



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate

Advancing Health Equity in Nursing Learning Collaborative Series

Session 3

February 24, 2022



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CONSORTIUM**
a **PHMC** affiliate



The National Nurse-Led Care Consortium (NNCC) is a non-profit membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC, in partnership with the CDC, works to support efforts to build COVID-19 vaccine confidence among nurses and the communities they serve.

Learn more at NurseLedCare.org

ABOUT THE SERIES

- Free 4-part learning collaborative series for nurses on advancing health equity.
- 1 CEU will be offered for each session **attended live**. An evaluation will be sent out to attendees following each session, complete the brief questionnaire to receive CEU credit. Learn more [here](#).
- Session materials (e.g. resources, slides and recordings) will be housed in a google drive folder sent out to registrants via email. For any other details regarding the series you can review the series' [site](#).

This project was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number NU50CK000580). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource center do not necessarily represent the policy of CDC or HHS, and should not be considered an endorsement by the Federal Government.

EXPECTATIONS FOR THE SERIES

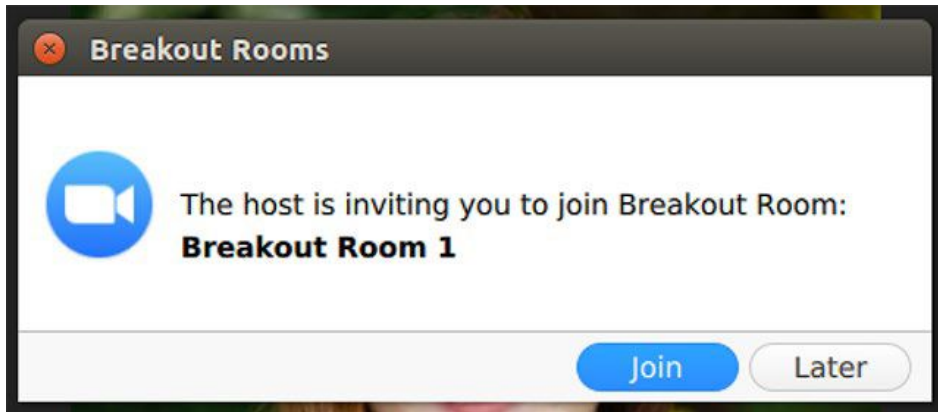
- If you have recently registered, please complete the pre-series survey and be willing to participate in post-series surveys.
- Through this series, we intend to create a space where we can facilitate supportive conversations and learning across the nursing community.

SCHEDULE

After today, our final session will take place via Zoom using the same link:

- **March 10th, Session 4:** Improving Equity for Transformational Patient-Provider Relationships

ZOOM ETIQUETTE



Zoom Group Chat

From Me to Everyone:
Hi everyone! We'll be getting started soon.

From Kevin to Everyone:
Great!
Can't wait!

To: Everyone ▾

File ⋮

Type message here...

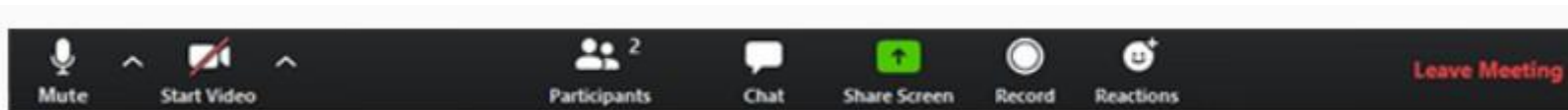
- 1.
- 2.
- 3.
- 4.

Keep yourself on mute when not speaking.

Share your video

Take breaks when you need

Respond and participate to breakout discussions.



Session 1 & 2 Recap

**Words
Matter**

**Hold yourself
and team
members
accountable**

**Have
meaningful
conversations**

**Reflect on
your own
bias**

**Advocate for
self-determination**

**Listen to those
experiencing
bias and stigma
and help support
them.**



**Dr. Angela Richard-Eaglin,
DNP, MSN, FNP-BC, CNE, FAANP
Associate Dean for Equity at the
Yale School of Nursing and
Associate Clinical Professor**

AGENDA

- . Check-In (5 minutes)
- . Didactic Presentation (30 minutes)
- . Break Out Activity (10 minutes)
- . Report Out/Discussion (10 minutes)
- . Close & Debrief (5 minutes)

