



Past Event: 2022 NCSBN APRN Roundtable- Diversity in the APRN Workforce: Evidence and Impact Video Transcript

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Event

2022 NCSBN APRN Roundtable

More info: <https://www.ncsbn.org/16412.htm>

Presenter

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Good morning. I am so thrilled and honored to join you this morning for the APRN round table. And I'm especially thrilled to have time to speak to you about a topic that is near and dear to me, Diversity in the APRN Workforce.

It's a topic that is personal to me but, also, one that is important given my role as a health equity researcher, interested very much in ways that we might improve health outcomes, increase health equity, and reduce health disparities.

And so, before I begin, I always like to share what brings me to a topic. And so I've been a nurse practitioner for over 20 years, and I completed a psychiatric primary care nurse practitioner program at the University of Pittsburgh in the late '90s. And it was during my time as a nurse practitioner student that I had a preceptor.

Her name was Ms. Anne, and we worked in a community health center together. And it was while working with Ms. Anne that I saw myself in her and I knew that I wanted to center my practice in community health. At the time that she was my preceptor, I didn't realize that it was very rare or it would be very uncommon over the course of my nurse practitioner practice that I would ever see another nurse practitioner who looked like me.

In fact, during my first six years of practice, I saw literally no nurse practitioners who looked like me. And during my time at Pitt, in my classrooms, I saw no other nurse practitioners who looked like me. And so the lack of diversity in the APRN workforce certainly is one that is personal to me, but it also has implications for patient care, particularly care of patients or individuals from underrepresented and diverse communities.

And so it's with that that I share some concerns about diversity that I have but, also, look forward to a conversation about how we might meet the urgency of the moment. And so to start off our time together, I thought I would share a few objectives. Yes, they're a little ambitious, but we're going to do it.

And so we should surmise that this is probably about where we are today. And so using another data source, this one is from the American Community Survey from 2019, so a little bit more up to date, but this is looking only at nurse practitioners and nurse midwives.

However, again, we see 77.5% of nurse practitioners and nurse midwives are white, non-Hispanic black is the second most common race or ethnicity in this occupation, representing about 8.72% of nurse practitioners and nurse midwives. And so depending on who is being accounted for, whether we're including all APRNs or we're just looking at a cross-section of nurse practitioners and nurse midwives, there can be some shifts or changes in the percentages of minorities.

And so more minorities represented here likely because more minorities in the nurse practitioner workforce. And I say that because, next, we're going to talk about specialties. And so using data from the American Midwifery Certification Board, their 2020 Demographic Report, we see about 85% of nurse midwives in the U.S. self-identify as white or Caucasian.

And this is across just short of 13,000 certified midwives in the United States. We see approximately 7% of AMCB-certified midwives self-identify as black. And we see about 4.73% self-identify as Hispanic or Latino.

When we look at CRNAs, we see a similar picture. Of the 59,000-plus CRNAs in the United States, about 12% in total self-identify as nurses or CRNAs of color, 3% self-identify as African American, 4% as Hispanic, 4% as Asian Pacific Islander.

And so I think if we look across various data sources, across APRN specialties, we get a pretty clear picture that across APRN specialties, with some variation with nurse practitioners, that white APRNs are overrepresented in the profession. So what about other data sources?

And what do we think about the quality of the data, about the completeness? And so when we evaluate the types of data sources that are most available to us, many are providing a quantitative assessment of composition based off self-identity, whether that be race or ethnicity.

What is missing, at least I would argue, are other types of data sources, perhaps qualitative. So what are the experiences of APRNs of color? What are the historical contributions of APRNs of color? And what is the impact, evidence of impact of their contributions to the workforce?

video. It's available on YouTube. It was published and produced in 2005 to celebrate the first 40 years of the nurse practitioner workforce.

And so it's interesting because, as you know, the nurse practitioner profession was developed in the 1960s in the throes of the civil rights movement. And its purpose, in part, was to address the needs of the underserved. And in many respects, those underserved community members were black and brown patients, and individuals, and community members.

And so this video uses as the backdrop images of the civil rights movement, and there are black and brown patients throughout the imagery of the video. And it's really compelling. What also happens in this video is that you see no, absolutely no APRNs of color providing care. So you see all white nurse practitioners providing care to black and brown patients, but you never see nurse practitioners of color represented in the first 40 years of the profession.

