

# Are We Teaching Bias?

How **Nursing Curriculum Can Perpetuate Racial Disparities** in Maternal Health Outcomes

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**HEAR**  
HEAR HER concerns



# Learning Outcomes



1. Recognize how nursing education can lead to bias and racial disparities in maternal health nursing
2. Critically evaluate nursing curricula and textbooks for discrimination, bias, and stereotypes
3. Discuss the impact of racism on healthcare outcomes
4. Incorporate structural competency and cultural humility

To assess a mother's risk of having a low-birth-weight (LBW) infant, the most important factor for the nurse is to consider which of the following?

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African-American race

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Cigarette smoking

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Poor nutritional status

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Limited maternal education

To assess a mother's risk of having a low-birth-weight (LBW) infant, the most important factor for the nurse is to consider which of the following?

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African-American race (or racism??)

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Cigarette smoking

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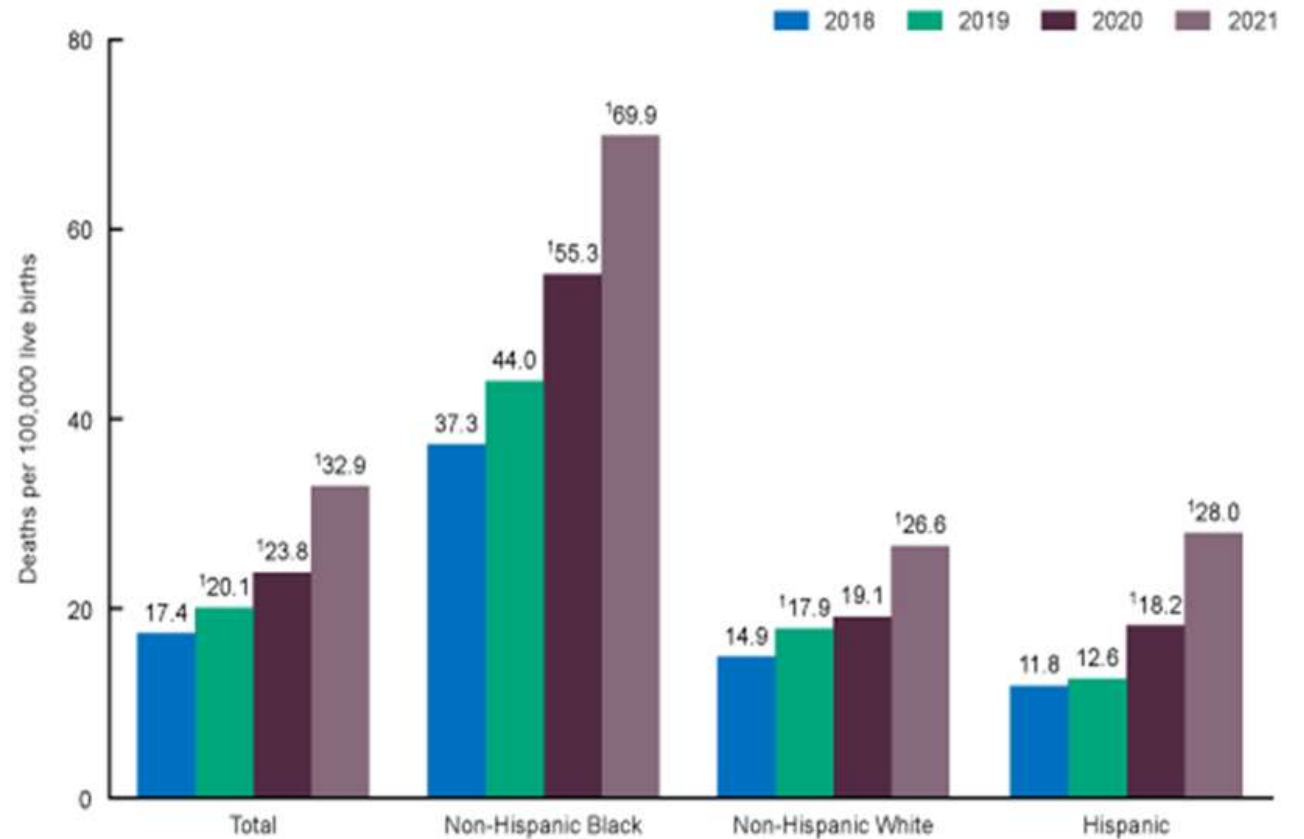
Poor nutritional status

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Limited maternal education

# Maternal Mortality in the United States

- **32.9 deaths** per 100,000 live births
  - **highest** of any resource-rich country
  - from 2018 to 2022, annual maternal deaths increased from 658 to 1205
  - **highest for African-American women**
  - **80% of deaths were preventable**
  - (CDC, 2023)



