



# THE JOURNAL

of the New York State Nurses Association

**FALL/WINTER 2006**

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- **Innovations in the Public Policy Education of Nursing Students**  
*by Noreen M. Houck, MS, RN and Anne Watson Bongiorno, PhD, APRN-BC*
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## ■ EDITORIAL

### Adapting to Complexity

The papers in this issue of the *Journal of the New York State Nurses Association* provide a great deal of insight into nurses' adaptability within today's complex healthcare system. Innovative ideas are the force behind each author's effort to deal with problems that stand between the care patients receive now and the kind of nursing practice that could ultimately deliver quality health care to all patients. The concepts presented here are aligned with, and in some instances lead the way for, national initiatives to foster measured improvements in learning, diversity, and education reform. Central to each article is a consciousness that continual evolution toward better health care depends on two related priorities: patient-centered initiatives and advancing nursing education.

Studies have shown that nurses lack instruction about using electronic databases and are unfamiliar with the term "evidence-based practice" (Pravikoff, Pierce, & Tanner, 2005). These two areas of knowledge and skill are needed for competent nurse providers in the 21<sup>st</sup> century. Exposure to the research process, as described by Ireland, is essential for students to acquire the beginning skills needed in both electronic databases and evidence-based practice. The value of research is an essential point of learning for students to become consumers of research to ensure effective practice.

The experiences of students in public policy activities are exciting to read about in the article by Houck and Bongiorno. To fulfill our obligations to act on behalf of patients, these authors take the position that we have a concomitant responsibility to influence health care beyond the bedside. Discussions about the implications of nursing research for public policy need to be incorporated more into nursing associations, schools of nursing, and other aspects of the nursing community.

Diversity of the nursing workforce has been a topic of discussion for many years. Moving forward on goals to accomplish a more diversified workforce requires more effort. What do nursing organizations need to do? What could be accomplished by consortia of schools of nursing? One of the true areas of need for reform is public education. How can we support underrepresented minorities for success in nursing school and the workplace? Otto and Gurney present an enlightening literature review that offers insights into these important questions.

In the fourth article in this issue, Murray explains the New York State Board for Nursing's proposal to require RNs to earn a BS degree in nursing within 10 years of initial licensure. With the attention focused on how NYS nurses will respond to research that links nursing education to improved health care quality, the New York Organization of Nurse Executives was among the first groups in the state to support the Board's proposal. Murray discusses concerns about this historic legislation by putting it in the context of New York's long tradition of leading other states in nursing education reform.

Navigating complex systems is not new for nurses, but in the 21<sup>st</sup> century the stakes are higher. We need to develop our capacity to adapt, while finding new forms of expression for ideals and principles that are central to nursing and patients in health care. The authors in this issue are exemplars of nurses contributing to the shape of nursing in the future. We commend their articles to you for your professional enlightenment.

Naomi E. Ervin, PhD, RN, APRN-BC, FAAN  
Tobie Olsan, PhD, RN, CNAA  
Guest Editors

### REFERENCE

Pravikoff, D. S., Pierce, S. T., & Tanner, A. (2005). Evidence-based practice readiness study supported by academy nursing informatics expert panel. *Nursing Outlook*, 53(1), 49-50.



## Innovations in the Public Policy Education of Nursing Students

Noreen M. Houck, MS, RN  
Anne Watson Bongiorno, PhD, APRN-BC

### Abstract

Nurses are the voice of patients. Nurses speak for those who cannot speak for themselves. Today's nurses need to find their voice and discover the power of public policy as a vehicle for patient-centered care. New York is a vast and varied state with multiple, competing healthcare interests. Nurses in New York need to be prepared to navigate the halls of power as patient-centered advocates. Nurses benefit from an education that teaches them to move comfortably in complex healthcare environments. This article describes the integration of an innovative, curricula-wide, public policy initiative with senior nursing students in a baccalaureate nursing program. We discuss the overall goals of the learning-centered program and the specific classroom and field assignments. Students described the results of this innovative teaching strategy as a life-changing event where they find their voice as an agent for their patients.

Public policy content and advocacy skill in nursing education are central to the welfare of the patient and the nurse (Husted & Husted, 2005). In this paper the authors discuss an educational initiative at the State University of New York College at Plattsburgh (PSUC) Department of Nursing to involve students in public policy and the legislative process. This multifaceted approach to healthcare policy and advocacy education is integrated into three senior nursing courses in the traditional baccalaureate program. A simplified education plan is in Table 1. The initiative concludes with a field experience at the New York State Nurses Association (NYSNA) Lobby Day in Albany, NY. We believe this public policy initiative creates behaviors students will apply

throughout their professional development. Students describe their journey through this program as one of empowerment, self-discovery, and finding their voice.

### Healthcare policy, advocacy, and the power of voice

As the largest profession in healthcare, nursing should have a comparable voice in policy development. Thirty years ago Ashley (1976, p. 124) stated, "Nursing is health care. If current and future crises in the health field are to be resolved effectively, society must face this fact." Thirty years later, this statement still rings true. Nurses have to extend their influence beyond the bedside and view the healthcare system as their charge.

Nursing science can advance only through models that move beyond the individual patient as the sole locus of care (Biekermier & Butterfield, 2005). Nursing will become a full partner in shaping policy when nurses assume the responsibility for the state of health care (Buresh & Gordon, 2006). This requires the talent to negotiate the political system and inform the public and policymakers of nursing's role and value to quality patient care (American Association of Colleges of Nursing [AACN], 1997; International Council of Nurses, 2000). Regrettably, nursing students report virtually no understanding that legislative action is a nursing imperative. In addition, they report no knowledge of how to engage in dialogue that influences legislators to support the

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**Table 1. Public Policy Education Plan**

Course	Content	Learning activities	Learner Outcomes (the student will ...)
Professional Issues	Enlightenment Ethics Agency Communication	Op-ed to newspaper Letter to legislator	Apply a practice-based ethical framework for public policy initiatives. Engage in the legislative process.
Leadership & Management	Leadership & management theories Advocacy & political competency Planned change Assertive communication Empowerment	Evidence-based practice paper Oral presentation	Develop a position on a current issue affecting nursing practice through the application of UR and EBP models. Justify position through formal written expression. Develop a persuasive position expressed orally to a group and individual.
Community Health Nursing	Public policy Legislative process Healthy communities	Fact sheet Visit with legislator	Demonstrate how Milio's six propositions of health influence public policy. Use tenets of SCT to develop persuasive lobbying messages for legislators. Develop working knowledge of symphonology.

centrality of nursing to positive patient outcomes (Turnock, 2001). Our challenge, then, is to help nursing students develop their voices and become engaged players in setting healthcare policy.

## Program design

The journey to develop nursing's individual and collective voice can be facilitated with intentional teaching strategies. Our program focuses on the development of political involvement as a core competency of the baccalaureate prepared nurse. Discussions about nursing and health care happen at all levels of the legislative process. In general, the bedside nurse is absent in these discussions. Tomorrow's nurses can be effective patient advocates only if they develop their ability to inform the public about nursing. This initiative teaches students to use an ethical decision-making model to navigate the legislative process, to be effective patient advocates, and to communicate the essence of nursing to the general public.

The curriculum initiative in public policy at PSUC uses a phenomenological approach to teaching and learning based on shared contextual experiences. The goal of this initiative is to empower the graduates to lead changes in health care and increase their

**Table 2. Theoretical Concepts**

Course	Theory
Professional Issues	Symphonology (Husted & Husted, 2001)
Leadership & Management	Research utilization for EBP (Stetler, 2001) Transformational leadership (Malloch & Porter-O'Grady, 2006) Complexity and change theories (Malloch & Porter-O'Grady, 2006)
Community Health Nursing	Upstream thinking (Milio, 1976) Social cognitive theory (Bandura, 2006) Symphonology (Husted & Husted, 2001)

influence. Table 2 denotes the theoretical concepts explored. Each course addresses advocacy and public policy from the context of the course focus. For example, the Professional Issues course covers material on power and politics, the nurse's role as an ethical agent of the patient, and the development of voice. In the Leadership and Management course, the students investigate a legislative priority about a nursing delivery system or examine issues that affect the work of nurses in their delivery of care. In the Community Health Nursing course, the students peruse the legislative process to

assure the health and well-being of vulnerable populations. The combined effect of the three foci creates an immersion experience that allows for higher-order thinking as students develop multifaceted solutions to practice issues. The students move through what Bloom (1984) described as comprehension, application, and analysis to a synthesis of understanding. In addition, the students expressed an affective response, meaning they revealed their understanding of the value of the experience. According to Bloom (1984), this achievement in the affective domain is what promotes lasting changes in behavior.

*Our goal is to deepen the dialogue among students and faculty about the nature of nursing, politics as power, and public communication.*

## The curriculum

The classroom experience and the clinical field experience are essential to the public policy program. This initiative is what Hedin (1989, p. 82) referred to as "curriculum as praxis," which provides a social context for emancipatory learning. Our interpretation of curriculum as praxis at PSUC involves narrative pedagogy. In narrative pedagogy teachers and students create learning through the lived experience (Dahlberg, Ekebergh, & Ironside, 2003). We gather insights through discussions that illuminate practice concerns to develop knowledge (Benner, Tanner, & Chesla, 1996; Dahlberg et al., 2003). The deliberate use of the public policy initiative as a clinical exercise allows students to practice and learn through their own experience. In a traditional curriculum students can come to understand the legislative process through lecture and reading assignments. Our strategy, however, is to motivate, inspire, and empower students to articulate their concerns to policy makers and the public. The student experience moves away from passive learning to an active, pursuit-driven experience by engaging in behaviors we believe they will sustain after graduation.

In 2006, PSUC's entire senior nursing class (45 students) traveled to NYSNA's Lobby Day. At this one-day event, students presented to their home-area legislators a researched position about a key nursing issue. For many this was their first time in Albany and the first time they had ever had face-to-face contact with a lawmaker. Students described the legislative experience as the most fundamentally meaningful point in their education, a time during which they found their voices.

## Professional Issues course

The Professional Issues course focuses on enlightenment (Boykin & Shoenhofer, 2001). Our goal is to deepen the dialogue among students and faculty about the nature of nursing, politics as power, and public communication. Conversations revolve around the critical linkages between

ethical caring, healing, health, and advocacy (Gordon, 2006). The course begins with a series of seminars on symphonology. This practice-based, bioethical decision-making model is based on the idea of the existence of an implicit agreement not to aggress against each other. This agreement is the basis of the relationship between healthcare providers and their patients (Husted & Husted, 2001). These discussions help the student understand the nurse's responsibility in public policy as the agent of the patient. The remainder of the course uses the model as a basis for transition from student to professional practice at the policy level. Students learn how to be agents of their patients by seeking and describing their own agency.

[Symphonology] really breaks down the ethics of situations that [nurses] face. Not only were we given another opportunity to share and spread our ethical knowledge, but we learned about the importance of issues regarding ending the silence, and the importance of lobby day (student comment, 2006).

The major written assignment in the course is integrated across the curriculum. Students choose an interest area for the initiative from current NYSNA governmental relations issues (New York State Nurses Association [NYSNA], 2006). This same issue may be used in the other courses in the public policy initiative. In this way, the class assignments are linked. The students explore how collective power creates a caring, enlightened nursing paradigm. The faculty aim is to nurture an ethical ideal and hone student skill in reducing complex nursing needs into easily understood and compelling messages about current nursing issues.

I liked how this course was a continuation of Community Health Nursing. Both courses taught us that we not only have a voice but as professionals we have a responsibility to use it (student comment, 2006).

## Leadership and Management course

Within the constructs of an emancipatory design in the Leadership and Management course, the student and teacher create the learning environment in order to produce three learner-centered outcomes. These outcomes are based on the concept of empowerment: to empower oneself, to empower others, and to create an empowering environment. PSUC's public policy initiative and the legislative experience provide a framework to achieve course and personal objectives. Students empower themselves to be knowledgeable about a nursing practice issue. They develop skills in self-assessment, professional communication, team and group work, conflict management, project management, and quality management. To empower others the students work on issues related to coaching as well as team and staff development. Students learn how the culture of the environment influences receptiveness to change and attention to quality care.

In the clinical portion of the course, students work with a manager to examine work environments and the impact of organizational systems on the quality of care. Students begin to recognize that political competency is proactive and involves thinking ahead and anticipating what might happen (Malloch & Porter-O'Grady, 2005). Advocacy is a fundamental nursing value. Students learn firsthand that as managers, nurses advocate for their patients and staff in the distribution of healthcare resources and in issues that affect the healthcare environment (Marquis & Huston, 2006).

