



Microaggressions: Black students' experiences - A qualitative study

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ABSTRACT

Background: Studies in other disciplines have shown that Black college students experience microaggressions on campus. This affects campus learning climates, posing a risk to students' success.

Purpose: The purpose of this secondary analysis is to describe Black nursing students' experiences with microaggression at a predominantly white institution.

Methods: In this secondary analysis of a descriptive qualitative study, principles of thematic analysis were used to code, categorize, and synthesize interview data from 16 nursing alumni participants specifically to examine microaggression.

Results: The thematic analysis of the data revealed microaggressive behaviors experienced by Black nursing students. Three salient themes emerged: microaggressions among peers, from faculty members to students, and in the clinical setting.

Conclusion: This study offers critical insights into the microaggressions that Black students experience. These microaggressions interfere with students' learning and highlight the need for academic institutions to take measures to dismantle these behaviors. These findings can illuminate to faculty and students the roles they play in perpetuating racism and subjecting students of color to detrimental psychological distress.

Introduction

There is a critical need for the nursing workforce in the United States to mirror the general population in its demographic composition (Sullivan Commission, 2004; Institute of Medicine, 2011; White et al., 2014) in order to meet the demands of a growing diverse populace. Diversity in the nursing workforce is linked to better outcomes for patients and the reduction of health disparities (U.S. Department of Health and Human Services, 2014; National Academy of Medicine (NAM), 2021). To increase diversity in the nursing workforce, nursing programs must strategize to recruit and retain underrepresented students through to completion of the program (Future of Nursing Campaign for Action Report, 2019; National Academy of Medicine (NAM), 2021).

The National League for Nursing (NLN, 2016) and the American Association of Colleges of Nursing (AACN, 2019) have indicated that quality of healthcare and diversity are inseparable. The current nursing workforce does not meet the goal of mirroring the U.S. population (AACN, 2019; 2021b). Data from the U.S. Census Bureau (2021) have shown that Black and African American people make up 13.4% of the U.S. population. However, the National Council of State Boards of Nursing (NCSBN) and the National Forum of State Nursing Workforce Centers

survey for 2020 showed that Black and African American registered nurses increased only from 6.0% in 2013 to 6.7% in 2020 (Smiley et al., 2021). The AACN annual survey data also revealed that Black and African American graduates make up approximately 11.2% of graduates of baccalaureate nursing programs (AACN, 2021a). Despite there being a slight increase in this number, more is needed to meet the goals of caring for an increasingly diverse U.S. population (AACN, 2021b). Although there has been slow growth in racial and ethnic diversity among advanced practice registered nurses (APRNs), Black APRNs make up only 5.7% of APRNs, as compared with non-Hispanic white APRNs at 84% (U.S. Department of Health and Human Services et al., 2017). Addressing health disparities by tackling all the factors that interfere with the growth and graduation rate of the underrepresented student population is important. Increasing the enrollment and graduation rates of Black and African American students is a critical goal for fulfilling the call made in the Sullivan Commission (2004) report to provide culturally appropriate, high-quality, congruent health care. Expanding the racial and ethnic diversity of the nursing workforce is associated with improved access to health care, greater choices and satisfaction for patients of racial and ethnic minorities, and better educational experiences for nursing students (NAM, 2021; AACN, 2021a; Roberts, 2020; Thomas

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& Booth-McCoy, 2020).

Background

Exploration of all the factors in recruitment and retention of underrepresented groups, especially Black students, to grow the nursing workforce is warranted (AACN, 2021b). Studies have shown that Black and other minoritized students experience microaggressions in college (Ellis et al., 2019; Mills, 2020; Ogunyemi et al., 2020; Sue et al., 2008; Walls & Hall, 2018; Williams et al., 2020). These experiences contribute to symptoms of psychological trauma (Pieterse et al., 2010), self-doubt, alienation, invisibility, a sense of not belonging (Morales, 2021), feeling othered or marginalized (Avant et al., 2020), depletion of cognitive resources—the inability to effectively focus on cognitive task (Salvatore & Shelton, 2007) and a greater allostatic load—the amassed burden of chronic stress (Guidi et al., 2021). Morales (2021) explained that Black students' continued exposure to these aggressions can lead to drained psyches, mental overload, and racial battle fatigue. Given the effects that racial microaggressions may have on individual academic success, it is imperative to identify, disrupt, and dismantle these behaviors, which can interfere with students' progress and experiences (Sue et al., 2019).

