Ohio Action Coalition
Driving the future of nursing and healthcare

A Resource Toolkit for Improving Recruitment and Retention of Diverse Nursing Students and Nursing Staff in Practice

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Introduction

Delivering care in a culturally and linguistically appropriate manner is a key factor to improving the quality of care given to diverse patients. Culturally and linguistically appropriate services (CLAS) are shown to improve the quality of services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006), increase patient safety (Betancourt, 2006; Brach & Fraser, 2000; Thom, Hall, & Pawlson, 2004), and boost patient satisfaction (Beach et al., 2004).

The National Culturally and Linguistically Appropriate Services (CLAS) Standards (15 in all) in Health and Health Care are intended to <u>advance health equity, improve quality and help eliminate health care disparities</u> by establishing a blueprint for health and health care organizations. Culturally and Linguistically Appropriate Services (CLAS) are services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs employed <u>by all members of an organization</u> (regardless of size) <u>at every point of contact</u> (HHS OMH, 2013).

Nursing and cultural competence:

Culture shapes language, behaviors, values, and institutions. Cultural competence for nurses means "having the knowledge and understanding of another person's culture; adapting interventions and approaches to health care to the specific culture of the patient, family, and social group."

http://medical-dictionary.thefreedictionary.com/cultural+competence

Diversity and Inclusion (and belongingness)

Webster for Kids defines *diversity* **as** the condition or fact of being different and *inclusion* as the act of including, or the state of being included. These simple definitions are actually completely descriptive!

Belongingness which takes *inclusion* a step   further is defined by the Collins English Dictionary as the human state of being an essential part of something.

Abraham Maslow suggested that the need to *belong* was one of the 5 basic human needs in his hierarchy of needs.

Diversity is a fact relating to human differences; i.e. race, ethnicity, gender, socioeconomic status, political and religious beliefs, etc. while *inclusion* is a concept about how these differences can be valued and leveraged to achieve greater results within a group and in this case, nursing and healthcare.

> ## IT IS IMPERATIVE THAT NURSES AND OTHER HEALTHCARE PROFESSIONALS ARE CULTURALLY COMPETENT AND INCLUSIVE
>
> in how they provide care and treatment to their patients and families;
>
> ## BUT ALSO IN HOW THEY INTERACT WITH THEIR COLLEAGUES AND FUTURE MEMBERS OF THEIR PROFESSION.

Diversity in nursing is critical to academia and practice in many ways, such as:

- developing mentoring program models
- creating career pathways that foster diverse academic progression in nursing
- identifying strategies to improve recruitment & retention of underrepresented student populations
- identifying strategies for Ohio employer nurse orientation programs that promote diversity retention
- forming partnerships between minority nursing organizations & employers
- accessing national nursing associations without chapters in Ohio
- encouraging Ohio minority nursing organizations to work collaboratively
- mapping cultural competency content in Ohio educational curricula
- promoting enrollment in 2nd degree programs to increase diversity
- creating favorable media images of minorities and men in nursing
- ensuring the competencies requisite for caring for diverse patient populations

