



Holistic review in admissions: A strategy to diversify the nursing workforce

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ABSTRACT

Individuals both within and outside the nursing profession have called for more diversity in nursing, from the education arena to the workforce. Implementing initiatives that address diversity and determining their effects have been limited. The University of Illinois at Chicago College of Nursing used the American Association of Medical Colleges Holistic Review Project as a platform to implement a process and paradigm shift for admissions to its nursing programs. We believe that the use of holistic admissions can increase the diversity among nursing students and provide the first step toward a diversified nursing profession. In hopes of assisting other institutions, we describe our experiences with preparing and implementing a holistic admissions process within the context of lessons learned and continued challenges. Furthermore, we hope our efforts will serve as a catalyst for a national dialogue on the use of holistic review as a strategy for the development of a more diverse nursing workforce.

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There is a critical need for more diversity in nursing, from the education arena to the workforce. Although racial and ethnic minorities are predicted to comprise more than half of the U.S. population in the next 20 years, this predominance is not reflected in the ranks of nursing education or practice. Likewise, of the 3.1 million registered nurses (RNs) in the United States, only 16.6% are from underrepresented groups (U.S. Department of Health and Human Services Health Resources and Services Administration, 2010). In particular, the historically underrepresented groups of Black/African American and Hispanic nurses remain troublingly low. African Americans are 12.2% of the U.S. population yet only 5.4% of the nursing workforce; Hispanics are 15.4% of the U.S.

population but only 3.6% of the nursing workforce (U.S. Department of Health and Human Services Health Resources and Services Administration, 2010). Although the representation of men as RNs has increased since 2008, men still comprise only 9.6% of the American nursing workforce (U.S. Census Bureau, 2013), making them an additional underrepresented population in nursing.

It has also been well documented that the lack of a diverse workforce jeopardizes the health of the nation (Brooks-Carthon, Kutney-Lee, Sloane, Cimiotti, & Aiken, 2011; Institute of Medicine, 2003). Nationally, ethnic and racial minorities and other marginalized groups experience significant health disparities as evidenced by lower quality of care, disproportionate

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health care services, and higher mortality rates. For example,

- The death rate for Blacks/African Americans is higher than whites for heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, and HIV/AIDS (U.S. Department of Health and Human Services Office of Minority Health, 2013a).
- The mortality rate for Black/African American infants is 2.3 times the infant mortality rate of non-Hispanic whites. Black/African Americans are three times as likely to die as infants because of complications related to low birth weight compared with non-Hispanic whites (U.S. Department of Health and Human Services Office of Minority Health, 2013b).
- Hispanics and Black/African American youth are more likely to die from diabetes than their non-Hispanic white counterparts (Lipton, Good, Mikhailov, Freels, & Donoghue, 1999).
- Lesbian, gay, bisexual, and transgendered youth are more likely to attempt suicide (Garfalo, Wolf, & Wissow, 1999; Mustanski & Liu, 2013).
- Lesbians are less likely to seek preventive cancer care (Bureau of Labor Statistics, 2012; Dilley, Simmons, & Boysun, 2010).

It is predicted that between 2000 and 2043, racial and ethnic minority groups will exceed 50% of the American population (U.S. Census Bureau, 2012). Disparities in health outcomes are expected to escalate as these populations increase in number and lack of access to health care providers persist in general (National Association of Community Health Centers, 2007), especially access to health care providers who resemble the populations in need of care (U.S. Department of Health and Human Services, 2011).

Given these statistics, a diverse nursing workforce is critical. In addition, there is a need to have a nursing workforce that is representative of the populations it serves. It has been noted that minority health care providers are more likely to practice among underserved populations in a culturally appropriate and sensitive manner and within their own communities (Health Resources and Services Administration Bureau of Health Professions, 2006; The Sullivan Commission, 2004). As such, admission to nursing education programs must be designed to result in a student body that represents all areas of diversity and inclusion of individuals that are often marginalized, such as those from low socioeconomic and sexual minority populations and those with disabilities. Although other health professions have taken active steps to address this issue, initiatives that address diversity and determining their effects in nursing have been limited. This is particularly true for the concept of holistic review and its impact on the diversity of students within health professions' educational programs. For example, the *Urban Serving Universities* (2014) recently conducted a survey of health science colleges. Of the 228 programs that

responded, 29% were bachelor of science in nursing programs. Only 48% of health science programs reported using some elements of holistic review (*Urban Universities for Health*, 2014). However, the investigators did not report the results for the individual professional programs.

The University of Illinois at Chicago (UIC) College of Nursing (CON) used the American Association of Medical Colleges (AAMC) Holistic Review Project as a platform to implement a process and paradigm shift for admissions to its undergraduate and graduate nursing programs. We chose to work with the AAMC because professional nursing organizations do not have published guidelines for holistic review. The purpose of this article is to describe the process and the components that we believe are integral to meeting diversity and inclusivity goals in nursing and to present lessons learned from its implementation.

Holistic Review Description and Rationale

Holistic review is also referred to as comprehensive or individualized review. The AAMC describes holistic review as “a flexible, individualized way of assessing an applicant’s capabilities by which balanced consideration is given to experiences, attributes, and academic metrics and, when considered in combination, how the individual might contribute value as a medical student and future physician” (Addams, Bletzinger, Sondheimer, White, & Johnson, 2010, p. 10). Holistic review is a process of considering applicants using data from a variety of sources to determine the attributes that individuals will bring to the profession. The emphasis shifts from determining how successful an applicant will be as a student to the contribution that the applicant will make to the profession. The diversity of the class is monitored, and candidates are considered in the context of the diversity of the entire class.

There are important reasons why holistic review is implemented. The first is the recognition that measures such as grade point averages (GPAs) or scores on standardized tests only reflect one aspect of an individual’s qualifications for admission. Equally important may be an applicant’s ability to speak another language, time spent volunteering in another country, time spent serving in the military, or having a disability. A second reason to implement holistic review is to create a teaching/learning environment that fosters different values, beliefs, and views of the world, laying the foundation for a more robust and productive experience for all participants.

The AAMC suggests using the framework of experience, attributes, and academic metrics for evaluating applicants in a manner that is aligned with the program’s mission and goals (Addams et al., 2010). Experience includes the path that individuals have taken to

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