

From The National Perinatal Information Center: National Minority Health Month: Amplifying Perinatal Nursing Leadership Disparities through Data

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The National Perinatal Information Center (NPIC) is driven by data, collaboration and research to strengthen, connect and empower our shared purpose of improving patient care.

For over 30 years, NPIC has worked with hospitals, public and private entities, patient safety organizations, insurers and researchers to collect and interpret the data that drives better outcomes for mothers and newborns.



National Perinatal Information Center

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April is National Minority Health Month, a time to recognize health disparities that continue to impact people from racial and ethnic minority groups and provide a forum for discussion, education, and information. (1) Five years ago, the Black Mamas Matter Alliance launched Black Maternal Health Week, a week each April that would highlight and amplify the sustained increase in Black maternal deaths. (2) Within the global COVID-19 pandemic, the outcome disparities within Black and Brown maternal health communities continued to grow and were impacted at greater rate. (3,4) On April 13, 2022, Vice President Kamala Harris convened

Cabinet secretaries to address the ongoing maternal morbidity and mortality crisis in the United States. The President’s FY23 budget includes \$470 million to address additional maternal disparities projects, including supporting the perinatal health workforce.

The perinatal health workforce has become an important discussion point as healthcare providers and professionals continue to leave the workforce during and after the COVID-19 pandemic. Open nursing positions within Women’s and Children’s service lines, once rarely available or open, now sit vacant for weeks and, in some cases, months. These include frontline nursing leadership positions, which are pivotal to assuring quality outcomes, staff satisfaction, and organizational effectiveness of inpatient care units. An area of healthcare leadership that is not often studied is that of frontline perinatal nursing leaders.

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During the past two years, there has never been a greater emphasis on the role of the frontline nurse leader in healthcare. Academicians, scholars, and administrators were quick to offer recommendations and suggestions on how nurse leaders could support their nursing teams during the pandemic. Advocating for supplies, resources, and how nursing teams could practice self-care during patient care surges of the pandemic were, but a few of the areas of emphasis nurse leaders were called upon and encouraged to support their staff. However, there was a dearth of recommendations on how to support nurse leaders during the pandemic, what contributed to their stressors, and what resources may be of assistance to them.

So how does this connect to National Minority Health Month?

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In late 2021, Synova Associates commissioned the National Perinatal Information Center to study the effects of chronic stress on perinatal nursing leaders (*Supporting Perinatal and Neonatal Nurse Leaders: Identification and Moderation of Chronic Stress*, IRB #1321780). These nursing leaders represented inpatient settings throughout the United States, such as neonatal intensive care (NICU), labor and delivery, postpartum, well-baby nurseries, lactation services, antepartum, and those nursing leaders responsible for multiple units. The findings of this study revealed significant racial disparities in many areas, including turnover intent ($p < .001$), job control ($p < .001$) and organizational constraints ($p < .001$). These findings will soon be shared more broadly and further developed with nursing leaders most impacted.

While study specifics and findings are not discussed here, it is crucial that as we discuss National Minority Health Month, we not only focus on the patients we care for but also on diverse nursing leaders caring for these patients and care teams.

As a result of this study, the following recommendations are suggested for hospital leadership to address:

- 1) We must be acutely aware of the extrinsic stressors for Black/African American, Asian/Asian American, Native Hawaiian/Pacific Islander, and Native American/Alaska Native perinatal nursing leaders. This study population described stressors as physical symptoms (chest pain, shortness of breath) that cannot be ignored and require additional research and development for strategies by and for those most impacted by these findings.
- 2) Turnover intention, particularly as described in this study (“I won’t be working here one year from now”) for Black and Brown perinatal nursing leaders, must be more thoroughly explored and the urgency of this finding addressed. It will be important to replicate this study within other service lines to establish if these findings are unique to perinatal services or are more global to diverse nursing leaders regardless of setting.
- 3) Job Control, or the perceived ability to make decisions or the freedom to decide how to work, was also significantly decreased for Black and Brown nursing leaders ($p < .001$). In addition, organizational constraints (hospital rules/procedures; adequate help from others) were also significant ($p < .001$), which continues to generate a further need for examining systems and structures in place that create these real and/or perceived barriers to effective leadership. Exploring these differences is critical and may aid in better understanding turnover intent as well as the symptoms of chronic stress described by perinatal nurse leaders.

“During National Minority Health Month this year, let us celebrate the richness and diversity of our healthcare leadership team members, commit ourselves to amplifying their voices and experiences and follow their lead for sustainable solutions.”

Assuring the health of our diverse patients and communities must continue to be a priority in our healthcare systems. It is just as important to ensure that we are providing that same level of effort and intensity to ensure the health and well-being of our diverse healthcare teams **and their leaders** within our systems. During National Minority Health Month this year, let us celebrate the richness and diversity of our healthcare leadership team members, commit ourselves to amplifying their voices and experiences and follow their lead for sustainable solutions.

References:

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