

# NURSES OF AFRICAN DESCENT AND CAREER ADVANCEMENT

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The purpose of this article is to evaluate a leadership institute designed to promote career advancement and leadership in administration, education, and research among nurses of African descent. Government reports indicate that Black Americans receive lower quality health care than other racial groups even when insurance and income are equal. Moreover, the literature suggests that less than 10% of practicing professional nurses in America are Black—and of these, less than 1% are in senior executive leadership positions. However, the literature lacks detailed discussion of the effectiveness of leadership programs. This article provides an in-depth look at a leadership institute for Black nurses and outlines the impact of the program. (Index words: Leadership; Mentoring; Nurses; African Americans; Blacks; Career Advancement; Program Evaluation) *J Prof Nurs* 25:122–126, 2009. © 2009 Elsevier Inc. All rights reserved.

**D**ISPARITIES IN HEALTH outcomes are a well-known national problem. Specifically, people of African descent have poorer health outcomes than other racial and ethnic groups. Unfortunately, Black Americans<sup>1</sup> receive lower quality health care than other groups even when insurance and income are equal, according to government reports. The Institute of Medicine (IOM) report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, highlights the need to increase the proportion of underrepresented minorities among health professionals. In response to empirical findings of unequal treatment, the report recommends that “affirmative action and other efforts are needed to increase the proportion of underrepresented U.S. racial and ethnic minorities among health professionals” (p. 186). However, just increasing the number of Black nurses is not sufficient to reverse the unequal burden of disease. It is essential that we have greater participation in health care decision making.

We need to develop a pipeline so that Black nurses can mentor and be mentored at all levels in health care organizations, academic institutions, and community organizations. The report also notes that a comprehensive strategy to eliminate racial disparities in health care

includes the rationale that it makes good business sense to attract workers who reflect the target population and have multiple perspectives incorporated in health care decision making.

Moreover, the American Public Health Association (APHA) recommends aggressive action to address disparities that include developing diverse health providers as well as a diverse public health workforce. Although nurses are central to health care and represent a larger portion of the health workforce, there is limited representation at senior and executive management levels. Based on the demographics of the nursing profession and nursing leadership, there are scant numbers of Black nursing leaders who are in positions to (a) participate in decision making at the highest levels, (b) minimize/eliminate racial and ethnic disparities in health care, or (c) change policy (Satcher & Pamies, 2006).

Nationally, the population is becoming more diverse, and most health care organizations treat racially, ethnically, and culturally diverse clients. Although nurses of African descent are represented at staff and middle management levels, they are underrepresented at upper and top management levels. Consequently, there are few people of African descent in decision-making positions and inadequate congruence between those in decision-making positions and those being treated. This lack of congruence limits the organization's responsiveness to the needs of those being served (Greene, 2007). This is most apparent in the area of health disparities and acts as a barrier to reducing or eliminating health disparities based on race.

Clearly, the elimination of health disparities is complex and expands far beyond any one-shot remedy. Many approaches have been suggested including recommenda-

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<sup>1</sup> In the United States, nurses of African descent are generally referred to as African American, African Caribbean, or African immigrants. We acknowledge the African Diaspora and the diversity among people of African descent. Therefore, in this article, nurses of African descent will be referred to as Black.

tions by public health leaders such as the APHA and the IOM, which have drawn the attention of legislators. In fact in June 2007, Senator Edward Kennedy introduced Senate Bill S:1576—Minority Health Improvement and Health Disparity Elimination Act. As part of this Bill, the U.S. Secretary will make grants to, and enter into contracts with, public and nonprofit private health or educational entities to support programs of excellence in health professions education for underrepresented minorities in health professions.

Nursing has been an upwardly mobile avenue for men and women of color. The development of leadership skills is a natural progression for dedicated nurses who want to influence the quality of health care and confront the issue of health care disparities in this country—an issue important to all of us. Bellack and Morjikian (2006) assert that nurses who seek career advancement to leadership positions rarely have access to formal mentoring by seasoned leaders. Moreover, White (1988) reports that mentored and nonmentored nurse administrators support the concept of mentoring for career advancement within the nursing profession. Mentorship has also been reported to be extremely important, and it has been argued that effective mentors understand gender differences (King & Cubic, 2005).

Of the 2.2 million practicing professional nurses in this country, fewer than 10% are Black—and of these, less than 1% are in senior executive leadership positions according to the American College of Healthcare Executives (<http://www.ache.org/pubs/research/rstudy/execsum.cfm>). Diversity in nursing should not be limited to frontline support staff but must expand to senior executive leadership. Senior nurse executives are in a position to structure the health care environment, make decisions that direct the flow of resources, and have a huge impact on minimizing and eliminating health disparities that result in quality patient outcomes. Nurses of African descent must have the skills to sit at the table where strategic decisions are made, be prepared to actively participate in the decision-making process, and share the perspective of diverse stakeholders that they represent.

Currently, many Black nurses are employed in settings where there are few and sometimes no Black counterparts to facilitate career growth. In fact, many Black nurses have limited networks, few mentors, and no meaningful avenues of mutual support. In addition, it is difficult to collaborate or act around common concerns, especially the health plight of Black Americans (<http://www.witchitawellness.org/wbna.html>). Providing an interactive program was the first step toward the development of an environment to provide strategic support and collaboration as well as to foster skill building and education.

Nurses are central to health care and can have a major impact on unequal treatment. The Metropolitan New York City area as well as other localities across the nation have uniquely diverse patient populations and need an increasingly diverse group of nurse leaders. Therefore,

this article provides an overview of the development, implementation, and evaluation of New York University (NYU) College of Nursing's Leadership Institute for Black Nurses (LIBN).

## What We Set Out To Accomplish

The purpose of NYU's LIBN is to enhance the leadership skills of midlevel managers and prepare them for senior leadership positions. Specifically, participants are given the opportunity to:

1. Distinguish and analyze how personal strengths and challenges can expand leadership opportunities.
2. Understand the nature of complex change in organizations and consider how different leadership paradigms affect the process of achieving results.
3. Explore the competencies necessary to implement a vision through negotiation and conflict resolution.
4. Learn how evaluation and outcome measurement fit within the context of strategic thinking, program planning, and organizational learning.
5. Explore the relationship between health, education, and the bottom line.

## Description of the Institute

The LIBN was designed to prepare nurses of African descent for leadership positions through education in the form of executive meetings and mentorship. The intense 6-month program included monthly 8-hour educational sessions, telephone conferences, and online discussion threads.

The LIBN promotes the attainment of specific skills such as individual efficacy, collaboration, and negotiation that are necessary to enable Black nurses to overcome racism, sexism, discrimination, and power differentials within health care systems. The Institute has also been specifically designed to foster skills that are necessary for Black nurses to participate in health care decision making, obtain promotions, and achieve prominence within the health care industry.

The first 8-hour educational session focused on individual efficacy. Fellows of the Institute learn the importance of personal mastery, that is, understanding the subconscious mind, will power, action of heart, and sincere desire to serve humanity. This inward search helps the Fellows to have a better understanding of personal growth and learning. Fellows complete this objective with a sense of purpose, one that views a vision as a calling, not an object to possess but a process to embrace. The Fellows also understand their individual ability to grow.

The second session focused on leadership and the current paradigm shift that includes systems thinking to build healthier communities and wellness promotion. The Fellows see how old views of leadership have been limited by metaphors drawn from military science and

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