

# FUTURE OF NURSING™

## Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



### Improving Student Wellness by Understanding Microaggressions

**Webinar Summary**  
**April 9, 2019**

This webinar provides data from a study of students in health professions who have experienced racial microaggressions, affecting their learning, academic performance, and wellness. These data can provide insights for schools about the racial climate of their institutions. Also, strategies are shared for supporting students and creating institutional inclusion. Such inclusive learning environments help students from underrepresented populations thrive and reach their full academic potential.

#### Participants will learn about:

- the frequency that health professions students experience microaggressions.
- student experiences of microaggressions in health professions' learning environments.
- the impact of microaggressions on student learning.
- student perspectives of strategies for moving toward more inclusive learning environments.

#### Presenters



**Winifred Quinn, PhD, FAAN (Hon)**  
Director, Advocacy & Consumer Affairs,  
Center to Champion Nursing in America

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

The *Campaign for Action's* field-based teams, the [Action Coalitions](#), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.



**Jennifer Peed, MSW**  
Director, Office of Center Integration,  
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**Kupiri Ackerman-Barger, PhD, RN**  
Assistant Clinical Professor and Co-Director, Center for a Diverse  
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Program at the University of California, Davis, Betty Irene Moore School  
of Nursing

## **Introduction**

Jennifer Peed, MSW, filling-in for Winifred Quinn, PhD, FAAN (Hon) who leads the equity, diversity and inclusion webinar series for the Center to Champion Nursing in America, opens the webinar. Peed shares the objectives and introduces the presenter, Kupiri Ackerman-Barger, PhD, RN.

## **Presentation Summary**

Ackerman-Barger begins by sharing the mission of the Center for a Diverse Healthcare Workforce, which promotes best practices and works to advance diversity in the workforce. The research that she presents in the webinar was funded by the Health Resources and Services Administration (HRSA). Additionally, she acknowledges her colleagues who contributed to the research: Dowin Boatright, MD, MBA; Darin Latimore, MD; and Rosana Gonzalez-Colaso, PharmD, MPH.

### Racial Microaggressions

Ackerman-Barger shares the definition of racial microaggressions, subtle statements and behaviors that unconsciously communicate denigrating messages to people of color (Nadal, 2011).

#### *Types of Microaggressions:*

- Micro-assaults: intentionally and explicitly derogatory verbal or non-verbal attacks.
- Micro-insults: rude and insensitive subtle put-downs of someone's racial heritage or identity.
- Micro-invalidations: remarks that diminish, dismiss, or negate the realities and histories of People of Color.

Microaggressions are not always conscious and are often subtle. Often times the victims expend a lot of energy to figure out what was meant.

#### *Impact of Microaggressions:*

- cause mental and health effects.
- create physical health problems.
- perpetuate stereotypes.
- passively allow society to devalue groups.
- cause lower work productivity by leaving the victim to expend energy on thinking about the microaggression instead of on learning and performing.
- create inequities in education, employment, and health care.

#### Overview of Research Methodology

Researchers wanted to learn more about how microaggressions impact health professions students. They used a mixed methodology approach of both quantitative and qualitative evaluation to conduct their research.

##### 1) *Quantitative*

The sample size of one study was 832 medical students, contacted through minority medical student associations. A second study was done at UC Davis with a sample size of 222. Both groups were given a survey adapted from questions on the Racial and Ethnic Microaggressions Scale and the Institutional Betrayal Questionnaire.

##### 2) *Qualitative*

The sample size was 37, with some participants being interviewed and some participating in a focus group depending on preference.

#### Quantitative Data

Purpose of the quantitative study: to look at the relationship between microaggressions and student wellness, and microaggressions and school satisfaction.

#### *Findings*

- Survey of medical students: majority reported that they experienced microaggressions daily.
- Survey of nursing students: only a small percentage reported that they experienced microaggressions daily. However, upon further review, only 15 of those participants identified as black or Latinx. More data is needed on nurses specifically in order to draw conclusions.
- Survey of medical students: gender and race were the leading cause for why participants felt they experienced microaggressions
- Survey of nursing students: gender, race, and age were the leading cause for why participants felt they experienced microaggressions
- The more frequently students reported experiencing microaggressions, the more likely they were to experience symptoms of depression.

- Medical students with more exposure to microaggressions were less likely to recommend their school to friends and to be inclined to donate money to their school. They were also more likely to report missing class and to consider withdrawing.

### Qualitative Data

Purpose of the qualitative study: to explore how microaggressions are experienced by underrepresented health professions students specifically and how they impact learning, academic performance, and well-being.

