

Diversity in Nursing

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**Abstract**

The purpose of this paper is to reflect how diversity plays a big part in nursing care. Diversity plays an important role in nursing. Not only is there diversity between nurses, there is also diversity between nurses and patients, nurses and doctors, and doctors and patients. Age, gender, and different cultures also play a major role in effective nursing care. It is important for nurses to understand the difference between different cultures and be sure to be cautious when talking to other nurses and/or taking care of patients. This paper will explain the different cultures, generations, ethnic and gender factors that nurses are faced with every day. Nurses are advocates for patients and need to be no matter the circumstances. Evidence based practice (EBP) is used to set standards of nursing care in place so that all patients receive the same type and level of care as others with their diagnosis.

## **Diversity in Nursing**

### **Introduction**

Diversity is the differences between groups or individuals and comes in many different forms. These forms include age, gender, religion, values and customs, sexual orientation, physical size, physical and mental capabilities, ethnicity, and skin color. Diversity plays a part in everything people do in their daily life. People have to interact with different genders, different age groups, different generations, and different types of technology and communication every day. Diversity plays a big part in nursing. Not only do nurses have to work with a diverse group of co-workers but also work with a diverse group of patients. Nursing is a discipline that embraces and integrates diversity and it is continually challenged. This is due to the changes in ethnicity and cultural differences in the United States. This constantly challenges nurses to incorporate the diverse needs of their clients while providing quality care (Lowe & Archibald, 2009).

The American Nurses Association (ANA) Code of Ethics advocates diversity in its assertion that the nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems (Huston, p. 158).

### **Gender and Ethnicity**

Despite the different cultures that are in the United States, nurses continue to be consistent in terms of ethnicity and gender. This means most nurses are white, female, and middle aged. According to Houston, blacks, Hispanics, and American Indians only make up 9%

of the nursing workforce. The lack of diversity in nursing is not only a concern for the profession itself, but also for the patients it serves. The effort to raise the number of minority health professionals has not been as good as hoped. There are many barriers to increasing these numbers such as racism, discrimination, and being afraid of change (Huston).

Men make up about 5% of the nursing population (Sullivan, 2000). Because of this, the talents of men go unseen. In traditional nursing organizations the use symbols, language, and behavior are all common to each other. Since most people in nursing organizations are women, these things tend to be feminine. This could push men away from nursing (Sullivan, 2000). The media shows the image of the nurse as a female. Most media sources and nursing text refer to the nurse as a “she”, a comforting caregiver. Generally, male nurses are not mentioned in the media. Also, a common stereotype of a male nurse is that they are homosexual. Stereotypes also suggest that males as nurses are not as capable of providing caring, compassion, and nurturing care as females can. Due to these stereotypes, many patients (commonly females) have gender preferences for their nursing care (Huston).

### **Minorities as Students**

Another problem with increasing the number of minority health professionals is keeping them as students in nursing. Houston also suggests that minority students face more barriers than that of white nursing students. A few of these barriers include financial problems, lack of social support, lack of mentoring, less academic preparation, inconsistency in faculty and college/university support, and not enough minority faculty as role models. Another factor for minority students is that when going to a mainly all white college, they have trouble adjusting socially, whether it is because of racism and discrimination or some other issue. The best way to

fix the problem is to have fair and equal support for all students no matter the gender, ethnicity, age, etc. It must include financial, faculty, mentoring, and all other forms of support (Huston, p. 148-149).

Minority students need to have the same opportunities in all aspects of nursing school as the other nursing students. Not only does this include finances, this also includes the help of the staff and faculty and simply the feeling of fitting in with the rest of the students. They are humans just like everyone else and have the same needs and everyone else.

### **Generations**

“Today’s nursing workforce presents unique leadership challenges as staff and nursing leaders from four generations representing different attitudes, beliefs, work habits, and experiences, work together on nursing teams” (Sherman, 2006). At any given time on any nursing unit, there are multiple generations of nurses working together at one time. Having multiple generations of nurses on the floor at one time can provide strengths but weakness can also be found. There are four different generations of nurses working together. They include the veterans, the baby boomers, generation X, and the millennial generation.

The Veteran generation has been through a lot, such as the Great Depression and World War II. They look at the past as life lessons and when are faced with challenges, they look to the past for insight. This generation tends to be very organized and is respectful towards authority. The Veteran generation helps keep the floor organized and are good at time management skills, completing their tasks on time (Sherman).

The baby boomers generation grew up in a good economic environment. They are the generation known as changing the rules. They are very egocentric and the largest generation. They occupy a large portion of nursing positions in all areas (Sherman).

