Increasing Racial/Ethnic Diversity in Nursing to Reduce Health Disparities and Achieve Health Equity

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ABSTRACT

As nursing continues to advance health care in the 21st century, the current shift in demographics, coupled with the ongoing disparities in health care and health outcomes, will warrant our ongoing attention and action. As within all health professions, concerted efforts are needed to diversify the nation's health-care workforce. The nursing profession in particular will be challenged to recruit and retain a culturally diverse workforce that mirrors the nation's change in demographics. This increased need to enhance diversity in nursing is not new to the profession; however, the need to successfully address this issue has never been greater. This article discusses increasing the diversity in nursing and its importance in reducing health disparities. We highlight characteristics of successful recruitment and retention efforts targeting racial/ethnic minority nurses and conclude with recommendations to strengthen the development and evaluation of their contributions to eliminating health disparities.

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The disparities in health care and health outcomes between majority and racial/ethnic minority and underserved populations are well documented.[1,2] Multiple reports and other sources of evidence support the urgent need to reduce and, ultimately, eliminate health disparities. To illustrate, findings from the 2012 Agency for Healthcare Research and Quality's "National Healthcare Disparities Report" showed that health-care quality and access for minority groups and low-income populations continues to lag behind other groups. Diabetes care, maternal and child health care, adverse events, cancer screening, and access to care are just a few examples in which persistent disparities exist for minority and low-income populations. While quality of care is slowly improving for some groups, quality measures of disparities related to age, race/ethnicity, and income are not improving.[2]

SHIFT IN THE NATION'S DEMOGRAPHICS

Demographic trends predict a rapid growth in racial/ethnic minority populations by 2060. The United States is projected to become a majority-minority nation for the first time in 2043. To illustrate, the Hispanic population is expected to more than double, increasing from 53.3 million in 2012 to 128.8 million in 2060. Notably, by the end of 2060, approximately one in three U.S. residents will be Hispanic, compared with one in six in 2012. The African American population will increase from 41.2 million in 2012 to 61.8 million in 2060, comprising 14.7% of the population in 2060, compared with 13.1% in 2012. The Asian population is expected to more than double, increasing from 15.9 million in 2012 to 34.4 million in 2060, an increase from 5.1% of the population in 2012 to 8.2% of the population in 2060. The number of American Indian and Alaska Native people will increase from 3.9 million to 6.3 million during this same time period, while the Native Hawaiian and other Pacific Islander population will more than double, from 706,000 to 1.4 million. Notable projections reveal that the number of people who identify as belonging to two or more races will triple from 7.5 million to 26.7 million during this same time period. The non-Hispanic population will reach its peak in 2024 at 199.6 million, compared with 157.8 million in 2012.[3] This projected growth in minority populations, coupled with the growing disparities in health care and health outcomes, underscores the need to recruit and retain a diverse nursing workforce that mirrors the nation's culturally diverse population.[4]

DIVERSITY IN THE NURSING WORKFORCE

Data from the initial findings of the 2008 National Survey of Registered Nurses showed that, as of March 2008, there were an estimated 3.0 million registered nurses (RNs) residing in the U.S. Of these RNs, approximately 84.8% were employed in nursing positions. Noteworthy, 65.6% of the U.S. population was non-Hispanic white, and 83.2% of RNs were non-Hispanic white. Although the RN population is growing in diversity, minority nurses remain underrepresented. Findings show that nurses from minority backgrounds represent 16.8% of the RN workforce. More specifically, in 2008, the RN population comprised 5.4% African American, 3.6% Hispanic, 5.8% Asian/Native Hawaiian, 0.3% American Indian/Alaska Native, and 1.7% multiracial nurses.[5]

Similar to the low percentages of racial/ethnic minority groups in the nursing workforce, the number of racial/ethnic minority individuals enrolled in nursing schools is suboptimal to meet the diversity needs of the future. However, some progress has been made. For example, in 2011, among nursing students from minority backgrounds, 26.8% were enrolled in entry-level Bachelor of Science in Nursing programs, 26.1% in master's nursing programs, and 23.3% in research-focused doctoral nursing programs. Also noteworthy is the shortage of men in schools of nursing. This group is also underrepresented in the nursing workforce.[6]

Nurse leaders, leading national nursing organizations, and the Health Resources and Services Administration's (HRSA's) Division of Nursing, along with other stakeholders, have articulated the need for more diversity in nursing and are responding to this need by implementing and evaluating initiatives that focus on recruiting and retaining underrepresented minority groups in the nursing field. While a detailed discussion of these initiatives is beyond the scope of this article, select examples are presented.

