

PennNursing

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# Diversity in the APRN Workforce: Evidence and Impact

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National Council of State Boards of Nursing (NCSBN) APRN Round Table  
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Before we begin.



# Objectives

1. Establish what the racial and ethnic composition of the APRN workforce? How is advanced practice nursing impacted by the lack of DEI?
2. How do APRN regulators, other stakeholders and patients benefit from improved DEI? Are there patient safety, access or quality implications?
3. Discuss the quality of our DEI data? Is it good, If not, why not and how does this lack of data impact the overall APRN workforce data picture?
4. Define what the current environment and barriers to increasing DEI in the APRN work force are ? Discuss barriers or a lack of DEI in the regulation of APRNs and the larger APRN workforce as well as stakeholder groups such as professional organization leadership?
5. Provide examples of strategic activities to improve and advance DEI objectives

# An acknowledgment

- Diversity is expressed in multiple forms, including but not limited to, race/ethnicity, gender and gender identity, sexual orientation, socioeconomic status, national origin, religious beliefs, age, (dis)ability status, and political views.

# What do we mean by workforce diversity?

- Diversity in health occupations is measured by the **representation of minority groups in a health occupation** relative to their representation in the U.S. workforce.
- **Lower representation** of racial and ethnic group members in a health occupation **relative to their numbers in the general population** signifies that the racial or ethnic group **underrepresented** in the occupation.

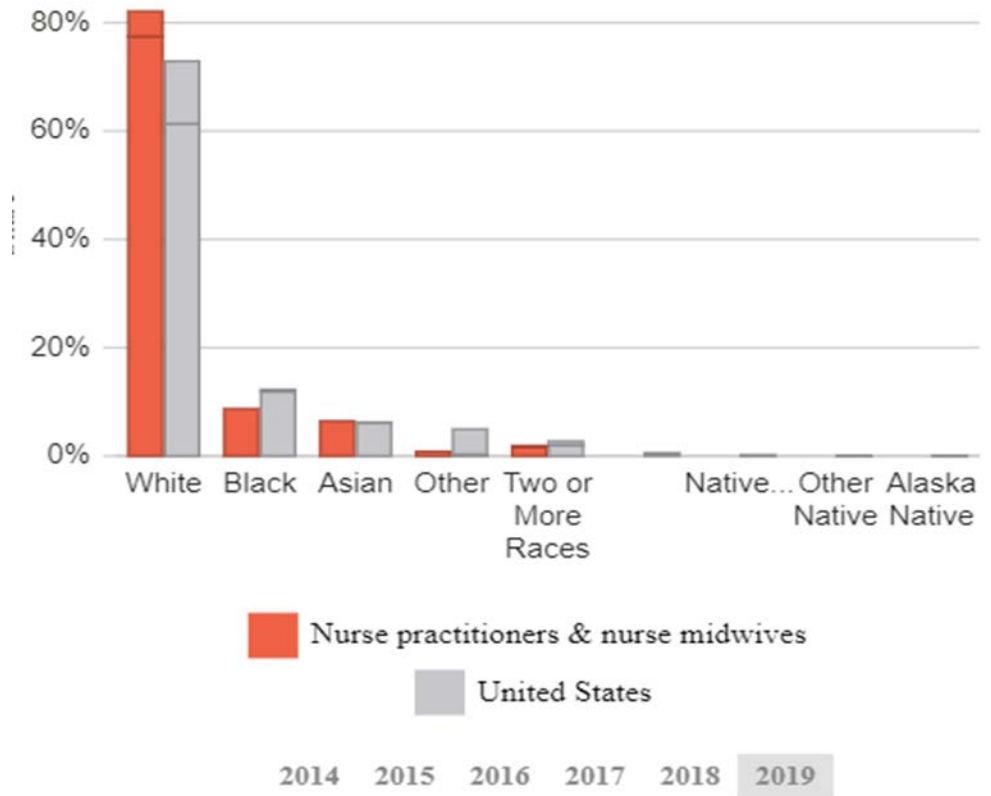
# How Diverse is the APRN Workforce?

