Title: "Bring it to the forefront so everyone knows and can make positive changes": A qualitative study of provider perspectives of racial inequities in the NICU

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Abstract (2530/2600 characters)

Background: Healthcare providers bear witness to and experience racism and discrimination in healthcare, with disproportionate burdens on racially marginalized healthcare workers. Previous studies have highlighted racial inequities experienced by caregivers and their infants in the neonatal intensive care unit (NICU), although literature highlighting healthcare provider's experiences with racism and discrimination is limited.

Objective: We sought to understand how racism and discrimination is experienced by caregivers and providers in the NICU from the provider perspective.

Methods: Open-ended surveys were administered and semi-structured interviews were conducted with multi-disciplinary staff in an urban tertiary care center NICU from 2021-2022. Two research students conducted the interviews on an online video platform. Interview audio was recorded and transcribed by a transcription company. Two researchers coded the data using a deductive codebook based on the interview guide and inductive codes were added as necessary. Thematic analysis was used to analyze the data. Themes were generated and refined through discussion and consensus with the study team.

Results

A total of 72 providers participated in study, by either completing the open-ended survey only (n=62, 86.1%) or additionally completing a semi-structured interview (n=10, 13.9%). The majority of the provider participants were 25-34 years old (n=31, n=43.1%) and identified as female (n=59, 81.9%). Most participants identified racially as white (n=33, 45.8%) or Asian (n=16, 22.2%), multi-racial (n=5, 6.9%), Black (n=10, 13.9%) or Hispanic/Latinx (n=6, 8.3%). Providers were employed as nurses (n=33, 45.8%), resident or fellow physician trainees (n=13, 18.1%), nurse practitioners or hospitalists (n=8, 11.1%), attending physicians (n=9, 12.5%), respiratory therapists (n=4, 5.6%), or other staff (n=5, 6.9%). Five major themes were identified: communication and language, resource allocation, workforce diversity, culture and relationships, denial and recognition of racism. Subthemes of workforce diversity included representation and minority tax, and subthemes of cultural relationships included micro/macroaggressions and intersectional identities.

Conclusion

Similar to other healthcare providers, NICU providers also experience and witness interpersonal, institutional, and structural forms of racism. Further investigation for how to prevent, mitigate, and manage the impact of structural racism on both caregivers and providers is needed.