# Black Mothers Have the Highest Mortality

## ➤ Racial and Ethnic Disparities

### ➤ Persists after considering

- comorbidities,
- socioeconomic status
- education

➤ (Leonard et al., 2019; Liese et al, Petersen, 2019)

## ➤ Structural inequities, racism, biases, and discrimination

(Alshusen et al. 2016; National Academies of Sciences, Engineering, and  
Medicine, 2020; Davis, 2019, Liese et al., 2019; Oparah et al., 2018)

## ➤ Exposure to racism during pregnancy = poor pregnancy outcomes

(Chambers et al., 2020; Riggan et al., 2020; Black et al., 2015)





American Association  
of Colleges of Nursing  

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The Voice of Academic Nursing

*“**Persistent health inequities** necessitate the preparation of **nurses able to address systemic racism** and **pervasive inequities in health care.**”*

*As **change agents and leaders**, nurses possess the **intellectual capacity** to be agile in response to continually evolving healthcare systems, to **address structural racism**, other forms of **discrimination**, and to **advocate for the needs of diverse populations**” (AACN, 2020)*

*The Essentials: Core Competencies for Professional Nursing Education*

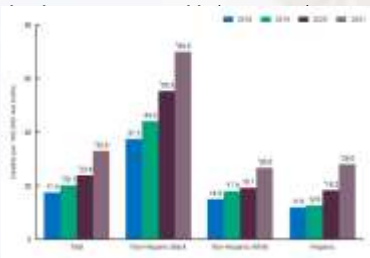


# ADDRESSING RACISM AND RACIAL DISPARITIES IN THE MATERNITY NURSING CURRICULUM

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## Introduction

- **Maternal mortality in the USA is 32.9 deaths** per 100,000 live births (CDC, 2023)
  - **highest** of any resource-rich country
  - from 2018 to 2022, annual maternal deaths increased from 658 to 1205
  - Maternal mortality is **highest for African-American women**
  - **80%** of



- **Structural racism, biases, and discrimination** leads to **persistent racial and ethnic inequities** in **maternal and newborn outcomes** even after socioeconomic factors and comorbidities are considered (Alshusen et al. 2016; Howell, 2018; Leonard et al., 2019, National Academies of Sciences, Engineering, and Medicine, 2020; Davis, 2019, Liese et al., 2019)

## The Essentials: Core Competencies for Professional Nursing Education

*“Persistent health inequities necessitate the preparation of nurses able to address systemic racism and pervasive inequities in health care. As change agents and leaders, nurses possess the intellectual capacity to be agile in response to continually evolving healthcare systems, to address structural racism, other forms of discrimination, and to advocate for the needs of diverse populations”*

(AACN, 2020, The Essentials: Core Competencies for Professional Nursing Education, Domain 7: Systems-Based Practice, section)



## Qualitative Research Perceptions of Undergraduate Nursing Students

1. Participants reported that their faculty do not seem comfortable lecturing about racial issues. Racism was not discussed in their nursing curriculum at all.

*“I feel like.. when we’re in the lecture, you know, **there’ll be a bullet point that says African Americans are .....**and it feels like...silence, or it’s awkward .....*  
*Why is it so different from what we were just talking about 5 minutes ago with the White American? Why are we pausing as if like we said something wrong?”*



2. Nursing curricula could perpetuate stereotypes and bias. Participants reported that they are not provided with adequate education on how to care for diverse patients, address racism and advocate for social justice.

*“I believe our **education is tailored towards the average white American.....** you’ll get little snippets of, ....if they’re Latina, they’re at this risk... if they’re African Americans they are at this risk .....***and that’s really it”.**



3. Participants reported their education about bias, social justice, and health disparities is fragmented, and the implications for nursing practice are missing.

*“We cover hypertension and blah, blah, blah, ...oh, and by the way, in African Americans, beta blockers don’t work as well, blah, blah, blah,..... Wait, stop.... so what do I give the African American person? **Those kinds of statements are sprinkled in, and they make teachers feel like .....** I am educating this nursing student about the racial disparity and its differences in treating hypertension, **but have you really? You have to give me information that actually has a meaning to me, and I can actually use it for something.”***



4. Students feel disempowered in their role, and they are afraid to stand up to their superiors even if they see racism and bias.