In the class, students with common interests form teams in order to develop course projects. They select topics from their clinical experiences with an eye toward NYSNA's legislative priorities. The students gain the knowledge they need to form a well-researched opinion through a variety of learning activities including use of the Stetler

Model of Research Utilization to Facilitate Evidence-Based Practice (Stetler, 2001). The model incorporates critical thinking skills to guide students through the decision-making process. Through this process, students develop a knowledgeable position on a current legislative policy.

Once teams complete their analyses of the nursing practice issue and are armed with meaningful data, they prepare for the legislative field experience. At this point, the focus shifts from analysis of evidence to issues of education, persuasion, and influence. The students develop compelling arguments, create marketing materials, compose letters, and devise strategies to communicate their message to individual representatives. In order to become comfortable with their presentation, students engage in role-playing and practice. Their peers critically review their planned arguments. This process equips the students to deal with unexpected situations that invariably occur in the political arena. The result is a well-researched position paper, an oral presentation, and the experience of voicing their concern to policy makers.

I came to understand the process: researching the issue, becoming knowledgeable about [the issue], forming a position based on that knowledge, and acting to stand up for what you believe in (student comment, 2006).

### Community Health Nursing course

Honestly, before this day I really was not sure of what lobbying was but now that I know and had this experience I am so excited about doing it again (student comment, 2006).

The PSUC public policy initiative immerses students in an applied learning framework that is real, current, and meaningful to 21<sup>st</sup> century professional practice. The Community Health Nursing (CHN) course reflects a population-based focus (AACN, 1989; Stanhope & Lancaster, 2004; Quad Council, 2003). Nurses and students often have a narrow view of public health that rarely includes public policy (Schneider, 2004). They are quickly disabused of this notion by exploring the core public health competencies required of a baccalaureate-prepared nurse (Institute of Medicine, 2002; Association of Community Health Nurse Educators, 2006).

The CHN course focus is on student experience in aggregate assessment, epidemiology, and policy development. We use a current issue as an exemplar of a public health crisis, for example, the nursing shortage. Students learn how to negotiate the legislative process, examine related bills, explore the politicization of an issue, and assess the impact on public health. This unit creates a meaningful snapshot of how public health is a distinct practice, grounded in epidemiology and biostatistics as well as the behavioral sciences (Turnock, 2004). Students learn to present a compelling story based on scientific principles; these messages are designed to garner public support and maximize political clout (Schneider, 2004).

**Our graduates described public policy as a core nursing competency. They learned how nursing advocacy has an impact on the public's image of the profession, how to influence the distribution of resources, and how to advocate for healthier environments for patients and nurses.**

Overall, students learn to engage in practice that has a direct impact on patients' lives through "upstream thinking" (Milio, 1976). The very heart of public health is to decrease disparity among vulnerable people by tackling problems at the source (deChesnay, 2005; Healthy People 2010). The public policy initiative is one that students have said they will never forget; ingrained in their memory is not only how just one person can make a difference, but how, collectively, nurses can wield enormous power.

### Public policy initiative outcomes

This experience has taught me that I can voice my opinion as a healthcare professional and advocate for the public, and it's not even that scary (student comment, 2006).

The project goal is to achieve a core competency in public policy and legislative process in our graduates. Although the program is still in progress, we believe it will achieve these goals. Students demonstrate the ability to navigate the New York State legislative system, communicate knowledgeably about a major nursing issue to the public and to elected lawmakers, and develop lobbying skills. At Lobby Day, the students take the classroom to the practice setting; it is here that the program goals are realized. When students present stories to legislators, they find that their strongest positions and most impassioned arguments are based on the data about patient outcomes. Students realize that nursing is health care and that the centrality of the patient is paramount in their practice.

I want to keep in mind that powerful feeling I had after the successful meeting with the legislator: that I could not only develop an informed opinion, but be a leader in speaking out about those issues that affect nurses and patients, and being a powerful force in helping others (student comment, 2006).

We had positive results from the first group of students who experienced this initiative. They reported increased confidence in their knowledge of issues germane to nursing and public policy. The students valued the importance of preparation in entering the public policy process. Through their Lobby Day activities, the students became conscious of the accessibility of public representatives. Students developed frontline experience as they engaged in the political process. Students consistently shared how they would continue to be involved in public policy after graduation. Our graduates described public policy as a core nursing competency. They learned how nursing advocacy has an impact on the public's image of the profession, how to influence the distribution of resources, and how to advocate for healthier environments for patients and nurses. Student outcomes

from the inaugural year of this project suggested that our learning objectives were achieved and that many of our long-term behavioral outcomes may be realized.

The initiative has yielded some unintended results as well. At the NYSNA Lobby Day presentation, the students were overwhelmed at the sight of so many nurses gathered in one venue to advance the profession's issues. The students identified an invigorated passion and pride in their profession. New York State is fortunate to have a strong and vocal nurses organization committed to promoting legislative issues that support "quality care in safe work environments" (NYSNA, 2006). By attending NYSNA Lobby Day, the students gained an appreciation of the collective voice and the role of nursing organizations in the legislative process.

I was empowered by seeing a large number of nurses and student nurses coming together for a common cause. It feels really good to know that as nurses we have the power to be heard and make a change (student comment, 2006).

### Lessons learned

It took courage to teach outside of our comfort zone. Building a 21<sup>st</sup>-century nursing workforce in New York means embracing a paradigm of collaborative methodology to address problems in the healthcare system. The power of the PSUC's public policy experience lay in the deep meanings gained through a variety of viewpoints. The program mirrors current educational philosophies that impart how shared dialogue and realities from a variety of perspectives results in a more complete understanding of complex issues (Johnston, 2005).

Open dialogue with the students helped foster a rich learning community. We shared our inexperience as well as our experience with the students. It took some resolve to allow ourselves to engage in collaborative learning with the students and let go of our need to control the learning experience. We engaged in vigorous self-assessment and planning and shared this process with the students. We missed a few

steps along the way, but these were easily remedied. Class assignments seemed overwhelming to students at the beginning of the semester. Lobby Day was new for all of us, and we had no direct lobbying experience in Albany. None of these issues affected student or faculty evaluations of the overall experience but will help with future planning. For example, in the future, we plan to share the comprehensive teaching and work plan with students. Since students wanted more time to engage in meaningful dialogue with legislators than Lobby Day permits, we will formally incorporate post-Lobby Day legislative visits to lawmakers' local offices.

One of the highlights of the initiative was the pleasure all of us took in the process and outcomes. The faculty members described this project as one of their most meaningful teaching experiences. Instead of students seeking to meet only the teachers' expectations, we experienced the power of students engaged in learning that was motivated by their enthusiasm for their patients and their commitment to the profession. Students anonymously evaluated the initiative and 100% of the 44 respondents agreed that Lobby Day was the highlight of their senior year. Comments consistently addressed their sense of power and pride in the profession.

### Practical knowledge in public policy

Immersion in the public policy experience engages students in cognitive and affective knowledge domains and gives contextual meaning to public policy theory. Students' frontline experiences with the legislature results in the acquisition of practical knowledge and real experience, well beyond the cursory exposure previously included in the curriculum. Students' comments indicated they ascribed value to the experience, which we believe will predict future behavior. The faculty is excited about the outlook for nursing because we believe our graduates will shape a hopeful future for nursing and health care.

## REFERENCES

- American Association of Colleges of Nurses. (1997). *A vision of baccalaureate and graduate nursing education: The next decade*. Retrieved September 22, 2006, from <http://www.aacn.nche.edu/Publications/positions/vision.htm>
- American Association of Colleges of Nursing. (1998). *Essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- Ashley, J. A. (1976). *Hospitals, paternalism, and the role of the nurse*. New York: Teachers College Press.
- Association of Community Health Nursing Educators. (2006). *Summary of plenary sessions*. Retrieved on September 25, 2006, from <http://www.achne.org>
- Bandura, A. (2006). Going global with social cognitive theory: From prospect to pay dirt. In S. Donaldson, D. Berger, & K. Pezdek (Eds.), *Applied psychology: New frontiers and rewarding careers* (pp. 53-79). Mahwah, NJ: Lawrence Erlbaum Associates.
- Bekemeier, B., & Butterfield, P. (2005). Unreconciled inconsistencies: A critical review of the concept of social justice in three national nursing documents. *Advances in Nursing Science*, 28(2), 152-162.
- Benner, P., Tanner, C., & Chesla, C. A. (1996). *Expertise in nursing practice: Caring, clinical judgment, and ethics*. New York: Springer.
- Bloom, B.S. (Ed.). (1984). *Taxonomy of educational objectives: Book 1, cognitive domain*. White Plains, NY: Longman.
- Boykin, A., & Shoenhofer, S. (2001). *Nursing as caring: A model for transforming practice*. New York: NLN Press.
- Buresh, B., & Gordon, S. (2006). *From silence to voice: What nurses know and must communicate to the public* (2<sup>nd</sup> ed.). Ithaca: Cornell Press.
- de Chesnay, M. (2005). Vulnerable populations: Vulnerable people. In M. de Chesnay (Ed.), *Caring for the vulnerable* (pp. 3-12). Sudbury, MA: Jones and Bartlett.
- Dahlberg, K., Ekebergh, M., & Ironside, P. (2003). In N.L Diekelmann, (Ed.), *Teaching the practitioners of care: New pedagogies for the health professions* (pp. 22-58). Madison, WI: The University of Wisconsin Press.
- Gordon, S. (2005). *Nursing against the odds: How health care cost cutting, media stereotypes, and medical hubris undermine nurses and patient care*. Ithaca, NY: Cornell University Press.
- Hedin, B.A. (1989). Expert clinical teaching. In *Curriculum revolution: reconceptualizing nursing education* (pp. 71-89). New York: National League for Nursing.
- Husted, G. L., & Husted, J. (2001). *Ethical decision making in nursing and healthcare, the symphonological approach*. (3rd ed.). New York: Springer.
- Husted, G. L., & Husted, J. (2005). The ethical experience of caring for vulnerable population: The symphonological approach. In M. deChesnay, (Ed.), *Caring for the vulnerable: Perspectives in nursing theory, practice and research* (pp. 71-79). Sudbury, MA: Jones and Bartlett.
- Institute of Medicine of the National Academies. (2002). *The future of the public's health in the 21<sup>st</sup> century*. Washington, DC: The National Academies Press.
- International Council of Nurses. (2000). *Participation of nurses in health services decision making and policy development*. Retrieved September 22, 2006, from <http://www.icn.ch/pspolicydev00.htm>.
- Johnston, N. (2005). Beyond the methods debate toward embodied ways of knowing. In P.M. Ironside (Ed.), *Beyond method philosophical conversations in healthcare research and scholarship* (pp. 259-296). Madison: The University of Wisconsin Press.
- Malloch, K., & Porter-O'Grady, T. (2005). *The quantum leader: Applications for the new world of work*. Sudbury, MA: Jones and Bartlett Publishers.
- Marquis, B. L. & Huston, C. J. (2006). *Leadership roles and management functions in nursing: Theory and application* (5<sup>th</sup> ed.). Philadelphia: Lippincott Williams & Wilkins.
- Milio, N. (1976). A framework for prevention: Changing health-damaging to health-generating life patterns. *American Journal of Public Health*, 66, 435-439.
- New York State Nurses Association. (n.d.). *Nursing advocacy and information: legislative priorities*. Retrieved September 23, 2006, from <http://www.nysna.org/programs/nai/legislative/priorities.htm>
- Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2000). *Healthy people 2010*. Retrieved September 25, 2006, from <http://www.healthypeople.gov>
- Quad Council. (2003). *Quad council public health nursing competencies*. Retrieved September 25, 2006, from [http://www.achne.org/Quad\\_Council.htm](http://www.achne.org/Quad_Council.htm)
- Schneider, M. (2004). *Introduction to public health*. Sudbury: Jones and Bartlett.
- SmithBattle, L., Diekemper, M., & Leander, L. (2004). Moving upstream: Becoming a public health nurse, Part 2. *Public Health Nursing*, 21(2), 95-100.
- Stanhope, M., & Lancaster, J. (2004). *Community & public health nursing* (6<sup>th</sup> ed.). St. Louis: Mosby.
- Stetler, C. B. (2001). Updating the Stetler model of research utilization to facilitate evidence-based practice. *Nursing Outlook*, 49(6), 272-279.
- Turnock, B. (2004). *Public health: What it is and how it works* (3<sup>rd</sup> ed.). Sudbury, MA: Jones & Bartlett.



## Baccalaureate Student Participation in a Faculty Research Project: A Win-Win Experience

Mary Ireland, RN, PhD

### Abstract

Baccalaureate student involvement in a faculty research project is presented as an opportunity for faculty to integrate teaching, practice, and research, and as a mechanism for students to: a) meet clinical course objectives and b) increase their familiarity with, interest in, and understanding of the role of research in developing a scientific basis for practice. Fifteen senior nursing students functioned as research assistants (RAs) and collected psychological and pulmonary data in the homes of primary caretakers who had a school-aged child with asthma. A description of student preparation for the RA role, their experiences as RAs, and feelings following participation are reported.

