



EQUITY, ACHIEVEMENT & THRIVING IN NURSING ACADEMIC PROGRESSION

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FOREWORD

This paper is the work of the National Education Progression in Nursing project (NEPIN) with the organization's purpose to: **Advance nurses to higher degrees**. However, NEPIN recognizes that the pursuit of, successful completion of, and thorough application of a higher degree reaches beyond the learning experience. Many factors impact, affect, and contribute to a nurse's desire and ability for obtaining that degree. Therefore, the NEPIN mission reaches beyond the purpose to: **Foster collaboration to ensure that nurses have access to higher levels of education and achievement**. This mission is paramount to achieving the organization's vision of **a diverse nursing workforce that optimizes the health of all Americans**. This includes the millions of nurses working in the United States.

The work of NEPIN builds upon and expands the work of the former Academic Progression in Nursing (APIN) program as part of the Future of Nursing: *Campaign for Action*, an initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation. NEPIN is a collaborative of many national and state nursing and healthcare organizations.

Essential to honoring and achieving the NEPIN vision is a detailed analysis of the factors that currently prevent it. The question arises, how does academic progression promote equity for nurses? The "Equity, Achievement, and Thriving" special interest group of NEPIN sought to answer this question and in doing so, penned this white paper in the hopes of continuing the movement toward our vision.

EXECUTIVE SUMMARY

According to Ernest Grant (2019), President of the American Nurses Association (ANA) “Diversity in nursing fosters cultural competence and removes socio-cultural barriers to care in clinical settings, such as language, values, and shared belief systems” (para. 1). NEPIN believes increasing equity, as well as diversity, in the nursing profession is directly related to academic progression in nursing.

The United States (U.S.) population has become increasingly diverse, however, there remains a lack of diversity within the nursing profession. This lack of nursing diversity must be addressed if we are to meet the needs and interests of our patients, better reflect the diversity of other healthcare professionals and our communities, and eventually reduce health disparities for vulnerable populations. It is the responsibility of all nurses, as noted in the ANA Code of Ethics for Nurses, to advance health and human rights and reduce disparities.

This white paper provides background information, current data and strategies for achieving diversity, equity and thriving in nursing education and practice settings to enhance patient outcomes. The key finding of a review of the data demonstrates a slow change in the ethnic, racial and gender diversity in nursing and the existence of a nursing workforce that does not mirror the population of the United States.

This paper then outlines the changes needed in the educational system to increase diversity of nursing graduates and to identify support employers can provide to advance the education of diverse new and incumbent RNs. These efforts will require organizations to strategically develop new programs for improving diversity, equity, inclusion and cultural proficiency across all aspects of organizations including teaching, research, service and practice;

- to prepare leaders to make the needed changes,
- to educate nurses at all levels of academic and healthcare organizations,
- to measure the change,
- to celebrate success as documented change occurs, and
- to spread the word nationally seeking additional help and funding to continue moving towards equity in nursing.

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INTRODUCTION

The US population has become increasingly diverse (United States, 2017). However, there is a lack of diversity within the nursing profession (National Advisory Council on Nurse Education and Practice, 2013). This lack of nursing diversity needs to be addressed if we are to meet the needs and interests of our patients and healthcare professionals (Valentine, Wynn, & McLean, 2016). A diverse nursing workforce can help improve access to care for underrepresented populations and increase the chance for individuals to see providers with common backgrounds (Bureau of Health Professions, 2006; National Center for Health Workforce Analysis, 2015). Research supports that diversity and equity in the health professions can help increase access to care for under-represented populations, improve learning environments and educational experiences for students and promote positive patient experiences and outcomes (Association of American Medical Colleges [AAMC], 2018; Institute of Medicine [IOM], 2004). Lack of diversity and equity within the nursing student population, faculty and nursing workforce interferes with the ability to achieve nursing excellence (National League for Nursing [NLN], 2016).

DEFINITIONS

For the purpose of this White Paper, the following definitions, considerations, and significances were applied.

- **Diversity** encompasses all aspects in which people may differ and suggests that every individual is unique (Kapila, Hines, & Searby, 2016; NLN, 2016). The term acknowledges people's differences such as race, ethnicity, gender, age, sexual orientation, national origin, religion, disability, socioeconomic status, marital status, language, physical appearance, and political beliefs (Kapila, Hines, & Searby, 2016; NLN, 2016; United States Equal Opportunity Commission, 2019). Diversity of thought such as ideas, values, and perspectives can also be included in the definition of diversity (Kapila, Hines, & Searby, 2016).