**Table 2: U.S. Health Occupations<sup>1</sup> by Race/Ethnicity, 2011-2015**

|   | Hispanic   | Non-Hispanic |            |           |                                |  |                      |
|---|------------|--------------|------------|-----------|--------------------------------|--|----------------------|
|   |            | White        | Black      | Asian     | American Indian/ Alaska Native | Native Hawaiian and Other Pacific Islander | Multiple/ Other Race |
| U.S. Workforce <sup>2</sup> (#)                                 | 25,776,728 | 102,850,895  | 18,597,223 | 8,534,837 | 902,977                        | 251,578                                    | 2,910,645            |
| U.S. Workforce <sup>2</sup> (%)                                 | 16.1       | 64.4         | 11.6       | 5.3       | 0.6                            | 0.2  | 1.8                  |
| <b>Health Occupations<sup>3</sup></b>                           |            |              |            |           |                                |  |                      |
| <b>Community and Social Services Occupations</b>                |            |              |            |           |                                |  |                      |
| Counselors  | 10.7       | 64.6         | 18.8       | 2.8       | 0.8                            | 0.1  | 2.2                  |
| Social Workers  | 12.0       | 60.6         | 21.5       | 3.0       | 0.8                            | 0.1  | 2.0                  |
| <b>Life, Physical, and Social Sciences Occupations</b>          |            |              |            |           |                                |  |                      |
| Psychologists   | 6.3        | 83.5         | 4.9        | 3.4       | 0.2                            | (0.0)                                      | 1.6                  |
| <b>Health Diagnosing and Treating Practitioners Occupations</b> |            |              |            |           |                                |  |                      |
| Advanced Practice Registered Nurses <sup>4</sup>                | 4.5        | 84.0         | 5.7        | 4.1       | 0.2                            | NR   | 1.3                  |
| Chiropractors   | 3.7        | 86.7         | 1.9        | 5.4       | 0.5                            | NR   | 1.8                  |
| Dentists  | 6.1        | 74.8         | 3.0        | 14.3      | (0.1)                          | NR   | 1.7                  |
| Dietitians and Nutritionists                                    | 8.5        | 68.7         | 15.0       | 6.0       | 0.3                            | (0.1)                                      | 1.4                  |
| Optometrists  | 3.9        | 78.4         | 1.8        | 13.7      | NR                             | NR   | 1.8                  |
| Pharmacists   | 3.7        | 70.4         | 5.9        | 17.9      | 0.2                            | 0.1  | 1.8                  |
| Physicians  | 6.3        | 67.0         | 4.8        | 19.6      | 0.1                            | 0.0  | 2.1                  |
| Physician Assistants  | 10.0       | 72.7         | 7.1        | 7.3       | 0.6                            | NR   | 2.2                  |

U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015), Rockville, Maryland.

- 77.5% of Nurse Practitioners & Nurse Midwives are White (Non-Hispanic), making that the most common race or ethnicity in the occupation. Black (Non-Hispanic) is the second most common race or ethnicity in this occupation, representing 8.72% of Nurse practitioners & nurse midwives.





# What about APRN specialties?

- 12,990 AMCB-certified midwives in the United States

| Race                                      |          |       |
|---|----------|-------|
|   | <i>n</i> | %     |
| American Indian or Alaska Native          | 75       | 0.58  |
| Asian                                     | 216      | 1.66  |
| Black or African American                 | 890      | 6.85  |
| More than one race                        | 80       | 0.62  |
| Native Hawaiian or other Pacific Islander | 25       | 0.19  |
| White or Caucasian                        | 11104    | 85.52 |
| Other Race                                | 168      | 1.29  |
| I choose not to respond                   | 426      | 3.28  |

| Ethnicity               |          |       |
|-------------------------|----------|-------|
|                         | <i>n</i> | %     |
| No, Not Hispanic/Latino | 11651    | 89.78 |
| Yes, Hispanic/Latino    | 614      | 4.73  |
| I choose not to respond | 712      | 5.49  |

