As a critical component of health care delivery, the nursing profession should ideally mirror the diversity of the population it serves. However, current disparities in representation can lead to gaps in culturally competent care and understanding of diverse patient needs. A nursing staff that represents the population's diversity—including race, ethnicity, gender, disability, income, sexual orientation, and geographic origin—brings a variety of perspectives, which enhances the quality of care for an equally diverse patient population. Diverse nursing teams are better equipped to address health disparities and provide equitable health care services, as they can relate to a wider range of patient experiences and needs.

Moreover, a diverse workforce promotes a more inclusive and innovative work environment, fostering learning and growth among health care professionals. A diverse nursing workforce improves patient outcomes and has the potential to produce cost of care savings. In essence, diversity of the nursing workforce is not just a goal to be achieved for equality's sake; it is a strategic imperative for improving health care quality, patient satisfaction, community well-being, and the overall effectiveness of health services.[1]

Strong nursing workforce development pathways are essential to increasing the diversity of the nursing workforce and addressing the increasing rates of nurse retirement and the number of nurses leaving the profession.

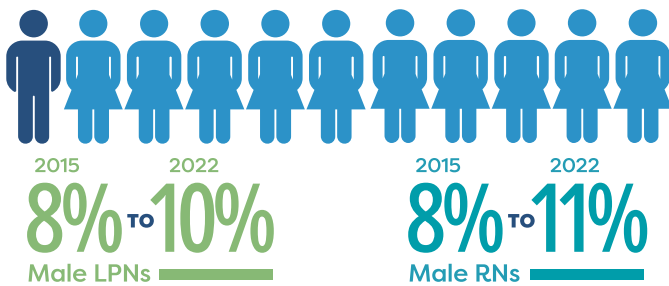### Why doesn't the nursing workforce reflect the diversity of our population?

Disproportionate representation in the nursing workforce can be attributed to a multitude of factors. Historically, nursing has been perceived and marketed as a predominantly female profession, which has contributed to a gender imbalance. This stereotype, coupled with societal norms and gender roles, discourages many men from pursuing a career in nursing. Additionally, systemic barriers such as unequal access to education and economic constraints disproportionately affect people of color and can hinder access to nursing education. Additional challenges can include lack of awareness about nursing as a viable career path and limited availability of culturally relevant mentorship or role models in the field. Furthermore, implicit biases and discrimination within educational and professional settings can create unwelcoming environments for nursing students and professionals of color, leading to lower recruitment and retention rates. Addressing these issues requires a concerted effort to dismantle stereotypes, improve access to education, and foster inclusive environments in both academic and professional settings.

In North Carolina

94% LPNs FEMALE   **91%** RNs FEMALE   **55%** LPNs WHITE   **75%** RNs WHITE

Source: North Carolina Bord of Nursing. RN/LPN Ethnicity Statistics. https://portal.ncbon.com/LicensureStatistics.aspx?ID=108 and RN/LPN Gender Statistics. https://portal.ncbon.com/LicensureStatistics.aspx?ID=104 November 7, 2023

Nationally, the proportion of RNs who are male has grown

2015 **2022**
8% TO **10%**
Male LPNs

2015 **2022**
8% TO **11%**
Male RNs

Source: Smiley RA, et al. The 2022 National Nursing Workforce Survey. https://www.journalofnursingregulation.com/article/S2155-8256(23)00047-9/fulltext

Graduation rates for nursing students of color increased from 2015 to 2019, however "the numbers indicate slow progression, yielding approximately 8% growth over four years. Similarly, data on enrollment and graduation rates of associate degree nursing programs indicate 8.6% growth over six years from 2012 to 2018."[2] Similar rates are seen for nursing faculty, with "marginal growth of approximately 4% in diversity among all nursing faculty [] between 2007 and 2016."[2]

"Whether in a practice setting or academia, nurses repeatedly echoed the same experience of a presumption of incompetence and subsequent limitation and denial of opportunity. BIPOC nurses often described the feelings of being challenged and having their knowledge minimized based on the belief that they are less than and therefore cannot provide qualified care. This experience transcended races—Black, Latinx, Asian American, Pacific Islander. Nurses shared experiences of the perpetuation of this stereotype woven through undergraduate and graduate education and even post-licensure, while they are practicing."

- Summary Report Listening Sessions on Racism in Nursing from the American Nurses Association and the National Commission to Address Racism in Nursing. https://www.nursingworld.org/~49be5d/globalassets/practiceandpolicy/workforce/commission-to-address-racism/final-racism-in-nursing-listening-session-report-june-2021.pdf

In 2023, the average age of LPNs in North Carolina was 47, while the average age for RNs was 46.

-NC Board of Nursing. The Bulletin. Fall 2023. https://pub.marq.com/NCBONFall2023/#p12_ffdBBd-1

In addition to a current lack of adequate diversity in the profession, the health care system is facing oncoming retirement of nurses, leading to a significant loss of experienced nurses at a time when there will be increased health care needs as the population ages. This scenario underscores the urgency of not only recruiting new nurses but also ensuring their retention and the transfer of invaluable knowledge from retiring nurses.

The Task Force on the Future of the Nursing Workforce has made one overarching recommendation related to developing future nurses.

RECOMMENDATION #1

Develop a strong and diverse nursing workforce that is representative of the communities served and is prepared to meet the growing health care needs of North Carolinians

The task force recommends the following strategies to develop a strong and diverse nursing workforce that is representative of the communities it serves and is prepared to meet the growing health care needs of North Carolinians:

Strategy 1: Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina (Page 29)

Strategy 2: Increase nursing program collaboration, sharing of best practices, and connections with employers (Page 33)

Strategy 3: Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages (Page 35)

Strategy 4: Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports (Page 39)

Strategy 5: Enhance the preparation of nursing students through more inclusive educational environments and curriculum Page (42)

KEY RESOURCE NEEDS

Key resource needs to implement recommendations are highlighted through this report using the following icons.

$ FINANCIAL RESOURCES

??? TOOLS AND NON-FINANCIAL RESOURCES

ADVOCACY OR PUBLIC AWARENESS