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- **Equity** involves the fair opportunity, access, treatment, development and promotion for every individual (Kapila, Hines, & Searby, 2016). Concomitantly, equity implies efforts are made to recognize and remove obstacles that preclude people’s participation (Kapila, Hines, & Searby, 2016). Well-designed policies and procedures can help increase justice and fairness thus enhancing equity (Kapila, Hines, & Searby, 2016).
- **Educational equity** refers to a level of success, opportunity, and fairness in education (Organization for Economic Cooperation Development [OECD], 2008). Equity in education is influenced by two factors (OECD, 2008). The first factor is fairness. Fairness means the individual’s personal situation should not hinder their opportunity for academic achievement. This entails acknowledging the challenges faced by individual students or populations and offering resources and supports to help them conquer the barriers. The second factor is inclusion. Inclusion fosters an invitational environment for all individuals and promotes and sustains a sense of belonging by valuing and respecting the talents, beliefs, and backgrounds of all members. According to the American Association of Colleges and Universities [AACU] (n.d.) inclusion is “active, intentional, and ongoing engagement with diversity—in the curriculum, in the co-curriculum, and in communities in which individuals might connect in ways which increase awareness, content knowledge, ... and empathic understanding of the complex ways individuals interact within systems and institutions.” (para. 6.) Equity in education promotes a positive learning environment and ultimately better outcomes.
- **Health equity** expresses a state where everyone has equal opportunity to achieve their full health potential without being deprived, disadvantage or denied (World Health Organization [WHO], n.d.; Braveman, 2014).
- **Social determinants of health** are the circumstances in which individuals are born and the conditions where they grow, learn, and live that impact their well-being and health outcomes (Centers for Disease Control and Prevention [CDC], 2019). The U.S. Department of Health and Human Services’ (2019) *Healthy People 2020* initiative asserts that health is determined by the availability and accessibility of resources and support in the environment (e.g. home, neighborhood, and the community); access to social and

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economic opportunities as well as clean food and water; workplace safety, and social interactions and relationships. The WHO (n.d) also identifies these social determinants as contributing factors that influence health inequities.

- **Thriving** means to grow, develop, be personally resilient and become successful to the point of self-actualization.

DEFINITIONS DISCUSSION

Recognizing, discerning and addressing equity, diversity and social determinants impacting the nursing profession and workforce are critical to providing recruitment, enrollment, retention and graduation opportunities. Examples of social determinants include, but are not limited to, poverty, discrimination or its consequences and lack of access to good jobs with fair pay, quality education, housing and health care (American Hospital Association [AHA], 2018). Addressing these will support increased workforce diversity, reduced health disparities and greater health equity in our communities. Addressing the impact of social determinants for nurses will increase nursing education opportunities for individuals from disadvantaged backgrounds. Tuition cost, student debt, access to programs, lack of social supports and confidence are reasons many Registered Nurses (RNs) do not advance their education to the Bachelor of Science in Nursing (BSN). Efforts or initiatives to provide students with financial support including scholarships, financial counseling, employer-sponsored tuition reimbursement programs and loan repayment programs are essential for many students to succeed. Personal and professional social supports, mentoring and academic support and innovative academic partnerships and programming, are also critical to successful academic progression. For example, the American Nurses Association's National Mentoring program is an online community of 1159 mentors who have professional experience and provide a supportive relationship to mentees who are seeking to explore opportunities and build a career path, grow a professional network, and navigate professional challenges in nursing (ANA mentorship, n.d.).



Dr. Vivienne Friday noted her academic progression has equipped her to make a greater contribution to the nursing profession at local, national and international levels. For example, Dr. Friday serves as a mentor in the ANA's National Mentoring program where she provides support to nurses who are seeking to progress from associate degree to a bachelor's degree.

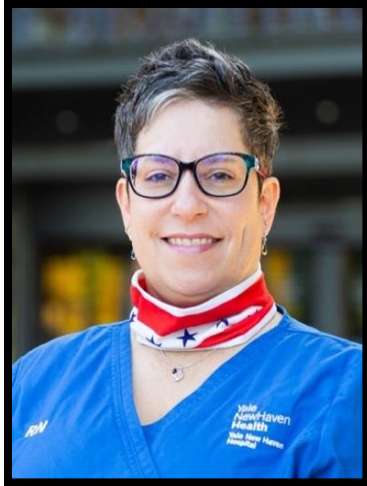
Vivienne Friday photo courtesy of Goodwin College

Potential benefits for academic progression for nurses include achieving a higher income to emerge from or reduce risk of poverty, enhanced professional status and influence, an ability to improve one's skill to address discrimination or its consequences, access to good jobs with fair pay and better access to housing and health care. Thus, academic progression benefits not only employers and patients, but also the nurse seeking and acquiring the advanced education.

FACTORS AFFECTING ACADEMIC PROGRESSION

The percentage of RNs with a baccalaureate degree or higher is much smaller in the most rural areas of the country and in geographic locations known to be economically depressed and/or lacking in affordable and accessible baccalaureate nursing education (Hawkins et al., 2018; Health Resources and Services Administration [HRSA], 2013; Kacik, 2018). The financial barriers and lack of incentives - such as no pay increase, little tuition assistance, student debt and no BSN or higher requirement for advancement discourage nurses who enter practice with an associate degree from pursuing additional education.

