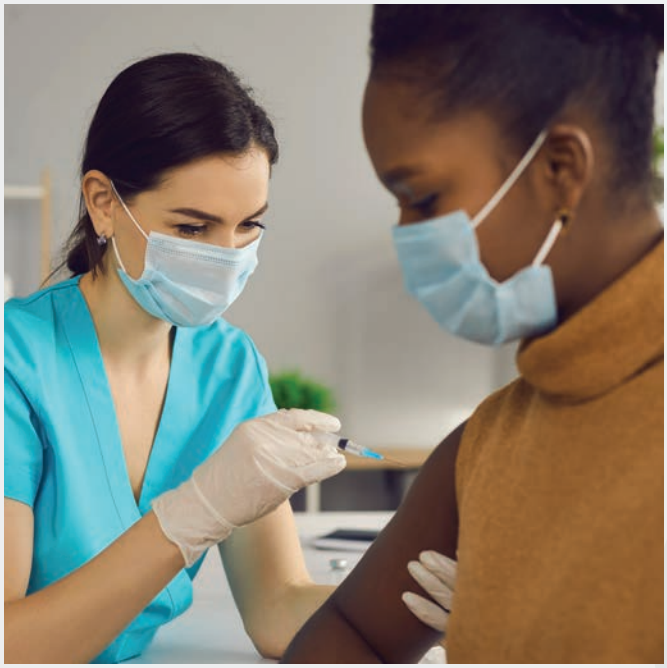
ANA ON THE FRONTLINE

Supporting Black Maternal Health



■ Racism Survey ■ Nurses' Mood and the Pandemic

Not on our watch

Nurses have the power to turn the tide on Black maternal health.

By Elizabeth Moore

The numbers are staggering. The United States, which spent $4.1 trillion on healthcare in 2020, has one of the highest maternal mortality rates in the world. According to the Centers for Disease Control and Prevention, Black women die post-birth at 3 to 4 times the rate of White women and other women of color, irrespective of education or income level.

There is increasing recognition that the racism, discrimination, and mistreatment experienced by many Black women have a distinct relationship to health outcomes, said the 2019 study "The Ethics of Perinatal Care for Black Women," published in the *Journal of Perinatal and Neonatal Nursing*.

Tiffany Montgomery

Black women continue to report that concerns they express about their health during and after pregnancy frequently are dismissed by their healthcare providers. "Black women are frequently not listened to when we say we are in pain," said Tiffany Montgomery, PhD, MSHP, RNC-OB, assistant professor in the College of Public Health, Department of Nursing at Temple University in Philadelphia. "One of the ethical principles of nursing is autonomy. People know their own bodies, so healthcare providers should not be the ones to decide whether or not a patient is in pain."

The term "birth equity," coined by Joia Crear-Perry, MD, founder of the National Birth Equity Collective, is "the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort."

Nurses are uniquely positioned to promote birth equity and ensure that Black mothers in their care are listened to and respected. Nurse experts on Black maternal health are working to ensure that awareness leads to action, and action leads to better outcomes for all birthing people.

Realization and recognition

"We all have biases," said Rose Horton, MSM, RN, NEA-BC, executive director of women and infant services at Emory Decatur Hospital in Georgia. "They are not necessarily good or bad, but you have to recognize how they show up in your interactions."

Rose Horton

"The intention is not what makes an act racist or discriminatory," Montgomery noted. "Think about the policies and traditions in this country and in our communities that result in racist outcomes. Anytime something is causing a healthcare disparity—that's systemic racism."

A critical first step for nurses to confront racism in healthcare is recognizing the role you play in the system, Horton said. "Once you understand you have a role, you can become informed about the words and actions that may be triggering to marginalized communities, and then make a commitment to do things differently with your patients," she said.

The best care for every patient

Horton, who's past president of the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), believes standardization of care will go a long way toward advancing maternal health equity.

"Standardization removes the variability," Horton said. "We treat every patient the same way, using checklists, toolkits, safety bundles" and other resources. In 2022, AWHONN, an organizational affiliate of the American Nurses Association (ANA), is releasing "Respectful & Safe Maternity Care Evidence-Based Guidelines," and has more resources available at awhonn.org/birthequity.

