



Diversity – Nursing’s Greatest Challenge

by Dr. Charles Taylor

This is a speech I gave at a state-wide Nursing Convention held in Madison, WI in 2002. This speech required a great deal of research since much of it was outside my area of expertise. I love challenges like this because it helps me to grow.

Good afternoon!

Let me thank LeaRae Galarowicz for that kind introduction and leap of faith. Let me express my appreciation to the conference planners for inviting me to join you this afternoon. I think the theme you have selected is a very timely one and gives us a chance to reflect on where we need to go from here.

If the newspaper articles I’ve been reading lately about the profession of nursing are accurate-you face some very tough challenges: An aging work force, nursing school enrollments are down, there is a shortage of nursing faculty; poor working conditions, mandatory overtime and the demand for nurses is growing and will continue to grow for the foreseeable future. Add to that, the growing challenges of diversity and you end up with a profession at the crossroads.

The issue of racial diversity is perhaps one of Nursing’s greatest challenges, and in my opinion how you address it will determine whether or not Nursing thrives in this century. And that’s what I intend to talk about this afternoon.

The recent U.S. Census provided some sobering statistics and projections. The minority population is increasing at a rate that will surpass the majority population in this century. These changing demographics will impact institutions of higher learning in profound ways and over time change the composition of their student body populations. As the traditional 18-22 year white student population declines in the years ahead, nursing programs will have to look at other markets to maintain adequate enrollments.

The major reason for this decline is the low-white birth rate. As you can see from Table 1, it takes at least two children per female for an ethnic group to replace itself.

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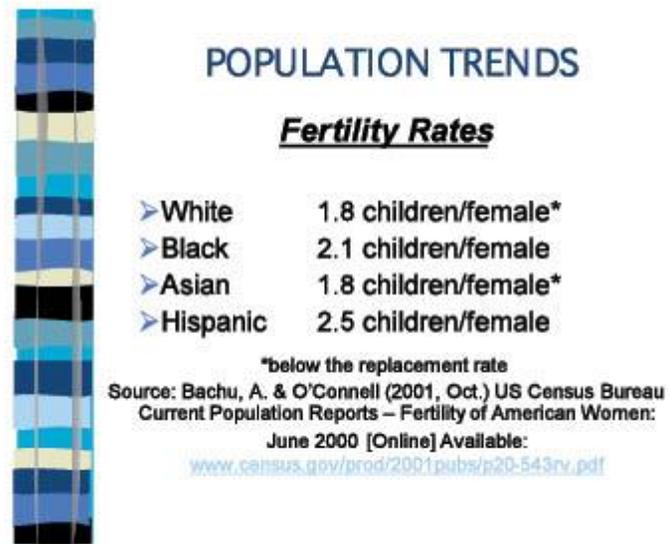


Table 1

The white population is now well below its replacement level. That means there are more deaths than births. These low birth rates hold true for all the industrialized nations populated by whites. Unless cloning is done on a massive scale, whites will be the minority population in this country, in this century.

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Table 2

So there is no way that the nursing profession can fill its ranks without becoming more diverse. Based on the population trends in Table 2, it will no longer be a question of should our Nursing programs diversify but what is the best way to do so.

Now I could continue to cite you statistics all day long, but the real point I’m trying to make is if we ignore these changing demographics, then the looming nursing shortage will become catastrophic. This not only would negatively impact the profession, it would directly threaten the type of health care that each of us will receive. So we need to take this whole issue of attracting and keeping a diverse workforce very seriously.

When we’re talking about racial diversity, if institutions are to make any progress in this area, a cultural change is required. Too often we have good people working in isolation trying to bring about change. While their efforts are noble, in my opinion their results will always be marginal until the practices, traditions and the culture of an institution are examined.

A researcher by the name of Richard Beckhard (1992) identified ten conditions that are necessary to facilitate organizational change.

