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Los Angeles

Color-blind Racial Attitudes in Nursing Students and Faculty

A dissertation submitted in partial satisfaction of the

requirements for the degree Doctor of Philosophy in Nursing

by

Tammy Stephanie Bathke

2021

ABSTRACT OF THE DISSERTATION

Color-blind Racial Attitudes in Nursing Students and Faculty

by

Tammy Stephanie Bathke

Doctor of Philosophy in Nursing

University of California, Los Angeles, 2021

Professor Felicia Schanche Hodge, Chair

Racial color-blindness is a meritocratic ahistorical false belief surrounding the denial, minimization, and distortion of the existence of racism that has detrimental effects on health. Critical race theory effectively centered race for this analysis. Faculty of all races except African American/Black had higher racial color-blindness than students on all 3 of the following sub-concepts of the Color-Blind Racial Attitudes Scale: Unawareness of Racial Privilege, Institutional Discrimination, and Blatant Racial Issues. These are all disadvantages to student success and show that nursing faculty may not be optimally poised to speak on the social determinants of health. Findings also showed that Latina/o/Hispanic students and students of "All Other Races" were less aware of racial privilege than White and Black/African American students. Students with lower GPAs were less aware of racial privilege and those with higher GPAs were more racially color-blind on the sub-concept of Institutional Discrimination.

The sample for this study, comprised of nursing students and nursing faculty in a selection of California Community Colleges across Southern California was much more diverse than those in other similar studies where the sample was comprised predominantly of White people. A cross sectional within-subjects descriptive research design was used. Participants completed the Color-Blind Racial Attitudes Scale. While the Everyday Discrimination Scale was completed to control for experiences of discrimination in their level of racial color-blindness, it did not show a statistically significant relationship. Of the faculty in the sample, 52% were non-White compared to the national average of 15.9% non-White for nursing faculty. The findings related to first language and language spoken at home are a strong indicator of the high diversity of the sample. English was the first language for 58% of the students and 86% of the faculty. English was the language spoken at home for 73% of the students and 91% of the faculty, while 67% of students and 65% of faculty were born in the United States.

The year 2020 had unique historical events surrounding the dual pandemic of COVID-19 and racism. The heightened sensitivity to racism and police brutality as a result of the murder of George Floyd surely had some influence on the data collected for this study. The results support interventions related to raising awareness about color-blind racial attitudes.

The dissertation of Tammy Stephanie Bathke is approved.

Wendie Robbins

Carol Pavlish

Daniel G. Solorzano

Felicia S. Hodge, Committee Chair

University of California, Los Angeles

2021

DEDICATED TO:

I dedicate my PhD first, to all of the people in the world committed to racial justice and equity. Second, the Baha'i Faith for helping me find meaning, strength, and hope through a spiritual practice that pragmatically explains the reigning power of truth, justice, and equity. I also dedicate this to my mother, Soraya; my grandmother, Mamamansoor; my grandfather, Nematollah; my children, Leonard and Leila; my sister, Christina; my brother, Tim; and my partner, Lawrence, for continuously inspiring me with their exemplary upright character. In a changing world full of uncertainty, they believed in and supported me through this long PhD journey of personal growth as I grew into my identity as a social justice advocate. They each make me want to be a better person, every day. I also dedicate my PhD to my dissertation committee for the important scholarly work they do and their genuine support and care for me throughout my academic endeavor. And finally, I dedicate and extend gratitude to the institution, College of the Canyons, that fueled my dream and made all of this possible for me.

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VITA

Education
- California State University, Los Angeles
Master of Science in Nursing, Nursing Education
Master Thesis: *"Promoting Ethical Practice in Nursing Education"*
Graduation date: May, 2005
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Graduation date: May, 1998
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Graduation date: May, 1994
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Associate of Science
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Clinical instructor, mental health, locked acute, inpatient psychiatric unit
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- University of California, Los Angeles, School of Nursing
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May, 2021 - present, June, 2021

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-       Albuquerque Public Schools, Albuquerque, New Mexico
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-   Spanish: Moderate fluency

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-   Member of Local Spiritual Assembly of the Baha'is of Northwest Los Angeles County, April, 2004-2018
-   Jonas Nurse Leader Scholar, UCLA School of Nursing, 2014 – 2016
-   Faculty advisor, National Student Nurses' Association, October, 2010 – May, 2013
-   University of California Regents Fellowship, August, 2013 – March, 2014

