

LATINA & LATINO NURSES:

Why are there so few?

A TRPI Summary Report



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The California Wellness Foundation

Grantmaking for a Healthier California



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By Rainbow Vogt, Ph.D. and Maria Teresa V. Taningco, Ph.D.

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Sincerely,

Rainbow Vogt, Ph.D. and Maria Teresa V. Taningco, Ph.D.



The California Wellness Foundation

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Abstract

A major current and projected shortage in nursing professionals in the U.S. is a growing concern threatening the integrity of the health care system. Further exacerbating this shortage is the lack of diversity and the increasing average age among nurses. The objectives of this study are (1) to examine the significance of previously identified barriers to entry in the nursing profession among Latinos in Los Angeles and (2) to describe the types of policies and interventions most likely to increase opportunities for Latino participation in the nursing workforce. To this end, we surveyed nurses (n=76), assistant nurses (n=205), and non-nurses (n=92), who self-identified as Hispanic or Latino. Barriers/challenges to nursing most often reported by nurses were lack of time to study due to family obligations (72.4%); difficulty getting admitted to nursing school due to limited seating availability (61.8%); and lack of financial support for nursing school (51.3%). Among assistant nurses, lack of time to study due to family-related obligations (66.8%), lack of financial support for nursing school (65.9%), lack of academic preparation (49.8%) were the top three barriers. By contrast, non-nurses reported lack of knowledge about the nursing profession (58.7%), lack of role model in the nursing profession (47.8%), and nursing being too demanding/stressful (42.4%) as barriers. Recommendations to address the lack of diversity and overall shortage in nursing are provided to address the root causes of barriers to nursing and the medical profession in general among Latinos.

Introduction

A worsening nursing shortage in the United States is a pressing concern of our future health work force as well as the quality of patient care for minority patients. Well-documented by several studies, by 2020, a shortage of registered nurses (RNs) in this country is estimated to range from 340,000 (Auerbach et al., 2007) to more than one million nurses (HRSA, 2006). U.S. hospitals already have difficulty recruiting nurses and suffer a national RN vacancy rate of 8.5% (AHA, 2006).

In addition to the overall shortage, there is a lack of ethnic diversity in the nursing profession as well as among medical professionals. The general population distribution of minorities is currently 12.5% Hispanic, 12.3% African American, and 3.6% Asian Americans (US Census Bureau, 2000). By contrast, only 13% of the nursing population is non-white (Spratley, 2000). This lack of diversity in the health care work force is a general indicator of unequal access to higher education for minority populations in the United States compared with whites. Indeed, this holds widespread implications for the overall health of minority populations.

Encouraging more diversity in the nursing profession not only will help stem the shortage but also help improve patient care for a growing minority population. To that end, this report will examine what factors stand in the way of Latinos in Los Angeles considering the nursing profession, analyze the overall impact of the factors, and point to efforts most likely to increase Latino participation in nursing and other medical professions.

Many underrepresented minorities would like to depend on health care givers of the same ethnicity in order to receive appropriate care. However, without health care workers with ethnicities to match their patients, insufficient and, in some cases, harmful care can result—such as a lack of preventive and communication services received by minorities. In the case of preventive services, respondents of Mexican origin reported the lowest rates of advice to quit smoking from health care professionals (42.4%) and the highest rates of delayed care for illness or injury (24.1%) compared with white non-Hispanics in the 2006 National Healthcare Disparities Report (AHRQ). Limited English proficiency adds the additional risk of suffering adverse drug events (ADEs) related to prescription drugs. A study

**“Discrimination because I’m
Hispanic. Everyone thinks I’m
a housekeeper.”**
– Registered Nurse

showed 75% of ADEs are due to lack of clear communication by staff or between providers and patients (Leape et al, 1995). In a recent survey of 175 pharmacies, only 55% were satisfied with their communication with patients who have limited English proficiency, 47% of the pharmacies never/only sometimes can print non-English-language prescription labels, 54% never/only sometimes can prepare non-English-language information packets, and 64% never/only sometimes can verbally communicate in non-English languages (Bradshaw, 2007). Failures at the system level indicate that Latinos and Spanish speakers are needed in health care settings as much as in the general population in order to ensure the integrity of health care received by the fast-growing Latino population in this country.

In addition to a lack of ethnic diversity, most nurses in the United States are middle-aged females. The present nursing work force is 95% female (Minnick, 2000); the average age of nurses was 47 years in 2004 (National Sample Survey of Registered Nurses, 2004), higher than the 45 years forecasted previously (Buerhaus et al. 2007). In 2004, more than 41 percent of nurses were 50 years of age or older, and only 8 percent of nurses were under age 30 in 2004, compared with 25 percent in 1980. This decline can be explained by the proliferation of new career opportunities for women during the past two and a half decades resulting in fewer nursing professionals. Also, women who entered the nursing profession in the 1980s will be retiring in the next several years, resulting in the progressive loss of the most experienced nurses as demand is on the rise (Gabriel, 2001; Auerbach et al., 2007).

