

Bowens, Shirley, M.



Shirley Bowens was educated as a Family Planning and a Pediatric Nurse Practitioner. She began her civilian career as a staff nurse, Maternal-Child Health clinic nurse, public health nurse and supervisor and consultant. After receiving her master's degree in Pediatric Nursing, she became a Pediatric Nurse Practitioner. She served in the US Navy and held a variety of roles. In 2001 she became a Fellow in the American Academy of Nurse Practitioners.

Interview Abstract

Ms. Bowens was the first African American to become a Fellow of the American Academy of Nurse Practitioners (AANP) in 2001. She also was awarded the AANP Maryland State Award of Excellence in 2005.

In the interview she discussed the challenges she faced as an African American nurse. During her academic programs she never encountered African American faculty and in fact was discouraged by some faculty for seeking a higher level of education.

She discusses her various roles throughout her career both as a civilian and in the US Navy. Beginning as a baccalaureate nurse she traces her career through to her master's degree. She begins with her early experiences as a staff nurse and how she evolved into having multiple roles as clinician, researcher, consultant, administrator, educator and supervisor.

She recalls her roles in the US Navy and her experience in global health during her time in West Africa. The interview concludes with suggestions for change in educational programs and advice to new nurse practitioners.

Keywords: Advanced practice nurses, Nurse practitioners, Diversity, Nurse practitioner history, Racism

Biographical Sketch

Shirley M. Bowens is a native of Duluth, Minnesota, Shirley Bowens attended the University of Minnesota-School of Nursing. Upon graduation with a Bachelor of Science degree, she began a civilian nursing career. Her civilian work experience includes working as a: Staff Nurse, Maternal-Child Health Clinic Nurse; Public Health Nurse; Nanny School Instructor; Nursing Supervisor; Nurse Specialist Consultant; Nurse Practitioner; Corporate Wellness Consultant and Owner/Director of a childcare business. As a graduate student at the University of Minnesota-School of Public Health she received a dual master's degree in Public Health and Maternal-Child Health including a Family Planning Nurse Practitioner Certificate.

Shirley later attended the St. Catherine University- School of Nursing in St. Paul, Minnesota and was awarded a Master of Arts degree in Pediatric Nursing. She is certified as a Pediatric Nurse Practitioner by the National Association of Pediatric Nurse Practitioners. Shirley earned special distinction as a “Fellow” of the American Academy of Nurse Practitioners in 2001 and was awarded the “Maryland State Award for Nurse Practitioner Excellence” in 2005.

Shirley proudly served with distinction in the US Navy from 1990 to 2015. Her duty stations included Naval Hospitals- Bremerton, Washington; Rota, Spain; and Bethesda, Maryland; Navy Recruiting District- Dallas, Texas; Navy Medicine Headquarters (Bureau of Medicine and Surgery) in Washington, DC and the Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Maryland.

During her tour at Navy Recruiting District- Dallas, Texas, Shirley earned recognition as the “District Medical Recruiter of the Year.” She served in numerous operational missions including a tri-service humanitarian mission to Benin, Africa; and on-board the USNS COMFORT (hospital ship) participating in mass casualty training exercises in Nova, Scotia, and deployment in support of Operation Iraqi Freedom.

Shirley provided exceptional clinical care in Pediatric and Adolescent Clinics at several medical facilities in the US and overseas. She was a Nurse Practitioner in high demand by patients and a well-respected colleague. Her varied administrative assignments include serving as the Senior Nurse Executive for the National Naval Medical Center (NNMC)- Branch Health Clinics Directorate providing oversight to eleven ambulatory clinics throughout a five-state region. Shirley served as the Deputy Director for Clinical Care and Public Health responsible for policy development and management of Navy Medicine. Her assignment at WRNMMC involved providing nursing consultative services to over 70 ambulatory clinics and sub-specialty clinics.

Shirley has tirelessly committed her professional career to plan, implement and support the provision of quality and safe health care to civilians, military members and their families of all services.

Shirley Bowens resides in Glenn Dale, MD with her husband, Michael, and extended family members.