American Midwifery Certification Board (AMCB), 2020 Demographic Report  
[https://www.amcbmidwife.org/docs/default-source/reports/demographic-report-2019.pdf?sfvrsn=23f30668\\_4](https://www.amcbmidwife.org/docs/default-source/reports/demographic-report-2019.pdf?sfvrsn=23f30668_4)

# What about APRN specialties?

## Nurse Anesthetists

REGISTERED NURSES

4M

CRNAs

59K

CRNAs of Color

12%\*

\*3% African American | 4% Hispanic | 4% Asian/Pacific Islander | 0%  
Native Indian | 1% Other/Non-Caucasian | 88% White

*Statistics Compiled from the \*Registered Nurses – American Nurses Association*

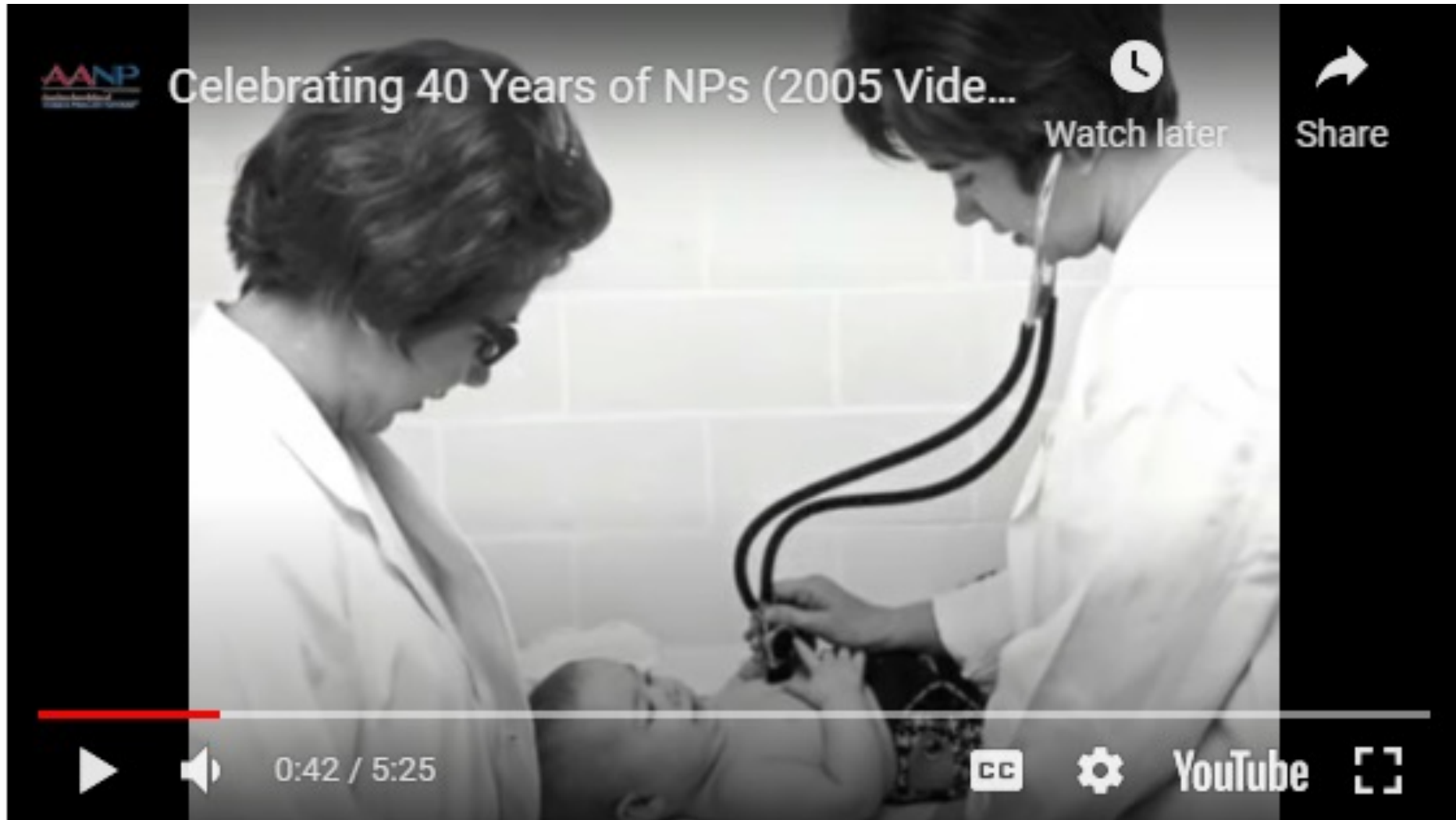
*\* CRNAs (2020 AANA Profile Survey)*

## How good is the data?

There is data but it is often hidden, incomplete, or obscured.

**Experiences? Historical contributions of APRNs of Color? Impact ?**

The lack of sufficient data about the contributions of APRNs of color and the limited representation of APRNs from diverse backgrounds “whitewashes” the profession and fails to provide students of color an archetype toward which they can aspire.



<https://youtu.be/YNMki0i88xA>

THEMED ISSUE

## The perils of not knowing the history of the nurse practitioner role

Berg, Judith A. PhD, RN, WHNP-BC, FNAP, FAAN, FAANP (Clinical Professor Emerita)<sup>1</sup>

[Author Information](#) 

*Journal of the American Association of Nurse Practitioners: September 2020 - Volume 32 - Issue 9 - p*

*602-609*

*doi: 10.1097/JXX.0000000000000441*

- To better understand how the NP role developed, what pushback was met from health care professionals and patients that hindered practice and how this was resolved, how NP practice has changed, and pearls of wisdom for contemporary NPs were questions asked of six pioneer NPs (female, n = 5; male, n = 1)

# How do we improve?

## What are the consequences of limited APRN diversity (patient safety, access and quality) ?



## How did we get here?

Any forward progress in workforce diversity must acknowledge that the composition of the current APRN workforce did not happen in a vacuum.

# How did we get here?

- Limited Diversity in the RN Workforce :
  - Nearly **81% of RNs** reported being White/Caucasian. RNs who reported being Asian accounted for 7.2% of the workforce, representing the largest non-White racial group in the RN workforce.
  - Black/African American RNs increased from 6.0 % in 2013 to 6.7 % in 2020 and the proportion of RNs reporting being Hispanic/Latinx also increased from 2017.
  - Limited diversity among **APRN Faculty**
    - *NONPF Calls for Greater Racial and Ethnic Diversity in Nurse Practitioner Education August 2018*



# Systemic and Structural Racism

- Decades of restrictive admissions policies
- Admissions criteria with little predictive value [GRE]
  - Hostile educational and work environments

Structural and Systemic Racism linked to health disparities.

