

Charting Nursing's Future

REPORTS THAT CAN INFORM POLICY AND PRACTICE



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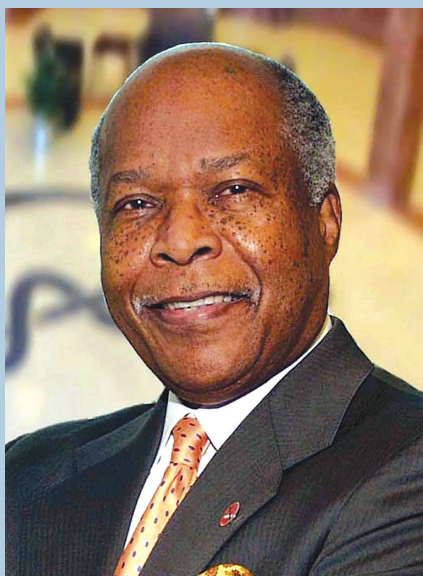
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The Changing Face of Nursing: Creating a Workforce for an Increasingly Diverse Nation

Individuals who self-identify as African American, Alaska Native, American Indian, Asian, Hispanic, or Pacific Islander are expected to constitute a majority of the U.S. population by 2044. Non-Hispanic Whites, currently a majority of Americans, will make up less than half of the population.

Research reveals that Americans tend to receive better quality care when health professionals mirror the ethnic, racial, and linguistic backgrounds of their patients. Today's nursing profession is overwhelmingly White and female. Slightly more than a quarter of registered nurses (RNs) come from other racial and ethnic groups. Men account for only 10 percent of nurses and thus constitute an underrepresented minority within the profession.

Federal, state, academic, and private sector actors are engaged in a variety of initiatives to bridge the demographic gap between the nursing workforce and the population as a whole. This brief describes strategies that have effectively increased nursing student and workforce diversity, highlights lessons learned, and provides a list of resources to support future action.

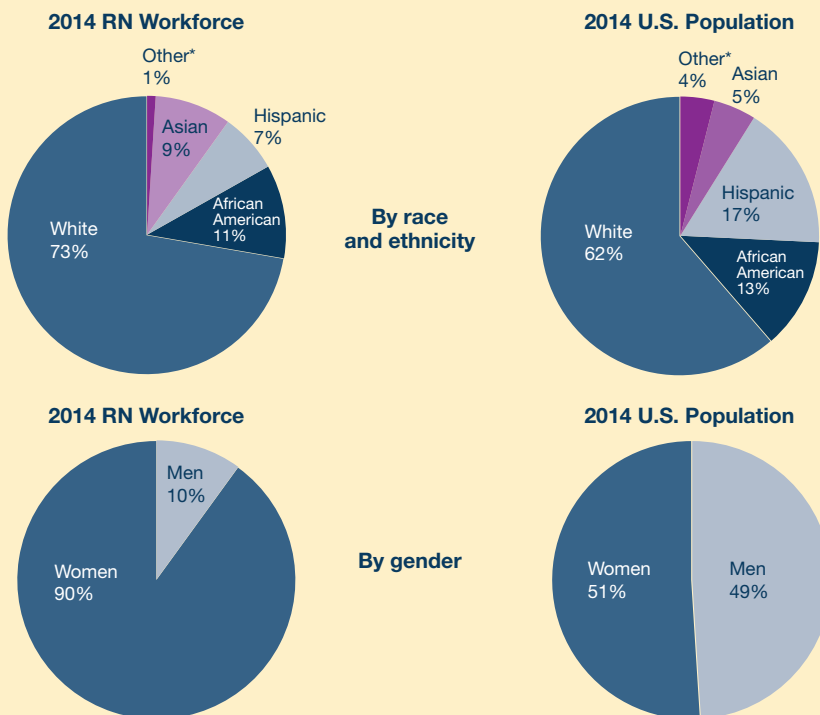


"The nation's nursing workforce must become more diverse if we are going to be successful in reducing disparities in health status and access to health care. If a health professional understands the culture of the community, the history of the community, he or she is more able to communicate and develop trust."

—Louis Sullivan, MD, Chairman and Chief Executive Officer of The Sullivan Alliance to Transform the Health Professions

Figure 1.

Despite Progress, Nursing Workforce Diversity Falls Short



*Other includes Alaska Native and American Indian (<1%), Pacific Islander (<1%), RNs of more than one race (1.3%), and RNs of unknown race or ethnicity (1.6%). Numbers may not equal 100 percent due to rounding.

