The evolution of diversity in nursing and nurse anesthesia

The history of minorities in leadership positions in nursing and other healthcare disciplines is not well documented. The American Association of Nurse Anesthetists (AANA), cognizant of the emerging “majority minority,” initiated in its annual survey questions to capture the race and ethnicity of its members. This column provides information on minority pioneers in nursing who, like Florence Nightingale, were instrumental in creating organizational changes that would be of benefit to a diverse population.

Key words: Black leaders in nursing, diversity, minority nurse anesthetists, minority nurses.

Black nurses: A hidden history

In reviewing the literature on the history of nursing, I was fascinated by some of the black nursing leaders who preceded Florence Nightingale or who existed around the same time as Nightingale. I was impressed by the activities of 3 black women who changed the direction for black nurses in this country, although there was some personal bias as I read about the background of these individuals. None of them were from my birthplace (Grenada, West Indies); however, 2 of them were from the Caribbean Islands (Barbados and Jamaica). The third individual was from the United States.

• Angel of the Crimea. Mary Seacole (1805-1881) was born in Jamaica. She was known for her extraordinary skills as a nurse, herbalist, and a businesswoman with an insatiable quest for traveling. Seacole provided nursing care primarily to the British soldiers, generals, and members of royal families. She single-handedly managed the cholera epidemic in Panama during one of her travels. At the age of 50 while residing in Jamaica, Seacole learned there was a desperate plea for skilled nurses to work with Florence Nightingale in Turkey during the Crimean War (1853-1856). Seacole traveled to England armed with references from British officers in the Caribbean, but her services were rejected. Seacole did not accept defeat. She was convinced that her skills were needed, and she planned to use those skills to help others. Seacole secured enough funds from supporters to pay her own way to the Crimea, where she established a hotel to provide accommodations, food, and nursing care. Later Seacole traveled to the battlefield to provide care to the wounded.

At the end of the Crimean War, Seacole found herself in financial difficulties. A fund was established for her by British supporters. Despite her accomplishments and her published autobiography, Seacole’s work as one of the pioneers in nursing remained unknown. It was not until the 1980s when her best selling autobiography, Wonder

• First executive secretary of the NACGN. Mabel Keaton Staupers (1890-1989) came to the United States at the age of 13 from Barbados. She then graduated from Freedman’s Hospital School of Nursing in Washington, DC. Staupers was known for her leadership, vision, determination, and courage (Figure 1). She was instrumental in breaking the color barriers in nursing when segregation was deeply entrenched in the profession. Staupers organized the first facility in Harlem, NY, so that black physicians would have a place in which to treat their patients. Black nurses were denied...
membership in major organizations, such as the American Nurses Association (ANA) and the National League for Nursing (NLN). In 1934, Staupers became the first executive secretary of the National Association of Colored Graduate Nurses (NACGN). She increased NACGN membership by building a coalition with other nursing and non-nursing groups. Staupers effectively decreased the barriers that kept nurses (since they were female) out of the military. In 1949, the NACGN was dissolved when black nurses were allowed full membership in the ANA in 1948. In Staupers’ autobiography, No Time for Prejudice: A Story of the Integration of Negroes in Nursing in the United States, she recounts the obstacles to gaining equal recognition for all races.

- First professional nurse. Mary Eliza Mahoney (1845-1926) was the first black professional nurse (Figure 2). She was 1 of only 3 women out of 40 to have graduated from the New England Hospital for Women and Children Training School for Nurses, in Roxbury, Mass, in 1879. Her achievement helped to change the recognition of black nurses in the United States. In 1936, the NACGN instituted the Mary Mahoney Award for her outstanding example for nurses of all races. Mary became an inspiration to the NACGN, which later merged with the ANA. The ANA continues to grant the Mary Mahoney Award to students in need.

The history of minorities in nurse anesthesia is neither lost nor hidden. It is evolving. The AANA record shows the inclusion of African-Americans into membership in 1944. This was around the time when Staupers successfully gained recognition by and membership in the ANA and NLN.

It is difficult to obtain data on minorities in the AANA prior to 1973. Goldie Brangman, CRNA-ret., MS, currently living in Hawaii, was the first black president of the AANA (Figure 3). Brangman served as treasurer of the AANA in 1967 to 1969 before her presidency in 1973. She was director of the Harlem Hospital School of Nurse Anesthesia in Harlem, NY. Brangman recalls flying from New York City to Chicago only to wait outside the meeting room until she was handed a prepared report by Florence McQuillen, CRNA, AANA executive director (1948-1970), that Brangman was expected to read to the AANA Board of Trustees. Brangman rebelled at the autocratic leadership style of the executive director and became somewhat unpopular as she dared to voice her opinion that the treasurer should become a Board member with voting rights.

Brangman was elected AANA president, serving from 1973 to 1974, during which time she was clearly disenchanted with the leadership style of McQuillen. Goldie's interest in membership involvement was evident in her year-end President's Report in which she states: “...when members are excluded from the decision-making process, a fertile field is provided for rumors—rumors which spread easily, eroding the confidence of the members in their association and decreasing the potential effectiveness of the organization.” Her statement holds true today.
Accumulated data on minorities in anesthesia

Despite a 100-year history of the practice of nurse anesthesia, the percentage of minorities in this specialty remains low. The recent AANA survey data\(^1\) show that minorities represent 7% of the total membership. This percentage is increasing as nurse anesthesia programs throughout the country are seeing a growing number of qualified minorities who are interested in pursuing a career in nurse anesthesia.