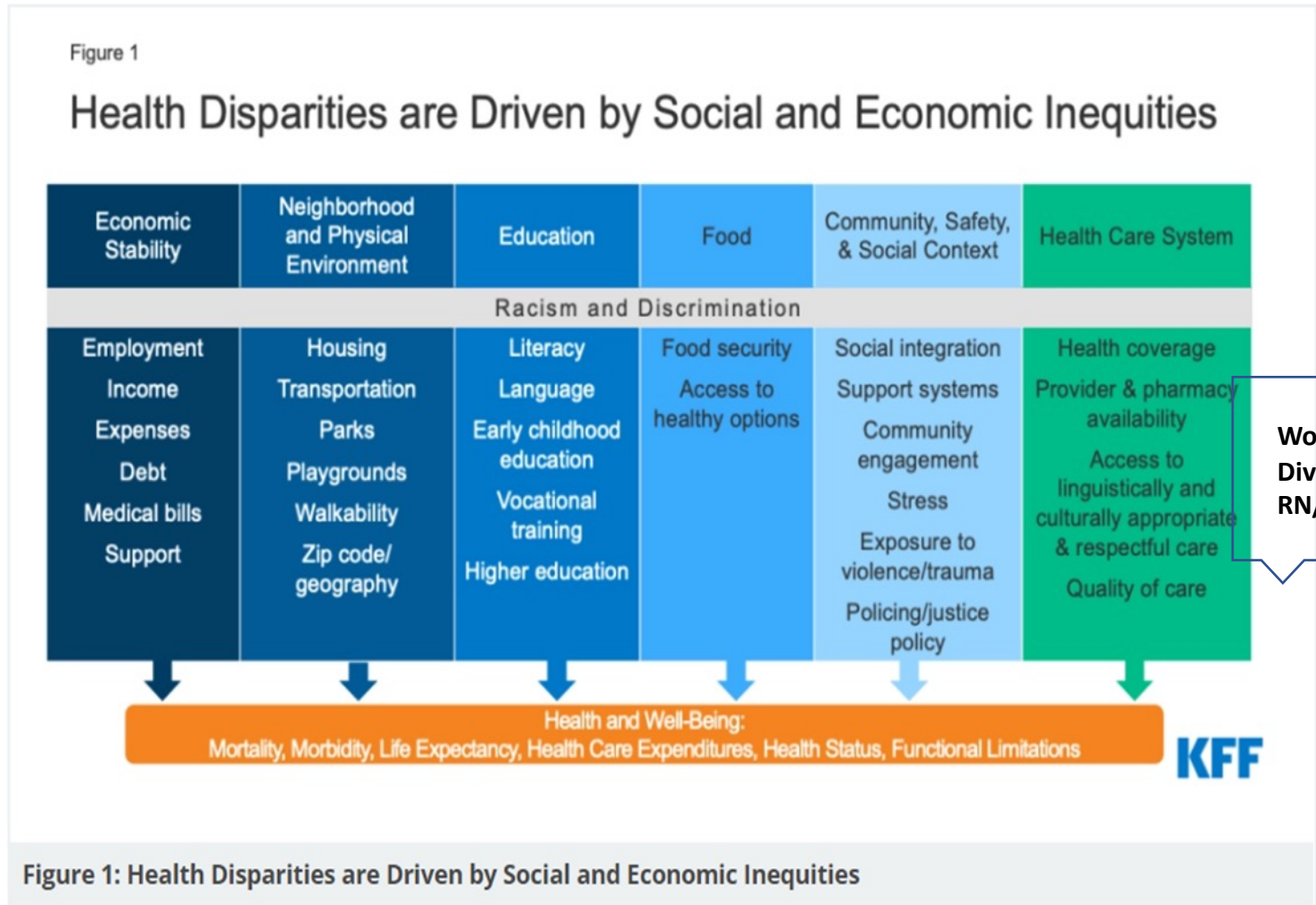