In addition to employing approaches such as standardization, nurses must commit to listening to and advocating for the Black mothers in their care.

Nurses have the opportunity to empower their patients, said Montgomery. "When something isn't right, and you can see that, make sure the patient understands that they are allowed to make decisions." For example, a birthing person may not feel comfortable with a recommended procedure but are worried they'll be seen as a "bad mother" if they don't go along with their provider's advice.

"Tell them they can get a second opinion if they are unsure," Montgomery said. Nurses need to embrace their role as advocates.

Patient advocacy should go beyond the bedside. "Lead by example," Horton said, "and if you see something, say something."

Montgomery added, "If a nurse isn't comfortable speaking directly to a colleague, they should discuss

the issue with a manager or call their organization's anonymous hotline."

Nurses leading the charge

As the nation's largest group of healthcare professionals, nurses can significantly improve the health outcomes of Black mothers and their babies.

"Nurses have 24-hour contact with patients," Horton said. "We see the nuances and subtle changes that may impact outcome." In 2017, Horton began using the hashtag #notonmywatch on social media to build awareness of the effect nurses can have on Black maternal health. "Nurses are the ones who can spread awareness of bias issues, make recommendations, and hold colleagues accountable," she said.

Nurses are involved in every stage of pregnancy, said Montgomery, who is chair of the National Black Nurses Association Women's Health Committee, which provides opportunities to listen, advise, and advocate for patients every step of the way.

"There are 350,000 nurses working with the birthing community," Horton said. "If just 20% of them made a commitment to improving Black maternal health, the results would be remarkable. Imagine what could happen with 100% compliance."

Building mom-entum

On December 7, 2021, Vice President Kamala Harris hosted the first ever White House Maternal Health Day of Action. During the event, Harris and a slate of high-profile guests discussed racial disparities in maternal health, shared personal stories, and highlighted policy solutions, including those included in the Build Back Better Act, passed by the U.S. House of Representatives in November 2021.

The Build Back Better Act includes key maternal health investments from the Black Maternal Health Momnibus Act of 2021, introduced by Rep. Lauren Underwood (D-IL), an ANA-Illinois member, Rep. Alma Adams (D-NC), Senator Cory Booker (D-NJ), and members of the Black Maternal Health Caucus, pledging millions of dollars to communities to address social determinants of health, grow and diversify the perinatal health workforce, advance maternal health research, strengthen federal maternal health programs, and several other initiatives.

ANA endorsed the Momnibus in February 2021. "Racial disparities in healthcare have led to women of color across all educational and socioeconomic statuses having their medical issues ignored and dying in childbirth at alarmingly higher rates," said ANA President Ernest J. Grant, PhD, RN, FAAN.

Although the Build Back Better Act was stalled in the Senate at press time, both Horton and Montgomery see its support, along with the Maternal Health Day of Action, as positive signs of progress.

"It was a watershed moment," said Horton, who was tapped in 2020 to join the Biden administration's Black Maternal Health Stakeholder Group. She believes that momentum will build as a result of the actions by the White House.

Montgomery was pleased to see the efforts of the Black maternal health advocacy movement finally get amplified at such a high level. "The Momnibus was first introduced 2 years ago, and now it's gaining steam," she said. "With all the money we have in this country and all the healthcare expertise, it makes no sense that we have the highest maternal mortality rate among industrialized countries. It's time to give moms a fighting chance."

Even without much-needed legislation, nurses can make a difference in their birthing patients' outcomes by listening, learning, and incorporating standardized care.

Both Horton and Montgomery stress that there is no time to wait—Black mothers' lives are at stake if the healthcare community doesn't act.

"This is a state of emergency," Horton said.

"Nurses need to remember that it's not about us," Montgomery said. "It's about the women, the childbearing people in our care, the lives that need to be saved."

— Elizabeth Moore is a writer at ANA.