*“I don’t want to overstep even though what she just said was kind of racist, you know, so that’s what makes it hard is the boundaries.....she’s the authority, I’m just a student, you know”.*

## Literature Review Findings and Recommendations

- **Addressing racism in predominantly White institutions can be challenging** for nursing students and educators.
- Nursing **Faculty Require Training** to Deliver Antiracist Education
- Antiracist pedagogies are needed to develop nursing graduates who can counteract racism and healthcare discrimination
- Education about social justice, bias, and health disparities **can increase student awareness of personal biases.** However, the social justice framework **must be infused throughout the curriculum,** not just in selected individual courses



## Recommendations for Education Practice

1. **Changing the Culture of a White Institution**
  - a) Adopt policies that **promote diversity** in faculty, staff, and students
  - b) **Train** all faculty, staff, and students **on bias and antiracism**
  - c) Create a **safe, culturally affirming environment** where all faculty, staff, and students
  - d) Offer workshops for **bystander training** to empower students to speak up for social justice
2. **Incorporating Antiracist Pedagogies into the Curriculum**
  - a) **Train all faculty,** including clinical faculty how to deliver an antiracist education
  - b) **Examine curriculum and textbooks for bias and stereotype**
  - c) **Include historical perspectives** and the impact of racism in healthcare
3. **Including Implications for Clinical Practice**
  - a) Introduce evidence-based practice **anti-discrimination frameworks**
  - b) Shift from cultural to **structural competency**
  - c) Teach and practice **cultural humility**



\*Original Artwork by Lucinda



# Research Questions

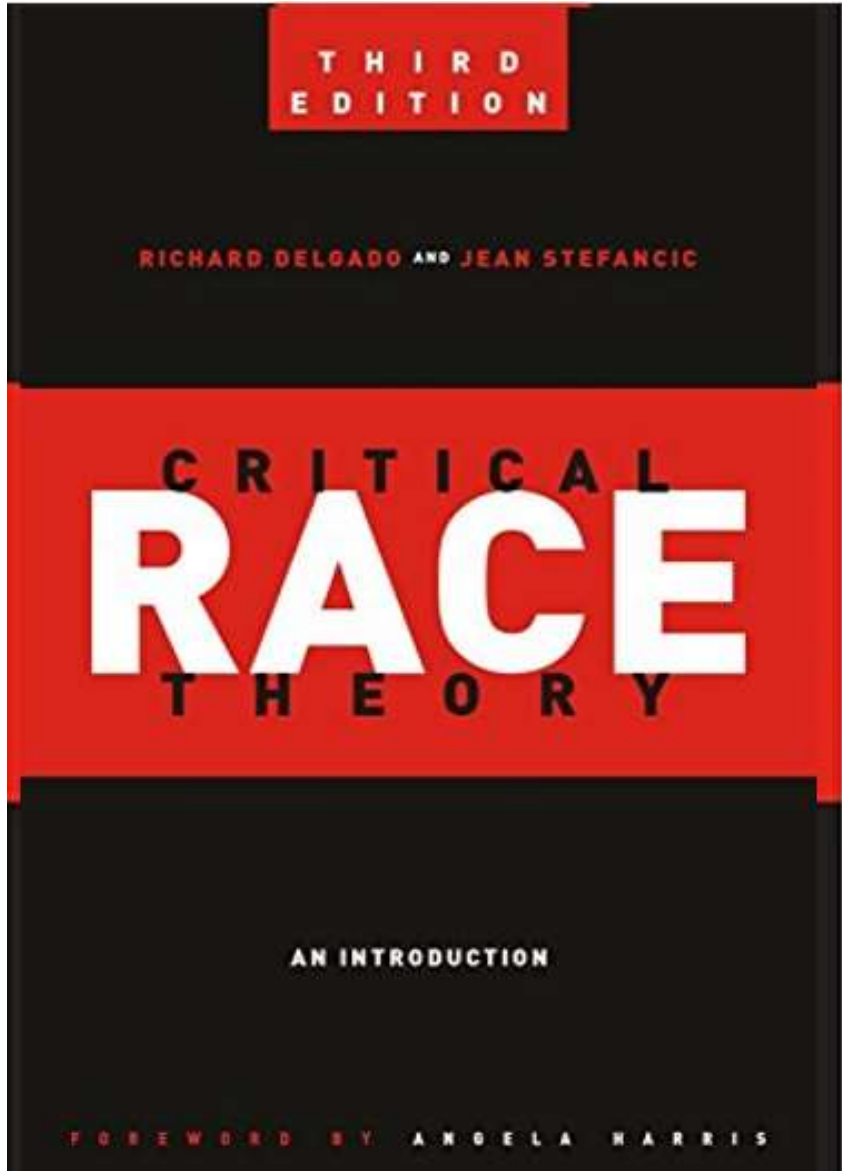
## **Central Question**

*How do undergraduate nursing students perceive racial disparities, racism, and bias affecting maternal health outcomes in the United States?*

## **Subquestions**

- 1) *How do undergraduate nursing students describe the terms "racism" and "implicit bias"?*
- 2) *What are the undergraduate nursing students' perceptions of the effect of racism and implicit bias on maternal health outcomes?*
- 3) *Are undergraduate nursing students able to identify their own implicit biases that might affect patient care?*
- 4) *How comfortable are undergraduate nursing students discussing racism and implicit bias?*
- 5) *How do undergraduate nursing students understand the concepts of social justice?*
- 6) *How comfortable are they advocating for social justice?*

