Racial and Ethnic Discrimination in Clinical Education: An Exploratory Study of Student Nurse Anesthetists' Well-Being

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Background

Clinical education is essential in certified registered nurse anesthesia (CRNA) programs, where students develop technical skills and clinical decision-making under preceptor supervision.

However, unconscious bias, discrimination, and microaggressions in clinical environments can negatively affect student learning, psychological safety, and overall well-being.

Many preceptors receive limited training in inclusive teaching practices & cultural humility.

Cultural humility involves ongoing self-reflection, openness to diverse perspectives, & recognition of personal bias.

Incorporating cultural humility into clinical education may reduce microaggressions, improve communication, and support inclusive learning environments.

Diversity within the CRNA workforce remains limited, and negative clinical experiences may further hinder efforts to diversify the profession and support student success.

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Purpose

The purpose of this study was to examine clinical educational experiences, discrimination, and well-being among current students and recent alumni from a large CRNA program in the Southeast.

This study represents **Phase I** of a two-phase project aimed at informing future preceptor training focused on cultural humility and inclusive clinical education.

Methods

1. This was a cross-sectional, web-based exploratory study approved as exempt by the university IRB
2. Participants included current CRNA students and alumni who graduated within the past five years.
3. Data were collected using a 16-item validated survey assessing racial/ethnic bias and well-being.
4. Included demographic questions, bias/discrimination questions, well-being index questions, and an open-ended response.
5. Participation was limited to the first 100 respondents.
6. Data were analyzed using SPSS, including T-tests, ANOVA, effect sizes, and qualitative thematic analysis.

Results

DEMOGRAPHICS

100 respondents	**58%** current students	**70%** female	**90%** under age **36**	**90%** Caucasian

SIGNIFICANT DIFFERENCES IN DISCRIMINATION WERE FOUND BY RACE

The most common discrimination experiences included:

70%	Mistaken for another person of the same race	**50%**	Slurs or offensive comments	**30%**	Mistaken for non-medical staff
30%	Social isolation	**20%**	Requests for a different provider based on race	**20%**	Different grading standards

MOST COMMON SOURCES OF DISCRIMINATION:

- **70%** CRNA preceptor
- **40%** Surgeon
- **40%** Patient

Participants who experienced discrimination were more likely to have high-risk well-being index scores; however, no statistically significant differences were found between groups.

THREE THEMES EMERGED

1. Racial slurs or comments
2. Feeling they did not belong
3. Surprise regarding English proficiency

Limitations

- Small sample size
- Limited diversity in sample
- Unequal group sizes
- Possible recall bias among alumni
- Results may not be generalizable

Conclusions

Discrimination & microaggressions occur in nurse anesthesia clinical environments and may negatively impact student well-being and learning experiences.

Preceptors were the most commonly identified source of discrimination, highlighting the need for improved preceptor education.

Cultural humility and inclusive teaching practices are important for improving clinical learning environments and supporting student success.

Implications

- Implement cultural humility training for preceptors
- Develop inclusive clinical teaching strategies
- Improve support systems for students
- Promote diversity in nurse anesthesia education
- Improve clinical learning environments

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