Microaggressions are commonplace subtle indignities that communicate insults to minoritized and marginalized people (Sue et al., 2019). Sue et al. (2007) described three main categories of microaggression: microassaults, microinsults, and microinvalidations. Differentiating these can be complicated, because all forms of aggression can ultimately cause harm to the target person (Harrison & Tanner, 2018; Williams, 2020; Williams, 2021). Microassaults are acts intended to be offensive, and microinsults are communications that convey rudeness or insensitivity or demean the person's identity. Microinvalidations are conscious or unconscious remarks that invalidate the thoughts, feelings, or experiences of the person of color (Harrison & Tanner, 2018; Sue et al., 2007; Williams, 2020). Although research and review work on racial microaggression has steadily grown as a body of literature in other disciplines (Smith et al., 2007; Harper, 2013; Minikel-Lacocque, 2013; Wong et al., 2014; Harwood et al., 2015; Mills, 2020; William et al., 2020; Williams, 2020), nursing-related research into microaggressions and their impact on the success of underrepresented students has lagged and remains scarce. Work on microaggression in nursing academia alludes to its undesirable impact on students' success (Ackerman-Barger et al., 2020; Hall & Fields, 2012; Murray, 2015; Ro & Villarreal, 2021). Although the construct of microaggression was first described by Chester Pierce (1974), a Harvard-trained psychiatrist and educator in the 1960s, the use of the term to describe subtle verbal and nonverbal insults has evolved rapidly over the last decade and a half with the work of Sue et al. (2007, 2008).

Words and behavior convey meanings and messages that can be hurtful and discriminatory, can have long-term impacts, and can affect a minoritized individual's sense of belonging and wellbeing (Hall & Fields, 2015; Harrison & Tanner, 2018; Likis, 2021; Mercer et al., 2011; Minikel-Lacocque, 2013; Thurman et al., 2019). Identifying and addressing microaggression is important because these common occurrences and their bombardment of people of color tax and deplete these people's cognitive resources through stress, anger, and frustration, resulting in emotional fatigue and disengagement (Ackerman-Barger et al., 2020; Sue et al., 2019).

Efforts are being made to recruit underrepresented students into nursing (AACN, 2021a; 2020b). There is a need to explore students' overall academic experiences and to identify racial microaggressions that might interfere with their success. Exploration of students' experiences will contribute to the evidence needed to build a body of knowledge in this area. The purpose of this secondary analysis is to describe Black nursing students' experiences with microaggression at a predominantly white institution. This will allow for a better understanding of microaggression in nursing academia and its impact on nursing academic experiences and campus climate and culture (Fischer, 2007;

Harrison & Tanner, 2018; Murray, 2015).

Method and procedures

We conducted a secondary analysis (SDA) of data from a study by Gona et al. (2019) that identified themes that led nursing students to success and barriers that affected their academic experiences. Following the same analytic criteria, we explored in depth the construct of microaggression and the variety of students' experiences.

Design

This article presents a secondary analysis of data from a qualitative descriptive study that used semi-structured focus group interviews (Table 1) to gain insight into experiences of Black students that affected their success and their academic journeys at a predominantly white institution. The interviews were conducted from September 2015 to March 2016.

Recruitment and sample of the original study participants

Despite being grouped together, Black nursing students are not a monolithic population. In this study, the terms “Black” and “African American” refer to any person with origins in any Black racial groups of African descent (U.S. Census Bureau, 2020).

The study consisted of 16 participants who self-identified as Black or African American. The participants reflected the diversity of Black racial groups of African descent, such as those of the Caribbean, Africa, and the United States, and included both men and women. Four self-identified as of Haitian descent, four as African immigrants, two as African American, and six as Black without a specified ethnicity. The age range was from 26 to 56 years, with a mean of 39. On average, the participants were 18 months post-graduation (Gona et al., 2019). Ten participants completed the Direct-Entry Master of Science in Nursing (DEN) program, and six completed the Accelerated Bachelor of Science in Nursing (ABSN)

Table 1

Interview guide.

