Black Women in Healthcare Describe Experiences With and Navigation Through

Microaggression in the Workplace

Submitted by

Karen L. Glasper

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The following committee members certify they have read and approve this dissertation
and deem it fully adequate in scope and quality as a dissertation for the degree of Doctor
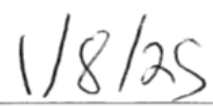of Philosophy.

Tyler J. Sheppard, PhD, Dissertation Chair

Jeffrey Kaplan, PhD, Committee Member

Shawn Spath, PhD, Committee Member

ACCEPTED AND SIGNED:

_____   _____
Michael R. Berger, EdD   Date
Dean, College of Doctoral Studies

Grand Canyon University

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Abstract

This qualitative descriptive study explored how Black women in healthcare described their experiences with and navigated workplace microaggressions. Guided by Microaggression Theory and Intersectionality Theory, the study aimed to answer: (1) How do Black women in healthcare describe their experiences with microaggressions in the workplace? and (2) How do they navigate through them? A total of 25 participants were recruited for semi-structured interviews, with 11 more participating in focus groups. Thematic analysis, using Braun and Clarke's 6-step framework, revealed six themes: marginalizing professionalism, exhausting professionalism, undermining professionalism, promoting protective strategies, promoting resiliency, and promoting advocacy. Participants reported both subtle and overt discrimination, resulting in emotional exhaustion and marginalization. However, they also demonstrated resilience through self-care, advocacy, and support networks. The findings underscore the complex intersection of race and gender in shaping Black women's experiences in healthcare, highlighting the need for targeted interventions to foster inclusivity and support them in navigating microaggressions and advancing workplace equity.

Keywords: Microaggressions, Black women, healthcare professionals, workplace discrimination, coping strategies, intersectionality

Dedication

I want to dedicate my dissertation project to my grandmother, Inez Grey, who told me before her death never to give up until I reached the top of the educational peak. My mother, Costella Grey; stepfather, Leo Grey; my dad, Rev. Roy Glasper; stepmom, Nancy Glasper; and bonus moms, Gigi Schmidt and Cristiana Moore. Without my parents' support, I don't believe I would have pursued a PhD because I thought that after my master's degree, I was done. That is until my grandmother told me you have one more degree, so you are not done yet. The day she became ill, she made me promise never to stop until I reached the top of my educational peak, and here I am, finally making that final step.

My dad told me always to believe that God would see me through and never give up on hope, so when things got hard, I looked to the Lord, and things got better. Most of all, I would like to dedicate my dissertation project to my participants who trusted me with their life stories and all the Black Women who experienced microaggression in the workplace while trying to make a living for their families. Never forget who you are; always love yourself no matter what someone else thinks about you, and never forget God loves you and is watching over you.

Acknowledgments

At this time, I would like to first honor my Lord and Savior for covering me with His Grace and giving me the strength I needed to complete this task. Second, I would like to acknowledge those who supported me on my educational journey while pursuing my PhD in Psychology Industrial Organization. Without the help of my mentor and coach, Dr. Dana Emerson, and my dissertation chair, Dr. Tyler Sheppard, who stepped in and guided me down a road that I found very rocky, I don't know where I would be right now regarding my dissertation. Dr. Emerson and Dr. Sheppard gave me guidance, advice, tough love, and support from the start of our connection. Dr. Emerson would push me when I wanted to give up and help me see I could do this when I didn't believe I could. Dr. Sheppard would help guide me and simplify things so that I could better understand what was expected of me. Together, they molded me into the professional researcher I am today, and I am forever grateful.