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Karen Reyes Benzi, an award-winning Hematology-Oncology Infusion Nurse at Smilow Cancer Center, completed her BSN in 2019 and received several awards for excellence in practice in 2019 including Connecticut's Nightingale Award for Excellence in Nursing and the Yale-New Haven Magnet Nurse of the Year. As her story indicates, rewards come in many different ways.

Karen Reyes Benzi photo courtesy of Southern Connecticut State University

Creating and sustaining change will require a culture shift to address these discrepancies to improve health outcomes and disparities in the communities where nurses are employed.

Associate Degree in Nursing (ADN) educated nurses may not believe it is important to pursue a baccalaureate degree in nursing, especially if they have not been provided with professional role models or practiced in an environment that demonstrates the value and improved outcomes attributed to a more educated workforce. There are several barriers ADN graduate nurses may experience in completing a BSN degree. Lack of financial support is clearly a significant barrier. (Altmann, 2011; Duffy et al., 2014; Sarver, Cichra & Kline, 2015; Loftin et al., 2012). Karen Reyes Benzi was able to use her GI bill education benefits to further her education while Susana Kinikini, an Advanced Nurse Practitioner at Shriners Hospitals for Children-Salt Lake City, and Vivienne Friday, ABSN Program Director at Goodwin College used tuition reimbursement from employers. Dr. Kinikini was not, however, able to get tuition reimbursement for her advanced degrees and thinks it is short-sighted of employers. Tuition reimbursement for all levels of academic progression would help keep good employees who are looking to stay and grow in the organization. Other nurses shared a similar challenge in pursuing advanced education beyond the BSN.

Time commitments with family and other responsibilities, concern about returning to school after a prolonged absence, geographic distance of schools or education centers, perceived lack of value or return on investment and uncertainty about academic success all contribute as

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barriers and align with the social determinants. These barriers were consistently validated by researchers as noted in the citations below;

- Financial barriers (Altmann, 2011; Duffy et al., 2014; Sarver, Cichra, & Kline, 2015; Loftin et al., 2012)
- Family issues or balancing competing demands between work, family, and school (Altmann et al., 2011; Duffy et al., 2014; Sarver et al., 2015; Loftin et al., 2012; Warshawsky et al., 2015)
- Geographic distance from home, work, and school (Davidson, Metzger, & Lindgren, 2011; Duffy et al., 2014; Sarver et al., 2015)
- Difficult scheduling at work to guarantee time off to attend classes and tests (Duffy et al., 2014; Hendricks et al., 2012, Sarver et al., 2015) and
- Lack of employer support or lack of recognition that professional development is important (Altmann, 2011; Warshawsky et al., 2015)

Employers have the opportunity to help nurses navigate the education landscape and support a value-based decision to return to school through schedule flexibility, academic partnerships, tuition reimbursement, loan repayment programs, salary and promotion opportunities (Jones-Schenk et al., 2017; Faller & Gogek, 2018).

The diverse nurses we spoke with regarding the challenges of working and going to school at the same time relayed the significance of the support they received from family, friends and colleagues to being successful.



Dr. Susana Kinikini experienced a divorce during her master's program and told her family she wanted to quit school to make sure her two children continued to thrive. Her family encouraged Susana to stay in school and supported her and her children with childcare and meals.

Susana Kinikini photo courtesy of Shriners Hospitals for Children-Salt Lake City

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Many of the nurses were challenged by the technology used in the educational programs. Once each learned the skills needed, such as on-line searching for research articles and even word processing and electronic communication, each gained competence to apply these skills at work. The challenge of balancing work, school and parenting responsibilities was expressed by each RN interviewed. Dr. Friday noted; “it meant establishing priorities and developing time management skills and strategies.” When asked what advice each would provide nurse colleagues who are considering going back to school, all were supportive and encouraging. Ms. Reyes Benzi is gently urges others to go back to school and as Dr. Kinikini said; “Just do it!”

CURRENT DATA

Accurate data regarding the nursing workforce is limited and varies based on the agency or groups reporting the information, as well as by state or territory. There is an absence of a single source available that contains aggregate data on all licensed nurses in the United States. The most comprehensive data pertinent to this White Paper comes from the National Council of State Boards of Nursing (NCSBN) and the National Forum of State Nursing Workforce Centers (the Forum) surveys which include a stratified sample from the states and territories in the United States (Budden et al., 2013; Smiley, et al., 2018). These surveys were most recently completed in 2013 and 2017.