And it's not because they weren't there. And so I just offer this as an opportunity for us to think about how are we representing the profession and in what ways does this representation inadvertently, again, obscure the contribution, obscure the very presence of APRNs from diverse backgrounds?

So this video is from 2005. And so I imagine that there might be other ways that APRNs of color are represented. But it was interesting because as I continued to prepare, I came across a more up-to-date manuscript. And so this manuscript was published in 2020 in the "Journal of the American Association of Nurse Practitioners."

And ironically, the title of this particular article is called "The Perils of Not Knowing the History of the Nurse Practitioner Role." And this isn't to pick on the manuscript itself. It's actually a very interesting manuscript, and its purpose is important. It is so important for us to acknowledge our history as a profession.

And in order to conduct this particular study, the researchers, they interviewed six trailblazers in the nurse practitioner profession. They're 760 in 2020 in the "Journal of the

And when presented with a problem, I'm very interested in how we improve. And so if you're like me, you want to know what are the strategies? What are the tactics? What do we do? And if we don't do it, what are the consequences, right, to the patients and the communities we care for? Before we can strategize about solutions, we have to take a little bit of a step back and ask ourselves, how did we get here?

Because we know that any forward progress to address and to increase workforce diversity must acknowledge that the composition of the current workforce did not happen in a vacuum, right? So it didn't happen by accident. It happened by design. And so if we want to strategize or even use design thinking, we have to recognize that this is a challenge that occurred by design, and then it can be redesigned.

Okay? And so with that understanding, one of the reasons that we have such lack of diversity in the APRN workforce is that the RN workforce isn't very diverse. And so we're drawing for graduate students from a pool that's not very diverse. And so one of the ways that we might think about increasing our APRN representation is by increasing the representation of diverse nurses working in the healthcare workforce.

walked in the room, I just took a sigh of relief because I knew that you'd be able to just understand where I was coming from."

And so mitigating those feelings of frustration, of communication barriers, of overt discrimination and bias from the healthcare system and providers, mitigating mistrust and the avoidance of healthcare services overall. We can't undercount the importance of rapport, relationship, and trust-building. And so for those reasons, representation matters to patients but also to environments because we know that diverse perspectives helps everyone in the healthcare setting, including patients as well as providers.

And so, you know, over the past two years, in particular, as a country, we've been contending with structural and systemic racism. Structural and systemic racism go well beyond the last two years, but we have been more overtly and honestly contending with those constructs.

So I don't want to confuse in this place, structural and systemic racism have a long history in the U.S. And so the reason I bring this up is that when you look at that 2017 model that I shared with you, structural and systemic racism wasn't mentioned. And as we continue to evolve in the way that we understand the importance of diversity and inclusivity, how, in fact, to improve diversity, we have to contend with the ways that structural and systemic racism interact with our regulatory policies, interact with practice environments to, directly and indirectly, influence health disparities.

And so what I've been thinking about more recently is the ways in which these constructs represent cumulative disadvantage, right? And so what does it mean for patients from diverse backgrounds to live in a state with reduced scope of practice while being cared for in a practice environment that is unsupportive of nurse practitioners by a nurse practitioner workforce that lacks health disparities, right?

And so instead of thinking about the direct effect of one of these constructs, it may do us well to think about the ways in which having any one or a combination of these disadvantages may ultimately represent cumulative disadvantage.

And so, in that way, this helps us think about a more complex engagement with some of these constructs. And this is where my thinking has evolved over time and the ways in which, as a researcher, I'm hoping to really complicate some of the ways that we've looked at these relationships previously. And so my work, admittedly, has not looked directly at diversity in the APRN workforce, but I do want to highlight a few things that I've noticed along the way.

In particular, in 2020, our research team was really interested in the relationship between supportive clinical practice environments and reports of delivery of patient-centered care.

And so we know patient-centered care is important. And for this particular study, we surveyed nurse practitioners working across more than 1500 practices in 4 states. We wanted to know, in particular, whether nurse practitioners routinely integrated the cultural needs and preferences of their patient-centered care.