Although nurse educators recognize that evidence-based practice is essential if the nursing profession is to meet its mandate to society to improve client, family, and community health care (ANA, 2005), successful integration of the triad of teaching, practice, and research remains a challenge for many faculty (Fawcett, Aber, & Weiss, 2003). This article describes how 15 senior baccalaureate students participated as data collectors in a childhood asthma study. As they participated in the study, the students also fulfilled the clinical requirements of a community health nursing course and helped the author integrate the triad. In addition, this article demonstrates how the experiential approach helped the students apply previously learned research concepts to actual nursing practice and thereby increase their appreciation of the relationship of the research

process to the development of evidence-based practice. By bringing research into the clinical setting, course objectives were met (Ervin & Cowell, 2004) and the students were socialized into the "fullest contemporary role of nursing" (Gueldner, Clayton, Bramlett, & Boettcher, 1993, p. 20). This experience created a win-win situation in which both the students and the involved faculty member benefited.

### Student participation in faculty research

Involvement of students in faculty research has a long tradition in academia (Ervin & Cowell, 2004). The learning strategies for the inclusion of students have ranged from participation as research subjects (Anderson, 1992; Hitchcock & Murphy, 1999; Saunders & Robins, 1989) to participation in a project as

a clinical practice requirement (Collins, Corder-Mabe, Greenberg, & Crowder, 1992; Fawcett et al., 2003). Students have helped develop faculty-led projects (Bzdek & Gong, 1986), functioned as data collectors (Bzdek & Ganong, 1986; Dean, 1986; Duggleby, 1998; Gohsman, 1983; Humphery & Wofods, 1980; Sneed & String, 1993), coded and entered data into the computer (Gueldner et al., 1993) and performed data analysis (Cole, 1995; Duggleby, 1998). At the collaboration's most innovative level, students have teamed with faculty and communities to meet the demand for high-quality, cost-effective, and clinically relevant research (Thompson, McNeill, Sherwood, & Starck, 2001).

There has been mounting consensus that the experiential learning gained through direct involvement in faculty research integrates research with teaching and promotes the value

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of research as the basis for improving clinical practice (Davies et al., 2002; Martyr & Bull, 2000; Ravert, Boyer, Harmon, & Scofield, 2004; Thompson et al., 2001), especially when participation in the research is the clinical experience (Fawcett et al., 2003). Learning is immediate during the conduct of research as students utilize critical thinking to explore the phenomenon of interest. This immediacy can foster further inquiry and stimulate the development of clinicians who will incorporate research into their future practice. Interestingly, when Milner, Estabrooks, and Humphrey (2005) tested their predictive model with nurses in the practice setting, they found that attitude toward research, awareness of information based on research, and involvement in research activities were all predictive of research utilization.

Inquiring minds will find the status quo less acceptable as an answer to the current, complex problems surrounding nursing practice, the illness experience, and healthcare delivery. In particular, when client preference and the impact of culture are included in this dynamic, the value of intellectual curiosity and multiperspectival thinking to drive research cannot be underestimated.

## Research study overview

Despite the availability of effective treatments and family health education, New York City children with asthma have higher rates of morbidity than those in New York State and most of the nation. Ethnically diverse, urban caretakers of these children increasingly turn to complementary alternative medicine strategies that are grounded in family and community cultural beliefs and provide opportunity for more active participation in a child's care.

The purpose of this ongoing research study is to test the effects of receiving massage therapy (MT) on pulmonary function and physical function, anxiety, quality of life, and healthcare utilization in asthmatic children, 7–12 years of age. MT is conceptualized as a complementary alternative medicine (CAM) intervention taught to participating primary caretakers by a licensed massage therapist (LMT). Specifically, caretakers are educated to administer Swedish massage to their children's faces, necks, backs, shoulders, arms, legs, and feet, for 20 minutes nightly for 30 days. The study also tested the effects of providing massage on anxiety, poor self-efficacy, and learned helplessness in the primary caretaker. Both facets were delivered in a randomized, two-group, experimental, placebo-controlled, crossover trial. A sample of 30 dyads was recruited to detect significant differences between the two groups (Burns & Groves, 2001).

## Educational setting and student body

The research study and student clinical were conducted in the fall 2005 and spring 2006 semesters under the aegis of a large, private university in downtown Brooklyn, NY. The bulk of the student body represents individuals living in the inner-city centers of New York City. In addition, many are first generation immigrants from Africa, the Caribbean islands, and Latin America. A mission of the school of nursing

is to provide a teaching and learning environment that honors the diverse multicultural backgrounds of its students. Faculty members believe that this environment engenders a zest for lifelong learning because it seeks to integrate the cultural wisdom of each student in the learning process.

## Research as a clinical practice option

One of the goals of the undergraduate community health nursing program is to help students develop an appreciation of the influence of a community's culture on health beliefs and on the meaning that individuals and families ascribe to illness. Students learn that nurses function as "cultural brokers" (DeSantis, 1994); as translators of the client's explanatory model of health; and as assistants to help clients merge their unique belief systems with the western, contemporary model of treatment. Culture, then, becomes the framework for community health promotion, prevention, and education. Students practice these activities in a variety of clinical placement settings, including home care agencies, urban ambulatory care centers, and homeless shelters.

The pediatric asthma study was considered an appropriate mechanism for a community clinical experience for several reasons. First, the aggregate of interest in this study was urban Black and Latino children, a group disproportionately affected by asthma and also demographically representative of the population of uninsured Americans. (A major theoretical focus of the course has been the examination of disparities in healthcare delivery and the correlation of these disparities with the manifestation of illness and illness progression.) Second, all data collection and education activities were conducted in the homes of participating families. Making home visits to study participants, performing assessments, and planning and evaluating interventions paralleled home care nurse actions.

In preparation for the fall 2005 and spring 2006 semesters, as the principal investigator (PI) who is also the coordinator of the community

health nursing course, I recruited students to work in a pediatric asthma study as a clinical placement option. Faculty members were asked to recommend students who had previously demonstrated strong communication skills and an ability to function independently. Much like research participants, students were offered incentives to participate: release from one assignment and a reduction in the number of clinical logs required. Fifteen of the 19 students who had been recommended agreed to participate. In order to accommodate, support, and guide the increased number of students in spring 2006, an additional community health faculty person was brought into the project.

## Orientation and weekly education

During a day-long meeting, students were prepared with lectures and hands-on demonstrations in how to function as research assistants (RAs). We began by introducing them to the multidisciplinary nature of

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the project, explained that a faculty person in the respiratory care department was the co-principal investigator (co-PI), and mentioned that this collaboration strengthened our ability to conduct the study. This was followed by orientation to a detailed study manual, which included an introductory letter to be used for subject recruitment; the research proposal; a geographic data form; parental consent and child assent forms; psychological instruments; and forms for collecting spirometry, peak flow, and asthma symptom data. We showed the students how to recruit subjects, obtain consent and child assent, administer the psychometric forms, and collect pulmonary and symptom data. Students were also advised that, through the use of these forms, they would learn how to gather specific information from the dyad. Finally, they were given a script to use to introduce the study and instructed in how to recruit families to participate.

The research proposal was used to demonstrate principles of the research process and familiarize students with the scope of the study over the course of the semester. Answers to questions that families might pose regarding the project were included, as was a discussion about weekly visits, which would not only fulfill their clinical requirement but would also strengthen subject retention in already overburdened families. This discussion was further used to explore how students would integrate the research process into their nursing practice.

At the conclusion of the initial meeting, students watched a spirometry tutorial, which showed them how to use a handheld PC for in-home spirometry measurement. After a faculty member demonstrated how to calibrate the spirometer and enter pertinent data into the handheld PC, they performed spirometry on each other. Once students were comfortable with the apparatus, we discussed interpretation of pulmonary values such as peak flow. Each student was given a CD of the tutorial for refreshing skills as needed.

Over the semester, students met weekly with the asthma study faculty in order to examine data, explore any problems, and review issues of dyad compliance. During one meeting, a student shared her difficulty in responding to a mother who had raised questions about specific items on one of the psychological tools. By reflecting on the issues surrounding the mother's questions, the students and faculty member developed appropriate strategies for answering similar questions in the future. The faculty member also used this student's questions as an opportunity to discuss reliability and validity and selection of culturally appropriate measurement tools in research.

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## Research skills training

Student involvement in the study offered the opportunity to build upon previously learned skills, such as communicating with clients, conducting interviews, and educating clients; and to learn new skills, such as adherence to research ethics and data gathering, the administration of instruments to subjects, and the testing of lung vital capacity.

Students were advised that the skill of interviewing and communicating with clients would be used to: (a) answer family questions about the project and to teach them about the experimental

massage therapy (MT) and control (dialogue) arms of the study, (b) gather consent and child assent, (c) instruct the child in how to use the peak flow meter and gain maximum cooperation during spirometry, and (d) educate the child and primary caretaker in how to complete the data collection forms. In addition to these research activities, the students were informed that they would have a rich opportunity to apply secondary and tertiary prevention methods as they educated families in the importance of having and maintaining asthma action plans, the proper use of the peak flow meter and control and rescue medication.

Both the data collection and family education experience provided students with information to use in their clinical log course assignments. To complete their logs, students identified significant events that occurred during home visits, described their experiences, and discussed the nursing roles they played (e.g., educator, advocate, counselor). They then located relevant and current nursing articles and integrated the information from the article into their logs; this step provided evidence for their practice.

## Conduct of research and ethical considerations

It was explained to the students that the University Institutional Review Board had provided authorization for conduct of the study, and that this mechanism was required in order to protect the rights of study participants. The consent and child assent forms were examined and the issues of anonymity and confidentiality reinforced. The PI emphasized that child and primary caretaker dyads could refuse to participate at any time during the course of the study without penalty or loss of standard medical treatment. Because children were a major focus of this study, the importance of children freely assenting to participate was discussed. It was explained that although school-age children have the cognitive ability to meaningfully assent to participate,

### Figure 1. Student log commentary

"When the child, T., finished MT, the mother expressed how doing the massage for the last 30 days had become ingrained in their bedtime ritual, that she did not want to lose the progress that she felt was made in asthma management during MT. When prompted to explain, she described how her child, T. had missed school trips and parties and was hospitalized twice last year. Currently, she reports that T. had not been hospitalized and had had fewer school absences. She was anxious to know whether there were other things she could do in the dialogue portion of the study to help her child. I feel this is where I functioned as a nurse, i.e., providing other tools for self-management, while continuing to reinforce and evaluate treatment during the research study. I took on the role of educator and let her know that peak flow monitoring would continue during the dialogue portion of the study. I also explained warning signs of asthma exacerbation as well as environmental factors, such as dust, that we could eliminate in an effort to manage asthma symptoms."

the investigator is obligated to guarantee that they are able to make this decision freely (Abramovitch, Freedman, Thoden, & Nikolich, 1992). Study procedures called for the students or the PI to obtain consent and assent. Families were also provided the PI's office telephone number should they have questions. We also discussed the cost-benefit ratio, and the fact that we could not promise that MT would help the child with asthma, but that this complementary treatment was non-invasive and presented minimal, if any, risk.

## Data collection as the RA lived research experience

In-home data collection is a labor-intensive task. First, whenever a nurse is engaged in a home visit, the nurse steps into the role of "guest." As a guest, the nurse must initially put aside the immediate purpose of the visit and spend time getting to know the family, honoring their environment, and indicating appreciation for being granted permission to visit their home. Students were told that this social period would give them an opportunity to make general client, caretaker, and environmental assessments, which would comprise the "meat and potatoes" of their clinical logs.

Second, as a data collector, the nurse focuses on meeting the rigor of the research methodology. This can conflict with the therapeutic thrust of a planned intervention. Students were counseled that their primary role was that of data collector, although they would necessarily be exposed to family dynamics that could affect data collection. In several homes, the students encountered siblings who were hyperactive and often vying for the attention of the RA and/or the primary caretaker. Students soon recognized that in order to be successful in performing spirometry and getting forms completed, they had to address this phenomenon with the caretaker and develop a mutually comfortable solution. This experience helped them see the parallel between the

nursing practice process and the nursing research process (Fawcett et al., 2003) and reinforced the thrust of the study: Childhood asthma is a family affair.

As a practical matter, students collected data at Day 1/Baseline, Day 30, and Day 60, but visited weekly in order to support the dyads and retain their participation. Weekly visits also ensured that the caretakers were completing the forms and that they understood and were accurately executing the MT and dialogue protocols.

