Increasing diversity in the nursing profession: Do our actions match our words?

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Greetings from Canada!
Saskatchewan: Land of Living Skies
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Aim of the presentation

• To create an understanding of the need to recruit nurses from underrepresented minorities
• To create an understanding of the barriers to recruitment which nursing as a profession creates, either intentionally or inadvertently
There is increasing diversity in industrialized societies worldwide

- Rapid growth in immigration
  - Three major destination counties: U.S., Canada, Australia

In 2006, 6.3% of Canada’s population was made up of immigrants who had arrived in Canada in the last ten years (Human Resources and Social Development Canada [HRSDC], 2008)
  - Three quarters of the immigrants who arrived in Canada between 2001 and 2006 were from visible minorities.
Immigration: The U.S. context

- The number of immigrants in the U.S. increased 16% in the five years prior to 2006 (Camarota, 2007).
- Immigrants accounted for one in eight of the U.S. population in 2007, the highest proportion in 80 years (Camarota, 2007). Most of these immigrants come from visible minority groups.
- The multicultural makeup of the U.S. is demonstrated by the 2000 U.S. census figures, which show that 30% of the U.S. population belongs to non-white ethnic or racial groups (Office of Minority Health, 2006).
Immigration: The Australian context

• In the year ending June 30, 2008, overseas immigration accounted for 59% of Australia’s population growth.
• In 2008-09 about 300,000 new migrants are expected to arrive in Australia, the highest number since World War II (Australian Bureau of Statistics, 2008).
• As of 2006, 23.9 percent of Australia’s population was born overseas (Commonwealth of Australia, 2008).
Immigration: The United Kingdom context

- In the United Kingdom, immigration accounted for half of the population growth between 1991 and 2001 (Vertovec, 2006).
- In 2005, 7.5% of the British population was born abroad (Kyambi, 2005).
- U.K. immigrants come from a much broader range of source countries than in the past, and contribute significantly to the diversity of the population.
Increasing diversity due to growth of Aboriginal populations

- In Canada the Aboriginal (indigenous) population continues to grow at a rate greater than that of the total Canadian population.

- Between 1996 and 2006, the Canadian Aboriginal population grew by 45%, almost six times faster than the non Aboriginal population which grew at a rate of 8% (Statistics Canada, 2008).
Increasing diversity due to growth of Aboriginal populations

- In Australia:
  - In 2001, Aboriginals made up 2.4% of the Australian population.
  - This number represents a 16% increase over the 1996 census, and follows an increase of 17% between 1986 and 1991, and 33% between 1991 and 1996
The health of minority groups

• In their study of the health of Canadian immigrants, Newbold and Danforth (2003) found that immigrants tend to experience:
  – greater health problems,
  – greater barriers accessing health service, including language and cultural barriers,
  – greater unemployment and underemployment, and limited economic opportunities, in comparison with non-immigrant Canadians.
The health of minority groups

- Cardozo and Pendakur (2007) indicate that visible minorities and visible minority immigrants in Canada are at much greater risk of living in poverty than their Canadian-born white counterparts.

- Lynam and Cowley (2007) attribute the health and social inequities experienced by immigrants in Britain and Canada in their study to marginalization and marginalizing practices, rather than to innate predisposition to illness.
The health of Aboriginal populations

- Ring and Brown (2003) noted that the gap in life expectancy between indigenous and non-indigenous populations is estimated to be 19-21 years in Australia, 8 years in New Zealand, 5-7 years in Canada, and 4-5 years in the United States.
How do we best address the needs of minority groups?

- Creation of a health professional workforce that is representative of the populations we serve.
Increasing diversity in nursing

- There is general agreement that the makeup of nursing is not representative of the public (Canadian Nurses Association & Canadian Federation of Nurses, 2004; Canadian Nurses Association, 2008; ICN, 2004; Villeneuve & MacDonald, 2006).

- Nurses are predominantly white, middle class, and female.
Calls for increased diversity

• Royal Commission on Aboriginal People (1996) called for a 10 fold increase in the number of Canadian Aboriginal health professionals as a mechanism for improving the health of Aboriginal people.

