



THE CENTER
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Diversity in California's Health Professions: Registered Nursing

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A report of the California Health Workforce Tracking Collaborative

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Introduction

This issue brief is one in a series of briefs presenting a profile of California's current and projected population, selected health professions workforce, and trended data describing selected health professions education programs in the state. In this brief we present data describing key demographic characteristics of the state's Registered Nursing (RN) workforce including age, gender, and race/ethnicity; and trended enrollment data describing race/ethnicity for first-year enrollments in California's prelicensure RN programs.

California's Current & Projected Population

California has become one of the most racially and ethnically diverse states in the country, and is projected to become even more so in the coming decades. Roughly 53% of California's population in the year 2000 was non-White.¹ By 2006 this proportion had grown to approximately 57%.² Population projections suggest that by the year 2030, two-thirds of the state's population will be non-White.³ Over the next 25 years the state's population is projected to grow by roughly 12 million people. Over 90% of this population growth is projected to occur among California's Latino (75%) and Asian (17%) populations.³ These dramatic changes underscore the need to address the lack of racial and ethnic diversity among key health professions in the state.

Addressing Diversity in California's Registered Nurse Population

Concern over the lack of diversity in California's RN population has been raised by educators, nursing leadership, private foundations, and policy makers.⁴⁻⁸ A recent report from the California Office of Statewide Health Planning and Development (OSHPD) underscores the lack of Latino and African American nurses and offers recommendations that can be implemented immediately to enhance workforce diversity.⁹ Another study identifies barriers to entry into nursing faced by the Los Angeles Latino population and suggests policies to increase Latino participation in the profession.¹⁰

Numerous publicly and privately supported efforts have been devoted to increasing the supply of nurses in California. These efforts have resulted in a nearly 25% increase in nursing program enrollments since 2004-2005.¹¹ However, few of these efforts have focused specifically on increasing diversity in nursing student enrollment. Opportunities to directly impact student enrollment are limited. Proposition 209 in California, passed in 1996, prohibits public institutions from considering race, sex, or ethnicity in admissions.

The Central Valley Nursing Workforce Diversity project (CVNWD) is one of the few efforts to increase nursing supply that has a strong focus on increasing diversity in nursing.^{12, 13} The CVNWD was designed to increase awareness of the attitudinal, financial, educational, and systemic barriers that prevent underrepresented minorities from successfully entering the nursing profession.

In this brief we look at diversity in the RN population with data describing the ethnic and racial composition of the active RN workforce, recent graduates of nursing programs, new nursing student enrollees, and nursing faculty. We principally address three data questions in this brief:

1. What is the racial and ethnic composition of the active RN workforce and does it vary by age?
2. What is the racial and ethnic composition of recent graduates from California’s nursing programs and does this vary by program type?
3. What is the racial and ethnic composition of new student enrollees in California’s nursing programs and has it changed with the increased number of slots?

Diversity in Active Registered Nurses in California

Table 1 presents data on the race and ethnicity of a representative sample of actively licensed RNs in California by age group.¹⁴

Table 1. 2006 Composition of California-licensed, Active RN Workforce by Age Group and Race/Ethnicity

Racial/ Ethnic Group	Under 35 (%)	35 – 44 (%)	45 – 54 (%)	55 – 64 (%)	65 + (%)	Total All age groups
White non-Hispanic	47.8	54.5	69.4	77.0	79.0	64.3
Filipino	25.2	21.0	13.5	9.3	6.3	16.0
Hispanic/ Latino	10.3	7.7	4.3	2.7	2.3	5.7
Asian, non-Filipino/ Indian	7.1	7.8	4.6	3.5	4.4	5.5
African American	4.1	4.6	4.5	4.5	5.2	4.5
Asian Indian	2.5	0.9	0.3	1.1	0.3	1.0
Multirace	2.0	2.6	2.1	1.6	2.5	2.1
Native American/Alaskan	0.1	0.4	0.5	0.1	<0.1	0.3
Native Hawaiian/ other Pacific Islander	<0.1	0.2	0.4	<0.1	<0.1	0.2
Some other race	0.8	0.4	0.3	0.3	<0.1	0.4

Source: 2006 BRN Survey of Registered Nurses

With almost 65% of the RN population in California identifying as white, whites are over-represented in the nursing profession. However, these data also indicate that the California RN population is becoming more diverse with each generation. Whites comprise 79% of RNs over age 65, but less than 50% of RNs under age 35. The percentage of RNs who are Filipino, Latino, or Asian is much greater in the youngest age group than in the oldest. At 16% of the total RN population, Filipinos represent the second largest group of RNs by race/ethnicity. For nurses under age 35, more than 25% of RNs are Filipino. The percentage of RNs that are Latino shows a striking change when viewed across the age span. They comprise about 10% of the youngest RNs but only about 2% of the older RNs. There is less variation in the proportion of African American and other Asian RNs by age group.

