

Culturally Competent Care

Nurses from diverse backgrounds provide comprehensive treatment for underserved communities

BY MELANIE D.G. KAPLAN



Among the nearly 4 million licensed registered nurses living in the United States, racial and ethnic minority groups account for almost 27%, according to the 2018 National Sample Survey of Registered Nurses. While that's an increase from the 2008 survey, it's not nearly enough for our increasingly diverse nation, according to the leaders of six minority and ethnic nursing organizations, profiled below.

These leaders say that the lack of diversity in the nursing workforce may contribute to mistrust and misunderstandings between minority patients and their majority health care providers, and perceptions by a significant number of care recipients that their needs are not fully addressed. Through work in health care, academic, legislative and community settings, these six groups work to achieve equity in nursing and patient care — a need only magnified during the pandemic.

“We talk about the number of Black and brown individuals who have died from COVID,” says Martha Dawson, president and CEO of the National Black Nurses Association (NBNA). “But if we hadn't had those minority nurses out there, we would have wiped out half of our population.”

National Black Nurses Association

“IT’S IMPOSSIBLE FOR ONE TO SAY THEY CAN PROVIDE culturally competent care to someone when they don’t understand their lived experience,” says Dawson. An associate professor at the University of Alabama at Birmingham School of Nursing and an inductee into the Alabama Nurses Hall of Fame, Dawson says particularly during the pandemic, which has taken the lives of so many African Americans, it’s critical that patients have nurses with whom they can identify. “They need to hear our voices. They need to have individuals who look like them delivering the message to dispel mis- and disinformation.”

Early in the pandemic, NBNA helped form the National Black Coalition Against COVID, which has reached more than 5 million individuals and released more than 100 webinars. “Our frontline members have been in communities educating and giving shots in the arms,” Dawson says. “We were having conversations with faith-based organizations, beauty shop and barber shop patrons, schools, politicians and health departments. One of my chapters has given over 7,000 injections.”

The NBNA was organized in 1971 and currently represents more than 4,000 nurses in the U.S., Eastern Caribbean and

Africa, with 111 chapters in 34 states and the District of Columbia. Its mission is to serve as the voice for African American nurses in terms of professional development and educational opportunities and to serve Black and brown communities.

Every February, NBNA has a policy day in Washington that allows members to advocate for issues that impact the Black population — such as infant mortality, asthma, smoking and social determinants including environmental justice, food insecurity and education. The NBNA Mini Nurse Academy educates elementary school students from traditionally underrepresented communities to create awareness about nursing as a career option.

Last year, the association awarded more than 300,000 scholarships nationally to students working on advanced degrees. Dawson, a co-lead on the 2020 National Commission on Racism in Nursing, says she would like to increase scholarships to see the number of Black nurses increase. “Only 7.8% of nurses are African American, while we’re 12 to 14% of the U.S. population,” she says. “We cannot provide enough culturally congruent care to our members and our population. We need more nurses to do so.”



Martha Dawson

Asian American Pacific Islander Nurses Association

WHEN EUN-OK IM STUDIED NURSING IN THE early 1990s, her major was cross-cultural and international nursing. “We had hot discussions on how we could provide culturally competent care for diverse groups of nursing clients,” she says. Of course, a diverse nursing workforce was one of the major components. “We are still talking about the same things over and over again, even in the 2020s.”

As recent past president of the Asian American Pacific Islander Nurses Association (AAPINA) and a senior associate dean for research and innovation at Emory University’s school of nursing, Im understands the deep barriers faced by racial and ethnic minority groups, including language, stigmas about diseases and stoicism about symptoms and pain. All of these factors, says Im, lead to a need for nurses who are insiders, who



Eun-Ok Im

understand cultural attitudes and who speak a patient’s language.

Formed in 1992, AAPINA serves as the unified voice for Asian American Pacific Islander nurses around the world. With the recent increase of anti-Asian racism and violence, AAPINA has made several statements condemning racism in nursing. Members have been involved in national initiatives including the recent American Nurses Association Commissions that Address Racism in Nursing and the AARP Campaign for Action.

