

# Addressing Burnout Among Historically Minoritized Nurses: The SHINE Summit

Jacqueline Nikpour, PhD, RN  
Assistant Professor, Emory University School of Nursing  
NurseTRUST  
April 13, 2026



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# Acknowledgements

- Emory NHWSON
- Georgia Nursing Workforce Center
- Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing (Grant #s NINR- T32-NR007104)
- Robert Wood Johnson Foundation, Grant #99798



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CALLING IT QUILTS

# Nurses Are Burned Out. Can Hospitals Change in Time to Keep Them?

The pandemic has pushed already stressed nurses away from a demanding field. Does the job need to be rethought?

## The Washington Post

### Burned out by the pandemic, 3 in 10 health-care workers consider leaving the profession

By William Wan



**CBS NEWS**

Local News

### Pandemic Has Led To Hospital Staff Shortages Nationwide As Healthcare Workers Report Significant Rise In Burnout

March 23, 2022 / 7:02 PM EDT / CBS Miami

The nurse burnout crisis is no secret...

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# Studies show disparate job outcomes amongst nurses of color

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Significantly higher rates of job dissatisfaction,  
burnout, & intent to leave

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Workplace racism & discrimination

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Fewer advancement opportunities

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Patients' unmet SDOH

## **“I had become fed up”: A qualitative study of Black nurse practitioners’ experiences fighting against health inequity, racism, and burnout**

J. Margo Brooks Carthon, PhD, RN, FAAN (Associate Professor of Nursing, Tyson Family Endowed Term Chair for Gerontological Research)<sup>1</sup>, Ravenne Aponte, RN, BSN (Doctoral Student)<sup>2</sup>, Aleigha Mason, RN, BSN (Doctoral Student)<sup>3</sup>, & Jacqueline Nikpour, PhD, RN (Postdoctoral Fellow)<sup>3</sup>

“...you’ve invested into it because it’s something that is so important to you, it’s emotionally taxing and draining and leads to this burnout, and eventually that’s like I can’t do this anymore.”

“I’m at the point where I want to give up my position and just jump on to do other things because of the frustrations involved.”

“I feel like there’s just a few [DEI] trainings here and there when it’s most prevalent, like in the news or in the media and then when it’s all, when, the, you know, the hype per se goes down then it’s not so much addressed.”

# Solutions to Health Inequities & Nurses' Emotional Exhaustion (SHINE)

2024 one-day convening of  
national stakeholders across  
practice, policy, research,  
education & advocacy

Focus on the intersection  
between health equity &  
clinician well-being

*How can we address crisis of  
nurse burnout in an equity-  
centered way?*



# Key Drivers of Burnout

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Workplace racism and discrimination

Poor work environments with few resources

Lack of mentorship, advancement, & organizational investment

Equity-centered efforts lacking real substance → “minority tax”

# Practice Solutions

01

Stratify internal well-being data by race/ethnicity & other demographics

02

Create structures of accountability & support for nurses experiencing racism

03

Provide mentorship and leadership pathways

04

Reduce stigma around seeking mental healthcare

# Research Solutions

Incorporate an equity focus in nurse burnout & well-being surveys

Stratified, longitudinal studies across settings & roles

Examine relationship between burnout & patient outcomes

Avoid “drowning out” minoritized nurses in statistical analyses

# Policy Solutions

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1

Use professional organizations as a platform for advocacy

2

Shift the narrative: clinician well-being is an *equity* issue

3

Focus on systems-thinking – *how do we implement recruitment & retention policies that consider the needs of all nurses?*

# Beat the NIH AI Algorithm: Language That Still Works

Use precise, solutions-oriented language to keep your health equity work clear, **fundable**, and aligned with today's review standards.

PROBABLY FLAGGED	POTENTIAL ALTERNATIVE
Equity	<b>Measurable differences in [specific outcome]; outcome gaps across populations</b> <i>(e.g. blood pressure control rates)</i>
Discrimination	<b>Differential treatment; differential exposure; unequal treatment in [specific context]</b> <i>(e.g. in clinic wait times, pain management, or referrals)</i>
Underserved populations	<b>Populations with limited access to [specific service/resource]</b> <i>(e.g. primary care, maternal health services, healthy food)</i>
Minority	<b>Specific racial/ethnic groups</b> <i>(e.g., Black adults with hypertension, Latino adolescents)</i>
Disproportionate / disproportionately affected	<b>Higher rates of [outcome] relative to [reference group]</b> <i>(e.g., higher prevalence of uncontrolled diabetes compared to White adults)</i>
Diversity	<b>Variation in [specific characteristic]; representation of [specific groups]</b> <i>(e.g., age, gender, geography, clinical background)</i>
Inclusion	<b>Engagement of [specific populations] in [process, study, or intervention]</b> <i>(e.g., community advisory boards, participatory design, cohort enrollment)</i>
Underrepresented	<b>Limited representation in [specific setting, dataset, or workforce]</b> <i>(e.g., &lt;1% of clinical trials, faculty, or biospecimen datasets)</i>
Marginalized	<b>Experiencing structural barriers to [specific system or resource]</b> <i>(e.g., care, housing, education, transportation)</i>
Vulnerable populations	<b>Elevated risk due to [specific exposure or condition]</b> <i>(e.g., preterm birth, environmental exposures, chronic illness)</i>

Use this as a starting point, not a script.

**TIARNEY D. RITCHWOOD, PHD**  
Researcher • Mentor • Consultant



# Conclusion

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To our knowledge, SHINE was the first nurse burnout summit to explicitly focus on the role of equity

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Rethinking nurse burnout as an equity issue

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Researchers, systems leaders, and professional organizations all have key roles



Thank You!

[janikpour@emory.edu](mailto:janikpour@emory.edu)