#### *Three themes from the data*

- 1) Students felt devalued by microaggressions.
  - a. There was a sense of underrepresentation and social isolation.
  - b. Students felt others assumed they were not as intellectual.
  - c. "The Hidden Curriculum:" curriculum teaches biological inferiority without contextualizing conditions with the social determinants of health. Often in these instances, the takeaway is that a group of people is somehow biologically inferior or more prone to disease, instead of teaching the social determinants play a large role.
- 2) Students felt microaggressions impacted their learning, academic performance, and personal wellness.
  - a. Students experienced stress and anxiety, and their concentration was impacted.
  - b. Divesting in discourse: students reported being less likely to ask questions and seek answers in order to not draw attention to themselves.
  - c. Diversity tax: students of color often feel there are additional expectations that extend beyond the normal expectations for a student.
  - d. Students reported experiences showing that there is a cost for resilience. Goals of nursing and medical schools should not be to harm the students in the name of resilience while doing little to address the issues that are causing their need for resilience.
- 3) Students had suggestions for promoting inclusion.
  - a. Diversify student body, staff, and leadership.
  - b. Reform curriculum to focus less on race as the basis for health issues, but rather the social determinants of health and structural competency.
  - c. Students wanted more open conversations and felt faculty should have more professional development around issues of race and ethnicity in order to guide more knowledgeable and product conversations. Often times, faculty get uncomfortable so avoid difficult conversations.
  - d. Students want safe spaces to connect with others with similar experiences and backgrounds.

### Promoting an Inclusive Environment

Ackerman-Barger shares ways that the audience can promote an environment of inclusivity.

These include:

- set clear expectations early, often through a mission and vision statement or through an immersion week. Have faculty and staff attend.
- promote a safe, collaborative, mutual environment where feedback can be given and received, and personal growth can occur. Ensure when moments of unconscious bias are exposed, it is in a climate where it can be addressed but the person not vilified.
- be consistent in upholding expectations.
- role model. We can role model how we react when we are the source of a microaggression.
- allyship: "...look for ways that you, as a person in a privileged position, can truly uplift the voices of those who are often out on the frontlines of change." – Dr. Jonathan Paul Higgins, 2017.

#### *Individual Strategies*

- Recognize your bias.
- Ask for and listen to feedback.
- Don't defend.
- Apologize.

#### *Organizational Strategies*

- Conduct regular climate surveys and address issues that arise.
- Hold mandatory unconscious bias trainings.
- Schools should have clear reporting mechanisms.
- Accountability and consequences for frequent offenders.
- Adopt an institutional anti-racist framework.

### **Conclusion and Summary**

Ackerman-Barger concludes the webinar by stating that "supporting students by mitigating and ameliorating racial microaggressions can create inclusive learning environments which not only help underrepresented minority students survive health professions schools but to thrive and reach their full academic potential."

- A significant number of underrepresented students experience microaggressions, which are negatively associated with student wellness and satisfaction.
- Underrepresented students experience a variety of microaggressions from multiple sources and in different settings. Students report these impact their learning.
- Students shared their experiences and provided recommendations to move toward an inclusive environment.

### **Questions and Answers**

**Poll Question: What strategies are you (as an individual, organization, or Action Coalition) using to promote inclusive climates?**

A: Responses included:

- hosting interactive presentations on understanding the complexities of gender;
- employee engagement;
- trying to be cognizant of my language and body language;
- looking at PowerPoints to ensure they are inclusive;
- try to make my office a safe space, decorated with images celebrating diversity;
- one very basic thing is to listen as opposed to explain;
- our organization recently hired its first C-level equity and inclusion officer;
- looking at syllabus content to ensure the language is inclusive;
- we had some training on incivility and how to address uncomfortable conversations;
- I utilize groups so my students have an opportunity to work together;
- attending workshops, townhalls, diversity workshops and conducting research to learn and share;
- stating intent for inclusion and inviting feedback if actions do not support intent;
- training courses, department requests for training, consultations, principles of community, part of the strategic vision goals and more;
- as a college, we host one-hour discussions by our board of diversity, equity, and inclusion once a month; and
- as an individual, I'm seeking more information like this presentation.

Ackerman-Barger reminds the audience that language evolves over time. A term that once used to be fine may no longer be considered inclusive.

**Q: One of the slides brought up mandatory training. One of the issues with mandatory training is 1) time and 2) it always seems to bring resistance. Even if people do attend, they aren't paying attention or resist. I'm wondering if there are any other ideas from people about getting faculty and staff to engage.**

A: Ackerman-Barger: I had the same experience. Recently, I facilitated a mandatory unconscious bias training and folks would argue with the data. Someone in the training started to do some eye rolling and pretended to sleep during the rest of the class. It was interesting because I wanted to address it, but I didn't know if that individual would be open to it at that point. And, I didn't want to put extra energy on to one individual when I had a classroom of participants who were engaged in the conversation.

I think there will always be resisters. But the more we can have people having open conversations, and we create a climate of inclusion, then the less acceptable it is. There will be peer pressure around inclusion excellence.

**Q: Will the presentation be available online?**

A: The presentation will be posted to the *Campaign for Action's* website in one week: <https://campaignforaction.org/webinar/improving-student-wellness-by-understanding-microaggressions/>.

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making

bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

### **CCNA Contact Information**

For more information about this webinar, technical assistance questions, or questions related to the Future of Nursing: *Campaign for Action*, contact [wquinn@aarp.org](mailto:wquinn@aarp.org) at the Center to Champion Nursing in America.

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