

# Nursing Workforce Diversity

Official Position Statement of  
the Association of Women's  
Health, Obstetric and  
Neonatal Nurses

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## Position

Diversification of the health care workforce aligns with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) strategic goals. In the 21st century, research supports the continuous efforts to attract, develop, and foster a diverse workforce. AWHONN maintains that developing a diverse nursing workforce is an essential component to attracting the largest possible pool of talent and achieving health equity for childbearing people, newborns, and individuals throughout their life span by increasing concordance in patient–nurse relationships. AWHONN opposes discrimination in the nursing workforce based on ability, age, generation, ethnicity, gender identity, national origin, race, religion, and sexual orientation. AWHONN acknowledges that as our knowledge of diversity continues to evolve, so will our definition of workforce diversity.

## Background

The U.S. maternal mortality rates remain high. Adverse birth outcomes for Black women remain disproportionately high, with a rate that is 3 to 7 times that of White women (Howell, 2018; Hoyert, 2022). This disparity is second to women in the American Indian/Alaska Native community. Additionally, the disparate care provided in the care of Black and American Indian/Alaska Native individuals and other people of color (BIPOC) is well documented (Martino, 2022).

According to the Institute of Medicine, the demographic characteristics of the nursing workforce should more closely match the population at large to enhance interactions and communication (National Academies of Sciences, Engineering, and Medicine [NASEM], 2016). Therefore, an increase in the diverse nursing workforce is an essential component to achieving concordance in patient–nurse relationships (Hoyert, 2022).

## Race and Ethnicity

Although the U.S. population is becoming increasingly diverse, the current nursing workforce does not reflect the nation's population. The U.S. Census Bureau (2021) indicated that 57% of the population identified as White in 2020; however, the population that identified as multiracial has increased by 276% over

the past decade. It is predicted that the U.S. population may be majority non-White by 2050 (Vespa et al., 2020). The nursing workforce, though, is not keeping pace with the U.S. population diversity trends, as only 19% to 24% of registered nurses (RNs) self-reported as being non-White/Caucasian (National Council of State Boards of Nursing [NCSBN], 2021; U.S. Bureau of Labor Statistics, 2020).

While diversity in nursing has improved for the Asian community, which represents 6.1% of the total population and 9.1% of the total body of nurses, other ethnic groups, such as African American and Hispanic populations, have room for improvement. African Americans make up 12% of the population and represent only 4% of the nursing workforce. The disparity between the Hispanic population and the number of Hispanic nurses is even greater: Hispanic individuals represent 18.3% of the population; however, they represent only 7.4% of the nursing workforce (NASEM, 2016).

Schools of nursing and colleges of health sciences have an integral role in contributing to diversity in nursing. A prerequisite for diversification of the workforce begins with strategic recruitment and access to enter the field. Student recruitment strategies require purposeful efforts to be more representative of the population. Between 2010 and 2019, Black student enrollment remained virtually unchanged, advancing from 5.3% to 5.8% (Hampton et al., 2022). Black students are more likely to experience racism and other structural barriers such as attending schools with out-of-date resources and competing financial obligations that impact academic performance. Modifications to admission criteria that include a more holistic approach, considering life experiences and the evaluation of written essays over interviews, can help eliminate this barrier for prospective students.

Changing admission criteria will increase the diversity in enrollment, but work is also needed to support students through the program until graduation. Black students have expressed a lack of belonging as well as feelings of discrimination, difficulty in keeping pace with the curriculum, and financial challenges (National Commission to Address Racism in Nursing, 2022). Mentorship programs that focus on the development of basic skills such as math and writing inclusive of financial incentives have improved

graduation rates. Equity requires a specific focus on strategies designed to impact the community of need.

## Barriers

It is important to note that financial barriers impede diversity efforts in nursing. Licensed practical nurse and community-based associate's degree RN programs are more cost-effective and are an important pipeline in advancing diversity, equity, and inclusion (DEI) efforts in the field of nursing. Students attending these programs are more likely to come from communities that are economically disadvantaged (NASEM, 2021).