# Conceptual/Theoretical Framework




**THIRD EDITION**

RICHARD DELGADO AND JEAN STEFANCIC

**CRITICAL  
RACE  
THEORY**

AN INTRODUCTION

FOREWORD BY ANGELA HARRIS

- ❖ **Goal:** Racial justice and ending racial oppression through systemic change
- ❖ Racism is embedded in everyday policies, structures, institutions, health care
  - ❖ (Ford & Airhihenbuwa, 2010; Weitzel et al., 2020)
- ❖ Nursing education must acknowledge the link between racism and health disparities
  - ❖ cultural competency to  structural competency

# Methodology/Research Design

## ➤ Qualitative

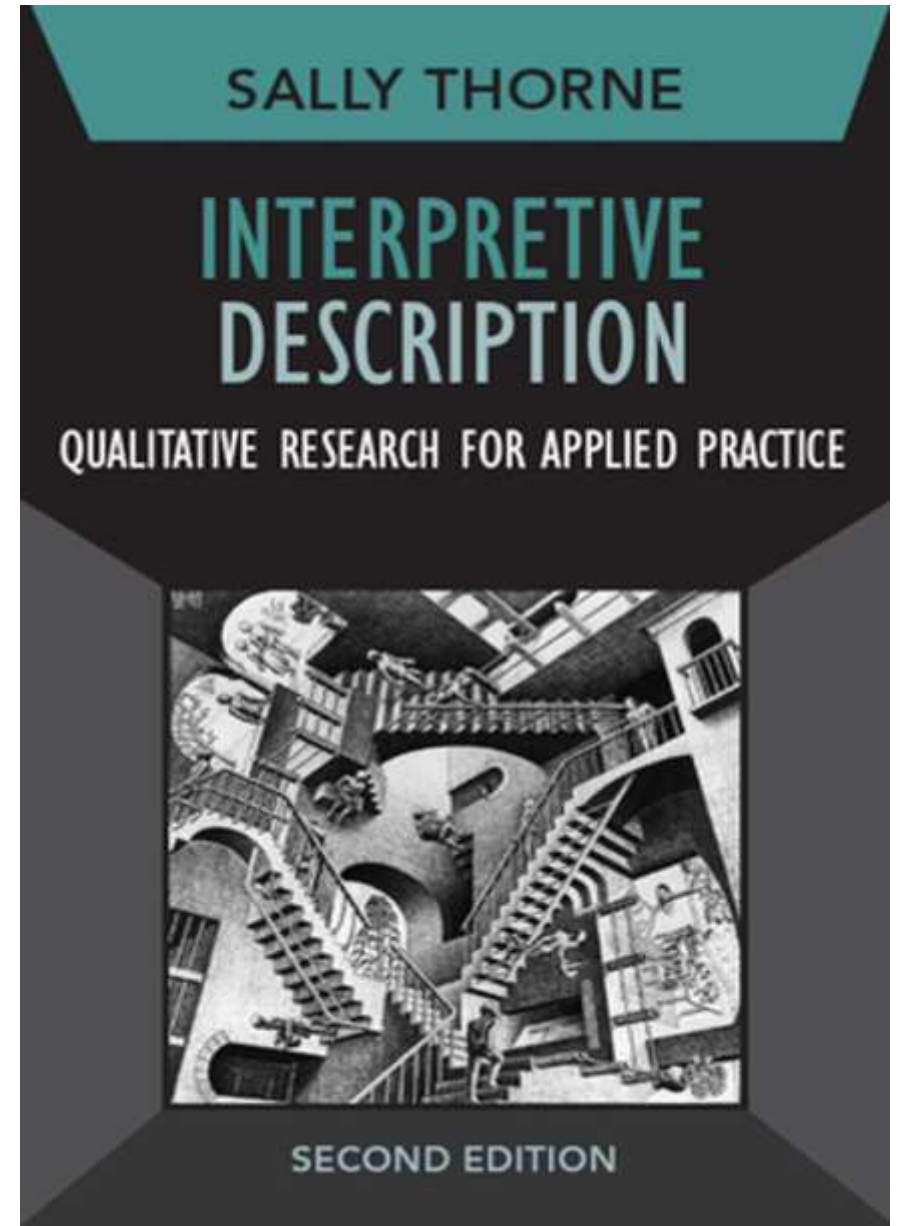
## ➤ Interpretive Description (Thorne, et al, 1997; Thorne, 2016)