Interview Transcript

Shirley Bowens
Interview

AANP Oral History Project

Shirley Bowens



Date: 3/23/2021

Interviewee Name: Shirley M. Bowens

Interviewer: Barbara Sheer

Place for Interview: E-mailed

Education:

**B.S .Nursing -St. Catherine University, St. Paul, MN - (1992) M.A. - Pediatric Nurse Practitioner
University of Minnesota, Mpls., MN – (1979) M.P.H. – Maternal-Child Health
Planned Parenthood, St. Paul, MN – (1978)–Family Planning Nurse Practitioner Certificate
University of Minnesota, Mpls., MN – (1975) –**

Certifications: Pediatric Nursing Certification Board (PNCB)

Short Bio:

Shirley M. Bowens is a native of Duluth, Minnesota, Shirley Bowens attended the University of Minnesota-School of Nursing. Upon graduation with a Bachelor of Science degree, she began a civilian nursing career. Her civilian work experience includes working as a: Staff Nurse, Maternal-Child Health Clinic Nurse; Public Health Nurse; Nanny School Instructor; Nursing Supervisor; Nurse Specialist Consultant; Nurse Practitioner; Corporate Wellness Consultant and Owner/Director of a childcare business. As a graduate student at the University of Minnesota-School of Public Health she received a dual master’s degree in Public Health and Maternal-Child Health including a Family Planning Nurse Practitioner Certificate.

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1. When did you become an NP?

My initial training as a Nurse Practitioner (NP) was completed in 1978 as a Family Planning Nurse Practitioner (certificate program). I became a Pediatric Nurse Practitioner upon completion of a master's degree (MA) in 1992.

2. What was the motivation?

I have taken two different paths during two distinct periods of time which were unique to NP's. The role of NP's was very new when I first became an NP. In conjunction with the University of Minnesota- School of Public Health, I was selected for a program offered by Planned Parenthood to become a "Family Planning" Nurse Practitioner. From my perspective, this training laid the foundation for what has evolved to now be identified as Women's Health Nurse Practitioners. Prior to becoming an NP, I was interested in the specialized field of Maternal-Child Health. In several of my roles as an RN, I was involved in the provision of hospital and clinic services to infants, children and adolescents as well as teaching childcare classes and family planning to young mothers.

My desire to become an NP was an opportunity to become more actively involved in the independent decision-making process of patient care. At that time, particularly in the late 70's and early 80's I didn't fully realize the tremendous influence NPs had in affecting change in our health care system.

Nurses were developing greater visibility and slowly garnered greater respect by other health care professionals, specifically physicians and the patient community. I wanted to be at the forefront of this important movement. I viewed this role as a reflection of the changes that were occurring such as improving equality for me as a professional nurse, as a woman and as a black American. These three qualities inextricably overlapped and formed my identity. I wanted to represent positive change. Becoming an NP on the cusp of this new role transition was exciting and felt like a natural evolution at this point of my career.

After having worked years prior as a Family Planning NP, I (and the medical community) had become comfortable with the advanced practice role, now I desired to become a Pediatric Nurse Practitioner

(PNP). My career experiences were varied, yet I wanted to expand beyond the realm of maternal health supervisory, administrative and consultant roles. It was important to me to engage in pediatrics to a greater degree. I wanted to make a global impact on the health of children. By 1990, I was also interested in joining the US Navy. The Navy was actively recruiting nurses and offered the incentive of assisting with the cost of graduate education. The Navy utilized PNP's to provide clinical care to the children and adolescents of the military families around the world and participated in humanitarian missions. It was a perfect fit for me!

3. What experiences did you bring into the role?

When I think of my career paths, I think pre-military work experiences (1975 to 1990) and the military related experiences (after 1990). It was my diverse work experiences as an RN that strengthen my ability to serve as an NP. These experiences contributed to my foundation of knowledge, effectiveness, efficiency and the compassion which I brought to this expanded role.

I worked in a variety of roles since completing my baccalaureate nursing (BSN) degree in 1975. I worked briefly as a medical-surgical nurse, then identified my interest as a clinic nurse in the Family Planning Clinic and Child Health Clinic at a local health department. I also worked as a staff nurse in the antepartum, post-partum and newborn nursery units of a large County medical center.

