

Diversity in Nursing

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### Abstract

This paper provides a better understanding of the diversity in nursing. Nursing has come a long way since the days of Florence Nightingale who is deemed the founder of modern day nursing. Nursing has many levels of diversity and it is hard to find a place to start. In this paper, diversity is broken down into four different cohorts that divide nursing by generations that produce certain types of nurses. Another way that nursing is considered diverse is through education level obtained in school ranging from a Diploma to a Baccalaureate of Science in Nursing (BSN) as an entry level into nursing. Finally, dealing with race and gender as minorities in the field of nursing also creates diversity.

## Diversity in Nursing

### **Brief History of Nursing**

Nursing as a word has been around since the beginning of time and involves “the care and nurturing of healthy and ill people, individually or in groups and communities” (Davis, 2005, p.1490). The modern idea of the term nursing and nurse is a much newer and dates back to the 1800’s. The founder of modern day nursing is Florence Nightingale who established the nursing profession. Nightingale’s philosophy was to help patients get well and to prevent illness. Her efforts in the Crimean War decreased the mortality rate by half mostly by decreasing the risk of infection (Craven & Hirnle, 2009).

Some other notable nurses are Lillian Wald and Mary Brewster who were credited with establishing a community nursing service in New York City. The American Red Cross was developed by Clara Barton around the Civil War time and Dorothea Dix created the Nurse corps; both are still in existence today (Craven & Hirnle, 2009).. Each one of these nurses started a type of nursing and contributed to the early diversity of nursing. Nightingale could be related to a hospital floor nurse and Wald would be considered a community nurse that works for the city helping to create disaster plans in case of an emergency. Lastly Barton and Dix were both related to military and wounded soldiers that have since branched off into separate areas. This was just one example of nursing diversity; other examples include the, generations, education level, gender, and minority nursing groups or ethnic or cultural background (Craven & Hirnle, 2009).

### **Education Level**

In modern nursing, there is some type of schooling involved in order to be considered a professional nurse. The three ways that an entry level Registered Nurse (RN) can be achieved is through a Diploma, Associate's Degree of Science in Nursing (ADN), and BSN sequence at an accredited program. It does not matter at this point in nursing which path you choose to go, all three ways will give you the opportunity to take the National Council Licensure Examination exam and become a professional nurse. However, there are some differences in the programs that could hinder someone from advancing in nursing beyond a floor nurse if one was to choose to choose that route (Craven & Hirnle, 2009).

The diploma nursing program was the first type of formal education that was provided to become a RN. The program was typically a three year program that was very extensive clinical based program. The down side to this type of program is that no college credit is awarded at the time of completion. This type of nurse could be a floor nurse or possibly charge nurse with experience. In recent years, this has shifted away from diploma programs and many jobs went to higher educated nurses even with potentially less experience. This type of schooling has since declined in past years and gave way to the ADN and BSN nurse programs but there still are diploma programs available in some areas of the country (Craven & Hirnle, 2009).

In response to the nursing shortage in the 1950s, a college based nursing program was created, better known as the ADN. This degree is a two year program that college credit is received for completion of the program. Again the downside is that ADN nurse cannot advance on without more schooling and training but is a suitable floor nurse or possibly charge nurse after gaining experience. This degree of nursing is still strong and continues to flourish in all areas across the country although in recent years a shift has started to go toward an even higher level of education in nursing (Craven & Hirnle, 2009).

The highest level of entry into an undergraduate level of nursing is a BSN. It involves a four year degree with a background in the liberal arts and a broad area of all nursing areas with a special emphasis on community health, research and leadership/management skills. Full college credit is awarded with completion of the program with the benefit of advancement is achievable to a management position without additional schooling. This type of nurse can range from a floor nurse to a manger position and anywhere in-between and can continue on to advanced degrees. The BSN degree is the way of the future and current trend of professional nursing and is growing each year. In the years to come it might change again and the new standard could be a master's degree in nursing (Craven & Hirnle, 2009).