Chapter One: Introduction

This study sought to identify color-blind racial attitudes among nursing students and nursing faculty at a selection of California Community Colleges in Southern California. On the surface, being racially color-blind in American society today is considered politically correct. Popular cultural catch phrases such as "we are all created equal," "equal opportunity," "justice for all," and excerpts from Martin Luther King's *I Have a Dream* speech echo strong, as mantras for the American dream sought by Americans and many others around the world who long for the freedom that these ideals suggest. The problem with this construct/ideology is that there is an invisible force known as racial color-blindness that shades all of these ideals.

Overview of Racial Color-Blindness

Racial color-blindness is the belief surrounding the denial, minimization, and distortion of the existence of racism (Bonilla-Silva, 2010; Neville et al., 2014). Racial color-blindness is an ahistorical false notion that everyone in the United States has equal opportunity to succeed despite their race. However, the history of the United States shows that race affects opportunity. The color-blind racial ideology ignores this truth and promotes the illusion of meritocracy, a belief system that anyone who works hard enough will be rewarded commensurate with the effort invested (Bonilla-Silva, 2010; Sue, Capodilupo, Torino et al., 2007). Meritocracy, while culturally familiar to Americans, is an idealistic myth promoting the assumption that everyone has an equal chance to succeed if they work hard (Bonilla-Silva, 2010; Sue, 2015a).

Racial color-blindness draws attention to power structures. This is evident in the definition set forth by Bonilla-Silva (2010), who states that racial color-blindness is "the various social arrangements and practices that maintain White privilege" and is a modern-day version of the more overt racism that existed in the United States before the Civil Rights Era (Bonilla-Silva,

2010). Bonilla-Silva (2010) describes the following four frames of color-blind ideology: abstract liberalism, naturalization, cultural racism, and minimization.

In the first frame, abstract liberalism, racial unfairness is rationalized in the name of equal opportunity (Bonilla-Silva, 2010). The abstractness of this frame is that liberalism remains an ideal without specific ways of achieving it. Or, rather, there are many excuses such as individualism, equal opportunity, "the most qualified," and personal choice for making the ideal unachievable (Bonilla-Silva, 2010). Abstract liberalism supports meritocracy and a bootstrap work ethic (Bonilla-Silva, 2010, Pan, 2015;). Opposition to affirmative action is rooted in this belief system; in the assertion that race no longer has an effect on the chances and opportunities Americans have in life (Bonilla-Silva, 2010). The dominance of societal messaging supporting the belief in a post-racial society has resulted in laws that have repealed a key beneficial effect of affirmative action in the academic arena. California's Proposition 209 and federal court decisions in other states such as Washington and Florida have repealed university admissions policies that are race conscious. This was further confirmed in November of 2020 when 57% of California voters voted against Proposition 16 which would have allowed for consideration of race, that is affirmative action practices for college admissions (Edwards, 2021).

Meanwhile, data continue to affirm race-based disparities in education (Howard & Navarro, 2016) and in health outcomes (Williams & Mohammed, 2009). These findings may be explained by racial color-blindness. Williams and Mohammed (2009) review and critique extensive empirical research showing the severe health consequences of discrimination and the need for prioritizing further research in this area. Numerous studies citing the association between experiences of discrimination and the risk for cardiovascular disease are cited in a

review by Lewis and colleagues (2014) using the Everyday Discrimination Scale (EDS) (Williams et al., 1997).

The second frame, "naturalization," is accepting segregational circumstances or situations as normal or natural (Bonilla-Silva, 2010). Ford and Airhihenbuwa (2010) describe this concept as "normal"; that is, racist, discriminatory, or segregating practices are not viewed as such but rather as integral or normal and not an aberration. An example of this circumstance is when racial segregation in schools is explained as a natural phenomenon and cultural norm without acknowledgment of the social and economic processes that underlie the reasons for this. When social circles are self-segregated yet explained by preference, it describes this frame. That is, many individuals justify their segregated lifestyles as a "natural" phenomena, when in reality there are perhaps subconscious forces at play. Studies have revealed a deficit-based view of the "others" when disparities are noted in educational or health outcomes (Horak & Valle, 2016). Another example of the naturalization frame includes blaming diet habits for health outcomes, when the reality may be that healthy diet choices are less accessible either physically or economically with correlates to social class (Darmon & Drewnowski, 2008).