### 1. Why certain beliefs /perceptions

- Perspectives socially constructed

### 2. "So what?"

- Beyond describing perceptions
- Practice implications = applied research



# Sample Demographics

- **16 BSN students from traditional nursing program in CT**
- **Age**
  - Majority between 20-23
- **Race**
  - 10 White, 3 Hispanic, 2 African-American, 1 Asian
- **Work Experience**
  - Most had some experience in healthcare

# Results: Themes

**Theme I: Why Are We So Afraid To Talk About Race?**

**Theme II: Whiteness, Racism, and Bias are Learned Behaviors**

**Theme III: I Treat Everyone the Same**

**Theme IV: I am Just a Nursing Student**

**Theme V: We See Racism and Bias Around Us**

## Talking About Race is Awkward

*“I feel like.. when we’re in the lecture, you know, **there’ll be a bullet point that says African Americans are.....blank** and it feels like, it’s kind of like silence, or it’s awkward to say, ..... why is so different from what we were just talking about 5 minutes ago with the White American..... like, **why are we pausing as if like we said something wrong?.....**”*

White student



# Nursing Curriculum Could Perpetuate Stereotype and Bias

*“I believe our **education is tailored towards the average white American** ..... you’ll get little snippets of, ....if they’re Latina, they’re at this risk... if they’re African Americans they are at this risk .....and that’s really it”*. White student

*“A lot of the books... when trying to diagnose certain people, it’s more people of Caucasian skin, right, but with people with color, that same disease may manifest in a different way. So, I think like, teaching about that to understand the nuances between two **different skin types of people will be really beneficial**”*.

African-American student

# Nursing Implications are Missing

*“We cover hypertension and blah, blah, blah, ...oh, and **by the way, in African Americans, beta blockers don’t work as well, blah, blah, blah,.....**  
Wait, stop like. .... So, what do I give the African-American person?*

*Those kinds of statements are sprinkled in, and they **make teachers feel like ..... I am educating this nursing student about the racial disparity** and its differences in treating hypertension, **but have you really?***

*You have to give me information that actually has a meaning to me, and I can actually use it for something.”*

White student

<b>Nursing Education Gap</b>	<b>Practice Recommendations</b>
<p>➤ Participants reported that discussing race seems awkward, and their faculty do not seem comfortable discussing racial issues.</p> <p>Participants verbalized mistrust, fear of repercussion, or saying the “wrong thing.”</p>	<p><b>1. Changing the Culture of a White Institution</b></p> <p>a) Adopt policies that promote diversity in faculty, staff, and students</p> <p>b) Train all faculty, staff, and students on bias and antiracism</p> <p>c) Create a safe, culturally affirming environment</p>
<p>➤ Participants reported they are unprepared to care for diverse patients, address racism, and advocate for social justice.</p> <p>➤ Participants observed that nursing education is geared toward the “average White American.”</p>	<p><b>1. Incorporating Antiracist Pedagogies into the Nursing Curriculum</b></p> <p>a) Train all faculty, including clinical faculty, how to deliver an antiracist education</p> <p>b) Examine nursing curriculum and textbooks for bias and stereotype</p> <p>c) Include historical perspectives and the impact of racism on healthcare</p>
<p>➤ Participants reported that their education health disparities are fragmented, and the practical nursing implication piece is missing.</p>	<p><b>3. Including Nursing Implications for Clinical Practice</b></p> <p>a) Introduce evidence-based practice anti-discrimination frameworks and patient safety bundles</p> <p>b) Focus on structural competency</p> <p>c) Practice cultural humility</p>

# Examine Curriculum and Textbooks for Bias and Stereotype

- ***“Prenatal care is sought routinely by women of middle or high socioeconomic status”***
  - Share your thoughts on this statement
  - Think of some obstacles, challenges, biases, preconceptions
  - ,

To assess a mother’s risk of having a low-birth-weight (LBW) infant, the most important factor for the nurse is to consider which of the following?

African-American race (or racism??)

Cigarette smoking

Poor nutritional status

Limited maternal education

# Let's Explore More

- Is your nursing curriculum aligned with the new AACN Essentials addressing racial disparities and structural racism?
- Does your textbook/presentation include any biased statements or stereotypes?
- Do you discuss clinical presentations on a diverse patient population?
- Do your simulation scenarios reflect only a certain population? Are your simulation mannequins diverse? Do you consider the names and patient backgrounds in your scenarios?

