ A mentoring relationship with an alumnus from my school
    - ☐ Other mentoring relationship (please specify):

20. Circle the item that best describes the advisers at your school:
    a. Academic advisers are not diverse and are uninformed about needs of a diverse student population
    b. Academic advisers are not diverse but recognize and acknowledge the needs of a diverse student population
    c. Academic advisers include diverse people and recognize/acknowledge the needs of a diverse student population
    d. The pool of academic advisers includes people from a range of backgrounds representative of the student population and are quite knowledgeable of student cultural values and needs

21. Circle the item that best describes your accessibility to computers:
    a. My computer accessibility is limited to computers available on campus
    b. My computer accessibility includes a personal computer/laptop/tablet that I purchased at market cost
    c. My computer accessibility includes the option to rent or purchase a computer/laptop/tablet at a reduced cost
    d. My computer accessibility includes a computer/laptop/tablet that was provided to me at admission with cost included in tuition and fees

22. Please RANK from 1 to 7 how important you would find each of the following academic support services, whether your school offers them or not. (1=most important to 7=least important)

    _____Computing skill support (computing and digital communication)
    _____Computing technical support for computer problems
    _____Reading and Writing skill support
    _____Quantitative skill support (math, statistics, etc.)
    _____Library/Information Literacy skill support
    _____Language/Verbal Communication/Presentation skill support
    _____Personal skill support (study skills, time management, career development)

23. What is your biggest barrier or reason for not using needed academic support services that ARE available at your school?

_____
_____
_____

24. What aspects of your nursing program are most helpful in promoting a sense of belonging and inclusion of diverse students?

_____
_____
_____
_____

DEMOGRAPHIC QUESTIONS (These questions will help us understand how survey respondents self-identify themselves in terms of diversity)**:**

25. What is your racial or ethnic identification?
    - ☐ American Indian or Alaska Native, Non-Hispanic
    - ☐ Black or African-American, Non-Hispanic
    - ☐ Asian, Non-Hispanic
    - ☐ Native Hawaiian or Pacific Islander, Non-Hispanic
    - ☐ White, Non-Hispanic
    - ☐ Hispanic
    - ☐ Mixed race
    - ☐ Prefer not to respond
    - ☐ Other (please specify):

26. Assigned sex at birth: What sex were you assigned at birth, on your original birth certificate?
    - ☐ Male
    - ☐ Female

27. Current gender identity: How do you describe yourself now?
    - ☐ Male
    - ☐ Female
    - ☐ Transgender
    - ☐ Do not identify as male, female or transgender

28. What type of nursing program are you enrolled in now?
    - ☐ ADN Pre-licensure RN
    - ☐ BSN Pre-licensure RN
    - ☐ Masters Entry Pre-licensure RN
    - ☐ RN to BSN
    - ☐ Masters in Nursing
    - ☐ Doctorate in Nursing or PhD

29. What is your status as a Veteran of US Armed Forces?
    - ☐ Discharged Veteran
    - ☐ Reservist
    - ☐ Child/Spouse of Veteran
    - ☐ No known Veteran Status

30. Was English a first language in your childhood home?
- ☐ Yes
- ☐ No

31. Did either of your parents complete a college degree?
- ☐ Yes
- ☐ No

32. On average, how many hours PER WEEK do you spend studying/preparing for your classes and completing assignments?
- ☐ < 10 hours
- ☐ 10-20 hours
- ☐ 21-20 hours
- ☐ > 30 hours

THANK YOU FOR COMPLETING OUR SURVEY!

Results of this survey will be posted on the Washington Center for Nursing (www.wcnursing.org) and the Nursing Students of Washington State (www.nsws.org) websites.