This toolkit is divided into four sections

General Introduction

Assessment of Need

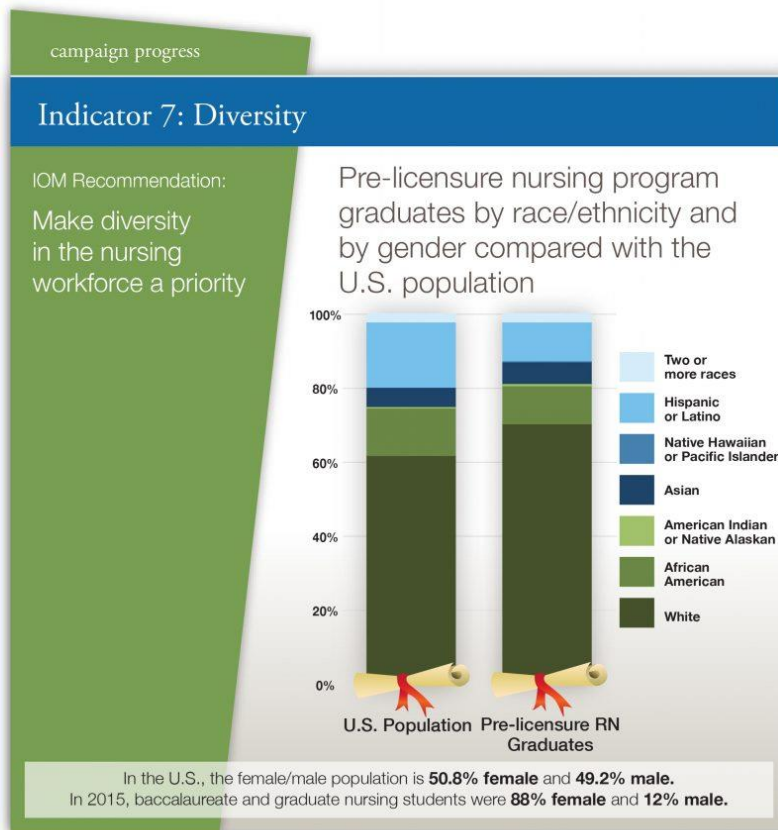Implementation of Strategies

Impact Measurement
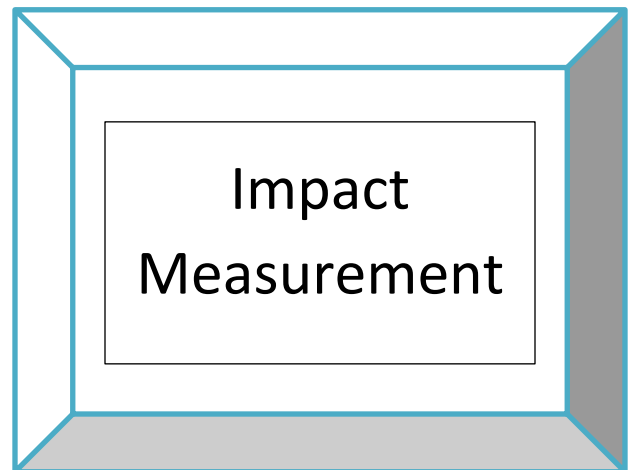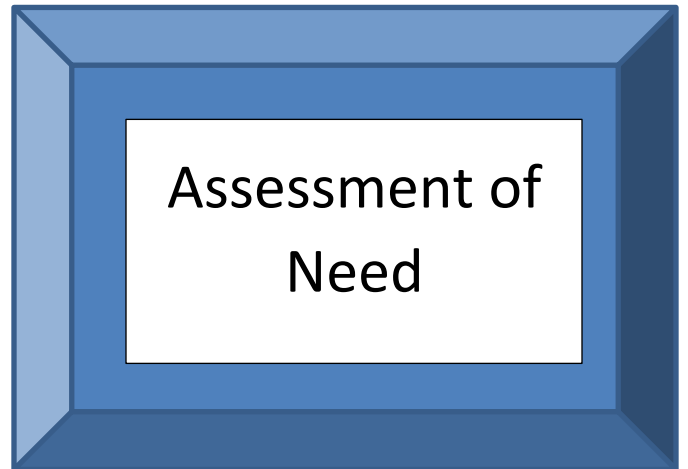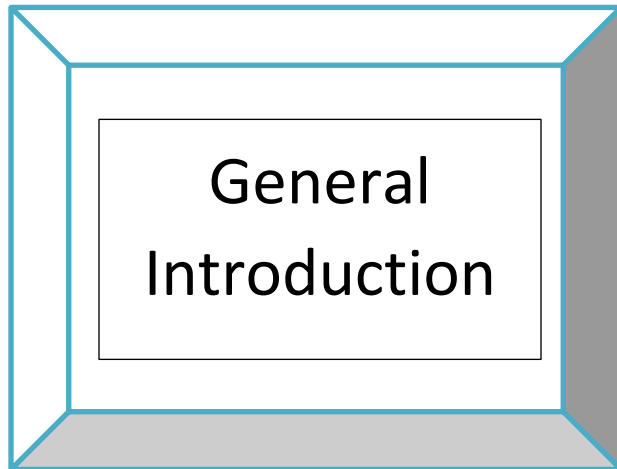
Assessment of Need