Data Sources: U.S. Census Bureau 2014 American Community Survey and 2014 QuickFacts.

Workforce Diversity Matters

In 1992, only 11 percent of employed RNs came from racial or ethnic minority groups. By 2014, that number was estimated to be 27 percent (see Figure 1, p. 1). Yet despite this progress, the profession remains predominantly White¹ and female, and that's a problem. As the Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health* observed, a more diverse nursing workforce must be part of the solution to achieving health equity.

Nursing is not alone in needing to diversify. While some health professions have made strides in putting systems in place to encourage greater diversity in their educational programs (see p. 5), all the health professions struggle to bring people from underrepresented groups into their ranks.

Fortunately trends are moving in the right direction. In the fall of 2014, at least 30 percent of students in entry-level baccalaureate, master's, and doctoral nursing programs and 33 percent of students pursuing an associate degree (ADN) were from racial or ethnic minority groups. Men made up 12 percent of entry-level baccalaureate and 15 percent of associate degree nursing students. The oldest third of the nation's working nurses, who are the

most disproportionately White and female, are expected to reach retirement age over the next 10 to 15 years, further adjusting the profession's racial and gender make-up. Nevertheless, achieving representative diversity will take time. In 2012, 184,000 new RNs entered the profession, increasing the diversity of the total 2.9 million nursing workforce only marginally.

Narrowing the diversity gap could have tangible benefits.

- Health professionals from minority and socioeconomically disadvantaged groups are more likely to provide care in underserved communities.
- Individuals tend to be more satisfied with their care when treated by people of the same race or ethnicity, particularly in primary care and mental health settings. Researchers hypothesize that increased communication, comfort, and trust may account for this finding.
- Increasing the number of Hispanic and Asian health professionals could improve the quality of patient care by increasing the likelihood that patients with limited English proficiency are treated by providers who speak their native languages.

Challenges to Diversifying the Nursing Workforce

Members of racial and ethnic groups that are underrepresented in nursing typically face multiple obstacles to entering the profession. These include inadequate preparation in science and math; the high cost of college; limited exposure to the health professions; a lack of role models; absence of a cohort to support their educational journey; and family obligations that hinder full-time study. These obstacles represent a kind of "systemic bias" against underrepresented groups, says Barbara Nichols, MS, RN, FAAN, diversity consultant for the Wisconsin Center for Nursing and the Wisconsin Action Coalition and visiting professor at the University of Wisconsin-Milwaukee College of Nursing.

For decades, federal and state governments, academia, employers, and philanthropic organizations have worked to address these

barriers. In the process, they have learned that diversifying the workforce is fraught with challenges. No single strategy works in all instances, and some can backfire (see p. 8). Experience suggests that several approaches may be needed at each stage along the education-to-employment continuum, and that these should be tailored to specific communities and institutions.

This brief comes at a turbulent time, when many Americans are engaged in conversations about racial injustice. The strategies enumerated in these pages are part of the solution to improving nursing workforce diversity, but this process will take place in a larger social, economic, and political context. Addressing that context falls outside the scope of this brief.

Diversity, Inclusion, and Cultural Competency

Diversity refers to all the ways in which people differ, whether those characteristics are innate or acquired. The dimensions of diversity include, but are not limited to, such characteristics as national origin, language, race, color, ethnicity, religion, sexual orientation, gender, physical abilities, and socioeconomic status. This brief focuses on those aspects of nursing workforce diversity that have been most widely studied: race, ethnicity, and gender.

To create a climate that supports diversity, organizations must practice a culture of **inclusion** that connects each individual to the whole; encourages collaboration, flexibility, and fairness; and leverages diversity throughout the organization so that all individuals can participate and contribute to their full potential.

Cultural competency refers to the knowledge, skills, and attitudes needed for providing quality care to diverse populations. This involves knowing one's own biases, understanding the sociocultural aspects of health, and effective communication skills.



"We are in a time when changing demographics are redefining our nation and providing us with new opportunities to embrace our diversity. The need for culturally

and linguistically appropriate services is now more critical than ever, with a health care workforce, including nurses, that fully understands the needs of the diverse communities they serve."

—J. Nadine Gracia, MD, MSCE, Deputy Assistant Secretary for Minority Health, and Director, Office of Minority Health, U.S. Department of Health and Human Services

For More Information

U.S. Department of Health and Human Services. *The Rationale for Diversity in the Health Professions: A Review of the Evidence*. 2000.

