Enhancing Diversity in Nursing
A Partnership Approach

Gaurdia Banister, PhD, RN
Marion E. Winfrey, EdD, RN

Recent census data highlight the ongoing shift toward greater levels of racial and ethnic diversity in the US population. In 2000, non-Hispanic whites accounted for 69% of the population. By 2010, this decreased to 64%. The Census Bureau predicts that minorities will become the majority over the upcoming decades. In nursing and other healthcare professions, however, a different picture emerges, with minorities consistently underrepresented. The authors describe the development, outcomes, and benefits of the clinical leadership collaborative for diversity in nursing. Strategies for overcoming barriers to increasing diversity in the nursing profession are addressed.

Minorities are predicted to become the majority in the US population over the next several decades.\(^1\)\(^-\)\(^3\) Nursing provides a different picture of diversity in contrast to the general population. The lack of diversity in nursing is highlighted by the 2008 national sample survey of RNs, identifying that non-Hispanic blacks and Hispanics/Latinos, comprising 27.6% of the US population, comprised only 9% of RNs.\(^4\) Policy groups are urging education and healthcare leaders to resolve such discrepancies, citing research suggesting that increasing numbers of minority providers may help reduce disparities in healthcare access and quality.\(^5\)\(^-\)\(^8\)

In 2006, the Chief Nurse Council at Partners HealthCare (PHC), an integrated healthcare system serving New England, and academic nursing leaders at the University of Massachusetts Boston (UMB) joined forces to explore how they could better support ethnically diverse nursing students and enhance the diversity of the PHC nursing workforce. Together, they created the clinical leadership collaborative for diversity in nursing (CLCDN), a scholarship and mentoring program supporting racially and ethnically diverse students as they pursue baccalaureate degrees in nursing and launch careers. Implemented in 2007, the CLCDN has supported 59 minority nursing students, providing mentoring and financial support during their junior and senior years of college and facilitating transition to their first job as graduates. The authors describe the development, outcomes, and benefits of this program. Strategies are outlined for overcoming barriers to increasing diversity in nursing.

**Background**

Nurse leaders who are committed to increasing diversity among students and practicing nurses face an array of challenges. Significant barriers among student populations include financial constraints and inflexible admission practices, in addition to structural, psychological, and behavioral factors that influence the institutional climate for diversity.\(^7\) Diverse students in nursing education programs benefit from tutoring, mentoring, 1-on-1 guidance, and role modeling by minority faculty.\(^9\)\(^,\)\(^10\)

Transitioning racially and ethnically diverse nurses to work settings is complex. An awareness of race permeates their experiences. Race-related experiences influence interpersonal interactions and institutional
climate. Minority professionals describe needing to be strongly self-reliant and repeatedly prove themselves. A sense of isolation is compounded by organizational silence regarding racial issues.11,12 Having senior leaders in the organization recognize these challenges is a critical first step toward changing the institutional climate for diversity. Career coaches and mentors who understand the unique circumstances facing minority professionals offer guidance with organizational and interpersonal challenges.12-14

The diversity initiative launched by PHC and UMB was initially proposed by the chief nurse executive (CNE) of Massachusetts General Hospital (MGH), who serves as chair of the PHC Chief Nurse Council, and the dean of the College of Nursing and Health Sciences at UMB. The 2 leaders were Robert Wood Johnson (RWJ) nurse executive fellow colleagues. They shared an appreciation for academic-service partnerships in leveraging resources to achieve shared goals12 and UMB and PHC possessed a number of features that made them ideal partners for a joint diversity initiative.

University of Massachusetts Boston, a large, urban public university with a history of welcoming traditional and nontraditional students from varied social, cultural, and ethnic backgrounds, is 1 of 5 campuses comprising the University of Massachusetts. It provides the only public baccalaureate and higher-degree nursing programs in Boston. Evidence of commitment to diversity can be found in the student population where 59% of the undergraduates are first-generation college students and 40% are from other countries and racial and ethnic minority groups. Partners HealthCare, founded in 1994 by MGH and Brigham and Women's Hospital, is committed to patient care, research, teaching, and service. It includes community and specialty hospitals, community health centers, and a large physician network. Partners HealthCare, the largest health system in the region, has a highly diverse patient population. Attainment of cultural competence and support of a diverse workforce are strategic priorities for PHC.

The UMB dean and MGH CNE agreed to support the diversity initiative by focusing on (1) helping qualified minority nursing students obtain a baccalaureate degree from UMB and (2) supporting student transitions to nursing employment in a PHC institution. The program design emphasizes leadership as well as scholarship in positioning nurses for success.