As a public health nurse (PHN), I made home visits primarily to young families that had numerous medical and social challenges. It was during this experience that I became aware of the pressure that many PHN's were experiencing to provide more services which were beyond the scope of their practice.

Later, I pursued administrative nursing as a Public Health Nurse Manager, where I gained experience serving as a liaison between a large County hospital and a community-based clinic in an ethnically diverse neighborhood.

I participated as a nurse researcher collecting and analyzing data for a few studies. One of the most rewarding projects involved an interdisciplinary team project on "Community Control of Hypertension."

By now, it should be apparent that I enjoy seeking new career experiences. I entered yet another innovative realm of nursing when I worked as a Health Consultant in a business corporate setting. My job entailed identifying and documenting factors related to health risk status and behavior change

and conducting health promotion information sessions for corporate executive employees, spouses, and employee groups.

As a Maternal Child Health (MCH) Program Specialist for another County health department, I supervised public health nurses in the provision of consultation and training to childcare professionals working in state licensed childcare facilities. This position was ideal to draw upon my academic preparation and involvement in MCH and PH as well as my familiarity with rules and guidelines having been a Director of my own childcare facility.

Qualified child caregivers within home settings also became a huge focus as more women entered the workforce. In addition to my full-time position as a MCH Program Specialist, I worked part-time as an Instructor- where I taught growth and development, nutrition and related child-care topics to childcare specialist and nannies.

My work as a Family Planning NP, initially at Planned Parenthood and later in a large metropolitan medical center definitely formed my identity as an advanced practice nurse. I also volunteered as an NP at a free community clinic serving marginalized adolescents.

One of my most influential positions was as Director of my own licensed family childcare business. This role made it possible for me to work and to positively impact other families while concurrently expanding and raising my own family.

The variety of jobs (clinical, supervision, consultation, research, and education) that I held enabled me to gain a glimpse of nursing from multiple perspectives. These experiences helped to develop skills which prepared me for the next phase of my career as a leader and as a Nurse Practitioner in the US Navy.

4. Did you experience any challenges?

The initial challenge in 1978 was simply transitioning to a new role as a NP. The advanced practice role still faced hostile resistance by many physicians. Surprisingly, there was also some resistance by other nurses and skepticism from patients. The concerns which prevailed related to scope of practice, competence, credibility, and trust. There were very few NP faculty during this time thus, most students were affiliated with physician faculty in certificate programs.

Interestingly, I was the only African- American person in both of the NP academic programs that I attended, and I never encountered an African- American faculty member in my graduate Nursing programs. I faced concerns related to one of the graduate school professors who was also on the Admission Committee. When I had my admission interview, this professor stated to me, "Why should

“you” be interested in a graduate degree? Surely, as a young black woman, I would think that you should be happy with a bachelor’s degree.” When I explained my desire to seek higher education, the professor continued to share her myopic perspective when she said, “You don’t appear to be particularly “deprived” to me- why do you think this program will benefit you?” There were more amiss comments which left me feeling like I would not be selected to attend this program. Upon completion of the interview, I was confused about the criteria used to determine selection of students and I wondered whether all prospective applicants were approached in this manner.

A major challenge that I faced throughout graduate school was being accepted and perceived as a professional on equal level with white students. There was the underlying message (covertly and at times overtly stated)- that you must be here because of a quota mandate. Despite the ability to articulate and represent oneself well, high academic achievements, stellar recommendation letters, pertinent work experience and other criteria- minority students are often scrutinized on subjective opinions. This struggle to be perceived as competent and professional can also exist in the workplace- at disproportionate levels for people of color. Issues related to differences- whether it is socio-economic, cultural, language or unique life experiences often provide an excuse for others to stereotype and hold biased perceptions towards other people.

Early in my career as an NP, I recall a meeting consisting of only five participants during which the Chairperson did not formally introduce me as the new representative nor acknowledge me at any point during the meeting- it was as though I wasn’t sitting at the table. In a different meeting event, I recall a participant stating, “Should we introduce our new member?” and the Chairperson stated, “No, let us take care of the important business first.” These types of comments leaves one to feel “invisible” and like an outsider.