# Incorporate Structural Competency and Cultural Humility

- Introduce structural issues, cultural humility, and respectful maternity care into your classes/presentations
- Use these concepts in group discussion
- Create assignments that will help students critically examine these issues
- Incorporate respectful maternity care in your simulation scenarios and focus on respectful communication and cultural humility

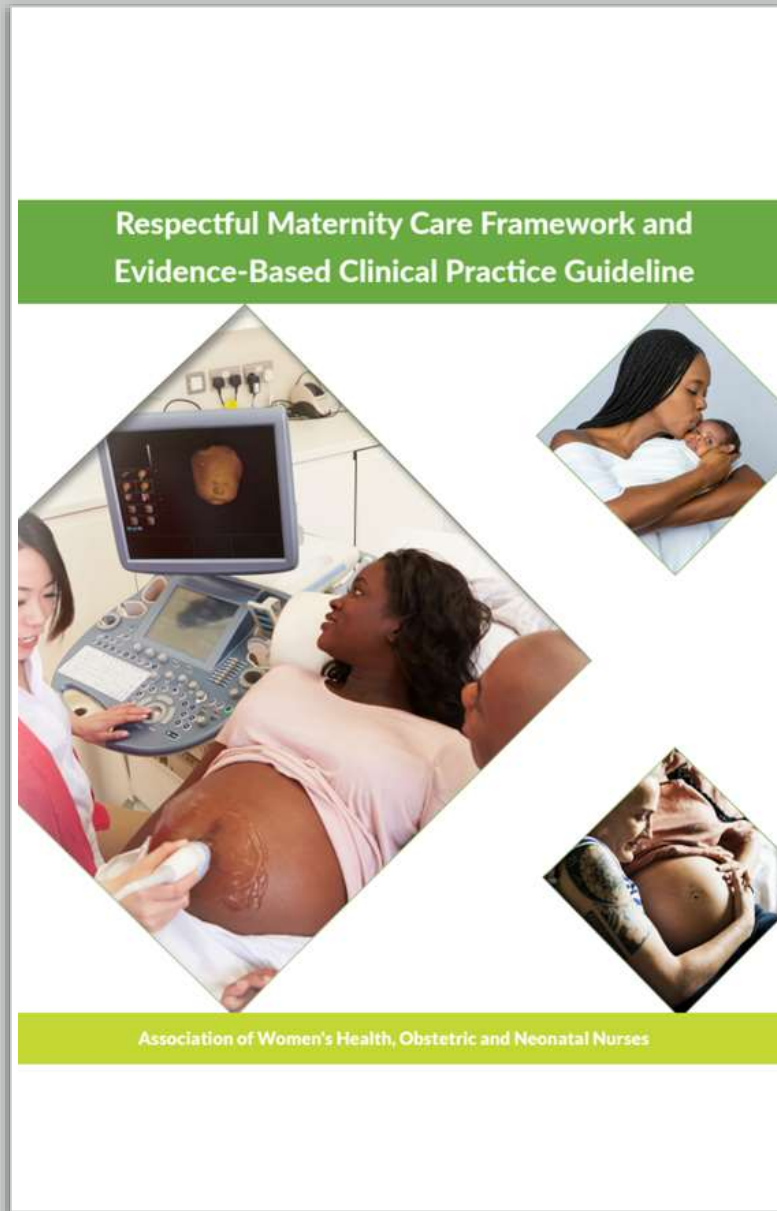


<https://www.youtube.com/watch?v=05uBCBfrY4g>



# Teach Patient Advocacy

- **Listen** to your patient **and trust** that she knows her body!
  - **Cultural humility**
- Importance of **physical assessment**
  - Recognize **signs that a woman's condition is deteriorating**
  - **ACT!**
- **Advocate for your patient**, go up the chain of command if needed
- Follow **hospital protocols**, be knowledgeable of current **EBP initiatives**
- Get involved in **professional nursing organizations**



# Evidence-Based Clinical Practice Guideline



# Respectful Maternity Care Simulation Checklist

<b>AWARENESS</b>
Be aware of your own views/approaches during early interactions with patients
Respect and honor patients' approaches that may be different from your own views
Call out and discuss instances of obstetric racism/bias
Validate patient experience and advocate for the patient when she is not treated with respect
Acknowledge the patient has been waiting and apologize/speak up for patient
Elicit patients' previous pregnancy/birthing experiences to understand any previous negative or positive experiences, including traumatic birth or specific fears
<b>MUTUAL RESPECT</b>
Actively listen to, acknowledge, and honor patient requests to the greatest extent possible. Do not minimize or discount patients' concerns and needs.
Demonstrate empathy
Ensure that the patient's voice is heard.
Speak to both parents and acknowledge the partner's concerns
Use patient-centered communication techniques
<b>SHARED DECISION-MAKING AND INFORMED CONSENT</b>
Discuss all available options with patients and partner
Provide high-quality, evidence-based information and care
Confirm that full informed consent is obtained
Provide patients with emotional support during and after the decision-making process
<b>AUTONOMY</b>
Demonstrate support for the patient's individual choices by explaining information and options calmly, using neutral language, and avoiding judgment, coercion or pressure, threats, blame, or trivializing patients' concerns
<b>DIGNITY</b>
Protect patients' physical and informational privacy
Listen to and take seriously any concerns or complaints raised by patients or their support persons
<b>ACCOUNTABILITY</b>
Document information about patient identities, care preferences, and specific needs and communicate that information to all members of the interprofessional team



# Respectful Patient Care for Black Women\*

## SITUATION

A care provider enters a patient room to meet and establish a relationship with a patient who is new to the provider. The patient is a 32-year-old G2, P1 Black woman who identifies as female and who is 38 weeks pregnant in early labor.