SPEAKER INTRODUCTION

- Dr. Sharon Cobb is the Director of the RN to Bachelor of Science in Nursing (RN-BSN) Program and an Assistant Professor in the Mervyn M. Dymally School of Nursing at Charles R. Drew University of Medicine and Science (CDU).
- Dr. Cobb is a current fellow in the Clinical Research Education and Career Development (CRECD) program, funded by the National Institute of Minority Health and Disparities.
- Dr. Cobb has served as a co-Principal Investigator on several grants focused on Cancer Survivorship and Caregiving among African American and Latinx groups, which was funded by the NIH U54 CDU-UCLA Cancer Center Partnership to Eliminate Health Disparities.



Sharon Cobb

PhD, MSN, MPH, RN, PHN



Happiness is a Right: The Linkage Between Health Equity and Mental Wellness among Nurses

Sharon Cobb, PhD, MSN, MPH, RN, PHN
Director, Prelicensure Nursing Programs



Charles R. Drew University
of Medicine and Science

A Private University with a Public Mission

Disclosure

I have no commercial relationships to disclose.

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- Dr. Janet Mentes, Professor (UCLA)

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- NIMHD Clinical Research Education and Career Development (CRECD)
 - R25 MD007610 (PI: Bazargan)
- Center for Medicare and Medicaid Services (CMS) Grant 1H0CMS331621

Objectives

Upon completion of this session, participants should be able to:

- Describe how health inequities can affect the physical, psychological/mental, and social health of nursing.
- Examine the factors related to equity that can lead to poorer health status in the nursing profession and nursing schools.
- Apply at least three tools and resources for to increase overall wellness and happiness among nurses.



“We are all indebted to the millions of nurses who are risking their lives combating COVID-19 and the hundreds of nurses who have lost their lives to COVID-19 while caring for afflicted patients”

--American Nurses Association President
Ernest J. Grant, PhD, RN, FAAN

“Supernurse” Phenomena

(Developed by Linda Steege & Jessica Rainbow)

- Extraordinary powers used for good
- Cloak of invulnerability
- No sidekick
- Alterego
 - May present as a barrier to achieving safety culture in hospital organizations

Structural Inequities

- Structural inequality = a system of privilege which bars some groups of people from obtaining resources to improve their lives
 - *Personal, interpersonal, institutional, and systemic drivers*
- Everyone has been affected by structural inequalities (Positive or Negatively!)
 - *They are everywhere and contribute to risks!*

Alternative Facts

1. Inequalities are due to biases that can be faced individually
 - *Glaring focus on implicit bias (But it's not working!)*
2. Inequality decreases if individuals “stood up for themselves,” or if others stopped oppressing them.
 - *Consideration of who is truly an underrepresented group vs. under-resourced group*
3. **Nurses: “Disparities in health outcomes have nothing to do with them”**



Structural Inequities --> Health Inequities

Environmental

- Academic Curricula: Invisibility of both nurses of color and their contribution (i.e. Historic nursing leaders, nursing theorists, etc.)
- Persistent focus on health inequities among underrepresented minority groups
 - Do we consider the systemic factors leading to these disparities?