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- 1) First, we would like you to talk about some of the challenging academic situations you may have encountered that may have interfered with your learning:
 - a) What were some things that made it difficult for you to succeed?
 - b) Exploratory: Can you tell us more?
 - c) Prompts (optional):
 - Setting: clinical/ classroom
 - Courses
 - With faculty: clinical or academic
 - With peers: how/what, impact
 - Personal issues outside of school
 - The school as a whole
 - Financial aid
 - Language
 - Learning assistance
 - 2) Now we would you to talk about some of the social challenges you may have experienced while in school
 - 3) What were some things that made being a successful student difficult for you? e.g. Some students have mentioned they were excluded in clinical groups or in forming ad hoc groups for study purposes.
 - 4) Finally, you all successfully completed your programs; what were some strategies you developed to help you be successful?
 - Exploratory prompts:
 - Studying
 - Group work
 - Clinical placements (group) and individual
 - Advising
 - Learning skills
 - Financial
 - Employee Assistance
 - 5) What advice would you give incoming students?
 - 6) If you could do one thing to change the SON to improve the success for minoritized students, what would that be and how would you do it?
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program. The sample was recruited from underrepresented alumni (2010–2015). The inclusion criteria were ABSN and DEN Black alumni who successfully obtained registered nurse licenses or nationally accredited specialty certifications. We invited Black nursing alumni within five years of graduation who fulfilled the inclusion criteria to participate in the study instead of current students in order to provide a safe environment and to encourage open and free expression and dialogue. We provided information about the study to the invited alumni via email. We recruited the participants through purposive and snowball sampling.

Data collection

Gona et al. (2019) conducted three focus groups, each with four to eight participants. They provided instructions to the participants and used a semi-structured process in the interviews. Two Black researchers conducted the focus group interviews, and a registered professional stenographer was present to transcribe the sessions. To maintain confidentiality, the transcripts were deidentified and coded. The interviews lasted for 1 to 1.5 h. For this secondary analysis, the data collected by Gona et al. were analyzed for themes of microaggression.

Data analysis

For this secondary analysis, four researchers from the parent study, which including the two original interviewers, analyzed the data. The researchers read and reread the interview transcripts in full and used thematic coding to identify patterns and themes, employing qualitative descriptive methodology (Sandelowski, 2000; Sandelowski & Barroso, 2003) and deductive coding. During the analysis the researchers carefully reviewed for consensus the meanings of the experiences described by participants to interpret them correctly and avoid attaching “micro” to overt racial aggressions that would invalidate or discount the experiences of the participants. The researchers interacted regularly to ensure consistency in the coding process, progress, and interrater reliability. The study provided a rich dataset that contributed to expansion and a deeper understanding of those experiences of Black students identified as microaggression themes. We completed an in-depth thematic analysis to improve our understanding of the microaggressions experienced by Black alumni while students. Data from the initial interviews were accessed from secure computer files and analyzed. We carried out the coding of themes iteratively until saturation was obtained and then compared the microaggression themes to the theoretical meanings we had established and agreed upon. The team reviewed the work a final time to verify consensus and agreement on the categorization of data and to make sure that the phenomena discovered were well identified and described.

Rigor and trustworthiness

Lincoln and Guba's (1985) model of trustworthiness was adopted for both the parent study and this secondary analysis. The parent study met the criteria for trustworthiness. This secondary analysis benefitted from the parent study's credibility, dependability, confirmability, and transferability (Gona et al., 2019). This SDA used the transcripts by the on-site stenographer. The four researchers were the same team from the parent study, including the two interviewers in that study. The research team discussed all the notes and transcripts. All methodological decisions and data analysis procedures were documented. Transferability was ensured through a thorough description of the research context and the central assumptions of the study, together with an auditable trail of the process (Sandelowski, 1986, 1993).

Ethical considerations

The institutional review board (IRB) approved this study. The

participants' consent made provision for the second review of the Black alumni's interview data. The data review by the researchers was bound by the same confidentiality and privacy restrictions as the initial analysis. All de-identified digital data and text files were stored on a password-protected, encrypted site at the institution. The researchers remained the same from the first analysis (Ruggiano & Perry, 2019).

Results

The researchers agreed on the designation of microaggressions in the students' experiences. The data analysis revealed an overall qualifying theme of “microaggression” with the three interconnected forms, as described by Sue et al. (2007): microassault, microinsult, and microinvalidation. The experiences of microaggression were also themed in three areas: microaggressions experienced between peers, from faculty to student, and in clinical settings. Below, we describe the microaggression themes and present exemplars.

Peer-to-peer microaggression

Participants provided examples of microaggressions they had experienced from peers in the classroom. These predominantly exemplified the microinsult and microinvalidation forms, which have been described as interpersonal microaggressions involving subtle derogations and insults that are declared face-to-face at a personal level (Lui & Quezada, 2019).