When you overlay the characteristics of being a black female nurse practitioner- one questions whether you are treated differently because of sexism, racism, classism, or some combination of all. I believe that although improved, NPs continue to face some bias in certain communities that harbor misconceptions about this role. The need to prove oneself as intelligent, competent, trustworthy, and non-confrontational was an added stressor I’ve had to manage throughout various points of my career. I found myself consciously trying to always exhibit these qualities to dispel certain stereotypes and misconceptions- as a black female nurse practitioner. It was necessary for me to develop coping strategies to survive in what felt like a hostile environment at times exhibited by faculty, peers and patients.

How were they resolved?

Regarding my graduate school interview- I expressed my concerns to the Admissions Director related to how I was approached during the interview. Fortunately, I was selected to the graduate program and it was not due to any Affirmative Action requirement. Two years later, I graduated magna cum laude. The drama continued, as the same professor approached me after the graduation ceremony and said, “My, I must say, I’m surprised that you stayed with the program. Congratulations” then she abruptly walked away.

Concerning the evolution and acceptance of the NP role by other professional colleagues, I was fortunate during my early clinical training to have two physician preceptors that were supportive of this evolving role. Both of these physicians worked in underserved communities and early on realized the value that NPs could bring to these communities and other areas. These physician preceptors also understood the power of collaborative practice even though the NP role was a new concept.

Years later when I returned to graduate school in 1990, I had amazing, experienced, and competent NP faculty members and advisors. Most notably, Dr. Lindeke took me under her wing and ensured that I was challenged and focused. She was enthusiastic, encouraging and dedicated to training students. Dr. Lindeke was a wonderful Pediatric Nurse Practitioner role model.

Lastly, the issue of being accepted and acknowledged as a credible and competent black female nurse practitioner has greatly improved within our society, although there is more work to be done. I have developed a strong sense of self and I'm at an expert level of clinical competence and will continue to be a lifelong learner.

5. Are there any experiences that you would like to talk about?

There are several exceptional experiences that come to my mind which occurred during my nurse practitioner career, most notably while serving in the US Navy.

The first memorable experience was shortly after being assigned to my first duty station in Washington state. Two pediatricians served as my primary mentors, Dr. Forsell and Dr. Craig. Dr. Forsell taught me "pediatric pearls" of wisdom and tirelessly reviewed patient records with me as a novice PNP and helped with my transition to Navy healthcare. Dr. Craig was considered the world-wide Navy subject matter expert in conducting child sexual abuse examinations. It was under her skillful and meticulous guidance that I became the first Navy PNP to receive clinical training to conduct extensive interviews with children and adults related to sexual maltreatment cases. Additionally, I was taught how to conduct medical examinations, evaluation, and treatment of alleged sexually traumatized children. This was a memorable experience because I had the opportunity to acquire a unique skill set to conduct these specialized services in addition to my primary care responsibilities.

I also mention this as a memorable experience because I worked with incredibly gifted physicians in my first role as a PNP. They devoted time and energy to ensure that I was comfortable in my dual role as a Naval officer and PNP Nurse Corps officer. They verbalized and displayed the qualities that made me feel welcomed, appreciated and like a true member of the team in our bustling clinic, where was the only Pediatric Nurse Practitioner in the department.

Another very memorable experience as a PNP relates to me being selected to participate in a 70-member team of medical and dental health care professionals representing the Navy, Army and Air Force. Our team conducted a humanitarian mission in West Africa. I was the only Nurse Practitioner on the team. I had always wanted to provide quality and compassionate care to people in areas that were underserved. As a young child, I had seen and heard the stories from family members of inequity

in the health care system. As a teenager, I had the opportunity to visit several migrant camps in upstate New York. I learned of teens my same age that were not enrolled in school nor did they have access to healthcare. I was appalled to see that they did not have suitable living conditions nor the basic pleasures of life that I enjoyed as a teenager. This experience further strengthened my desire to become a nurse. In my youth, I wanted to become a public health nurse, I wanted to reach unique populations and I wanted one day to provide humanitarian assistance.