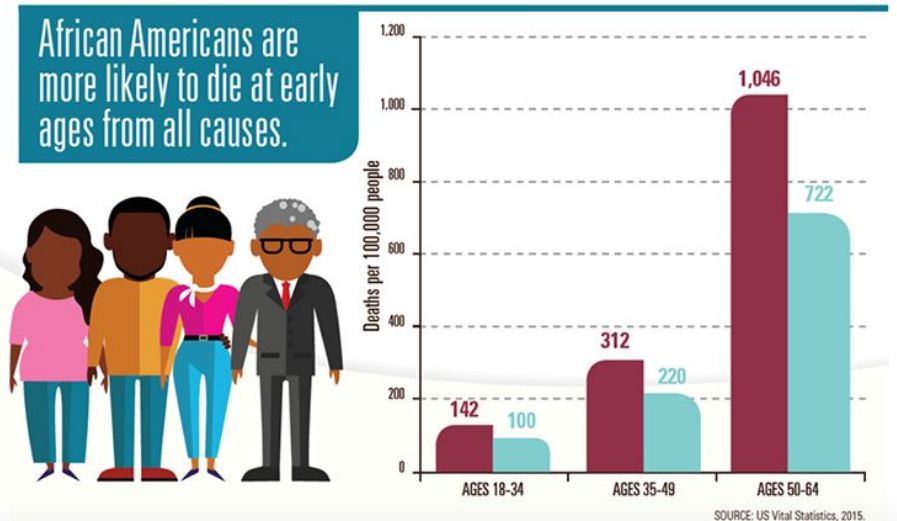
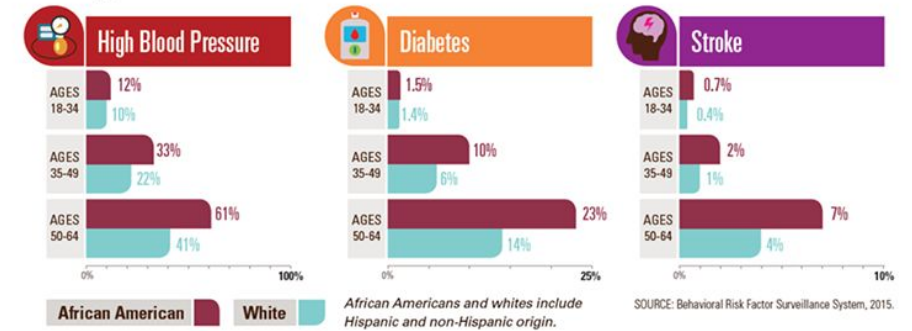
Economic

- Fragmentation of our healthcare system

Culture

- Organization are not collecting information on SDOHs among nurses (e.g. First generation, ESL, etc)
- Multiple research studies have not recruited diverse participants
- Consumer-facing media have consistently portrayed the field of nursing as predominantly White.

Young African Americans are living with diseases more common at older ages.



Structural Inequities --> Health Inequities

Social Issues

- Challenge #1: Burnout, compassion fatigue, and COVID-19
- Challenge #2: The nursing shortage
- Challenge #3: Nursing education transitioning online
- Challenge #4: Facing systemic racism in healthcare
 - American Nurses Foundation surveyed over 10,000 nurses in July 2020
 - Black and Hispanic/Latino nurses were more likely to be in roles providing direct care to COVID-19 patients than White nurses (58% and 63% vs. 49%)
 - Black and Hispanic/Latino nurses twice as likely to have been diagnosed with COVID-19 (10% and 11% vs. 5%).
 - Higher mortality rates among Filipino nurses
- Challenge #5: Technological changes to the job search and hiring process

<https://www.nursingce.com/blog/five-challenges-nurses-will-face-in-2021/>

1. Microaggressions

2. Mistrust in the healthcare system

3. Daily discrimination



“Twindemic”

COVID-19 & Social Justice

Pandemics: Exacerbated and exposed the multiple health disparities facing under-resourced groups

□ Nursing was affected!

□ Nurses received the call to action for closing the gaps for under-resourced communities

□ But have we investigated the issues within nursing?

□ Clinically significant symptoms of depression and anxiety have more than tripled since COVID-19 pandemic

□ 27% of 2,495 nurses in the first wave of COVID-19 in 2020 reported anxiety

□ 17 % of these nurses reported depression



**BEFORE WE ADDRESS
SOLUTIONS, WE HAVE TO
ADDRESS THE BARRIERS**

The Impact of Perceived Stress and Coping Adequacy on the Health of Nurses: A Pilot Investigation

[Timothy R. Jordan](#),¹ [Jagdish Khubchandani](#),^{2, *} and [Michael Wiblishauser](#)³

- 92% had moderate-to-very high stress levels
- 78% slept less than 8 hours of sleep per night
- 69% did not exercise regularly
- 63% consumed less than 5 servings of fruits and vegetables per day
- 22% were classified as binge drinkers
- Workplace stress
 - 70% of nurses reported that they consumed more junk food
 - 63% reported that they consumed more food than usual as a way of coping

Barriers

Nurses have many competing demands for their time, energy, and attention

- *Difficulty in balancing work-life challenges & stress*

Nurses prioritize the health of patients, family members, physicians, and peers

- *This may precede their own needs and the concerns of their own family members*

Personal and professional lives are impacted

- *Increase risk of chronic stress, work-family conflict, and unhealthy behaviors*