The MGH CNE reviewed the proposal and objectives with the Chief Nurse Council. Council members agreed that the initiative could help achieve diversity goals and address the predicted nursing shortage. In pledging support for the proposal, they agreed to back the CNE's efforts to secure financial support from PHC.

The Chief Nurse Council and dean identified nurse leaders to shepherd the initiative's development. The dean appointed the associate dean of the College of Nursing and Health Sciences, bringing years of administrative, programmatic, and teaching experience, to the role. The Chief Nurse Council appointed a senior nurse leader at MGH as interim project co-leader. Ultimately, the co-leader role was assumed by the newly hired executive director (ED) for the MGH Institute for Patient Care. The ED, also an RWJ fellow, was responsible for nursing scholarship, professional development, and academic relations. Both co-leaders were doctorally prepared nurses of color, recognized as leaders and role models in the African American nursing community.

Program Development and Structure

The co-leaders formed a work team composed of UMB faculty, PHC nurse leaders, and an MGH administrative liaison to help define the CLCDN's goals and structure. The work team reported to a project oversight group consisting of the UMB dean, MGH CNE, and other members of the PHC Chief Nurse Council. They defined the overarching goal for CLCDN as follows: To achieve, in part, a vision of diversity (Figure 1) in the partnering organizations by facilitating the progression of racially and ethnically diverse students through the generic undergraduate nursing program at UMB and supporting transition to RN positions in PHC facilities. The team defined eligibility and performance criteria emphasizing academic accomplishment and leadership and a structure to provide students with academic, clinical, and career development support.

Each PHC institution identified a nurse leader to serve as a CLCDN liaison, charged with helping to champion CLCDN hiring, aid in identifying potential mentors, interviewing and selecting candidates for the collaborative, and problem solving issues. This group evolved to a steering committee meeting with monthly meetings discussing CLCDN issues.

Eligibility and Performance Criteria

Eligible students must be racially or ethnically diverse and entering the junior year of study in the UMB nursing program. Initially, senior students were also accepted. Students must have a grade point average (GPA) of 3.0 or higher and demonstrate a record of leadership through letters of recommendation and participation in professional and community leadership activities. Students are expected to maintain good academic standing throughout and
a GPA of 3.0 or greater. Leadership must be demonstrated throughout, and the students must complete the nursing major in the specified time frame (Figure 2).

**Academic Resources**

Advisory, educational, and financial resources are provided to support students’ academic success. These include individualized academic counseling by the associate dean, tutoring and workshops to help students master collegiate skills, stress management programming, support in preparing for the NCLEX RN examination, peer tutoring, and mentoring.

Financial support covering tuition and fees and a stipend to help with expenses are available. Financial support was deemed critical, because many students at UMB work full time while attending school. The students find it difficult to keep up in the junior and senior years when the academic and clinical workload increase. The financial assistance frees students to focus on their studies and decreases the chance they will suspend their education for financial reasons. In exchange, students agree to work external employment for no more than 20 hours per week during each fall and spring semester. Upon graduating, they commit to work full time as an RN in a PHC agency for a period equal to the number of years they participated in the program.

**Support in the Clinical Setting**

Clinical resources are dedicated to supporting the student transition to independent practice. The resources focus on helping students acquire an understanding of the PHC culture, expectations for nurses, and on forging an identity embracing their racial and ethnic heritage and stature as a professional nurse.

All students complete their senior preceptorship and as many other clinical experiences as possible at a PHC institution. Students are paired with career mentors who volunteer to help students transition to

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**Eligibility criteria for CLCDN applicants**

- Racially or ethnically diverse background
- Cumulative GPA of 3.00 or higher, and cumulative Nursing GPA of 3.00 or higher
- A record of leadership activities in class, clinical experiences, or the community
- Satisfactory letters of recommendation from a faculty member
- A completed application packet, including a signed Partners HealthCare employment agreement

**Performance expectations for students accepted into the CLCDN**

- Complete the nursing major within the specified timeframe and without disciplinary actions
- Maintain good academic standing
- Achieve a final Nursing GPA and final cumulative GPA of no less than 3.0
- Work at outside employment for no more than 20 hours per week during the fall and spring semesters
- Pass the NCLEX RN examination on first attempt
- Demonstrate leadership in a tangible manner during the program and in the first year at a Partners HealthCare agency (e.g., through committee membership, holding office, or organizing an activity or event)
- Apply for induction into Sigma Theta Tau International Nursing Honor Society
- Complete exit interviews and participate in follow-up surveys and meetings

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Figure 1. Diversity.