Further, I would like to thank my committee, starting with Dr. Jeffery Kaplan, my methodologist, for helping me understand how to conduct the perfect research; Dr. Shawn Spath, my content expert; Dr. Terila Johnson, my AQR Peer Reviewer, Dr. Danisha Keating, my editor/proofreader, Lavada Patterson my field tester, and Eric Potts, my SSC. I would also like to thank the administrators who allowed me to place my study on their Facebook and LinkedIn social media platforms. Also, Dalisia Cannon, Cherise Taylor, Victor Camper, Ora Powell, The Change Community Church, and Bishop Willie Anderson, who always believed in me—additionally, all my family and friends who supported me through my entire educational journey; you all mean the world to me.

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Chapter 1: Introduction to the Study

Introduction

The purpose of this qualitative descriptive study was to gain a deeper understanding of how Black women in the healthcare profession describe their experiences with and navigate through microaggressions in the workplace in the Western part of the United States. In the intricate tapestry of workplace dynamics, the experiences of Black women within the healthcare profession have remained a nuanced and underexplored facet. This study is focused on an examination of microaggressions, elucidating the intricacies of how Black women in healthcare experience and navigate these subtle yet impactful forms of discrimination in the healthcare workplace.

Microaggressions refer to commonplace behavioral indignities, whether intentional or unintentional, communicating hostile, derogatory, or negative attitudes toward marginalized groups. The presence of microaggressions can be found historically throughout humankind's existence (Pierce, 1974). Microaggression is described by Ehie et al. (2021) as daily behavior and attitudes toward others resulting from conscious or unconscious biases. Additionally, the persistent disparities between marginalized and healthcare professionals can be intensified by microaggressions, affecting power, resources, and opportunity (Ehie et al., 2021). Torres et al. (2019) describe microaggression as an indirect expression of prejudice that contributes to preserving power structures and limiting women and underrepresented minorities from being hired, promoted, and retained.

The experience of microaggressions in the workplace is the reason that psychologists have developed a classification system for microaggressions that they

believe helps people of color understand what is occurring. Essentially, microaggressions can be categorized into four groups: micro-assaults, microinsults, microinvalidations, and environmental microaggressions (Ehie et al., 2021). Micro-assaults are deliberate acts of discrimination and/or a conscious expression of bias. Microinsults are messages that are often unconscious and disparage a person's background or racial identity. Microinvalidations are when people's feelings, thoughts, and experiences are often marginalized, negated, or discredited by public behaviors and statements (Ehie et al., 2021). Finally, environmental microaggressions have historically been related to racial relations in the United States

The primary purpose for understanding how Black women in the healthcare profession describe their experiences with and navigate through microaggressions in the workplace was to unravel their narratives, providing a comprehensive understanding of the challenges faced and resilience demonstrated in the workplace. At the heart of this study lies the concept of microaggressions, an umbrella term encompassing the subtle, often unintended, verbal and non-verbal slights that convey derogatory messages based on race, gender, or other marginalized identities. Originating from psychiatrist Dr. Chester M. Pierce's seminal work in the 1970s, microaggressions have gained prominence for their insidious role in perpetuating stereotypes and contributing to hostile environments. In the healthcare context, these microaggressions can have distinct implications for both patient care and the well-being of the healthcare workforce (Smith-Oka, 2015). Recognizing and understanding the impact of these subtle yet pervasive behaviors is crucial for fostering a workplace environment that promotes inclusivity and equity for healthcare professionals' overall health and satisfaction.

Existing research has shed light on the broader impacts of microaggressions in the workplace and their consequences for individuals' psychological well-being. For example, qualitative studies by Ong (2021) and Nair et al. (2019) underscore the pervasive nature of subtle discriminatory acts, highlighting their potential to erode the mental health of those affected. The qualitative study conducted by Ong (2021) reviewed and cited multiple studies linking microaggression and health concerns, which are the basis for the presented framework for studying everyday racial microaggressions. An assumption that Ong (2021) employs for this framework is that microaggressions do not occur as isolated events. Subtle forms of racism and discrimination are often regarded as racial microaggression.