Goal: Increasing Diversity in Nursing

Background: The Institute of Medicine's report, *The Future of Nursing: Leading Change, Advancing Health,* has six recommendations which include the focus of this needs assessment, increasing diversity in nursing. In 2010 the Campaign for Action was founded and funded by the Robert Wood Johnson Foundation, AARP, and the AARP Foundation. Each state and the District of Columbia are tasked with meeting the goal of improving the health of all Americans by increasing access and safety while reducing health care disparities.
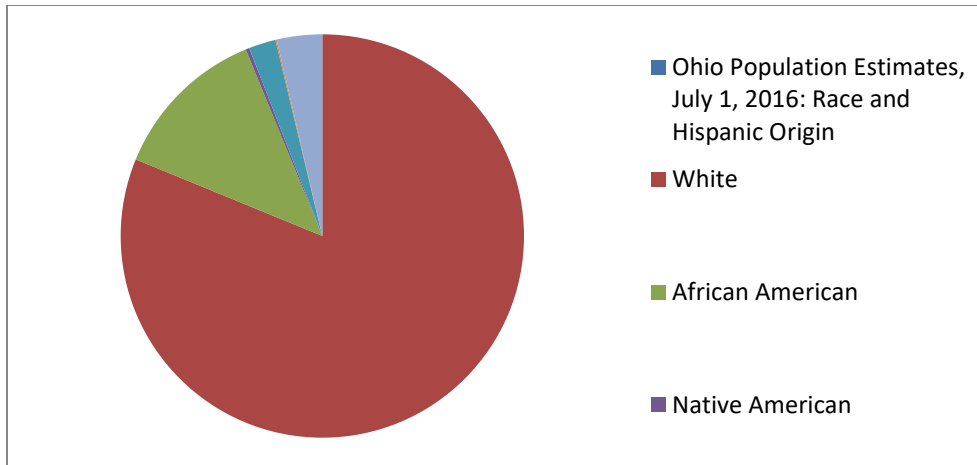
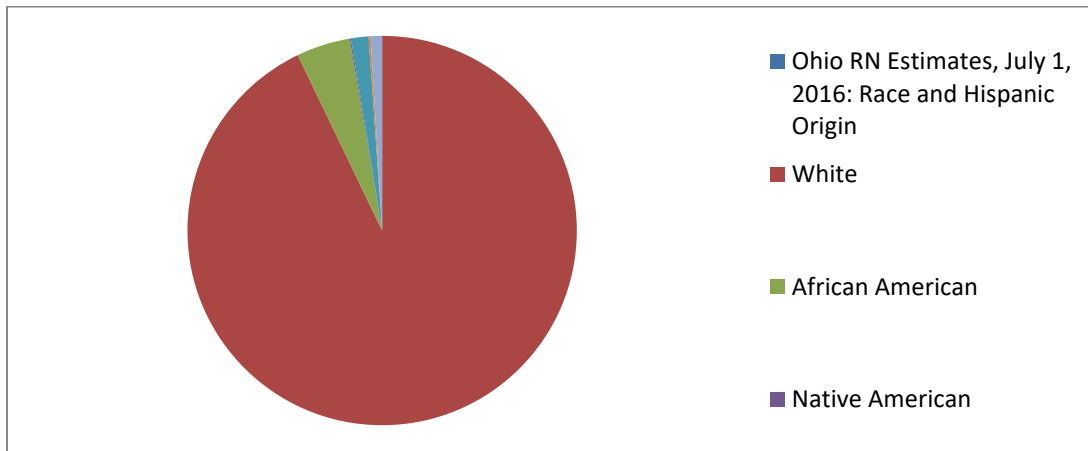The following charts are resources for the State of Ohio and Nationally:

campaign progress

Indicator 7: Diversity

IOM Recommendation:

Make diversity in the nursing workforce a priority

Pre-licensure nursing program graduates by race/ethnicity and by gender compared with the U.S. population

Legend:
- Two or more races
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Asian
- American Indian or Native Alaskan
- African American
- White

U.S. Population   Pre-licensure RN Graduates

In the U.S., the female/male population is **50.8% female** and **49.2% male**.
In 2015, baccalaureate and graduate nursing students were **88% female** and **12% male**.

The Campaign is working to promote diversity in the nursing workforce so that the profession reflects America's changing population.

Sources: American Association of Colleges of Nursing, Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing; Integrated Postsecondary Education Data System (IPEDS), Completions Survey; Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2014, U.S. Census Bureau, Population Division

Updated: January 27, 2017

Source: United States Census Bureau website
https://www.census.gov/quickfacts/fact/table/OH/PST045216

Source: Ohio Board of Nursing 2015 RN Workforce Data Summary
http://www.nursing.ohio.gov/Workforce.htm

The Ohio RN workforce falls far short of representing the population with regard to gender. Statistics used here show the male population of Ohio is 49% versus the male nursing workforce as 9%.