A simple comparison of the two surveys indicates:

1. Current number of registered nurses (2017) is 4,514,382 2013 –
2. Sampled 109,853 RNs, stratified by state; 42,294 responded (39%)
3. 2017 - Sampled 148,684 RNs, stratified by state; 48,704 responded (32.8%)
4. Changes in major categories between 2013 and 2017 Survey Data
 - a. Increase of 138,109 RNS (3.1%) and decrease of 39,621 LVNs/LPNs (3.8%)
 - b. Percentage of male nurses increased to 9.1% of the nursing population from 7% in 2013
 - c. Percentage of nurses who are minorities is 19.3% an increase of 2.3%
 - i. Nurses who identify as Hispanic/Latino grew the most at 2.3%

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- ii. American Indian/Alaska Native/Native Hawaiian/Pacific Islander nurses decreased 1.1%
 - d. BSN as the first degree increased to 41.7% (5.7%)
 - e. Nurses with a BSN degree as highest level of education grew to 45.2% (11.2%)
 - f. Most places of employment remained fairly static with 56.5% of nurses in hospitals in 2013 and 55.7% in 2017
 - g. Median pre-tax salary was \$60,000 in 2015 (no data for 2013) and \$63,000 in 2017. This is lower than the median level reported by the Bureau of Labor Statistics Occupational Outlook of \$70,000
5. Basic comparison data in Table I (reported in percentages)

Table I – RN Demographics in US

Gender	2013	2017
Male	7	9.1
Female	93	90.9
Age Distribution	2013	2017
<50	48	49
>50	52	51
Race/Ethnicity	2013	2017
American Indian or Alaska Native	1	0.4
Asian	6	7.7
Black/African American	6	6.2
Native Hawaiian or Pacific Islander	1	0.5
White/Caucasian	83	80.7
Hispanic/Latino	3	5.3
Other	1	4.6
Education – First Nursing Degree	2013	2017
Vocational/Practical	5	6
Diploma	18	12
ADN	39	36.3
BSN	36	41.7
MSN	3	3.8
Doctorate	<1	ND
Highest Level of Education	2013	2017
Vocational/Practical	1	ND

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Diploma	11	7.4
ADN	28	28.5
BSN	34	45.2
MSN	12	17.1
DNP	<1	1.2
PHD Nursing	1	0.6
Doctoral other	1	0.1
Employment Status	2013	2017
Actively employed in nursing	82	84.5
Not employed in nursing	7	3.4
Retired	11	10.3
Current Employment Status in Nursing	2013	2017
Full time	60	65.3
Part time	15	12.1
Per Diem	7	7.1
Primary Employment Setting	2013	2017
Hospital	56	55.7
Nursing Home/AL	6	5.3
Home Health	6	4.3
Hospice	ND	1.9
Correctional Facility	1	0.8
Academic Setting	3	2.6
Public Health	2	1.4
Dialysis	ND	1.3
Community Health	2	2.0
School Health	3	2.6
Occupational Health	1	0.8
Ambulatory Care	9	9.4
Insurance	1	1.8
Policy/Planning/Regulatory	<1	0.2
Other	<9	9.8

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The key finding of the data analysis demonstrates a slow change in the ethnic/racial and gender diversity in nursing and the existence of a nursing workforce that does not mirror the population of the United States. As reference, the 2012 US Census reports that:

- 78% of the US population is white, while the data compiled above shows 80.7% of nurses are white;
- 13% of the US population is black, while 6.2% of nurses are black;
- 5.1% of the US population is Asian, while 7.7% of nurses are Asian;
- 0.3% of the US population is Native Hawaiian or other Pacific Islander (NHPI), while .5% of nurses are NHPI; and
- 17% of the US population is Hispanic, compared to 5.3% of nurses.

It is widely known that the nursing workforce does not reflect the diversity of the U.S. population. The Campaign for Action 2020 data takes a closer look at ethnic diversity by licensure shows great strides in Hispanic/Latino ADN and BSN attainment. However, Black/African American BSN attainment appears stagnant with modest increases in the percentage of ADN attainment noted. Asian graduates are increasing their attainment of BSN degrees while ADN degree attainment has decreased. American Indian or Alaska Natives as well as Native Hawaiian or Pacific Islander are special populations, that necessitate special attention. The very small numbers of graduates that represent these ethnicities reflect stagnant growth and achievement of ADN and BSN degrees as depicted in Table 2 (reported in percentages).

Table 2 – Diversity Detail

Race/Ethnicity	Associate Degree in Nursing (ADN)		Baccalaureate of Science in Nursing (BSN)	
	2009	2018	2009	2018
American Indian or Alaska Native	1	1	1	1
Asian	6	5	7	9
Black/African American	10	13	10	9
Native Hawaiian or Pacific Islander	0	0	1	0
White/Caucasian	75	67	75	70
Hispanic/Latino	8	14	6	11

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EMPLOYER TRENDS AND RELATED PATIENT OUTCOMES

Many hospitals across the nation are requiring newly employed nurses to earn a BSN within a specified time frame and numerous hospitals already have a preferential hiring policy for nurses with a bachelor's degree. This is due to data that reflects a high percentage of BSN-educated nurses working in a setting have a corresponding improvement in patient morbidity, mortality, failure-to-rescue rates, length of stay, medication errors, and decreasing health disparities (Aiken et al., 2003, 2011; Blegen, Goode, Park, Vaughn, & Spetz, 2003; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005; Friese, Lake, Aiken, Silber, & Sochalski, 2008; Kelly, McHugh, & Aiken, 2011; Kutney-Lee, Sloane & Aiken, 2013; Tourangeau et al., 2007; Tschannen & Kalisch, 2009). Other health settings are also seeking BSN prepared RNs at higher rates and thus, hiring potential and demand are higher for these nurses. As employers seek to hire BSN prepared nurses or have them contracted to achieve a BSN, it is essential that academic advancement is attainable by all nurses at all levels across the nursing workforce (Jones-Schenk et al., 2017).