¹For consistency and brevity, this brief uses the following U.S. Census Bureau terms for racial and ethnic groups: African American, Alaska Native, American Indian, Asian, Hispanic, Pacific Islander, and White. "White" should be understood to mean "non-Hispanic White." Hispanics may be of any race.

Casting a Wider Net: Developing a Diverse Applicant Pool

Increasing the diversity of the nursing workforce must start early—well before students embark on a nursing education. Nursing students need to be adept at science and math to succeed in microbiology, chemistry, and other required subjects. But often students from smaller schools, less resourced communities, first-generation college families, and minority communities are put at a disadvantage early on, says the [American Council on Education](#). They are more likely to receive inadequate instruction in core subjects needed to pursue higher education. According to the [National Conference of State Legislatures](#), 41 percent of Hispanic students and 42 percent of African-American students require educational remediation during college, compared to 31 percent of White students.

Culture also affects the diversity of the nursing workforce. “In Mexico, nursing is seen as a low-skill job,” says Joanne Spetz, PhD, FAAN, professor at the University of California, San Francisco, School of Nursing. “In mainland China, it’s a low-status position, thought only for girls. U.S. parents who grew up in these cultures don’t understand that nursing is a profession that encourages a college degree and that you can get a PhD. Once people learn that nurses are well paid and have many career opportunities, they get more interested.”

Nation’s First Nursing Charter School

“Students from urban areas have inadequate high school educations and can’t survive in nursing school.” That is what nursing school deans kept telling Donna Policastro, EdD, RNP, executive director of the Rhode Island State Nurses Association. Tired of hearing the same complaint, Policastro thought, maybe we should have a nursing prep school.

No one seemed to like the idea, but then in 2009, Policastro met a state leader with experience launching charter schools. He agreed to help, and in 2011, the [Rhode Island Nurses Institute Middle College Charter School](#) opened. Wowed by the school’s potential, Pamela McCue, MS, RN, a Robert Wood Johnson Foundation (RWJF) Future of Nursing Scholar, who has served as Rhode Island’s director of nurse registration and nursing education, soon came on as CEO.

“This school will help to both diversify the profession and eliminate health disparities,” she says. “The literature tells us that many health care providers who came from diverse and disenfranchised backgrounds are more apt to practice in underserved communities.”

“Middle colleges begin at 10th grade, and that is a good intervention point to get students focused on college,” says Policastro. “What we found right away is that many of the students were at 4th- and 5th-grade reading levels, so we had to work to get them up to speed.”

With a \$4 million annual budget provided by the state and city, the school provides both college preparatory education and workforce training. The combination creates a pathway to a college degree and a high-paying job. Students receive an extra 90 minutes a day of one-on-one tutoring, and take such math and science courses as biology, anatomy, and biostatistics. In addition, students can work for credit at local hospitals and nursing homes, receive one-on-one mentoring with health care professionals, and become certified as nursing assistants—an opportunity most students seize.

As a “bridge” into college, the school includes a 13th year during which students take freshman-level college courses at the University of Rhode Island and the



Photo: Courtesy of Rhode Island Nurses Institute Middle College Charter School

Community College of Rhode Island at no cost. Students graduate with both a high school diploma and credits they can apply toward a bachelor’s degree.

The graduating classes in June 2014 and 2015 totaled 107 students; 36 percent of the students were Hispanic, 38 percent African-American, 22 percent White, 2 percent Asian, and 10 percent male. Most of the students come from low-income areas near the state capital, Providence. As of the summer of 2015, 77 of the school’s graduates were pursuing a bachelor of science in nursing (BSN) degree.

Fishing in the Existing Nursing Pool

At last count, the licensed practical nurse (LPN) workforce in Massachusetts was considerably more diverse than the RN workforce. About 23 percent of LPNs were Hispanic or not White, compared to fewer than 16 percent of the state’s RNs, and 10 percent of LPNs were male, compared to 7 percent of RNs.

To increase the diversity of the state’s RN workforce, in 2012 [Fitchburg State University \(FSU\)](#) and [Worcester State University \(WSU\)](#) joined with three vocational technical schools that prepare LPNs, with the goal of creating

an LPN to BS in Nursing degree program designed specifically for these students.

Enrollees can apply credits from their LPN programs and clinical work toward their bachelor’s degrees. The program provides mentoring and academic support to help students manage such challenges as holding down a job or providing adequate care for family members while pursuing an education. FSU’s first cohort included 14 students, 11 of whom graduated in May 2015 and three of whom were expected to graduate in December. Of that cohort, three came from

Lessons Learned

- Engage students early—even before they begin thinking about college.
- Offer training that leads to immediate employment to sustain their educational journey.
- Facilitate credit transfers and provide supports that make it easier for entry-level nurses to obtain higher degrees.

underrepresented minority populations. WSU expects to graduate 14 students in May 2016, eight of whom come from underrepresented groups.