A shortage of nursing educators and a declining student enrollment also contribute to the nursing shortage (Goodin, 2003). The aging workforce increases the need to attract qualified nurses to teaching positions in order to educate more students, but the shortage of nursing educators limits student enrollment and decreases the number of graduates, perpetuating the shortage. Despite the relatively low number of applicants to nursing school, those who do apply are often waitlisted because schools simply cannot accommodate them (Buchbinder, 2007). Contributing to the shortage of nursing educators are non-competitive salaries and a general lack of support (Brendtro et al., 2000). More than the lack of qualified faculty, two other reasons for limited enrollment are limited clinical slots and financial resources for training.

Diversity in the ethnicity, gender, and age of nurses is necessary to deliver appropriate care to minority patients and help meet work force needs by stemming the rising average age of nurses and filling educator positions in nursing programs. Latinos hold the unique potential to meet these needs because their population growth patterns drive the shift in ethnicity taking place in the United States. Latinos also have a younger median age compared with other ethnicities, which could in turn lower the median age of nurses entering the profession.

Legislation and programs to address the nursing shortage primarily have consisted of minimum nurse-to-patient ratios, training positions, educational grant funding, diversity initiatives, and nursing recruitment programs in elementary and secondary schools (Buchbinder, 2007). Such programs address understaffing, which is among the biggest problems nurses report in the profession. A lack of administrative support as well as job-related stress were among the other primary problems reported in a survey conducted in 2001 of current (n=700) and previous (n=207) registered nurses who provided, or had provided, direct patient care in a health care facility (FNHP).

Little research has been done to explore barriers to nursing for Latinos. To that end, this report is a follow-up study to a report exploring Latino participation in the nursing profession, including best practices performed by California nursing programs (Buchbinder, 2007). Feedback from stakeholders in the nursing profession (n=35), indicated that barriers to participation in the nursing profession among Latinos included family-related barriers, pre-college educational barriers, lack of leadership, and socio-cultural barriers.

“If I knew the salary, I would have considered it or (if) I knew the process (of applying)”
– *Non nurse*

The objectives of this report are to examine the significance of previously identified barriers to entry in the nursing profession among Latinos in Los Angeles and explore the impact of those barriers. Further, our overall study purpose is to describe the types of policies and interventions most likely to increase opportunities for Latino participation in the nursing workforce and in the medical profession in general.

Methodology

In this report, the study sample was composed of three groups, each consisting of participants of Latino/Hispanic ethnicity who reside in Los Angeles County. The study groups included registered nurses (for our purposes, referred to as nurses), those who have the potential to become RNs through career advancement (including licensed vocational nurses, certified nursing assistants and medical assistants, all referred to here as assistant nurses), and college graduates who chose fields other than nursing (non-nurses). Educational training for nurses consists of obtaining either a two-year associates degree, a four-year college degree from an institution of higher education, or a two-year hospital-based diploma program. No college degree is required for assistant nurses, although they must complete a training course ranging from a few months to two years and taught in settings such as hospitals, public schools, and community colleges. In this study, all non-nurses attained a four-year bachelor's degree at an institution of higher education.

A telephone survey was conducted with the nurses and non-nurses that lasted approximately 12 minutes. Assistant nurses were recruited through telephone surveys of households with Latino names as well as from directly calling hospitals, urgent care clinics, and free clinics around Los Angeles County. This method was less effective in locating Latino nurses, however, and additional sources were used for their recruitment including association meetings and graduate programs.

All nurses (both nurses and assistant nurses) in the sample met the following criteria:

- Self-identify as Latino
- Reside, work or study (if currently in graduate school) in Los Angeles County
- Received license/training within the last 10 years to increase likelihood that “barriers” are current and comparable with problems faced by Latino youth today

Non-nurses were recruited through a convenience sample of college graduates using educational outlets (college groups and Latino social networks). They met the following criteria:

- Self-identify as Latino
- Reside, work or study (if currently in graduate school) in Los Angeles County
- Age 35 or under to ensure “barriers” they faced are potentially current and comparable with problems faced by Latino youth today

Descriptive statistics were generated for the three sub-samples, and nonparametric tests including chi-squared and Kruskal-Wallis were used for pairwise comparisons to test for significant differences among groups. The only exception was a t-test conducted to test for significant differences in the ages of study participants. Multivariate analysis was not conducted due to the nonparametric nature of the data and unequal sample sizes across groups.