## Observing a research intervention

When a child-caretaker dyad was ready to enter the experimental arm of the study, the student arranged a home visit by the LMT participating in the project. During this visit, the student observed the therapist educate the caretaker in the administration of massage. In addition, the student gave the dyad a copy of the MT protocol and an MT instructional DVD (developed by the co-PI), which showed the same massage therapist instructing a mother and child in the step-by-step procedure.

## Dyad recruitment

Over the two semesters, students recruited 13 primary caretaker-child dyads. With a few exceptions, students lived in the same community as the dyad whom they had recruited to participate. Ten students visited the dyads independently. The remaining six students visited their families in pairs due to the inability of some students to recruit dyads who met study inclusion and exclusion criteria. The recruitment period, which lasted one month at the beginning of the semester, was purposely brief so that students had adequate time left to collect data in the 60-day timeframe imposed by the design of the study.

## Evaluation

To evaluate the student participation experience, sample student log commentaries and answers to questions about their feelings were used (see Figures 1-3). The learning experience was generally viewed as positive. Log commentaries demonstrated that students were most enthusiastic and energized when the research and nursing process came together for them.

**Figure 2. Student log commentary.**

"Research is not something that I ever cared about, but being a part of this project reconnected me to why I wanted to be a nurse, i.e., to make a difference. I prayed over whether I should choose participating in the project as a clinical. When I found a family who was willing to let me visit them to fill out forms and do the nightly dialogue or MT, I felt that I was destined to do this project. What really excited me was that I was able to help the parents and children understand asthma. In the beginning, the mother told me she was reluctant for her son to use some of the meds because of the bad things people had told her about them. Because she trusted me, I was able to help her understand how the meds worked and why it was important for her son to use them. She shared this information with her friends. I thought, in starting this project, I might help one family treat asthma, but now I realize that my nursing care may have affected a whole community."

**Figure 3. Student log commentary**

"The significant event happened on the third week of the research when my dyad was doing dialogue each night. It was a joyful moment for me. I was able to be an RA when I validated the data with the father and son and asked whether there had been any problems during the week. Furthermore, I was able to be a nurse and provide teaching about the proper use of the metered dose inhaler (MDI). I asked the child, E., to show me how she used the inhaler. When she demonstrated correct usage, I congratulated her. I also took the opportunity to ask the mother, who is a chronic asthmatic, to provide a return demonstration. It was a perfect environment for positive reinforcement for this family."

When student feelings about participation in the project were solicited, they provided honest appraisals including both positive and negative assessments as noted in Table 1. Recruiting a child and parent who met study inclusion and exclusion criteria was challenging. Children had to be 7 to 12 years of age with moderate to severe persistent asthma. Neither the parent who administered MT, nor the child who received it, could be receiving psychotherapy, psychotropic, or anxiolytic medication. Both also had to be English-language dominant. By honing previously learned communication skills and integrating them with their cultural wisdom, however, 10 students successfully recruited dyads. Scheduling conflicts most frequently cited were those that corresponded with the three data collection points, Days 1, 30, and 60, when students had to negotiate precise appointments with the dyads in order to maintain the scientific rigor of the project. For two student pairs, their travel time via public transportation to reach their families was approximately one and half hours each way. They later reported that, despite this inconvenience, working in a different community became a productive experience.

Finally, the opportunity to build trusting relationships with a dyad in their home and witness the development of understanding about the potentially life-threatening illness, childhood asthma, developed into a unique community health nursing experience for students. See Table 1.

Although the close supervision of students who are novices to the research process is labor-intensive, the opportunity to function as role models was experienced by faculty members as a mechanism for nourishing research habits of mind, attitudes, and traits in students. As was experienced on numerous occasions, there is little to compare with the pure delight felt by both student and faculty when an experimental intervention is found to be effective by a research participant, and when that participant's enthusiasm for the treatment can be used as a vehicle for education.

## Conclusion

Inclusion of undergraduate students in faculty research can be a powerful force in fostering the integration of teaching, practice, and research, and creating a win-win opportunity for students and faculty. It opens a door for students who, now more than ever, must be capable of understanding and providing care based on evidence. We have demonstrated that students can begin to see the relationship between the research process and the nursing process when they actively participated in a research project, and that by living the experience of an RA, research became a part of "real nursing" for them. There are several caveats, however. We learned as faculty members that: Subject recruitment requires intensive modeling. We initially thought that locating a family would be a unique community health learning experience for students. Although most students successfully recruited families, the energy expenditure may have exceeded learning for some.

We also learned that the labor-intensive investment by faculty members, especially with the large student group that participated during one semester, was difficult to manage from time to time. Our recommendation is to keep groups small with a ratio of one faculty person to not more than four students.

**Table 1. Student Feelings about Participation in a Research Project**

Questions	Themes
What did you enjoy about participation in the project?	<ul style="list-style-type: none"> <li>• Opportunity to educate the family about prevention and asthma</li> <li>• Time to build relationships with the family</li> <li>• Ability to make a difference, giving family something that will help for a lifetime</li> <li>• Visiting a different community and finding that the community as well as a family may benefit from such a research project</li> <li>• Feedback from the family that MT was helpful</li> </ul>
What did you dislike about participation in the project?	<ul style="list-style-type: none"> <li>• Finding a family</li> <li>• Scheduling conflicts with the family</li> <li>• Travel time in reaching the family</li> </ul>
What suggestions would you make to the researcher for continuation of the project?	<ul style="list-style-type: none"> <li>• Recruiting a family before the semester begins would facilitate locating families</li> </ul>

Despite these limitations, the research participation reported in this article can serve as a basis for the development of evidence-based nursing. It is clear that the critical ambience of scientific inquiry cannot be captured from readings and classroom activities; participating in faculty research is adequate, however, but not sufficient to develop consumers and users of research. At the center of evidence-based nursing is critical thinking (Profetto-McGrath, 2005), which requires the development of independent, self-directed learners who can gather evidence, appraise and analyze that evidence, and then apply the best evidence in a client-centered way that includes client values. We believe that we have begun the EBN process, but that we as faculty members, in our quest to integrate the triumvirate of teaching, practice, and research, have much work ahead. We are, however, inspired by having had the opportunity to co-explore with our students in this project.

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## REFERENCES

- Abramovitch, R., Freedman, J., Thoden, K., & Nikolich, C. (1992). Children's capacity to consent to participation in psychological research: Empirical findings. In M. Hertzog & E. A. Farber, (Eds.), *Annual progress in child psychiatry and child development* (pp. 630-645). Bruner/Mazel: New York.
- American Nurses Association. (1994). *Education for participation in nursing research*. Retrieved April 5, 2005, from <http://nursingworld.org/readroom/position/research/rseducat.htm>
- Anderson, E. T. (1992). Student awareness of research findings. *Nurse Educator*, 17(4), 12-14.
- Burnes, N., & Grove, S. K. (2001). *The practice of nursing research: Conduct, critique, and utilization* (4<sup>th</sup> ed.). Philadelphia: W. B. Saunders.
- Burns, H. K., & Foley, S. M. (2005). Building a foundation for an evidence-based approach to practice: Teaching basic concepts to undergraduate freshman students. *Journal of Professional Nursing* 21(6), 351-357.
- Bzedek, V., & Ganong, L. (1986). Teaching the research process through participatory learning. *Nurse Educator*, 11(6), 24-28.
- Cole, F. L. (1995). Implementation and evaluation of an undergraduate research practicum. *Journal of Professional Nursing*, 11(3), 154-160.
- Collins, B. A., Corder-Mabe, J., Greenberg, E., & Crowder, D. (1992). Incorporating a research study into undergraduate clinical. *Western Journal of Nursing Research*, 14(5), 677-680.
- Davies, P. D., Lado, A., Northway, R., Bennett, G., Williams, R., & Moseley, L., et al. (2002). An evaluation of student nurses experiences of being a researcher in a mental health research project. *Nurse Education Today*, 22, 518-526.
- Dean, P. G. (1986). Strategies for teaching nursing research: Participant observation. *Western Journal of Nursing Research*, 8(3), 378-382.
- Duggleby, W. (1998). Improving undergraduate nursing research education: The effectiveness of collecting and analyzing oral histories. *Journal of Nursing Education*, 37(6), 247-252.
- Ervin, N. E., & Cowell, J. M. (2004). Integrating research into teaching public health nursing. *Public Health Nursing*, 21(2), 183-190.
- Fawcett, J., Aber, E., & Weiss, M. (2003). Teaching, practice, and research: An integrative approach benefiting students and faculty. *Journal of Professional Nursing*, 19(1), 17-21.
- Fineout-Overholt, E., Melnyk, B. M., & Schultz, A. (2005). Transforming healthcare from the inside out: Advancing evidence-based practice in the 21<sup>st</sup> century. *Journal of Professional Nursing*, 21(6), 335-344.
- Gohsman, B. (1983). Strategies for teaching nursing research: Involving students in faculty research. *Western Journal of Nursing Research*, 5(3), 250-253.
- Gueldner, S. H., Clayton, G. M., Bramlett, M. H., & Boettcher, J. H. (1993). The undergraduate student as research assistant. *Nurse Educator*, 18(3), 18-21.
- Hitchcock, B. W., & Murphy, E. (1999). A triad of research roles: Experiential learning in an undergraduate research course. *Journal of Nursing Education* 38(3), 120-127.
- Humphrey, P., & Woods, N. F. (1980). Involving undergraduate student in faculty research. *Journal of Nursing Education*, 19(5), 4-7.
- Martyr, P., & Bull, R. (2000). Fostering bachelor of nursing students' research skills using public health education. *Journal of Nursing Education*, 3(8), 377-379.
- Milner, F. M., Estabrooks, C. A., & Humphrey, C. (2005). Clinical nurse educators as agents for change: Increasing research utilization. *International Journal of Nursing Studies*, 42, 899-914.
- Profetto-McGrath, J. (2005). Critical thinking and evidence-based practice. *Journal of Professional Nursing*, 21(6), 364-371.
- Ravert, P., Boyer, B., Haromon, K., & Scofield, H. (2004). Learning nursing research through faculty-mentored projects. *Nurse Educator*, 29(4), 170-174.
- Saunders, R. B., & Robins, E. (1989). Enhancing the educational benefits of collaborative research. *Nurse Educator*, 14(4), 23-27.
- Sneed, N. V., & Strong, A. G. (1993). Meeting educational and clinical nursing objectives with a collaborative research utilization project. *Journal of Nursing Education*, 32(1), 42-43.
- Swenson, I., & Kleinbaum, A. (1984). Attitudes toward research among undergraduate nursing students. *Journal of Nursing Education*, 23(9), 380-386.
- Tompson, C. J., McNeill, J. A., Sherwood, G. D., & Starck, P. L. (2001). Using collaborative research to facilitate student learning. *Western Journal of Nursing Research*, 23(5), 504-516.



## Ethnic Diversity in the Nurse Workforce: A Literature Review

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### Abstract

In the 2000-2003 New York State Nurses Association Strategic Plan, the Board of Directors called for an assessment of the progress made toward achieving an ethnically diverse nursing workforce as reflected in the literature. In this paper the authors have responded to that request and offer a snapshot of progress as well as standstills in the journey toward diversity. Although the literature has tended to focus on cultural competency of the healthcare worker, and includes numerous calls for action to diversify the nurse workforce, very little scholarly work has been conducted that rigorously evaluates such diversification activities. The purpose of this literature review is to explore existing scholarly work in ethnic diversity at three levels: in the general workforce, the healthcare workforce, and the nursing workforce. The authors explored the literature as it addresses two aspects: academic and career factors influencing diversity; and recruitment, retention, and other strategies employed to diversify the workforce. By exploring the existing research, gaps can be identified in order to either direct further research, or target funding to recruitment strategies to effectively enhance a more ethnically diverse nurse workforce.

Educational and career development researchers differ in their approach to exploring barriers to opportunity in educational and career choices among ethnically diverse populations (Arbona, 1990; Betz & Fitzgerald, 1995; McWhirter, 1997; Nettles, 1991). In order to improve minority access and achievement in college programs, Nettles (1991) focused on the importance of forecasting prospective college student characteristics. Although identifying characteristics of minority students is essential to developing strategies to enhance minority student success, identifying barriers to educational and career goals also must include the examination of *perceived* barriers. For example, McWhirter (1997) found that Mexican American study participants perceived more barriers than did European Americans.

More recently, researchers (Gurin, Dey, Hurtado, & Gurin, 2002) have explored the importance of affirmative action as an educational benefit that enhanced students' academic and social growth through informal interaction with diverse peer groups in the higher education setting.

