

ADVANCING DIVERSITY IN ACADEMIC NURSING

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As the world around us evolves and as society becomes increasingly diverse, the demographics of the health professions workforce, including nursing, have been slow to change. Even with influential public relations campaigns sponsored by Johnson & Johnson (2015), pivotal policy reports such as the Institute of Medicine the Future of Nursing: Leading Change, Advancing Health report (Institute of Medicine, 2010), and programs such as the New Careers in Nursing Program funded by the Robert Wood Johnson Foundation/New Careers in Nursing (2015), much work remains if the nursing workforce is to match the demographics of the U.S. population. Therefore, this article will examine the role that accreditation agencies and innovative programs, such as pipeline programs and academic–service scholarship programs, could play in promoting diversity in the future nursing workforce. (Index words: Diversity; Nursing workforce; Accreditation; Nursing education) *J Prof Nurs* 0:1–6, 2016. © 2016 Elsevier Inc. All rights reserved.

Background

HEALTH CARE REFORM has invigorated efforts to reconsider how our nation's health system should evolve to better meet the needs of all” (Danek & Borrayo, 2012, p. 1). The Affordable Care Act has increased access to health care for millions of previously uninsured Americans. The National Health Interview Survey, conducted by the Centers for Disease Control and Prevention, documented that the percentage of Americans without health insurance decreased to 9.2% in the first quarter of 2015—the lowest since the National Health Interview Survey was started in 1957 (Cohen & Martinez, 2015). When examining those newly insured, data indicate that they are more likely to be younger, socioeconomically disadvantaged, and either Hispanic, non-Hispanic Black, or non-Hispanic Asian.

In looking to the future demographic composition of the United States, current estimates report that more than half of the U.S. population will belong to a group other than non-Hispanic White by 2044 (Colby & Ortman, 2015). Thus, no one group will comprise a majority of the U.S. population. Further, by 2060, the U.S. Census Bureau estimates that nearly one in five Americans will be foreign born (Colby & Ortman, 2015).

Shifting population demographics, a health system burdened by health workforce shortages, and persistent health inequities requires universities, academic medical centers, and the health disciplines to enhance and expand “a diverse, culturally sensitive, and well-prepared workforce to improve health and reduce disparities” (Danek & Borrayo, 2012, p. 1). Consequently, academic nursing must accelerate initiatives to prepare the current and future nursing workforce, a workforce that reflects the society it serves while simultaneously being fully capable of meeting societal expectations and needs. As such, academic nursing must ensure that the future nursing workforce is able to organize, plan, deliver, and evaluate care that is culturally relevant, sensitive, and congruent—not only as members of interprofessional teams but also as leaders of those teams. Further, the current and future nursing workforce must be able to partner with individuals, families, and communities in a society that is becoming increasingly diverse. Overall, the health profession's workforce, of which nursing is the largest, must accelerate initiatives to prepare a diverse and culturally and linguistically capable health workforce (Danek & Borrayo, 2012).

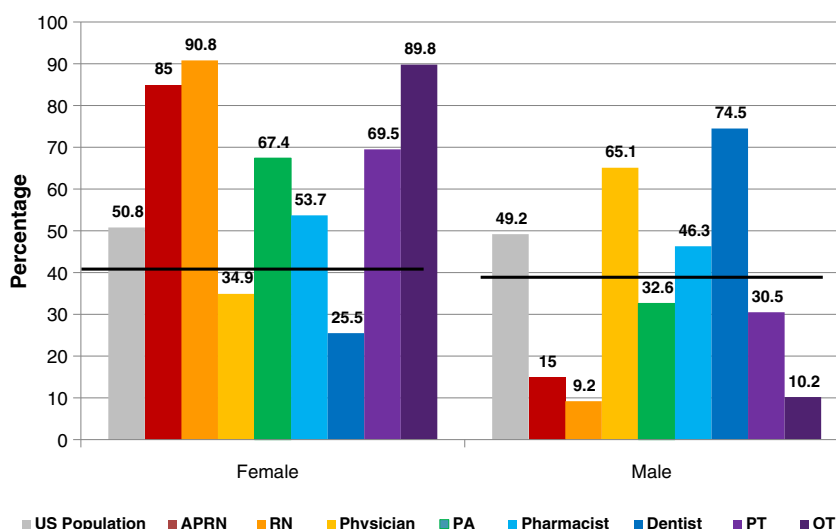
Demographics of the Current Health Care Workforce

