

Mentorship matters: Supporting and growing the Asian American Pacific Islander women’s health nurse practitioner pipeline

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Womens Healthcare. 2024;12(1):31-34. doi: 10.51256/WHC022431
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In the dynamic and diverse landscape of the nursing profession, mentorship can play a pivotal role in leading aspiring nurse practitioners along their career path. Mentors can take on a multidimensional role in the development and growth of the pipeline of nurse practitioners, more specifically women’s health nurse practitioners (WHNPs). As the registered nurse begins the transition of exploring options for graduate school, begins to build their professional network, and graduates to become a novice nurse practitioner, their journey can be shaped by the role of a mentor. When facing challenges navigating a specific desired career trajectory and the multitude of academic pathways to pursue, a mentor can serve as a vital resource. Mentors can provide both personal and professional support in these challenges.

Mentor relationships can come from a variety of sources, from advisors in nursing school to nursing faculty to

clinical preceptors. An effective mentoring relationship can help build support, coach, and empower mentees to achieve their specific goals.¹ Mentors possess the ability to expose mentees to potential academic paths, to bring forth leadership opportunities, and to help build confidence in a future or new-to-practice clinician.

In the Asian American and Pacific Islander (AAPI) community, also more inclusively called Asian American and Native Hawaiian/Pacific Islander (AANHPI), mentorship can take on a powerful role in the trajectory of an individual’s career path and personal growth, especially for those from communities that are underrepresented. This is true for nurse practitioners from the AANHPI community. According to the American Association of Nurse Practitioners survey, 4.3% of respondents were Asian and 0.2% identified as Native Hawaiian or Pacific Islander.² Additionally in the National Association of Nurse Practitioners in Women’s Health WHNP Workforce Survey, of the 11,318 respondents, 2.4% were Asian and 0.3% were Native Hawaiian or Pacific Islander.³ They may face challenges related to a variety of social factors such as immigration, disparities in level of educational achievement, history of colonization, and intergenerational trauma.⁴ They may feel isolated and have feelings of imposter syndrome.

Additional sociocultural factors may play an important role in the reason why mentorship in this particular community is vital. A common barrier has been termed the “bamboo ceiling,” which encompasses the multifaceted barriers and processes that may exclude persons from the AANHPI community from advanced degrees and leadership positions.⁴ Similar barriers may be applied to opportunities in nursing and further professional development. Resources that have commonly been cited as a way to “break the bamboo ceiling” include the existence of mentors who have experience in providing advice and raising awareness of issues faced by the community.

The “model minority myth” is another sociocultural phenomenon that necessitates the existence of strong mentors for AANHPI nurses. The model minority myth refers to the stereotype that all people from AANHPI communities are intelligent, successful, docile, and model members of the community. This can be harmful and pervasive, especially to students and young professionals, as it perpetuates microaggressions, as well as the narrative that people from these communities need little help or assistance with academic or professional development. The myth also ignores the diversity of AANHPI cultures, the diversity of experiences, and individual differences.⁵

In the context of becoming an advance practice registered nurse (APRN) for students or young professionals



from these communities, the presence of mentorship and strong advisors may be less prioritized because these individuals “will be fine” and “always successful.” APRN mentorship in these communities can further share “knowledge capital” and help with navigating personal and professional growth. This can be termed as “culturally congruent mentorship,” the ability to relate on shared experiences, strengthening racial and ethnic identity, support and guidance with career trajectory, and support of personal wellbeing. Culturally congruent mentorship can hold a powerful impact on those who may not often see APRNs from their particular racial and ethnic background.