Recruitment: Attracting Underrepresented Candidates

Nursing schools that have been particularly successful in broadening the diversity of their student bodies have done so by identifying underrepresented candidates in surrounding communities and by approaching those individuals in partnership with professional groups, faith-based communities, and other organizations that candidates trust.

Many of these schools have also focused on increasing diversity in their faculty ranks, where the proportion of male, Hispanic, and non-White faculty members is lower than in the profession as a whole. According to the American Association of Colleges of Nursing (AACN), 15.5 percent of full-time nursing school faculty members came from racial or ethnic minority groups in 2014, and 5.7 percent were male.

Tailoring Programs to Attract Underrepresented Students

Florida International University's **Nicole Wertheim College of Nursing & Health Sciences (NWCNHS)** has significantly expanded the number of men and increased minority enrollment in its BSN degree programs during the past decade. How? According to Dean Ora Strickland, PhD, RN, FAAN, the school used two key strategies: reaching out to occupational sectors that are predominantly male—veterans, paramedics and firefighters, and foreign-trained physicians—and creating accelerated programs to attract these potential candidates.

Approaching veterans in order to increase diversity makes sense. **Data** from 2013 show that 84 percent of military personnel were men and 29 percent of service members identified their race as non-White or multi-racial. With funding from the Health Resources and Services Administration (HRSA), NWCNHS faculty created an accelerated medic-to-BSN curriculum and partnered with “Helping Veterans Become

Nurses,” a HRSA-funded program, to recruit veterans who served in health services capacities in Iraq and Afghanistan.

The college also reached out to Miami-Dade County professional organizations and found 300 paramedics and firefighters interested in becoming RNs. The school is currently working on finding sources of funding to help these individuals afford the program.

In the past five years, NWCNHS has also expanded its accelerated BSN/MSN program for foreign-educated physicians, again with HRSA funding. The school seeks out candidates with medical degrees from other countries who cannot access medical residency programs in the United States. Most of these potential students are men.

“It’s not good for any profession to be dominated by one gender,” Strickland says. In the fall of 2015, men constituted 22 percent of the nursing school’s undergraduate and graduate population, compared with 9

Lessons Learned:

- Aggressively recruiting from underrepresented minority populations can increase student body diversity.
- Accelerated second-degree BSN programs can attract more men to nursing.
- Targeted advertising campaigns that employ positive images of nurses from communities underrepresented in nursing can help boost the profession’s diversity.

percent in 1996. The number of male African American students has risen from 22 to 58, and the number of male Hispanic students has risen from 25 to 157. Although the numbers of female students remained level during this same period, the number of female Hispanic students has almost tripled to 569.

Strickland credits these successes to a range of factors, including the school’s location in majority Hispanic Miami-Dade County and the diversity of NWCNHS faculty. More than half the faculty is of Hispanic, African American, or Asian descent.

“As soon as the news hit in 2011 that FIU had hired a minority as dean, the applications started coming in from minorities who wanted to join the faculty,” says Strickland. “That says to me that minorities want to teach at a school where they believe they will feel welcomed.”

Diversifying the Nursing Profession’s Image

A deferential, White woman in a white dress and a white cap: This stereotypical image of nurses persists in the news, advertising, and entertainment industries. To change this view, the **American Assembly for Men in Nursing (AAMN)**, the **Oregon Center for Nursing**, and the **National Association of Hispanic Nurses (NAHN)** have created advertising and outreach campaigns portraying the profession as multicultural, empowered, highly skilled, and gender-inclusive.

To inspire more men to consider nursing, the Oregon Center for Nursing created the “Are You Man Enough to Be a Nurse?” poster campaign in 2002. The AAMN followed OCN’s lead and created “20 x 20 Choose Nursing” in 2011. The advertising campaign

was part of an overall effort, which included scholarship support, to raise the percentage of men enrolled in nursing schools to 20 percent by 2020.

Angie Millan, DNP, RN, FAAN, a former president of NAHN, also turned to media to reach her target audiences after hearing too many similar stories from Hispanic nurses. “They felt they didn’t look right and didn’t fit in,” she says, “and there wasn’t anyone to talk to about it.”