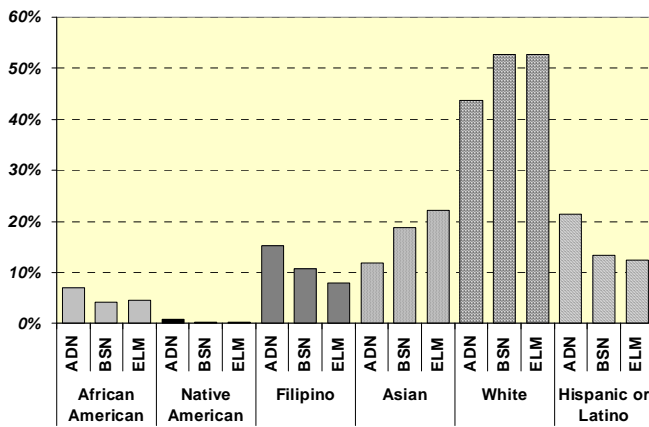
Nursing continues to be a predominantly female profession in California. However, gender diversity is increasing. The proportion of men nearly doubled from 5.4% in 1990 to 10.5% in 2006.

Diversity in Recent Graduates of Registered Nursing Programs

The total number of nursing school graduates is increasing in California. In just one year, from 2005/06 to 2006/07, the number of RN graduates increased by 10.5% or 789 students.¹⁵ About two-thirds of this increase occurred in associate degree (ADN) programs, although baccalaureate degree (BSN) programs and entry level master’s (ELM) programs increased the number of graduates by 11% and 13% respectively.

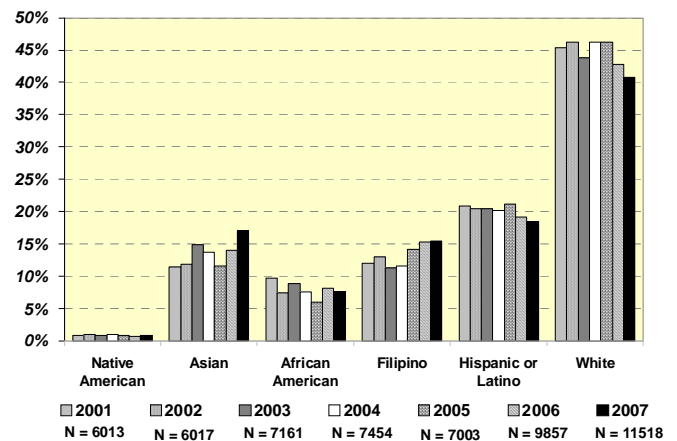
Figure 1 displays the composition of RN graduates by program type and race/ethnicity. These data show considerable difference in race and ethnicity across degree type. The most common program type for African American, Filipino, Native American, and Hispanic or Latino nursing students is an ADN program. White and Asian students are more likely to graduate from a BSN or ELM program.

Figure 1. 2007 Composition of Graduates of California's Pre-licensure RN Programs by Degree Level and by Race/Ethnicity



Source: CA Board of Registered Nursing Annual School Survey

Figure 3. New Student Enrollments in California's Pre-licensure Registered Nursing Programs by Race/Ethnicity (Percentage): 2001-2007

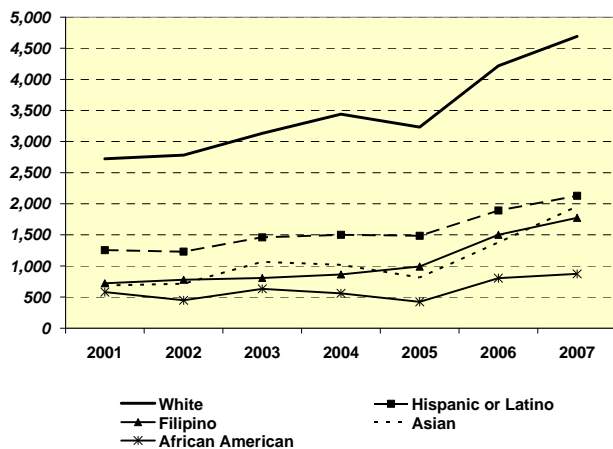


Source: CA Board of Registered Nursing Annual School Survey

Diversity of Recent Enrollees in RN Education Programs

Figures 2 and 3 display information on the number of new student enrollments and percentage of new enrollees by race and ethnicity.

