THE MINORITY STUDENT IN THE PURSUIT OF NURSING

By

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To the Faculty of Washington State University:

The members of the committee appointed to examine the clinical project of Alma Martinez find it satisfactory and recommend that it be accepted.

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Abstract

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With the current crisis in nursing shortage our government, professional nursing programs, and community leaders are recognizing the need to diversify the nursing workforce to meet the present and future demands of health care. With this shift minority students are now able to visualize the nursing profession as a reality for them and are stepping up to the challenge amid adversities. This paper looks at minority students' nursing educational experiences using Roy's Adaptation model and presents strategies to increase diversity.
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Introduction

Overview of Our Population and Its Health

The development of a nursing workforce that reflects the rapidly growing ethnic/cultural diversity of the Nation's population remains a challenge. The U.S. population has steadily increased at a rate of 20% each decade; from 110,000,000 in 1990 to the present 281,421,906. Of this number, 28% are of racial/ethnic minority groups (U.S. Dept. of Commerce, 2001). Federal studies project that by the year 2020 minority populations will comprise nearly 40% of the U.S. population (U.S. Dept. of Commerce, 2001). Currently, only 9.7% of the registered nurses (RNs) are from racial/ethnic minority groups (National Advisory Council on Nurses Education and Practice [NACNEP], 2000).

The population of the Pacific Northwest reflects that of the nations in growth percentage, with 15 million persons and gaining 1 person every 5 minutes (North West Watch, 2002). In Washington State the population registered at 5,894,121 in 2000 with 81.8% white, 16.2% racial/ethnic minorities and 14.0% using a language other than English.

Minority populations have higher rates of heart disease, cerebrovascular diseases, diabetes, accidents and complications of these conditions. These populations have lower rates of successful treatment, are more likely to live in areas with chronic shortages of health care providers, and may have shorter life expectancies than the majority population (NACNEP, 2000). In addition to these racial/ethnic health disparities, the Northwest must deal with unique rural problems such as lack of public sewage disposal systems and resultant contaminated water supply. Migratory workers health issues found in the Northwest include exposure to numerous pesticides and their adverse effects, substandard housing, and lack of health insurance.
Overview of the Nursing Population

Registered nurses are responsible for a large portion of the health care provided in this country and make up the largest group of health care providers. In 2000, 59.1% of RNs were employed in hospitals while a smaller number worked in other settings such as ambulatory care, home health care or nursing homes (General Accounting Office [GAO], 2001, p. 2). Recent media reports and other accounts have raised concerns about the adequacy of both the current and projected supply of nurses to meet the nation’s needs. Hospitals from around the country are reporting growing difficulty in recruiting nurses and indicate rising RN vacancy rates. A recent survey, by the Association of Maryland Hospitals and Health Systems reported a statewide average vacancy rate for hospitals of 14.7% in 2000, up from 3.3% in 1997 (GAO, 2001, p. 4). In 2000, California reported an average RN vacancy rate of 20%, and for 2001, Florida reported nearly 16%, while Nevada reported 13% and Washington State an average rate of 10% (GAO, 2001, p. 4). Demand for RNs not only depends on the care needs of the population, but also on how providers – hospitals, nursing homes, clinics, and other agencies use nurses in delivering care.

According to Federal government estimates, out of 2.1 million employed nurses nationally, 89.1% are white, 4.3% African American, 3.7% Asian/Pacific Islander, 1.7% of Hispanic origin, and only 0.5% Native American (Branch, 2001). These numbers are not much different from those of NACNEP- 1996 survey showing that while Hispanics comprise 11% of the U.S. population, they comprise fewer than 2% of the total RN population (See Figure 1). African Americans represent 12% of the U.S. population but only represent 4% of RNs (NACNEP, 2000). Another 1996 survey by the Pacific Census Division of Washington State
Hospitals revealed similar numbers (See Figure 2). The Pacific Census Division survey showed
83% of employed RNs were non-Hispanic white, 3.5% Hispanic/Latino, 8% Asian/Pacific
Islander, 3% African American and less than 1% Native American (Briley & Hutson, 2001, p.
20).