As an NP this experience in West Africa was the epitome of beginning to understand the complexities of the provision of international health care. This mission and my interest in Global Health led me to deliver a presentation titled, "International and Interdisciplinary Health: A Nurse Practitioner Perspective" at the 6th International Annual Nurse Practitioner Conference (1998) in Melbourne, Australia.

Another unforgettable event that I want to share is my deployment in direct support of Operation Iraqi Freedom (2003) on-board the USNS COMFORT- hospital ship. The COMFORT is a 1,000 bed full service floating medical facility. I felt fortunate to care for wounded and injured military members and civilians during this very historical era. This experience further contributed to my awareness of culturally appropriate care and the value and skill to effectively work with translators.

It's been said that the greatest honor is for one's accomplishments to be recognized by peers. Other highlights of my career which I'd like to share are regarding my induction as a Fellow of the American Academy of Nurse Practitioners in 2001. I also served as a member of the "Nurse Practitioner" Editorial Advisory Board. In 2005, I was the recipient of the highly coveted State of Maryland Award of Excellence in Practice from the American Academy of Nurse Practitioners.

I will forever be thankful for acknowledgement of my contributions.

6. What was most challenging in your career/ most important?

Throughout my career it was challenging to be accepted as a professional black female that legitimately earned the right to work in professional positions, to be selected for advanced education or even selected for leadership job assignments.

7. Is there anything you would want to change?

If I could change something which impacts Nurse Practitioners and the people that we serve, I would start at the academic institutions that train NP's. I believe that recruitment and retention of students, faculty selection and NP curriculum are prime areas for review and revision. I would like to see a greater representation of ethnically, racially and gender diverse faculty. A lack of diverse nursing faculty has significant implications for nontraditional students. I would like to see more efforts placed on attracting faculty from all backgrounds and genders, particularly in institutions which faculty members have been traditionally white

women.

Students need culturally aware, culturally competent educators who respect and value the diverse attributes of their students. It is my belief that the value of a culturally diverse NP community has been confirmed- now our nursing institutions must reflect and support the needs of our changing society.

One of the benefits of increasing faculty diversity in nursing education may contribute to improving the shortage of nurses by attracting students representing diverse, nontraditional characteristics.

Diversity and quality health care are linked

thus another area to consider for change involves the curriculum of our NP programs. NP students must be exposed to ethnic and cultural differences which impact health beliefs, behaviors and ultimately health outcomes. Students must be taught how to understand and communicate with and effectively interact with people of different life experiences based on their gender, race/ethnicity, disability, sexual preference, and socio-economic level.

It is also important that the physical assessment training reflect the wide range of people in our society. When I was initially trained as an NP, the textbook chapter on dermatology stated, "Normal skin tones range from pink to olive color." As an African- American person, when I read that chapter I felt invisible- again. There was no mention of melanin, there was no mention of "normal" variations of highly pigmented skin nor was there mention of dermatologic conditions which are more prevalent in people of color. Undoubtedly, there was a gap in the provision of comprehensive basic dermatological assessment. To some healthcare professional's omission of this educational information may not seem to be a serious concern however, as a NP I have witnessed Asian-American and African- American parents be accused of child abuse due to the lack of awareness of Mongolian spots or the cultural practice of coining often used by Southeast Asian families. Dermatology is only one example of the numerous physical differences that pathological conditions can present dependent upon a patient's race.

At the Uniformed Services University, for many years I participated as Adjunct Assistant Professor for the Graduate School of Nursing which was another highlight of my career. This opportunity enabled me to "give back" within the academic setting and to share my unique experiences with military service nurse practitioner students. It was a wonderful experience to be associated with such a progressive institution.

Our NP programs must transform to provide culturally appropriate information and teach the skills required to effectively interview, accurately evaluate, diagnose, and treat diverse patients. Although NPs cannot claim to be an expert of all cultures, it is key to know where to seek the necessary resources and to develop consultative partnerships with knowledgeable professionals.