### **Generation of Nurses**

Nursing in the 20<sup>th</sup> and now 21<sup>th</sup> century can be broken down into four main generations that have come to be called cohorts in the research that was found. These cohorts share age, values and experiences that were happening in the world at that particular time. The cohorts start as early as the 1920s with the veterans/silent/traditionalists, then the baby boomers, followed by Generation X, and lastly Millennial generation that starts at 1980's and goes through the 2000's and the end date of this cohort is still being discussed and viewed differently in the research at this present time. Some of the articles have it stopping around 2003 and others having it continuing today due to the fact there is not a 5<sup>th</sup> cohort at this time (Johnson & Romanello, 2005; Huston, 2009).

#### **First cohort, the veterans, traditionalist, and silent generation:**

The first cohort started around 1925 and went through 1945 and was given a few different names by various articles. It was called the veterans, traditionalist, and silent

generation, but no matter what it was called the information about this cohort was similar throughout. This involves the nurses that would range in age from 67 years old and older who have passed on, retired, or may still be working. This cohort was massively influenced by the Great Depression and the two world wars during this time in history. With this in mind their main values were to respect authority, follow the rules and have loyalty to a company or organization. Due to this time in history these nurses were savers and very stingy with money due to the uncertainty of the economy at this time (Johnson & Romanello, 2005; Huston, 2009).

Technology at this time was obviously nowhere near what it is today and the big advances of this time were the adding machine, typewriter, and the use of carbon paper. A computer like we use today was not even an idea at this time, computer charting would be very difficult and frustrating for them as a group. The cohort would need time to catch up and not be rushed, they would work best if given material in presentation or reading material for new ideas or technology. This type of nurse would have been diploma nurses due to the fact ADN degree were not available at this time (Johnson & Romanello, 2005; Huston, 2009).

### **Second cohort, the baby boomers:**

The second and largest major cohort stretched from 1945 to 1963 and is known as the baby boomers cohort. It includes the nurses that are at the age of around 49-67 years old. These are the next line of retirees that are going to leave a shortage in nursing. These nurses came in after the world wars and the economy was booming. They were influenced by the civil rights movements and toward the end of this cohort the Vietnam War. During this time, the idea was to challenge the status quo, be rebellious, but also driven, be motivated and strive to be number one (Johnson & Romanello, 2005; Huston, 2009).

They are thought to be egocentric and spent much of their lives rewriting the rules. For this reason, members of this cohort work best in groups and are motivated to win. They like to critically think, be leaders and receive recognition from authority figures. This generation “thought they could change the world” (Johnson & Romanello) and, in some ways did with civil rights movement and women in work place. It was definitely a time for change and power to the people. Individuals at this time went to college and got an education; many first time family members started to go to school for the first time. This was also the time that the ADN came into play. The ADN was introduced in the early 50s, starting the movement for a college based nursing program (Johnson & Romanello, 2005; Huston, 2009).

### **Third cohort, generation X:**

Generation X, the third cohort, extended from 1964 to 1982 and includes nurses who are in the age group of 30-48 years old. The nurses of this cohort are very autonomous, crafty and creative, with less loyalty to a company than the previous cohorts; their common motivation is based on finding a job they are comfortable with and enjoy doing. Many of the nurses in this generation chose nursing as a second career due to layoffs during this time in history (Johnson & Romanello, 2005; Huston, 2009).

Technology made a giant leap forward in this time; these nurses can adapt to change well and can use technology with little difficulty. The term latchkey kid was coined for the nurses and people of this generation. This phrase came into play due to school age children coming home to an empty home after school due to both parents being out of the house working. This is reason why this cohort has strong values of independence and resourcefulness because many issues had to be learned and nothing was done for them since no parent was at the home for

instructions. This generation of nurses in a meeting situation, like to get to the point and just want the facts (Johnson & Romanello, 2005; Huston, 2009).

#### **Fourth cohort, millennial:**

The last cohort is the millennial generation that starts at 1983 and is still present today. It includes nurses that are 29 years old and younger. This cohort grew up with technology from day one; it is very easy for them to use technology and causes no stress on their part. They enjoy working in groups and multitask whenever possible. They adapt to change well and are the most diverse racially and ethnically generation to date. They also have been viewed as a generation that is similar to the veteran cohort in values of loyalty, following the rules, saving for the future, respect of authority and see nursing as a calling not just a job (Johnson & Romanello, 2005; Huston, 2009).