The purpose of this paper is to propose strategies to increase workforce diversity in
nursing and to decrease the nursing shortage by recruitment and retention of minority students.
This paper examines challenges minority nursing students face and suggests strategies to recruit
and retain these students.

Figure 1. Percent of minority in the U.S. population, schools of nursing, and the registered nurse
population, 1996.

Source: Based on data from the Division of Nursing 1996 Sample Survey of Registered
Nurses, the National League for Nursing and the U.S. Bureau of the Census.
Figure 2. Race and ethnicity of registered nurses employed in nursing and the population, Pacific Census Division, 1996.

Source based on data from the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services, “HRSA State Health Workforce Profile: Washington”.

Literature Review: Diversity of the Nursing Workforce

Within the last thirty years, the nursing profession has stressed the importance of rendering culturally competent care that respects individual differences and incorporates one’s values, beliefs, lifestyles, and practices into the delivery of health care (Josepha, 1998). Diversifying a national nursing workforce will provide culturally appropriate and sensitive nursing services by having professionals who are familiar with a client and family’s cultural needs.

Since the 1960s, the Federal Government has provided funding for programs and initiatives with the intent of increasing the representation of racial/ethnic minorities in the health professions. The Nurse Training Act of 1971 assisted in the education of a broad spectrum of individuals that included minorities. The Nurse Training Act of 1975 (Title VIII of the Public
Health Service Act) specified that at least 10 percent of the funds appropriated be used to pay the
costs of projects to increase nursing education opportunities for individuals from disadvantaged
backgrounds. In addition the Omnibus Budget Reconciliation Act of 1981 required that at least
20 percent of funds be appropriated to projects that assist nursing education opportunities for
students from disadvantaged backgrounds (NACNEP, 2000, p.3). The Allied Health Professions
Personnel Training Act of 1996 (P.L.89-751) authorized a program of Nursing Educational
Opportunity grants (Section 861) for financially needy students. The Act also provided contract
authority (Section 868) for “Full Utilization of Nursing Educational Talent” projects to recruit
these students (NACNEP, 2000, p.3).

Similar programs addressing diversity are available today, yet the current growth rate of
minorities within the nursing workforce fails to reflect the diversity of the general population
(NACNEP, 2000, p.7). A possible cause may be that the nursing profession has not thoroughly
explored nor researched culturally relevant ways of recruitment of our ethnically diverse
populations.

In 1983, the National League for Nursing developed criteria to guide nursing programs in
providing curricula that respect cultural, racial, and ethnic diversity. In 1986, the American
Nurses Association formulated guidelines for implementation of cultural diversity into the
nursing curriculum. In 1992, the American Academy of Nursing Expert Panel on Culturally
Competent Nursing Care made specific recommendations regarding ways to teach and guide
faculty and nursing students to provide cultural-specific nursing care (Josepha, 1998).

The Pew Competencies, developed and expanded between 1989 and 1999, listed
recommendations for policy makers and educators to produce health care professionals who meet
the changing health care needs of the American population. In its fourth and final report, the
Pew Health Profession Commission presented “21 competencies for the 21st century” and recommended that health professions schools use the competencies “as a benchmark for assessing the current status of their educational programs and for developing strategic directions for change” (Brady et al, 2001, p. 30). Four of the 21 competencies describe recommendations in the areas of diversity and underserved or disadvantaged populations:

10. Improve access to health care for those with unmet health needs.

11. Practice relationship-centered care with individuals and families.

12. Provide culturally sensitive care to a diverse society.


Implementation and practice of these culturally sensitive guidelines remains problematic due to the current percentage of minority nurses and the overwhelming white female majority in the nursing workforce. The lack of role models other than Euro Middle Americans, reinforces the present Euro-culture of nursing. Diversifying the workforce will provide the needed role models for other nurses and help change the attitude and culture of nursing to a culture of inclusion.