Millan received a \$1.2 million, five-year Science Education Partnership Award from the National Institutes of Health to create radio and video spots with Hispanic nurses explaining why they chose the profession



Photo: Courtesy American Assembly for Men in Nursing

and how they overcame obstacles. Millan has partnered with the Hispanic Communications Network to roll out the spots nationwide. She is also using the funding to create NAHN’s Hispanic Nursing Mentors Connection, a database that connects students with mentors who can guide them through nursing school and in exploring workplace options.

Looking Beyond the Numbers: Transforming Admissions

Two types of measures—grade point averages (GPAs) and standardized test scores—have long served as gatekeepers to higher education programs. While other criteria might also factor into admissions decisions, the dominance of these two numbers has been recognized as a significant barrier to entry for many students.

Holistic Review

Holistic or whole-file review was designed to overcome this institutional barrier to diversity by considering a broader set of less easily measured criteria in admissions decisions. These criteria might include compassion, leadership skills, a strong moral compass, persistence in the face of adversity, and other attributes that may signify potential for success in school and as a professional. The chosen criteria must align with a school's mission as well. Admissions officers trained to use holistic review also consider traditional quantitative measures of academic achievement alongside each applicant's unique characteristics and experiences.

In 2014, 93 percent of dental schools and 91 percent of medical schools reported that they used holistic review as a part of the admissions process. In contrast, slightly less than half of nursing schools had adopted holistic review.

"When we questioned nursing deans about why they weren't using holistic review, we learned that many weren't even aware of it," says Greer Glazer, PhD, CNP, FAAN, dean of the University of Cincinnati (UC) College of Nursing, UC associate vice president for health affairs, and an RWJF Executive Nurse Fellow. "Others were concerned that using holistic review would lead to a less

academically qualified student body that wouldn't do well on the nursing licensure exam."

To assuage such fears, Glazer and her team used funding from HRSA and the National Institute on Minority Health and Health Disparities to investigate whether holistic review had produced less qualified student bodies. Her [study](#) found that most health professions schools that adopted holistic review reported that three measures—the average GPAs of their incoming classes, their graduation rates, and the average number of attempts per student to pass required licensing exams—all remained unchanged or improved following the introduction of holistic review. Meanwhile, the student bodies at these schools had grown more diverse.

"The schools also reported to us that their learning environments had improved because students were engaging with a more diverse group of peers who introduced new ideas," says Glazer.

For years, the [University of Illinois at Chicago \(UIC\) College of Nursing](#) relied entirely on assessing a written application and looked first to GPAs to select candidates. Since adopting holistic review in 2013, the focus has shifted away from emphasizing past academic performance to considering such

Keeping Policies in Line with the Law

Ever since the Supreme Court's 1978 *Bakke* decision struck down the use of racial quotas in university admissions, schools have been forced to rethink their processes for screening applicants. The *Bakke* ruling gave schools some leeway by including language stating, "the goal of achieving a diverse student body is sufficiently compelling to justify consideration of race in admissions decisions under some circumstances."

As admissions policies and practices have evolved, a succession of Supreme Court cases has continued to challenge efforts to

achieve diversity in academic settings. In two notable rulings involving the University of Michigan, the Court affirmed that diversity is a compelling interest in higher education. It also said that universities could not give an automatic advantage to applicants based on race or ethnicity; rather, the Court said, race is one of many factors that may be considered.

Eight states—Arizona, California, Florida, Michigan, Nebraska, New Hampshire, Oklahoma, and Washington—have subsequently banned consideration of race in university admissions. In almost all of these states, the bans have negatively affected the



"Holistic review uses no one set of criteria. It's mission-based and broader than grade point averages and test scores."

Greer Glazer, PhD, CNP, FAAN,
Dean, University of Cincinnati College of Nursing and Associate Vice President for Health Affairs

attributes as speaking several languages or showing a commitment to community service.

"We are trying to admit people we think will be successful in the profession, so the 3.8 or 3.9 GPA becomes less relevant," says Julie Zerwic, PhD, RN, FAAN, professor and executive associate dean. Now all qualified applicants take part in a group interview, giving them another way to showcase their strengths. "We take a 360-degree view of the applicant. The GPA is no longer the major benchmark," Zerwic says.

The percentage of non-White matriculated UIC BSN students rose from 40 in 2013 to 49 in 2015. This same year, 20 percent of admitted students were men.

