From Mahoney to the Millennium

The Future of Nursing

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Office of Health Sciences Diversity
Black Nurses in the 19th Century (1853-1898)

- Mary Seacole (the Crimean War)
- Harriet Tubman, Sojourner Truth and Susie King Taylor (the Civil War)
Making History – Mary Eliza Mahoney

The first African American Professional Nurse
Advocate Martha Franklin

National Association of Colored Graduate Nurses
Founder
Early Nurse Anesthetists

- Sister Mary Bernard – St. Vincent’s, Erie, PA, 1887
- Alice McGaw – St. Mary’s (Mayo Clinic) “The Mother of Anesthesia” 1890s-1906
- Agatha Hodgins – From Cleveland to France to plan care for Allied Forces and teach anesthesia, to founding the AANA in 1939
Professional Segregation

• Black nurses were unable to fully participate in the American Nurses Association until the 1940s.

• Activism on the part of the NACGN and its leaders led to state nursing associations beginning to drop their color bans in 1942.
Struggles

- Mabel Keaton Staupers fought hard to integrate black nurses into the nursing profession in the US during the Great Depression and World War II.
• Mary Elizabeth Carnegie became the first black nurse appointed to the Florida Nurses Association, paving the way for the integration of African Americans into the American Nurses Association in 1951.
National Black Nurses Association

- Acting collectively to improve general healthcare for African Americans.
  Co-founded in 1971 by:

Dr. Lauranne Sams  Florrie Jefferson
Betty Jo Davidson  Judy Jourdain
Gertrude Baker  Geneva Norman
Barbara Garner  Betty Smith Williams
Dr. Mary Harper  Etherlrine Shaw
Mattiedna Kelly  Anita Small
Phyllis Jenkins  Doris A. Wilson
Gloria Rookard

Dr. Betty Smith Williams
National Association of Hispanic Nurses

- Founded in 1975
- Feeling that the ANA was not responsive to the needs of Hispanic nurses, a group of Hispanic ANA members met in 1974 with the intent to establish a Hispanic Nurses Caucus of ANA. The group included Esther Coto-Walloch (CA), Hector Hugo Gonzalez (TX), Mimi Gonzalez (NY), Carmen Janosov (Puerto Rico), Berta Mejia (CT), Janie Menchaca Wilson (TX), Ildaura Murillo-Rohde (WA), Herlinda Quintero (CA), Sally Roybal (NM), and Henrietta Villaescusa (CA).
Native Americans in Nursing

Nancy Cornelius Skenandore, Oneida Nation

Elizabeth Sadoques Mason, Abenaki (1897-1985),

Susie Walking Bear Yellowtail, Crow Nation
National Alaska Native American Indian Nurses Association (NANAINA)

- The current organization was founded at a 1993 North Dakota gathering of nurse leaders from around the country
- Dedicated to the health and well-being of the American Indian and Alaska Native people
- Provides a forum for AN/AI nurses to analyze and evaluate the health care needs of AN/AI people
- Advocates that AN/AI nurses have equal access to education, professional, and economical opportunities afforded to all nurses.
AAPINA identifies and supports the health care needs of Asian Pacific Islanders (API) in the United States and globally.

Dr. Elizabeth Gonzalez, President
Philippine Nurses Association of America

“As the official professional organization of Filipino-American Nurses in the United States of America (USA), PNAA will uphold the positive image and welfare of its constituent members; promote professional excellence and contribute to significant outcomes to healthcare and society.”

Victoria Navarro, President
National Coalition of Ethnic Minority Nurse Associations

• “A unified force advocating for equity and justice in nursing and health care for ethnic minority populations. We give voice to 350,000 ethnic minority nurses and to the lived health experience of a constituency marginalized from mainstream health delivery systems.”
Minority Presence in CRNA

- Goldie Brangman, CRNA, MEd, MBA
- Founder and director of New York City's Harlem Hospital Center School of Anesthesia for Nurses
- First African American President of the AANA
The Millenium

• Where are We Now and Why Does it Matter?
April 4, 1968

- Anniversary of the assassination of Dr. Martin Luther King, Jr.
- “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”
Missing Persons: Minorities in the Health Professions

“The problem of racial and health disparities, and the lack of minorities in the health professions are inescapably linked.“

Louis Sullivan, MD, 2004
US Population Statistics

Percent of Population, by Race
1990, 2000, 2025, and 2050

(Middle-series projections)

<table>
<thead>
<tr>
<th>Race</th>
<th>1990</th>
<th>2000</th>
<th>2025</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non Hispanic</td>
<td>75.7</td>
<td>71.6</td>
<td>62.0</td>
<td>52.5</td>
</tr>
<tr>
<td>Black</td>
<td>12.3</td>
<td>12.8</td>
<td>14.2</td>
<td>15.7</td>
</tr>
<tr>
<td>American Indian, Eskimo, and Aleut</td>
<td>0.8</td>
<td>0.9</td>
<td>1.0</td>
<td>1.1</td>
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<tr>
<td>Asian and Pacific Islander</td>
<td>3.0</td>
<td>4.4</td>
<td>7.5</td>
<td>10.3</td>
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<tr>
<td>Hispanic Origin (of any race)</td>
<td>9.0</td>
<td>11.3</td>
<td>16.8</td>
<td>22.5</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, Population Division and Housing and Household Economic Statistics Division.
Benefits of Racial and Ethnic Diversity Among Health Professionals

- Racial and ethnic minority health care providers are more likely to serve minority and medically underserved communities, thereby increasing access to care;
- Racial and ethnic minority patients report greater levels of satisfaction with care provided by minority health professionals;
- Racial and ethnic minority health care providers can help health systems in efforts to reduce cultural and linguistic barriers and improve cultural competence;
- Diversity in higher education and health professions training settings is associated with better educational outcomes among all students.