Recruitment Efforts

Despite past and present programs that recruit minority or disadvantaged students, employment in health care lacks appeal or has not been viewed as a reality by minority populations. As a result, health care workforce demographics have not kept pace with the changing demographics of society (Briley & Hutson, 2001). Caucasian women have successfully moved into fields that have traditionally been male dominated, such as medicine, pharmacy, and law (Briley & Hutson, 2001, p. 20). This trend has significantly decreased the
pool of people who have traditionally become nurses. At the same time, no other group is adequately filling the void.

The current nursing shortage is prompting nursing programs to explore strategies to expand the recruitment pool. One of these strategies has been to focus on recruiting minorities. The National Advisory Council on Nurse Education and Practice in its 2000 Report to the Secretary of Health and Human Services and Congress identified increasing the racial/ethnic diversity of the RN workforce as one of the measures necessary to ensure the availability of a workforce appropriate to meet the nursing needs of the population (NACNEP, 2000, p. 5). The recommendations and goals covered four broad themes; education, practice, leadership, and cultural competency. These goals include:

1. Enhance efforts to increase the recruitment, retention and graduation of minority students.
2. Promote minority nurse leadership development.
3. Develop practice environments that promote diversity.
4. Promote the preparation of all nurses to provide culturally competent care (NACNEP, 2000, p. 8).

To increase the size and quality of the minority applicant pool, highly motivated and capable minority students must be identified well in advance. According to Robert C. Petersdorf, MD, President of the American Medical Association (as cited in Lee, 1992, p. 2391) ideally, recruitment should begin as early as the primary grades. The National Assessment of Educational Progress conducted by the U.S. Department of Education in 1997 reveals that minority students, who reach high school, demonstrate science skills deficiencies (U.S. Department of Education, 1997b). Health Careers Opportunity Program Director Clay Simpson stated, “We need to
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demystify sciences for the minority student early on so they don’t think they’re incapable of choosing science as a career” (Lee, 1992, p. 2392). Further, “Many minorities, particularly Hispanics suffer from the preconception that they don’t have much potential as scientists, doctors, or nurses so most will follow another vocational track” (Tinto, 1993, p.63).

Programs that Recruit Minority Students into Sciences and Nursing.

Federally funded programs that target high school students include the Minority High School Research Apprenticeship Program. This program is designed to stimulate interest in science careers by pairing minority high school students with funded biomedical researchers (Lee, 1992). Another project is the Health Careers Opportunity Program that identifies and recruits economically disadvantaged students of all races for education and training in health professions. This program, available upon entering the eleventh grade, aspires to increase the number of diverse health professionals practicing in under-served areas (Lee, 1992). Tutorial services, counseling and financial aid assist these students from the eleventh grade through graduation from a professional school. It may be, however, that the eleventh grade is too late to address the educational and cultural issues facing these students.

Minority students who enter college can access programs that target health careers. One such program is a University of California, Los Angeles (UCLA) student run organization, the Campus Retention Committee. The committee offers peer counseling, mentoring, study groups, and other support to all struggling minority students and summer programs for dismissed students (Hanashiro, 1997, p. 4). Since its implementation this program has facilitated an increase in graduation rates of minority students in all majors. Of those students who entered UCLA as freshmen in the fall of 1990, 54.3% of Black students and 66.4% of Hispanics had graduated by 1996 (Hanashiro, 1997, p. 4).
One underutilized program, as a source for nurses from diverse cultures, is the Commission on Graduates of Foreign Nursing Schools (CGFNS). The Commission is an internationally recognized authority on education, registration, and licensure of nurses (Davis & Nichols, 2002). CGFNS was established in 1977 to ensure that nurses educated in other countries who wish to practice nursing in the United States are eligible and qualified to meet licensure and other practice requirements. Foreign educated nurses who hold a CGFNS certificate complete two years of an intense certification program that consists of three components: a credentials review, a test of nursing knowledge, (the CGFNS qualifying examination), and an English-language proficiency examination (Davis & Nichols, 2002).