Racism has been at the foundation of the admission criteria for aspiring Black nurses since nursing education was formalized in the early 1900s (Hine, 1989). Entry into nursing schools was denied for many future Black nurses, which forced the creation of training schools for Black nurses. Despite these programs, Black nurses were not allowed to take the examination for RN licensure (Reed & Julion, 2022). Structural racism continues to have an impact on entry to practice today. Four-year baccalaureate nursing schools often have admission criteria that can be exclusionary and a financial burden on underrepresented students. Black students regularly contend with structural barriers such as racism, gaps in school funding, and health disparities, which can also contribute to poorer grades and performance on standardized testing compared to White applicants (Hampton et al., 2022). Grade point average is often an overarching admission criterion for nursing school, frequently serving as a barrier to admission for Black students because of an "over reliance on standardized metrics which are historically racially biased . . ." (Bonini & Matias, 2021, p. 623). White female students from better-resourced communities often outperform people of color on standardized tests. BIPOC students have a greater propensity to come from economically disadvantaged backgrounds, disproportionately attend schools that lack the resources to prepare them with adequate study skills, be first-generation college students, and not be native English speakers (Bonini & Matias, 2021). As a result, these factors present BIPOC students unequally in the admission process when compared to White applicants.

Compounding the inequities created by the admission criteria is the experience of a BIPOC nursing student. Nursing schools that are void of racial diversity create challenging circumstances for Black nursing students because of a lack of culture that creates a sense of belonging from both classmates and faculty. BIPOC students are forced to traverse a learning environment without students who look like them, which can be isolating and lonely. Lack of belonging contributes to anxiety, serving to amplify other barriers including poor student-faculty relationships, lack of mentorship, and resources. In addition to the aforementioned challenges, Black students often face financial barriers that require them to work during their schooling, experience a lack of family support, and have caregiving responsibilities serving as a multiplier for poor student outcomes (Reed & Julion, 2022).

Lastly, efforts to restructure nursing curricula to eliminate medical racism in both clinical practice and education requires immediate attention. The lens in which nursing content was developed has roots in a Eurocentric worldview, which often

highlights whiteness in the curriculum inclusive of racial stereotypes in the care of Black and Brown patients. Culturally responsive pedagogy calls on educators to cultivate learning environments that "affirm racial, linguistic, and cultural identities; prepare students for rigor and independent learning; develop students' abilities to connect across lines of differences; elevate historically marginalized voices; and empower students as agents of social change" (New York State Education Department, n.d., p. 3). Implementation of this pedagogy requires faculty to approach the delivery of content from an antiracist lens. Equity in this space requires leadership to recognize the structural challenges in place for BIPOC students and develop resources inclusive of concepts such as mentoring, holistic admission pathways, and other student support services to ensure not only a pathway to admission but also graduation (American Association of Colleges of Nursing, 2023).

## Education and Role Advancement

There have been great strides in graduate degree attainment across races, with Black/African American and Asian nurses leading the number of nurses who have master's degrees and doctoral degrees inclusive of doctor of nursing practice (DNP) and doctor of philosophy (PhD) degrees (NASEM, 2021). However, these education accomplishments have not diversified the advancement of nurses of color into executive leadership or advanced practice RN (APRN) roles. The APRN workforce remains predominately White, creating a gap in the diversity of APRNs providing primary care in women's health. Certified nurse-midwives play a vital role in maternal and infant health outcomes. As per the American Midwifery Certification Board 2020 demographic report, the field of midwifery, although improving in diversity, remains predominately White (85.52%), with few midwives identifying as Black/African American (6.85%). Hispanic nurse practitioners have experienced the largest increase, followed by Black/African American nurses, though the increase in Asian nurse practitioners has been much slower (NASEM, 2021).