So that's the answer to that particular question, that aim, and that is the summary of what you'll find in this particular article. But I wanted to draw your attention to something that we thought was interesting and that in future research would require more explication. And so when you looked at this total sample, over 1700 nurse practitioners working across 1500 practices, and what you'll see is about 75% to 76% of nurse practitioners reported that they routinely and frequently integrated cultural needs and preferences into care.

And so that's a good thing. We would hope 100% do, but three-quarters of nurses say, "We routinely integrate patient needs and preferences," compared to 24% who said they did not. But one of the things that we thought was interesting is that when we looked at routine integration of patient-centered care and we looked across race and ethnicity, that there were definitely some differences.

And so if you look, for example, across racial groups, 74% of white nurse practitioners said that they integrate cultural needs and preference, compared to 89%, nearly 90%, of black nurse practitioners reported that they routinely integrate the needs, cultural needs, and preferences of their patient-centered care.

Eighty-four percent of Asian nurses, or excuse me, nurse practitioners say the same. Eighty-three percent of Latino nurse practitioners report routinely integrating their cultural needs and preferences into care. And so I'll admit that these are descriptive findings. The goal of the study wasn't to then go on to see if there was a relationship between diversity and patient-centered care, though that is the natural next step in this line of inquiry.

But I wanted to say that this is at least suggestive of something. You know, one of the reasons and the rationale we offered in our prior framework about the value of diversity was very much due to an increase in utilization, an increase in access, an increase in rapport, and an increase in culturally responsive care.

And we pause at that in a framework, but I suggest that we're starting to see some of that empirical evidence if you see some of the outcomes across the nearly 1800 nurse practitioners that we surveyed here. And our goal moving forward is to advance this empirical knowledge to look at, in particular, the outcomes of patients from diverse backgrounds who may or may not be in these racially or ethnically concordant clinician-patient, or provider-patient dyads.

And so what do we do, right? Where do we move forward? And I think we can take some of our marching orders from the recently published Future of Nursing report, 2030. In it, the report says, "While higher proportions of people of color individuals, with the exception of Hispanics, are obtaining a master's or a Ph.D. degree, and especially a DNP degree, APRNs have a long way to go to match RNs in achieving a more diverse workforce."

It goes on to add that the APRN workforce will need to rapidly become more diverse over the next decade or it will fall fur

vision, and values. And I say that because as someone who has been on many a diversity task force, committee, workgroup over the past 20-plus years, this work is often an aside.

It's a service. It's service. It's extra. And it may not always be a part of the organizing framework of the organization itself, right? And so instead of DEI being something on the side, if it's really, really in the middle and everything flows from it, you begin to see some of your strategies and your tactics.

You develop evaluation metrics to ensure that what you've identified as a strategic goal is actually being actualized in the mission, vision, and value through tactic strategies and evaluation metrics. So that's one. So no matter where you sit, if you're a regulator, if you're a credentialer, if you're a faculty member, you have the positionality and the opportunity to ensure that DEI is not a side project.

It is deeply embedded and rooted in the core values of your organization. And then if you are a regulator or a credentialer, or you're in leadership in a professional organization, you know, particularly accrediting bodies can play an important role because you help to set the standards.

And so by requiring reporting and by insisting on policies and practices for the institutions or organizations that you're evaluating, these organizations and institutions respond. So if they know they're being evaluated on it, then they know they'll go back and they need to address it in a more comprehensive way.

But it's

When we bring diverse perspectives into our conversations, into our meetings, and into our boards, it really enriches the dialog and our outcomes. And so I'd encourage you to look for opportunities to increase representation in your membership, in your leadership, in your processes, in your disciplinary actions, in the way you manage continuing education and your licensees.

Like, whatever you do, how are you valuing DEI in every facet of what you do? And there are certainly opportunities to do so. Finally, invest, right? This is an invest and a develop moment. There are really good examples of diversity pipeline programs directly into APRN roles.

I bring to your attention the Diversity in Nurse Anesthesia Mentorship Program, which was founded and developed by Dr. Wallena Gould. She and I were actually inducted into the academy in the same year, and her work in mentoring and fostering nurses from diverse backgrounds into CRNAs roles is nothing short of stunning.

So if you know of a nurse of color who is interested in going into a CRNA role, this is a program that