“(My) brother is a surgeon and discouraged me from nursing after seeing nurses treated poorly and working more than doctors—paid less with no respect”

– *Non-nurse*

Results

All study participants (n=373), including nurses (n=76), assistant nurses (n=205), and non-nurses (n=92), self-identified as Hispanic or Latino. The sample design aimed to include an equal number in each group, but Latino nurses and non-nurses proved difficult to reach via telephone survey. Consequently, assistant nurses were over-sampled. Though two groups (nurses and non-nurses) have n<100, rounded-up percentages are presented in some cases for ease of comparison, and all n's are included.

Majority of Latinos surveyed were first-generation U.S. citizens

Our sample was mostly female, with women composing well over 60% of all three sample categories (Table 1). The groups had significantly different ages with a mean age of 40 among nurses, 36 among assistant nurses, and 29 years among non-nurses ($p<0.05$). Most study participants were first generation U.S. citizens—that is, U.S.-born children of Latino immigrants. The largest group of non-citizens was permanent residents among the group of assistant nurses (n=36). More than one-third of both nurse groups were born in another country; 33% of nurses and 41% of assistant nurses were born outside of the U.S. compared with 16% of non-nurses. A disproportionate percentage of non-nurses were from Puerto Rico (n=15) (data not shown). In addition to the number of other socio-demographic differences described here, this represented a potentially substantial ethnic difference between nurses and non-nurses in this sample. Assistant nurses had a high likelihood of having parents who were born outside of the U.S. (81%) but this was also the case for the majority of nurses (76%) and non-nurses (69%), so these differences were not significant.

Each group displayed different characteristics along the socio-economic spectrum

The majority of assistant nurses came from working poor or lower middle class families while nurses and non-nurses were more stratified across income levels. Forty-four percent of assistant nurses earned an annual household income below \$25K compared with 30% of nurses and 32% of non-nurses. The percentage in the lowest income category was approximately the same among groups (11-14%), but significantly more nurse and non-nurse participants were making \geq \$50K compared with non-nurses (22% among nurses, 32% among non-nurses, and <10% among assistant nurses) ($p=0.000$).

Consistent with other socio-demographic data, those with lower incomes were more likely to have children. Though almost half of nurses and assistant nurses were single, a much higher percentage (69%) of non-nurses was single. The majority of assistant nurses had children, fewer nurses had children, and most non-nurses did not have children. Nurses were asked whether they had children during nursing school to correct for a higher age compared with non-nurses. Out of our entire sample, 66% of assistant nurses had children during their schooling whereas 46% of nurses had children and 34% of non-nurses had children during their education. These differences were significant ($p=0.000$), but the number of children had by participants did not differ (data not shown).

The lower income group also was more likely to have parents with fewer years of education compared with the higher income group. While the majority of respondents had parents with a high school education or more, the percentage of parents with a college degree or more was significantly higher among non-nurses than nurses (28% versus <10%) ($p=0.000$). Regarding their own academic achievement, nurses consistently rated themselves significantly lower compared with non-nurses ($p=0.000$). Most nurses and assistant nurses (>50%) rated themselves as average achievers while the strong majority (77%) of non-nurses rated themselves in the above average or superior category.

“The counselor attempted to discourage me and said, ‘Isn’t there anything else you’d like to major in besides nursing, such as math or science?’ ”
– Registered Nurse

All groups depended on a variety of sources of support for education

All three groups surveyed depended upon similar sources of financial support for their education, despite the various degree/training programs among nurses, assistant nurses, and non-nurses (Table 2). Nurses most often financed their education with a combination of financial aid, loans, jobs, and scholarships. In addition to these sources of support, 23% of non-nurses also received support from parents, compared with 15% of nurses and 6% of assistant nurses.

The majority of assistant nurses plan to become registered nurses

Table 3 shows motivations to enter the nursing profession for nurses and non-nurses. The most common motivations among nurses and assistant nurses were to take care of people in need, job assurance, flexible scheduling, and attractive compensation. Two other high-ranking motivations for assistant nurses were the potential for professional advancement (n=162; data not shown) and the availability of financial help (n=146). Assistant and non-nurses also were asked about their interest in becoming an RN. A full 80% (164 out of 205) of assistant nurses said they would consider becoming an RN and, though only 18 (5%) had applied to a nursing degree program, 115 (56%) said they planned to apply. Among non-nurses, 17 of the 92 surveyed (4.5%) said they had considered nursing during their undergraduate education. An additional 14 (3.7%) said they would consider a degree in nursing at present, and their top motivations reflected those reported by nurses and assistant nurses, including to help those in need, job insurance, flexible scheduling, and attractive compensation.

