

HHRP ISSUES – A SERIES OF POLICY OPTIONS**SUSTAINING THE WORKFORCE BY EMBRACING DIVERSITY**

According to a 2002 study by the Canadian Nurses Association, Canada will experience a shortage of 113,000 registered nurses by 2016 if past workforce utilization patterns continue.¹ Physicians and other health-care professionals are also experiencing critical workforce shortages.² At the same time, Canada's population continues to grow, largely owing to an increase in immigration.³ Canada receives 200,000 new immigrants each year from all over the world.⁴ Our visible minority population is growing at a faster rate than the general population, and it is estimated that by 2017, 20 per cent of Canadians (up from 16.2 per cent in 2006) will be a member of a visible minority.^{5,6}

For the health workforce to be effective, sustainable and self-sufficient, it must reflect the diversity of Canadians. Embracing diversity can be described as accepting and respecting individual differences in ethnicity, race, culture, language, religion, gender, generation, sexual preference, occupation, physical ability and socio-economic status. Innovative strategies are needed to transform the health workforce into a workforce of inclusiveness.

Diversity among Canadians

According to data from the 2006 census, people from more than 200 different ethnic groups speaking 150 different languages live in Canada, making it one of the most ethnically diverse countries in the world.^{7,8,9} After Canadian, the most frequently identified ethnic origins in descending order were English, French, Scottish, Irish, German, Italian, Chinese, North American Indian, Ukrainian and Dutch.¹⁰

Immigration patterns are changing the composition of the Canadian population. In 2006, the proportion of foreign-born Canadians reached 19.8 per cent of the total population, a 75-year high.¹¹ The vast majority of immigrants to Canada in recent years have been members of visible minorities.¹² Visible minorities account for 16.2 per cent of Canada's population, and these populations are growing five times faster than the general population.¹³ Projections indicate that by 2017, one in five Canadians could be a member of a visible minority.¹⁴

Aboriginal peoples are another rapidly growing segment of the population. In the past decade the aboriginal population increased by 45 per cent, and

it now accounts for almost 4 per cent of Canada's population.¹⁵ It is estimated that the aboriginal population will continue to grow twice as quickly as the overall population, and some of the highest birth rates will occur in Saskatchewan and Manitoba, with a resulting increase in the number of aboriginal youths in these provinces.¹⁶

“People of colour who advance the furthest all share one characteristic – a strong network of mentors and corporate sponsors who nurture their professional development.”

Thomas, D. A. (2001). The truth about mentoring minorities: Race matters. *Harvard Business Review*, 79(4),98.

Diversity in the Health Workforce in Canada

The Canadian Institute for Health Information (CIHI) collects data on the age and sex of health professionals and the numbers working in each area of the country, as well as on the number of internationally educated health professionals and their country of initial professional education. For example, in 2006 there were 252,948 registered nurses employed in Canada; 5.6 per cent were men, their average age was 45 years and 7.9 per cent were internationally educated.¹⁷ Although newer databases held by some health professions include information on some aspects of diversity, data on ethnicity, culture, language and physical ability are not consistently collected for all health professions.

However, it is commonly recognized that the composition of the health workforce does not reflect the composition of the general population. In nursing, the small number of persons of colour is particularly notable in positions of leadership, management and policy-making.¹⁸

Innovative Strategies for Enhancing Diversity in the Nursing Workforce

The nursing profession is used here as an example to illustrate strategies for enhancing workforce diversity. Many of these strategies will apply to all health professions.

The literature cites a number of reasons why men and individuals from minority groups do not pursue nursing as a career: stereotypes, gender bias, financial barriers, academic under-preparedness, misunderstanding of the role of nurses and absence of mentors and role models.^{19,20} If we are to increase the proportion of men, visible minority Canadians and people from other cultures and ethnicities in the nursing profession, we must find better ways to increase their interest in nursing and their chances for success.

Innovative strategies require collaboration among all nursing stakeholders. Leaders, regulators, educators, employers and nurses at all levels have a role to play in transforming the nursing culture into one of inclusiveness.

