

Barriers and Facilitators to Quality Nursing Care of Vulnerable Populations

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Background

**Disparities in
Maternal
Health**

**Disparities in
Cesarean Rates**

**Nurse Shortages
& Work
Environment**

Significance

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- Nurses provide the majority of the care and education to new mothers during labor and delivery and in the postpartum period
- The Intersection
 - What is the association between the quality of care from a nurse and maternal health disparities?
 - After reviewing the survey data, how can we take the responses of nurses to mitigate barriers and increase facilitators in a sustainable and equitable manner?

Research Question Development

- 1 | Learned about qualitative study designs
- 2 | Decided to approach the data inductively vs. deductively
- 3 | Familiarized ourselves with the data
- 4 | Extracted preliminary themes

Methodology

Nvivo Coding



Survey Questions



Aimed to assess:
Stress in the work environment, Perceived barriers and facilitators to care of vulnerable populations, Quality of care, etc.



Developed Codes:

Language barrier, racism, nurse-nurse relations, burnout, lack of functional resources, lack of education, lack of resources for vulnerable populations, cultural competence, safety culture

4 Core Themes of Barriers & Facilitators to Care of Vulnerable Populations

Identified from Coding
1500 Survey
Responses by L&D
and Postpartum
Nurses

Personal Responsibility

Anti-racism, LGBTQ, and
cultural sensitivity
training

Hospital Resources

Interpreters, social
workers, CNAs,
computers



External Factors

Low SES, low health
literacy levels, limited
access to transportation

Internal Factors

Workplace culture,
working relationships,
hospital organization

External Factors

Identifying patients, communities, health systems, and educational systems as barriers or facilitators

Not actionable

“Pts that come to my facility sometimes **do not follow through** with follow up appointments and **do not report adverse effects of meds** ordered, resulting in readmissions”

“Patients that **don’t speak English**, limited **housing** and/or **transportation**”

“Poor education/understanding poor to no follow up in care.”

“**low income patients** with little support at home, high incidence of domestic violence, exposure to secondary trauma”

“**distrust in** the medical system”

“Sometimes I wish that we could somehow teach the public the nurses are there to care for you but not there to meet your every wish and demand. There is **too much entitlement** especially with some of the younger generation.”

Internal Factors

Identification of hospital culture, management, and working relationships as barriers or facilitators

Varying action potential

“**Burnout** is rampant at my workplace and staff feel like they cannot provide the best possible care because of ratios. This includes working with high risk patients that should be 1:1 but may need to be doubled because of numbers. **Racism** exists and there is an undercurrent, and sometimes more obvious, **bias** that occurs in the way the **primarily white nursing staff and management** make accommodations and discuss patients of color”

“I feel like there is **organizational racism** at my organization, I am hispanic and was recently passed over for a charge nurse position and two white nurses were hired over me. Eventhough I was more qualified and had more experience than the two white nurses. One of the nurses had less experience than me and the other nurse did not hold all the roles necessary for the charge position. **Leadership is majority white**, there are not many minorities in leadership roles. Managers treat nurses like just another body, not like a person or individual.”

Hospital Resources

Identification of hospital culture, management, and working relationships as barriers or facilitators

Varying action potential

“I feel like our unit is an **accident waiting to happen**. I have never seen our **equipment in such bad shape** and the level of nursing skill is scary when dealing with 2 lives. There is no one to go to who will listen and actually do something to make changes”

“Well NorthShore fired all of our **interpreters**. Having them back would be nice”

“I am unaware of **resources for pregnant patients** other than phone numbers for clinics. I don't know how to help them find **supplies** or access **free childbirth or breastfeeding classes**. I want to offer videos and teaching about normal pregnancy things and when to reach out but I am unsure of those resources and do not always feel like I have the time, because of other patient care, to have those long conversations with patients.”

“increase **staffing** – for the last 5 days, they've asked for extra staff 14 times. Stop making RNs draw labs. Stop making RNs do general **housekeeping** stuff. Stop making RNs run all over the unit **hunting down supplies**.”

Personal Responsibility

Awareness of or lack thereof
internal implicit bias

Highly actionable because of
the identification of
themselves as the source

“**Lack of education** regarding high risk patients. Lack of mental health education and laws regarding such.”

“**Improved implicit bias and diversity training.** More staff and improved morale”

“Treating all people as truthful and having empathy for their concerns regardless of race or socioeconomic status.”

“**We provide excellent care to all ethnicities** and have translators to help us. Both video and phone translators.”

“**Nothing** hinders me from caring for vulnerable populations”

“**I treat everyone equally.** I wish everyone had access to excellent healthcare. Our department provides great care but at the expense of the nurses well-being.”

“**Nothing.** All populations are treated equally in our institution.”

Next Steps

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graph LR; A((Complete the coding)) --> B((Evaluate the frequency of responses)); B --> C((Generate reports)); C --> D((Draft papers));
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Complete
the coding

Evaluate
the
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Lessons Learned & A Look to the Future

Allie Schroeder

1. Approach a qualitative study
2. Analyze survey data

Will apply this to my future investigation to disparities in dentist-patient communication and treatment planning.

Lessons Learned & A Look to the Future

Jasmine Phillips

1. How to approach preliminary research
2. Research is an iterative process!
3. Methodologies for qualitative research

I now look forward to remaining part of this research project as well as using what I learned to help mitigate the current disparities between Black and non-Black birthing people as an aspiring OB/GYN and public health researcher.



Thank you!

Rebecca, Patrina, Joanne, Irene, ITS, CHOPR

Questions