

# Ep #124: DEI in Healthcare: Why Diversity, Equity, and Inclusion Matter for Nurse Practitioners



## Full Episode Transcript

With Your Hosts

**Sarah Michelle and Anna**

## Ep #124: DEI in Healthcare: Why Diversity, Equity, and Inclusion Matter for Nurse Practitioners

Welcome to the *Real Deal NP Club*. Whether you're hoping to become a real deal nurse practitioner or you already are one, this is the place for you to get the resources you need as you tackle this massive transition into practice. We're your hosts, Sarah Michelle, Chief Nursing Officer of Blueprint Test Prep, and Anna Miller, Director of Nursing Content. And we're here to hang out with you each week like your best friends in the NP space. Let's dive in.

Sarah: Hello, everyone. Today, we are going to be talking about a big buzzword right now, and that buzzword is DEI. DEI stands for Diversity, Equity, and Inclusion. But what does that really mean, and why is it important? Because it is so much more than a buzzword to be thrown around.

SMNP Reviews in Blueprint Test Prep really like to focus on DEI initiatives, and we hope that that reflects in our courses and our QBanks. And so for you all today, we are going to talk about what DEI is and how we can incorporate this important principle into our practices as real deal nurse practitioners. And of course, Anna is with me today to help shed some light on this topic too.

Anna: Yes, yes, hello. So we're going to go over some background on DEI, how to take a baseline of what it looks like in your current practice or clinical space, because that's always where you want to start. And then we'll just offer some examples of DEI health care practices and discuss some simple ways that you can get involved in making positive changes.

Sarah: And I think the biggest thing here is just joining us with an open mind, you know, getting ready to make that positive impact. And to really start out too, we have to define what DEI is, since it is kind of a buzzword. And we already mentioned that it stands for diversity, equity, and inclusion.

But what does that really mean? And so to break down each term, diversity refers to having a diverse group of people or individuals with different racial, ethnic, cultural, or experiential backgrounds. Equity is the fairness by which

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everyone is treated. And then think of inclusion as getting everyone involved in the discussion, decisions, and actions of the group.

Anna: Yeah, so I really think of DEI as just seeking out and embracing different viewpoints and perspectives and valuing those contributions. And to do that, we need a lot of different people with different backgrounds and different experiences, like you said.

And in health care, DEI is absolutely necessary from an organizational standpoint, but also in patient care. So how do you feel like DEI translates into better patient care?

Sarah: Well, I really think it leads to improved patient care and outcomes for several different reasons. There's better communication between team members, leading to that better continuity of care, and also DEI increases employee satisfaction, productivity, retention, all those are really great things. And so if your organization values and incorporates DEI initiatives, they're also being pretty financially responsible too.

Anna: Yeah, and as for our patients, we should really embrace these practices because patients of marginalized and underserved communities will benefit, and that is huge. And just having clinicians with different backgrounds and experiences can make our patients more comfortable. It can make them want to seek out care, and it just helps eliminate those barriers to care that absolutely still exist.

Sarah: And before we get into examples of expanding DEI in our clinical practices, we want you to visualize what your current practice or your current clinical setting looks like. Starting with your colleagues, is there diversity in terms of race and gender? Even consider ethnic background here.

Research has shown that patients feel more comfortable when being cared for by people who look like them. And how well do you think you and your colleagues represent diversity, equity, and inclusion?

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Anna: Yeah, and we really don't have control over our own race or gender or ethnicity, but something that we can control is that clinical environment, right? And this is something I've really started to pay attention to both in offices that I visit, offices I take my children to, what is represented in the pamphlets in the waiting room? What kind of pictures or posters are on the walls? How are the bathrooms separated?

Are there a variety of appropriate options on patient forms and questionnaires that are inclusive of different gender identities and pronouns, even races and relationship statuses?

Sarah: Yeah, that's a really great point. And we can make sure everybody is represented in those materials. In my daughter's pediatric office, I noticed that all types of children, including in terms of race and ability, are shown in the pictures in the pamphlets.

However, at an OB office, during my clinical rotations, I noticed that only heterosexual couples are represented. You know, how might that make an LGBTQ plus couple feel when they come in for an appointment? And these are just the kinds of things that we want to be thinking about.