Resources

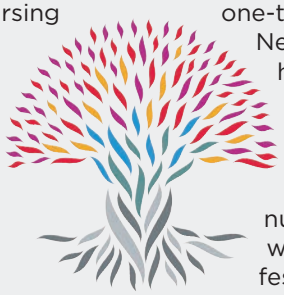
Association of Women's Health, Obstetric, and Neonatal Nurses
(awhonn.org/birthequity)

Alliance for Innovation on Maternal Health
(safehealthcareforeverywoman.org/aim)

Centers for Disease Control and Prevention
(cdc.gov/women)

Commission survey finds racist acts prevalent in nursing

A national survey of nurses by the National Commission to Address Racism in Nursing (the Commission) found that nearly half of participants reported substantial racism in nursing, demonstrating a major problem within the profession. The survey findings were released in January, on the one-year anniversary of the Commission's launch.



According to more than 5,600 survey respondents, racist acts are principally perpetrated by colleagues and those in positions of power. Nearly two-thirds (63%) of nurses surveyed said that they have personally experienced an act of racism in the workplace, with the transgressors being a peer (66%), a patient (63%), or a manager or supervisor (60%). Of those nurses who reported having witnessed an act of racism in the workplace (76%), 81% said it was directed toward a peer. Nurse respondents said that they've challenged racist treatment in the workplace (57%), but more than half (64%) said that their efforts resulted in no change.

63% of nurses surveyed said that they have personally experienced an act of racism in the workplace.

"My colleagues and I braced ourselves for these findings. Still, we are disturbed, triggered, and unsettled by the glaring data, and heartbroken by the personal accounts of nurses," said Commission Co-Lead and American Nurses Association (ANA) President Ernest J. Grant, PhD, RN, FAAN. "We are even more motivated and committed to doing justice to this important work. Racism and nurses who commit racist acts have absolutely no place in the nursing profession."

92% of Black respondents reported having personally experienced racism in the workplace.

The Commission conducted the survey—to which 5,623 nurses responded—from October 7 to 31, 2021, as part of its efforts to lead a national discussion to address racism in nursing.

Most Black, Indigenous, and People of Color (BIPOC) survey respondents reported personally experiencing racism in the workplace, including those in Hispanic (69%) and Asian (73%) populations as well as other communities of color (74%). Overwhelmingly, the survey findings highlight significant, clear, and systemic differences in the experiences between Black nurses and White nurses. Nearly three-quarters (72%) of Black nurses who responded said that there is a lot of racism in nursing compared to less than one-third (29%) of White nurse respondents. Nearly all Black respondents (92%) reported having personally experienced racism, and Black nurses were over five times as likely to experience racism from a manager or supervisor compared to their White counterparts. More than three-quarters of Black nurses surveyed expressed that racism in the workplace has negatively impacted their professional well-being, compared to one third of White nurses.

Prior to the survey, the Commission conducted listening sessions that revealed BIPOC nurses suffer invisible boundaries, limitations, and denial of opportunities because of unfair structural and systemic practices that advantage White nurses. These findings move beyond the rhetoric to the reality and should serve as a call-to-action for all nurses to confront racism in the profession.

"Structural and systemic practices that allow the racist behaviors of leaders to continue to go unaddressed must be dismantled," said Commission Co-lead and National Black Nurses Association President and CEO Martha A. Dawson, DNP, RN, FACHE. "As cliché as it sounds, it starts at the top. Leaders must be accountable for their own actions, set an example for their teams, and create safe work environments where there is zero-tolerance for racist attitudes, actions, behaviors, and processes."

A broad coalition of nursing associations launched the Commission in January 2021 to examine how racism affects nurses, their patients, and society, and to motivate all nurses to confront systemic racism. Since then, the Commission has convened listening sessions with BIPOC nurses and hosted a virtual summit with subject matter experts focused on activism. Collaborating with top scholars on the issue, the Commission developed a new definition of racism to establish a baseline for holding conversations, reflect on individual or collective behaviors, and set a foundation for the work ahead. The Commission's full report will be published in the coming months. More about the Commission's work is available at nursingworld.org/commission-to-address-racism-in-nursing.

