

# PROMOTING A MORE DIVERSE PROFESSION



## A WCN Workgroup Briefing Paper

In March 2008, the Washington Center for Nursing submitted the Master Plan for Nursing Education to the state Department of Health. In that plan, we proposed a comprehensive set of reforms to the nursing education system in this state, organized around the broad areas of competency, supply, diversity, and access. We are now developing plans for implementing those proposals, through stakeholder workgroups and research on best practices. This workgroup is focused on increasing diversity in the nursing education system.

### Background

The nursing workforce – like other health professions – does not reflect the diversity of the US population. While diversity can be described along many dimensions, the gap between ideals and reality is most troubling in the shortage of racial and ethnic minorities within nursing and other healthcare fields. This shortage contributes to health disparities: a healthcare workforce that reflects the diversity of the population is able to provide better quality health care than one that does not. For this reason, the Institute of Medicine, the National League for Nursing, the American Association of Colleges of Nursing, the National Advisory Council on Nurse Education and Practice, and many other nursing and healthcare leaders have recommended that the proportion of under-represented minorities among health professionals be substantially increased.

The following table summarizes recent national and state data on nursing and diversity:

	National RN	National LPN	Overall US	WA population	RNs in WA (2007)
African American	4.2%	26%	12.2%	3.4%	0.8%
Asian, Native Hawaiian, or other Pacific Islander	3.1%	3%	4.1%	6.8%	4.7%
Hispanic or Latino/a	1.7%	3%	13.7%	8.9%	2%
American Indian or Alaska Native (non-Hispanic)	0.3%	(?)	0.7%	1.4%	0.4%
2 or more races, non-Hispanic	1.4%	(?)	1.3%		3.3%
Total minority population	11%	32%	32%	20.5%	9.2%

Sources: Access Washington, 2001; Bureau of Health Professions, 2006, pp 26-27; Seago et al., 2004; Skillman et al 2008.

### Q. Why isn't there more diversity in nursing?

The shortage of non-white nurses has multiple causes. One of those is clearly the legacy of racism, and the persistent effects of this history. Schools can be inhospitable places for minority students for many reasons, as can workplaces and neighborhoods.

Issues of individual racism and prejudice overlap with institutional and systemic factors, including the effects of poverty and unequal schools. The paucity of teachers, role models, peers, and mentors from similar backgrounds exacerbates the difficulties minority students experience. Minority and underrepresented students historically have had higher rates of attrition in education and in the transition to practice. The effort to develop a more diverse nursing workforce therefore needs to focus on retention as well as recruitment of students, faculty, and practicing nurses.

#### **Q. What can we do?**

Research has shown that some interventions are significantly more effective than others in increasing the diversity of students and nurses. Such programs are resource-intensive in the short term, but are worthwhile social investments over the long term.

The WCN Master Plan for Nursing Education calls for identifying and disseminating the most successful elements for recruitment and retention as a statewide model, with a broad common core and adaptations to local needs and resources. This model or a robust alternative should be adopted by all Washington State nursing programs.

A preliminary review of the common elements of success suggests the following:

- **Outreach** to and collaboration with minority communities
- **Identification of high-potential individuals** who are also at high risk for not completing their nursing program
- **Dedicated staff persons** for outreach, recruitment, service coordination, and advocacy within the institution
- **Provision of “wrap-around” services**, including:
  - **Financial aid**: grants, scholarships, work-study, and “pay-back” loans
  - **Assistance with the application process**, including navigator services to assist applicants through the application/admission process, and scholarships for application fees
  - **Social support**: mentoring, role models, childcare, etc.
  - **Academic support**: including tutoring, pre-matriculation enrichment programs, and peer study sessions

#### **Q. What else is important?**

**Integrated efforts, not stand-alone projects:** Promoting cultural diversity and understanding racism are most effective when they are integrated into the curriculum and the institutional mission, rather than maintained as separate programs. Learning to work with diverse clients and colleagues should be an expectation of all students and faculty.

**Diversity as excellence:** The Sullivan Alliance has recommended framing diversity as a standard of excellence in professional preparation. Especially in the current climate of nursing shortages and crisis, it is tempting to focus exclusively on narrow qualifying standards, such as grade point average or standardized-test scores, in the recruitment of students. An unintended consequence of such policies will be to reduce even further the numbers of minority students.