The third frame of racial color-blindness is cultural racism (Bonilla-Silva, 2010), where cultural practices are viewed as deficiencies and are blamed for social setbacks, essentially blaming the victim. Results from a study by Bonilla-Silva (2010) found culturally racist belief systems in place among ethnic minorities. These belief systems are primarily against their own race as evidenced by a significant number of the respondents, all in the range of 30-32%, who agreed with notions such as that Black people are violent, lazy, or welfare dependent. The concept of blaming the victim in scholarly work surrounding racism is depicted well in the aftermath of hurricane Katrina in 2005, when many victims were blamed for not heeding the

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warnings to evacuate the flooded areas in New Orleans (Bonilla-Silva & Dietrich, 2011). Flood victims may not have had the resources or ability to evacuate.

Minimization, the fourth frame, is the denial of racism as a major problem in society (Bonilla-Silva, 2010). Blaming minorities for being too sensitive in response to racism encompasses minimization (Bonilla-Silva, 2010). Belief in the prevalence of discrimination as a source of the many problems facing Black people today was double in Black people, at 61% versus 32% of White people who responded in a study by Bonilla-Silva (2010). This supports the minimized belief in racism prevalent in dominant society.

The American Psychological Association (APA) Presidential Task Force (2012) has opposed racial color-blindness by stating it is "a set of beliefs that individuals' group membership or physical appearance is not and should not be influential in how we perceive, evaluate, make decisions about, or formulate public policy toward" individuals (p. 9). Disparities that exist in educational outcomes for People of Color (POC) are explained within the racial color-blindness ideology, as described in Howard and Navarro (2016). While it can be hypothesized that this is true for all students, the current study focused on nursing students and their educational counterpart, the nursing faculty. It is particularly relevant to study this phenomenon in healthcare providers/faculty, because scholarly dialogue supports the fact that patient (Okazaki, 2009) and population health outcomes (Williams & Mohammed, 2013) are influenced by racism and racial color-blindness, as also found in a study by Gushue (2004). At the time data was collected in 2020 for the present study, we not only had the COVID-19 global pandemic, but many circles also referred to racism as the second virus, indeed a double pandemic (Starks, 2021) afflicting the United States. The solidarity shown by many peaceful

protesters around the world exposed the increasing awareness of the human rights violations in the United States, a country better known for its commitments to "freedom and justice for all."

To further define racial color-blindness, it is essential to look to a lead scholar in the arena of racial microaggressions, Derald Wing Sue, professor of counseling psychology at Columbia University. Sue and his colleagues (2007) developed a taxonomy of racial microaggressions that entails nine categories, of which racial color-blindness is a segment, described shortly. His research developed as a response to the marginalization and stigmatization of racial and ethnic minorities in the United States (Sue, 2015a). Present in everyday language and in professional relationships, racial microaggressions are defined as "everyday slights, insults, indignities, and invalidations delivered toward POC because of their visible racial ethnic minority characteristics" (Sue et al., 2007). The nine categories in the racial microaggressions taxonomy are 1) alien in one's own land, 2) ascription of intelligence, 3) color-blindness, 4) criminality/assumption of criminal status, 5) denial of individual racism, 6) myth of meritocracy, 7) pathologizing cultural values/communication styles, 8) second-class status, and 9) environmental invalidation (Sue et al., 2007). Racial microaggressions is an umbrella term, with racial color-blindness as the area primarily focused on for the purposes of the current study.

Racial microaggressions are detrimental to mental and physical health (Nadal et al., 2011; Pascoe & Richman, 2009; Smith et al., 2006; Smith et al., 2012; Soto et al., 2011; Sue, 2015a; Sue et al., 2007; Williams & Mohammed, 2013; Wong et al., 2014) and are therefore an area of priority research in nursing. A meta-analytic review of perceived racism and mental health among Black American adults found psychological distress to be associated with perceived racism in 66 studies between 1996 and 2011 with almost 20,000 participants (N=18,140) (Pieterse et al., 2012). Mental and physical health are significantly negatively affected by

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perceived discrimination, as also found in a meta-analytic review by Pascoe and Richman (2009), their analysis of 134 studies between 1986 and 2007. Their findings also included a heightened stress response as well as "participation in unhealthy behaviors and nonparticipation in healthy behaviors" (Pascoe and Richman, 2009). All of these data make identifying strategies to reduce the occurrence of racial microaggressions a priority. Racial microaggressions encompass a broad area of which color-blindness is one segment.