Barriers: Health Challenges Among Nurses

- ❑ Overweight/obesity rate: **30% to 55%** (ranges based on geographical area, race and ethnicity, and work settings)
- ❑ Alcohol/Drug Dependency: American Nurses Association suggests that **up to 10%** of the RN workforce may be dependent on drugs or alcohol
- ❑ Misuse of prescription drugs: **9.9%**
- ❑ Misuse of both illicit and prescription drugs were **15.6%**
- ❑ Illicit drug use:
 - *More common among nurses younger than 45 years*
 - *Highest among those in critical care specialties (15%) and working in emergency, trauma, or urgent care (10%)*
- ❑ Staff, charge nurses/coordinators/nurse managers, and other administrators had **9 to 12 times the odds** of having a substance use disorder as opposed to educators and researchers





OVERHAUL THE SYSTEM?



Health Equity

- Health equity occurs when all populations (especially vulnerable, less advantaged socioeconomic populations) experience their highest level of health
- Nurses have to start promoting health equity among nurses
 - *There is a call to confront discriminatory actions and policies within the nursing profession and healthcare institutions*
 - *Must be acknowledged to continue to produce structural changes for the future of nursing*
- Advocate for racial/social justice



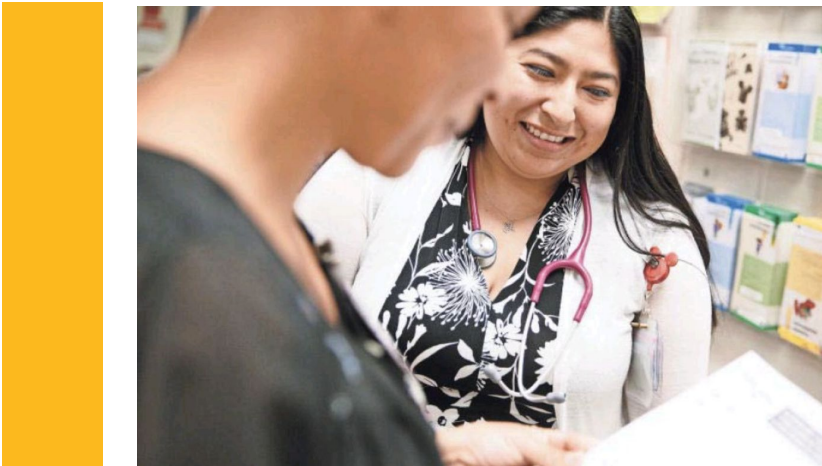
“We are witnessing the evolution of the nursing profession at the intersection of overdue and delayed action to address racism, political and social determinants of health, and health inequities. For these reasons, it is imperative that nurses welcome this shift, so that the next generation of nurses can carry the torch boldly, activating sustainable changes in our health care systems, workplaces, educational institutions, communities, and the profession.”

--National Black Nurses Association President and CEO Martha A. Dawson, DNP, RN, FACHE

The sheer power of nurses can promote and deliberately create an antiracist praxis for the nursing profession and America’s health care system.”

--National Association of Hispanic Nurses Policy and Advocacy Committee Member Daniela Vargas, MSN, MPH, MA-Bioethics, RN, PHN

<https://www.nursingworld.org/news/news-releases/2021/the-national-commission-to-address-racism-in-nursing-reflects-on--nurses-vast-contributions-during-nurses-month/>



#1 - Self-Engagement

□ Strength in solidarity

- *You do not have to recreate the wheel*
- *Partner with community-based organizations that are willing to collaborate (Serve on boards) or join community groups to assist in what you are managing*

□ Advocate and serve in areas that are not commonly occupied by nurses

- *City Council, C-Suites, Advocacy Groups*
- Policies that can positively improve social and economic conditions (inadequate housing, lack of employment and education opportunities) that adversely impact the health and well-being of those we serve

□ Know your spheres of influence

I'm a White Nurse, and I Just Realized White Privilege In My Profession



By: [Nurse.org](https://nurse.org) Staff

By: *Emily Bryant*

1. I have never had to wonder if I would get a job by the name written at the top of my resume.
2. I have never had to wonder if a patient started yelling at me due to the color of my skin.
3. I have never had to wonder if a patient doubted my medical knowledge or skills due to the color of my skin.
4. I have never had to wonder if I didn't get the job due to the way I pronounced certain words or the sentence structure I used during my interview.
5. I have never had to wonder if I would be surrounded by coworkers with similar backgrounds and families like mine.
6. I have not looked at the options under the "Skin Assessment" and not been able to find an option that matches what I look like.
7. I have not had to ask Security to walk me to my car after my shift for fear of getting assaulted due to the color of my skin on the way to my car.
8. I have not had to wonder if I ever go to court for a patient's case, if I will receive less grace and mercy than other nurses.
9. I have, however, unknowingly been taking these privileges for granted for far too long.