Unfortunately, across nursing and the other health professions, there is a demographic incongruence between the composition of the general U.S. population and the composition of the health care workforce. For example, although males comprise 49.2% of the U.S. population (U.S. Census Bureau, 2015), only 15% of advanced practice registered nurses (APRNs), those who

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References: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis. (2015). Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2010-2012). Rockville, Maryland.

Colby SL & OrtmanJM. (2015). Projections of the Size and Composition of the U.S. Population: 2014 to 2060, Current Population Reports. P25-1143. U.S. Census Bureau, Washington, DC.

Figure 1. Comparison of sexual composition of U.S. population to composition of health care provider workforce.

are able to diagnosis and treat including nurse practitioners, certified nurse midwives, nurse anesthetists, and 9.2% of registered nurses are male (DHHS, 2015). Similarly, among physician assistants, physical therapists, and occupational therapists, males are also underrepresented comprising only 32.6%, 30.5%, and 10.2%, respectively. Similarly, females are underrepresented among the physician and dental workforces where they respectively comprise 34.9% and 25.5% of those professions. Please see Figure 1 for a comparison of the sexual composition of U.S. population to composition of health care provider workforce.

When examining the racial and ethnic composition of the health care provider workforce, there is a similar incongruence between the health care workforce membership and the demographics of the general population of the United States (DHHS, 2015). Among African Americans or Blacks, American Indians and Alaskan Natives, Native Hawaiians and other Pacific Islanders, and Hispanics, their representation in the health care provider workforce is below their respective percentages of the U.S. population in all health workforce disciplines. Among Asians, they are underrepresented among the APRN workforce. Please refer to Table 1 for detailed information comparing the U.S. population to the health care workforce composition.

Building a Diverse Nursing Workforce

As the academic nursing prepares for 2044 and beyond, it is paramount to identify and implement best practices that promote diversity and inclusion in higher education and nursing. These best practices must accelerate not only the recruitment of individuals from diverse racial and ethnic backgrounds but also recruit, retain, graduate, and promote the leadership development of men; lesbian, gay, bisexual, and transgender persons; first-generation college

students; persons with disabilities, those from socioeconomically disadvantaged backgrounds; AND those from diverse racial and ethnic backgrounds.

Over the years, the profession of nursing through its professional association—American Nurses Association, American Assembly for Men in Nursing, National Black Nurses Association, National Hispanic Nurses Association, National Filipino Nurses Association, National Coalition of Ethnic Minority Nurses Associations—have developed position statements, fostered diversity initiatives, and recognized individuals and schools of nursing for advancing diversity. Similarly, nursing education through the American Association of Colleges of Nursing, the National League for Nursing (NLN) and individual schools of nursing has also worked to address the lack of diversity in the nursing profession.

For decades, higher education has strived to promote diversity among its students and faculty. However, several legal cases over the last 40 years have significantly influenced admission policies designed to increase representation of individuals underrepresented in higher education across the United States. In 1978, the Supreme Court ruling in the *Regents of the University of California v. Bakke* case, eliminated racial quotas in college admissions; the ruling did, however, allow race to be considered as one of many factors evaluated during admission processes for the purpose of achieving a diverse study body. In the *Hopwood v. Texas* (1996) and in the *Johnson v. University of Georgia* (2001) cases, it was determined that adding a fixed number of points to non-White applicants could not be used as mechanisms for achieving diversity. In 2003, two cases associated with admission policies at the University of Michigan also changed the way race could be used in college admissions. In the first case, *Gratz v. Bollinger*, the point system used by the university was deemed

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