Although the baccalaureate degree remains the gold standard for nursing practice, it is important to recognize that majority of Black nurses (60%) will enter nursing practice through an associate's degree or diploma program (Reed & Julion, 2022). Shifting to a baccalaureate-prepared staff as recommended by the Institute of Medicine in 2011 has pushed many associate care nurses out of the hospital and into settings that disadvantage them with fewer opportunities for professional development, tuition reimbursement options, and lower pay (Reed & Julion, 2022).

## Gender and Sexual Orientation

The discordance of representation in the nursing workforce is seen when looking at race and ethnicity, and the NCSBN and U.S. Bureau of Labor Statistics report similar findings for RN gender.

### Gender Stereotypes

Male gender remains inadequately represented in the RN workforce, with only 9.4% (NCSBN, 2021) to 11.1 % (U.S. Bureau of Labor Statistics, 2020) reporting as male. Recruitment of a gender-diverse nursing workforce begins with prelicensure education. Lack of

recruitment during secondary education is prevalent, resulting in students who identify as male seeking nursing career information independently of career advisors and higher education recruiters (Kane et al., 2021). Public perception, self-perception, and outside influences regarding the nursing profession negatively affect the recruitment of men into the nursing profession (Christensen et al., 2021; Kane et al., 2021).

Male RNs identify gendered stereotypes as a professional barrier in the nursing profession (Smith et al., 2020; Zhu et al., 2021). Male nursing students have reported that nursing faculty and peers have higher performance expectations for them (McNally et al., 2019) based on the gendered assumption of not being accepted into a medical school (Nerges et al., 2022; Sasa, 2019). Retention in prelicensure nursing programs is influenced by gender bias from family, friends, and RNs (Powers et al., 2018); use of feminine pronouns in textbook and classroom materials (McNally et al., 2019); and the lack of equitable clinical experiences (Kane et al., 2021; Nerges et al., 2022). Patients view male RNs with the stigmas of being incompetent, effeminate, gay, emasculated, or sexual predators (Blackley et al., 2019; Sasa, 2019). The continued occurrence of being misaddressed as a physician also contributes to the difficulty retaining men in the nursing profession (Nerges et al., 2022). These stigmas contribute to the gender assumptions of masculinity microaggressions experienced by male RNs, causing them to use caution in their speech and mannerisms while working (Smith et al., 2020; Younas et al., 2022), which may cause internal role conflict, feelings of exclusion (Blackley et al., 2019), and marginalization (Sasa, 2019). Additionally, male RNs are frequently assigned obese, sexually inappropriate, or violent patients, increasing the male RN's resentment at the disregard for their personal safety and well-being (Blackley et al., 2019; Nerges, 2022).

## LGBTQIA+

Legal rights and protections as well as social acceptance of people in the lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA+) populations has improved markedly over the past decade. However, these individuals continue to experience more incidents of violence and discrimination as compared to their cisgender counterparts (Blondeel et al., 2018; Di Marco et al., 2018). Additionally, harassment and discrimination toward LGBTQIA+ professionals are often reported (Ayhan et al., 2020). It is estimated that 7.1% of U.S. adults identify as LGBTQIA (Jones, 2022); however, it is unknown how many nurses identify as such.

Patients who identify as LGBTQIA+ have a greater incidence of mental health disorders, suicide, substance use, high-risk sexual behaviors, sexually transmitted infections, obesity, and gynecologic cancers (Hafeez et al., 2017). These disparities may result from prejudice, victimization, and the stigma of being a member of a minority group (McEwing, 2020). Personal relationships can have a powerful impact. Evidence has shown that interactions with people from the LGBTQIA+ community can positively change attitudes and knowledge toward them (Nicol et al., 2013). To decrease health disparities, it is essential to provide nurses with the professional knowledge regarding the LGBTQIA+ community's unique needs and ensure that the nursing workforce is diverse (Stanford, 2020).