**Educational advancement:** Increasing the pool of minority nurses with graduate-level preparation – for teaching, research, and advanced practice – requires increasing the numbers of minority nurses with BSNs. This requires building more bridges between community college programs and upper-division schools, as well as enhancing the accessibility of pre-licensure baccalaureate programs to minority students.

**Q: How can we increase the number of minority nursing faculty?**

The role of minority faculty at all levels is critical to the progress of this initiative, as role models and mentors, as teachers for minority and majority students, and as researchers advancing the science of nursing. However, all nursing faculty must be vested in the creation of a diverse and inclusive nursing community. Producing more minority nursing faculty requires increasing the number of minority students in graduate school. This step in turn depends on financial aid, distance-learning technologies, change in institutional cultures, and sustained college-community partnerships. Additional strategies include support for research and professional development; mentoring, coaching, and career advice from more senior faculty; and the development of networks that reach across individual departments and institutions.

**Q: Who are our partners in this work?**

Meaningful partnerships with minority nursing groups, such as the following national organizations and their local affiliates, are crucial to the development of effective statewide plans:

- Asian American/Pacific Islander Nurses Association
- Ebony Nurses Association
- Mary Mahoney Professional Nurses Organization
- National Alaska Native American Indian Nurses Association
- National Association of Hispanic Nurses
- Philippine Nurses Association of Oregon & Washington
- Campus minority groups
- K-12 educators, counselors, and parents

**Next steps**

In the spring and summer of 2009, key stakeholders from education and practice will work together to develop a plan for implementation of the Master Plan goals, through a coordinated set of workgroups. The Diversity Work Group is focused on the identification of “best practices” in the recruitment and retention of highly-qualified students and faculty of color and under-represented minorities, strategies for partnership and system efficiency, and cost estimates for program dissemination and implementation.

## Important resources:

- Institute of Medicine (IOM)

*In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce* BD Smedley, A Stith Butler, & LR Bristow (Eds.); Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce. Washington, DC: National Academies Press, 2004.

- Sullivan Commission/ Sullivan Alliance

*Missing persons: Minorities in the health professions.* A Report of the Sullivan Commission on Diversity in the Healthcare Workforce. (2004). WW Kellogg Foundation. Available at: [www.aacn.nche.edu/Media/pdf/SullivanReport.pdf](http://www.aacn.nche.edu/Media/pdf/SullivanReport.pdf).

Summary Proceedings of the National Leadership Symposium on Increasing Diversity in the Health Professions, 2007. Available at: <http://www.aacn.nche.edu/Media/pdf/SullivanJun07update.pdf>

- The Tomás Rivera Policy Institute

Buchbinder, H. *Increasing Latino participation in the nursing profession: Best practices at California nursing programs.* Los Angeles: The Tomás Rivera Policy Institute, University of Southern California, 2007. Available at: <http://www.trpi.org/PDFs/nursing.pdf>

## Additional references:

American Association of Colleges of Nursing (2008). *Fact Sheet: Enhancing Diversity in the Nursing Workforce.* Available at: <http://www.aacn.nche.edu/Media/pdf/diversityFS.pdf>

Andrews DR. (2003). Lessons from the past: Confronting past discriminatory practices to alleviate the nursing shortage through increased professional diversity. *Journal of Professional Nursing*, 19(5): 289-294.

Grumbach K., Coffman J, Muñoz C, Rosenoff E, Gándara P, Sepulveda E. (2003). *Strategies for Improving the Diversity of the Health Professions.* San Francisco, CA: The California Endowment. Available at: [http://www.futurehealth.ucsf.edu/pdf\\_files/StrategiesforImprovingFINAL.pdf](http://www.futurehealth.ucsf.edu/pdf_files/StrategiesforImprovingFINAL.pdf)

Hassouneh D. (2006). Anti-racist pedagogy: challenges faced by faculty of color in predominantly white schools of nursing. *Journal of Nursing Education*, 45(7): 255-262.

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Noone J. (2008). The diversity imperative: Strategies to address a diverse nursing workforce. *Nursing Forum*, 43 (3): 133-143.

Skillman SM, Andrilla CHA, Tieman L & Doescher MP (2008). *Demographic, Education, and Practice Characteristics of Registered Nurses in Washington State: Results of a 2007 Survey.* Final Report #120. Seattle, WA: WWAMI Center for Health Workforce Studies, University of Washington.