



Trends in racial and ethnic demographics of the nursing workforce: 2000 to 2015

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ABSTRACT

Background: The case for a more diverse nursing workforce has never been stronger given the rapidly changing demographics of the United States (U.S.) and the underrepresentation of certain racial and ethnic groups in nursing.

Purpose: The purpose of this paper is to examine how representation of ethnic and racial minority groups in the nursing workforce has changed over a 15-year period (2000–2015).

Methods: The American Community Survey (ACS) data files were used to examine patterns in ethnicity/race and education level in the registered nurse (RN) workforce. Data were analyzed using descriptive statistics and chi-square.

Discussion: In the nursing workforce, minority groups are reaching higher levels of education. There has been a sharp increase in the number of baccalaureate graduates and a leveling-off of associate degree nurses.

Conclusion: Nursing leaders are working collaboratively to increase the ethnic and racial diversity of the nursing workforce that is growing at a rate faster than that of the U.S. population as a whole.

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The health-care professions are continually faced with addressing the issue of increasing diversity in the health-care workforce. The nursing workforce is the largest of all the health professions, and nursing leaders recognize the need to have a culturally diverse workforce to provide quality patient care to all Americans.

Increasing racial and ethnic diversity, hereafter simply called diversity, in the nursing workforce is important because it is linked to improved access to care for racial and ethnic minority patients, improved cultural

competence of the workforce, greater patient choice and satisfaction, better patient-provider communication, and better educational experiences for all students while in training (Grumbach & Mendoza, 2008; Institute of Medicine, 2004; National Quality Forum, 2014; U.S. Department of Health and Human Services, 2006). Ensuring a national nursing workforce that is culturally sensitive and representative of the communities being served will therefore help facilitate the delivery of effective, high quality, and patient-centered provision of

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Table 1 – Race and Ethnicity of U.S. Population, 2014 and 2060

Race/Ethnicity*	U.S. Population, 2014 Number (%)	U.S. Population, 2060 Number (%)
Hispanic ethnicity	55,410,000 (17.4%)	119,044,000 (28.6%)
White	246,940,000 (77.5%)	285,314,000 (68.5%)
Non-Hispanic white	198,103,000 (62.2%)	181,930,000 (43.6%)
Black	42,039,000 (13.2%)	59,693,000 (14.3%)
Asian	17,083,000 (5.4%)	38,965,000 (9.3%)
American Indian and Alaska Native	3,957,000 (1.2%)	5,607,000 (1.3%)
Native Hawaiian and other Pacific Islander	734,000 (0.2%)	1,194,000 (0.3%)
Two or more races	7,995,000 (2.5%)	26,022,000 (6.2%)
Total U.S. population, all races	318,748,000 (100%)	416,795,000 (100%)

Note: U.S., United States.

Some percentages do not sum to 100% due to rounding.

* The estimates in this table reflect those individuals who reported one race. The exception to this is the “two or more race” category as these estimates represent those individuals who reported more than one race.

Data source: Colby, Sandra L. and Jennifer M. Ortman, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, Current Population Reports, pp. 25–1143, U.S. Census Bureau, Washington, DC, 2014, [Table 2](#), page 9. Available from: <https://census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>.

care ([Institute of Medicine, 2011](#)). Nonetheless, nursing is one of the occupations that historically have lacked sufficient diversity and representation despite the importance of cultural competence in delivering nursing services. The case for a more diverse nursing workforce has never been stronger given the rapidly changing demographics of the United States (U.S.) and the underrepresentation of certain racial and ethnic groups in nursing.

During this century, those who are nonwhite and those who are Hispanic will constitute a majority of the American population. The representation of many of these groups (e.g., blacks, Native Americans, and Hispanics) within the health professions, however, is far below their current representation in the general population ([U.S. Census Bureau, 2015](#)). Based on the data presented in [Table 1](#) from the [U.S. Census Bureau's \(2014\) National Projections](#), [Colby and Ortman \(2015\)](#) estimate that in 2014, 198,103,000 individuals (or 62.2% of the total 318,748,000 U.S. population) reported being of the white race alone and not of the Hispanic origin. By 2060, Colby and Ortman estimate that there will be 181,930,000 individuals reporting as “non-Hispanic white” and that this group will make up only 43.6% of the estimated 416,795,000 U.S. population. Colby and Ortman also project that the “majority minority crossover” will occur by 2044, when more than half of all Americans will belong to a minority group, which they define as any group other than non-Hispanic white race alone. These projections for population by race and Hispanic origin use 2014 as the base year and project out to 2060. The population of individuals identifying with two or more races is projected to be the fastest growing group with its population expected to triple in size from 8 million to 26 million, followed by the Asian population, which is expected to more than double, increasing from 17 million to 39 million. The Hispanic population is projected to more than double from 55 million to 119 million. The Native Hawaiian and other Pacific Islander population is expected to increase from 734,000

to 1.1 million. The black and American Indian and Alaska Native populations are expected to see moderate growth, increasing from 42 million to 60 million, and 4 million to 5.6 million, respectively.

As the diversity in the U.S. continues to increase, there has also been a steady increase in the number of minority students in baccalaureate and graduate nursing programs ([American Association of Colleges of Nursing, 2016](#)), especially over the last five years. Based on the findings in the American Association of Colleges of Nursing (AACN) report, 23 states and the District of Columbia have greater than 30% minority baccalaureate and graduate nursing students enrolled in nursing programs. The report reflects the need to continue recruiting and retaining minority nursing students to build a nursing workforce that mirrors the diverse population in the U.S. These findings also provide some indication that increased access to higher levels of nursing education can be a mechanism for increasing diversity in the nursing workforce.

Over the last two decades, several critical reports have been released to promote diversity in the health-care workforce and to increase training of underrepresented minorities. These reports include Health Resources and Services Administration's (HRSA) National Advisory Council on Nurse Education and Practice ([U.S. Department of Health and Human Services, 2000, 2013](#)); *Unequal treatment: confronting racial and ethnic disparities in health care* ([Institute of Medicine, 2002](#)); *In the nation's compelling interest: ensuring diversity in the health care workforce* ([Institute of Medicine, 2004](#)); *Missing persons: minorities in the health professions* ([Sullivan, 2004](#)); *The future of nursing: leading change, advancing health* ([Institute of Medicine, 2011](#)); and HRSA's sex, race, and ethnic diversity of the U.S. health occupations ([U.S. Department of Health and Human Services, 2017](#)). The findings from these reports recommend increased diversification of the health-care workforce, the importance of reducing barriers and increasing opportunities for underrepresented minorities

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