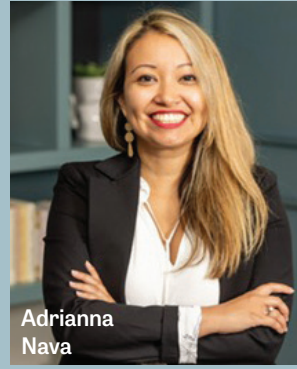
Among the group’s biggest achievements, Im says, was extending its membership to nurses around the world. In 2019, AAPINA hosted the first international joint conference with Taiwan Nurses Association, and this fall, the two groups will host the World Academy of Nursing Science biennial conference in Taipei.

■ National Association of Hispanic Nurses

AS THE ONLY U.S. NURSING ORGANIZATION THAT FOCUSES on Latino health, the National Association of Hispanic Nurses (NAHN) emphasizes work in the community. “Often our population — which is not a homogenous group — doesn’t have adequate access to the health system because they don’t have insurance,” says NAHN President Adrianna Nava. “There’s a lot of ways to promote health and wellness outside the traditional health care setting.”

Formed in 1974 during an American Nurses Association conference, NAHN emerged from a gathering of a dozen nurses who felt ANA wasn’t addressing some of the priority areas of Latino nurses. Since then, the organization has grown to represent 1,600 members in 48 chapters in 28 states, focused on the advancement of Hispanic or Latino nurses across the country and ensuring it addresses health disparities in the Latino communities.

“We provide access to resources and education, with a focus on health prevention for issues such as diabetes and heart disease,”



says Nava, who works as the Chief Nurse of Quality at a Chicago hospital. With a nod to Michelle Obama’s “Let’s Move” campaign, NAHN created “Muevete USA,” with programming for families and children that addressed obesity in the Latino community, with tips for exercising and reading food labels.

“We also encourage our nurses to engage in health policy,” Nava says. “When the Affordable Care Act passed, we mobilized nurses to get people enrolled. We train our nurses to become leaders in their communities and to advocate for issues that impact Latinos, including the importance of voting and how it impacts health. Community members are really grateful we’re out there.”

Nava says she’s motivated by an incident early in her career when she worked at an intensive care unit. “The first time my patient coded, I thought, ‘By the time they get to the ICU it’s serious. How can we take steps in the community — prevention, education, access to care — before it’s too late?’”

■ National Alaska Native American Indian Nurses Association

AT THE FIRST NURSING CONFERENCE SADIE ANDERSON attended, in 2017, she was immediately in awe of the nurses around her. “I made connections that led to me hiring a Native nurse into one of my departments at the hospital,” says Anderson, president of the National Alaska Native American Indian Nurses Association (NANAINA) and a board member of the National Coalition of Ethnic Minority Nurses. “I was inspired to continue my education and am now working on my second master’s degree.”

According to Anderson, director of nursing at the Alaska Native Medical Center, American Indian and Alaska Native nurses make up 0.3% of the total U.S. nursing workforce, while the U.S. Census Bureau reports American Indians and Alaska Native people as a single race make up 1.3% of the U.S. population. To help improve the health of their communities and advance their nursing profession, American Indian and Alaska Native nurses founded NANAINA in 1993. Anderson, an enrolled member of the Lac du Flambeau band of Lake Superior Chippewa Indians in Wisconsin, says membership offers opportunities to network — at conferences, through projects and



within tribal communities. “For me, being connected to so many successful, educated and wise American Indian and Alaska Native nurses is inspiring and encourages me to grow in my career and my education,” she says.

Among recent achievements, NANAINA co-sponsored the

Wisconsin Native Nurse Summit in partnership with the University of Wisconsin-Madison School of Nursing and co-authored a 60-second video called “A Day in the Life of a Native American Nurse” to promote nursing as a career; it reached more than 290 television monitors in 50 states, including those in Indian Health Service waiting rooms.

Anderson says NANAINA partners with academia and has assisted in developing a curriculum for university faculty to teach and support American Indian and Alaska Native students in a way that will yield higher success rates, which helps achieve NANAINA’s goal to improve the health of American Indian and Alaska Native communities “This level of support for both the students and teaching staff ultimately helps patients feel more reassured in the care they are receiving,” Anderson says, “simply by feeling as though they are being cared for by family.”