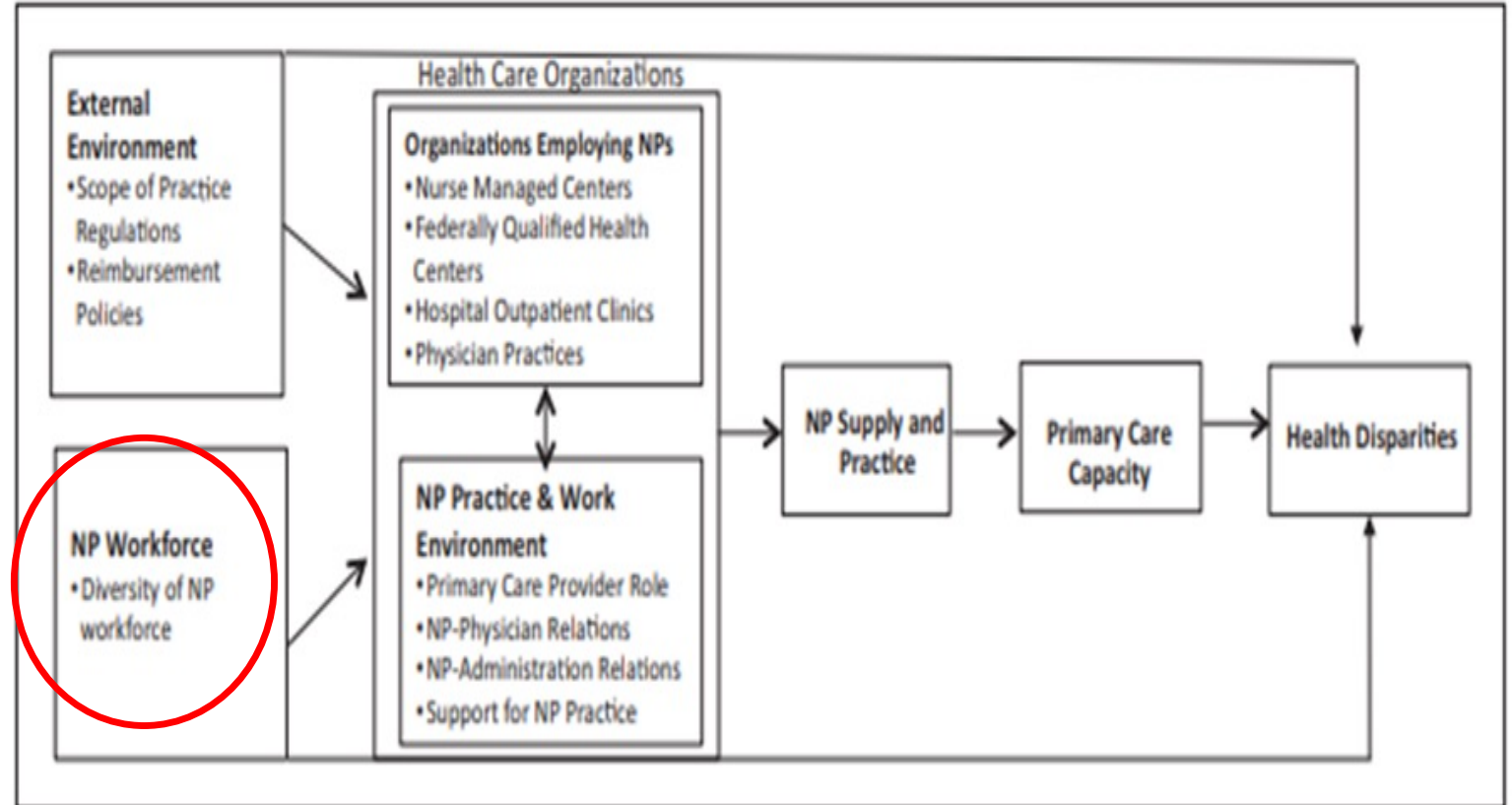