Additionally, psychological, social, and cognitive models or theories have been identified by researchers (Arbona, 1995; Brown, 1996; Lent, Hackett, & Brown, 1996; Richardson & Skinner, 1990; Stitt-Gohdes, 1997) that provide the framework for understanding the variety of influences on student achievement and career development. Arbona (1995) related theoretical work in vocational psychology to the vocational and career development of Hispanic Americans. She discussed both socio-demographic characteristics and cultural characteristics such as acculturation, ethnic identity, race, and the experience of discrimination in Hispanic Americans. In reviewing a number of career development theories, Stitt-Gohdes (1997) showed how self-concept, occupational sex-typing, internal and external attitudes, and economic circumstances influenced vocational choices for women, African Americans, Hispanic Americans, Asian Americans, and Native Americans. An institutional adaptation to diversity model was identified by Richardson and Skinner (1990). In this model, *state policy* was identified as affecting the practices

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of university work groups that could ultimately lead to improved minority graduation rates. Social cognitive frameworks were identified by Brown (1996) and Lent, Hackett, and Brown (1996) as a means by which to understand career choice difficulties. This model illustrates the interactions between variables such as self-efficacy, outcome expectations, and goals with ethnicity and social supports.

Several scholarly studies tested academic factors related to educational attendance, performance, and success (Brown, 1980; Finn & Rock, 1997; Perry, 1981). Brown (1980) studied employer-based opportunities and an individual's motivation for social and occupational mobility and found that educational and occupational aspirations and participants' expectations were related to college attendance. Perry (1981) found that college grades did not predict continuous university enrollment among minority racial groups. Additionally, Finn and Rock (1997) compared psychological characteristics and school-engagement measures in minority students from low-income homes and found a number of African American and Hispanic students who achieved reasonable grades and test scores and graduated on time with peers. They also found *engagement* behaviors (such as coming to school on time or avoiding disruptive class behavior), however, resulted in significant differences between resilient and non-resilient students.

In a study evaluating the accuracy of prediction of college success, Tracey and Sedlacek (1987) used the Non-cognitive Questionnaire to predict college graduation for Black and White students. Although they found that Black students may take longer than White students to graduate, they determined that the questionnaire significantly predicted graduation but not academic ability.

Several other scholarly studies tested factors related to career choice and occupational values. Leong (1991) compared Asian American and White American college students to identify differences in career development attributes resulting in measures of such attributes as career maturity, vocational identity, and decision-making styles. Leong found that although Asian Americans exhibited higher levels of dependent decision-making styles and a greater emphasis on extrinsic values than White Americans, they scored lower on a career maturity scale.

Perceptions of career options have been explored at varying school ages. Frost and Diamond (1979) surveyed minority and White grade-schoolers about career choice gender perceptions. Interestingly, while they found that Hispanic and White girls chose more non-traditional, higher-status occupations than Black girls, there was no obvious difference in boys. In addition, Black girls tended to hold the most stereotypic views of job gender-appropriateness and Black boys tended to stereotype job appropriateness more than other ethnic groups. Lauver and Jones (1991) studied the perceptions of rural high school students using a career self-efficacy model and found ethnic differences in self-efficacy. Native American self-efficacy was lowest for almost 40% of occupations surveyed.

Despite the worsening nursing shortage and the paucity of scholarly research addressing ethnic diversity in the nursing profession, some progress has been made in diversifying the nursing workforce.

## General recruitment, retention, and other strategies

Literature addressing general workforce recruitment and retention issues tended to focus on retention within higher education settings. In 1987, Clewell and Ficklen used the case study method to examine the programs and policies at four predominantly White higher education institutions identified as having good minority retention rates. Via interviews and document review, they discussed the elements and characteristics of effective retention programs. For example, one institution employed a 6-week summer residential program for pre-matriculating freshmen identified as high-risk minority students.

At an earlier step in the educational pipeline, Newman and Newman (1999) looked closely at the Young Scholars Program (YSP) as a means by which to help underrepresented minority (URM) public school students who are identified as least likely to graduate from high school and attend college. The program began as early as sixth grade, providing college-preparatory activities and resident campus summer enrichment programs. Outcomes included higher quarterly retention data for the YSP students than two for control groups.

## Healthcare workforce factors

Like the nursing workforce, the overall healthcare workforce is facing shortages in many specialties. Healthcare specialty areas such as radiologic technology and rehabilitation education have cited challenges in maintaining ethnically diverse workforces (Dixon & Flowers, 1996; Huntley & Minneman, 1994). Researchers surveyed minority chiropractic, nursing, and physician assistant students noting their perception that their chosen career fulfilled their interest in science (43%) and helping others (42%), and motivated their choice better than the field of physical therapy (Gabard, Baumeister-Prikk, Takahashi, Wells, & Canfield, 1997).

The majority of scholarly health literature exploring the issue of URMs in the workforce pertains to medicine. One of the most ambitious programs to increase the number of URM students enrolling in U.S. medical schools was initiated in 1991 by the American Association of Medical Colleges (AAMC) titled *Project 3000 by 2000*. As a means of monitoring institutional progress in increasing opportunities for URMs in medicine and other health professions, the AAMC surveyed its member institutions regarding their respective programs (Grumbach, Coffman, Munoz, & Rosenoff, 2002). By the year 2000, however, the president of the AAMC admitted that "numerical goal is still a long way off" (American Association of Medical Colleges, 2000).

## Healthcare workforce recruitment, retention, and other strategies

Various programmatic approaches along the recruitment and retention pipeline have sought to enhance the diversity of the healthcare workforce. Tapping high school-aged students early in the pipeline has

*Research findings provide insights into the barriers and facilitators to ethnic diversity of nursing education programs.*

been explored and evaluated. Researchers (Thomson, Denk, Miller, Ochoa-Shareg, & Jibaja-Rusth, 1992) evaluated a 3-week summer health professions program designed to prepare incoming ninth grade students from two health professions high schools. Combined scores from both high school groups revealed a statistically significant increase in science-processing skills and job title identification.

Other research (Thurmond & Cregler, 1996) tracked the college majors and career choices of promising URM pre-college freshmen in Georgia who indicated an interest in health-related careers and who participated in an 8-week research apprentice program. Of 55 research apprentices who participated in the program from 1981 to 1994, 29 students (53%) graduated from college. Of those 29 graduates, 23 chose medical or health science careers and 17 matriculated into medical school. The researchers note these remarkable numbers against the overall rate of minority college graduations in Georgia of 30% to 40%. Thurmond and Cregler (1999) further explored why gifted URM students left the health professions pipeline despite attending a health professional high school and participating in an enrichment program in health sciences. Reasons for leaving the health professions pipeline focused on becoming interested in other fields, often due to other internships or other mentors.

Mentoring program strategies have been shown to enhance recruitment and retention in a variety of healthcare workforce specialties (Bernice & Teixeira, 2002; Greene & Puetzer, 2002; Illes, Glover, Wexler, Leung, & Glazer, 2000). Researchers (Tekian, Jalovecky, & Hruska, 2001) conducted a pilot study to explore the effects of being mentored prior to matriculation in medical school and its impact on at-risk URM students' performance in medical school. At-risk students interviewed were identified as either "no delay" (ND) or as "delay/withdrawn" (DW). Results revealed that 7 of 9 ND students sought out physician

mentors and experienced less academic difficulty while only 3 of 13 DW students had physician mentors.

Using a case study approach, researchers (Cullen, Rodak, Fitzgerald, & Baker, 1993) described a minority student mentoring program at a university wherein minority pre-radiologic science students were matched with radiologic minority students following completion of the Mentoring Style Indicator. By the end of the academic year, 4 of the initial 5 pairs finished the mentoring program. Mentored students rated the appropriateness of their mentoring experience as a 6.0 (on a scale of 1 to 7, 1=not appropriate, 7=completely appropriate), and the mentors rated their appropriateness as a 5.8.

### **Nursing academic and career factors**

Despite the worsening nursing shortage and the paucity of scholarly research addressing ethnic diversity in the nursing profession, some progress has been made in diversifying the nursing workforce. Ross (2002) remarked in an AAMC news column that "the only major clinical health profession that has made sustained gains in diversity is nursing." He cited a URM enrollment increase of 48% in baccalaureate nursing programs between 1991 and 1999, reflecting 16% of all baccalaureate nursing students. In fact, federal researchers found that the number of minority RNs grew at an overall greater rate than non-minority RNs from 1980 to 2000. The number of Hispanic and African American nurses increased by 164% and 119% respectively. Despite such encouraging numbers, national statistics show that nursing still does not mirror the 30% overall minority population in the U.S. Hispanic RNs represent just 2% of the RN population in a country where the general population is 12.5% Hispanic (HRSA, 2000).

As mentioned earlier, the regional analysis of the 2000 National Sample Survey of Registered Nurses (NSSRN) (Brewer, Servoss,

& Feeley, 2002) revealed a minority RN population more closely matched to the overall minority population in New York State. In fact, compared to the overall U.S. minority RN-to-minority population, the ratio of minority RN-to-minority population in the New York City metropolitan area is 3 times greater. Such encouraging minority RN numbers, however, still fall short of mirroring the population these RNs serve.

Although most of the analysis involving the ethnic makeup of the RN workforce has been conducted primarily at the national, state, and metropolitan levels, one research team (Minnick, Roberts, Young, Marcantonio, & Kleinpell, 1997) analyzed the RN workforce from the perspective of the direct-care hospital unit level. They described the ethnic diversity of 2,510 RN staff nurses among 118 hospital unit nursing work teams in 14 metropolitan (inner city, urban, and suburban) Chicago hospitals. The extent of ethnic diversity at the direct care unit level was established via a cluster analysis of 4 groups. One cluster of hospital unit groups had a large proportion of White RNs, another cluster had a large proportion of African American RNs, a third cluster had a large proportion of Asian/Pacific Islanders, and a fourth cluster had a high proportion of African Americans and Asian/Pacific Islanders. Most notably, the researchers' findings revealed that 56% of hospital units had a work team of nurses that represented at least three different ethnic groups. But the researchers questioned whether the lesser-represented ethnic groups were *sufficiently* represented to demonstrate the benefits of diversity, such as the stimulation of new ideas that ultimately lead to change.

Research findings provide insights into the barriers and facilitators to ethnic diversity of nursing education programs. Researchers (Kersten, Bakewell, & Meyer, 1991) explored baccalaureate and associate degree nursing students' motivational factors for choosing the field of nursing as a career. More than 700 nursing students from 9 baccalaureate

(n=254) and 11 associate degree nursing programs (n=498) answered an open-ended questionnaire. Responses were categorized into subject areas that addressed what nursing meant to the student, reasons for choosing nursing, who/what influenced the student's image of nursing, and what persons were most helpful in the student's decision to choose nursing and to choose the baccalaureate or associate degree program. A large number of responses involved caring, nurturance, and personal growth issues as students identified why they wanted to enter the nursing profession. The students also noted that nurses were the persons most helpful in their choosing nursing as a profession.

Numerous factors affect the admission, retention, and graduation rates of nursing students. The success of achieving an ethnically diverse workforce depends on the ability of nursing education programs to work with these factors. Allen, Nunley, and Scott-Warner (1988) modified a questionnaire used in a 1980 nationwide study of admission and retention issues for Black students in order to identify barriers to admission and retention and to identify possible remedies for barriers. The researchers administered this questionnaire to a convenience sample of Black nursing students (n=41), Black faculty and administrators (n=16), and White faculty and administrators (n=79). These subjects were affiliated with one of eight baccalaureate nursing programs that included one private and one public university from eastern, southern, midwestern, and western regions of the United States (n=8). These responses were compared to the responses from the 1980 study. Overall, Black faculty/administrators of the baccalaureate nursing programs agreed more often than the White faculty/administrators about the identified barriers to admission and retention (such as poor secondary preparation, indifferent recruitment, and hostile university). One of the most notable findings was that 88% of Black faculty/administrators of baccalaureate nursing programs identified *hostile university* as a barrier to admission compared to 48% of White faculty/administrators. Comparing possible remedies also revealed distinct responses between Black and White faculty/administrators in nursing baccalaureate programs: 88% of Black faculty/administrators agreed that a possible remedy to the retention problem of Black nursing students would be an organized program of Black cultural activities throughout the year, whereas only 45% of White faculty/administrators agreed to such a possible remedy.

Snyder and Bunkers (1994) explored the facilitators and barriers in admission to and completion of the Master of Science program in nursing as perceived by minority nursing students. The researchers interviewed 9 (of a potential 18) minority nursing students in a large Midwestern private university. The interviews included 10 open-ended questions and focused on the decision to enter the program, the application process and other program experiences, and interviewees' perceptions of facilitators and barriers in the program. The researchers independently analyzed the interview transcripts for major themes. Data revealed themes that included personal factors (fear of commitment, possibility of failure, language), undergraduate education (faculty encouragement), support systems (family and friends' encouragement), employment (supervisor and peer encouragement), graduate program (program

accessibility), graduate faculty (faculty advisor contact and expectations), and strategies for recruitment/retention (mentorship and orientation programs, language skill support).