The Ohio RN workforce is inadequately representative of racial diversity in the following order:
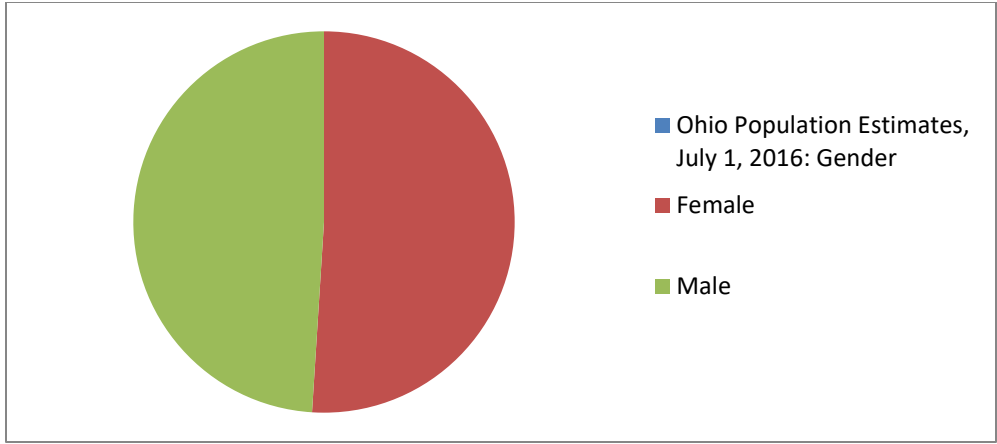
African American: general 12.8% versus nursing 5.4%
Hispanic: general 3.7% versus nursing 0.9%
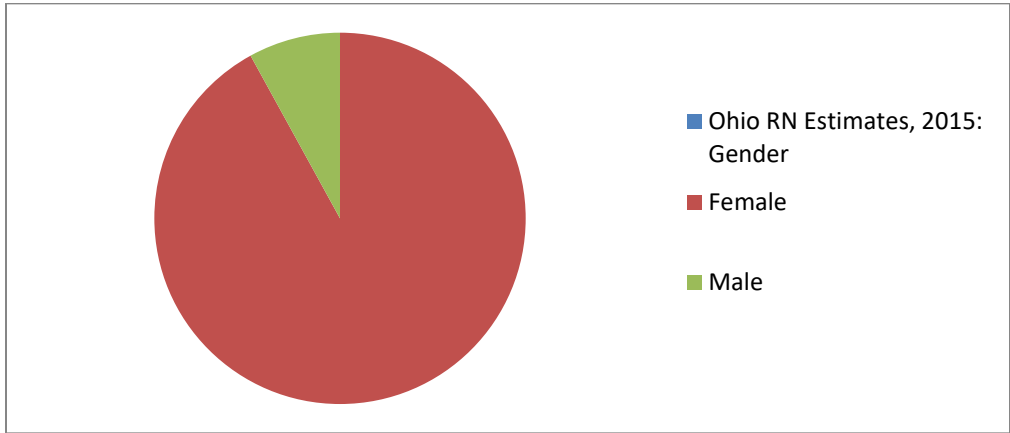Native American: general 0.3% versus nursing 0.1%
Asian: general 2.2% versus nursing 1.0%
The Ohio RN workforce exceeds the workforce diversity in Pacific Islander: general 0.1% versus nursing 0.2%.

Source: United States Census Bureau website
https://www.census.gov/quickfacts/fact/table/OH/PST045216

Source: Ohio Board of Nursing 2015 RN Workforce Data Summary
http://www.nursing.ohio.gov/Workforce.htm

Based on actual numbers the workforce would need the following approximate increases in diversity:

Males:	67,000
African American:	13,000
Hispanic:	5,000
Asian:	2,000
Native American:	500

The largely *white* and *female* RN workforce is not expected to decrease in numbers by the total of the actual figures shown above when taking into consideration attrition due to leaving the workforce or retiring. It is expected that the diversity of the nursing student population in Ohio is and will continue moving toward increasing diversity in nursing. Nevertheless, it will not change rapidly enough to reflect the population of Ohio in RN diversity.

RN & APRN Workforce in Ohio

- An Overview of 2015 Licensure Renewal Data

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- December 2016

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RACIAL DIVERSITY, BY OHIO COUNTY

- For all but 17 of Ohio's 88 counties, racial minorities comprise 10% or less of the general population. (Source: 2010 US Census)
- In all of those counties with a significant racial minority general population, racial minorities are under-represented in the RN population (shown in **bold** below).