Ten Conditions Necessary for Organizational Change



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1. External Conditions—There must be a set of external conditions so compelling that makes it difficult or impossible to maintain the status quo. Although there are other equally important reasons for the profession to take action, the nursing shortage coupled with changing demographics present a pretty compelling case for embracing diversity.
2. Commitment from top leadership—In order to change an organization, there must be committed champions of change among the organization’s top leadership and accountability measures that leaves no margin of doubt that those at the top are fully committed to diversity.
3. Key people in the organization must support the change. There must be key people at all levels who will guide and support the change. It’s been my experience that most people are more cautious than courageous when it comes to issues of diversity. One scholar noted that the vast majority of staff watches these endeavors from a safe distance, occasionally applauding limited successes, afraid to suggest changes, leaving the job to the “experts,” their hearts and minds untouched and unchanged by serious reflection about or direct experience with diversity efforts. A much smaller group takes part in opposing the organization’s undertakings in these areas, circumventing procedures designed to promote minority hiring, not supporting curriculum initiatives which encourage diversity and evaluating the activities of their minority colleagues only in light of their own narrow interests and approaches. If you look objectively at what most institutions have done in the past 35 years it’s been a piecemeal approach at best and if there is going to be real change they will need to refocus their efforts.
4. Belief that change is necessary—In order for an organization to move forward in this area, there has to be consensus that change is necessary. Given the declining white population, if you don’t recruit from minority populations, will somebody in this audience please tell me where are we going to get future nurses from?
5. Willingness to provide resources—No matter how persuasive the rhetoric is, if an institution does not commit funding to diversity efforts, they won’t happen. You won’t be able to provide the training or conduct the outreach that’s needed. Resources breathe life into those wonderful equal employment opportunity statements that most organizations put in their employment ads and in their mission statements.
6. Commitment to long-term changes—your institution must go from we’ve already tried that to understanding that initiatives may need 3-5 years to take seed. You will need to devote more time to questions like, who will our nursing students be in the year 2008 and what must we do today to be able to serve them?



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7. The changes that you seek must be stated in behavioral terms-or measurable terms. For example by the fall of 2003, you will have hired a dedicated recruiter to establish relationships in minority communities or you will have established satellite nursing programs in those communities. Those are measurable goals.

8. Information flow maintained—In those organizations that go through a cultural change, they make maximum use of all available mediums (both internally and externally) to introduce the new paradigm and inform the entire campus of the coming change so that staff not only feel apart of it, they take ownership of it.

9. Training planned for—If you want to serve a multicultural population, then staff will need to learn about the health needs of other cultures. If you want to recruit and retain people of color; if you want to create a multicultural curriculum, then training is necessary.

10. Plan for resistance—Everyone won’t believe that diversity is in his or her interest. In fact some people think you’re going too far. In every organization, there are those who will argue that change is not needed and certainly not this type of change. Among the commonly cited reasons for opposing diversity include hiring quotas, reverse discrimination, divisiveness due to emphasis on differences; lowering of standards and so on. While the list of opposing diversity runs the gamut from the seemingly reasonable to the ridiculous, all these explanations share a common trait. Each is a fearful response to change. When people perceive diversity as a threat, they often react with denial, dread, hostility and cynicism. We must recognize that diversity does not appeal to everyone at the same time, in the same way. But unless you are prepared to give up entirely on diversity you must address this backlash and be prepared to challenge the negative attitudes and myths. You have to do a better job of convincing people that diversity really does benefit everyone.

Let me share some stats with you quickly to give you an overview of where nursing enrollments are at in general and as it relates to racial diversity:

Stats (Six statistical charts were shown on the screen)

1. There are fewer students enrolling and graduating today.
2. Fewer students are taking the nursing certification exam.
3. The good news is there is growth in Minority Registered Nurses in the last 20 years.
4. AHANA (African, Hispanic, Asian and Native American) student enrollments are up.



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5. AHANA student graduate rates are holding steady.

6. AHANA nursing faculty is a mixed picture.

Improvements

If the profession hopes to improve those numbers it means creating a pipeline into minority communities that will sustain enrollments in the decades ahead. Too often there is a failure to reach out and engage with racial minority communities in proactive ways. When you think of the many relationships your program has with white organizations, businesses and communities it’s difficult to explain in 2002, the limited contact that most institutions have with communities of color.

