

Research Articles on Racial Disparities and RN Staffing

1. Racial Disparities in Postoperative Readmission May Be Reduced By Improving Nurse-to-Patient Staffing

<https://www.nursing.upenn.edu/details/news.php?id=645>

“What is striking about these findings is that we find this relationship even in a cohort of relatively healthy adults undergoing an elective surgery. The protective benefit of higher nurse-to-patient staffing for minorities may be related to gaps in health care access, financial flexibility, and social support systems. If individuals lack resources to mobilize ongoing support following discharge, the quality and intensity of care received during the hospitalization may help to address such gaps,” says Lasater.

2. Reducing Hospital Readmission Disparities of Older Black and White Adults After Effective Joint Replacement

<https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.14367>

Conclusion Older BIPOC individuals are more likely than their white counterparts to experience an unplanned readmission after elective orthopedic surgery. More-favorable nurse staffing was associated with lower odds of readmission of older black and white patients, but better-staffed hospitals had a greater protective effect for older black patients.

3. Better Nurse Staffing Is Associated With Survival for Black Patients and Diminishes Racial Disparities in Survival After In-Hospital Cardiac Arrests

<https://pubmed.ncbi.nlm.nih.gov/33201082/#:~:text=A%20significant%20interaction%20was%20found,CI%2C%200.93%2D1.00>

Conclusions: Our findings suggest that disparities in IHCA survival between black and white patients may be linked to the level of medical-surgical nurse staffing in the hospitals in which they receive care and that the benefit of being admitted to hospitals with better staffing may be especially pronounced for black patients.

4. Racial Disparities in Stroke Readmissions Reduced in Hospitals With Better Nurse Staffing

<https://pubmed.ncbi.nlm.nih.gov/34534185/>

Results: Our sample included 98,150 ischemic stroke patients (87% White, 13% Black). Thirty-day readmission rates were 10.4% (12.7% for Black patients, 10.0% for White patients). In models accounting for hospital and patient characteristics, the odds of 30-day readmissions were higher for Black than White patients. A significant interaction was found between **race** and nurse staffing, with Black patients experiencing higher odds of 30- and 7-day readmissions for each additional patient cared for by a nurse. **In the best-staffed hospitals (less than three patients per nurse), Black and White stroke patients' disparities were no longer significant.**

5. Distinguishing High-Performing from Low-Performing Hospitals for Severe Maternal Morbidity: A Focus on Quality on Equity

<https://www.ingentaconnect.com/content/wk/aog/2022/00000139/00000006/art00012>

Results: Six themes

distinguished high-performing from low-performing hospitals. High-performing hospitals were more likely to have: 1) senior leadership involved in day-to-day quality activities and dedicated to quality improvement, 2) a strong focus on standards and standardized care, 3) strong nurse-physician communication and teamwork, 4) adequate physician and nurse staffing and supervision, 5) sharing of performance data with nurses and other frontline clinicians, and 6) explicit awareness that racial and ethnic disparities exist and that racism and bias in the hospital can lead to differential treatment.

6. Nursing Care Disparities in Neonatal Intensive Care Units

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6056573/#hesr12762-sec-0008title>

Nurses in high-black hospitals missed nearly 50 percent more required nursing care activities than nurses in low-black hospitals (p = .03). Further, a significantly higher percentage of nurses in high-black hospitals missed at least one required activity (52 percent vs. 38 percent). Although the differences in mean activities missed were numerically small (1.05 in the low-black cohort to 1.51 in the high-black cohort), research has shown that small differences can have a significant impact on patient outcomes (Schubert et al. 2009). The results from this sample, comprising 16 percent of U.S. NICUs, generalize principally to NICUs in large teaching hospitals.

The disparities in missed care were principally due to poorer nurse staffing in high-black hospitals. The patient-to-nurse ratio was significantly higher in high-black hospitals (2.5 and 2.2 patients-per-nurse, respectively). The odds of missed care increased by 40 percent in units with poorer staffing (one patient more per nurse). It is likely that staffing is worse in the high-black hospitals because many treat a disproportionately high percentage of Medicaid and unfunded patients, which creates financial strain. Financial strain may affect clinical processes through allocation of staffing resources

7. Effect of Nurse Staffing and Education on the Outcomes of Surgical Patients With Comorbid Serious Mental Illness

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2596648/>

Records indicated that 4.7% (N=10,666) of the sample had a diagnosis of serious mental illness. A higher level of nurse staffing had a stronger effect on prevention of death among patients with serious mental illness than among those without it. Length of stay for patients with serious mental illness was shorter in hospitals with higher proportions of baccalaureate-prepared nurses.

Conclusions Better nurse staffing and higher education level mitigated poor patient outcomes among highly vulnerable patients with serious mental illness.

8. Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A Systematic Review comprehensive lit review of how nurses interact with LGBTQ patients and improve health outcomes.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8624572/>

Nurses can carry out interventions such as programmes on inclusive sex education, sexual and gender diversity, and bullying and suicide prevention, as well as provide gender-affirming and family-centred care. In addition, this work highlighted the need for training students and health professionals in LGBT cultural competence. The inequalities endured by—and specific health needs of—LGBT people involve health disparities, higher rates of MH problems, substance abuse, risky sexual behaviours, increased STIs, and a higher rate of self-harm and suicide. These problems were associated with experiences

related to anti-LGBT attitudes and minority stress. In turn, the impact of these factors was modified by intersections with race/ethnicity, geographic region, and socioeconomic factors.

LGBT people experience social barriers related to stigma and cis-heteronormativity when trying to access the healthcare system, with many members of this population reporting negative and discriminatory experiences with health professionals. Thus, nurses must learn to recognise and understand the health disparities faced by the LGBT community. Being aware of these inequalities is essential to offer culturally sensitive and gender-affirming care, without making assumptions about any particular patient. Nurses can also participate in LGBT education and community resource support to include all healthcare staff in promoting a safe environment. They can advocate for LGBT health to be included in the nursing school curriculum, support public LGBT health initiatives, oversee compliance with non-discriminatory policies, and console or support patients who may have been subjected to discriminatory practices by other healthcare providers.