With all these pleasant views of the millennial generation also comes fear. The world at this time is very unstable with terrorist threat of 9/11 for example, and the great recession going on presently at this time. For that reason, the generation was nicknamed baby on board due to the supporting and protecting nature of the parents of their children (Johnson & Romanello, 2005; Huston, 2009).

Klaus, Ekerdt & Gajewski (2012) looked at job satisfaction and level of education that nurses have been choosing and receiving throughout the years. The article showed that the BSN degree is on the rise with the younger generation rising on an average of 10% per every ten years. The article also pointed out that the new graduate nurses have a higher job satisfaction rating than the older generations do for nursing. It only takes into account the last three cohorts the millennial, generation X, and baby boomers; this is a limitation to this study because the veteran cohort is

absent from the study. The study can be relevant because it does show evidence that could be used to explain the different cohorts' actions and job satisfaction. The baby boomers are always challenging the rules and rewriting them with the big Civil Rights movements during their time as an example; they do not like to follow the rules and would rather change them to their own liking. Many of the nurses of the Generation X cohort are in their second career due to massive cuts during this time in history in different industries. This required many Generation X members to go back to school for another career possibly affecting the cohorts satisfaction ratings; they may have been forced to leave their first love on first job. On the other hand, it could have been their dream that is now completed by going back to school. The millennial generation had the highest job satisfaction rating of the three cohorts in the study. This is due to their high values that are much like the veterans cohort and according to Sherman (2006).

### **Men in Nursing**

In history, when the two world wars took place, many men had to go overseas and fight for our country leaving the factories empty and without workers. The women at this time came out of the kitchen and went to work in the factories in place of the men. When the men got back from the war, some of the women wanted to keep their new jobs and were discriminated against by men who believed that they could not do the same job as a man. Now the shoe is on the other foot and men are going into the field of nursing that is mainly dominated by women. Men make up only about 5.8% of the workforce in nursing in the United States as of 2004 report (Huston, 2009, p147).

Men have had to deal with stereotyping in the field of nursing with many people thinking that a man cannot be a nurse. It is thought that he cannot do a man's job so he has to do a

woman's job. There are some people that believe that a man is homosexual if he is a nurse (Huston, 2009, p153) and of course this is not true at all. Another issue is that the patients have often thought of a male nurse as a doctor. This attitude about male nurses is going away slowly but will take time just like in history it took a while for women (Meadus & Twomey, 2011). As an example, in the movie Meet the Fockers, a man that is a male nurse is going to marry the girl of his dreams; the woman's father, however, struggles with future son-law-'s career as a male nurse. It is just a way stereotyping for a male nurse in the public's perspective (Roach, 2004).

In an article by Meadus & Twomey, 2011 of student male nurses in a BSN program, they explored the possibility of gender bias in the student setting. The study included 27 male nursing students ranging from 20-38 years old Meadus & Twomey, 2011, p272. The study showed some bias in the classroom. In one example, a student stated that he felt that they always need to know the answer to a question the instructor was asking. In his answer the men were always getting picked over the women students due to their names are generally easier to remember and they stick out in a classroom. The article concludes by suggesting a more neutral learning environment to avoid bias in the classroom (Meadus & Twomey, 2011). This article, however, does have limitations of the small participating size of study group and the fact only one university was studied. Another major limitation was that this study was done in Canada and not in the United States.

An interview with a registered nurse was performed with the intention of getting a women's perspective on men in nursing. She is a 24 year old nurse that works at a Rehab nurse at Mercy Medical Center in Canton, Ohio. The question asked was "what do you think of men in nursing and do you agree with it?" In the interview, she stated that she thought it helps to break up the estrogen on the unit and is a big help with patients. "Men are usually stronger and can

help lift the heavier patients easier than we can,” Beard, 2012. “They are also nice to have around if a patient is being violent or inappropriate which can happen” R.M. Beard (personal communication, October, 2, 2012). “Overall men in my opinion are a good idea in nursing to have and I believe the number of men will increase and will equal out with women over time” R.M. Beard (personal communication, October, 2, 2012).