Ohio County	% of Racial Minority RNs Living in County		% General Population Racial Minority in County	Ohio County	% of Racial Minority RNs Living in County		% General Population Racial Minority in County
	'13	'15	'13		'13	'15	'13
Adams County	1.9%	1.4%	2.3%	**Erie County**	6.4%	6.0%	13.0%
Allen County	5.8%	5.3%	16.2%	Fairfield County	7.5%	7.5%	9.8%
Ashland County	2.5%	1.5%	2.7%	Fayette County	3.5%	3.1%	5.4%
Ashtabula County	4.1%	3.9%	7.3%	**Franklin County**	16.0%	16.2%	30.8%
Athens County	6.9%	4.5%	8.2%	Fulton County	3.5%	3.4%	5.1%
Auglaize County	1.5%	0.9%	2.2%	Gallia County	3.3%	2.0%	5.3%
Belmont County	2.0%	1.9%	6.0%	Geauga County	3.8%	2.2%	3.1%
Brown County	2.0%	1.0%	2.5%	Greene County	7.8%	7.0%	4.6%
Butler County	9.6%	9.5%	14.0%	Guernsey County	1.6%	1.6%	4.0%
Carroll County	2.8%	1.1%	2.2%	**Hamilton County**	15.1%	14.7%	31.2%
Champaign County	3.5%	2.3%	5.3%	Hancock County	6.1%	4.5%	6.6%
Clark County	6.0%	4.8%	13.7%	Hardin County	2.0%	1.6%	3.3%
Clermont County	4.4%	3.3%	4.1%	Harrison County	2.2%	0.6%	4.1%
Clinton County	4.3%	3.3%	5.3%	Henry County	3.5%	4.0%	4.8%
Columbiana County	2.6%	2.6%	**10.0%**	Highland County	1.3%	1.6%	4.5%
Coshocton County	2.4%	2.2%	3.0%	Hocking County	1.6%	1.2%	2.5%
Crawford County	2.0%	1.3%	2.8%	Holmes County	3.4%	2.6%	1.3%
Cuyahoga County	21.7%	20.9%	36.4%	Huron County	2.6%	2.3%	5.1%
Darke County	2.4%	1.4%	2.2%	Jackson County	2.3%	0.4%	2.9%
Defiance County	5.1%	6.2%	7.2%	Jefferson County	3.3%	2.9%	8.1%
Delaware County	8.2%	7.4%	20.3%	Knox County	2.5%	2.5%	3.3%

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RACIAL DIVERSITY, BY OHIO COUNTY

Ohio County	% of Racial Minority RNs Living in County		% General Population Racial Minority in County	Ohio County	% of Racial Minority RNs Living in County		% General Population Racial Minority in County
	'13	'15	'13		'13	'15	'13
Lake County	5.8%	4.8%	7.5%	Pike County	3.5%	5.2%	5.6%
Lawrence County	3.2%	2.9%	4.1%	Portage County	7.4%	7.5%	7.7%
Licking County	4.4%	3.8%	6.8%	Preble County	2.2%	1.3%	2.4%
Logan County	2.7%	2.1%	4.7%	Putnam County	2.1%	1.4%	4.3%
Lorain County	**8.6%**	**8.3%**	**15.2%**	**Richland County**	**4.3%**	**3.7%**	**12.5%**
Lucas County	**11.3%**	**11.1%**	**26.0%**	Ross County	3.9%	3.1%	9.3%
Madison County	**2.9%**	**2.2%**	**9.4%**	Sandusky County	3.3%	5.0%	8.8%
Mahoning County	**8.3%**	**7.7%**	**20.1%**	Scioto County	2.3%	2.1%	5.6%
Marion County	2.3%	1.2%	8.9%	Seneca County	4.4%	2.8%	6.3%
Medina County	3.6%	3.0%	4.9%	Shelby County	2.0%	1.3%	5.3%
Meigs County	2.2%	1.6%	3.6%	**Stark County**	**4.8%**	**4.0%**	**11.3%**
Mercer County	1.2%	1.2%	2.4%	**Summit County**	**9.9%**	**10.1%**	**19.4%**
Miami County	3.8%	3.2%	5.6%	**Trumbull County**	**4.4%**	**4.0%**	**11.0%**
Monroe County	0.7%	0.7%	1.9%	Tuscarawas County	1.9%	1.1%	3.4%
Montgomery County	**15.3%**	**14.6%**	**26.1%**	Union County	3.5%	3.1%	7.1%
Morgan County	6.4%	6.3%	6.8%	Van Wert County	0.0%	0%	3.4%
Morrow County	0.7%	1.2%	2.3%	Vinton County	2.0%	2.4%	7.1%
Muskingum County	4.2%	2.5%	7.0%	Warren County	6.8%	6.2%	9.5%
Noble County	2.6%	1.1%	3.9%	Washington County	2.2%	1.8%	3.5%
Ottawa County	4.3%	3.2%	3.5%	Wayne County	3.0%	2.6%	4.3%
Paulding County	2.9%	1.6%	4.3%	Williams County	2.3%	2.0%	4.1%
Perry County	2.8%	1.6%	2.1%	Wood County	5.1%	4.4%	7.2%
Pickaway County	3.4%	2.4%	4.5%	Wyandot County	2.6%	1.5%	3.1%