Barriers to entry into nursing differ among nurses and non-nurses

Nurses were asked about the challenges faced in becoming an RN. Most commonly, they reported barriers to be a lack of time to study due to family obligations (72.4%); difficulty getting admitted to nursing school due to limited seating availability (61.8%); and lack of financial support for nursing school (51.3%) (Table 4). Other challenges were lack of academic preparation (39.5%) and lack of professional prestige (39.5%). Among nurses, the impact of those challenges led to difficulty in passing licensing exams (27.6%), delay in graduation (23.7%), delay in getting RN license after graduation (13.2%), and added stress (8%) (data not shown).

Assistant nurses also were asked about challenges they may face in becoming an RN. They reported additional challenges but in a similar ranking to nurses: lack of time to study due to family-related obligations (66.8%), lack of financial support for nursing school (65.9%), lack of academic preparation (49.8%), interests other than becoming an RN (48.8%), school was far away (49.8%), lack of professional prestige of nursing (48.3%), and difficulty in getting admitted to nursing school due to discrimination (27.8%). The following challenges experienced by the two nurse groups were significantly different: assistant nurses were more likely than nurses to report the challenges being a lack of financial support, lack of academic preparation, schools being far away, lack of professional prestige of nursing, and difficulty getting admitted due to discrimination ($p \leq 0.05$). Among assistant nurses, challenges most often delayed enrollment in an RN program (27.8%) (data not shown).

Among non-nurses, barriers to entering the nursing profession were different from those cited by nurses. This would be expected, considering most followed interests in another field. Still, aside from having other interests (69.6%), the most common barriers were lack of knowledge about the nursing profession (58.7%), lack of role model in the nursing profession (47.8%), nursing being too demanding/stressful (42.4%), and lack of professional prestige of nursing (35.9%). Lack of professional prestige is the only common high ranking barrier ($\geq 35\%$) shared among nurses and non-nurses.

“I would rather become a physician's assistant.”
– Assistant nurse on the possibility of becoming a nurse

Latino nurses' qualitative responses on barriers to nursing supported survey results and revealed useful information about challenges in academic preparation, family-related obligations, finances, and ethnic discrimination (Table 5). Academic challenges were the most commonly cited challenge by nurses (n=10) and included being unprepared to take science classes and being the first or only family member in college. One respondent described a counselor discouraging them from nursing. Family-related obligations (n=6) concerned additional stress due to "divorce, single-parenting, and childcare," as well as a loss of family members. Qualitative responses also emphasized the financial burden of nursing school, an issue raised by more than 50% of nurses and non-nurses in the survey. Financial issues (n=5) included having to pay non-resident tuition, not being able to afford books and supplies, and a lack of income while completing the nursing degree. Participants also reported ethnic discrimination by teachers, peers, and patients (n=4).

Though assistant nurses offered far fewer qualitative responses, their comments also supported survey results and revolved around financial, family, and time issues (n=5), as well as lack of academic preparation (n=2). While most in this group were interested in becoming RNs, the pursuit of a degree "depends on my money," and "getting into a program," and "childcare." Three respondents expressed a preference for the career of physician's assistant, highlighting difficult working conditions and a perceived lack of professional prestige for nurses (data not shown).

Non-nurses providing a qualitative response to the question about barriers most often reported disinterest in nursing because of other career interests (n=24), or a dislike for blood and needles, or a lack of strength and sensitivity with the sick (n=8). Other qualitative responses most often related to lack of information, awareness, and/or availability of nursing degree programs (n=7). Three (n=3) reported working-environment barriers, including long hours, inadequate pay, and lack of respect associated with nursing. Two respondents mentioned the sexual stereotype of nursing; that it is a female-dominated profession (data not shown).

Discussion

This study improves the knowledge and understanding regarding challenges related to the nursing profession faced by Latinos (primarily Latinas) in the United States, and it presents their perspectives. Survey results show non-nurses face distinct barriers compared with those practicing in the profession (nurses and assistant nurses). Non-nurses reported top barriers to be lack of knowledge about programs, the profession itself, and lack of a role model. This suggests outreach and education could increase awareness about the nursing profession, possibly attracting Latinos who otherwise wouldn't consider it. As part of this education process, it would seem useful to pair potential candidates for the profession with mentors who are practicing nurses to serve as role models. Outreach and mentoring activities also may help address and/or dispel perceptions that nursing is too difficult/ stressful and that there is lack of prestige. However, such perceptions may be reinforced upon exposure to the reportedly difficult working conditions and mentoring may ultimately serve as a deterrent to some. Based on present and past findings that confirm difficult working conditions, this reality is likely one of the root causes of the nursing shortage and it is thus recommended that resources be directed towards this upstream solutions targeting working conditions before focusing on outreach.