## Age and Ability

According to the National Nursing Workforce study, the RN workforce is aging, with the median age of 52 years. Nurses 65 years and older make up the largest age category and account for 19% of the workforce. Many nurses are nearing retirement age, with more than one in five nurses surveyed projected to retire within the next 5 years (NSCBN, 2021). Supporting physical limitations in workplace inclusion efforts is important. The Age Discrimination in Employment Act states that it is unlawful for an employer to discriminate against an individual's employment compensation, privileges, or terms of employment based on age (U.S. Equal Employment Opportunity Commission, 2022). Retention of older RNs brings historical knowledge, experience, and expertise to nursing units and may minimize the effects of nursing shortages (Johnson, 2015). Furthermore, additional education and support are needed regarding management of the aging RN workforce in health care organizations (Johnson, 2015).

According to the Centers for Disease Control and Prevention (2020), 26% of all adults in the United States have some disability, resulting in a potential for 800,000 RNs who may need workplace accommodations in the health care field (Morris, 2023). The Americans With Disabilities Act prohibits an employer with 15 or more employees from not providing an employee with accommodations as noted by the specific disability (U.S. Department of Labor, n.d.). Nurses often do not seek accommodations based on Americans With Disabilities Act language because of the challenge of providing evidence and the potential of a hostile work environment by the employer and peers (Neal-Boylan & Miller, 2015). There is no record of a patient injury related to a nurse's disability (Neal-Boylan, 2014) or evidence that the care provided by an RN with a disability jeopardizes patient care and safety (Matt et al., 2015). However, RNs with differing abilities often seek employment opportunities suited to their abilities. These jobs tend to have nonnursing supervisors and vague job descriptions that add to the confusion regarding employment accommodations and leading the RN to leave the nursing profession (Neal-Boylan, 2014).

## Role of the Nurse

Nurses and nurse leaders must seek to examine the implicit or explicit biases that exist in health care systems and develop strategies to mitigate these biases. The nursing workforce is an expansive, trusted, and educated group of professionals who must commit to the awareness and evolution of a welcoming, inclusive health care system.

## Recommendations

There should be continuous efforts to increase diverse representation in the nursing workforce regardless of ability, age, generation, ethnicity, gender identity, national origin, race, religion, and sexual orientation. AWHONN supports the following recommendations:

- Increase recruitment efforts of nursing students who reflect the current U.S. population.

- Ensure that recruitment and educational materials represent a diverse nursing workforce.
- Implement holistic admission review policies by academic institutions.
- Provide equitable clinical opportunities for students based on course and program outcomes.
- Identify barriers that hinder admission for and successful graduation of underrepresented students.
- Expand tuition assistance and other financial agreements for underrepresented students.
- Increase recruitment of diverse nursing faculty and academic leaders.
- Develop learning opportunities for nursing faculty, clinical instructors, and clinical preceptors on the topics of implicit bias and explicit racism.
- Implement evidence-based interventions to support and promote an inclusive learning environment.
- Develop curricula in clinical settings that include care of diverse populations and education on addressing social determinants of health.
- Recruit, hire, and support a diverse workforce of nurses that represents the communities they serve.
- Provide training and educational resources that support and represent workforce diversity.
- Foster a welcoming and belonging work environment.
- Create zero-tolerance policies on bullying, incivility, and workplace violence (ANA, 2015).
- Foster fair and equitable workload assignments for all nurses.
- Support RNs as they seek workplace accommodations.
- Increase diverse representation in organizational leadership and provide opportunities for upward career trajectories.
- Provide training and resources on the use of neutral and inclusive language.
- Encourage the inclusion of unique approaches or opinions of all team members.
- Include DEI commitment in orientation sessions.
- Create modes of disseminating organizational DEI data.
- Implement deliberate DEI efforts by organizations and nurse executives.
- Recognize that diversity is not stagnant and will continue to evolve and expand over time.

## AWHONN Contextual Statement

Although the words “woman,” “women,” and “mother” and related pronouns are used herein, AWHONN recognizes the existence of diverse gender identities and acknowledges that not all individuals who present for care self-identify as women or exclusively as women. When referencing the published results of previous studies, terms used by the original authors are retained for accuracy. To provide appropriate, respectful, and sensitive care, the health care provider is encouraged to always ask individuals what words they use to describe themselves, their bodies, and their health care practice.

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