## Nursing recruitment, retention, and other strategies

Few reports have documented how much help the nursing profession has received in enhancing its diversity. One such report (Grumbach, Coffman, Munoz, et al. 2002) documented that federal funding of more than \$50 million was spent in 2000-2001 to enhance diversity in non-nursing health professions compared to \$4 million for nursing professions. In 2003, the Department of Health and Human Services (HHS) announced that 16 grants to nursing education institutions totaling nearly \$3.5 million would be awarded to enhance nursing education opportunities for disadvantaged individuals, including those from racial and ethnic minority groups underrepresented among registered nurses. According to the HHS, the effectiveness of this type of support has resulted in doubling (from 19% to 38%) minority enrollment in nursing schools receiving grants (Health and Human Services, 2003). Despite this result, very few rigorous studies exist that either test the premises for diversification strategies or evaluate the outcomes of strategies implemented.

On the other hand, countless editorials, commentaries, and other essays in nursing journals address an array of strategies for increasing the ethnic diversity of the nurse workforce. Kington, Tisnado, & Carlisle (2001) insisted that in order to assess the impact of ethnicity on health outcomes, the importance of rigorously evaluating strategy successes was paramount. Dowell (1996) confirmed this in a

review of the literature regarding minority recruitment and retention from a broad educational perspective. Dowell found most research focused on characteristics of the students rather than on educational systems and their impact on student outcomes. She also noted a "glaring lack of nursing research on organizational characteristics and recruitment and retention programs for ethnic minorities in schools of nursing" (p. 296).

Some research has focused on student outcome characteristics such as high school grade point averages and college entrance examination scores. These studies explored whether there was a relationship between them as predictors of success in graduating from nursing programs and passing the state nursing board examination. Byrd, Garza, and Nieswiadomy (1999) conducted an ex post facto study of 285 student records at one state-supported university over a 3-year period in order to examine whether demographic variables and admission and progression criteria predicted successful completion of the baccalaureate nursing program. Two sets of models were developed, one for students who graduated, failed, or dropped out, and another for those who graduated or failed. These two sets of models followed time frames for prediction before enrollment in nursing courses, prediction after the first semester, and prediction after the second semester. Notably, White ethnicity predicted graduation in four of the author's models; however, more White applicants were accepted into the program because their

**Gender and ethnicity do influence vocational choices. Grades may not necessarily predict success; "engagement" may also be a factor.**

grade point averages were higher than other ethnic applicants. The authors admitted that ethnicity was unevenly distributed and may have affected the study's outcomes.

Briscoe and Anema (1999) also examined student records. This sample of records was drawn from May 1997 associate degree nurse graduates in a public urban university. Although the number of records ( $n=38$ ) was much smaller than the Byrd et al. study, Briscoe and Anema explored predictors of success by examining the relationships between dependent variables (NCLEX-RN score) and independent variables (pre-admission grade point average, failing a clinical nursing course, two National League for Nursing test scores, age, and race). Tests of one of the researchers' hypotheses revealed a significant relationship between race and NCLEX-RN success ( $p=.05$ ). All 5 Black students failed the NCLEX-RN exam on their first try while the other races showed no significant correlation between race and NCLEX-RN success. The researchers commented that this finding was of concern.

Twenty years ago, researchers recognized that predictors of success in nursing education would need to focus on the uniqueness of ethnic groups (Dell & Halpin, 1984). They examined which variables (SAT verbal and quantitative scores, high school grade point averages, and National League for Nursing pre-nursing test scores) were best for predicting success in a predominantly Black baccalaureate nursing program and on the state board examination in nursing. Researchers reviewed records of 456 Black students (of whom 181 graduated) admitted from 1970-1974. With each variable, there were significant differences between those who graduated and those who did not graduate. Upon adding the variable of college grade point average, there was a significant difference between those who passed the state board examination in nursing and those who did not pass.

To determine how much variability in nursing program success could be explained by predictor variables between Blacks ( $n=111$ ) and non-Blacks ( $n=34$ ), Boyle (1986) also used a number of student variables to identify the best predictive combinations of variables in a baccalaureate nursing program among

minority nursing students admitted between 1971-1981. With use of multiple regression, the American College Testing (ACT) college entrance examination score emerged as the strongest, most consistent predictor of success for state nursing board examination success for all minorities. Horns, O'Sullivan, and Goodman (1991) also examined combinations of predictors of state nursing board examination (NCLEX-RN) success. These researchers used stepwise regression analysis to examine how program variables affected success on the NCLEX-RN and at four points of time during the nursing program: preadmission, year 2, year 3, and year 4. Significant variables at each step were retained for further analysis with each subsequent step of analysis. The final set of predictor variables was then used to predict success on the NCLEX-RN. Race was identified as a significant variable at the time of preadmission and remained in the analysis through year 4. In the final equation of six remaining significant variables, race and grade point average at the time of preadmission accounted for half of the final variance (67%) in NCLEX-RN performance.

The nursing shortage is also affecting the numbers of nurse faculty. According to a survey on vacant nursing faculty positions by the American Association of Colleges of Nursing (2003), 300 U.S. nursing schools indicated a nurse faculty vacancy rate of 8.6%, up from 7.4% in 2000. In a study aimed at learning more about how Florida's nursing programs promote and integrate cultural diversity, researchers (Grossman et al., 1998) surveyed 90 Florida nursing program deans and directors to examine efforts to integrate cultural diversity in their respective nursing programs. The survey also revealed the ethnic diversity of students and faculty in these nursing programs. Black (non-Hispanic) and Hispanic students and faculty were all underrepresented when compared with Florida's general population. More than twenty years ago, Buckley (1980) pointed out the importance of the role faculty members play in the recruitment and retention of Black students. Buckley compared survey responses of educators from institutions deemed most successful in recruiting and retaining Black nursing students with those deemed least successful. Most notable among the factors

accounting for the differences between these two groups was the finding that more than 92% of educators in the most successful schools had earned master's (or higher) degrees compared to 54% of faculty in least successful programs. In addition, more than 75% of White educators in integrated schools were unaware of or had not participated in recruitment and retention programs for Black nursing students.

## Summary

In this literature review, the authors explored academic and career factors as well as recruitment, retention, and other strategies to ethnically diversify the workforce. Starting with a broad examination of the general workforce, the authors moved to more closely target the healthcare and nursing workforces.

Gender and ethnicity do influence vocational choices. Grades may not necessarily predict success; "engagement" may also be a factor. In the general workforce, in healthcare fields, and in nursing, mentoring programs, college-preparatory activities, and special exposure to the academic setting or the career field can have a positive impact on success in achieving an ethnically diverse nursing workforce. Political factors such as legislation and administrative policy can also have an impact, positive or negative, on diversification success.

## Implications

It is imperative that more scholarly nursing research be conducted to demonstrate the benefits of a diverse workforce. Because the nursing profession continues to experience difficulty in recruiting an ethnically and racially diverse workforce, scholarly analysis of recruitment and retention interventions is needed to effectively evaluate the most productive and cost-effective strategies. Nurse researchers must publish and disseminate the outcomes of these efforts to enable healthcare and academic communities to adopt winning strategies. Nursing leaders also must become involved in the political arena to ensure that policy and legislation complements their efforts to achieve ethnic diversity in the healthcare workforce.

## REFERENCES

- American Association of Colleges of Nursing. (2003). *AACN's nursing faculty shortage fact sheet*. Retrieved January 4, 2004, from <http://www.aacn.nche.edu/Media/Backgrounders/facultyshortage.htm>
- American Association of Medical Colleges. (2000). A word from the President: Reaffirming our commitment to diversity. *AAMC Reporter*, 9(12), 1-3.
- Allen, M., Nunley, J., & Scott-Warner, M. (1988). Recruitment and retention of black students in baccalaureate nursing programs. *Journal of Nursing Education*, 27(3), 107-116.
- Arbona, C. (1990). Career counseling research and Hispanics: A review of the literature. *The Counseling Psychologist*, 18(2), 300-323.
- Arbona, C. (1995). Theory and research on racial and ethnic minorities: Hispanic Americans. In F. Leong (Ed.), *Career development and vocational behavior of racial and ethnic minorities* (pp. 37-66). Mahwah, NJ: Erlbaum.
- Bernice, J., & Teixeira, R. (2002). Mentorship: A successful tool for recruitment, recognition, and advancement. *Clinical Leadership Management Review*, 16(6), 386-390.
- Betz, N., & Fitzgerald, L. (1995). Career assessment and intervention with racial and ethnic minorities. In F. Leong (Ed.), *Career development and vocational behavior of racial and ethnic minorities* (pp. 263-279). Mahwah, NJ: Erlbaum.
- Brewer, C., Servoss, T., & Feeley, T. (2002). *Examining New York State nurses: A regional analysis of the 2000 National Sample Survey of Registered Nurses*. Buffalo, NY: New York State Area Health Education Center System.
- Briscoe, V., & Anema, M. (1999). The relationship of academic variables as predictors of success on the National Council Licensure Examination for Registered Nurses (NCLEX-RN) in a selected associate degree program. *The ABNF Journal*, 10(4), 80-83.
- Brown, J. (1980). *Socioeconomic status and occupational education aspiration: Special interest paper*. Albany, NY: New York State Education Department, Office of Occupational and Continuing Education. (ERIC No.: ED200815).
- Brown, S. (1996). A social cognitive framework for career choice counseling. *Career Development Quarterly*, 44(4), 354-366.
- Buckley, J. (1980). Faculty commitment to retention and recruitment of black students. *Nursing Outlook*, 28(1), 46-50.
- Byrd, G., Garza, C., & Nieswiadomy, R. (1999). Predictors of successful completion of a baccalaureate nursing program. *Nurse Educator*, 24(6), 33-37, 44.
- Clewell, B., & Ficklen, M. (1987). Effective institutional practices for improving minority retention in higher education. *Journal of College Admissions*, 16(116), 7-13.
- Cullen, D., Rodak, B., Fitzgerald, N., & Baker, S. (1993). Minority students benefit from mentoring programs. *Radiologic Technology*, 64(4), 226-231.
- Dell, M., & Halpin, G. (1984). Predictors of success in nursing school and on state board examinations in a predominantly black baccalaureate nursing program. *Journal of Nursing Education*, 26(4), 147-150.
- Dixon, C., & Flowers, C. (1996). A glimpse at racial/ethnic minority students in selected rehabilitation training programs. *Rehabilitation Education*, 10(2-3), 127-138.
- Dowell, M. (1996). Issues in recruitment and retention of minority nursing students. *Journal of Nursing Education*, 35(7), 293-297.
- Finn, J., & Rock, D. (1997). Academic success among students at risk for school failure. *Journal of Applied Psychology*, 82(2), 221-234.
- Frost, F., & Diamond, E. (1979). Ethnic and sex difference in occupational stereotyping by elementary school children. *Journal of Vocational Behavior*, 15(1), 43-54.
- Gabard, D., Baumeister-Parikh, M., Takahashi, R., Wells, A., & Canfield, J. (1997). Barriers to nonwhite potential students of physical therapy. *Journal of Physical Therapy Education*, 11(2), 38-45.
- Greene, M., & Puetzer, M. (2002). The value of mentoring: A strategic approach to retention and recruitment. *Journal of Nursing Care Quality*, 17(1), 63-70.
- Grossman, D., Massey, P., Blais, K., Geiger, E., Lowe, J., Pereira, O., Stewart, A., Taylor, R., Filer, V., Nembhard, J., & Tally-Ross, N. (1998). Cultural diversity in Florida nursing programs: A survey of deans and directors. *Journal of Nursing Education*, 37(1), 22-26.
- Grumbach, K., Coffman, J., Munoz, C., & Rosenoff, E. (2002). *Strategies for improving the diversity of the health professions*. San Francisco: Center for California Health Workforce Studies.
- Gurin, P., Dey, E., Hurtado, S., & Gurin, G. (2002). Diversity and higher education: Theory and impact on educational outcomes. *Harvard Educational Review*, 72(3), 330-366.
- Horns, P., O'Sullivan, P., & Goodman, R. (1991). The use of progressive indicators as predictors of NCLEX-RN success and performance of BSN graduates. *Journal of Nursing Education*, 30(1), 9-14.
- Health Resources and Services Administration. (2000). *The registered nurse population: March 2000 findings from the national sample survey of registered nurses*. Washington, D.C.: U.S. Department of Health and Human Services.
- Huntley, D., & Minneman, M. (1994). Survey of ethnicity and academic preparation of faculty in dental hygiene programs. *Journal of Dental Hygiene*, 68(4), 181-187.
- Illes, J., Glover, G., Wexler, L., Leung, A., & Glazer, G. (2000). A model for faculty mentoring in academic radiology. *Academic Radiology*, 7(9), 725-726.
- Kersten, J., Bakewell, K., & Meyer, D. (1991). Motivating factors in a student's choice of nursing as a career. *Journal of Nursing Education*, 30(1), 30-33.
- Kington, R., Tisnado, D., & Carlisle, D. (2001). Increasing racial and ethnic diversity among physicians: An intervention to address health disparities. In B.D. Smedley, A.Y. Stith, L. Colburn, & C.H. Evans (Eds.), *The right thing to do, the smart thing to do: Enhancing diversity in the health professions* (pp. 57-90). Washington, D.C.: Institute of Medicine, National Academy Press.
- Lauver, P., & Jones, R. (1991). Factors associated with perceived career options in American Indian, White, and Hispanic rural high school students. *Journal of Counseling Psychology*, 38(2), 159-166.
- Lent, R., Hackett, G., & Brown, S. (1996). A social cognitive framework for studying career choice and transition to work. *Journal of Vocational Education Research*, 21(4), 3-31.
- Leong, F. (1991). Career development attributes and occupational values of Asian American and White American college students. *Career Development Quarterly*, 39(3), 221-230.
- McWhirter, E. (1997). Perceived barriers to education and career: Ethnic and gender differences. *Journal of Vocational Behavior*, 50(1), 124-140.
- Minnick, A., Roberts, M., Young, W., Marcantonio, R., & Kleinpell, R. (1997). Ethnic diversity and staff nurse employment in hospitals. *Nursing Outlook*, 45(1), 35-40.
- Nettles, M. (1991). Assessing progress in minority access and achievement in American higher education. In *ECS working papers: State policy and assessment in higher education*. Denver, CO: ECS Distribution Center. (ERIC No.: ED340289).
- Newman, P., & Newman, B. (1999). What does it take to have a positive impact on minority students' college retention? *Adolescence*, 34(135), 483-492.
- Perry, F. (1981). Factors affecting academic performance and persistence among Mexican-American, Black and Anglo students. *College Student Journal*, 51(1), 53-62.
- Richardson, R., & Skinner, E. (1990). Adapting to diversity: Organizational influences on student achievement. *Journal of Higher Education*, 61(5), 485-511.
- Ross, R. (2002). Time is critical for a more diverse health work force. Retrieved January 9, 2003, from <http://www.aamc.org/newsroom/reporter/nov02/viewpoint.htm>
- Snyder, D., & Bunkers, S. (1994). Facilitators and barriers for minority students in master's nursing programs. *Journal of Professional Nursing*, 10(3), 140-146.
- Stitt-Gohdes, W. (1997). *Career development: Issues of gender, race, and class*. Columbus, OH: ERIC Clearinghouse on Adult, Career, and Vocational Education, Center on Education and Training for Employment, College of Education, Ohio State University. (Information Series No. 371).
- Tekian, A., Jalovecky, M., & Hruska, L. (2001). The impact of mentoring and advising at-risk underrepresented minority students on medical school performance. *Academic Medicine*, 76(12), 1264.
- Thomson, W., Denk, J., Miller, L., Ochoa-Shargey, B., & Jibaja-Rusth, M. (1992). Results of a summer academy to increase minority student access to allied health and other health professions. *Journal of Allied Health*, 21(Spring), 79-93.
- Thurmond, V., & Cregler, L. (1996). College majors and career choices of minority high school student research apprentices. *Journal of the Association for Academic Minority Physicians*, 7(1), 22-24.
- Thurmond, V., & Cregler, L. (1999). Why students drop out of the pipeline to health professions careers: A follow-up of gifted minority high school students. *Academic Medicine*, 74(4), 448-451.
- Tracey, T., & Sedlacek, W. (1987). Prediction of college graduation using non-cognitive variables by race. *Measurement and Evaluation in Counseling and Development*, 19(4), 177-184.



