Enhancing Diversity Among Geriatric Nurse Scientists

The ongoing rapid national and global growth of the older adult population brings attention to the multiple health needs of this heterogeneous group. Older adults’ complex health needs challenge clinicians and health care systems to develop and implement innovative strategies for addressing pressing health issues specific to this population. Additional challenges associated with evolving demographic changes are shifts in gender, ethnicity, and geographic distribution of older adults in the United States (U.S. Census Bureau, 2011). By 2030, the U.S. older adult population will be more diverse than ever: approximately 28% will be considered ethnic and racial minorities, the poverty level will increase from 8.7% to 15% with greater impact on racial and ethnic minorities, and the geographic concentration of older adults living in Midwest and East Coast states will decrease, leading to a more even distribution across the country (Administration on Aging, 2012).

These demographic realities call attention to the need for continued support and emphasis on diversity among geriatric nurse scientists. For the purpose of the current editorial, we define diversity, in the context of the geriatric nurse scientist, as a professional who reflects the ethnic, gender, and geographic allocation of the U.S. older adult population and who focuses his or her scholarship on gerontological nursing science. We believe that diversity is essential to optimal care and to address current and future research priorities. Moreover, continued diversification of geriatric nurse scientists aligns with efforts to diversify the nursing workforce and opens the door to understanding and addressing existing human and health differences in difficult-to-reach and underserved older adult populations (National Advisory Council on Nurse Education and Practice, 2013). Research led by, and in collaboration with, ethnically and culturally diverse geriatric nurse scientists will facilitate the conduct of much-needed studies in populations that speak the same language, have similar cultural practices, or have been under-represented in previous research endeavors. In a recent issue of Research in Gerontological Nursing, examples of such studies included examination of spousal support mechanisms among a Korean immigrant population (Choi, Lee, Park, & Sarkisian, 2015) and interventions that identified barriers and directly targeted ethnic and cultural strengths to optimize transitional care for Mexican American older adults diagnosed with diabetes (Crist, Pasvogel, Hepworth, & Koerner, 2015).

Unfortunately, a limited number of geriatric nurse scientists are currently available who mirror the current and future representation of older adults in the United States. This shortage is especially challenging as a central goal of the Institute of Medicine (IOM; 2010) calls for doubling the number of doctorally prepared nurses by 2020. However, we also believe this is a timely and perfect opportunity for calling attention to our profession’s commitment to diversify nurse scientists by increasing representation and retention in academic settings and focusing on scholarship that addresses issues of older adults.

ENHANCING THE GERIATRIC NURSE SCIENTIST WORKFORCE

We present several options for enhancing the geriatric nurse scientist workforce. Our comments are framed by the impending demographic trends as well as a recent position statement (National Gerontological Nursing Association, 2015) recommending the inclusion of gerontological competencies in nursing education. First, early nursing experiences must include specific
didactic content and clinical placements focused on a diverse older adult population. In addition, faculty must be committed to exposing students to a positive environment to learn about culturally appropriate, healthy aging (Ben Natan, Danino, Freudlich, Barda, & Yosef, 2015). Despite being more likely than White nurses to seek graduate degrees, nurses of diverse ethnic backgrounds remain under-represented in nursing science (American Association of Colleges of Nursing [AACN], 2013). Thus, an educational approach that integrates cultural models, highlights positive aging, and focuses on “critical competencies” (e.g., geriatric syndromes, evidence-based models of care; Pepper, 2014, p. 444) may add to a passion for geriatric nursing, and in turn, a career trajectory that includes scientific inquiry focused on this population.

Next, emerging geriatric nurse scientists must be mentored at all stages of their educational training and supported as they identify and begin to develop programs of research and scholarship. Mentorship at the earliest stage of a nursing career has been addressed by the AACN (2010) and recognized as beneficial in supporting the growth of nurse scientists (Hill et al., 2014). Mentorship can and should begin in the pre-licensure period and extend as these new graduates consider additional educational pursuits (e.g., advanced practice RN role, baccalaureate of science in nursing-doctoral programs, doctoral preparation). In addition, a focus on mentorship of junior faculty, particularly those of diverse backgrounds who choose an academic career environment, must be a priority for established faculty colleagues. Academic institutions need to heighten attention to recruitment and retention of faculty who welcome diversity, are supportive of students and colleagues who represent a variety of perspectives, and recognize the value of these efforts to nursing science and, ultimately, patient care.

Finally, we believe it is essential to address the numerous competing priorities, including maintaining a balance on life demands and successful funding for scholarship that impact the success of a career as a geriatric nurse scientist. The financial support for creating a successful, diverse, geriatric nurse scientist is crucial. One strategy includes continued support for partnerships between educational institutions and health care organizations to create programs and incentives for building a scientific community that is clinically relevant and committed to a collaborative effort to support the essential work of geriatric nurse scientists (Franklin et al., 2011). Additional suggestions include political advocacy for geriatric nurse scientist education and development, collaboration between research-intensive and non-intensive research academic settings to achieve federal grant funding, and partnerships with philanthropic organizations representing or supporting specific cultural groups.

The demographic shift of older adults presents a great opportunity for geriatric nurse scientists to explore ways to increase their representation, generate diversity in the workforce, and conduct research to address the many issues confronting older adults. We believe every geriatric nurse scientist should serve as an advocate, not just for our profession, but for those we serve.

REFERENCES


Guillermina Solis, PhD, APRN, FNP, GNP-C
Assistant Professor
School of Nursing
The University of Texas at El Paso
El Paso, Texas

Christine Bradway, PhD, GNP-BC, FAAN
Associate Professor of Gerontological Nursing
Department of Biobehavioral Health Sciences
University of Pennsylvania School of Nursing
Philadelphia, Pennsylvania

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