By contrast, nurses and assistant nurses report the challenges of lack of academic preparation, lack of time due to family obligations, lack of financial support, and difficulty getting admitted to nursing school (both due to limited seating capacity and discrimination). Quantitative and qualitative findings from these groups may be of use in addressing challenges to entry into nursing, especially among assistant nurses, the majority who expressed an interest in pursuing an RN degree. Three challenges that most easily could be addressed through training programs targeting assistant nurses or those considering becoming an RN are academic preparation, financial support, and gaining admittance to

"It was a big challenge at first. They were going to charge me more for being a non-resident Latino."
– Registered Nurse

seating-limited programs. To ameliorate these challenges, pre-enrollment programs could be designed by schools offering associates and bachelor's degrees in nursing that would provide academic preparation, develop scholarship programs, and hold a quota of seats for low income students to increase ethnic diversity among applicants.

Unfortunately, time and resource constraints at this point prevent us from testing which variables would be significant in determining career choice (to be a registered nurse, assistant nurse, or to pursue a non-nursing college degree). For example, it would be helpful to test whether socio-economic characteristics are significantly correlated with career choices after controlling for other variables. It also would be interesting to test whether barriers to nursing faced by the different groups are correlated with socio-economics. These characteristics (e.g. income, parents' education) are very different for each of the three groups in this study. Another compelling path of research would be to over-sample non-nurses who had been interested in the nursing profession. Currently, the limited number of responses prevents more insight into motivations and barriers for non-nurses to entering the field. In addition, male nurses would be an interesting group to over-sample. Finally, it is important to note that we used a convenience sample, resulting in data that may be skewed. All things considered, however, this study still offers useful data for future policy-making, and it largely can be generalized to Latino populations in this country. It also highlights some possible policy issues and ways to address them.

Policy Recommendations

In the future, we suggest directing resources to initiatives in the form of educational grants to design programs with a two-fold goal of (1) improving educational opportunities available to minorities and (2) improving working conditions of nurses including understaffing, lack of administrative support, and job-related stress.

Data on barriers Latinos face to the nursing profession show that lack of academic preparation and training are major issues that Latinos face enrolled in an RN program, and that demanding family obligations can exacerbate this challenge. One possibility would be mentoring programs designed by Latino nurses for Latinos applying to RN degree programs in order to assist their application to and completion of nursing programs.

Considering that California spends 23% less on community college compared with the rest of the country (Murphy, 2004), it comes as no surprise that lack of preparation for higher education is a major issue faced by minority populations. Increasing funding for community college attendance for minorities could help narrow this gap. Programs that train assistant and vocational nurses could help benefit students by ensuring consistency of standards among nursing programs, creating standardized opportunities for future career advancement. Minimizing logistics and additional requirements to enroll in RN degree programs would be an effective approach.

Using the existing educational infrastructure to develop an educational system more suited to minority participation holds great potential to increase educational and professional opportunities for minority students. Scholarship, grant, and outreach programs that target minority students through high schools and communities of color would be useful. Targeting assistant nurses at health care facilities also is recommended, considering the high percentage of assistant nurses indicating an interest in becoming an RN. The development of satellite programs also would help address the challenge of being too far from home or removed from family-related obligations. Consistent with previous data, distance from an RN degree program was a barrier reported by those interested in nursing in this sample (Buchbinder, 2007).

“I have faced racial discrimination from my peers and patients at work.”
– *Registered Nurse*

Internal incentives also play an important role in improving the face of nursing programs to fit a changing student population. One existing policy that has proven successful is offering faculty the opportunity to contribute to student scholarships through direct debit from their paycheck (Buchbinder, 2007). This would be appropriate in institutions of higher education that do not face the challenges of faculty shortages and low salaries. A reform applicable to all programs is mandatory cultural competency curricula components, the inclusion of which is crucial to increasing cultural understanding in nursing programs. Cultural competency components help ensure the receipt of culturally competent care and promote tolerance in the workplace, reducing the incidence of ethnic discrimination experienced by health care professionals.

Public service campaigns may be appropriate in addressing some aspects of the nursing shortage (e.g. increase awareness about the educational opportunities for nursing), but less so to promote the image of nursing as a profession until the aforementioned issues are addressed. A more effective public relations campaign would target high school and community college counselors and teachers on the opportunity for minorities in the profession, especially considering the lack of counseling support reported herein and also previously (Buchbinder, 2007).