In a recent review of the literature on recruiting and retaining underrepresented minority groups in undergraduate nursing programs, Dapremont evaluated seven peer-reviewed articles published from 2003 to 2010 and identified key characteristics for successful recruitment and retention. Factors such as providing academic and financial support, mentoring students, and working with community partners were all deemed important to the successful recruitment and retention of underrepresented minority groups in nursing. The availability of minority faculty to provide support, along with peer and social support, was deemed beneficial as well. Support prior to admission into a nursing program was viewed as very valuable, as was the ongoing support one receives during one's academic progression.[7]

Loftin and colleagues reported findings consistent with Dapremont in their integrative review of recruiting underrepresented minority groups into nursing. The authors concluded that, in addition to addressing the financial barriers for minority students, programs focused specifically on recruitment, retention, and graduation should address needs such as computer literacy, professional socialization, and supportive environments. Given that a considerable amount of focus has already been placed on successful students, these authors assert that efforts are needed to understand barriers to successful entry and graduation among students who are unsuccessful in nursing programs or who have left a nursing program.[8] Others report similar factors for successful recruitment and retention, including tutoring by faculty and peers, counseling, and cultural competency training.[9–11]

Efforts to diversify the nursing workforce should include a robust and measurable strategic plan for recruiting and retaining racial/ethnic minority individuals in nursing programs. For example, recognizing the need to enhance the diversity of its student population, one Midwestern college of nursing created and instituted a diversity strategic plan in response to its commitment to attract and support a diverse student nursing population. This strategic plan, titled The Diversity Pyramid, includes a three-pronged approach focused on securing and demonstrating organizational commitment, providing financial support to students in need, and targeting resources to meet the needs of a diverse student population, all of which include measurable objectives. The organizational commitment is reflected in the university's overall strategic plan, complete with measurable diversity goals at the highest level of leadership, culminating at the faculty and staff level. All personnel in the organization are accountable for pursuing or attaining a diversity goal in their annual performance reviews. Admission criteria, policies, and procedures reflect the university's commitment to ensuring a diverse student population. Individuals facing financial constraints have opportunities to apply for support through a number of grants, scholarships, and other financial set-asides. Finally, the recruitment and retention plan builds on strong partnerships with high schools, colleges, and professional organizations with diverse representation. Collectively, these efforts are beginning to show favorable results. Nursing leadership for this initiative emphasized the invaluable role of institutional commitment in ensuring successful recruitment and success in nursing programs.[12]

Minority nurse faculty underrepresentation is yet another concern. Recent findings revealed that 12.6% of full-time nursing school faculty come from minority backgrounds, and approximately 6.2% are male.[6] The limited number of minority nurse faculty to serve as role models and mentors creates an additional barrier to the successful recruitment and retention of underrepresented minority groups in nursing. The American Academy of Nursing, the American Association of Colleges of Nursing, Johnson & Johnson, the National League for Nursing, and HRSA's Division of Nursing, among others, are actively working to alleviate this shortage by supporting minority nurse faculty scholarships, loan repayment programs, and ongoing professional development opportunities. Selected resources on this topic are included in the Figure.