STRATEGIES TO ACHIEVE EQUITY AND THRIVING NURSES

Schools of nursing and employers of nurses should implement institutional and organizational efforts to achieve diversity, equity and thriving in nursing education and practice settings. A strategic plan that addresses diversity, equity, inclusion and cultural proficiency, is essential and must be adopted across all aspects of the organization including teaching, research, service and practice. The plan must include tactics needed for goal attainment and financial and human resources. The plan must also contain methods for tracking the progress toward achieving the specified diversity goals for the organization.

As defined at the beginning of this paper, equity is an extension of diversity and is the ultimate goal for all nursing programs. Cooper further supports that to have equitable systems, all people should be treated fairly, unhampered by artificial barriers, stereotypes or prejudices (as cited in AACN, 2015). This recognition is valuable in education and practice. It is the

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responsibility of all nurses as noted in the American Nurses Association Code of Ethics for Nurses with Interpretive Statements to advance health and human rights and reduce disparities (Lachmann, O'Neill Swanson, & Winland-Brown, 2015). In Provision 8.3 it notes, "Nurses should collaborate to create a moral milieu that is sensitive to diverse cultural values and practices." Social determinants, like socioeconomic position in regard to a person's education and occupation, gender, and ethnicity, contribute to the fundamental causes of health disparities (Alder & Rehkopf, 2008). Less-advantaged individuals who started with a lack or absence of resources since birth have been subjected to poorer health outcomes that persisted throughout their life (Adler et al., 2016).

Strategic implementation begins with a designated leader who functions as the Director of Diversity and Inclusion. The Director then builds a specific team to work on achieving cultural proficiency for equity in nursing. Leaders within the organization are engaged to begin serious work around inclusion, cultural proficiency and equity in education and practice settings. Staff are provided with education to enhance skills in this area of practice and to keep the goals ever present.

Nursing education programs have found a successful strategy to improving success of students from diverse backgrounds with the use of a Holistic Admissions Process. According to AACN (Website Diversity and Equity), Holistic review is a university admissions strategy which assesses an applicant's unique life experiences, as well as the traditional measures of academic achievement such as grades and test scores. It is designed to help schools to consider a broad range of factors reflecting the applicant's academic readiness, contribution to the incoming class and potential for success both in school and later as a professional.

Holistic review, when used in combination with a variety of other mission-based practices, constitutes a holistic admission process. Many colleges and universities have employed a holistic admission process to assemble a diverse class of students with the background, qualities and skills needed for success in the profession. While the holistic admission process may vary by location, student interviews or third-party references are generally utilized to assess the student's aptitude, service to others, time management and emotional maturity.

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Some programs utilize a recorded video interview process for applicants which is then viewed by an admissions committee (C. Madden, personal communication, January 30, 2020).

Colleges are replacing the use of textbooks with open educational resources (OER) to eliminate the high cost of textbooks for students and ultimately help to reduce students' debt burden. Open educational resources (OER) are "teaching, learning, and research material in any medium (digital or otherwise), that reside in the public domain or have been released under open license that permits no cost access use, adoption and redistribution by others with no limited restrictions" (William & Flora Foundation, 2019). Implementing OER in college courses reduces the cost of tertiary education and supports a path to educational progression.

Education programs may identify "*Bridging Faculty*." A bridging faculty is committed to preserving the cultural or ethnic identity of students and providing a safe learning environment that honors and respects differences. Bridging faculty also facilitate support for students to cope with barriers to their education, help them navigate conflict, and work collaboratively (Yoder as cited in Ackerman-Barger & Hummer, 2015). In view of the importance of the role of educators, researchers have developed several models to guide and support nursing educators in reaching out to culturally diverse learners. Abriam-Yago and colleagues (1999) illustrated how nursing educators can support students for whom English is a second language (ESL), using Cummins's model of language acquisition skills as a framework. This model can be useful in teaching multi-cultural groups with different communication styles. It is recommended that schools of nursing strengthen curriculum in AD and BSN programs to incorporate content related to equity. In addition, nursing education programs are encouraged to increase emphasis on population health. This will allow practicing nurses prepared through baccalaureate and higher degree programs to more effectively provide care for increasingly diverse communities and address health disparities.

The recruitment of students into nursing education programs should begin in middle schools and high schools by working with science teachers, rather than only counselors. Science teachers can identify students with an interest and aptitude for science disciplines. It often helps to set up meetings with students and parents to introduce both generations to the career

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of nursing. This strategy has been found helpful in some communities for increasing diversity of nursing students.