Project ECHO program to confront racism

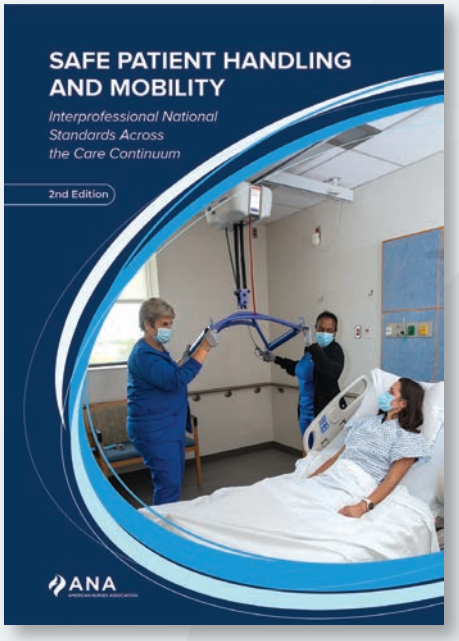
In March, the National Commission to Address Racism in Nursing (the Commission) is launching Project ECHO® on Racism in Nursing, a free tele-mentoring program that connects nurses with diversity, equity, and inclusion experts using brief lectures, case-based learning, and discussions. During eight 1-hour sessions from March to June 2022, participants will view didactic lectures offered by subject matter expert faculty and mentors and join case presentations and discussions. Project ECHO® on Racism in Nursing will use an all-teach, all-learn approach to redefine how nurses learn about racism and allyship, and provide tools and resources to confront and dismantle racism within the nursing profession and healthcare.

Sessions will cover a broad range of topics including understanding unconscious bias and microaggressions, confronting racism in nursing units and at the bedside, and understanding nurses' ethical responsibilities to the profession and patients. Participants also will explore how to have courageous conversations and develop allyship, as well as how to handle any retaliation that surfaces from reporting racist acts and behaviors. In addition, the series will examine racism in academia, how to navigate the burden of representation and combat imposter syndrome, and consider lessons learned and steps for moving forward.

Although registration has closed for the sessions beginning in March, registration opens in February for the next set of sessions commencing in June. More information is available at nursingworld.org/practice-policy/workforce/clinical-practice-material/project-echo.

SPHM: New standards reflect latest research and survey seeks better understanding of nurses' experiences

The American Nurses Association (ANA) has published *Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum, 2nd Edition*, which is available as a paperback or ebook (nursingworld.org/nurses-books/safe-patient-handling-and-mobility-2nd-edition2). The 2021 edition, which updates standards published in 2013, reflects strides made in research, education, training, and advocacy related to safe patient handling and mobility (SPHM). The document features eight standards: culture of safety; sustainable SPHM program; ergonomic design principles; SPHM technology; education, training, and maintaining competence; patient-centered assessment; reasonable accommodation and post-injury return to work; and comprehensive evaluation system.



The authors incorporated feedback on the 2013 document. For example, research and resources relevant to each standard now are included with that standard rather than solely in a bibliography. The authors also updated the glossary to reflect changed and new terms in the SPHM field.

The second edition also does away with the 2013 version's implementation guidelines but provides more information to address specific situations. For example, the document offers strategies for approaching SPHM in patients' homes when it's not feasible to renovate a home by widening doorways or installing ceiling lifts.

ANA, in collaboration with medical device manufacturer Hillrom, also is conducting a survey to better understand nurses' and other healthcare professionals' injury history and practices associated with mobilizing patients. Despite the SPHM standards having been published in 2013, patient handling and mobility-related injury rates haven't declined significantly. The survey findings will be used to better understand factors behind this trend and to support caregivers in mobilizing patients safely. This confidential survey, open until March, takes approximately 5 to 10 minutes to complete. Access the survey at survey.alchemer.com/s3/6441457/SPHM-Survey.

Grant among top healthcare leaders in 2021

American Nurses Association President Ernest Grant, PhD, RN, FAAN, has been named to *Modern Healthcare*'s "100 Most Influential People in Healthcare – 2021." This prestigious recognition program honors individuals who are deemed by their peers and the senior editors of *Modern Healthcare* to be the most influential in healthcare, in terms of leadership and impact.

The honorees come from all sectors of healthcare, including hospitals, health systems, insurance, government, vendors and suppliers, policy, and trade and professional organizations. Grant and fellow honorees are highlighted in the December 20 issue of *Modern Healthcare* and online at ModernHealthcare.com (subscription required).