Jacob and Sanchez support the urgent need to recruit and retain minority nursing faculty. Noting their experience in recruiting Hispanic nursing faculty through a HRSA-supported minority fellowship program, the authors reported that programs that facilitate minority faculty success are critical to the successful recruitment and retention of minority nursing faculty. The authors concluded that opportunities for faculty professional development should focus on program administration, leadership development, grant writing, and scientific writing for publication, all of which show promise for increasing the productivity and success of minority nursing faculty.[13]

Figure. Selected resources devoted to enhancing diversity in nursing

- New Careers in Nursing scholarship program supported by the Robert Wood Johnson Foundation and the American Association of Colleges of Nursing
  http://www.newcareersinnursing.org
- Johnson & Johnson Campaign for Nursing's Future/American Association of Colleges of Nursing Minority Nurse Faculty Scholars Program
  http://www.aacn.nche.edu/students/scholarships/minority
- MinorityNurse.com
  http://www.minoritynurse.com
- National Black Nurses Association, Inc.
  http://www.nbna.org
- Association of Black Nursing Faculty, Inc.
  http://www.abnf.net
- National Association of Hispanic Nurses
  http://www.nahnnet.org
- National Coalition of Ethnic Minority Nurse Associations
  http://www.ncemna.org
- U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions diversity grant programs
  http://bhpr.hrsa.gov/grants/diversity

THE ROLE OF NURSING WORKFORCE DIVERSITY IN REDUCING HEALTH DISPARITIES

There is an unspoken assumption that underlies nursing workforce diversity efforts—that increasing workforce diversity will lead to decreased health disparities among racial/ethnic minority populations. In fact, this assumption is embedded in the conceptual framework in which this supplement is grounded.[14] Yet, while numerous authors have reported on the various strategies and outcomes related to enhancing workforce diversity, the contributions of minority nurses in eliminating health disparities are not well documented. One indication of minority nurses' contributions to eliminating health disparities is reflected in the growing number of minority nurse scientists actively engaged in health disparities research. This increase can be attributed in part to the substantive grant opportunities made possible by the National Institute of Nursing Research (NINR).[15] NINR has a long and dedicated history of advancing the health of all populations, with substantive investments devoted to promoting health equity and eliminating health disparities. These goals are being accomplished through a number of mechanisms that support research funding and career development.[15–17]

Racial/ethnic minority nurses have made great strides in advancing knowledge about health disparities and related interventions.[18,19] Goeppinger and colleagues reported on building nursing research capacity to address health disparities targeting minority baccalaureate and graduate students.[20] Similarly, Underwood and colleagues reported on the contributions of minority nurse scientists to addressing health disparities.[19] However, more data and opportunities to link such research to reductions in health disparities are needed. Gillis et al. echoed this call for additional data by suggesting that there are limited data linking nursing workforce diversification to reductions in health disparities:

> "In a time when the hallmark of best practice is predicated on the basis of evidence, we have not carefully examined the impact of diversity of nursing workforce. Instead of assuming the value, we would do well to systematically examine the impact of workforce diversity on patient outcomes and the healthcare delivery system."[4]

The authors call for a systematic review examining the impact of nursing workforce diversity on outcomes of care within institutions and population health. Specifically, they suggest an agenda that will (*1*) determine whether a diverse nursing workforce distributes itself to care for minority populations, (*2*) determine whether nurse-patient concordance on race/ethnicity influences health-care outcomes, and (*3*) evaluate the role of diversity in trust and willingness to advocate. In addition to a systematic investigation on diversification and outcomes, Gillis and colleagues call for more funding to support nursing careers at the entry level, similar to the degree of funding for advanced practice nursing education. They propose that accrediting bodies assume responsibility for evaluating retention efforts and for any initiatives designed to facilitate student success. Finally, they underscore the value of HRSA programs that fund initiatives to diversify the nursing workforce.[4]

The underrepresentation of racial/ethnic minority nurses in influential leadership roles creates yet another concern with regard to eliminating health disparities. Racial/ethnic minority nurses should not bear the responsibility of addressing health disparities in isolation, or alone for that matter. However, a contemporary understanding of their positions and contributions in this regard is needed.