Ohio's County by County data located at:
https://c.ymcdn.com/sites/oln.site-ym.com/resource/resmgr/ohio_action_coalition/2016_RN_Workforce_Report_Fin.pdf

Implementation Strategies

Why is it Important to Implement Diverse Recruitment Strategies to Provide Patient Centered Care?

The National Center for Cultural Competence (Goode & Dunne, 2003) Identified 6 Primary Areas of Need for Diversity:

• To respond to current and projected demographic changes in the United States

• To eliminate long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds

• To improve the quality of services and primary care outcomes

• To meet legislative, regulatory, and accreditation mandates

• To gain a competitive edge in the market place

• To decrease the likelihood of liability/malpractice claims

Need to Know FACTS

- By **2042**, there will be no single demographic majority; people of color will comprise more than 50 percent of the U.S. population.
- By **2050**, 1 in 5 people living in the US will be Hispanic.
- There are currently 4 generations in the workplace; soon to be 5.
- Disabilities affect 20% of all Americans.
- Women earn the majority of college degrees awarded in the United States.
- There are an estimated **9 million** LGBT individuals in the U.S.
- 1 in 5 workers have experienced discrimination or unfair treatment at work.
- < 50% of employees who experience discrimination will stay; attrition costs 150% of employees' salary.
- **Inclusive organizations have the highest employee engagement, which in turn leads to higher performance and productivity.**

References: US Census Bureau; the Gallup Organization. *Employee Discrimination in the Workplace, Public Opinion Poll.* December 8, 2005; Sirota Survey.

> **Nursing Workforce to Reflect Patients**
>
> **Demographic changes within the health care workforce have not kept pace with society as a whole** (Genao, Bussey-Jones, Branch, & Corbie-Smoth, 2003; IOM, 2004b; Sullivan & Mittman, 2010).
>
> **This is also true for the nursing workforce** (HHS Health Resources and Services Administration, 2013).

Framework and Roadmap for Implementation and Sustainability

Assessment / Gap Analysis	→	Planning and Implementation	→	Evaluation	→	Sustainability	→	Path Towards Collecting Meaningful Data to Improve Healthcare for All

Strategies for Implementing Diversity in Nursing

- **Complete** a gap analysis of the "Joint Commission / CLAS Standards Crosswalk" in order to identify gaps between the workforce and communities served
- **Meet** with executive leadership to create awareness about CLAS standards and areas of responsibility and present needs/initiatives to reflect communities served
- **Require collaboration** with all levels of the organization to engage in diverse strategies

Develop and implement a diversity recruitment process for nursing to include:

- Internal pipeline development with a focus on current minority and male ancillary staff members
- Development and promotion of internal nursing staff
- External recruitment to include high schools, local schools and colleges (in partnership with HR/ Talent Acquisition/ Nurse Recruitment)

Partner with Talent Management and Human Resource nurse recruiters to develop a structured nursing diversity recruitment process.

- Partnerships with Local and National Associations (Hispanic Nurses, African American Nurses, Men in Nursing and Asian Nurses)
- Update all marketing materials, incorporating diverse images of men and minorities using colors that are "male" friendly
- Develop an outreach letter promoting all nursing programs
- Develop a system to track prospective students with personal follow-up for minority prospects
- Encourage job shadowing for both traditional and non-traditional students
- Attend minority community events including public school events, job fairs, open houses, and health fairs
- Open House or Job Fair focus on minority recruitment

Desired Outcomes

- Intentional response to CLAS Standards and needs to increase diversity in nursing
- Metric: To increase percentages of viable diverse nurse candidates
- Education to executive leadership and system partnerships

Evaluation

Monitor progress improvements/track number of organizational diverse nurses, nurse students, and prospective nurse candidates.

