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Teaching Anesthesia and Diversity

The demographics of the U.S. population are changing. It is projected that by the year 2050, 54% of the U.S. population will be people of color.¹ The largest growth will occur in the Hispanic population.¹ Unfortunately, the population that will experience the largest growth also experiences some of the worst healthcare outcomes. Why are these statistics important? What does this mean for healthcare in this country? What does this mean for our profession and for nurse anesthesia educational programs?



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We grew up in the “ethnic ghettos” separated by 1,249 miles, but we experienced very similar lives and circumstances.

Although we were not aware of it at the time, we were considered poor and disadvantaged by today’s standards. Growing up as Hispanic Americans in Passaic, N.J., and Hialeah, Fla., everyone looked like us, spoke like us, and acted like us. As first-generation Latinos in the United States, we both embarked on the journey to become Certified Registered Nurse Anesthetists. We left the comforts of our Latino urban communities to attempt to assimilate in nurse anesthesia programs where no one looked like us. We both faced discrimination and were told the only reason we were there was to “meet a minority quota.”

After we both graduated and became CRNAs, we put the struggles and experiences we faced behind us as we settled into our new careers and lives. While our past experiences are no longer front and center in our lives, have things improved for those coming after us?

Our society is changing and becoming more diverse, but the healthcare profession is not keeping up with the changing demographics of the U.S. population. The nursing profession is falling short, as only 16.8% of all nurses are from minority or ethnic backgrounds.² The nurse anesthesia profession fares even worse, as 11% of CRNAs are of minority or ethnic backgrounds according to the 2018 AANA Annual Report. This lack of diversity in the healthcare profession could pose problems for the healthcare system.

In 1999, the U.S. Congress requested that the Institute of Medicine (IOM) assess the extent of disparities and quality of healthcare services received by racial and ethnic minorities and non-minorities in

the U.S. The IOM Report³ found significant variations in the healthcare services received by the U.S. population based on race, insurance status, income, age, and severity of health conditions. The findings of this two-decade old IOM report still hold true today. The findings revealed racial and ethnic minorities receive substandard healthcare compared to non-minorities. One of the grimmest findings was that Hispanic and African Americans are more likely to die from diabetes than white people. The report made several recommendations to decrease racial and ethnic healthcare disparities. Among the recommendations was to increase the number of healthcare providers from racial and ethnic minority backgrounds. Minority healthcare providers are more likely to serve in minority and underserved communities. In addition, being cared for by someone who looks and speaks like them, leads to increased satisfaction with care among patients.

The Challenge for Educators

The nurse anesthesia profession deeply cares about reducing healthcare disparities, as we are taught to deliver culturally competent care across the lifespan. However currently, only 17% of enrolled nurse anesthesia students and 13% of nurse anesthesia faculty identify themselves as a person of color or ethnic minority.⁴

As more culturally and ethnically diverse students enter the profession, educators and preceptors must be prepared to teach students from diverse backgrounds. As the gatekeepers of the nurse anesthesia profession, are the programs meeting the needs of the diverse student population? In order to meet the students’ needs we must check our own beliefs that may create “isms” that lead to unconscious incompetence. Unconscious incompetence is when

a person is well intentioned and perceives they have no issues with racism, sexism, homophobia, or any other toxic “isms.”⁵ These “isms,” such as perceiving a student is not intelligent because they have an accent, may be a barrier to the student’s success. Reflecting on our “isms” or preconceived ideas about ethnic minorities assists us in understanding and accepting different cultures and leads to increased student success.

The National League of Nursing⁶ has made several recommendations nurse anesthesia programs can incorporate that will assist with increasing a diverse healthcare workforce:

- Nurse anesthesia programs need to commit to diversity and inclusivity in the academic mission, leadership, faculty, students, and curricula.
- Develop a plan to actively recruit and retain faculty, staff, and students from diverse backgrounds.
- Incorporate instruction on caring for diverse populations with attention to health disparities.
- Establish mentoring programs and initiatives for students and faculty from diverse backgrounds.

Open the Gates

It is up to the nurse anesthesia programs to open the gates and provide opportunities for culturally diverse students. We are “not dumbing down the profession,” we are becoming part of the solution to the healthcare disparity problem we have in this country.⁷

References

1. US Census Bureau, 2017 National Population Projection of Race and Hispanic Origin, 2017-2060.
2. Department of Health and Human Services (US), Health Resources and Services Administration. The registered nurse population: findings from the 2008 National Sample Survey of Registered Nurses. Rockville (MD): HHS; 2010.
3. Institute of Medicine. (1999) Unequal Treatment: Understanding Racial and Ethnic Disparities in Healthcare. Retrieved from <https://www.nap.edu/catalog/10260/unequal-treatment-confronting-racial-and-ethnic-disparities-in-health-care>
4. Council of Accreditation. (2017) Summary of 2017 Annual Report Data.
5. Bednarz H, Schim S, Doorenbos A. Cultural Diversity in Nursing Education: Perils, Pitfalls, and Pearls. *J Nurs Educ.* 2010 May;49(5):253-260.
6. National League for Nursing. (2016). Achieving Diversity and Meaningful Inclusion in Nursing Education. New York, NY. Retrieved from <http://www.nln.org/docs/default-source/about/vision-statement-achieving-diversity.pdf?sfvrsn=2>
7. Wright SM. Cultural Competency Training in Nurse Anesthesia Education. *AANA J.* 2008 December;76(6):421-424. ■

Learn More: TAD Talk Available on AANA Learn.com

The first Teaching Anesthesia Diversity (TAD) Talk is now available on AANA Learn®. Listen to faculty members Johanna Newman, DNAP, APRN, CRNA, and Jorge Valdes, DNP, APRN, CRNA, discuss how nurse anesthesia programs can increase diversity and cultural competency. This TAD Talk also explores the importance of a diverse nurse anesthesia workforce through analyzing statistics related to diversity in nursing, nurse anesthesia, and the United States population. Other topics discussed include strategies to improve the diverse student’s experience in a nurse anesthesia program and develop faculty cultural competence. Visit: shop.aana.com/new-courses/tad-talk-teaching-anesthesia-diversityhtml

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