Nursing is a crucial profession with both benefits and challenges. The burgeoning and youthful Latino population in the United States holds strong potential to participate in it and improve its ranks. However, barriers to nursing faced by many Latinos (high degree of family obligations and limited financial/social support for school) as well as challenges related to the profession itself (demanding, stressful environment) both impact Latinos' ability and motivation to enter RN degree programs. Required academic preparation and limited space availability in nursing degree programs can serve as deterrents to gaining admittance and completing RN degree programs. The additional burden of discrimination in educational and health care environments is faced by many Latinos. In the end, a shift in the ethnic composition of the nursing population appear dependent upon (1) improvements in educational access in terms of better academic preparation during high school, more financial aid for higher education, more awareness and information about nursing degree programs, greater cultural sensitivity in the teaching and treatment of nurses, and (2) an overall improvement in working conditions faced by nurses in terms of administrative support and job-related stress. We hope this report sheds light on effective ways to help stem the nursing shortage and help establish ways to increase Latino participation in the profession, improving the health care system and benefiting a growing community of diversity in the United States.

Citations

Agency for Healthcare Research and Quality. (2006). National Healthcare Disparities Report. Rockville, MD. Retrieved April 1, 2008 at: <http://www.ahrq.gov/qual/nhdr06.htm>.

American Hospital Association (AHA). (2006). The state of America's hospitals. *Chartbook*. Retrieved April 1, 2008 at: <http://www.aha.org/aha/content/2006/PowerPoint/StateHospitalsChartPack2006.PPT>.

Auerbach D.I., Buerhaus P.I., & Staiger D.O. (2007). Better late than never: Workforce supply implications of later entry into nursing. *Health Affairs*. 26:178–185.

Bradshaw M., Tomany-Korman S., & Flores, G. (2007). Language Barriers to Prescriptions for Patients With Limited English Proficiency: A Survey of Pharmacies. *Pediatrics*. 120(2):e225-e235.

Brendtro M., Hegge M. (2000). Nursing Faculty: One generation away from extinction? *Journal of Professional Nursing*. 16(2):97-103.

Buchbinder, H. (2007). Increasing Latino Participation in the Nursing Profession: Best practices at California Nursing Programs. Tomas Rivera Policy Institute. Los Angeles, CA. Retrieved April 1, 2008 at: <http://www.trpi.org/PDFs/nursing.pdf>.

Buerhaus, P.I., Staiger, D.O., & Auerbach, D.I. (2000). Implications of an aging registered nurse workforce. *JAMA*. 283:2948-2954.

Federation of Nurses and Health Professionals (FNHP). (2001). The Nurse Shortage: Perspectives form current and direct care nurses and former direct care nurses. Retrieved April 1, 2008 at: http://www.aft.org/pubs-reports/health-care/Hart_Report.pdf.

Gabriel, B.A. (2001). Wanted: a few good nurses addressing the nation's nursing shortage. *Reporter*. 10(6). Retrieved April 1, 2008 at: <http://www.aamc.org/newsroom/reporter/march01/nursing.Htm>.

Goodin, H.J. (2003). The nursing shortage in the United States of America: an integrative review of the literature. *Journal of Advanced Nursing*. 43(4):335-350.

Health Resources and Services Administration (HRSA), Bureau of the Health Professions, Division of Nursing. (2004). Nursing: About the Division of Nursing. Retrieved April 1, 2008 at: <http://bhpr.hrsa.gov/nursing/>.

Leape, L.L., Bates, D.W., Cullen, D.J., Cooper, J., Demonaco, H.J., Gallivan, T., Hallisey, R., Ives, J., Laird, N., & Laffel, G. (1995). Systems analysis of adverse drug events. *JAMA*. 274(1):35-43.

Minnick, A.F. (2000). Retirement, the nursing workforce, and the year 2005. *Nursing Outlook*. 48:211-17.

Murphy, P.J. (2004). Financing California's Community Colleges. Public Policy Institute of California. San Francisco, CA. Retrieved April 1, 2008 at: http://www.ppic.org/content/pubs/report/R_104MR.pdf.

National Sample Survey of Registered Nurses, Division of Nursing, Bureau of the Health Professions, Health Resources and Services Administration. (2004). The Registered Nurse population: findings of the 2004 National Sample Survey of Registered Nurses. Retrieved April 1, 2008 at: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/>.

Spratley, E., Johnson, A., Sochalski, J., Fritz, M., & Spencer, W. (2000). The registered nurse population: Findings from the national survey of registered nurses. U.S. Department of Health and Human Services, Health Resources and Service Administration, Bureau of Health Professions, Division of Nursing. Retrieved April 1, 2008 at: <http://bhpr.hrsa.gov/healthworkforce/reports.nursing.samplesurvey00/default.htm>.

U.S. Census Bureau. (2000). Retrieved April 1, 2008 at: http://factfinder.census.gov/servlet/ACSSAFFacts?_submenuId=factsheet_0&_sse=on.

