

A Critical Need for a More Diverse Nursing Workforce

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As we face a potential nursing shortage, we should consider who is missing from the current nursing workforce. Racial and ethnic minorities are underrepresented in the North Carolina nursing workforce, as are men. Only about 12% of the RN workforce were racial and ethnic minorities in 2001, compared to 28% of the state's population.¹ This percentage has increased only slightly over the last 20 years when only 8% of the RN workforce was part of a racial or ethnic minority (1982). LPNs more closely reflect the state's diverse population: 26% of the LPN workforce was from a racial or ethnic minority in 2001.

Males are even more under-represented in the nursing workforce: only 6.6% of RNs, and 5.1% of LPNs are men, compared to 49% of the state's population.² While it is important to address both of these issues—the recruitment of racial and ethnic minorities and men into nursing—this paper focuses on efforts to increase the supply of racial and ethnic minorities in the nursing profession.

Why Diversity in Nursing Is Important

Attracting a more diverse population into the profession serves many purposes. First, studies have shown that racial and ethnic minorities are more likely than their white cohorts to serve underrepresented communities.³ This helps improve access to health-care for minority patients and reduce healthcare disparities. When given a choice, patients are more likely to select a healthcare professional of their own racial or ethnic background and are generally more satisfied with the care provided them by these providers. Minority health providers are also more likely to practice in community-based settings that serve low-income populations or in settings less covered by non-minority nursing professionals. In North Carolina, for example, African-American RNs are more likely to practice in public health clinics, mental health facilities or long-term care settings: they comprise 9% of the total RN workforce, but 13% of the long-term care, 13% of the public health, and 20% of the mental health facility workforce.⁴

Minority providers can also help bridge cultural and language gaps in practice and in education. For example, Latino nurses can help bridge language gaps. Currently, more than 5% of the state's population is Latino, many with limited English proficiency. Increasing the numbers of Spanish-speaking Latino nurses could help ameliorate language and cultural barriers that exist for many of the recent Latino immigrants to our state. Bilingual nurses in practice and education contribute substantially in diminishing these barriers.

A diverse student body and workforce can also improve the cross-cultural training of all students. The interaction of students from diverse backgrounds provides a broader perspective of racial, ethnic, and cultural differences. Reaching out to racial and ethnic minorities could also help broaden the pool of potential nurses. In short, creating a more diverse workforce is beneficial in creating a sense of community, narrowing the health disparity gap, and promoting the health of all people.⁵

Table 1.
Racial Composition of Licensed RNs and LPNs
in the NC Nursing Workforce (2001)

	RNs	LPNs
White	87.8%	73.7%
African American	8.7%	23.2%
American Indian	0.6%	1.2%
Asian or Pacific Islander	1.6%	0.4%
Hispanic	0.5%	0.7%
Other	0.5%	0.6%
Unknown	0.3%	0.3%

Source: Lacey, Linda M. and Shaver, Katherine. North Carolina Trends in Nursing: 1982 - 2001 RN and LPN Workforce Demographics. March, 2003.
www.nursenc.org/research/Trends2001/workforce_demos.pdf

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Recruiting, Admitting, and Graduating Racially Diverse Nursing Students

To achieve a more diverse RN workforce in North Carolina, we must do more to recruit, admit and graduate racial and ethnic minorities in nursing programs.

Recruiting minorities into nursing: Ideally, recruitment should begin by reaching out to underrepresented populations while in elementary and high schools to encourage them to explore a career in nursing and to advise appropriate classes that will academically prepare them for nursing programs. The NC Institute of Medicine Task Force Report on the NC Nursing Workforce has partially addressed this problem. It recommended:

The North Carolina General Assembly should appropriate additional funds to the NC Center for Nursing (NCCN) for the next five years to expand and enhance the outreach and recruitment efforts targeted to racial and ethnic minorities and males. The NCCN should report to the NC General Assembly on an annual basis on the progress in recruiting minorities and men into nursing. Funding should be tied to meeting certain performance thresholds. An image campaign about nursing and nursing work targeted specifically to the African American and Hispanic/Latino communities, as well as males in general, should be strengthened and promoted. Such a public information campaign should make clear the multiple pathways available to any person interested in a nursing career, as well as the opportunity for advanced educational opportunities following entry to the profession through any portal. (Rec. #3.22d).

Further, the Task Force also recommended that high school, community college and university guidance counselors receive additional training to provide better information to students who may be interested in a nursing career (Rec. #3.23).

While these recommendations are helpful, they will not fully address the problem. The NC Center for Nursing can help create an interest in nursing programs among underrepresented populations, but it is not an educational institution, so consequently has no authority to admit these students. In addition to the new appropriations to the NCCN, funds should be appropriated directly to nursing education programs for targeted outreach and recruitment efforts. Not only can educational institutions reach out directly to students, but they can also develop partnerships with community leaders to create trust and a positive image of the institution. The nursing educational programs that receive funding should be held accountable for increased admissions and subsequent graduation of nursing students from the various racial and ethnic populations.