Measuring the progress each organization is making towards equity and diversity may be accomplished using different tools. In the nursing educational settings, recommendations include monitoring application, enrollment and graduation rates of students from underrepresented groups and utilizing scholarships and fellowships for recruitment and retention of faculty and students from underrepresented groups. In practice settings; the use of Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS] data such as the nursing communication indicators, use of National Database of Nursing Quality Indicators [NDNQI] and Collaborative Alliance for Nursing Outcomes [CALNOC] nursing structure and process indicators such as nursing satisfaction, nursing demographics of the organization and nursing turnover could be useful measures. Organizations may develop a Nursing Health Equity Index by pulling together data from a variety of measurement tools in use in each setting to create an equity composite score.

Improvements in data collection tools and surveys to identify diversity in levels of education, practice disciplines, licensure, and academic progression would be helpful changes to enable measuring the success of changes which are made in nursing education and by employers of nurses. Data collection about the nursing workforce should include initial degree earned as well as highest degree earned by a nurse when collected by state or national entities. (National Forum of Nursing Workforce Centers, 2016).

The profession of nursing is in the perfect position to begin to prepare leaders for positions such as Director of Diversity and Inclusion. Schools of Nursing are encouraged to develop and implement new programs such as a Master or Doctorate in Nursing Administration with a focus on diversity, equity and cultural proficiency. These graduates would be formally prepared as leaders for schools of nursing and healthcare practice settings. The Institute for Diversity and Health Equity (diversityconnection.org) offers certificate programs in Diversity Management which unites participants from around the country to learn and develop as diversity leaders. This program can be helpful to the nursing profession in developing leaders with proficiency in diversity. As data are tracked and improvements are noted, success in each organization can be

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recognized. It is important for local and national professional organizations to celebrate the success of these efforts with recognition and awards which bring additional attention to this work.

Educating members of the community, including organizational Board members, legislative and other governmental representatives, on the need for equity in nursing is necessary. Their support is essential to understanding the need for increased funding of schools of nursing for new programs and changes in admission protocols. HRSA's Nursing Workforce Diversity grants (funded under Sec. 821 of the Public Health Service Act, 42 U.S.C. § 296m) are awarded to increase nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities underrepresented in the nursing workforce. Title VIII funding has been critical for promoting nursing education which in turn provides for a more diverse workforce of nurses for practice settings. Nurses who have knowledge of the connection between social determinants and health outcomes can educate policy makers, extending their influence past the nursing community and patients they serve.

It is critical for educational leaders to track the diversity of faculty and both admitted and graduating nursing students to measure improvements in recruitment and retention efforts. Specialty organizations could establish new data collection projects to determine diversity in their specialties such as the American Organization of Nurse Leaders, National Organization of Operating Room Nurses, Academy of Nurse Practitioners and others.

These efforts are expected to increase nursing satisfaction with increased equity and retention of RNs in the profession resulting in higher quality of patient care.

CONCLUSION

As the available data shows, efforts to increase diversity in the nursing profession are not progressing at a comparable rate to match the populations being served. A comprehensive approach to shifting this inequity is needed by nursing educational programs and nursing employers. Increasing the admission, progression and graduation of students from underrepresented groups, especially those who are challenged by social determinants, into RN-

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BSN programs will require a multifaceted approach. Successful programs must address nursing students' social determinants in order to support their successful progression through RN to BSN programs. Options to participate in online or hybrid programs allow the nurses to work from home or their place of employment and may help address geographic barriers. Creating opportunities for students to meet peers and colleagues who are also pursuing BSN-level education to develop support networks helps facilitate confidence and academic skills. This would also address identified barriers including the geographic distance between work and school, the difficult scheduling at work to guarantee time off to attend classes and perceived lack of employer support. Social supports could include onsite study groups and face-to-face sessions at local hospital sites. Economic supports should be tailored to participants' individual needs, including the flexibility and support for full-time or part-time courses based on each student's personal situation, tuition reimbursement and loan repayment.

Working together as members of our profession, we must make the changes to successfully improve diversity, equity and thriving in nursing in order to provide culturally competent care to the communities we serve.