Explore ideas in the ANA Innovation Online Community

ANA Innovation Online Community offers a new vehicle for American Nurses Association (ANA) members interested in connecting to, networking with, and learning alongside other nurses exploring how to improve processes and care delivery, develop new programs, and find novel ways of providing education. Guided by community manager Consuela (Coni) Dennis, MSN, RN, NE-BC, a Kentucky Nurses Association member, the Innovation Online Community—launched in October 2021—already has more than 12,000 participants.

Recent threads have explored a broad range of topics under the innovation umbrella, including bioethics considerations when introducing an innovation, a proposed model for restructuring the U.S. healthcare system, and how to justify and introduce music thanatology to hospice. In addition, participants have described and sought feedback on their projects and explored innovative solutions to advance health equity.

To support nurses in thinking strategically about innovation, Dennis, in a series of posts, detailed the five-step process involved in design thinking: empathy, define, ideate, prototype, and test. Design thinking, she observed, begins with empathy, which enables us "to put ourselves in someone else's shoes to see things from their perspective." Developing effective solutions depends on understanding the people for whom we're designing, Dennis added.

The ANA Innovation Community is open to all ANA members by logging in at community.ana.org. A quick start guide describes steps for creating a profile and networking with like-minded nurses in an open, collegial forum: community.ana.org/pages/new-item/faculty-quick-start.

IMD notification of 2022 election

The Individual Membership Division (IMD) of the American Nurses Association (ANA) provides the organizational structure to permit ANA-Only Members (those who elect to join ANA directly at the national level, only) to participate in ANA's governance, as well as in programmatic work expressed in the ANA Bylaws.

This is notification of the 2022 election for the following positions with the IMD:

- Chairperson
- Secretary

To review the roles and responsibilities of each position, please access the Individual Member Division Operating Policies and Procedures, under the resources tab: nursingworld.org/membership/individual-member-division.

The term of office for each position is 2 years, commencing July 1, 2022 through June 30, 2024.

This is the official notice of election. To qualify as a candidate for office, the nominee must be an active ANA-Only member. Information regarding the Call for Nomination, nomination process, and criteria will be sent starting April 15. IMD members who don't have an email on file with ANA will receive print notifications. The due date for nominations is May 15.

ANA
AMERICAN NURSES ASSOCIATION

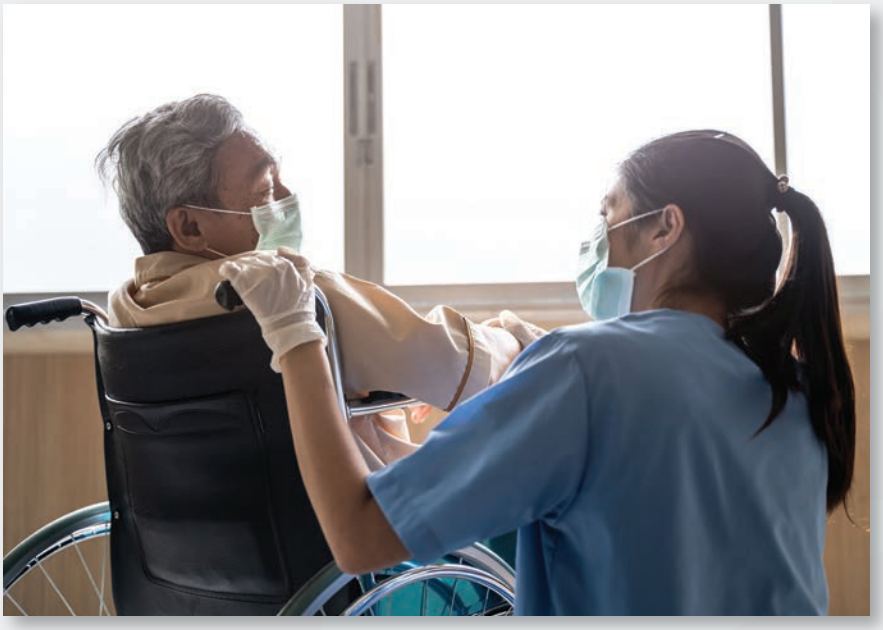
Supporting patients' care goals

To: **Ethics Advisory Board**

From: **Nurse seeking clarification**

Subject: **Nurses' role in goals of care discussions**

At the organization where I work, I've been told that nursing staff shouldn't engage in any discussions about changes in the goals or pathways of care for our patients. If a patient requests a change, a nurse is supposed to contact the attending physician immediately. All discussions regarding changes in the goals of care for a patient must include the primary attending or their designated attending. Is this correct?