Resources

AACN strategies for increasing diversity in the workforce

http://www.aacn.nche.edu/aacn-publications/issue-bulletin/effective-strategies

Increased nursing diversity and decreased health disparities

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863700/

RWJF nursing diversity resources

https://www.rwjf.org/en/search-results.html?u=&k=nursing+diversity

Enhancing diversity in nursing

http://downloads.lww.com/wolterskluwer_vitalstream_com/journal_library/nna_00020443_2012_42_3_176.pdf

Achieving health equity via a diverse nursing workforce

https://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/eleventhreport.pdf

Diversity and inclusion FAQs

http://www.pta.org/members/content.cfm?ItemNumber=4875&navItemNumber=4894&gclid=EAIaIQobChMIjIOIsOj31AIV3Y2zCh2YVAwEEAMYAiAAEgIHsvD_BwE

Measuring the Impact of being Culturally Competent

Cultural Competence in a hospital or care system produces numerous benefits for the organization, patients, and community. Organizations that are culturally competent have:

- ✓ improved health outcomes
- ✓ increased respect and mutual understanding from patients
- ✓ increased participation from the local community
- ✓ lower costs and fewer care disparities

Social benefits include:

- ✓ Increases trust
- ✓ Promotes inclusion of all community members
- ✓ Assists patients and families in their care
- ✓ Promotes patient and family responsibilities for health
- ✓ Reduces care disparities in the patient population
- ✓ Cost savings from a reduction in medical errors, number of treatments, and legal costs
- ✓ Reduces the number of missed medical visits
- ✓ Incorporates different perspectives, ideas, and strategies into the decision-making process
- ✓ Decreases barriers that slow progress
- ✓ Moves toward meeting legal and regulatory guidelines
- ✓ Improves efficiency of care services   (American Hospital Association, 2013)

Becoming a culturally competent healthcare organization

http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/Equity%20of%20Care%20Report%20FINAL.pdf

Cultural competence organizational assessment

https://www.hrsa.gov/CulturalCompetence/healthdlvr.pdf

Professional Minority Nurses Organization Directory

Organization Name	Website
Greater Cincinnati American Assembly for Men in Nursing (AAMN) - AAMN - Christ College of Nursing & Health Sciences Chapter – Cincinnati - AAMN - Buckeye Assembly for Men In Nursing – Columbus - AAMN - Mercy College Chapter/Mu Epsilon Nu –Toledo - AAMN – Miami University – Oxford - AAMN - Mid-Ohio American Assembly for Men in Nursing – Columbus - AAMN - University of Cincinnati Chapter - Cincinnati	http://www.aamn.org/

National Black Nurses Association - Akron Black Nurses Association - Columbus Black Nurses Association - Youngstown Warren Black Nurse Association - Black Nurses Association of Cincinnati - Cleveland Council of Black Nurses	http://www.nbna.org/ http://www.cbnaohio.com https://ywobna.nursingnetwork.com/ http://www.clevelandcouncilofblack nurses.org
Philippine Nurses Association of America (PNAA) - PNAA – Central Ohio Chapter (PNACOh) - PNAA – Northeast Ohio Chapter (PNAO) - PNAA – Cincinnati – Northern Kentucky Chapter (PNA Cin-Nky)	http://mypnaa.org/ http://pnaohio.org https://www.pnacinnky.org/
Philippine Nurses Association of America Foundation (PNAAF)	http://www.mypnaafoundation.org/
National Association of Hispanic Nurses – Northeast (NAHN-NEOH) *National Association of Hispanic Nurses (NAHN)*	https://nahnneoh.nursingnetwork.com/ http://nahnnet.org
The National Alaska Native American Indian Nurses Association (NANAINA)	http://nanainanurses.com/

Asian American / Pacific Islander Nurses Association, Inc. (AAPINA)	http://aapina.org/
Affiliation to National Coalition of Ethnic Minority Nurse Associations (NCEMNA)	https://www.acronymfinder.com/ National-Coalition-of-EthnicMinority- Nurse-Associations(NCEMNA).html

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