These nurses bring an alternative perspective to providing care, and different cultures and customs to the nursing profession. Most applicants who successfully complete this program have a greater chance of passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Davis & Nichols point out that more than 80% of the Boards of Nursing require that foreign-educated nurses hold a CGFNS certificate prior to applying to take the NCLEX-RN. The majority of CGFNS test takers have been educated in the Philippines and Canada but more recent applicants have come from Puerto Rico and Mexico (Davis & Nichols, 2002). This new group of applicants provides an untapped pool of Spanish speaking nurses that can add to the diversity of nursing.

Other programs or colleges identified as facilitating recruitment into nursing and completion of degrees by Hispanic students are those with flexible policies, family support, faculty and peer support, plus mentoring networks (Villarruel, Canales, Torres, 2001). The RN to Bachelor of Science in Nursing Program for example, may offer flexible class schedules,
small class size, employer “buy in” through flex shifts or tuition reimbursement, work site programs and accessible and safe school locations.

Grant programs, like those sponsored by the Division of Nursing, Health Resources and Services Administration are designed to help schools of nursing, and many other state and governmental agencies to provide student stipends and pre-entry and retention activities for minorities who are seriously under-represented within the nursing work force. At Arizona State University in Tempe, the American Indian Student United for Nursing staff indicated that many of their American Indian students struggle to imagine themselves having successful careers, and those students who do succeed in nursing are often drawn into their careers by dedicated mentors early in life (Wood, 2001). Many of these mentors are themselves Native Americans who have returned to their communities.

Importance of Mentoring

According to local Hispanic nurses living in the Yakima Valley of Washington State, the need for effective mentoring is a common theme for Hispanic students who have returned to the Valley after attaining their nursing degrees. Similarly, Native American nurses mentoring other Native American nursing students is crucial to both attracting and retaining Native American students, says Jan Pflugfelder, a doctoral student at Loyola University, a Native American and mentor herself (Wood, 2001). Pflugfelder, explains that she immerses herself in her mentoring role and emphasizes doing whatever it takes to guide Native American students through their educational training from counseling to baby-sitting, if needed. “We don’t wait until a student is put on academic probation. We do early intervention and aggressive advisement which allows us to jump right in there at the first sign that a student is having difficulty” (Wood, 2001, p.54)
When asked for recommendations for prospective Hispanic students seeking to enter the nursing school, a Hispanic nurse with the New Hope program at the Yakima Valley Farm Workers Clinic in Eastern Washington advised, “Tell them we can help, walk them through campus, make contacts for them, and encourage them to talk with a school counselor. Later check back and ask them if they did talk with someone and get the help they need. Don’t leave them on their own” (A. Pulido, personal interview, 2002).

The minority student needs extra support and frequent contacts from a supportive faculty member, mentor, or community person to guide them through the college experience. The Hispanic student (like many other minorities) may come from a low-income family and may feel socially isolated from their less educated peers. Peer pressure and family expectations may make choosing and pursuing a college education difficult and confusing. Many minority parents may not know how to counsel or assist their children because of their own lack of college experience. Many students may also find that college and family obligations conflict (Lopez, 1995). Minority students may feel socially isolated on campus (Dorsey & Jackson, 1995).

Students feel alienated even when little overt discrimination by peers and faculty is reported.

Theoretical Framework: Adapting to the Culture of Nursing

Roy’s Adaptation Model (1999) and Tinto’s (1993) Theory of University Departures will be used in this paper as a framework for discussing the experience of minority students in nursing education. Tinto identifies academic and social integration as two important factors in the retention of all college students. He describes academic integration as grade point average, perceived faculty concern for teaching and students and frequency of academic/advisement contacts with faculty (Saenz, 1998, p. 40). Social integration is composed of such factors as extra-curricular activities, extent and quality of relationships with peers and quality of informal
interactions with faculty. These factors can also be found in Roy’s interdependence component of adaptation. According to Tinto, some minority students may need to have a “critical mass” or minimum percentage of students of the same race or ethnicity on campus to feel comfortable and adapt to college life (Saenz, 1998, p. 41).