Such contact could prove to be mutually beneficial and help in recruitment, staff and faculty hirings, internships and many other ways. Your campus, our cities need the best talent they can find, from every group in our society. We can no longer afford to ignore a significant segment of it.

Donna Shalala, former Secretary of Health and Human Services under President Bill Clinton says, “the truth is a lot of communities have bad experiences with the health care system. They don’t trust it to act in their best interests and that attitude is based on genuine experience.” She says, “we must address the barriers to good healthcare—such as cultural differences, transportation, language, discrimination, and a lack of culturally sensitive primary care providers.” If institutions establish good relationships with minority communities many of these problems would be addressed.

At the University of Utah in Salt Lake City, students in the undergraduate nursing program learn about different cultures not only in the classroom but also by working at shelters, clinics and at community health centers.

They learn, for example, that Hispanics—who comprise a high percentage of the minority population in Salt Lake City—tend to consult with family members before making major medical decisions; that people from certain cultures may assume doctors and nurses know what’s wrong with them without having to ask questions; and that some Native Americans can be traumatized if a health care provider tries to remove the little bags containing essential oils that are often worn around the neck for healing.

In 1997 the University of Central Florida in Orlando revised its traditional undergraduate nursing curriculum and replaced it with one centered almost entirely on what they learned from operating clinics in the community. Students spend their first semester at senior centers, schools and clinics, doing health screenings and assessing the needs of the local population, which is 40% minority—primarily African American, Hispanic and Haitian. Second-semester students spend half of their time working in



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the community and the other half coordinating the long-term care of patients they worked with in their first semester. This change allowed them to dramatically increase their minority student enrollments and graduation rates.

The curriculum taught at our schools of nursing should teach students how to take care of people from all ethnic backgrounds. Nursing schools must recognize the importance of teaching students about diversity before they enter the workplace, where they will face patient care situations that demand cultural and linguistic sensitivity.

If they are truly to care for their diverse patients, nurses must have a clear grasp on how diverse belief systems, cultural nuances, family support structures, historical realities and a host of other culturally determined factors influence the way people experience illness and the way they respond to advice and treatment. Such differences are real and translate into differences of perceived treatment.

How these diverse patients are treated will ultimately determine their choice of caregivers. Creating workplaces that value diversity isn’t just about doing the right thing-it also makes good business sense. “It’s really a matter of survival,” says Nurse Cynthia Barnes-Boyd, “with so much competition in the health care industry; hospitals can’t afford to have patients not select them because they don’t feel comfortable there.”

Despite the growing need for linguistically appropriate health care services, many health care providers have done very little to overcome language barriers to health care. Recent interviews conducted by the National Health Law Program with state minority health care officers confirm that health care providers largely rely upon untrained bilingual staff, such as janitors or food service workers, and friends and family members of patients for interpreting.

In addition, less than one fourth of hospitals provide any training for their staff in interpreting. Patient care has often suffered needlessly as a result. Children have been asked to interpret for parents about sexual matters and spousal abuse. Non-English speaking patients sometime wait for hours for treatment due to the lack of available interpreters. Language barriers have caused avoidable delays in diagnosis and treatment, the use of needless and expensive tests and patient failures to comply with doctor’s orders. A diverse workforce helps institutions respond appropriately to both cultural and linguistic issues.

The picture in nursing education is not all bleak. When I researched the literature I found many success stories and many solutions. Let me share a few with you.



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Solutions

- When nursing schools conduct outreach efforts and provide adequate financial aid, enrollments increase.
- When dedicated recruiters are hired, institutions have doubled enrollments in programs in just a few short years.
- Institutions have found success by educating high school counselors about nursing roles and the variety of career options available in nursing.
- National nursing associations are trying to change the image of Nursing and letting students know that it is a financially rewarding and helping profession.
- The public’s image of nursing is still stuck in the 1950s says Dan Mezibov, spokesperson for the American Association of Colleges of Nursing. There’s a whole universe of nursing out there that the public is not widely aware of, he says. Nurses work in many settings besides hospitals and some nurse practitioners have their own practices.
- Nurses can advance clinically or administratively or they can do research. In California, new graduates with bachelor’s degrees are earning starting salaries of around \$50,000.