## BACKGROUND

What are some of the challenges this patient, and other Black women, may face because of racism and discrimination when receiving maternal health care?

- According to the Centers for Disease Control and Prevention (CDC), approximately 700 women in the United States die each year as a result of pregnancy-related complications. More than 60% of these deaths are preventable, and non-Hispanic Black women experience pregnancy-related deaths at a rate three times that of non-Hispanic White women (CDC, 2019; 2021), a racial disparity that is mirrored across many maternal and infant outcomes.
- A recent study revealed that 32% of Black women say they have personally experienced racial discrimination when going to a doctor or a health clinic; 22% of Black women say they have avoided seeking medical care out of concern about discrimination (Robert Wood Johnson Foundation, 2021).
- It is commonly reported that Black moms do not feel listened to during care (Aft, 2021).

## ASSESSMENT

Based on what I know, which assessments are a top priority in establishing a positive relationship with this patient?

Self-assessment:

- I will first engage in self-assessment to identify and recognize any personal bias.
- I will acknowledge how systemic racism and discrimination affect care for Black patients.
- I will reflect on how my previous experiences may impact my ability to provide non-biased care.
- I will refuse to allow negative and pervasive stereotypes to influence my interactions with Black patients.

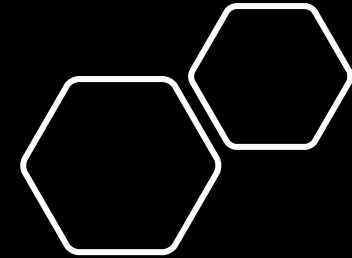
Patient Assessment:

- I will work to build trust with this patient.
- I will ask how this patient would like to be addressed.
- I will listen to the patient's concerns about having a new provider.
- I will ask about this patient's previous birth experiences, listen, and validate their and their loved ones' concerns with compassion and respect.

## RECOMMENDATIONS

What actions can be taken to help this patient feel heard and safe?

- I will include this patient in all care decisions from admission through discharge.
- I will establish a communication style that the patient prefers.
- I will take time to listen respectfully, validate their care needs and concerns, and provide appropriate care and support.
- I will act promptly on the signs and symptoms they express to prevent, minimize, or eliminate harm.
- I will advocate for this patient when other caregivers do not follow these recommendations, express bias, or disregard the patient's request.



Share some ideas  
of how can we as  
nurses promote  
family centered  
care?

## Family Centered Care

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## Family Centered Care

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## Center Voices and Needs of Patients

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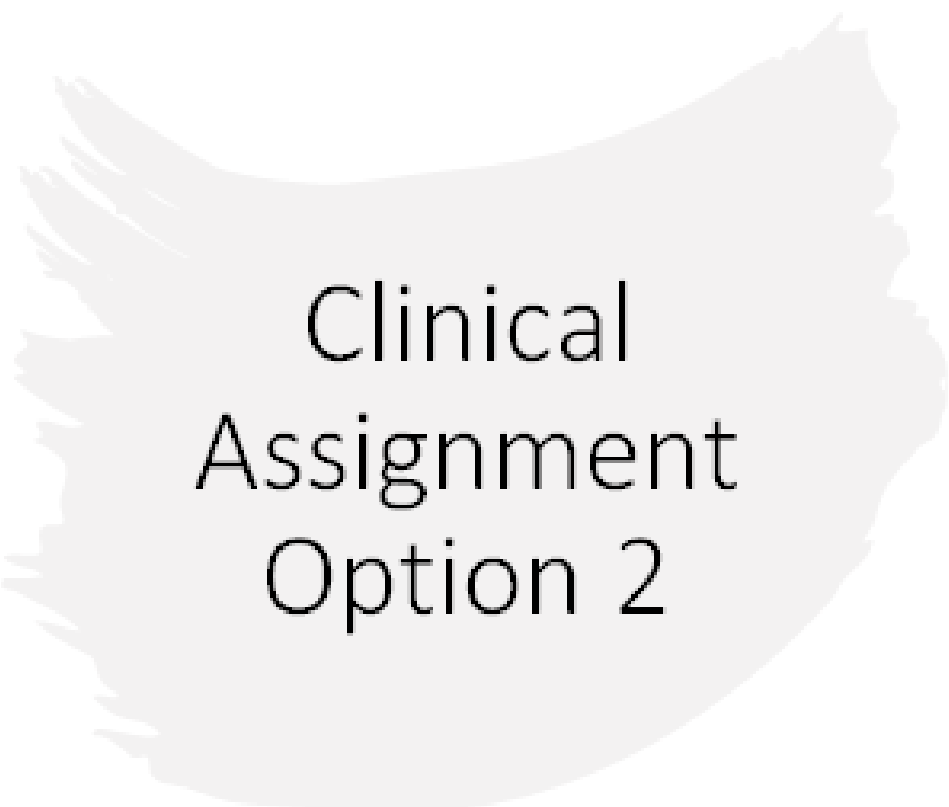
- Listen to the person's lived experience
- The person is the expert of their own life
- Practice cultural humility
- Prioritize shared decision-making
- Identify and address implicit biases
- Identify and address privilege