Table 1: Proportions of ethnic groups in the U.S. population and the registered nurse (RN) population, 2004

Ethnic group	Per cent of U.S. population	Per cent of RN population
Hispanic and Latino	13.7	1.7
Black or African American	12.2	4.2
Asian and Pacific Islander	4.1	3.1
American Indian and Alaska Native	0.7	0.3
Two or more races	1.3	1.4

Source: U.S. Department of Health and Human Services. (2004). *The registered nurse population: Findings from the 2004 national sample survey of registered nurses*. Rockville, MD: Author. Retrieved October 6, 2008, from <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/3.htm>.

1. Measuring diversity

Before we develop strategies for enhancing diversity in the nursing workforce, we must first be able to describe the profile of the nursing population. Having more specific demographic data would enable nursing organizations to compare the proportions of diverse groups in the nursing population with the proportions of these groups in the general population. In the United States, where dimensions of diversity are measured, statistics for 2004 showed that although 32 per cent of the nation's population identified themselves with a racial or ethnic minority group, only 10.7 per cent of the total nursing workforce did so (see Table 1).²¹

Developing the capacity to better assess the demographics of the nursing workforce in Canada will improve health human resources planning at the local, provincial/territorial and national levels. Elements for language and visible minority information need to be added to CIHI's minimum data set for nursing to allow stakeholders to measure diversity, set targets, develop programs and track changes. The inclusion of a standardized set of questions (using established categories for language and visible minorities) on the annual registration form would supply the required information for the CIHI database. If the same standardized set of questions were included in application forms for admission to schools of nursing, data could be collected to measure diversity in the nursing student population.

2. Leading the cultural shift

Building diversity in an organization starts at the top. Leaders establish their organization's culture through the development of corporate policies and strategic frameworks. When diversity is included in mission and values statements and in corporate strategic plans, it becomes part of the organization's culture. A study conducted by the Conference Board of Canada showed that 42 per cent of the Canadian organizations surveyed had no strategic plan for diversity.²² Although these organizations may consider building diversity a priority, they have no mechanism by which this goal can be achieved.



The University of Texas Health Science Centre increased the proportion of men in its nursing student population to 29 per cent after it followed the recommendations of a focus group of male nurses, who suggested

promoting the masculine aspects of nursing, such as emergency and trauma care, removing feminine language from brochures and advertising in the sports pages.

Source: American Association of Colleges of Nursing. (2001). Effective strategies for increasing diversity in nursing programs. Washington, DC: Author. Retrieved October 14, 2008, from www.aacn.nche.edu/publications/issues/dec01.htm.

Leaders in health organizations, nursing associations and schools of nursing can help shift their organization's culture and place a priority on diversity by ensuring that a diversity plan is in place and by incorporating that plan into the broader strategic plan of the organization.

The Conference Board of Canada studied leadership practices in private and public sector organizations that have made a cultural shift in their workplaces.²³ Diversity was a core business value in organizations with a culture of inclusiveness. The Conference Board also identified five common actions of leaders that advanced such a culture:

1. allocating adequate financial and human resources to support diversity initiatives;
2. building diversity into the accountability and performance standards;
3. leading by example and demonstrating commitment to diversity;
4. building awareness and communicating the importance of inclusive workplaces to individuals within and outside the organization; and
5. actively participating in diversity-promoting initiatives.²⁴

The Learning Trails Program in the United States provides mentors to assist men and minority students throughout the entire nursing education program.

Source: American Association of Colleges of Nursing. (2001). *Effective strategies for increasing diversity in nursing programs*. Washington, DC: Author.

