

First Candle: New Study Explores Nursing Students' Grasp of Racism and Health Disparities

Alison Jacobson



First Candle's efforts to support families during their most difficult times and provide new answers to help other families avoid the tragedy of the loss of their baby are without parallel.

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Research continues to show that racism is a factor to be recognized and dealt with, and a recent [study](#)(1) looks at this from the perspective of nurses in training. The qualitative study looked at the perceptions of 16 White, Black, Hispanic and Asian maternal-

child nursing health students on the effects of bias and racism on health outcomes.

Five themes emerged from the findings:

1. Why are we so afraid to talk about race?

It's awkward; mistrust and fear of saying the wrong thing. There is a fear of being "shut down" if they bring up race, or of being called a racist. There is no provision for race discussion in the curriculum.

2. Whiteness, racism, and bias are learned behaviors

We learn from observation; nursing curriculum could perpetuate White supremacy; separate realities. Respondents cited family generational behaviors, recent sociopolitical (e.g. Black Lives Matter) coverage on social media among influences. They also felt nursing curriculum tends to be "average White American" focused as the norm, with little information about racial disparities and how to address them.

Racism was largely understood to be hostility toward others based on their appearance, and bias as unintentional and not fully understood.

3. I treat everyone the same.

Most felt that they could set aside any personal biases while caring for their patients, although they were aware that bias in general can affect patient outcomes.

4. I am just a nursing student.

The power structure within the clinical environment puts students in vulnerable positions, and they feel they need to gain experience and respect before challenging superiors on issues of race and bias.

5. We see racism and bias around us.

All study respondents reported having had direct or indirect exposure to racism or bias, in some cases toward themselves or their families and friends, and in other instances noticing different behaviors from providers and nurses toward those of their own race.

In addition, study authors found that the participants saw racism

and bias from a personal level, but did not discuss it on an institutionalized or structural level, where affects social determinants of health and policies.

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This study and the further research it could spur might lead to steps to broaden students’ education around the effects of racism and bias on maternal health outcomes, and save lives.

References:

1. Monika Costa, Michele K. Griswold, Lucinda Canty, Nursing student perceptions of racism and health disparities in the United States: A critical race theory perspective, Nursing Outlook, Volume 72, Issue 3, 2024. <https://doi.org/10.1016/j.outlook.2024.102172>.

Disclosure: The author is the Executive Director and Chief Executive Officer of First Candle, a Connecticut-based not-for-profit 501(c3) corporation.

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About First Candle

First Candle, based in New Canaan, CT, is a 501c (3) committed to eliminating Sudden Unexpected Infant Death while providing bereavement support for families who have suffered a loss. Sudden Unexpected Infant Death (SUID), which includes SIDS and Accidental Suffocation and Strangulation in Bed (ASSB), remains the leading cause of death for babies one month to one year of age, resulting in 3,500 infant deaths nationwide per year.