Lessons Learned

- Expanding nursing school admissions criteria beyond test scores and grades can lead to a more diverse student body.
- Schools must ensure that their admissions criteria are aligned with their institutional missions and will stand up to legal scrutiny.

enrollment of African American and Hispanic students at prominent public universities.

More states may follow suit depending upon how the Supreme Court rules in another admissions case, *Fisher v. University of Texas at Austin*. The Court's 2013 ruling in the case put the onus on schools to demonstrate that race-conscious admissions policies were narrowly tailored to obtain the educational benefits of diversity in a way that race-neutral policies could not achieve. The Court is revisiting the case and is expected to issue a new ruling later this year.

Inclusion and Cultural Competency: Keys to Retaining Underrepresented Students

"There is growing evidence suggesting diversity programs that include a mix of mentorship, academic support, social support, and financial aid have the greatest success in increasing enrollment and graduating minority students," says Margo Brooks Carthon, PhD, APRN, FAAN, an RWJF Nurse Faculty Scholar and assistant professor at the University of Pennsylvania School of Nursing, who led a recent study of diversity "pipeline" programs.

Research suggests that pipeline programs—structured efforts to recruit members of underrepresented groups and help them become competitive applicants and successful students—can be effective. But schools also need to ensure that enrolled students stay in school and graduate. Creating inclusive environments that acknowledge and accommodate differences among students and cultivating cultural competency are key strategies for helping students successfully navigate the academic and social challenges of nursing programs.

Forging Bonds Among Students

When Norma Martínez Rogers, PhD, RN, FAAN, first became a nursing professor at the University of Texas Health Science Center at San Antonio (UTHSCSA), she noticed that Hispanic students were not graduating on time. In response, she developed a peer-mentoring program called *Juntos Podemos* or "together we can." The program helps students keep up academically and navigate the challenges of feeling like outsiders.

Martínez Rogers engages third- and fourth-semester students to mentor second-semester students, who mentor first-semester students in turn. Students also develop cultural competency by volunteering in the community to teach children about healthy behaviors. More than 2,332 students took part in the program between 1999 and 2014, and more than 98 percent of them received their nursing degrees.

The Challenge of Inclusion

Less than 1 percent of RNs have American Indian or Alaska Native backgrounds, making these among the most underrepresented racial and ethnic groups in nursing.

Margaret P. Moss, PhD, JD, RN, an RWJF Health Policy Fellow and associate professor at the University at Buffalo School of Nursing, says inclusion is especially challenging to achieve with American Indian students, who are literally from another sovereign nation, with dual tribe and U.S. citizenship.

"They have to leave their country to get an education, and that is a very big deal," says Moss. "Many times, the schools aren't fully prepared. If you treat these students the same as everyone else, they will fall behind."

One school that has been successful in graduating American Indian nursing students: the *College of Nursing at Montana State University (MSU)*. The college created the Caring for Our Own program with funding from HRSA and the Indian Health Service.

Beyond Cultural Competency

Hidden biases can negatively impact how health care providers treat their patients and each other, both in school and in practice. Even ethnic groups labeled White by demographers, such as Arab Americans and Orthodox Jews, say they feel unwelcome at times.

In 2005, the *University of Washington School of Nursing* decided to go beyond traditional cultural competency education to tackle

unacknowledged racism head-on. With the moral and financial support of UW's president and their dean, UW School of Nursing faculty formed a diversity committee and created a training program to counter unconscious biases. Uncomfortable interactions between faculty and staff of different races were brought into the open, as were faculty behaviors and curricula responsible for an unconscious "climate of Whiteness" that made non-White students feel like "others."

For More Information

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Brooks Carthon JM, Ngyuan T, Park E, Guevara J, Chittams J. *Measuring Success: Results from a National Survey of Recruitment and Retention Initiatives in the Nursing Workforce. Journal of the Council for the Advancement of Nursing Science.* 2014;62(4):259-267.

"Programs that help increase the number of American Indians in the nursing workforce are crucial to meeting the health needs of rural Americans. Better access to health-related education and training will ensure that our American Indian students are well prepared to become our state's future health care leaders—in turn, improving the quality and availability of care for all."



Sen. Steve Daines (R-Mont.)

When UTHSCSA folded *Juntos Podemos* into a broader student support program in 2014, participation dropped, perhaps showing how language helps create a climate of inclusion. "One problem is the name. Student Success Center isn't very inviting," says Martínez Rogers. "It doesn't lend itself to 'come on in.'"