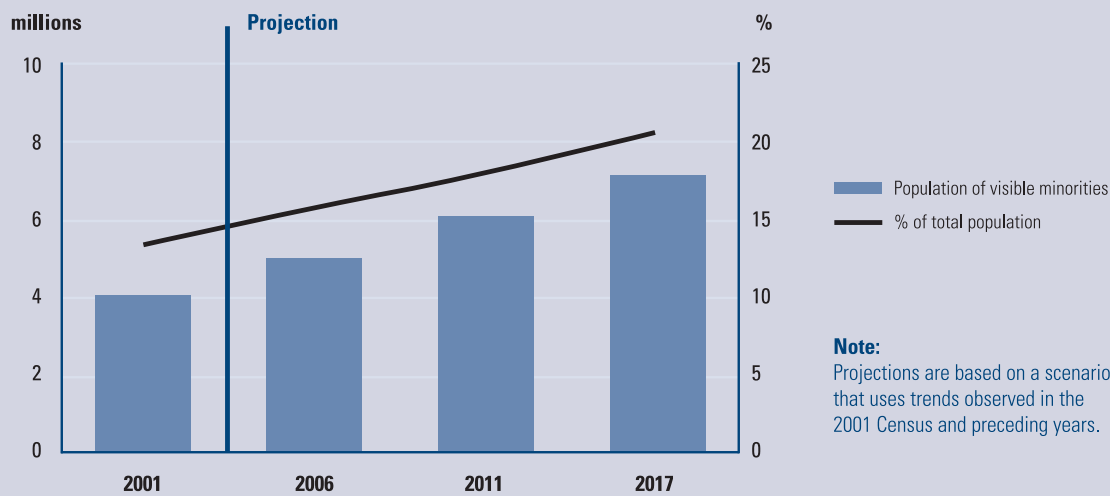
3. Profiling nursing

Nursing must have an image of inclusiveness: the profession must appeal to the interests of men as well as women, to people from diverse cultural backgrounds and to the new generation entering the workforce. The profile of nurses can be expanded by highlighting the variety of nursing career paths available, including careers in specialty practice areas, as nurse practitioners, in education, in management, in research and in health policy-making.

The new generation entering the workforce values work that offers balance with one's personal life, interesting challenges, flexibility, an opportunity to make a difference, interaction in teams, use of technology and a varied career path.²⁵ These aspects of nursing must be emphasized to potential nurses from all types of backgrounds.



Figure 1: Projected growth of visible minorities in Canada



Source: Statistics Canada. (2007). *Ethnic diversity and immigration*. Catalogue no. 91-541-XIE. Ottawa: Author. Retrieved October 17, 2008, from www41.statcan.ca/2007/30000/ceb30000_000_e.htm

4. Outreach programs

Involving underrepresented students in outreach activities and connecting them with other students in their own communities are effective approaches to recruiting students from varied backgrounds.^{26,27} Potential recruits can be reached at schools and career fairs, but they can also be reached by nontraditional routes, such as through minority community organizations and religious groups.

Starting outreach programs when students are younger facilitates awareness of nursing as a career option and enables students to prepare for higher education. According to Etowa, Foster, Vukic, Wittstock and Youden, outreach efforts are more effective if they involve collaboration with a network of community partners who can address the barriers students face to entering nursing education programs.²⁸ Pre-college enrichment programs, tutoring resources, financial assistance, social support and satellite education programs can improve students' eligibility for admission and reduce barriers to success.^{29,30} It is important to reach out with more comprehensive programs to support men, aboriginal students and students from other underrepresented groups so that students from all backgrounds view nursing as a viable career option and are provided with the resources they need to succeed.

5. Mentorships

Mentoring is one of the most effective strategies for attracting and retaining students from underrepresented groups.³¹ A literature review revealed that mentorship programs are a component of successful strategies for increasing diversity in the student population in many professions, including nursing, engineering, computer science, medicine, education, psychology, journalism and communications.³²

In nursing, mentors play an important role in attracting students in the middle school and high school years to the profession, guiding students in their nursing education programs and supporting nurses in the workplace. Mentoring takes place in pre-college academic enrichment programs and programs that support the transition to higher education, as well as during activities that


The Canadian Nursing Students' Association's video "Nursing: Opportunities for Life" is a recruitment tool that can be accessed online: <http://cnsa.ca/publications/video/>

generate interest in nursing as a career and that support career development. Mentor support assists students in gaining admission to education programs, increases the likelihood that they will remain in their program through to graduation and facilitates career transition.^{33,34}

Employers, schools of nursing and nursing associations can increase mentorship opportunities by training more nursing students, nursing faculty members and practising nurses to become mentors, creating additional mentorship programs and providing incentives to become involved. *Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentoring* is a useful tool to support the development of role modeling programs and competencies for preceptors and mentors in nursing.³⁵ This resource can be accessed on the Canadian Nurses Association website at www.cna-nurses.ca/CNA/documents/pdf/publications/Achieving_Excellence_2004_e.pdf

Conclusion

We have talked about diversity for a decade but all the best intentions are not action. It is now time to act.