References

- Abriam-Yago, K., Yoder, M., & Kanaoka-Yahiro, M. (1999). The Cummins model: A framework for teaching nursing students for whom English is a second language. *Journal of Transcultural Nursing, 10*(2), 143-149.
- Ackerman-Barger, K., & Hummer, F. (2015). Critical race theory as a lens for experiencing inclusion and equity in nursing education. *The Journal of Theory Construction and Testing, 19*(2), 39-42.
- Adler, N. E., & Rehkopf, D. H. (2008). US disparities in health: Descriptions, causes, and mechanisms. *Annual Review of Public Health, 29*, 235-252.
- Adler, N. E., Cutler, D. M., Fielding, J. E., Galea, S., Gkymour, M. M., Koh, H. K., & Satcher, D. (2016). Addressing social determinants of health and health disparities: A vital direction for health and healthcare. National Academy of Medicine, Washington, DC. Retrieved October 27, 2019, from <https://nam.edu/wp-content/uploads/2016/09/addressing-social-determinants-of-health-and-health-disparities.pdf>.
- Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2011, December). The effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *Med Care, 49*(12), 1047-1053.
doi:10.1097/MLR.0b013e3182330b6e
- Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D. M., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA, 290*(12), 1617-1623.
doi:10.1001/jama.290.12.1617
- Altmann, T. K. (2011). Registered nursing returning to school for a bachelor's degree in nursing: Issues merging from a meta-analysis of the research. *Contemporary Nurse, 39*(2), 256-272.
- American Association of Colleges of Nursing. (2015). Enhancing diversity in nursing workplace fact sheet. Retrieved from <https://www.aacnnursing.org/Portals/42/News/Factsheets/Enhancing-Diversity-Factsheet-2017.pdf>
- American Association of Colleges and Universities. (n.d.). Making excellence inclusive. Retrieved

WHITE PAPER: Equity, Achievement & Thriving

- from <https://www.aacu.org/making-excellence-inclusive>
- American Hospital Association. (2018, November). *What is health equity?* Retrieved from <https://www.aha.org/system/files/2018-11/value-initiative-issue-brief-3-equity.pdf>
- American Nurses Association. (n.d.). ANA mentorship program. Retrieved from <https://anamentorship.chronus.com/p/p1/pages/4157>
- Association of American Medical Colleges (AAMC). (2018). Promoting a diverse and culturally competent health care workforce. Retrieved from: <https://news.aacm.org/for-the-media/article/diverse-healthcare-workforce/>
- Blegen, M. A., Goode, C. J., Park, S. H., Vaughn, T., & Spetz, J. (2013). Baccalaureate education in nursing and patient outcomes. *The Journal of Nursing Administration, 43*(2), 89-94. doi:10.1097/NNA.0b013e31827f2028
- Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports, 129*(2), 5-8.
- Budden, J. S., Zhong, E. H., Moulton, P., & Cimiotti, J. P. (2013). National council of state boards of nursing and forum of state nursing workforce centers 2013 national workforce survey of registered nurses. *Journal of Nursing Regulation, 4*(3), S1-S72.
- Bureau of Health Professions. (2006). The rationale for diversity in the health professions: A review of the evidence. Rockville, MD: US Dept of Health & Human Services.
- Campaign for Action (2020). *New RN graduates by degree type, by race/ethnicity*. Campaign for Action. <https://campaignforaction.org/resource/new-rn-graduates-degree-type-raceethnicity/> Retrieved April 15, 2020, from <https://campaignforaction.org>
- Davidson, S. C., Metzger, R. S., & Lindgren, K. (2011). A hybrid classroom-online curriculum format for RN-BSN students: Cohort support and curriculum structure improve graduation rates. *The Journal of Continuing Education in Nursing, 42*(5), 223-232.
- Centers for Disease Control and Prevention. (2019). *Social determinants of health: Know what affects health*. Retrieved from <https://www.cdc.gov/socialdeterminants/index.htm>
- Duffy, M. T., Ann, F. M., Speroni, K. G., Swengros, D., Shanks, L., Waiter, P. A., & Sheridan, M. J. (2014). BSN completion barriers, challenges, incentives, and strategies. *The Journal of Nursing Administration, 44*(4), 232-236.

WHITE PAPER: Equity, Achievement & Thriving

- Estabrooks, C. A., Midodzi, W. K., Cummings, G. G., Ricker, K. L., & Giovannetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research, 54*(2), 74-84.
- Faller, M., Gogek, J. (2018) Troubling trend: Fewer nurses may be seeking higher education. *Nurse Leader, 16*(3), 186-189.
- Friese, R., Lake, E., Aiken, L., Silber, J., & Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. *Health Services Research, 43*(4), 1145-1163.
- Grant, E. (2019, May 9). We can all help increase diversity in nursing. *Modern Healthcare*. Accessed from <https://www.modernhealthcare.com/opinion-editorial/commentary-we-can-all-help-increase-diversity-nursing>
- Hawkins, J., Wiles, L., Karlowicz, K., & Tufts, K (2018). Educational model to increase the number and diversity of RN-BSN graduates from a resource-limited rural community. *Nurse Educator, 43*(4), 206-209.
- Hendricks, S. M., Phillips, J. M., Narworld, L., Laux, M., Rouse, S., Dulemba, L., & Halstead, J.A. (2012). Creating tomorrow's leaders and innovators through an RN-to-Bachelor of science in nursing consortium curricular model. *Journal of Professional Nursing, 28*(3), 163-169.
- Health Resources and Services Administration (HRSA), Bureau of Health Professions (2013). The U.S. nursing workforce: Trends in supply and education. Retrieved from <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingworkforcetrendssoct2013.pdf>
- Institute of Medicine (2004). In the nation's compelling interest: Ensuring diversity in the healthcare workforce. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2004/In-the-Nations-Compelling-Interest-Ensuring-Diversity-in-the-Health-Care-Workforce.aspx>
- Jones-Schenk, J., Leafman, J., Wallace, L., Allen, P. (2017). Addressing the cost, value, and student debt in nursing education. *Nursing Economics, 35*(1), 7-13, 29.
- Kacik, A. (2018). Nursing shortage will continue to pinch hospital margins. *Modern*