Too often we forget that Nursing is a noble profession and one that most people will come in contact with. There are a lot of model programs and resources out there if you seek them.

Considering all the challenges the profession faces why would you encourage anyone and especially minority students to become a nurse? Ultimately you need to answer that question. Nurses influence how others feel about the profession. Whereas doctors and lawyers encourage their own children to consider their careers, nurses more often than not, don’t.

By a show of hands those of you with kids-would you want your child to be a nurse? What does that say? It tells me that you may need to remember why you became a nurse. If you’re like most nurses, you were drawn to the field because you are a caring person who wanted to help others. You should never belittle the importance of your calling. If you’re a practicing nurse, you help bring babies into this world and comfort the dying as they cross over. You work double shifts even though your feet are often too tired to stand.

You see sickness everyday but yet you have time to give each patient a warm smile and a backrub. Your behavior on your good days is saintly and even on your bad days you have a way of making even the



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terminally ill forget about their plight. You’re unappreciated and underpaid and probably have thoughts about leaving the field more often than you care to admit. Nurse Melissa says you are the advocate, the caregiver, the waitress, and the psychiatrist. The bottom line is that it takes a special and dedicated person to choose to enter the nursing profession despite all of the many negative aspects one encounters on a daily basis.

The current nursing shortage poses a major threat to the quality of healthcare all Americans expect and deserve, but most importantly to our children and our elderly, society’s most vulnerable populations.

The profession needs help and it’s ironic that the communities that have been served the least by our health care system may end up rescuing the industry in the future. In order for that to happen individuals and institutions will have to take risks. You have to be open to new opinions and new ways to look at old problems.

But society needs you to do even more. We need you to find value where you may have seldom found it before. Back in the late 60s when I was in school, my white colleagues used to tell me that they were going to help create what Martin Luther King called, the ‘Beloved Community’. Any of you remember those type of discussions? Well you’re in control now and we’re still waiting for that community. Ghandi said, you must be the change you wish to see in the world. Each of us has a role to play.

If you’re a faculty member, collectively and individually you have more power to promote cultural diversity than any other group on campus. Faculty can make respect for diversity part of the cultural fabric of the campus through reading assignments, through class projects, through field trips, through the establishments of majors, you’re in a position to teach pluralism across the curriculum. Students can intern in community health centers or hold career days in minority churches-Faculty are only limited by their imagination.

So we shouldn’t be afraid to bring students of color to our campuses and help them develop their full potential. Who knows what great nurse will walk through our doors if we make recruitment and retention of minority students an institutional priority.

In closing, like many of I know we have the skills to tackle the diversity challenge and I hope someday soon we’ll have the will. The wonderful poet and former President of Czechoslovakia, Vaclav Havel wrote. “Hope, in the deep and powerful sense, is not the same as joy that things are going well, or willingness to invest in enterprises that are obviously heading for success, but rather an ability to work for something that is good.”



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That’s why we must challenge ourselves to get ready for the changing student population and in creating an environment where students of color will not only succeed but also excel. When that is done we all win! Thank You.

-references furnished upon request-

Strategies, Best Practices, and Ideas to Increase Diversity in Nursing

- Create partnerships with minority communities.
- Establish Fast track degree programs.
- Encourage part-timers to consider full-time work.
- Court the 500,000 RNs (many who are minority) who are not employed in nursing.
- Conduct outreach efforts and provide adequate financial aid.
- Conduct Career Days in elementary, middle and high school.
- Hire dedicated recruiters.
- Use distance learning.
- Educate high school counselors about nursing roles and the variety of career options available in nursing.
- Partner with local hospitals to offer scholarships, and placement sites.
- Offer college credit in nursing to high school students.
- Establish satellite centers in Milwaukee, Beloit and on Indian reservations.
- Recruit Minority men.
- Change the image of nursing.
- Recruit from within.