The program provides cost-of-living stipends, tuition and book assistance, academic tutoring, and organized peer support. Pre-nursing students meet with an academic advisor weekly. Junior and senior students meet with a nurse mentor bi-monthly. Since the program began in 2002, 88 program participants have received their nursing degrees, according to the MSU Office of Planning and Analysis.

Lessons Learned:

- Providing mentoring, social supports, academic tutoring, and financial assistance are crucial to creating an environment where underrepresented students can succeed.
- Addressing unconscious or implicit bias and fostering cultural competency skills are essential for creating an inclusive environment.

UW's work on diversity continues to evolve. The nursing school has instituted an aggressive recruitment and student support effort. By 2014, 51 percent of the school's BSN students were White, down from 68 percent in 2010, and 17 percent of students were men, up from 12 percent in 2010.

Cultivating the Existing Workforce

The Joint Commission, the nonprofit organization that accredits the nation's hospitals, has been prodding hospitals since 2008 to adopt policies and practices to demonstrate that they can care for diverse populations.

In an August 2015 [article](#) in the *Journal of the American Medical Association*, the Joint Commission's medical director and his coauthor observed that the lack of diversity among health care professionals is resulting in health inequities, and urged schools, health systems, and accrediting bodies to "redouble their efforts to increase awareness of disparities [and] enhance diversity in the health professions."

Hospital systems in New Jersey and Washington are already heeding their calls for action.

Workplace Flexibility and Senior-Level Support Are Key

Meridian Health, a Neptune, N.J., nonprofit with six hospitals and more than 12,000 employees, has increased the diversity of its nursing workforce by offering flexible work schedules, job security, and tuition reimbursement for employees studying to become RNs.

About 26 percent of Meridian's patient population and about 9 percent of its nurses are from non-White backgrounds, says Wayne Boatwright, Meridian's vice president of cultural diversity. "We are working to close that gap because our nurses play such a critical role as our frontline workers," he says. "They are the first clinicians that our patients encounter, and it's important that they reflect diversity and exhibit cultural competence."

Meridian created the "OFFER" program in 2003 to encourage full-time employees who are not RNs to go back to school and earn a nursing degree. Because most participants must continue working, employees who choose to enroll can study full time during the week and work 12-hour shifts every Saturday and Sunday. They retain a 36-hour-per-week salary and full employee benefits. They also qualify for \$5,000 in tuition reimbursement. In exchange, employees agree to work at Meridian for at least two years, and they are the first recruited for vacant RN positions.

So far, 197 employees have taken advantage of the program, 181 have become RNs, and 171 have remained at Meridian after completing their two-year work obligation.

Meridian has also created a cultural ambassador program to improve the ability of its staff to care for patients from many cultures and backgrounds, and encouraged the formation of employee resource groups, which provide support and information to employees with similar backgrounds and common concerns.

"I report to the President and CEO," says Boatwright. "Diversity at Meridian is not just the flavor of the month, but a critical strategic initiative to improve patient care."

Researchers have identified this type of senior-level commitment and accountability to the CEO for program outcomes as key elements of successful diversity programs.

A Union/Employer Partnership

The Service Employees International Union (SEIU) Healthcare 1199NW and six Washington state health systems have joined together to increase diversity in the nursing workforce. In 2008, they established the **SEIU Healthcare 1199NW Multi-Employer Training and Education Fund** to offer educational benefits and supports to 10,000 eligible employees covered by the union's collective bargaining agreement.

U.S. Bureau of Labor Statistics [data](#) indicate that Hispanics and African Americans are over-represented in certain non-professional occupations, including housekeeper and nursing assistant. By providing a pathway for hospital employees to get nursing degrees,

the program expects to increase the diversity of Washington state's nursing workforce. Half of current program participants come from underrepresented racial and ethnic minority groups.

To help with time management, the Training Fund provides counseling, and its higher education partners offer worksite and online classes. The students receive career counseling, help with college entrance exams and English skills, tutoring, up to \$5,525 a year in tuition assistance, and reimbursement for the cost of RN specialty exams. In exchange for tuition assistance, students commit to work for one of the health systems for one to three years, if a job is available.



Photo: Courtesy of SEIU Healthcare 1199NW Training and Education Fund

Among the benefits of the Training Fund, current RNs may use the program to advance their degrees. Since 2009, the program has helped 418 RNs earn baccalaureate, master's, or doctoral degrees. Another 231 employees have enrolled in nursing school.

Financial Supports Matter

Flexible part-time employment and employer tuition support are more vital than ever as the cost of education and student debt continue to rise. A 2014 [study](#) in *Nursing Economics* reported that the average student loan debt of pre-licensure nursing students from 2010 to 2013 was about \$30,000, similar to the average for all undergraduate students.