The Aboriginal Nurses Association of Canada has developed an Aboriginal Nursing Student Mentorship Forum that supports aboriginal students enrolled in a nursing program. This online forum provides an innovative opportunity for interested students to dialogue with and receive guidance from practising aboriginal nurses. Information about the program is available at www.anac.on.ca/mentorship.html.

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- ¹ Canadian Nurses Association. (2002). *Planning for the future: Nursing human resource projections*. Ottawa: Author.
- ² The Council of Canadians. (2006). *Five things you should know about health care wait times*. Ottawa: Author. Retrieved October 24, 2008, from www.canadians.org/publications/CP/2006/spring/wait_times.html
- ³ Statistics Canada. (2008). *Census snapshot – immigration in Canada: A portrait of the foreign-born population, 2006 census*. Component of Statistics Canada Catalogue no. 11-008-X Canadian social trends. Ottawa: Author.
- ⁴ Canadian Heritage. (2004). *Canadian diversity: Respecting our differences*. Ottawa: Author. Retrieved October 6, 2008, from www.pch.gc.ca/progs/multi/respect_e.cfm?nav=2
- ⁵ Statistics Canada. (2007). *Ethnic diversity and immigration*. Ottawa: Author. Retrieved October 6, 2008, from www41.statcan.ca/2007/30000/ceb30000_000_e.htm
- ⁶ Statistics Canada. (2008). *Canada's ethnocultural mosaic, 2006 census*. Catalogue no. 97-562-X. Ottawa: Author.
- ⁷ Canadian Heritage. (2004). *Canadian diversity: Respecting our differences*. Ottawa: Author. Retrieved October 6, 2008, from www.pch.gc.ca/progs/multi/respect_e.cfm?nav=2
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- ⁹ Statistics Canada. (2007). *Immigration in Canada: A portrait of the foreign-born population, 2006 census*. Catalogue no. 97-557-XIE. Ottawa: Author.
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- ¹³ Ibid.
- ¹⁴ Statistics Canada. (2007). *Ethnic diversity and immigration*. Ottawa: Author. Retrieved October 6, 2008, from www41.statcan.ca/2007/30000/ceb30000_000_e.htm
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- ²² Conference Board of Canada. (2006). *Report on diversity priorities, practices and performance in Canadian organizations*. Ottawa: Author.

²³ Conference Board of Canada. (2005). *Business critical: Maximizing the talents of visible minorities*. Ottawa: Author.

²⁴ Ibid.

²⁵ Spinks, N., & Moore, C. (2007). The changing workforce, workplace and nature of work: Implications for health human resource management. *Nursing Leadership*, 20(3), 26-41.

²⁶ American Association of Colleges of Nursing. (2001). *Effective strategies for increasing diversity in nursing programs*. Washington, DC: Author. Retrieved October 14, 2008, from www.aacn.nche.edu/publications/issues/dec01.htm.

²⁷ American Speech-Language Hearing Association. (2007). *Minority student recruitment, retention and career transition practices: A review of the literature*. Rockville, MD: Author. Retrieved October 17, 2008, from www.asha.org/about/leadership-projects/multicultural/recruit/litreview.htm

²⁸ Etowa, J. B., Foster, S., Vukic, A. R., Wittstock, L., & Youden, S. (2005). Recruitment and retention of minority students: Diversity in nursing education. *International Journal of Nursing Education Scholarship*, 2(1), 1-12.

²⁹ Ibid.

³⁰ American Speech-Language Hearing Association. (2007). *Minority student recruitment, retention and career transition practices: A review of the literature*. Rockville, MD: Author. Retrieved October 17, 2008, from www.asha.org/about/leadership-projects/multicultural/recruit/litreview.htm

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Wilson, V. W., Andrews, M., & Woodard Leners, D. (2006). Mentoring as a strategy for retaining racial and ethnically diverse students in nursing programs. *Journal of Multicultural Nursing and Health*, 12(3), 17-23.

³⁵ Canadian Nurses Association. (2004). *Achieving excellence in professional practice: A Guide to preceptorship and mentoring*. Ottawa: Author.