Figure 2. New Student Enrollments in California's Pre-licensure Registered Nursing Programs by Race/Ethnicity (Number of Students): 2001-2007



Source: CA Board of Registered Nursing Annual School Survey
Prelicensure Interactive Database

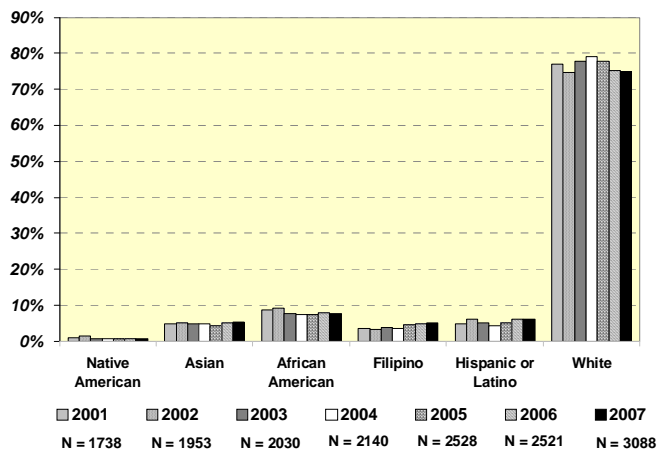
New student enrollments in California's registered nursing programs have more than doubled in the past seven years. Between 2006 and 2007, there was a 14.2% increase in the number of newly enrolled nursing students. Although nursing students continue to be primarily white, the proportion of new nursing students who are white has declined over the past three years to 40.7% in 2007.

The percentage of new nursing students who are Asian or Filipino has increased since 2005 and is now at its highest point in seven years. In 2007, 15.4% of new students were Filipino and 17.0% were non-Filipino Asian. The percentage of Latino and Native American students enrolling in nursing programs has remained relatively constant since 2001. During the same time period, the percentage of African Americans enrolling in these programs has decreased from a high of 10% in 2001.

Nursing Faculty

Increasing diversity of the nursing faculty is also an important goal in the state. There are few sources of information on the diversity of nursing faculty. Figure 4 displays information from the BRN School Survey on diversity of the faculty in RN programs over the past seven years.

Figure 4. Faculty in California's Pre-licensure Registered Nursing Programs by Race/Ethnicity (Percentage): 2001-2007



Source: CA Board of Registered Nursing Annual School Survey

Although the percentage of faculty that are white decreased from 79.0% in 2004 to 74.9% in 2007, the majority of faculty in California's nursing education programs continue to be white. Since 2004, there have been small increases in the percentage of faculty that are Filipino or Latino. The percentage of faculty that is Native American, Asian, or African American has remained relatively constant since 2001.

Discussion and Critical Policy Issues

Overall, the nursing profession is largely overrepresented by the white ethnic/racial group in comparison to California's population. This includes actively employed nurses, students in the pipeline, and nursing faculty. However, there are small changes in the racial and ethnic composition of the nursing profession which are discernable when one looks at practicing RNs across the age span and new student enrollees in RN programs.

Looking at the youngest and oldest groups of active RNs, one sees changes in the ethnic/racial composition. Of RNs under age 35, less than half are white non-Hispanic, while whites account for nearly 80% of the RNs over age 65. While Latino RNs comprise less than 3% of the oldest age group of RNs, they are 10% of practicing RNs in the youngest age group. Although the proportion of RNs who are Latino is greater in the youngest age

group, it is still short of being representative of California's Latino population.

An increase in the total number of nursing student graduates in the state is helping to address the nursing shortage.^{11, 15} However, these efforts alone will not adequately address the need to increase the diversity of the nursing population. Although the overall number of non-white students graduating from California nursing schools is increasing, the proportion of non-white students graduating from California nursing schools has remained about the same since 2001.