Roy’s Adaptation Model views the recipient of nursing care (whether that be an individual, a family, a group, a community, or society as a whole) as an open adaptive system (Roy & Andrews, 1991). Roy defines adaptation as “the process and outcome where by thinking and feeling persons, as individuals or in groups, use conscious awareness and choice to create human and environmental integration” (Roy & Andrews, 1999, p. 34). Roy’s theory proposes that as adaptive systems, people and or groups experience stimuli (inputs), develop coping mechanisms (control processes), and produce responses (outputs). These responses may be adaptive or ineffective (Roy & Andrews, 1999). The coping mechanisms work to maintain integrity of the person within four adaptive modes: physiological, self-concept, role function, and interdependence. The physiological mode is defined as the manner in which the human manifests adaptation relative to basic operating resources, this can be perspiring, nervous movements or “fight or flight” response. Role function, is role clarity, the need to understand and commit to fulfillment of one’s specified role within a group. The interdependence mode is relational integrity, which is the feeling of security in relationships.

The minority student’s physical or behavioral responses in a classroom or among other students may be misunderstood, seem unfamiliar or unaccepted. Physical manifestations such as no eye contact, quiet, not volunteering to answer a question unless called upon, or nodding during a conversation, may be interpreted as unfriendly. Non-participation or nodding may simply mean acknowledgement of a conversation instead of understanding or agreement. The
student is in constant wariness of how others perceive her/him and how she/he identifies with others. Figure 3 illustrates adaptation of the minority student into nursing incorporating the different modes of Roy’s adaptation theory as it applies to minority nursing students.

For the minority student the journey toward adaptation to a nursing career can be a difficult and stressful process even when the individual has made a conscious choice to be a nurse. The minority student, as a thinking and feeling individual, is faced with many unfamiliar physiological as well as environmental stimuli in his/her journey toward adapting. Each student reaches an adaptation level at different points as influenced by the demands of the situation. According to Roy’s Model, (1991) minority students are influenced by internal resources, including capabilities, hopes, dreams, aspirations or motivations, and all that makes the person constantly move toward mastery. Some may achieve positive adaptation to the nurse role during nursing school, others while practicing nursing in their career or still others find that they never fully adapt (See Figure 3).

The following examples present minority nurses’ experiences after making a conscious choice to be a nurse. These experiences are categorized under the adaptation modes in the minority student adaptation model. Dr. Katie McKnight, former dean and professor at St. Xavier University School of Nursing and director of the I’m Ready Program (Increasing Minority Representation through Educating and Developing Youth), explains, “As long as I can remember, I have always wanted to be a nurse. As a child I would play nurse to my mother whenever she was sick. I would bring animals home that had been wounded and nurse them back to health” (McKnight, 1999, p.1). Her comments demonstrate aspects of the self concept mode.
A Hispanic Nurse from the Yakima Valley shared her view: “I knew I wanted to be a nurse because my mother was a Technical or Vocational Nurse in Mexico and treated many people in our neighborhood” (C. Garza, Personal Interview, 2002). This nurse has incorporated the role of a nurse into her self concept.

Elena Avila, Professional Curandera and RN with a Masters degree in psychiatric nursing, describes her adaptation to nursing as a student as follows:

So often I only heard the negative feedback while in school and I would worry about “not getting” what my professors were teaching. A professor once told me in no uncertain terms to stop focusing so much on “all this cultural stuff”. I felt crushed. I would continue to ask my patients about Curanderismo but would do so apart from my student peers. When with other students I would instead focus more strongly on the “official” questions and write up my assessments in the standard way to “fit in”. I experienced many “put-downs” of my cultural beliefs and there has been many doors closed in my face, both literally and figuratively, because of being a Chicana. I came to adapt but not accept the world of nursing (Avila & Parker, 1999, p.36). This nurse experience reflects the interdependence mode resulting in ineffective coping response.