Figure 1: Health Disparities are Driven by Social and Economic Inequities

## The Nurse Practitioner Health Disparities Model

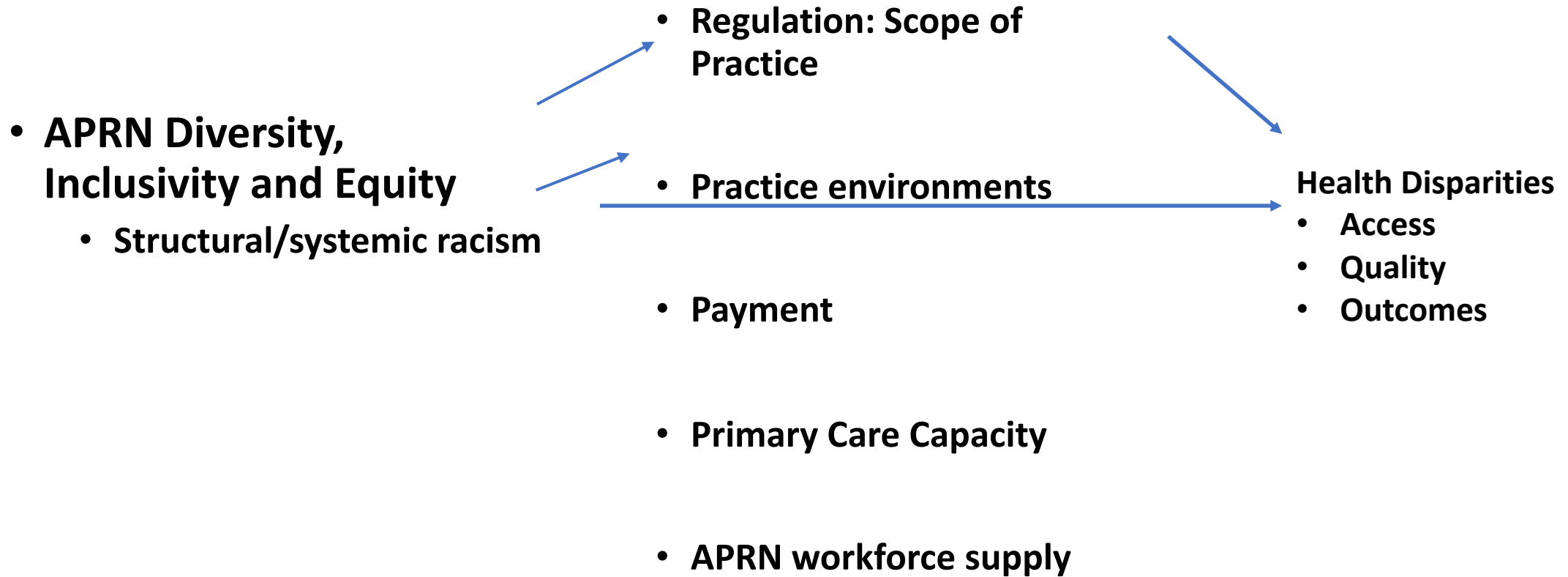
Demonstrates the possible mechanisms through which each component of the model may influence racial and ethnic health disparities.