Microaggression has been studied for decades, and researchers have noted that microaggression is a source of stress for members of marginalized groups. For example, The phenomenological qualitative approach conducted by Nair et al. (2019) reported on subjective microaggression experiences from the lenses of gender, race, religion, and sexual orientation, exploring how different identities experience microaggression; the methodology involved four detailed focus groups of 25 participants. For each focus group, the semi-structured interview was adapted from Sue et al.'s (2008) guide for interviews on microaggressions. One example of the interview question included, "Have you ever been in a situation when someone said something to you, knowingly or unknowingly, and it made you feel invalidated or singled out? Another example of the interview question "What are some of the subtle ways in which someone has made you feel uncomfortable about your minority identity without trying?" The findings suggested that Black women experience invisibility by being silenced and marginalized based on

gendered racial stereotypes and questioning the competence and authority of colored women academics.

However, Walker et al. (2021) meta-analyses quantitative approach examined the consequences of task performance and citizenship intentions via cognitive resource depletion. A total of 131 women was used in this study, addressing four areas: overt discrimination, subtle discrimination, overt and subtle discrimination, or no discrimination. Participants were asked to use many in-basket performance tasks. Results showed that subtle discrimination significantly damaged task performance measures and cognitive resources that mediated the relations. Additionally, cognitive resource depletion is the mechanism that transmits negative consequences of subtle discrimination, which sheds light on this psychological experience and opens new remediation opportunities.

Another study conducted by Rhead et al. (2020) aimed to examine the impact of harassment and discrimination on the National Health Service employees working in London trusts, using data from the 2019 Tackling Inequalities and Discrimination in Healthcare Services (TIDES) cross-sectional survey. A total of 931 London-based healthcare practitioners participated in the TIDES survey. A quantitative regression analysis was used to examine associations between the sociodemographic characteristics of participants exposed to describe discrimination and harassment related to physical and mental health, job satisfaction, and sickness absence. Results showed that women, Black ethnic minority staff, migrant nurses, and healthcare assistants were most at risk for discrimination and harassment. Experiencing discrimination and harassment was found to be associated with probable anxiety or depression. Additionally, harassment was also related to moderate to severe somatic symptoms, witnessing low job satisfaction, and

long periods of absence due to sickness. The Nair et al. (2019), Walker et al. (2021), and Rhead et al. (2020) studies shed light on how Black women in the healthcare profession describe their experiences with and navigate through microaggressions in the workplace. These studies help bring a better understanding of the outcome of microaggression, allowing for a profound understanding.

The literature establishes a foundational understanding of the detrimental effects of microaggressions on individuals in various professional contexts. Using the Intersectionality framework introduced by Kimberlé Crenshaw recognizes the interconnected nature of social categorizations such as race, class, gender, and other aspects of identity. It acknowledges that individuals can experience overlapping and interdependent systems of discrimination or disadvantage (Crenshaw, 1989). Intersectionality is crucial for understanding the multifaceted identities of Black women healthcare professionals and how various aspects of identity intersect and influence experiences of microaggressions (Crenshaw, 1989). The psychological toll of these subtle acts is evident, emphasizing the urgency of further exploration, particularly within the specific context of Black women working in healthcare.

Despite these valuable contributions, there remains a notable gap in the literature concerning the experiences of Black women, specifically within the healthcare profession. This study addressed the void, acknowledging Black women healthcare professionals' unique challenges and the nuanced ways they navigate microaggressions. By focusing on this intersectional lens, the researcher aims to uncover the specific manifestations and coping mechanisms employed by Black women in healthcare settings. Research has confirmed that racism has an impact on health disparities experienced by

marginalized groups. In a qualitative study, Ehie et al. (2021) explored how microaggressions experienced in healthcare settings adversely affect patients and healthcare professionals. Ehie et al. (2021) stated that implicit bias, microaggression, prejudice, and stereotyping may play a role in the persistent healthcare disparities seen among marginalized groups. The many forms of microaggressions have been linked to the mental, emotional, and physical health of marginalized individuals, and in particular, marginalized women may experience racial and other types of microaggression and discrimination than other populations (Ehie et al., 2021). To reduce and potentially eliminate the effects of structural racism in the workplace, healthcare settings, and other institutions, microaggressions must be confronted from the perspective of marginalized women, who are reported to experience the brunt of them.