From: **ANA Center for Ethics and Human Rights**

What you've been told is an oversimplification of both nursing and team-based healthcare. Within this space, elements of nursing scope, process, and relational ethics influence context-dependent individualized patient care.

A nurse's primary obligation is to the patient. As part of this responsibility, nurses have an authority within independent nursing practice as articulated in Provision 4 of the *Code of Ethics for Nurses with Interpretive Statements* (the *Code*) (nursingworld.org/coe-view-only). Nurses in different practice areas might have variable scope of practice regulations. Having discussions with a patient about their care is within the professional *Nursing: Scope and Standards of Practice, 4th Edition*. This authority, however, comes with responsibility and accountability, and nurses have a duty to collaborate with other key stakeholders, such as members of interdisciplinary care teams.

Provision 2.3 speaks to a nurse's duty to collaborate with others to meet a patient's needs. A nurse's commitment to a patient obligates collaboration to achieve the patient's health goals. The interpretive statements for Provision 2.3 unequivocally note that in today's healthcare system, quality patient care "cannot exist without welcoming and embracing both interdisciplinary and intradisciplinary collaboration." A nurse's primary commitment to the patient is framed through an ethic of care that embodies responsibility and responsiveness (Provision 2.1). Nurses form relationships with patients in pursuit of attaining each patient's health goals. The *Code* demands that nurses be responsive to their patients when they're exploring goals of care. When requested by a patient, a nurse should assist them in considering their values and goals.

A nurse can and should engage in discussion with a patient who seeks guidance about goals of care or who wishes to explore the benefits and burdens of treatment, quality of life, and various other health-related concerns. Each nurse is responsible not only to the patient but also to their own knowledge. A nurse should be fully aware of the limits of their abilities and their scope of practice. This self-knowledge doesn't involve merely a regulatory issue, but rather reflects an ethical obligation to a patient.

As in any patient encounter, nurses use the nursing process when discussing goals of care with patients. The nursing process detailed in the *Nursing: Scope and Standards of Practice, 4th Edition* calls for nurses to help patients explore their thinking on goals of care, in discovering where their values guide their medical decisions, and in implementing their values in alignment with their medical care, free from any of the nurse's personal biases or values.

This last step, in almost all cases, will involve collaborating with many disciplines engaged in the patient's medical plan of care. When a patient decides to change their goals or pathway of care, communication about this change should occur with the patient's team of clinicians. Team collaboration is essential to implement the revised nursing care plan.

— Response by Ian D Wolfe, PhD, RN, HEC-C, a member of the ANA Ethics and Human Rights Advisory Board.