In one exemplar, a Black participant recalled sitting beside a white male student and heard him say,

“Oh, gosh. This is a Black people thing. This is such a waste of my time. I'm thinking, you do know that I'm right here, I can hear everything that you're saying.”

Another participant recalled an incident in which during a group assignment, a classmate said,

“Oh, all these illegal people, all these Haitians. They just use up our system. And then everyone looks at me.”

Another participant related an experience with a group assignment in which the students were asked to form groups and they were left out of the majoritized group. When they finally got into a group, they were never called to participate in the work: “You are going to do this group assignment. Then behind me they went, and they were going about their assignment. I'm calling, ‘Oh, when are we going to meet? When are we going to do this?’ And they never got back to me.”

Faculty-to-student microaggression

This theme includes microaggression involving microinsults and microinvalidations that harm marginalized or underrepresented groups or individuals and tend to be communicated in a broader environmental context (Lui & Quezada, 2019). These types of microaggression are discriminatory and consist of blatantly differential treatment of a minoritized group of people (Lui & Quezada, 2019) or assumptions of exceptionalism about underrepresented people.

One experience a participant related was as follows:

My first day of class, I never even met this teacher ... but she walked up to me on the first day at the end of the class and asked me if I have trouble with standardized testing. She was like “Do you have trouble with standardized testing? If you do, let me know, we can go over some things.”

A participant related that she didn't feel she could blend in in a class of nearly a hundred majoritized white students. Sue et al. (2007) pointed out that in their framework, subtle incidents of microaggression create psychological stressors and insults to an individual. The participant said:

I remember my second year, coming back for the second semester, a teacher said, “Oh, student name, I recognize you because you have the same hair” ... and I’m like “No, because I’m the only Black girl in this class.” I thought, I can never hide.

Clinical setting microaggression

This theme involves experiences of discrimination and insults that are unpredictable and ambiguous (“a level of prejudice that white persons may not even register”, Ackerman-Barger et al., 2020, p. 759), in which people from majoritized groups treat members of minoritized groups without regard and trigger more stress that can produce a sense of not belonging and of environmental invalidation (Bettencourt, 2021; Lui & Quezada, 2019). Participants described their experiences of microaggressions in the clinical arena. The exemplars here describe experiences of microinvalidation and microassault.

One participant said,

... just to have all the other nurses on the floor look at you like, “What are you doing here,” and it was just a very negative experience, and it made me doubt the field I was going into, which I really didn’t like because I had thought from when I was younger, “This is what I want to do.” And then I completely doubted myself until I got into my advanced practice rotations and actually did enjoy pediatrics again.

Another participant described their experience while reading a patient’s record and looking up information about the patient:

One nurse came up to me and grabbed the chart out of my hands and said, “I need that chart right now since I actually know what I am doing.”

Discussion and recommendations

This study is a secondary data analysis of an initial qualitative descriptive study undertaken to explore the experiences of Black alumni at a predominantly white institution. The researchers analyzed the data on the participants’ experiences of microaggressions. They included microaggression on campus by peers and by faculty, and in the clinical setting. When students encounter exclusionary practices, microaggressions, and biases, it can interfere with their experiences and their success (Carter & McMillian-Bohler, 2021; Murray, 2015; Salvatore & Shelton, 2007). Racially minoritized students carry extra and more complex emotional burdens because they have to navigate racial bias and stereotypes (Battay & Leyva, 2016; Louwanda & Moore, 2015; Steele, 1997). The long-term cumulative effects of racial insults erode trust, create tension and anxiety, increase the incidence and severity of disorders (Caulley, 2020; Salvatore & Shelton, 2007), deepens racial trauma (Waite & Nardi, 2021; Williams-Washington & Mills, 2018), and promote a sense of demoralization and dehumanization for people of color (Wallace et al., 2016).

Given the urgency of addressing the slow growth of diversity in the nursing workforce (National Academy of Medicine (NAM), 2021), in this paper we provide a qualitative description of the microaggressions experienced by Black students in the classroom and the clinical setting and from white peers.

One important finding of the study was the frequency with which participants described peer-to-peer microaggressions that were overt microinsults and microinvalidations, which have been represented in previous studies as the most prevalent microaggressions (Ellis et al., 2019; Solórzano et al., 2000; Sue et al., 2009; Walls & Hall, 2018; Williams et al., 2020). Studies documenting these experiences are sparse in the field of nursing academics.