# Representation Matters

- **Access/Utilization.** APRNS from diverse backgrounds may be more likely to work in underserved communities.
- **Culturally responsive.** APRNs from underrepresented backgrounds bring diverse perspectives to care for patients and enhance culturally responsive care.
- **Rapport.** Mitigate feelings of alienation as many minority community members express frustration due to experiences of overt discrimination or bias from the healthcare system and providers, often lead to mistrust and avoidance of healthcare services.

# Evaluate Cumulative Disadvantage



# Evidence



ELSEVIER

Contents lists available at [ScienceDirect](#)

The Journal for Nurse Practitioners

journal homepage: [www.npjournal.org](http://www.npjournal.org)



Original Research

## Supportive Clinical Practice Environments Associated With Patient-Centered Care



J. Margo Brooks Carthon, PhD, ANP, Heather Brom, PhD, NP-C, Lusine Poghosyan, PhD, RN, Marguerite Daus, BSN, RN, Barbara Todd, DNP, ACNP-BC, Linda Aiken, PhD, RN

We evaluated survey responses of NPs working in more than 1,500 practices who were asked how frequently they integrate patient preferences into care.

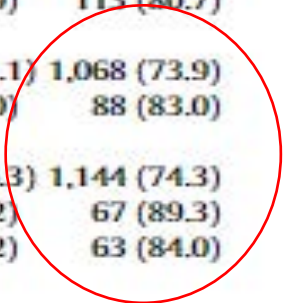
Determine whether NP integration of patient's needs and preferences into care is associated with characteristics of the practice environments where they are employed.

# Evidence/Impact

**Table 1**  
 Characteristics of Nurse Practitioners (NPs) and Differences Between NPs Who Frequently Integrate Patient Preferences Into Care and NPs Who Do Not