Understanding how Black women in the healthcare profession describe their experiences with and navigate through microaggressions in the workplace will tell us more about their mental, physical, and well-being. It may even shed light on pathways for reducing microaggression experienced by Black women healthcare professionals in the workplace and how studies advance knowledge (Williams et al., 2021). Beyond the literature on microaggression, this research holds practical implications for the healthcare sector.

Gaining insights into the lived experiences of Black women healthcare professionals, the researcher aspires to inform organizational strategies and interventions that foster more inclusive and supportive workplaces. This proposed dissertation seeks to contribute context-specific knowledge that can drive positive changes in organizational culture and improve overall well-being within the healthcare workforce by addressing

microaggression behaviors. A synthesis of academic and practical implications underscores this research's significance in shaping scholarly discourse and tangible practices within healthcare organizations. Integrating empirical insights with practical outcomes aligns with the broader goal of advancing knowledge and workplace conditions to understand how Black women in the healthcare profession describe their experiences with and navigate through microaggressions in the workplace.

This study draws on recent empirical research to investigate the nuanced impacts of microaggressions in the workplace, mainly focusing on the experiences of Black women in the healthcare profession. Walker et al. (2021), Rhead et al. (2020), and Nair et al. (2019) have laid the empirical foundations for understanding the complexities of microaggressions. Building upon these insights, this research contributes to the evolving discourse on workplace dynamics, discrimination, and coping mechanisms within the healthcare domain.

Background of the Study

The problem space explored in this study centers on the pervasive issue of microaggressions, subtle yet impactful expressions of bias and discrimination. Rooted in historical contexts, microaggressions have gained scholarly attention for their detrimental effects on individuals, particularly those belonging to marginalized groups. Defined as "brief and commonplace daily verbal, behavioral, or environmental indignities," microaggressions perpetuate stereotypes and contribute to hostile environments (Sue et al., 2008). However, understanding microaggressions is a continually evolving field, and ongoing research is crucial to comprehensively address the complexity of these subtle yet harmful manifestations of bias.

Recent empirical research studies, such as those conducted by Nair et al. (2019), Walker et al. (2021), and Rhead et al. (2020), offer an understanding of addressing microaggression in healthcare settings. For example, the phenomenological qualitative approach conducted by Nair et al. (2019) reported on subjective experiences of microaggression from the lenses of gender, race, religion, and sexual orientation to explore how different identities experience microaggression; the methodology involved four detailed focus groups of 25 participants. For each focus group, the semi-structured interview was adapted from Sue et al.'s (2008) guide for interviews on microaggressions. One example of the interview question included, "Have you ever been in a situation when someone said something to you, knowingly or unknowingly, and it made you feel invalidated or singled out? Another example of the interview question "What are some of the subtle ways in which someone has made you feel uncomfortable about your minority identity without trying?" The findings suggested that Black women experience invisibility by being silenced and marginalized based on gendered racial stereotypes and questioning the competence and authority of women of color academics.

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Examining workplace dynamics through an empirical lens, researchers have made significant strides in understanding the intricate foundations of microaggressions. Walker et al. (2021) contribute to understanding workplace dynamics by examining the empirical foundations of microaggressions. Their study reveals the pervasive nature of these subtle slights and their impact on individuals' well-being. Similarly, Rhead et al.'s (2020) quantitative regression analysis study explored the implications of microaggressions, emphasizing the impact of harassment and discrimination on healthcare employees. The

study elucidates individuals' distinct challenges in healthcare professions, underscoring the need for further investigation. Nadal et al. (2021) qualitative phenomenology analysis focused on intersectional microaggressions, offering insights into the influences of race, ethnicity, gender, sexuality, and religion. Their work highlights the complex interplay of various identities in shaping micro-aggressive experiences.