In this study, we identify and highlight the need to further explore microaggressions in nursing academia and clinical experiences and their impact on retention, graduation rates, and the overall mental health of

those who experience them. Although these experiences of microaggressions are not completely different from what other Black students experience in other university settings (Ellis et al., 2019; Ogunyemi et al., 2020; Sue et al., 2008; Walls & Hall, 2018; Williams et al., 2020), nursing has long claimed to subscribe to caring as a core value and essence of the profession (Karlsson & Pennbrant, 2020; McCance et al., 1999). This study sheds light on experiences of Black advanced practice and prelicensure nursing students that have left them with a long-lasting sense of not belonging or being accepted. Recruiting, retaining, and graduating of underrepresented students in nursing to mirror the general populations continues to lag. Identifying and addressing the obstacles to underrepresented students in nursing programs is vital. This study offers an understanding of microaggressions that are sometimes underappreciated as obstacles and barriers to students’ academic progress. Our findings of the overt and subtle microaggressions students experience on campus are similar to those of Ogunyemi et al. (2020), who reported covert on-campus racial climates with more overt microaggressions in social spaces.

Limitations and recommendations

The limitations often associated with secondary data analysis did not pose problems for this study. The original data were collected by the same team of researchers (Gona et al., 2019). The data from the parent study were rich, and the theme of microaggressions was clear, though not a focus of that study.

This study is limited by the timeliness of the data, collected five to six years before the secondary analysis. However, the focus of the analysis is still timely. The results are not generalizable to all ethnic Black students and campuses. The data were also not exclusively for identifying microaggression experiences. More data might have been uncovered if the questions were directed exclusively to discovering those specific types of aggression.

One recommendation for further research is to interview students during their programs of study to identify the impact of microaggressions on their progress and their completion and graduation rates. However, interviewing current students presents the risk of them not being completely open and candid. Understanding the impact on students while they are trying to study is important, but it is also important to recognize that individuals who encounter microaggressions can interpret the experiences differently, and their emotional reaction can vary in their negative consequences (Ackerman-Barger et al., 2020; Durkee et al., 2021; Harris, 2008). Research focusing on the impact of microaggression on progress and attrition of students in nursing programs would also be timely.

Implications for nursing education

As nurses in academia are awakening to the presence and impact of microaggression on students’ long-term experiences and outcomes, carefully selected and designed antiracism education and work are needed to help faculty and students recognize, respond to, and dismantle microaggressions (Ackerman-Barger et al., 2021; Cooper Brathwaite et al., 2022). Campus culture and language should reflect unequivocal opposition to racism (Darbyshire, 2022). Clinical adjunct faculty workshops that include education on how students are experiencing microaggressions must be mandatory in all nursing programs to address the negative effects of aggressions on students and on their socialization to nursing (Ackerman-Barger et al., 2021). Teaching faculty or personnel designated to conduct debriefings after microaggression events can help students validate their experiences and reestablish trust and relationships among the parties. How students are affected by these aggressions can shape how they respond to and process them. Therefore, further studies are needed to illuminate the path by which microaggressive behaviors can have adverse outcomes for nursing students, their impact on the workforce, and ultimately their impact on patients.

Because the victims of microaggressions face a dilemma over remaining silent and absorbing the effects, Ackerman-Barger and Jacobs (2020) and Sue et al. (2019) recommended educating students and faculty members to be allies and active bystanders in the battle to eliminate microaggressions. Allies and active bystanders are members of the majoritized group who are committed to take action to challenge the status quo and use their voices to call out and dismantle aggressions (Ackerman-Barger & Jacobs, 2020; Smith, 2021; Sue et al., 2019; Thorne, 2022). Minoritized students guided by minoritized faculty members are taught and encouraged to support each other and affirm each other as a cohort (Harper, 2015). The aim of nursing academia should be a culture of safety for all students, where they can thrive and flourish without the cumulative burden of interpersonal aggressions (Bell, 2021; Burnett et al., 2020; Moorley et al., 2020; Williams, 2021).

Conclusion

Words and actions are powerful when used incorrectly (Harrison & Tanner, 2018). Microaggressive words and behaviors are offensive and leave marks on the offended party that linger long after the offense (Williams, 2020). As the need to diversify the nursing workforce increases, we have to understand the intersection of campus climates with safer academic milieus where everyone can thrive and feel that they belong. Academic institutions, leaders, and educators must identify and address elements that can interfere with the creation of safety and a sense of belonging for minoritized populations. An inclusive learning environment is needed in which all nursing students are better socialized to develop into nurses who know that they belong and are respected, and who can best serve the ever-changing population.

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