Figure 2. The CLCDN eligibility criteria and performance expectations.
the role of a PHC nurse. The mentors are drawn from a pool of experienced, racially and ethnically diverse nurses who have successfully defined a nursing career path at PHC. They maintain close contact with their mentees during the academic program and for at least 1 year following graduation. This allows for dialogue and reflection on leadership issues and coping skills from the perspective of a diverse nurse in a complex organization. Mentors use a variety of strategies to deepen students’ understanding of the institution and help them gain an appreciation of the career skills needed (eg, flexibility, adaptability, self-direction, accountability, and social and cross-cultural skills).17

Community-building activities are used to foster relationships between mentors and students. Activities include social outings and educational and career seminars allowing mentors and students to personally know each other and share experiences and reflections about being a nurse.

Program Oversight

The codirector model of program oversight ensures that MGH and UMB, as the lead service and academic partners, share responsibility for day-to-day operations and the program’s success. The associate dean at UMB and the MGH ED oversee operations in their respective settings and collaborate on monitoring and guiding the program’s direction.

As the academic codirector, the associate dean recruits eligible student applicants, oversees the distribution of funds to program participants, monitors and nurtures students’ academic performance, and facilitates interpersonal relationships among students and between students and faculty members. She also organizes peer tutoring and mentoring activities at UMB and serves as a resource to the PHC-based career mentors. As the service-based codirector, the MGH ED monitors the program budget, recruits and supports career mentors, and serves as the liaison to the PHC Chief Nurse Council. The ED works with UMB to arrange clinical placements and preceptors. The ED also arranges meetings with nursing directors and the human resources department at PHC to facilitate hiring of CLCDN graduates. The codirectors, along with the multi-institutional steering committee, collaborate on resolving issues between mentors and students, selecting and orienting students for the program, developing supplemental educational programming, and assisting with program evaluation. The project assistant aids the codirectors and provides critical organizational support. The codirectors report to the project oversight group and collaborate with UMB and PHC designees on budgetary issues.

Program Implementation

Prior to the inception in 2007, the associate dean conducted information sessions introducing the program to students and worked with the MGH co-director to oversee the application and selection process. Each applicant was evaluated by a group composed of the project codirectors, representatives of PHC nursing leadership, and steering committee members. Assessments include leadership accomplishments, career aspirations and goals. Seven senior students and 11 junior students of Asian, African American, and Latino backgrounds were selected for the first cohort. Four of the students were male, and 14 were female.

Fourteen nurses representing 3 PHC facilities were recruited to serve as career mentors with 3 mentoring 2 students. All but 2 mentors were from racially and ethnically diverse backgrounds, and all had demonstrated leadership in their roles as staff nurses and nurse leaders. Students were matched to mentors based on information obtained from advisory sessions with students and input from the mentors and their managers. The codirectors provided an orientation session for mentors where they discussed CLCDN and the undergraduate nursing program and gave the mentors and students a resource book containing detailed information about the CLCDN, the undergraduate curriculum, and mentoring process.

Students were assigned to clinical placements and began meeting with their mentors. The mentor-mentee relationships developed gradually, aided by community building and mentoring activities. Students observed their mentor’s practice, interviewed other nurse leaders, and attended organizational and unit meetings focused on practice and policy issues. These activities allowed students to witness nursing leadership in action and learn how the nursing philosophy is translated at unit levels. Mentors also used the activities as a starting point for discussions about nursing roles and expectations and what it means to be a racially and ethnically diverse nurse in a PHC organization.

The associate dean met with students during the year to assess academic progress, determine coping skills with the academic load, and identify appropriate resources. The dean reviewed logs maintained by the career mentors and periodically met with them to obtain their perspective on student performance and provide guidance on student issues.

In the spring semester, the CLCDN codirectors help the graduating seniors prepare their résumés in preparation for applying for jobs in PHC agencies. All but 2 seniors secured positions in PHC, and 2 were hired by their precepting unit. With the
first CLCDN cohort successfully launched, a second cohort of 19 nurses was selected in the fall of 2008. Beginning with this group, only junior students were selected, and additional career mentors were recruited to support the expanding number of students.

**Results**

Between fall 2007 and spring 2011, 4 cohorts representing 59 undergraduate nursing students were enrolled in the CLCDN (Figure 3). Thirty-seven of the students have graduated, and the remainder are still enrolled. Each cohort reflects a mix of racially and ethnically diverse, male and female students. Thirty-four of the graduates have found employment, the majority (57%; n = 31) in a PHC facility. Those not yet employed are actively looking. Among the nurses not working at PHC, 1 moved out of state for family reasons, and others were guided to less acute settings to gain experience before working in acute care. In these cases, the requirement to work in a PHC facility was waived.