8. What do you see as pivotal moments in the past years?

The most pivotal moment of my professional career was when I made the decision to join the US Navy. This decision provided the opportunity to return to graduate school to seek a second master's degree and become a Pediatric Nurse Practitioner. My clinical preparation as a

Family Planning Nurse Practitioner complemented my interest in Maternal-Child Health. It was my work as a PNP that enriched my Maternal-Child Health expertise and passion. Additionally, my career as a PNP led to numerous incredible experiences including living abroad with my family; attending several International Nurse Practitioner Conferences; participating in humanitarian missions and joint training missions with healthcare professionals from other countries, developing lifelong professional friendships and most importantly, providing exceptional healthcare to the children.

9. What advice would you give to new nurse practitioners?

a. Be comfortable with your role as a nurse first.

In my opinion, prior to becoming an NP, nurses should establish their professional identity as a registered nurse before pursuing a career as an advanced practice nurse. The strong foundation of skills which nurses already possess will only be further enhanced with more experience and academic preparation.

b. Identify your practice theory.

I have served as a preceptor to many student NPs and one recommendation I have is to identify one's practice theory. I implemented the Transcultural Nursing Theory created by Madeleine Leininger. It was always the foundation of my practice to integrate transcultural concepts and to provide culturally congruent care- to meet the cultural needs of patients, families, and groups.

c. Respect divergent opinions.

It is important to keep an open mind and respect divergent opinions while maintaining the highest level of personal and professional standards. Avoid judging others and other cultures as inferior to one's own and realize that your own cultural ideals are not the standard by which all others are measured.

d. Seek opportunities to expand your professional growth.

Get involved with professional organizations. It is important to realize that professionals are required and obligated to maintain on-going education and awareness of current events. It is critical to have a broad awareness of health policies, systems, products, technologies, and services- particularly as they may impact your practice.

e. Solicit feedback from your colleagues and mentors.

Do not forget the value of soliciting feedback and constructive criticism to become a more productive member of the team or enhancement of your independent practice.

f. Give back.

Return to others the mentorship blessing which you have received during your transition from a student to novice practitioner and later to a more experienced clinician.

g. Seek balance of personal and professional demands.

Identify your stressors and implement a plan to address these concerns. Make time to care for your physical, psychological, emotional, and spiritual needs and healing. Often so much of our lives are consumed with the professional, social, and financial aspects of life that we save little for our other needs. Realize that balance is not a 50-50 assertion however, a conscious effort must be made. The challenge of meeting the demands of life vs. personal care is forever in motion but continuous giving of time, energy, etc. can be destructive if one totally neglects other important aspects of themselves.

10. What do you see as the role of Nurse Practitioners in the next 25 years?

I have observed significant changes in the NP role since I initially made the transition over 40 years ago. I have a strong commitment to the on-going development of the NP role, the support of ethnic and gender diversity in NP academic preparation and interest in the areas of research and health policy. Nurse Practitioners will continue to provide legislative leadership in the health care area.

I see NP's continuing to lead the way for primary care and filling the gap to meet the health care needs of families particularly in rural and urban areas- especially utilizing tele-health options. Technology will play a critical role in patient access to health care. I anticipate NP's working collaboratively with other nurse professionals in the fields of Nursing Informatics and Genetics & Genomics. Mental Health nurse practitioners will serve as significant partners with designated professionals to jointly meet the needs of Veterans and others faced with mental health challenges.

I predict that NP's will have significant roles in settings beyond the hospital, clinic, or urgent care centers. Areas that will likely continue to enjoy even greater benefits from the expertise and versatility of NP's include corporate settings, cruise ships, travel and airport drop-in clinics, health & wellness spas and other non-traditional settings.

In addition to innovative settings, it is my hope that nurse practitioners will consider specializing in the provision of healthcare to unique populations such as Veterans, LGBTQ individuals, incarcerated persons, and other marginalized groups.

It is apparent today, that there is greater demand and appreciation for Nurse Practitioners, and this will likely accelerate in the areas of education, practice, research, legislation and regulation.

Interviewed by Barbara Sheer