## Advancing the Profession of Nursing: A New Approach

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### Abstract

The article traces the historical development of regulatory standards for the practice of nursing in New York State. It gives an overview of the 2003 New York State Board for Nursing's proposal to amend the requirements and require a bachelor's degree in nursing (BSN) within 10 years of initial licensure. Current legislative initiatives are reviewed and the author cites numerous research reports that provide rationale for the bill's passage. Concerns are addressed and nurses are called to debate the issues in order to reach consensus on this important issue.

A proposal of the New York State Board for Nursing to amend the requirements for re-registration to continue practice as a registered nurse in this state after 10 years of licensure was introduced in the New York State Legislature in 2005. The proposal, while generally supported by the nursing community, does raise concerns and anxieties among a number of constituencies. The purpose of this article is to provide an overview of the proposal and the rationale for its support. This is a call for all nurses to confront the question and openly dialogue on the issues. Nurses need to be united in meeting our responsibility to the profession and to the recipients of our care.

The title of registered nurse (RN) was derived from the Nurse Registration (Armstrong) Act of 1903 in New York State. Nurse leaders of the time, in presenting papers to the New York State Federation of Women's Clubs, called for a law that "...shall place training schools for nurses under the supervision of the University of the State of

New York...and require every ...school [to] bring its standard up to a given point" (Willis, Maples, & Britton, 2003, p. 1). These early nurse leaders met with resistance to the proposal, stemming from the requirement of a minimal educational preparation. Of the 15,000 nurses at the time, there were only approximately 2,500 nurses with a formal educational preparation, ranging from 6 months to 3 years. But New York's forward-thinking legislature adopted the proposal and it became law. Nursing advanced and grew! Susan B. Anthony, the revered women's rights activist, noted at that time that "the day is coming when trained nurses will be required to possess a college education before being admitted to training" (Willis, Maples, & Britton, 2003).

### Change moves slowly

It has been more than four decades since the American Nurses Association recommended the baccalaureate as the minimum educational level for nursing. In 1972, a proposal to require

the baccalaureate for entry into the profession was introduced in New York, but once again resistance was mounted and that legislative body failed to act on the proposal. Legislators told the nursing community to "get together and build a consensus." In the three decades since then, the proposal has been consistently put forward and has just as consistently been ignored by the legislature.

Times have changed, and nursing and patient care has become increasingly complex in this new millennium. Nurses' educational requirements, however, have not kept pace with a changing world. Why has nursing's educational evolution been so slow to progress? Other professions have not experienced the same resistance to advancing educational requirements. The fields of physical therapy, pharmacy, and social work, for example, all increased the educational requirements for new practitioners. There was no long-term damage to the overall numbers of those professionals. At a time when the interdisciplinary collaboration of a healthcare

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team is needed to coordinate patient care, the nurse is the member of the team with the least education. No wonder nurses believe that they are not taken seriously, despite their significant contributions to the group process.

### A plan for the future of nursing

In 2001 the New York State Board for Nursing celebrated the 100<sup>th</sup> anniversary of nursing regulation under the oversight of the Regents and their administrative arm, the New York State Education Department (NYSED). That year NYSED established a Blue Ribbon Task Force on the Future of Nursing to evaluate the status of nursing in New York. The New York Organization of Nurse Executives (NYONE) was fortunate to participate in the Task Force. On the recommendations from that group, the education department conducted a study of the characteristics of New York nurses to gather information that could be utilized to formulate public policy (New York State Board of Regents, 2001).

The next year, NYSED surveyed a sample of RNs re-registering to practice in New York. Nearly 70% of respondents stated they would recommend the baccalaureate as the desirable level of education for entry into practice (New York State Education Department, 2003, p. 66). These individuals, actively engaged in practice, saw the value of this level of preparation as aiding them in their practice. This feedback was part of the impetus for a new proposal from the State Board for Nursing to require future nurses to acquire a baccalaureate, **not for entry** but within 10 years of initial licensure. This was a compromise proposal, a means to recruit potential nurses into nursing by any route but to require continuing education until the BS was achieved. The Board envisioned legislation that would include a grandparenting clause that would protect all RNs currently registered, and all those in the educational pipeline, from ever having to meet the new requirement. Students would understand the requirement before choosing to become a nurse. The proposal is based on the method of credentialing teachers in New York. It was truly a plan for the future of nursing.

### The proposed legislation

NYONE agreed with the proposal and adopted a resolution to support the State Board's recommendation in 2003. As the employers of professional nurses and faculty members preparing them, NYONE members recognized the ever-increasing complexity of nursing practice and believed in the value of the baccalaureate level of preparation. Given that nursing is central to the quality of care provided in our institutions, NYONE members believed that increasing preparation would ensure the level of quality care required in today's and tomorrow's healthcare environment.

As the role of NYSED is to write regulation, that body could not lobby for legislation. NYONE sought legislators' support to introduce the proposal as bills in the legislature. In 2005, Senator James Alesi and Assemblyman Joseph Morelle introduced bills S5056 and A8160, respectively. A number of cosponsors have since joined these legislators. In 2007, the bills were reintroduced with different numbers: A2480 and S294 (see Figure 1).

### The time is right

There have been some expressions of concern about the timing of such a proposal. Some may ask why nurse leaders, who are responsible for recruitment and retention of staff, would support such a proposal given the growing nurse shortage (see Figure 2).

**Figure 1. Key components of current proposed legislation**

Future RNs prepared at the associate degree and diploma level would be given 10 years from initial licensure to complete a baccalaureate degree in nursing.

The requirement would apply only to future educated graduates of associate degree and diploma nursing programs. All currently licensed RNs and current nursing students would be grandparented and never need to meet the baccalaureate requirement.

No licenses would be removed. New RNs not meeting the requirement would have a hold placed on their license similar to the action taken when a licensee fails to meet continuing education requirements. There also is provision for extension beyond 10 years due to extenuating circumstances.

If this proposal were passed by the legislature and signed by the Governor in 2007, the earliest that a licensee could be placed on hold would be in 2019.

**Figure 2. Supporters of the current proposed legislation**

- American Association of Colleges of Nursing
- American Nurses Association
- American Organization of Nurse Executives
- Commission on Collegiate Nursing Education
- Council of Deans of Nursing, Senior Colleges and Universities of New York State
- Foundation of New York State Nurses, Inc.
- New York Academy of Medicine
- New York Association of Nurse Anesthetists, Inc
- New York Chapter of the Association of Hispanic Nurses
- New York Organization of Nurse Executives
- New York State Associate Degree Nursing Council
- New York State Nurses Association
- Nurse Practitioner Association New York State
- Philippine Nurses Association of New York, Inc.
- Sigma Theta Tau International (Honor Society for Nursing)

Here are some responses to those concerns:

- In 2001, the National Advisory Council on Nurse Education and Practice, appointed by the Secretary of Health and Human Resources, recommended that, by 2010, two-thirds of nurses hold baccalaureate degrees or greater in order to meet the changing practice environment and healthcare needs of Americans (National Advisory Council on Nurse Education and Practice, 2001). The NYSED study in 2002 found that 60% of nurses are being prepared at the associate level and only 30% of them have progressed to the baccalaureate (NYSED, 2003).
- Many agencies already require, or give preference for certain roles, to nurses with baccalaureate preparation, including the Veteran's Administration and the U.S. Army, Navy, and Air Force.
- Many countries around the world, such as Australia, the Philippines, and many provinces of Canada, require the baccalaureate for entry into nursing (NYONE, 2006). The global economy and increased mobility of the work force call for a uniform educational standard for nurses. For example, the Bologna Accord will require all European Union countries to meet a standardized requirement by 2010 (Loades, 2005). If U.S. nurses wish to practice in those countries, they need to meet the same requirement.
- Nursing organizations are supportive of baccalaureate preparation including the American Nurses Association, the American Association of Colleges of Nursing, and the American Organization of Nurse Executives, of which NYONE is an affiliate chapter (AONE, 2004).

## Increased preparation means better outcomes

There has been a growing body of research that has investigated the relationship between educational preparation and nursing practice, including those on patient outcomes. Aiken, Clarke, and Cheung, et al. (2003) published an important study linking educational preparation and patient outcomes. The results indicated that for every 10% increase in the ratio of BSN-prepared nurses there was a corresponding 5% decrease in the mortality of surgical patients in Pennsylvania hospitals of various characteristics. These findings were replicated in a study done by Estabrooks, Midodzi, Cummings, Ricker, and Giovannetti (2005) that studied mortality rates of patients discharged in Alberta, Canada. Results indicated lower 30-day mortality for those cared for in hospitals staffed by higher percentages of BSN-prepared RNs.

Previous studies by Aiken and colleagues addressed staffing levels and nurses' control over their practice. An agency's structural arrangement was identified as the variable related to improved Medicare mortality rates in agencies identified by nurses as hospitals that provided positive practice environments (Aiken, Smith, & Lake, 1994). These results showed that an organization's structure and support for nursing improved recruitment and retention (McClure & Hinshaw, 2002). The empowerment of nurses and staffing were seen as keys to job satisfaction, patient satisfaction, and reductions in nurse burnout (Aiken, Clarke, et al., 2000; Aiken, Clarke, et al., 2002). The authors also noted that Magnet hospitals had a greater preference for baccalaureate-prepared staff and that these more-supportive environments attracted more highly educated nurses, who were seen as best prepared to assume active roles as patient advocates. Rambur,

McIntosh, Palumbo, and Reiner (2005) also found that baccalaureate-prepared nurses were more likely to report higher job satisfaction scores in relation to opportunities for autonomy and growth, and to remain in practice longer than others.