• Of the 252,000 nurses in Canada in 2003, it was estimated that there were between 1000 and 1200 of Aboriginal ancestry in 2003 (National Aboriginal Health Organization, 2003).
Calls for increased diversity

- The Association of American Medical Colleges launched its diversity program in 1991, entitled *Project 3000 by 2000*.
- By the year 2000, there were 1,700 underrepresented minority students in medical schools, and increase of less than 200 in a decade (Terrell, 2006).
Calls for increased diversity

- The U.S. National Advisory Council on Nurse Education and Practice called for increasing the number of minority nurses in the U.S. as a major strategy in reducing health disparities (AACN, 2003)

- 87% of U.S. nurses are Caucasian, while only 70% of the population is considered Caucasian. (Health Resources and Services Administration (HRSA), 2000).
Calls for increased diversity

- Royal College of Nursing
  - Corporate Diversity and Equity Strategy
  - Recognition by Professional Associations Research Network as a “pioneer” and the “gold standard” in promoting equity and valuing diversity.
  - Creation of Diversity Toolkit and Diversity Champions programs
Creation of a representative workforce

• A note about the United Kingdom:

  • In the United Kingdom slightly more of the nursing workforce has minority ethnic origins than the population as a whole.
  • However, there is evidence that issues exist within the work culture that disadvantage minority nurses.
  • Caucasian nurses are more likely to succeed in job applications; and nurses of other ethnic origins are twice as often required to act up to a higher grade while fewer of them are paid to do so.
  • Internationally-recruited nurses can also feel their qualifications are undervalued (ICN, 2004)
Calls for increased diversity

• Canadian Nurses Association (CNA) proposes increased participation of Aboriginal people and visible minorities in leadership positions in the nursing workforce, calling for 20% of nursing leaders to come from Aboriginal and visible minority populations by 2020 (CNA, 2008; Villeneuve & MacDonald, 2006).
Creation of a representative workforce

• When present at all, immigrant, visible minority and Aboriginal nurses are over-represented in entry level positions, less successful in job applications and are not represented in leadership positions (ICN, 2004).
Do we as a profession want a representative workforce?

- Are the standards that we have in place true standards, or are they barriers that we have put in place because we can?
- In recruiting “the brightest and the best”, how are we measuring what we want? If we measure with a white middle class yardstick, we will get white, middle class participants.
- If we want a representative workforce, are we prepared to make it happen?
The issue of professional closure

- Professions: occupational groups with specialized skills, advanced education, state recognition, a commitment to altruism, self regulation including professional control of education and admission to practice, and positions of societal privilege (Torstendahl & Burrage, 1990; Witz, 1992; Hugman, 1991).
Professional closure

• It is this social privilege and its concomitant power and elitism that sociologists term *professional closure*.

• Professional closure is an example of what Weber referred to as *social closure*, the “process by which social collectivities seek to maximize rewards by restricting access to resources and opportunities to a limited circle of eligibles” (Parkin, 1979, p.44).
Professional closure

• Professional closure may not be intentional, but may occur inadvertently or “by proxy”, as a result of requirements around such things as residency, language or admission.

(Baskerville-Morley, 2006)
Barriers to minority participation

• Personal barriers
• Systemic barriers
Issues in recruiting members of minorities to nursing

- Language
- Culturally specific curricula and licensing exams
- Racism
Personal barriers to inclusion

- personal needs, including financial support, and child care;
- academic needs for tutoring and study support; language needs;
- cultural needs, such as ethnic role models and understanding the cultural dichotomies faced.
- experiencing prejudice and discrimination, from classmates, faculty, hospital staff, and patients.

(Amaro, Abriam-Yago & Yoder, 2006; Yoder, 1996)
Systemic barriers to inclusion

- Admission policies
- Use of standardized testing
- Lack of transparency of policy
- Eurocentricity of curriculum, licensing exams
- Lack of role models
- Lack of recognition of qualifications
- Lack of professional advancement
- Lack of evidence for policy decisions
- Lack of policy to address racism
A work about racism in nursing

- We believe that racism is still the R-word in many quarters of nursing, because the term itself connotes an implicit accusation. We offer the concern that anyone’s participation in racism is often difficult to see. Furthermore, its occurrence is sometimes not believed by nurses whose identity is linked with being caring, including caring about equity and fairness in society. … we discuss these beliefs as part of an ideology that overlooks discriminatory practices such as the marginalization, harassment and exclusion reported by [minority nurses].

(Turrittin et al., 2002, p. 656)
How do we make inclusion happen?

• This cannot be left to chance, and the good will of individuals
• It is a professional nursing policy issue, and a nursing education policy issue
How do we increase participation of minority groups within nursing?

– Address personal barriers
  • Provide personal support programs
  • Tutoring
  • Language support
  • Build community
  • Addressing racism in the classroom & clinical area
Address systemic barriers

- Affirmative action in admission policies
- Standardized language requirements
- Transparent admission/registration processes
- Anti-racist policies for conduct
- Addressing eurocentricity of curriculum
- Minority faculty role models
- Exploring the taken-for-granted assumptions within nursing
- Building evidence for policy making
In conclusion, increasing diversity in the nursing profession requires negotiating difference, creating community and challenging assumptions.
• Are we truly committed to increasing diversity within the profession so that its makeup accurately reflects the communities that we serve?
References


References


References