Nursing education programs: To achieve a more diverse nursing workforce, nursing programs first must admit and graduate students from diverse backgrounds. Together, leaders in education and practice must be accountable for the preparation and graduation of a critical mass of registered nurses from racial ethnic backgrounds beginning with African Americans.

Segregation and Nursing Education: Historic Barriers and Progress

Historically, the opportunity to provide a quality education for African American students was limited, as the education of African Americans was restricted to Historically Black Colleges and Universities (HBCUs), first through laws and later through practice. The legal right for African Americans to attend predominantly white institutions was not guaranteed until 1954, when the Supreme Court in *Brown v. Board of Education of Topeka Kansas*, 347 U.S. 483 (1954), nullified *Plessy v. Ferguson*, 163 U.S. 537 (1896), which had supported “separate but equal” education. One year after the *Brown* decision, North Carolina was still fighting against admission of black students to the University of North Carolina. This was resolved in 1955, when UNC was legally required to admit black students in *Frasier v UNC Board of Trustees*, 134 F.Supp. 589 (1955).⁶ Despite the *Brown* decision, educational institutions in this state and around the country made it difficult for black students to enroll.

Historically, when black students were denied admission to all-white programs, both black and white leaders initiated nursing programs for black students. HBCUs boast of graduating most of the African American registered nurses in North Carolina.⁷ From 2001-2003, 65% of the African American nursing graduates in the public baccalaureate and higher degree programs were awarded degrees from three of its HBCUs.⁸ In 2001, for example, HBCUs in North Carolina educated 3.4% of the active RN workforce, but 26% (-1,750) of the practicing African American RNs.⁹

Although Historically Black Colleges and Universities have produced a disproportionate proportion of the African-American nurses currently practicing in the state, it is the responsibility of all public nursing programs in North Carolina to produce a more diverse workforce. To achieve this goal, institutions and nursing programs must be committed to a more diverse student body. In addition, they can employ other strategies which can help improve their records of training and graduating a diverse student population:

- **More inclusive admissions policies.** Rather than relying primarily on standardized tests, traditionally white educational programs need to consider additional methods for admitting students to nursing programs. Because minority students are more likely to be educated in lower-wealth schools with fewer educational opportunities, they often score lower than whites or Asian-Americans on standardized tests. Admissions committees should consider other qualities linked with professional success in their selection process, including leadership, personal life experiences, commitment to service, and multi-lingual abilities. In addition, minority faculty should be asked to serve on admissions committees.
- **Hire more minority educators and help prepare white faculty to be more attuned to the needs of a diverse student population.** Nationally, only 9.5 % of full-time nursing faculty represent racial/ethnic minority groups.¹⁰ This statistic

suggests a dire need for more minority educators. However, all educators, not just those from racial and ethnic minority groups, need to be culturally sensitive to the needs of under-represented student populations. One option to help sensitize white faculty to the needs of minority student populations is to encourage white faculty to have visiting professor immersion experiences on campuses with a more diverse student population.

- **Mentoring and social support.** A critical mass of underrepresented groups should be admitted to ensure their social support rather than admitting one or two students in the typical class. Further, while not unique to a minority student population, nursing schools should provide academic and social supports needed to ensure academic success, including faculty mentoring, academic tutoring and educational counseling services.
- **Removing financial barriers.** Minority students often come from lower-income families and may find the cost of education to be prohibitive. Scholarships, loan forgiveness and stipends are needed to help assist these low-income students (of any racial or ethnic background) to pay for their nursing education.
- **Other strategies.** Other reliable strategies include avoiding labels that create unnecessary hurdles for students or perpetuate

old stereotypes of racial/ethnic groups, developing curricula and teaching standards that recognize commonalities and respect for differences, and ensuring the history of under-represented groups as part of the curriculum.

If North Carolina and its public nursing education system intend to remain strong and be a model for the rest of the country, it has to provide quality education for all of its citizens. Moreover, it needs to acknowledge and embrace the benefits of a diverse registered nurse workforce. Proficiency in relating to cultures different from one's own becomes an essential ingredient in the skill set for the 21st century healthcare professional. Success for students from diverse populations means success for the state and improved healthcare for its citizens. Due to widening racial disparities in healthcare, this phenomenon is significant.

Students who learn together are more likely to work well together. Microbiology teaches us that organisms improve their chances of survival by interacting with one another. Therefore, if individuals tend to work only with their own ethnic group, everyone's existence is threatened. Leveraging diversity expands one's capacity to learn and survive. Patients, communities, and the healthcare system will be the beneficiaries of a more diverse registered nurse workforce. **NCMJ**

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