### **Minority Nurses**

The minority diversity part of the nursing population makes up about 10.7% (Huston, 2009, p146) of all nurses in the United States. African Americans make up about 4.2% of the minority population in nursing and Hispanics makes up 1.6 % (Huston, 2009, p147) of the nursing population. Although Hispanics make up over 14.8% (Huston, 2009, p147) of the population of the United States, their representation in nursing is low. It is a similar story with 40 million African Americans in the United States but are only 4.2% (Huston, 2009, p147) are nurses. This is more than half the Hispanic but is still considered low in the overall numbers. Why are the numbers of minority groups so low nursing (Huston, 2009)?

The minority groups in general come into the nursing picture with disadvantages from the start. Some are the first in their family to go to college: it can difficult for their families to understand the need for a nurse to go to college to become a nurse. Another issue is the financial aspect of going to college, which is a big burden and pitfall for many minorities. Lastly, being the new student and looking different from everyone else will play a role in the social group of the minority student nurse feeling different from everyone else. To ensure that the minority population gets an unbiased chance at becoming nurses, there are scholarships designed to help

with the cost of attending school just for minority groups. This may ease the tension and reluctance of the family so they may be more supportive.

In Sullivan Commission, 2004, (as cited in Vélez-McEvoy, 2010), discusses that the Hispanics are the missing persons in the healthcare profession which also causes health disparities in the population. Many people prefer to be taken care of by someone of their own race if possible. This is not always possible in nursing, but if we can find a way to gain more Hispanic nurses it may help with the health disparity in this population. Vélez-McEvoy, (2010) stated there are certain barriers that need to be met in order to help the Hispanic student nurses. The list consists of language, communication styles, writing skills, isolation, and self-esteem. The language issue focuses on the accent and trouble that may come with trying to understand a Hispanic student nurse. Communication skills relates to the way we talk to one another. Most of us want to just get to the point and get the task or job done; this is not what the norm is for Hispanics who like small talk first to establish a relationship then work on the task and job. The writing style idea is one we as Americans take for granted. For us English is our first language but we have to remember it is a second language for them. A primarily Spanish-speaking individual must first think how it would be written or expressed in Spanish then have to translate it into or think again about how to write it in English. It requires an extra step for them requiring more time to complete a task. The last two barriers of isolation and self-esteem issue kind of go hand and hand; if you are isolated from your family, you are going to have no support and likely have low self-esteem. Kent State has a relationship mentoring model in place to help students in this type of situation and to help students make the transition (Vélez-McEvoy,2010).

African Americans as a minority group in nursing are in the same area as the Hispanic population; although they do not have as hard of a time with the language issue as the other

minority groups would. With this minority group comes the history that cannot be forgotten and unfortunately some people still feel they are superior to other people and races. It is an issue that needs to be nullified and this alone would help the cause for more African American nurses and student nurses. Another issue that was brought up in (Orduna, 2009) was that they felt uncomfortable in classes due to the low number of African American students in the class along with the low number of African American faculty. Lastly, many felt like they were outsiders and no one wanted to talk or socialize with them because they are outside of their own minority group. In order to achieve a higher attendance of African American students in nursing we may need to look at the faculty and any special needs that the students may need to have a pleasant experience in college (Orduna, 2009).

In nursing, there are many ways to diversify the profession into many subgroups. These can range from the four cohorts of nursing dealing with nursing across a century of struggle and change for the profession. The background of nursing is like a giant melting pot like the United States with many cultures and races such as Latino, African Americans, Caucasian, and Asian. The profession can even be split in half by gender with a superior female presence over male nursing population. The presence of stereotyping for female and male nursing is always going to be present and can even be used in relation to race and minority nursing. Just because a more experienced older nurse only has a diploma or ADN we cannot dismiss their experience in which may be even more valuable in the clinical setting than anything we could learn in a classroom. In the big picture nursing as a whole has stand strong and united in order for the profession as a whole to survive and grow and move forward toward the goals of the future.

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