In 1991, Lois Frels, RN, PhD, and Betty Horton, CRNA, MA, reported that minorities represented 8% of practicing CRNAs who responded to a nationwide survey sent to 1,729 CRNAs, resulting in 842 usable returns.\(^2\) In 1992, Denise Martin-Sheridan, CRNA, EdD, looked at factors that influenced program selection by students.\(^3\) She reported that 6.5% of the respondents were of minority background. Martin-Sheridan suggested further study would be beneficial on the predisposition and needs of students of different ethnic backgrounds. In 1995, my study (a sensitive and unpopular study) titled “The perceived factors contributing to the under-representation of minorities in anesthesia” indicated that collectively, minority students accounted for 16% in the nurse anesthesia programs surveyed.\(^4\)

The process of preparing for the emerging “majority minority” in all levels of the workforce is multifaceted. First, the role of healthcare providers is not always clear to minorities making career choices. Second, applicants may simply not apply to a science program; and third, the educational cost may be unaffordable to many minority students. In a 1990 study by Tucker-Allen et al,\(^5\) the author suggests that a relationship exists between success of minority students and the availability of minority faculty as role models. The literature also shows that minority students in their formative years of education were steered away from careers in the natural sciences by teachers and counselors as early as middle school. Such dissuasion decreased the interest among minorities to seek careers in the health sciences. Hill et al\(^6\) suggest that students showed positive attitudes toward a career in the natural sciences when they experience personal acquaintance with knowledgeable, professional role models of their same gender and race.

Of significance is the rapid expansion of the profession of nurse anesthesia from the initial certificate for entry into practice to the acquisition of a master's degree. In 1990, a report from the Department of Health and Human Services indicated that a larger percentage of minority nurses will graduate with associate degrees in nursing from community colleges in the 21st century.\(^7\) For many minorities, the cost of education is prohibitive, and many have resorted to community colleges to obtain an affordable education. The prerequisites of a bachelor degree in nursing or a bachelor degree in the science of nurse anesthesia strengthened the time for minorities with associate degrees to become eligible anesthesia applicants.

The spring 2003 issue of Minority Nurse reports a 6.6% collective minority representation from the AANA for Certified Registered Nurse Anesthetists (CRNAs).\(^8\) These figures are changing. The movement of programs into colleges and universities recognize the importance of educating providers that will be more representative of the emerging majority. The Georgetown University School of Nursing Nurse Anesthesia Program, in collaboration with university resources, has implemented several diversity initiatives that are important to creating a change that reflects the population. There are ongoing outreach efforts to student associations, state and regional nursing associations, minority nurses' professional organizations, as well as to nurses practicing in critical settings.

Minority nurse anesthetists in practice

Several CRNAs were quoted in the Spring 2003 issue of Minority Nurse. Gloria Spires, CRNA, BS, an African-American anesthetist who works in a surgicenter in Youngstown, Ohio, was featured in the section, “From RN to CRNA” written by Barbara Marquand.\(^9\) Marquand notes the rewards of being a nurse anesthetist that were expressed by Spires. High on the list of job satisfaction as a CRNA is Spires’ ability to give her full attention to 1 patient at a time. Spires also finds that the autonomy she has in caring for her patients offers a significant reward, especially when her patients wake up asking, “Is it done yet?” Obviously salary plays an important role in job satisfaction, but it was not at the top of Spires’ list of rewards.

The article also cited comments from other CRNA practitioners, educators, and program directors.\(^10\) John McDonough, CRNA, EdD, ARNP, program director at Florida International University School of Nurse Anesthesia, in Miami, Fla, boasts an increase in minority students and faculty. Julie Pearson, CRNA, MSN, assistant professor and assistant director of Georgetown

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Urban facility
Wayne State University, Detroit, Mich, is an urban facility, but minority student enrollment has varied over the years. Applicants coming from an associate degree background had much to accomplish to become eligible to meet the requirements of the nurse anesthesia program and the university. Today, more graduates are coming from bachelor of science in nursing programs and excellent intensive care backgrounds. It also appears that successful minority students and graduates function as role models for other nurses by providing appropriate guidance to withstand the competition and the rigor of the Wayne State University nurse anesthesia program.

The Wayne State University nurse anesthesia program is actively involved in the nursing mentorship program in the college of nursing. Students in the college of nursing mentorship program who are interested in an advanced degree, such as nurse anesthesia, are referred to the anesthesia department. Several anesthesia students and department staff have been instrumental in nurturing and providing educational support to these young people. Early exposure of these students with professionals in the field is critical to recruitment of individuals with great potential.

Conclusion
The story of Hightower and others highlighted in this column is only the beginning of an evolving history that will represent the diverse workforce of the 21st century. The AANA is cognizant of its role in the representation of minorities in its membership and in leadership positions, as evidenced by the inclusion of questions in their data-gathering membership survey.
REFERENCES

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