| NP Characteristics                   | Total Sample (n = 1,783) | NPs Who Frequently Integrate (n = 1,354; 75.9%) | NPs Who Do Not Frequently Integrate (n = 429; 24.1%) | P     |
|--------------------------------------|--------------------------|---|--|-------|
| Age, years, mean (SD)                | 49.1 (10.9)              | 49.7 (10.8)                                     | 47.0 (10.9)  | .019  |
| Years RN, mean (SD)                  | 20.5 (12.8)              | 21.0 (12.9)                                     | 18.7 (12.4)  | <.001 |
| Years NP, mean (SD)                  | 13.4 (9.4)               | 13.4 (9.3)                                      | 13.1 (9.5)   | .430  |
| Years in current position, mean (SD) | 8.1 (7.5)                | 8.1 (7.6)                                       | 8.1 (7.0)  | .895  |
| Sex, n (%)                           |                          |   |  | .180  |
| Female                               | 1,636 (91.8)             | 1,238 (75.7)                                    | 398 (24.3)   |       |
| Male                                 | 140 (7.9)                | 113 (80.7)                                      | 27 (19.3)  |       |
| Ethnicity, n (%)                     |                          |   |  | .037  |
| Non-Latino                           | 1,446 (81.1)             | 1,068 (73.9)                                    | 378 (26.1)   |       |
| Latino                               | 106 (6.0)                | 88 (83.0)                                       | 18 (17.0)  |       |
| Race, n (%)                          |                          |   |  | .003  |
| White                                | 1,539 (86.3)             | 1,144 (74.3)                                    | 395 (25.7)   |       |
| Black                                | 75 (4.2)                 | 67 (89.3)                                       | 8 (10.7)   |       |
| Asian                                | 765 (4.2)                | 63 (84.0)                                       | 12 (16.0)  |       |
| English first language, n (%)        |                          |   |  | <.001 |
| Yes                                  | 1,619 (90.8)             | 1,211 (74.8)                                    | 408 (25.2)   |       |
| No                                   | 158 (8.9)                | 138 (87.3)                                      | 20 (12.7)  |       |
| Job status, n (%)                    |                          |   |  | .417  |
| Full time                            | 1,251 (70.2)             | 955 (76.3)                                      | 293 (23.7)   |       |
| Part time                            | 506 (28.4)               | 377 (74.5)                                      | 129 (25.5)   |       |

Totals may not equal 100% due to missing data.



# What do we do?

“While higher proportions of POC individuals (with the exception of Hispanics) are obtaining a master’s or PhD degree, and especially a DNP degree, APRNs have a long way to go to match RNs in achieving a more diverse workforce.... The APRN workforce *will need to rapidly become more diverse over the decade* or it will fall further behind in reflecting the racial make-up of many of the people it serves.”





# What do we do?

**Integrate DEI into mission, vision and values.** Organizing frameworks for DEI strategies/tactics/metrics

**Add DEI into regulatory/credentialing requirements.** Accrediting bodies can play a role in advancing diversity and inclusion by requiring reporting, policies, practices, or systems related to DEI.

**Create and Support Funding Opportunities.** Evaluate how a lack (or addition of) diversity in combination with regulatory constraints influences outcomes and which may represent cumulative disadvantage for marginalized communities.

**Increase representation in leadership.** Regulators, who are your executive officers ? Are your board members diverse? Board-disciplinary actions, licensing processes and continuing education.

# What do we do?

## **Invest, Develop & Refer to Pipeline/Mentoring Programs.**

- [Diversity in Nurse Anesthesia Mentorship Program](#): Founder & CEO, Dr. Wallena Gould
- Raghu, N., McNamara, M., Bettencourt, E., Yingling, C. (2021) DNP4 Cultivating diversity in the advanced practice registered nurse workforce.
- Brooks Carthon, J.M., Nguyen, T.H., Chittams, J., Guevara, J. (2014). Measuring success: results from a national survey of recruitment and retention in the U.S. nursing workforce

**Data.** Provide a more complete picture, with diverse data sources of APRN contributions past and present. Determine where APRN's from diverse backgrounds are working, what patient populations are they caring for, what roles are they in (e.g. clinical, leadership)? Evaluate impact and outcomes.

# Thank You!

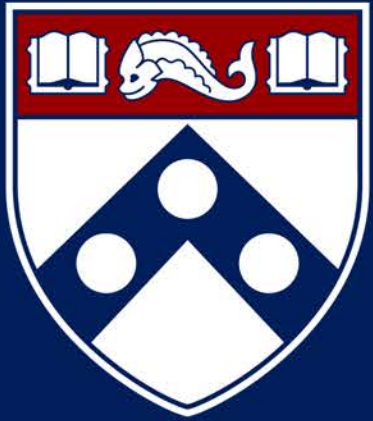
Follow up Questions

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