In the generation X cohort, technology advances were really on the rise and became an important part of their lives. Many generation X people did not become nurses until more recently because they did not see the growth in nursing as a career as in other jobs. It is a slightly smaller group than the baby boomers (Sherman).

The millennial generation is the second largest generational cohort. They were raised when violence, terrorism, and drugs became a reality of life. They looked at their parents for structure and security. Technology became a part of daily lives and the instant communication with cell phones is now a part everyday life. They are often compared with the veteran's generation. They have a higher level of interest in nursing and have high values. As of now, they are the smallest cohort working in the nursing field, but the number is growing (Sherman).

### **Challenges and Insight**

Working with four different generations can provide challenges, but it can also provide insight. Challenge is not always a bad thing in nursing. A lot of the time, it makes the nurses involved stronger individuals. It also teaches nurses how to grow and learn and deal with different problems they may face. If there is unresolved conflict, it can lead to staff turnovers, productive time, and less satisfaction. One of the biggest things that help resolve conflicts is staffing education on generational differences.

Although generation X and the millennial generation respect baby boomers and veterans, they have a work-life balance and have difficulty when it comes to working overtime or making

schedule changes. Generation X and millennial nurses have issues with veteran and baby boomer nurses when it comes to technology. Generation X and millennial have no problems using technology and become annoyed when veteran and baby boomers ask questions and have problems using technology. Veteran nurses should be valued for their wisdom and organizational background. When technology fails, they can be counted on to help go back and provide care before the technological age. Baby boomers should be valued for their organizational and clinical skills. They can teach younger nurses and ensure the experience and knowledge needed to be the best nurse possible. Generation X nurses should be valued for their creative ideas to solve issues on the unit. Millennial generation nurses should be valued for their understanding of technology and how it can provide more effective care to patients. They can also help older generation nurses learn how to properly use the technology (Sherman, 2006).

### **Patient Care and Evidence Based Practice**

No matter what generation nurses are from, patient care should come first. Differences need to be put aside and patients need to be cared for with the utmost care. Different generations have different beliefs in caring for patients, which can cause conflict because everyone has different opinions. Evidence based practice (EBP) is one way to ensure effective patient care. EBP takes the guessing out of nursing. It also takes away the generational differences believed in taking care of patients. EBP sets ways patients should be taken care of with the same diagnoses. EBP puts care plans in place for patients with diabetes, heart disease, COPD, etc. One reason EBP was created was because “nurses across the system wanted to have their roles better defined and to be more empowered so as to deliver better care” (Small & Small, 2011). EBP is a great way to handle diversity in nursing. Because it sets the rules in ways to take care of patients, no nurse can do something the right or wrong way. Since a lot of the older generational nurses are

set in their ways, it is hard for them to change. EBP was one way to make sure that all nurses, no matter the generation are on the same page and providing the utmost patient care possible.

### **Cultural Background**

Another form of diversity in nursing is the types of patients nurses are taking care of and their culture background. Different cultures have different beliefs and nurses need to be aware of these. For example, if there is a Hispanic patient who does not speak English, there should be an interpreter brought in to assist the patient in understanding what is being said by not only the nurse, but any health care professional that comes to talk to the patient. According to Josepha Campinha-Bacote, “we all come from the same race – the human race, with similar basic needs” (2003). Nurses of a different culture need to be aware of the culture of Americans and be sure to treat them as they would want to be treated if it was the other way around. There are different ethnic professional organizations in nursing that helps nurses become competent in these differences. Some of these organizations include National Black Nurses Association, National Associations of Hispanic Nurses, Philippine Nurses Associate of America, and National Alaska Native American Indian Nurses Association.

### **Conclusion**

In conclusion, there are many different types of diversity. Whether it be age, gender, or culture, it is important that nurses know how to take care of patients from different backgrounds. Diversity in nursing plays a big role in providing quality patient care. Minority groups that are enrolled in nursing school need to have the same opportunities provided to them. These opportunities include financial aid, guidance, help from faculty, and the feeling of fitting in with the rest of the group. There needs to be an understanding of how different cultures look at

healthcare and be in tune to that. This helps provide quality patient care to every patient and it also provides equal care to each patient. Nurses also need to make sure that no matter the culture they are from, they need to make sure to take the preferences of the patient's beliefs into effect when taking care of a patient. Even if they do not have the same values as the patient, the patient has the right to whatever care they want and however they want it. Nurses also need to be aware of the gender preference of the patient. Some patient's may want only female nurses and others may want only male nurses.

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