WHITE PAPER: Equity, Achievement & Thriving

- Healthcare. Retrieved from
<https://www.modernhealthcare.com/article/20180307/NEWS/180309921/nursing-shortage-will-continue-to-pinch-hospital-margins>
- Kapila, M., Hines, E., & Searby, M. (2016). Why diversity, equity, and inclusion matter. Independent Sector. Retrieved from
<https://Independentsector.org/resource/why-diversity-equity-and-inclusion-amttter/>
- Kutney-Lee, A., Sloane, D. M., & Aiken, L. H. (2013). An increase in the number of nurses with baccalaureate degrees is linked to lower rates of postsurgery mortality. *Health Affairs*, 32(3), 579-586. doi:0.1377/hlthaff.2012.0504
- Lachman, V. D., Swanson, E. O. C., & Winland-Brown, J. (2015) The new code of ethics for nursing with interpretive statements (2015): Practical clinical application, part II. *MedSurg Nursing*, 24(5), 363.
- Loftin, C., Newman, S. D., Dumas, B. P., Gilden, G., & Bond, M. L. (2012) Perceived barriers to success for minority nursing students: An integrative review. *Instructional Scholarly Research Network Nursing*, 1(9). doi:10.5402/2012/806543
- National Advisory Council on Nurse Education and Practice. (2013). Achieving Health Equity through Nursing Workforce Diversity. Retrieved from
<https://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/eleventhreport.pdf>
- National Forum of Nursing Workforce Centers (2016). Minimum Nurse Supply Dataset. Retrieved from https://nursingworkforcecenters.org/wp-content/uploads/2016/11/National-Forum-Supply-Minimum-Dataset_September-2016.pdf
- National Center for Health Workforce Analysis. (2015). Sex, Race, and Ethnic Diversity of US Health Occupations (2010–2012). Rockville, MD: US Dept of Health & Human Services.
- National League for Nursing. (2016). Achieving diversity and meaningful inclusion in nursing education: A living document from the National League for Nursing. Retrieved from <http://www.nln.org/docs/default-source/about/vision-statement-achieving-diversity.pdf?sfvrsn=2>

WHITE PAPER: Equity, Achievement & Thriving

- Organization for Economic Cooperation Development. (2008). Ten steps to equity in education. Policy brief. Retrieved from <http://www.oecd.org/education/school/39989494.pdf>
- Sarver, W., Cichra, N., & Kline, M. (2015). Perceived benefits, motivators, and barriers to advancing nurse education: Removing barriers to improve success. *Nursing Education Perspectives, 36*(3), 153-156. doi:10.5480/14-1407
- Smiley, R.A., Lauer, P., Bienemy, C., Berg, J.G., Shireman, E., Reneau, K. A., & Alexander, M. (2018). The 2017 national nursing workforce survey. *Journal of Nursing Regulation, 3*(9), S1-S88.
- Tourangeau, A., Doran, D., Hall, L.M., Pallas, L., Pringle, D., Tu, J. & Cranley, L. (2007). Impact of hospital nursing care on 30-day mortality for acute medical patients. *Journal of Advanced Nursing, 57*(1), 32-44.
- Tschannen, D. & Kalisch, B. (2009). The effect of variations in nurse staffing on patient length of stay in the acute care setting. *Western Journal of Nursing Research, 31*(2), 153-170.
- United State Census Bureau. (2017). Race & Ethnicity. Retrieved October 23, 2019, from <https://www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf>
- United States Department of Health and Human Services. (2019). Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- United States Equal Opportunity Commission. (2019). Laws and Guidance. Retrieved from <https://www.eeoc.gov/laws/index.cfm>
- Valentine, P., Wynn, J., & McLean, D. (2016). Improving diversity in the health professions. *North Carolina Medical Journal, 77*(2) 137-140.
- Warshawsky, N., Brandford, A., Barnum, N., & Westneat, S. (2015). Achieving 80% BSN by 2020: Lessons learned from Kentucky's registered nurses. *Journal of Nursing Administration, 45*, 449-456.
- William & Flora H. F. Hewlett Foundation. (2019). Open educational resources. Retrieved from <https://hewlett.org/strategy/open-educational-resources/>
- World Health Organization. (n.d.). Social determinants of health. Retrieved October 8, 2019, from https://www.who.int/social_determinants/sdh_definition/en/

WHITE PAPER: Equity, Achievement & Thriving

World Health Organization. (n.d.) Health Topics. Retrieved October 8, 2019, from https://www.who.int/topics/health_equity/en/