## Sources of resistance

There is some opposition to this proposal. Hospital associations and community college presidents, as well as some unions, express concern that this is an inopportune time to alter nursing requirements. It is important to note that this is not an entry proposal. Because of the grandparenting provision, the proposal does not jeopardize associate degree programs, nor does it increase the nursing shortage. See Figure 3 for more implications of the proposed legislation. Many institutions are on the journey to achieve Magnet status, and educational preparation is one of the criteria to be addressed (McClure & Hinshaw, 2002).

Cost concerns are prominent in the minds of CEOs and policy makers. Patient safety, however, is a top priority on the agenda of every agency. The Institute of Medicine report *To Err is Human* (Kohn & Donaldson, 1999) stresses that complex system problems and poor communication between departments and practitioners, rather than individual actions, are the major contributor to medical errors.

Will cost be an issue? Improved patient outcomes can be quantified in financial terms. Studies by Rothberg, Abraham, Lindenauer, and Rose (2005) demonstrated that nurses affect length of stay by preventing adverse events, which tend to be expensive. Improved patient outcomes can provide the cost benefit argument for enhanced nurse preparation. Reductions in error rates also result in financial savings.

NYONE members want to support associate-prepared nurses and believe that with a baccalaureate they will have an enhanced ability for critical thinking and knowledge of research that can assist in altering systems to reduce error. Collaboration with other disciplines that require

### Figure 3: Implications of the current proposed legislation

This bill preserves associate, diploma, and baccalaureate nursing education. No associate degree or diploma program would be closed as a result of this bill.

The bill would not intensify the nursing shortage because of the grandparenting clause. Given the number of students being turned away from educational programs, there is a ready supply of qualified applicants to replace anyone who is diverted because of the new requirement. It is possible that the improved image of nurses would result in additional recruits to the profession.

A greater number of BSN-prepared nurses could facilitate recruitment into faculty positions, as there will be a greater pool of nurses to progress to the graduate-level preparation required for teaching positions.

graduate level preparation will be facilitated. Baccalaureate education that includes community health broadens the nurse's perspective in how to partner with the patient to achieve better outcomes. The study by Minnick and Roberts (1997) demonstrated that patients were more satisfied with the health education they received from nurses with baccalaureate preparation.

## Program availability

Access to BSN-completion programs is available in New York. NYSED reports that there are 29 schools of nursing with 32 programs devoted to RN-to-BS degrees and additional programs are in preparation (NYSED, 2007). A number of associate degree institutions are in the process of altering their charters to provide additional course work to grant baccalaureate degrees. The bills under consideration will provide for the long-term survival of associate degree nursing programs and give baccalaureate-completion programs a greater market. Distance learning and online education programs are numerous and growing. There are more than 600 online options in the United States; many New York programs take course work to students in their agencies or satellite locations to facilitate attendance by employed nurses.

Administrators and faculty members from the Associate Degree Nursing Council and the Council of Deans of Nursing of Senior Colleges and Universities of New York State have collaborated regionally and adopted a plan to guarantee the transfer of 30 nursing credits to graduates of New York State associate degree programs seeking to continue their education at the baccalaureate level. In addition to advanced placement for nursing courses completed at the associate degree level, students could also receive credit for successfully completed liberal arts, science, and humanities courses.

It has been more than 100 years since New York's nurse leaders moved to standardize and upgrade nursing education in order to legitimize the profession. Procrastination for another century is not wise. The time to advance the profession of nursing is now.

Nurses must stand together to decide on the educational preparation for the future. It is our profession and we, the nurses, must overcome the concerns and roadblocks placed in our path by those outside the profession. It is our professional responsibility to advocate for ourselves and our patients.

You can be such an advocate:

- Share information on this issue with your colleagues and students. Discuss the proposals at nurse organization meetings you attend. NYONE and NYSNA are willing to assist by providing speakers to any group. Contact either organization.
- Contact the bills' sponsors indicating your support and asking them to push for passage of the bills. You may call, e-mail, or write.
- Contact other members of the Senate and Assembly Higher Education Committees.
- Ask your legislators to cosponsor and/or support the bills. Visit them when they are in their home district offices. If you are asked to meet with the staff rather than the legislator, don't be discouraged. They have tremendous influence on the process. Remember that as a voter, you are an important person to your elected legislators.
- Participate in Lobby Days scheduled by your constituent organizations to visit legislators in Albany.

## REFERENCES

- Aiken, L., Clarke, S. P., Cheung, R., Sloane, D., & Silber, J. (2003). Educational levels of hospital nurses and surgical patient mortality. *Journal of American Medical Association*, 290, 1617-1623.
- Aiken, L., Clarke, S. P., Sloane, D., Sochalski, J., & Silber, J.H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job satisfaction. *Journal of the American Medical Association*, 288, 1987-1993.
- Aiken, L., Smith, H., & Lake, (1994). Lower medicare mortality among a set of hospitals known for good nursing care. *Medical Care*, 37, 760-772.
- American Organization of Nurse Executives. (2004). *AONE practice and education partnership for the future*. Chicago: AONE.
- Estabrooks, C., Midodzi, W., Cummings, G., Ricker, K., & Giovannetti, P. (2005). The impact of hospital characteristics on 30-day mortality. *Nursing Research*, 54, 74-84.
- Kohn, L., Corrigan, J., & Donaldson, M. (1999). *To err is human: Building a safer health system*. Washington, DC: Committee on Quality of Health Care in America.
- Loades, R. (2005). Bologna accord challenges European universities to make changes beneath the surface. *Graduate Management News*. Retrieved November 20, 2006, at <http://www.gmac.com/gmac/VirtualLibrary/Publications/GMNews/2005/MarchApril/BolognaAccord2.htm>
- McClure, M., & Hinshaw, S. (2002). *Magnet hospitals revisited: Attraction and retention of professional nurses*. Washington, DC: American Nurses Association.
- Minnick, A., Roberts, M., Young, W. (1997). What influences patients' reports of three aspects of hospital services? *Medical Care*, 35, 399-405.
- National Advisory Council on Nursing Education and Practice. (2001). *Nursing: A strategic asset for the health of the nation. First report to the secretary of Health and Human Services and the Congress*. Bethesda, MD: Health Resources Services Administration.
- New York Organization of Nurse Executives. (2006). *Advancing the profession of nursing, a report*. Rensselaer, NY: NYONE.
- New York State Board of Regents. (2001, December). *Protecting the public: The report of the blue ribbon task force*. Albany, NY: New York State Education Department, Office of the Professions.
- New York State Education Department. (2003, September). Research report: Registered nurses in New York State, 2002. (Vol. I) Albany, NY: New York State Education Department, Office of the Professions and Fiscal Analysis and Research Unit.
- New York State Education Department, Office of the Professions. (2007). *New York state nursing programs*. Retrieved April 30, 2007, from <http://www.op.nysed.gov/nurseprogs.htm>
- Rambur, B., McIntosh, B., Palumbo, M., & Reinier, K. (2005). Education as a determinant of career retention and job satisfaction among registered nurses. *Journal of Nursing Scholarship*, 37, 185-192.
- Rothberg, M., Abraham, I., Lindenauer, P., & Rose, D. (2005). Improving nurse-to-patient staffing ratios as a cost effective safety intervention. *Medical Care*, 43, 785-91.
- Willis, D., Maples, P., & Britton, K. (ND). *The nursing practice act: The Armstrong act of 1903*. Rochester NY: Rochester General Hospital Web site. Retrieved on March 9, 2007, from [http://www.viahealth.org/body\\_rochester.cfm?id=516](http://www.viahealth.org/body_rochester.cfm?id=516)

## BOOK REVIEW: The Complexities of Care

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Warren Hawkes, MLS

Nelson, S. & Gordon, S. (Eds.). (2006). *The complexities of care: Nursing reconsidered*. Ithaca, NY: ILR Press.

This book is part of a series edited by Suzanne Gordon and Sioban Nelson under the series heading *The Culture and Politics of Health Care Work*.

There can be little doubt about the often mind-numbing 'complexities of care' that exist in our current healthcare delivery system. Gordon and Nelson have brought together 10 essays by nurses, philosophers, and sociologists. These authors, all knowledgeable about nursing and the healthcare environment, examine various issues related to the nurse's role within the system.

The editors note that the impetus for the text began as a conversation – we should all be so fortunate to engage in conversations that have an end product this thought-provoking and insightful. Although the essays are presented in what appears to be random order, the editors' introduction provides some points to ponder while reading the essays.

Of pivotal concern is the contrast between the portrayals of nurses as altruistic, nurturing providers of care versus skilled knowledge workers providing technical expertise. There is worry about the resulting confusion these two views create for both the profession and the public.

Another concern focuses on the education and practice environment of nursing. The setting can often lead to institutional confusion, as shown in the second essay, "When Little Things are Big Things." The writer focuses on the merger between Beth Israel Hospital and New England Deaconess Hospital, which resulted in cost-cutting and demoralizing of the nursing staff. These ill effects happened primarily because the nurses were unable to describe in a concrete way the nature of their 'caring' relationships and the significance of them to the hospital's bottom line. In this example, 'caring' refers to skilled-component technical care rather

than the hand-holding and other nurturing activities that hospital administration perceived as nursing care.

Subsequent essays focus on a variety of salient nursing role issues. The authors explore values conflict in a system restructured to prevent nurses from delivering what they perceive as professional care, shifts in the healthcare system from 'care of the sick' to a broadly stated 'health' model, and the de-skilling and removal of nurses from bedside care.

Many essays offer insightful and well-researched perspectives that provide a broad understanding of an issue. In several instances, however, the authors' points are best made when they present their thoughts or analysis contrary to the current 'popular' approach to an issue. A good example is the text's final essay, subtitled, "The Challenges and Risks of Grasping at Shadows," which examines nurse staffing and outcomes. The author, Sean Clarke, provides an excellent overview of the current research efforts to document, in quantitative terms, the relationship between staffing and outcomes. The author then warns, however, of the difficulty of generating this type of circumstantial, casual relationship and the potential pitfalls of implementing the suggested corresponding staffing ratios to improve outcomes.

The editors' conclusion "Nurses Wanted: Sentimental Women Need Not Apply" (title adapted from a 1980s Florentine Films production on the history of American nursing) tosses down the gauntlet, inviting nurses in education and practice to come forward and take their place without apology among the ranks of 21st-century skilled knowledge workers. Facing the worst nursing shortage in history, I hope the profession accepts the challenge.

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**Warren Hawkes** is the director of the NYSNA Library.



## Call for Papers

The Journal of the New York State Nurses Association is currently seeking papers for the Fall/Winter 2007 issue.

Authors are invited to submit scholarly papers, research studies, brief reports on clinical or educational innovations, and articles of opinion on subjects important to registered nurses. Of particular interest are papers addressing direct care issues. New authors and student authors are encouraged to submit manuscripts for publication.

**Deadline for submission: September 3, 2007**

## Information for Authors

For author's guidelines, contact the NYSNA Communications department at [communications@nysna.org](mailto:communications@nysna.org) or go to the "Publications" area of [www.nysna.org](http://www.nysna.org).

## Selected upcoming conferences

### 8th International Family Nursing Conference

June 4-7, 2007  
Bangkok, Thailand  
[www.familynursing.org](http://www.familynursing.org)

### 4th Annual Mid-Atlantic Nursing Leadership Conference

June 5, 2007  
Richmond, VA  
[www.vcuhealth.org/nursing/news/conferences\\_news.html](http://www.vcuhealth.org/nursing/news/conferences_news.html)

### 27<sup>th</sup> Annual Conference of the American Holistic Nurses Association

June 7-10, 2007  
Tahoe City, CA  
[www.ahna.org/events/2007.html](http://www.ahna.org/events/2007.html)

### American Nurses Association Quadrennial Policy Conference

June 20-22, 2007  
Atlanta, GA  
[www.nursingworld.org/meetings/](http://www.nursingworld.org/meetings/)

### 23rd Annual Pediatric Nursing Conference

July 13-15, 2007  
Philadelphia, PA  
[www.pediatricnursing.net](http://www.pediatricnursing.net)

### 7th National Neonatal Nurses Meeting

September 5-8, 2007  
Las Vegas, NV  
[www.academyonline.org/conference\\_schedule.html](http://www.academyonline.org/conference_schedule.html)

### NYSNA Annual Convention

September 27-30, 2007  
Atlantic City, NJ  
[www.nysna.org](http://www.nysna.org)

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