National Coalition of Ethnic Minority Nurse Associations

IN 1997, THE PRESIDENTS OF AAPINA, NAHN, NANAINA and NBNA, finding that they shared concerns about equity and justice in nursing and health care, decided to join forces. That unified body advocating for equity and justice in health care became the National Coalition of Ethnic Minority Nurse Associations (NCEMNA). In 1998, PNAA joined the coalition.

Representing a network of leaders from member organizations, NCEMNA's activities have focused on eliminating racial and ethnic disparities and increasing the number of minority nurse researchers, as well as educating consumers, policy makers and health care professionals, says Debra A. Toney, the coalition's president and co-lead for The National Commission to Address Racism in Nursing.

"NCEMNA's voice is strong in the important conversations around ethnic minority health issues," says Toney, vice president of quality management at Nevada Health Centers



Debra Toney

in Las Vegas. "Health care leaders, health systems and federal, state and local representatives must acknowledge that the U.S.

health care system is failing Black, Indigenous and other people of color (BIPOC) populations." She says despite advancements in health care, medicine and technology, the pandemic has heightened the awareness of health care disparities.

Toney says capturing epidemiological data on race and ethnicity is critical to developing culturally congruent interventions and improving health outcomes. Since it was founded, NCEMNA has published several white papers, blogs and podcasts on the status of ethnic minorities' health and nursing research. The association has also presented at many conferences and symposia and has been the recipient of a \$2.4 million NIH National

Institute of General Medical Sciences five-year grant to develop a program to increase the number of ethnic nurse scientists.

Philippine Nurses Association of America

MARY JOY GARCIA-DIA, PRESIDENT OF THE PHILIPPINE Nurses Association of America (PNAA), knows what it's like to arrive from the Philippines for a nursing job and sit through orientation before you've had a chance to adjust to the 12-hour time change — because she's been there herself.

"My orientation was in a New York City hospital in 1998, and the focus was on policies and procedures of the hospital," says Garcia-Dia, who now works as program director of Nursing Informatics at New York-Presbyterian. "I was sleepy, and I missed them talking about applying for the pension." It was only when she heard her co-workers discussing pensions, eight years later, that Garcia-Dia realized her mistake. "If I'd had the checklist that we now provide for nurses, I would have better invested in my retirement."

The period after the association was established, in 1979, saw a huge recruitment of nurses to the U.S. from the Philippines, and PNAA was influential in educating nurses on contracts and labor issues. "When they arrived, their contracts sometimes were switched or had penalty fees," Garcia-Dia says. Those initiatives led to a code for ethically recruiting foreign-educated nurses and a handbook for immigrating Filipino nurses, which includes a checklist of questions to ask.

"We understand the challenges of acculturation, so we help mitigate the risks," Garcia-Dia says. With a severe nursing shortage and a steady rise of recruiting international nurses, these

issues are at the forefront again. Earlier this year, Garcia-Dia published a paper about ethical recruitment of nurses.

Today, the 55-chapter PNAA has 5,000 members — out of 160,000 Filipino nurses nationwide. Garcia-Dia would like to increase membership and present a stronger voice to support its mission, which includes upholding and fostering the positive image and welfare of Filipino-American nurses. PNAA is part of the National Commission to Address Racism in Nursing and has been vocal in condemning recent harassment and attacks on Asian Americans, which have increased by 149% since the start of the pandemic, according to the Center for the Study of Hate and Extremism.

Garcia-Dia says she and her Filipino colleagues enjoy a sisterhood and brotherhood, having shared experiences back home — and the same goes for patients. "In 1995, I had a Filipino stage four oncology patient," Garcia-Dia remembers. "When I took care of him, he felt more comfortable expressing himself in our language. He passed away, but I think having that support from someone who looks like him helped the pain."

More recently, Garcia-Dia has felt the pain of COVID-19 hitting her peers, which led her to create a "Heal Our Nurses" campaign. "At least 30% of mortality among nurses are Filipino-Americans," she says. "When the pandemic hit here in New York, every day I heard names I knew, friends who had passed away." ■



Mary Joy Garcia-Dia