

VALID REASONS OR EXCUSES



LIMITED ASPIRATIONS OF AFRICAN AMERICAN WOMEN REGISTERED NURSES (RN) TO BECOME AN ADVANCE PRACTICE NURSE (APN)

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Findings

No particular reason; just did not pursue becoming an APN. Presently service patients in Med-Surge (i.e., another participant was asked to explain the nature of the clinical setting due to the lack of response from the initial participant: the Medical Surgical floor is the area whereby patients are not in the unit or critical care, and nurses are required to take care of the patients' family members as well. Increased compensations are given because most seasoned nurses do not desire to work the floor. The high turnover is due to many nurses experiencing burnout from the 12:1 patient-to-nurse ratio, walking the floor the entire 12 hr on duty, and some medical doctors not desiring to be paged in the middle of the night. Being young, using foul language (however, not in the presence of patients), and crashing when off duty are necessary to survive in the high paced environment. Nurses do not have a personal life when working on this floor; if a nurse desires to have a personal life, the nurse should work the 3 p.m. to 11 p.m. shift).

The program requires an abundance of work, and patience, which is limited, is required to complete the program.

Presently service clients in a primary care physician office.

No available support in regards to keeping the children (presently have 3 children and divorced) while attending classes. Became an RN (Bachelor) at the age of 29, 7 years after being honorably discharged from the U.S Navy as a Dental Technician and 2 years prior to having children. Always desired to be in the medical field, and presently service patients in the operating room (OR) at the age of 42.

In addition to being content with present position (neonatal intensive care unit [NICU]), do not desire the responsibility. Since the present job is the sole income for the family (have a stay-at-home husband), becoming an APN will take away from family time (presently have four biological children

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and a step child and may have another child in the future). Became a mother of two by the age of 19 and an RN at the age of 21; thus, understands the sacrifice. Although patients seem to have a better rapport with White nurses (e.g., stereotyping or believing that African American RNs are actual CNAs prior to confirmation), discouragement has not been a factor.

Thought about pursuing an advance degree but difficult due to assisting the daughter who is attending college and

discouraged due to academic and nursing experiences. Became an RN (Bachelor) at the age of 30 while mothering 3 children. The requirements were difficult for everyone to get accepted into the nursing program. While enrolled in the program, noticed that some professors made provisions for White learners. For example, a White learner gave birth and was allowed to make up an exam 2 weeks later; whereas, a Black learner had to leave the hospital after given birth to take the exam. Of the 40 learners in the program, 6 were African Americans. Of the 6, 4 African Americans graduated, and approximately 30 Whites graduated. . . .

Within the hospital, African American nurses have difficulty finding better job. Most of the African American nurses work on the Oncology (cancer) floor with a 7:1 patient-to-nurse ratio, although management's goal is to have a 5:1 ratio. Many African American nurses work 20-30 years in the same position on the floor because advancement on the floor is difficult to achieve. Most nurses in the Intensive Care Unit (ICU) are White with a 2:1 patient-to-nurse ratio. African American nurses find difficulty getting positions in the ICU. Work on the floor begins at 6:45 a.m. and ends around 10 p.m. In the morning, nurses have to perform a head-to-toe assessment i.e., checking breathing, bowel, stomach and heart sounds, for swelling, and wound and making dressing changes) and charting the patient's

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progress every 2 hr. When patients are in pain (often time patients state they are not in pain, then ring the nurses minutes later to state they are actually in pain), nurses are going back and forth getting pain medications. Family members want the nurses to explain everything. All day, the medical doctors write new order, the staff takes the orders off the chart ensuring that new medication requests get to the pharmacy (a secretary [if available] actual types the order in the computer), and nurses sign off ensuring that the pharmacy records the medicine in the computer correctly. . . .

Started home healthcare because the atmosphere is more relaxing in most cases. Home healthcare involves going to patients' home and providing care. Many times, the nurses can sense prejudice. One White male patient who had rebel flags throughout the home asked, "Are you ready to give me a bath?" At the organization, many White nurses perform home healthcare, and patients often time assume that the African American nurses are the aids (i.e., CNAs) who perform personal hygiene care.

Attempting to migrate from hands-on nursing to informatics, which involve evidence-based medicine (EBM) requiring more contact with the computer and less interaction with the OR patients who often time blame the staff for their medical condition. Became an RN (Associate) at the age of 23 while a mother of two. In the last 16 years, Georgia's pay scale and benefits continue to be limited more so than other states, so nurses are leaving the field. Because Georgia is a work-at-will state, nurses are barred from striking for benefits, such as pay and patient-to-nurse ratio. Presently at the age of 39, a mother of three servicing patients in the OR while pursuing a Bachelor's degree online.

Results and Conclusions

The 6 RNs reside in the state of Georgia and practice in different clinical areas or physical locations. Based on conversations over a 4-week timeframe, the RNs seem to be knowledge workers, however, experience conflict



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balancing professional and personal lives and coping with nursing related stressors. Not meeting the GPA requirement to enter into graduate school was not mentioned during the conversations, which further indicates that the mini-research was warranted to obtain substantial reasons for the limited aspiration for RNs to become APNs. Leaders of medical centers, hospitals, and clinics might tailor nursing training to focus on establishing better rapport with patients and provide extended after-hour childcare to increase the percentage of African American APNs. Leaders might add, if not indicated, a provision in admission forms to include that all staff should be extended respect regardless of race to perform duties to the best of their abilities. Once RNs graduate with a Bachelor's degree, Visionary Mentors might explain to RNs the benefits of (a) networking to obtain current knowledge keeping abreast of clinical demands and emerging technologies, (b) starting small practices to subdue excess demands and stereotyping, and (c) publishing stories of perseverance to inspire potential future African American RNs as well as CNAs.

Future research might involve interviewing African American Licensed Practical Nurses (LPNs) who desire to become APNs but are experiencing difficulties becoming an RN. One LPN residing in Georgia identified current limitations to advance in the nursing field: lack of finance, medical condition (hormonal changes, which include depression), and no support from the spouse. The LPN believes that being in a management position might decrease workplace boredom and assist the clinic's staff (registered or certified assistants who acquired a diploma within 6-8 months) with alleviating frustrations. When the clerical staff is unable to assist clients (e.g., the older generation do not have much patience--waiting during appointments; clients not revealing all reasons for the visit resulting in more time than initially allocate for a session), nurses, as well as medical doctors, become bombarded with excess responsibilities. Accepting LPNs' academic credits and experience may stimulate enrollment into RN programs.

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Future research might involve applying the concept of brain science to the multi-faceted of explanations on how African American women endured the capacity to function as an effective LPN and continued learning becoming an RN. As daily stressors (burnout) tend to subdue the natural learning processes as years progress. The study might compare the timeframe, situations, and mental state of mind of inexperienced African Americans women who became nurse learners to the timeframe, situations, and mental state of mind of the few RNs who attempted to return to an academic environment after experiencing daily stressors in high-demanding work environments. The results of the study might lead inquirers or researchers to understanding why the vast number of nurses, preferably African American RNs, does not aspire (or cannot aspire) to become an APN.