Sloan Locke, 2020

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# Clinical Assignment Option 1


- **Public Health nursing – maternal health outcomes** <https://www.apha.org/apha-communities/member-sections/public-health-nursing>
- Please watch the webinar recording (link above) and prepare to discuss and debrief on week 6.
- You can use this topic for your clinical competency.
- What will you consider in your own clinical practice as a student nurse when working with childbearing women of color?
- How can you as a nurse address obstetric racism?



# Clinical Assignment Option 2

- Women in the United States are more likely to die from pregnancy or childbirth-related complications than women in other developed countries.
- There are many nationwide initiatives that are trying to address this issue. Interview a clinical Nurse Educator, Patient Safety Coordinator or a clinical leader at your assigned hospital. Ask them about any evidence-based initiatives they have implemented in response to the national efforts to decrease maternal mortality and morbidity in the United States.
- You will work as a clinical group and your clinical instructor will assist you in scheduling the interview and summarizing your findings. We will discuss and compare your findings during class in week 6

## **Maternity Assignment Due October 10** ▼

Attached Files:  [Maternity Assignment Grading Rubric.docx](#) ▼ (16.231 KB)

### **Special Course Project: Maternity-** Poster or PowerPoint Presentation

For the final project, students will work in groups to synthesize what they have learned during the course. Students will address determinants of health-related to one chosen topic discussed in this course and propose solutions to decrease racial, ethnic, and/or geographic disparities according to current evidence-based practice literature and national recommendations.

Students will present their work during class and be encouraged to present posters during the university research symposium day.

Please upload your Poster or PP presentation to BB - each student will upload their group copy to their individual BB so it can be graded. Indicate your contribution.

Poster Templates

[https://bb.usj.edu/webapps/blackboard/content/listContent.jsp?course\\_id= 6721\\_1&content\\_id= 915187\\_1](https://bb.usj.edu/webapps/blackboard/content/listContent.jsp?course_id=_6721_1&content_id=_915187_1)

Please sign up for one of the following topics as a group (6 students per topic).

All group member will indicate their contribution to the project before submission:

1. Maternal mortality and morbidity
2. Preterm birth
3. Opioid use in pregnancy
4. Neonatal abstinence syndrome (NAS)
5. Low breastfeeding rates

[https://docs.google.com/document/d/1giHvxZ2Hn7rwRN2in8EKUnm6bt6EiujFEAvqbU\\_w9qo/edit](https://docs.google.com/document/d/1giHvxZ2Hn7rwRN2in8EKUnm6bt6EiujFEAvqbU_w9qo/edit)

Introduction: Describe one of the identified issues discussed in the course <b>(15 points)</b>	<b>Faculty Comments</b>	<b>Achieved Points</b>
Discuss how racial, ethnic, or demographic disparities affect pt. outcomes <b>(15 points)</b>		
Propose solutions based on evidence-based recommendations <b>(20 points)</b>		
Reference national collaboratives/ toolkits and describe how your proposal reflects the QSEN competencies <b>(20 points)</b>		
Follow poster guidelines utilizing the poster template posted on Blackboard <b>(5 points)</b>		
Poster/PP presentation <b>(20 points)</b>		
Professional writing style including grammar, spelling, evidence of proofreading, logical progression of content and ideas, word choice and expression, and use of APA format and referencing <b>(5 points)</b>		
<b>Total Points (maximum 100)</b>		

# Recommendations for Further Research

## ➤ **Qualitative Studies**

- Student, faculty, provider, and patient experiences and perceptions of racism and bias
- Faculty preparedness to deliver anti-racism pedagogies
- Student preparedness to address racism in clinical practice and personal lives

## ➤ **Pre- and Post-Intervention Studies**

- Effectiveness of practice interventions
  - racial equity tools
  - evidence-based anti-discrimination frameworks



*THANK YOU*

*Questions?*

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