TABLE 1. Demographic and academic characteristics of nurses, assistant nurses, and non-nurses

	Nurses n=76		Assistant nurses n=205		Non-nurses n=92		Overall p-value
	n	%	n	%	n	%	
Gender	a		b		a		
Female	60	78.9	189	92.2	61	66.3	0.000
Male	16	21.1	16	7.8	31	33.7	
Mean age	40 ^a	n/a	36 ^{a,b}	n/a	29 ^b	n/a	<0.05
Citizenship	b		a		b		<0.05
U.S. citizen	69	90.8	162	79.0	87	94.6	
Permanent resident	6	7.9	36	17.6	5	5.4	
Other status	1	1.3	6	2.9	0	0.0	
Nativity	b		a		b		0.001
Born in U.S.	49	64.5	119	58.0	75	81.5	
Born in other country	25	32.9	84	41.0	15	16.3	
Parents nativity							
Father born U.S.	2	2.6	4	2.0	2	2.2	
Mother born in U.S.	5	6.6	10	4.9	8	8.7	
Both parents born in U.S.	10	13.2	24	11.7	19	20.7	
Neither parent born in U.S.	58	76.3	166	81.0	63	68.5	
Income	b		a		b		0.000
≤\$15,000	8	10.5	29	14.1	13	4.1	
\$15-24,999	15	19.7	65	31.7	16	17.4	
\$25-34,999	14	18.4	37	18.0	11	12.0	
\$35-49,000	19	25.0	22	10.7	12	13.0	
≥50,000	17	22.4	20	9.8	29	31.5	
Marital status	a		a		b		<0.05
Single	39	51.3	101	49.3	63	68.5	
Married	33	43.4	81	39.5	26	28.3	
Other	4	5.3	21	10.2	1	1.1	
Has children	35 ^a	46.1	135 ^b	65.9	31 ^a	33.7	0.000
Parents' education	a		a		b		0.000
<Grade 12	35	46.1	92	44.9	29	31.5	
High school graduate	17	22.4	65	31.7	20	21.7	
Some college	16	21.1	23	11.2	17	18.5	
College graduate or more	7	9.2	17	8.3	25	27.2	
Academic achievement in high school	a		a		b		0.000
Below average	3	3.9	1	0.5	2	2.2	
Average	41	53.9	129	62.9	19	20.7	
Above average	32	42.1	73	35.6	71	77.2	

^{a,b,c} Values without a common superscript are significantly different at $p \leq 0.05$.

TABLE 2. Source of funding for education†

	Nurses n=76		Assistant nurses n=205		Non-nurses n=92	
	n	%	n	%	n	%
Parents	11	14.5	13	6.3	21	22.8
Savings	20	26.3	27	13.2	9	9.8
Financial aid	30	39.5	80	39.0	51	55.4
Scholarships	14	18.4	40	19.5	34	37.0
Loans	27	35.5	49	23.9	38	41.3
Job	41	53.9	46	22.4	40	43.5

† Percentages equal >100 because question allowed for multiple responses.

TABLE 3. Motivations to entering the nursing profession

	Nurses n=76		Assistant nurses n=205		Non-nurses n=92	
	n	%	n	%	n	%
Motivations†						
I had a relative/friend/role model who was a nurse	32	42.1	87	42.4	5	5.4
I wanted to take care of people in need	69	90.8	162	79.0	12	13.0
The attractive compensation package	54	71.1	149	72.7	9	9.8
The option to be able to manage work hours	59	77.6	148	72.2	11	12.0
The assurance of always having a job because of the high demand for nurses	60	78.9	158	77.1	11	12.0
The availability of scholarships/ other financial help	21	27.6	146	71.2	8	8.7

† Percentages equal >100 because question allowed for multiple responses.