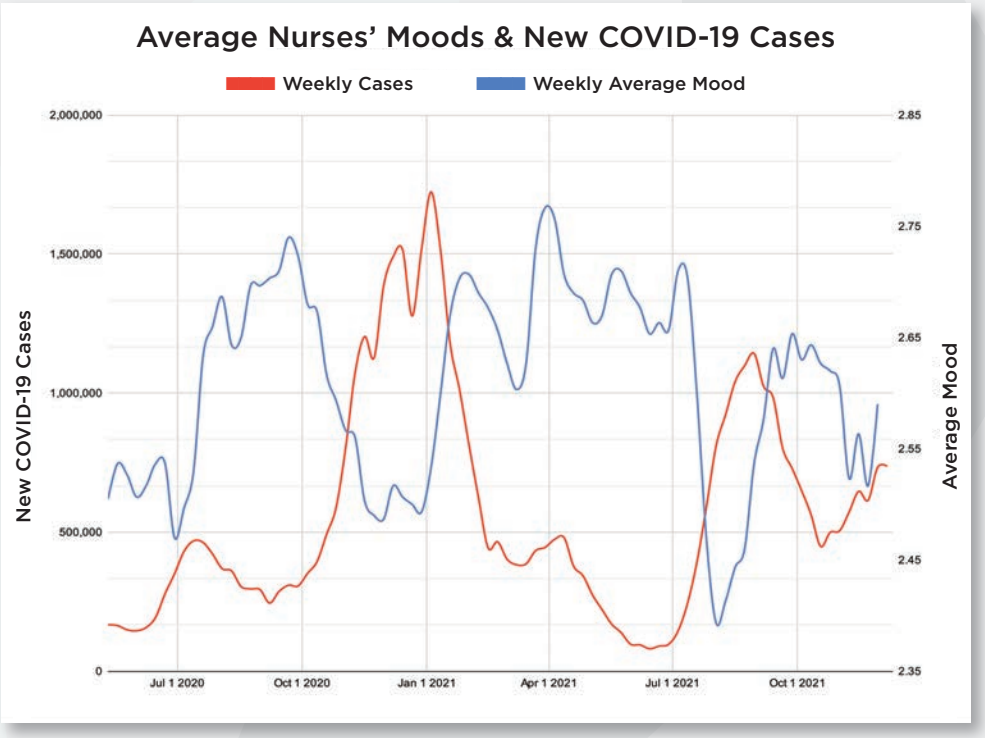
Do you have a question for the Ethics Inbox? Submit at ethics@ana.org.

Nurses, mood, and the COVID-19 pandemic

By Ron Gentile and Amy Hanley

In response to the COVID-19 pandemic, the American Nurses Foundation created the Well-Being Initiative (nursingworld.org/thewellbeinginitiative) to support the mental health and well-being of the nation's nurses. Moodfit—a digital mental health app and an integral Well-Being Initiative resource—is available for free to nurses who register for the Well-Being Initiative (getmoodfit.com/anf).

Moodfit provides tools and insights to help nurses improve their mood and enhance their mental health. Moodfit's tools include mood and gratitude journaling, mindfulness meditation, breathwork, and cognitive behavioral therapy thought records to capture and challenge distorted thinking. One of Moodfit's key features is a mood journal in which nurses rate their mood as Great, Good, Ok, Poor, or Bad, along with comments describing their thoughts, feelings, and activities. Journaling about one's thoughts and feelings has been shown to be an effective method of improving mental health.



To investigate the relationship between the stress on nurses associated with the pandemic, the authors compared the aggregate mood of the population of nurses using Moodfit (n=22,271) and the number of new COVID-19 cases reported by the Centers for Disease Control and Prevention nationwide on a weekly basis. We used this metric as a proxy for the added pressures and strain placed on nurses because it can be quantified objectively and is a precursor to many other measures. However, this is only one measure—nurses also experience stress from patients' deaths, cumulative cases, patients' behavior toward them, and emotional anticipation of new surges given the history of past surges.

Since the Well-Being Initiative and Moodfit partnership began in June 2020, the aggregate mood consistently has trended lower as the number of cases has risen and improved as the number of new cases has declined. The mood associated with the number of new cases has not been symmetrical when cases are increasing toward a peak versus decreasing from that same peak. Specifically, the mood on the decreasing side of a peak in new cases has been higher than on the increasing side of the peak. This might reflect an anticipatory effect as cases rise, as well as a psychological acclimation to the stress exposure. The latter is particularly concerning as a sign of burnout and emotional desensitization.

In late 2020, vaccines became available to healthcare professionals and then to the public in early 2021. The highest aggregate mood reading of the pandemic occurred the week of April 1. However, by July 2021 the Delta variant had become dominant in the United States and aggregate mood dropped sharply within weeks to its lowest level as cases began to climb once again. This was the sharpest drop in mood during our 18-month observation period. We speculate that this might be due to nurses' frustration that cases were rising despite vaccines being available.

Data from Moodfit suggests that nurses' moods will continue to trend in line with the frequency of cases. Increasing nurses' awareness about how the pandemic impacts their mood is just the first step in creating change at both the individual and systems levels. Well-Being Initiative resources like Moodfit will continue to play an important role in supporting nurses' mental health and well-being.

— Ron Gentile is CEO and co-founder of Moodfit. Amy Hanley is a program manager at the American Nurses Foundation.