Most of the graduates (78%, n = 29) passed the NCLEX on the first attempt. Many have expressed interest in pursuing graduate education; one enrolled at UMB for doctoral studies. Leadership activities of students included helping with healthcare outreach and service efforts in Haiti, Kenya, and Cape Verde; providing community healthcare workshops in English and Portuguese; training and serving as peer coaches for students with language barriers; and providing affordable basic life support training for nursing students.

The number of career mentors has grown, with 37 PHC nurses currently involved. Several mentors reported that the experience of the CLCDN inspired them to pursue graduate degrees.

A comprehensive evaluation of CLCDN is underway. Preliminary findings have prompted UMB and PHC to add a second program component focused on helping racially and ethnically diverse PHC nurses to obtain a master’s or doctoral degree. This component is targeted to position diverse nurses for managerial and advanced practice roles.

**Discussion**

A variety of factors have contributed to the CLCDN’s success. Chief is the academic-service partnership forged by the UMB dean and MGH CNE. The partnership is exemplified through the collaboration of the UMB associate dean and MGH ED in oversight of program operations.

The support offered by career mentors has been instrumental. By serving as advisors, confidantes, and role models, they have helped students acquire the confidence and skills required to function independently and created a welcoming and supportive environment for new nurses. Having nurses from diverse backgrounds serve as mentors is important because they have personal knowledge of the challenges facing racially and ethnically diverse nurses and can draw on their experiences when guiding mentees.

We have learned a number of lessons that may benefit nurse leaders seeking to implement similar programs. One lesson concerns the importance of involving each partnering institution in program development and implementation activities. Much of the work of this project was initially performed by staff from UMB and MGH. As a result, nurse leaders in other PHC institutions did not benefit from early dialogue about the significance of diversity and organizational climate, and some were understandably slow to embrace the program. As more became involved in selecting CLCDN participants and other activities, nurse leaders throughout PHC developed an understanding of the program’s goals and became more committed.

The group committed to adhering closely to eligibility criteria, because these were designed to ensure the selected students are on a trajectory consistent with working in complex environments. Selecting students who cannot meet the program’s rigorous requirements is a disservice to students and the program, as student performance is a gauge of

**Figure 3. The CLCDN results.**

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**CLCDN Students**

- Program participants: 59
  - Graduates: 37
  -Still enrolled: 22
- Race/ethnicity of participants:
  - Black: 68% (n=40)
  - Asian: 20% (n=12)
  - Hispanic: 12% (n=7)
- Gender: 76% female (n=45); 24% male (n=14)
- Passed NCLEX-RN Exam on first attempt: 78%
- Graduates employed: 92% (n=34)
  - Employed in a Partners agency: 84% (n=31)

**CLCDN Career Mentors**

- Number of nurses serving as career mentors: 37
- Number of Partners facilities providing mentors: 5
- Race/ethnicity:
  - Black: 76% (n=28)
  - White: 5% (n=2)
  - Asian: 11% (n=4)
  - Hispanic: 8% (n=3)
- Gender: 92% female (n=34); 8% male (n=3)
program success. The frequency of check-in with students and mentors was assessed to ensure they receive guidance and resources. Considering future employment, we began assigning senior preceptorships only in areas that hire new graduates, such as general medical-surgical units, rather than specialty areas desiring experienced nurses. Additionally, we focused some community-building events on preparing students for job interviews, which proved important when the economy downturned and students encountered serious competition for available positions.

A key benefit of CLCDN is the impact on the climate for diversity in PHC. The CLCDN graduates have access to a network of diverse nurses who participated in the program as mentors or students and are currently employed in PHC hospitals. This translates to a web of support that one CLCDN mentor said she wished she had access to when transitioning to her first job, reducing feelings of isolation. Similarly, a recent CLCDN graduate said she wanted to work in a PHC institution because it is where she feels most comfortable. Equally important is the program’s impact on relationships between racially and ethnically diverse nurses and their non-minority colleagues. Barriers diminish, and staff begin to develop a deeper understanding of the concept of diversity, moving beyond simple tolerance to appreciating the rich dimensions of diversity contained within each individual.16: p13-14 At PHC, this understanding is manifested in how nurses treat one another and, most importantly, in the care they provide patients and families.

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