The studies above collectively propose various avenues for future research. Walker et al.'s (2021) quantitative meta-analyses advocated for a more profound exploration of coping mechanisms and intervention strategies to mitigate the impact of microaggressions. Nair et al.'s (2019) phenomenology analysis also called for further research to uncover the underlying mechanisms of intersectional microaggressions. These recommendations underscore the importance of targeted interventions, robust support systems, and a more comprehensive understanding of the nuanced intricacies surrounding experiences with microaggression.

As workplaces strive to foster inclusivity and address issues of bias and discrimination, it becomes crucial to delve into nuanced aspects that existing research may need to capture fully. In defining the problem space, recent empirical research studies by Walker et al. (2021) quantitative meta-analyses approach examined the consequences of task performance and citizenship intentions via cognitive resource depletion, Rhead et al. (2020) quantitative regression analysis examined associations between the sociodemographic characteristics of participants, exposure to discrimination and harassment, and how these exposures are related with physical and mental health, job satisfaction and absence due to sickness, and Nair et al. (2019) qualitative phenomenology analysis focused on intersectional microaggressions, offering insights

into the influences of race, ethnicity, gender, sexuality, and religion. Their work highlights the complex interplay of various identities in shaping microaggression experiences.

As discussions surrounding workplace dynamics and discrimination evolve, intersectionality emerges as a critical framework to dissect the intricate layers of social categorizations. Intersectionality, a term introduced by Kimberle Crenshaw in the late 1980s, refers to the interconnected nature of social categorizations such as race, class, gender, and other aspects of identity. It recognizes that individuals can experience overlapping and interdependent systems of discrimination or disadvantage. In the context of this study, intersectionality is crucial because it encapsulates the multifaceted identities of Black women healthcare professionals. Rather than considering race or gender in isolation, intersectionality allows for a more nuanced understanding of how various aspects of identity intersect and influence experiences of microaggressions.

Understanding intersectionality is vital in this study as it recognizes that Black women may face unique challenges that cannot be fully captured by examining race or gender alone. The intersection of race, gender, and other identities creates a complex web of experiences that contribute to the nuanced nature of microaggressions. For instance, a Black woman in the healthcare profession may encounter microaggressions that stem not only from her race but also from her gender and possibly other aspects such as socioeconomic status or sexual orientation. By incorporating an intersectional lens, this study aims to uncover the intricate ways multiple identities intersect and shape the experiences of Black women healthcare professionals facing microaggressions in the workplace.

The justification for the current study is grounded in the need to fill this specific

gap in the literature. Existing research provides foundational knowledge but lacks a

concentrated focus on the intersectional experiences of Black women in healthcare. By

honing in on this demographic, the study aims to contribute unique insights that can

inform targeted interventions and strategies for fostering inclusive and supportive

workplace environments, aligning with the practical recommendations of Walker et al.

(2021) and Nair et al. (2022) Rhead et al. (2020). This research is not only relevant

within the local setting but also contributes to broader societal needs by addressing a

crucial aspect of healthcare workplace dynamics and discrimination.

Nair et al. (2019), Walker et al. (2021), and Rhead et al. (2020) studies shed light

on how Black women working in the healthcare profession experience and navigate

microaggression in the workplace. These studies delve into the nuanced impacts of

microaggressions, providing valuable insights into the experiences of individuals,

especially Black women, in various professional contexts. However, it is essential to note

that understanding microaggressions is a continually evolving field, and ongoing research

is essential to comprehensively address the complexity of these subtle yet harmful

manifestations of bias.

Recommendation for future research that encompasses coping strategies,

implications for patient care, and a deeper understanding of intersectionality was

suggested. However, a notable gap persists in comprehending the specific experiences of

Black women in the healthcare profession regarding microaggressions. This study seeks

to address this gap by exploring how Black women in the healthcare profession describe