Diversity in nursing faculty is also lacking. Only one quarter of faculty are non-white. It is important for students to be able to identify with nurses from their same racial and ethnic group and enhance communications.¹⁶

The primary focus of workforce development policy in California has been on addressing the nursing shortage by increasing the supply of nurses. Toward that effort, there has been an increase in the number of spaces in nursing programs and a focus on successful program completion and passing the licensure exam.^{11, 17}

There needs to be an equal policy emphasis on increasing diversity in the nursing workforce and educational pipeline. Strategies to increase recruitment into the nursing profession and eliminate barriers to both entry and successful completion of RN programs need continued investment. Career ladders in nursing need to be clearly defined and should include realistic steps that help nurses advance in the profession.

Further efforts are needed to improve graduation rates and address factors that cause students to drop out of nursing programs. The California Nurse Workforce Initiative found that individual case management, academic support, and services such as child care and transportation contributed to student success.¹⁷ Programs offering stipends, loan forgiveness, and other financial aid need to be increased and sustained. In addition, more resources are needed to support faculty development of underrepresented racial and ethnic groups. A sustained effort to achieve greater diversity within the nursing profession should go

hand in hand with efforts to address the nursing shortage in California.

References

¹ Census 2000 Summary File 1 (SF1) 100-Percent Data, Table P4. Hispanic or Latino, and Not Hispanic or Latino by Race (Total Population).

² 2006 American Community Survey, Public Use Microdata Sample for California.

³ State of California, Department of Finance, *Race/Ethnic Population with Age & Sex Detail 2000-2050*. Sacramento, CA, July 2007.

⁴ The Sullivan Commission. (2004, September). *Missing Persons: Minorities in the Health Professions*. Washington, DC.

⁵ California Institute for Nursing & Health Care. (2007, June). *Master Plan for the California Nursing Workforce; Goal 2: Increasing Diversity in California's Nursing Workforce*. Berkeley, CA.

⁶ Grumbach, K., Muñoz, C., Coffman, J., Rosenoff, E., Gándara, P., Sepulveda, E. (2003). *Strategies for Improving the Diversity of the Health Professions*. San Francisco, CA: UCSF Center for California Health Workforce Studies. Davis, CA: UC Davis, Education Policy Center.

⁷ Dower, C., McRee, T., Briggance, B., O'Neil, E. (2001). *Diversifying the Nursing Workforce: A California Imperative*. San Francisco, CA: California Workforce Initiative at the UCSF Center for the Health Professions.

⁸ Smedley, B., Butler, A., Bristow, L. (Eds.). (2004). *In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce*. Washington, DC: The National Academies Press.

⁹ Office of Statewide Health Planning and Development, Healthcare Workforce Diversity Advisory Council. (2008, May). *Diversifying California's Healthcare Workforce, an Opportunity to Address California's Health Workforce Shortages*. Sacramento, CA.

¹⁰ Vogt, R., Taningco, M. (2008). *Latina & Latino Nurses: Why are there so few?* Los Angeles, CA: The Tomás Rivera Policy Institute at the University of Southern California.

¹¹ California Nurse Education Initiative. (2008, March). *Annual Report 2007*. Sacramento, CA.

¹² A description of the Initiative can be found on The California Endowment's website, <http://www.calendow.org/article.aspx?id=1382&ItemID=1382>

¹³ Information about the six-year evaluation of the CVNWD Initiative can be obtained from the UCSF Center for the Health Professions' website, <http://www.futurehealth.ucsf.edu/CCHWS/centralvalley.html>.

¹⁴ UCSF School of Nursing and Center for California Health Workforce Studies. (2007, June). *California Board of Registered Nursing 2006 Survey of Registered Nurses*. Retrieved August 1, 2008 from the CA Board of Registered Nursing website:

<http://www.rn.ca.gov/pdfs/forms/survey2006.pdf>.

¹⁵ UCSF Center for the Health Professions. (2008). *California Board of Registered Nursing 2006-2007 Annual School*

Report. Retrieved August 1, 2008 from the CA Board of Registered Nursing website:

<http://www.rn.ca.gov/pdfs/schools/schoolrpt06-07.pdf>.

¹⁶ Wong, S., Seago, J.A., Keane, D., Grumbach, K. (2008). College Students' Perceptions of Their Experiences: What Do Minority Students Think? *Journal of Nursing Education*, 47, 190-195.

¹⁷ Chapman, S., Spetz, J., Matthias, R., Seago, J.A., Morrison, E., Rickles, J., Dyer, W. (2004, July) *California Nurse Workforce Initiative Early Process Report: Implementation of Project Initiatives*. Sacramento, CA: Employment Development Department.

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