Programs That Work: Making a Difference

Many communities offer programs that are currently striving amid dwindling dollars to steer minority students toward a health career. The federally funded project Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) began in 2000. This project encourages young people to maintain high expectations, stay in school and go on to post-secondary education (GEAR UP Project, 2002). The Yakima GEAR UP Program goals are to increase academic performance and preparation for post-secondary education and to increase
parents’ educational expectations of their children in underserved, socio-economically
disadvantaged areas. The Yakima Valley Program in Washington State has partnerships with its
lower valley school districts; including Zillah, Toppenish, Sunnyside, Mt. Adams, Mabton,
Granger, the Yakama Tribal School and Grandview 6th grade classes. This early intervention
project targeting middle through high school students shows promise even though its programs
are fairly new and have not graduated students. GEAR UP lacks sufficient data to measure an
increase in health career choices of minority students. According to program coordinators, the
program demonstrates tremendous positive gains through unmeasurable change (GEAR UP
Project, 2002).

Although difficult to measure, these changes are described as “a new positive mind set”
among low-income Hispanic parents of the Lower Yakima Valley. Lori Febus, Granger School
District GEAR UP Coordinator, explains that parents, who normally would not consider or
discuss college or career opportunities for their child, are now conceding that grades do make a
difference. Parents are asking about colleges in the area and are asking questions about financial
aid or scholarships. “Another rewarding change”, says Febus, “is hearing students that otherwise
would never take interest in science or health, talk about college and professional careers with
other students in the class rooms, hallways and play yards without any prompting” (L. Febus,
Personal Interview, 2002).

Implications for Nursing

Whether or not minority populations will be able to receive culturally competent care and
service from their health-care providers is uncertain. Nurses are most comfortable with those
who are similar to themselves. They may resist learning about other people’s traditions and
social customs and may be indifferent to people who are different from themselves (Nardini, 2000, p. 353).

According to the National Alliance for Hispanic Health, cultural competence is, “the set of behaviors, attitudes and policies that come together in an institution, agency or among a group of individuals that allows them to work effectively in cross-cultural situations” (Duran et al., 2001, p. 6). It includes at least three perspectives; 1) knowledge of the effects of culture on other’s beliefs and behaviors, 2) awareness of one’s own cultural attributes and biases, and what impact they have on others, and 3) understanding the impact of the sociopolitical environment and economic context in a given situation (Nardini, 2000, p. 354). Functioning effectively includes recognizing and respecting differences in our patients and our colleagues in terms of their values, expectations, and past experiences. Nurses have been taught to label people by race or ethnic groups which leads to disconnect between the patient–centered orientation of nursing and actual interactions with different patients (Nardini, 2000). The disconnect can produce a sense of culture shock or alienation in nurses and patients alike. Both groups may find their values, beliefs, and behavior challenged, causing overwhelming discomfort to all. Patients and families cannot heal in an environment of anger, resentfulness, discord and distrust. They will feel the negativism and unwittingly respond in kind (Nardini, 2000, p. 354).

The desire of minority professionals to reach out to minority patients and to community based organizations to develop more effective ways of serving their community will create the kind of American health care system that is needed to meet the growing minority populations. Our society is becoming a kaleidoscope of racial and ethnic groups, behaviors, values, world perspectives, social customs, and attitudes. Cultural norms have a powerful influence on perceptions and values regarding health, wellness, pain, suffering and death (Nardini, 2000).
Minority students must realize that it is their understanding of these cultural and ethnic
differences that will positively add to the profession and discipline of nursing (Josepha, 1998).