While federal and state aid programs provide valuable assistance, the dollar amounts fall far short of student need. According to an AACN 2013-14 survey of nursing graduates who received aid through HRSA programs, the debt of nurses who had earned BSN, MSN, DNP, and PhD degrees averaged \$33,300, \$52,218, \$67,905, and \$64,457 respectively.

Lessons Learned:

- Successful workforce diversity programs require the engagement of upper-level management.
- Hospital systems that provide flexible scheduling, tuition assistance, and other supports for employees willing to earn nursing degrees are likely to increase their workforce diversity.

Lessons Learned: What Doesn't Work

In recent years, researchers have identified several strategies for diversifying the workforce that are widely used but have not yielded progress. These include:

- Diversity training for human resources managers

A review of 31 years of data gathered at hundreds of American companies found that “diversity training exercises” aimed at changing the attitudes and behaviors of hiring managers did nothing to increase diversity or were counterproductive. “Studies show that it is difficult to train away stereotypes and that white men often respond negatively to training—particularly if they are concerned about their own careers,” the study observed.

- Creating affinity networks

Companies created “affinity networks” in response to the notion that underrepresented minority employees fail to move up the leadership ladder because they lack the social connections that White men develop easily with coworkers and bosses. Affinity networks as envisioned, encourage employees to gather by ethnic group to hear speakers or discuss their experiences with one another. Research shows these meetings have no impact because they tend to draw people

The Value of Nursing

Diversity is a pillar of the **Future of Nursing: Campaign for Action**, a joint initiative of RWJF and AARP to advance the recommendations of the 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*. In 2012, the Campaign launched its Diversity Steering Committee made up of the presidents of the National Coalition of Ethnic Minority Nurses Association, its member associations, and the American Assembly for Men in Nursing. Through monthly webinars, the deployment of diversity experts, and grants to the Campaign's state Action Coalitions, the Campaign has increased awareness of ways to achieve nursing workforce diversity.



Photo: Courtesy of New York State Action Coalition

“on the lowest rungs of the corporate ladder, and tend not to put people in touch with what and whom they need to know to move up the ladder.” Recently, the affinity-network concept has evolved. Today's “employee resource groups” have been found to be effective when the groups have a clear business goal and a leader who reports to the organization's CEO.

- Diversity efforts aimed at treating all students “the same”

To avoid discrimination, diversity training often advises educators to treat all students the same, regardless of their race, ethnicity,

gender, or socioeconomic status. Such an approach, “however well-intentioned...often falls short of generating the level of interest or insight necessary to identify the pitfalls that affect nontraditional students,” says Kupiri Ackerman-Barger, PhD, RN, assistant adjunct professor at the Betty Irene Moore School of Nursing at the University of California, Davis. These attempts at fairness also provide little guidance in how to make nursing education excellent for all types of students.

- Creating recruitment programs without a retention strategy

Nursing schools and programs that reach out to underrepresented groups have been successful in building diverse classes, but schools that don't offer mentorship and academic and psychosocial supports find that many of these same students fail to graduate.

For More Information

Dobbin F, Kalev A, Kelly E. *Diversity Management in Corporate America*. *Contexts*. 2007;6(4):21-28.

Bednarz H, Schim S, Doorenbos A. *Cultural Diversity in Nursing Education: Perils, Pitfalls and Pearls*. *Journal of Nursing Education*. 2010;49(5):253-260.

Select Resources and Programs

- Nursing Workforce Diversity Grants <http://bhpr.hrsa.gov/nursing/grants/nwd.html>
- Health Profession Opportunity Grants <http://www.acf.hhs.gov/programs/ofa/programs/hpog>
- National Health Service Corps <http://nhsc.hrsa.gov>
- Area Health Education Centers <http://bhpr.hrsa.gov/grants/areahealtheducationcenters/>
- Centers of Excellence <http://bhpr.hrsa.gov/grants/diversity/coe.html>
- IHS Health Professions Scholarship Program for Indians <http://www.ihs.gov/scholarship/>
- National Workforce Diversity Pipeline Program <http://minorityhealth.hhs.gov/Assets/PDF/National%20Workforce%20Diversity%20Pipeline%20Program%20Final%20Slides%20Only%20Presentation%20040920155082.pdf>
- Improving Diversity in the Health Professions <http://www.gih.org/Publications/IssueFocusDetail.cfm?ItemNumber=4292>

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