Minority nurses in influential leadership roles are more likely to be better positioned to directly influence resource allocation and the recruitment and retention of a diverse workforce, and shape organizational and national policies aimed at eliminating health disparities. Thus, preparing racial/ethnic minority individuals to assume greater leadership roles in reducing health disparities should remain a high priority. Given the urgent need to reduce health disparities, it seems logical that now is the time to take inventory of the roles and positions of racial/ethnic minority nurses. This type of inventory should include a current-day assessment of influential positions—within academia (e.g., deans and faculty), all levels of government (including the military), the health policy arena, societies and professional organizations, and nursing and health-care organizations—along with descriptions of their contributions to eliminating health disparities. This assessment would build on similar findings provided by Schmieding in her inventory on minority nurse leadership. Schmieding captured the percentages and positions of minority nurses in leadership positions and called attention to the need for more minority nurses in influential leadership positions.[21] Bessent and Fleming provided guidance for addressing the underrepresentation of minority nurses in leadership positions.[22] Efforts to reduce health disparities will not be realized fully without successfully addressing the underrepresentation of minority nurse leaders in today's health-care arena.

Bull and Miller suggest that greater emphasis is needed to design curricula that will strengthen doctoral

students' knowledge of disparities and vulnerable populations. Their revised Doctor of Philosophy curriculum is designed to prepare doctoral nurse scholars across demographic backgrounds to assume leadership roles in reducing health disparities.[23]

The role of racial/ethnic minority nursing organizations in reducing health disparities also cannot be overemphasized. Racial/ethnic minority nursing organizations such as the National Black Nurses Association, the National Association of Hispanic Nurses, the Association of Black Nursing Faculty, the National Coalition of Ethnic Minority Nurse Associations (comprising the Asian American/Pacific Islander Nurses Association, National Alaska Native American Indian Nurses Association, National Association of Hispanic Nurses, National Black Nurses Association, and Philippine Nurses Association of America) have a long, rich, demonstrated commitment to reducing health disparities. These organizations have worked passionately to recruit and support underrepresented minority groups in nursing by providing mentoring, financial resources, ongoing professional development opportunities, and role modeling for racial/ethnic minority nurses. Eliminating health disparities is of highest concern for these organizations and their members. Their research agendas, professional development activities, community service programming, policy advocacy, and political activism all reflect their commitment to eliminating health disparities.

Minority nursing organizations have frequently collaborated with other stakeholders to achieve mutually determined diversity goals and are often called upon to sit on influential bodies and committees whose expressed mission is to enhance diversity and eliminate health disparities. Members of these organizations hold influential positions throughout the nation and have consistently mentored others in achieving higher levels of involvement in the health-care arenas.

MOVING FORWARD

The goal of eliminating health disparities and, ultimately, achieving health equity, will not be realized without the ongoing engagement of racial/ethnic minority nurses. Enhancing workforce diversity is needed at all levels—in nursing and in all health-care practice and research arenas. Responding to the need to enhance workforce diversity, we offer the following recommendations. These recommendations are not listed in any particular order and are not meant to be inclusive or restrictive. Rather, they are presented to stimulate more discussion on this topic and help create a plan for future action.

Recommendations

- Fund nurse-led efforts aimed at eliminating health disparities in academic, clinical, and community-based settings.
- Create and disseminate evaluation measures and metrics that assess the contributions of a diverse workforce toward eliminating health disparities.
- Establish stronger linkages between nursing practice and the social determinants of health in nursing education and clinical practice.
- Expand service-learning activities focused on reducing health disparities and achieving health equity in nursing programs at the graduate and undergraduate levels.
- Create special fellowships or additional training opportunities to support a concentration in health equity and health disparities for advanced practice nurses.
- Support more inter-professional centers of excellence with shared responsibilities and required opportunities for minority nurse leadership and involvement.
- Support a national repository to collect nurse-led activities and nurse-collaborative efforts devoted to eliminating health disparities and ensuring heath equity.
- Intensify efforts to establish core competencies relative to reducing health disparities and achieving health equity for nursing's involvement in the practice, education, and policy arena.

CONCLUSION

Moving forward, it is critically important to provide funding, as well as create and support policies, to ensure that we continue to enhance workforce diversity in the nursing profession. Ensuring workforce diversity and leadership development opportunities for racial/ethnic minority nurses must remain a high priority if we are to realize the goal of eliminating health disparities, and, ultimately, achieving health equity.

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