<https://nurse.org/articles/white-privilege-in-nursing/>

#3 - Self Awareness

- How is inclusivity, diversity, and equity being integrated in both your professional and personal lives?
 - *Own an active role in dismantling discriminatory structures and systems— which is what our nation and healthcare system is built upon*
 - Ask and answer the tough questions
- Communication challenges
 - *“We’ve had a lot of communication challenges,” Hahn said. “We made a lot of mistakes, not with the transparency itself, but how we communicated that transparency. – Former Sacramento Police Chief Daniel Hahn*

ACTIVITY



Breakout Activity

Within groups of 3-5, answer at least 2 questions:

1. Who are your spheres of influence?
2. What steps have you taken or will take to address structural inequities in nursing within your network?
3. As a nurse, how can we improve psychosocial well-being among nurses?
4. What structural changes/projects do you wish your organization/healthcare system would start to do to improve the quality of life of nurses? (*Consider nurses having creative freedom and ownership*)
5. What are the systemic issues that disproportionately put certain groups of nurses at a disadvantage?

wrap-up



WITH COVID-19 BECOMING LESS OF A THREAT, HOW DO WE BEGIN TO HEAL FROM THESE BURGEONING SYSTEMIC RIFTS?

Nursing Education

- **Develop and adapt nursing care plans that is applicable to various underserved populations (i.e. homeless, minorities with mental illness) and nurses**
 - Follow-up care (i.e. Continuity of care, medical home)
- Training nursing students to understand systemic issues with both patient and within the profession
 - *Accessing community resources/advocacy*
- Streamlining mental wellness and social justice throughout the nursing curriculum
 - *Engaging the patient perspective into classes or extracurricular activities*
 - **“Because, we can't be trying to help somebody and you don't even know what they're going through”**



Nursing Administration & Leadership

- Nurses may struggle with internal/personal role conflicts (affected by health disparities) which can affect their performance
 - *Having discussions about systemic issues and its impact on the health of patients and healthcare workers*
 - *Building support groups and peer counselors*

- Data collection: disaggregate race/ethnicity and gender data

- Quality & Risk Management Departments
 - *Consider the role of equity in all incidents and challenges*
 - *Develop a psychological safety net when assessing incidents and harm that is inequity related*

- *American Nurses Association: The [National Commission to Address Racism in Nursing](#).*

Nursing Research

- Experience of managing both physical and mental wellness among nurses, with emphasis on:
 - *Social determinants of health*
 - *Culturally tailored coping mechanisms*
 - *Post-traumatic stress of COVID-19*
 - *Trauma (i.e. nurses who experience racism, depression, and chronic pain)*
- Increased funding is now centered on health equity and improving health outcomes among under-resourced populations
 - *Ensure research is community partnered*

References

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(Slide 12) Jordan, T. R., Khubchandani, J., & Wiblishauser, M. (2016). The Impact of Perceived Stress and Coping Adequacy on the Health of Nurses: A Pilot Investigation. *Nursing research and practice*, 2016, 5843256. <https://doi.org/10.1155/2016/5843256>

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ARIGATÔ

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If you have any questions prior to or following each session, please submit them through this [Google Form](#)

Next Session

Module 4: Thursday, March 10 , 2022 1:00-2:00 pm ET ***Shifting the Atmosphere: Improving Equity for Transformational Patient-Provider Relationships***



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Nursing (RN-BSN) Program
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Medicine and Science

NNCC EVENTS AND RESOURCES

- Follow us on Instagram [@nurseledcare](https://www.instagram.com/nurseledcare) as we launch our updated Social Media Toolkit to build vaccine confidence.
- To keep up with upcoming events and communications follow us on social media [#Nursesmakechange happen](https://www.instagram.com/nurseledcare)



Nurses make
change happen.

Be a part of history.

This toolkit was created to give nurses the tools to do their part in the national vaccine effort. It is designed to help you decrease vaccine hesitancy and increase vaccination rates in your community.



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