Anna: Yeah, and we just mentioned like a few ways to promote DEI in your practice, but I want to dive a little deeper. So to align with what we just talked about, if you can, you should get involved with the hiring process in the clinic or even start discussions about how the environment can be more inclusive. What are some other ideas that we can do, Sarah?

Sarah: I would also look to support the diversity of patients. You know, is there a way to expand access to patients with different insurances? For example, can you become credentialed to accept patients from Medicare, Medicaid, or a wider variety of private insurances? Or can you work to create a sliding scale payment schedule for patients without insurance. Those initiatives can certainly help our underserved populations.

Anna: Oh, yeah, absolutely. And in terms of equity, we need to make sure that we and our colleagues have the tools needed to serve our patients

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well. So for example, if we are expanding access to new patients, are there any foreseeable language barriers? Do we have interpreter services?

It can be something like printing off instructions in different languages. And in the research, are we doing a good job of representing these different populations? So just remember that equity comes back to, are we treating everybody equally? And we have to have the resources to do that.

Sarah: In terms of inclusion, let's brainstorm how we can be more inclusive as clinicians as well. When I think of inclusion, I think of it as "include." And so how are we including others like staff, colleagues, and, of course, our patients in our decision making?

Are we respectful in our conversations with staff and colleagues? And are we really taking into consideration what they are saying? Are we working together with an open mind? We cannot make meaningful change if we stay in our own little bubbles. And we can always learn from other people.

Anna: Yeah, and with our patients, being inclusive also brings in those ethical principles that we've learned over and over like autonomy, beneficence, non-maleficence, and justice, right? Being inclusive, I think, has a lot to do with our communication.

So making sure we're using patient-centered language and we're communicating verbally and non-verbally in a way that makes our patients feel welcomed. We want to make sure they feel heard. And we need to value and respect the decisions that our patients are making for themselves. But we also need to make sure that we are explaining things in a way that the patient understands so that they're able to make their own decisions.

Sarah: I also think it's really beautiful with DEI that so many principles are tied together, which just demonstrates, once again, its importance in health care. And we highly recommend taking additional training in patient-centered communication and cultural competency.

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Your organization might already have those trainings in place, which is great, but there are also a ton of new resources out there for clinicians as well. And it could be a great way to spend some time getting that continuing education that we all have to get anyways.

And then lastly here, we just want to talk about how you can get involved and create a positive change. We need to support the initiatives in health care and help close the gaps in health disparities. And the best way to do that is to become an advocate. So Anna, what is one way we can do that?

Anna: Well, one place I always think of that you can start is with the AANP, right? As a member, you can join several special interests and practice groups. And AANP actually has one devoted to health, equity, diversity, and inclusion.

There is an annual fee in addition to the membership fee. But if you have a passion for DEI, this is a great place to start and a great place to promote change.

Sarah: I think that also brings up other professional organizations as well. Many nursing and medical associations have DEI committees that members can join. So for example, I think about NAPNAP, which is the National Association of Pediatric Nurse Practitioners. They have a DEI committee.

And then the American College of Cardiologists has an entire resource center devoted to DEI education and just promotion all around for clinicians as a whole.

Anna: Yeah, so if you have a passion for improving diversity, equity, and inclusion in health care or in your own practice, there are so many resources and pathways for advocacy out there.

Sarah: Yes, for sure. So all right, y'all, we talked about a big topic today. And we really could keep going on and on about the impact of DEI initiatives in health care. And we really just hope that you feel invigorated

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for change and can look at things in your clinical practice with maybe more of an open mind.

And remember, we are on a continual learning journey as nurse practitioners, so never stop learning, never stop improving. And Anna, what was the big key takeaway for you today?

Anna: I think one thing that I take away, and I want everybody to take away, is that one small change can make a really big impact. So just imagine the difference that you could make for someone by changing up the posters in your clinic or using more inclusive language on patient forms. Like you don't have to be the next DEI spokesperson to make a really meaningful difference for a patient feeling comfortable in your office.

Sarah: Absolutely, that is such a great point. And thank you everyone for tuning in today. We hope you enjoyed this quick episode and be sure to follow us on our podcast channel and follow us on YouTube under SMNP Reviews. Until next time!

Thanks for listening to the *Real Deal Nurse Practitioner Club*. If you want more information about the different types of support that we offer to students and new nurse practitioners, you can visit [npreviews.com](https://npreviews.com). We'll see you next week.