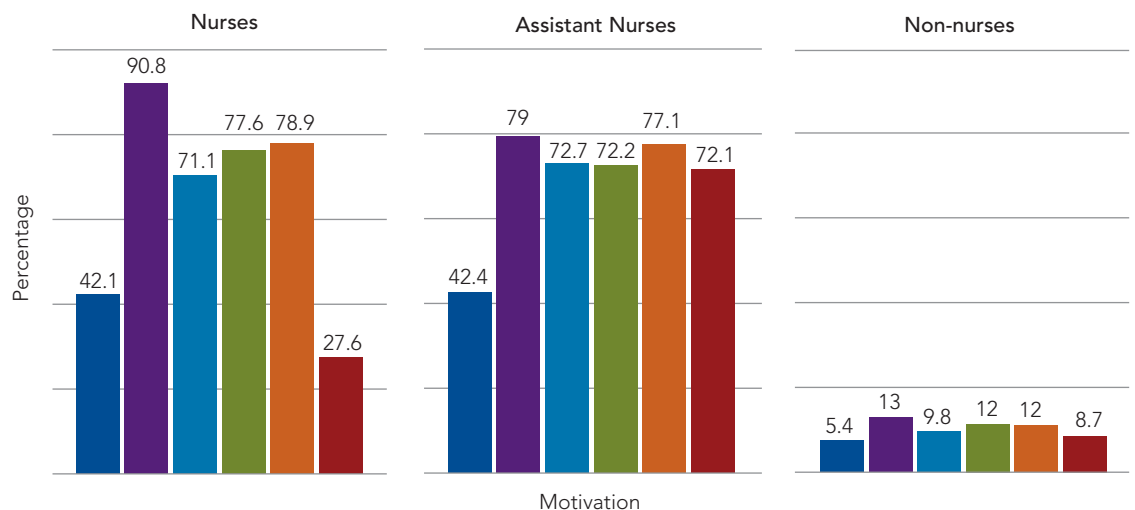


TABLE 4. Barriers to entering the nursing profession

	Nurses n=76		Assistant nurses n=205		Non-nurses n=92		Overall p-value
	n	%	n	%	n	%	
Barriers^{†‡}							
Nursing is generally known as a woman's profession	12	15.8	5	2.4	17	18.5	
I had no relative/friend/role model who was a nurse (non-nurses only)	n/a	n/a	n/a	n/a	44	47.8	
Did not know enough about nursing to make a decision (non-nurses only)	n/a	n/a	n/a	n/a	54	58.7	
Lack of time to study due to family-related obligations	55 ^a	72.4	137 ^a	66.8	23 ^b	25.0	0.000
Too demanding/stressful (non-nurses only)	n/a	n/a	n/a	n/a	39	42.4	
Lack of professional prestige	30 ^a	39.5	99 ^b	48.3	33 ^a	35.9	0.000
Discouragement from family	20 ^a	26.3	49 ^a	23.9	11 ^a	12.0	0.004
Poor treatment from doctors	n/a	n/a	n/a	n/a	17	18.5	
Poor treatment from patients	n/a	n/a	n/a	n/a	23	25.0	
Lack of financial support for nursing school	39 ^a	51.3	135 ^b	65.9	22 ^c	23.9	0.000
Lack of academic preparation	30 ^a	39.5	102 ^b	49.8	25 ^c	27.2	0.000
Difficulty in getting admitted into nursing school because of limited seating capacity	47	61.8	120	58.5	9	9.8	
Difficulty in getting admitted into nursing school because of discrimination	15 ^a	19.7	57 ^b	27.8	2	2.2	0.03
Interests other than becoming an RN	n/a	n/a	100 ^a	48.8	64 ^b	69.6	0.001
School was far away	18 ^a	23.7	102 ^b	49.8	46 ^b	50.0	0.000

[†] Percentages equal >100 because question allowed for multiple responses.

[‡] n/a responses are given in the case that the question was not asked to that group of participants.

^{a,b,c} Values without a common superscript are significantly different at $p \leq 0.05$.

TABLE 5. Selected qualitative responses given by nurses when asked about barriers faced in pursuing nursing

Academic preparation & training (n=10)

"Not having family members in college."

"Teachers that make it harder to learn, but that was what made it challenging."

"Time management during school."

"Difficult to enter the program. The counselor there attempted to discourage me and said, "Isn't there anything else you'd like to major in besides nursing, such as math or science?"

"A lot of prerequisites, time-consuming, expensive supplies, and books."

"Didn't have enough medical background."

"First-generation graduate."

"Difficulty taking multiple science courses at one time to meet program requirements and the challenge to pass them all."

"High school did not prepare me for nursing school. I didn't know what nursing school entailed—the hardest classes I ever had [sic] compared to high school."

"Having senior nurses that trust beginner nurses."

Family (n=6)

"Divorce, single parenting, and child care."

"Was a teenage mom, but had a mentor and a child care provider."

"Had children."

"I was pregnant during nursing school."

"Lost two loved ones while in nursing school and it made it very hard to study and continue school."

"Loss of family member."

Financial (n=5)

"It was a big challenge at first. They were going to charge me more for being a non-resident Latino."

"Financial burden."

"The expense. I need income for family obligations."

"Not having financial support."

"Going back to school and working full time, it took longer to get the degree."

Ethnic discrimination (n=4)

"Instructors treat me different."

"Discrimination because I'm Hispanic. Everyone thinks I'm a housekeeper."

"I have faced racial discrimination from my peers and patients at work."

"I faced some of these challenges [discrimination] but moved to a different school."

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