An example of a successful culturally relevant program is the Outpatient Diabetes
Education Program at the Women’s and Children’s Hospital of Southern California. Between
1987 and 1993 the program had 503 women undergo intensive one-day instruction in diet and
insulin therapy, taught by bilingual certified diabetes educators and nurses. The program
successfully avoided hospitalization in 97% of patients (Hill, 1998).

The Pew Commission’s position in its third report indicated that to provide appropriate
care “practitioners must be able to appreciate the growing diversity of the population and the
need to understand health status and care through differing cultural values” (Hill, 1998, p. 33).
Diane Dowing, Past President of the Public Health Nursing Section of the American Public
Health Association states, “It is important that schools of nursing attract a diverse student body,
because if you study and work with folks from different backgrounds then you begin to
understand cultural patterns without, having to practice on patients first” (Hill, 1998 p.34).

Implications and Recommendations for Nursing Education

Confronted with the national nursing shortage, nursing programs are trying new program
delivery methods to facilitate diversification of potential nursing students. The current shortage
and resultant allocated funds for recruitment provides opportunity for the nursing profession to
diversify their ranks and provides more accessible opportunity for the minority students
interested in this field. All practicing nurses need to promote awareness of the nursing
profession as a personal and economically positive career choice.

Local nursing schools could easily partner with area middle schools to advocate for their
profession through early intervention programs like GEAR UP. These early intervention
programs welcome community involvement, especially from those that can interest or excite a young student considering a nursing career. Nursing schools can advise middle schools to include nursing in their health career curricula and to present nursing as an appealing choice for their students. Nursing faculty can also serve as mentors to interact with young minority students in various settings through these difficult adolescent years.

In keeping with the Minority Student Adaptation to Nursing Model, nursing schools need to recognize and support the minority student’s adaptation into nursing and have programs in place to facilitate this process. Programs which, particularly, emphasize aspects of the interdependence and role function modes to promote effective adaptation. Schools need to continue to support and expand programs like ALCANCE (Aid Latino Community to Attain Nursing Career Employment) that aim to increase nursing workforce diversity in the Yakima Valley of Washington State, or student organizations such as, MECHA (Movimiento Estudiantil Chicano de Aztlan) which promotes cultural pride and education (Oye Tu, 2002). Another program is MESA (Washington State Mathematics, Engineering, Science Achievement Program) which provides enriching opportunities for underrepresented students in grades K-12 in mathematics, engineering and science and assists them to achieve their full potential in education (MESA, 2002). Support activities that involve parents, extended family members or close friends, and recognize the family’s role in a student’s success. Activities can include campus tours, dinners or newsletters distributed in English and in students’ native languages to keep parents informed of their student’s progress while in nursing school. Establishment of a solid mentorship program with minority leaders (locally and nationally) as guest speakers, can impact students’ views.
Interested nurses and local nursing schools can join and support the efforts of minority-focused organizations such as the Eastern Washington Hispanic Nurses Association Chapter. Organizational efforts might include assisting Spanish speaking nurses from Mexico, begin the process of obtaining their credentials to practice in the U.S. These and other efforts can make a difference in the number of minority RN graduates, assist in the diversification of the nursing workforce, and increase the quality of culturally competent care provided to minority populations.
Pursuit of Nursing

Self Concepts
Gender
Minority role expectations
Healer role
Caregiver
Expert
Professional

Role Function
Nursing Student
Nurse image
Medical language
Caregiver
Charge nurse
Minority mother, daughter or sister role.
Traditional vs. Modern Images

Psychic Integrity

Coping Mechanisms

Physiological
Nervous
Perspiring
Headaches
Upset stomach
Rapid heart beat
“fight or Flight”

Interdependence
School peers & faculty
Home friends
School/College social events
Home social events
Patient/clients

Inputs
Stimuli

Adaptive or Effective Responses:
Sees self as a Nurse
Promotes nursing
Maintains grades

Ineffective Responses:
Poor grades
Unable to build relations
Isolated
Doesn’t fit in

Figure 3. The Minority Student Adaptation to Nursing Model
References


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