Institute of Medicine, 2004
National Survey of Registered Nurses

In 2008, the RN population comprised:

- 5.4% African American
- 3.6% Hispanic
- 5.8% Asian/Native Hawaiian
- 0.3% American Indian/Alaska Native
- 1.7% multiracial nurses
Enrollment by the Numbers

- AACN's report on *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, reports nursing students from minority backgrounds represented:

<table>
<thead>
<tr>
<th>Level</th>
<th>2006</th>
<th>2012</th>
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<tbody>
<tr>
<td>Entry Level Baccalaureate</td>
<td>25.2%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Master’s Level</td>
<td>22.7%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Doctoral</td>
<td>19.9%</td>
<td>27.7%</td>
</tr>
</tbody>
</table>
• The pool is insufficient to build the workforce required to meet our changing population.

• Development of a pipeline is imperative.
SWOT - AANA

• Strength: Committed, engaged AANA leadership (Dr. Dennis Bless) and membership (Gould, Bing, etc.)

• Weakness: (1) No institutionalized structure through which to mount an attack; (2) lack of faculty role models.

• Opportunity: Models exist which can be mobilized; individuals ready and willing to assist.

• Threat: This is an “all hands on deck” situation. Lacking direction and directive; effort may be fragmented.
Dignity and Respect

Practice the Tips!

Sometimes it’s the smallest things that have the biggest impact. By practicing one of the 30 Tips of Dignity & Respect every day, each of us can make the world a better place for all to live—no matter our differences.

Tip 1
Sweat the small stuff.
It’s often the small things, such as being kind and courteous, that make a difference.

Tip 2
Smile.
A smile can be contagious.

Tip 3
Be considerate.
Your words and actions affect others.

Tip 4
Say “Hello.”
You could make someone’s day.

Tip 5
Say “Thank you.”
Gratitude is a gift that’s never too small to give.

Tip 6
Reinvent the wheel.
Do something that hasn’t already been done.

Tip 7
Be open.
Try to experience new thoughts and ideas as learning opportunities.

Tip 8
Be flexible.
Things don’t always go as planned. Adapt to changing conditions when necessary.

Tip 9
Join the team.
Do your part to support teamwork.

Tip 10
Be a relationship builder.
Seek ways to expand your network.

Tip 11
Treat others the way they want to be treated.
Find out what respect means to others.

Tip 12
Be culturally competent.
Differences are barriers only if we allow them to be.

Tip 13
Break the ice.
Start a conversation with someone new.

Tip 14
Demonstrate mutual respect.
Inclusion means being respectful regardless of position or title.

Tip 15
Ask.
It’s okay to ask when you’re not sure.

Tip 16
Find common ground.
Discover what you have in common.

Tip 17
Communicate respectfully.
It’s not just what you say, but how you say it.

Tip 18
Practice patience.
Take time to get the full story.

Tip 19
Seek understanding.
It’s better to not fully understand than to fully misunderstand.

Tip 20
Share your point of view.
Everyone has a perspective. Let others benefit from yours.

Tip 21
Get someone else’s point of view.
After sharing your perspective, give others a chance to share theirs.

Tip 22
Lead the way.
Let your inclusive behavior light a path for others.

Tip 23
Do the right thing.
Be fair.

Tip 24
Listen.
People feel respected when they know you’re listening to their point of view.

Tip 25
Remember, we all make mistakes.
Reset the urge to point out the ones others make.

Tip 26
Get involved.
Make a difference. Get caught being good.

Tip 27
Become a mentor.
You—you can help others realize their potential.

Tip 28
Take a healthy step.
Do something good for your health and encourage a friend to join you.

Tip 29
Lend a hand.
A little help can go a long way.

Tip 30
Be a champion of dignity and respect.
Encourage others to do the same.

www.dignityandrespect.org
A Model Pipeline Initiative Partnership Council “Next Steps”

- A K-12 health professions exposure and preparation program
  - K-8 “Next Steps Youth”
  - 9-12 “Next Steps Bridges to Health Careers”

- A medical center, university, community partnership

- Leverages relationships and resources
Partnership Council  
“Next Steps”

• Early exposure, bridges to academic and career development.

• Very heavily relationship based: champions are identified at each organization and their engagement is managed, as well as that of the students.

• Medical center not afraid to leverage its position as the area’s largest employer – result is well-trained employees.
Parting Words

• “We must accept finite disappointment, but never lose infinite hope.”

-- Dr. Martin Luther King, Jr.
References


- Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, AACN, www.aacn.nche.edu/research-data/EthnicityTbl.pdf

- MISSING PERSONS: MINORITIES IN THE HEALTH PROFESSIONS A REPORT OF THE SULLIVAN COMMISSION ON DIVERSITY IN THE HEALTHCARE WORKFORCE, Institute of Medicine, 2004