Asian Americans are the fastest growing racial/ethnic group in the US, and Native Hawaiians and Pacific Islanders are the third fastest growing group.⁶ In recent years, especially exacerbated by the Covid-19 pandemic, the AANHPI community has faced a rise in anti-AANHPI violence and discrimination. A survey conducted in a study on hate and its effects in the Covid-19 pandemic showed that hate incidents may be associated with negative effects in mental health, serious psychological distress, perceived decreased safety, decreased healthcare access, and foregoing necessary care.⁶ It is critical to have healthcare providers who can understand this very detrimental lived experience within the AANHPI community. Increasing the pipeline and expanding AANHPI representation in a variety of APRN specialties including women’s health can improve health outcomes.

There is a dearth of information on specific AANHPI backgrounds and their respective numbers in the APRN community, because of the ways in which data are collected and categorized. Even more specifically, the number of WHNPs of Filipino-American background is difficult to find. Although Filipinos make up a large percentage of the registered nurse workforce, 4.5% according to the United States Census, this is less so in the WHNP role.^{3,7}

A mentee’s perspective

In 2016, I was an undergraduate nursing student. At this point in my nursing journey, I knew that I possessed a passion to pursue a career in women’s health. My nursing school gave undergraduate students the opportunity to apply to submatriculate into one of its several graduate nursing degree programs. This meant that as an undergraduate student, you could apply to a graduate program. If accepted, students could take up to three courses to count toward the graduate program curriculum. The student could still pursue a bedside nursing career and return to the program after a few years of experience.

Although there are many Filipinos who work in the nursing industry, I had never met one who was a WHNP or who worked in an ob/gyn specialty. As a Filipina American aspiring to become a WHNP, I was inspired by seeing a Filipina American WHNP, and at the time, Associate Director of a women’s health/gender-related nurse practitioner program, working as a clinician, educator, and leader. As a young student, this mentor opened my eyes to the quote by activist Marian Wright Edelman, “You cannot be what you cannot see.” She inspired me as an undergraduate student to apply to the program. Seven years later, I graduated from this WHNP program with my Master of Science in Nursing.

My mentorship relationship began when I was an undergraduate student and continued as I began working as a registered nurse. It did not stop with my admission to the graduate program. Over the course of the next few years, I had the opportunity to learn from my mentor in many contexts, seeking advice on my personal career trajectory, professional development, and academic pathway. She helped introduce me to alumni and clinicians who would later make an indelible impact on my experience as a nurse.

While I was working as a labor and delivery and postpartum nurse, my mentor saw an opportunity for me to work with undergraduate nursing students. I became a course assistant for her professional nursing seminar and maternal health nursing courses. When I first began the role, I had personal doubts about my abilities and qualifications working in education. Through every question, every challenge, and every obstacle, my mentor pushed me to build my confidence and help me feel that I belonged in this position. After more than 2 years and working with over 400 undergraduate nursing students, I now possess a deep love for teaching and nursing education and plan to move forward in this chapter of my career to work in some way with students.

At that time, my mentor saw what I could not yet see in myself, something that shows just how powerful the role of mentorship can be. I have now been able to serve as a mentor to several undergraduate students, many of whom are from the AANHPI community, in forging their own paths toward working in women’s health. Additionally, as I enter my career as a WHNP, I hope to continue to pay it forward. In addition to building a WHNP pipeline, these relationships can cultivate the mentee-to-mentor pipeline.

A mentor’s perspective

When I told my mother that I wanted to become a WHNP, her first words were, “You need at least 5 years of med-surg nursing before you should specialize.” As

a third-generation nurse, I was following the footsteps of not only my grandmother and my mother but also the thousands of Filipino nurses who immigrated to the United States in the 1970s and 1980s to fill the nursing shortage in intensive-care units across the country. But I was determined to pursue a career in women's health and follow a career path that veered from what most Filipino nurses followed. To my recollection, I have never met a Filipino American WHNP who was older or had more years in clinical experience than me. From the start of my career as a WHNP student in 2001, I had to find my own path through trial and error and making many mistakes. I sought out WHNPs I admired and asked them for advice, invited them to collaborate, and went out of my comfort zone to seek opportunities like writing my first book or running for a seat on a board of a national organization that led to more opportunities once I proved I could deliver results. Call it fate or luck, or the sum of multiple steps that led me to being in the right place at the right time in finding several mentors who believed in my abilities and helped me achieve my career goals. One of my mentors is one of my undergraduate professors, the only Filipino American faculty member I ever encountered during my undergraduate and graduate studies. I never considered a career in academia and research prior to being in her class but having her as my professor allowed me to see myself in her shoes and consider the possibility of pursuing the career that I have now. More than two decades later, she actively recruited me to join her as a professor at her university. We now work in the same institution as she continues to provide guidance and support in my career as an academician, researcher, and clinician. When I told my mentor that I wanted to pursue researching Filipino American health, I did not have to explain the significance of this agenda for me and our community. I did not have to justify how there is a lack of research on Filipino Americans, most especially among the women in our community, and how filling this gap will help address health disparities and improve care. I had her full support from day one.

I learned from my mentors to build trust with my mentees and to create a mentee-mentor relationship that is collegial, respectful, and enjoyable. Here are the tenets of mentorship that I use as a guide:

- **Sharing clinical knowledge and skills:** As a practicing WHNP for 20 years, I openly share my clinical skills and knowledge, practical insights, and real-world experience with my mentees. This includes sharing with them the mistakes I have made and how I have used those errors to change my clinical approach in patient

care. In Asian culture, we tend to “save face” and shy away from revealing mistakes we have made. My approach to this is from a safety perspective to improve patient care.

- **Building community and networking:** As a mentor with an established community within nursing and beyond, I prioritize connecting mentees with colleagues who could help them grow professionally. I only know of a handful of Filipino American WHNPs, but there is a larger group of Filipino American healthcare workers in this country. I always ask myself and my mentees how can we leverage our women's health specialty to address health disparities in the Filipino American community? As WHNPs, we are experts in women's healthcare and that is an important contribution to our community.
- **Preparation for professional practice:** This is an important component of mentorship. I take this to heart in the classroom and in precepting students. From day one, I let my students know that I am not only teaching the theoretical and clinical content of the course but I am also preparing them for professional practice. Sometimes this may feel prescriptive when I am coaching them on how to properly address an email, how to respond to another healthcare provider, or how to respond to job interview questions specific to women's health. But if my mentee is the first in their family to obtain a college degree or the first one to pursue a career as a WHNP, they may not have learned these skills.
- **Career development:** My commitment to my mentees is long term. I help them develop their short-term career goals, but I also challenge them in thinking about how their present goals will affect their future ones. In my previous research, I found many barriers for BSN-prepared Filipino American nurses to pursue a graduate degree, such as “utang na loob.”⁸ This Filipino concept roughly translates to the sense of indebtedness that someone feels when they are the beneficiary of assistance. The person who receives this support feels the need to return the favor. First-generation Filipino nurses who received financial aid from family members to pay for them to go to nursing school feel a strong sense of duty to reciprocate this favor once they immigrate to the US. The nurses prioritize sending money back to their families in the Philippines rather than using the money to pay for graduate education. One must understand that this is a cultural phenomenon among Filipinos and that planning for a career that includes an advanced degree is multifactorial.

The impact that mentors can have on young professionals in the AANHPI community and specific ethnic backgrounds such as Filipino Americans is manifold. Sociocultural phenomena including the bamboo ceiling and model minority myth may restrict young nursing students or registered nurses from seeing themselves in an APRN or leadership role, in particular in women's health. Mentorship can provide for culturally congruent support to these individuals, further increase the WHNP pipeline, and diversify the women's health community. Conducting more research on mentorship among AANHPI WHNPs is needed for addressing the unique barriers and facilitators in developing effective mentorship, advancing nursing career trajectories, and supporting and building a strong pipeline of advanced practice providers who are knowledgeable in providing equitable care for the AANHPI community and beyond. ■

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