Research Problem

The societal problem of racial color-blindness is broad and deeply rooted in United States society. To address a problem of this magnitude is a daunting task in such an under-researched area. The problem addressed by this study relates to racial color-blindness, a modern form of racism. There is a need for a nursing workforce with increased diversity, as called for by the Institute of Medicine (2015) as a means of reducing health disparities. Although Southern California nurses are more diverse, national surveys show that 75% of nurses self-identify as White, 10% Black; 8% Asian; 5% Hispanic or Latina/o; 1% as two or more races; and less than 1% as American Indian or Alaskan Native (Minority Nurse, 2018). Research surrounding the effects of racial microaggressions has largely emerged from the fields of psychology and, more specifically, counseling psychology, as well as the field of education. Nursing theorists including Martha Rogers and Myra Levine have identified the holistic nature of the discipline of nursing which includes the effects of the environment on a person (Meleis, 2011). Research from the field of nursing education is pivotal to lending convergence to societal factors and their effects on health. Nurse researcher Sheryl Tyson (2007), currently the Associate Dean of Research at Azusa Pacific University, asserts that cultural competence cannot be achieved without attending to racism. Racial color-blindness is a racial microaggression, a form of everyday racism.

Prevalence

In their study presenting the development of the Color-Blind Racial Attitudes Scale (CoBRAS), Neville and colleagues (2000) make a distinction between racism and the definition of racial color-blindness that offers an important glimmer of hope. The authors state that color-blind racial attitudes are more reflective of an unawareness of racism versus the belief in racial superiority (Neville et al., 2000). The positive nature of this is that raising awareness about racial color-blindness as a component of racial microaggressions and the societal detriments this ignorance can cause may potentially reduce the rampant societal knowledge deficit.

In his research spanning four decades, Derald Wing Sue has explored the damaging effect that can result when "well-intentioned helping professions" impose their "therapeutic reality" upon culturally diverse groups (Sue, 1977, 2015b). The field of healthcare, in general, is highly vulnerable to this phenomenon. A racially color-blind ideology is in direct opposition to social justice. The fact that wealth gaps are the widest they have been in almost thirty years between White and Black people and Whites and Latina/os (Kochhar et al., 2011) is evidence that there are underlying problems that must be addressed. If race or color did indeed not matter, then these disparities would either not exist or be diminishing over time and most of all, not getting worse. The insidiousness of a color-blind racial attitude is that it is a socially accepted form of racism (Noon, 2018); hence, perpetrators face no social penalty for their entitlement to these views.

Statement of Purpose

The purpose of the study in this discussion was to determine the level of color-blind racial attitudes among a population of nursing students and nursing faculty at community colleges in Southern California. Results from the current study inform interventions to raise awareness about color-blind racial attitudes. Research shows that interventions raising awareness

about color-blind racial attitudes are effective (Brunk et al., 2021; Denson et al., 2020; Ehrke et al., 2020; Engberg, 2004; Friesen et al., 2020; Yasmin et al., 2020). Investigating racial color-blind attitudes among a population of nursing students and nursing faculty in the present study has potential to advance the field of Critical Race Theory (CRT) in nursing and is a step toward reduction in health disparities. An application and extension of CRT analysis in the field of nursing education, as accomplished by Solorzano (1998) in the field of education, is beneficial. The correlation between the student's level of racial color-blindness and academic performance lent information about disparities in educational outcomes. This study honed in on the aspects of the racial microaggression taxonomy having to do with racial color-blindness, racism, meritocracy and second-class citizenship. The latter is related to the phenomena of racial privilege, cited in many sources as White privilege, to be discussed further in Chapter Two under the discussion of CRT. Differences in the color-blind racial attitudes of the various races were also determined. Race is a powerful social construct as asserted by many contemporary leaders of thought and social justice (Benjamin, 2019; Bonilla-Silva, 2017; Carter, 2007; Delgado & Stefancic, 2017; Sue et al., 2007). The racial categories identified in the current study follow those utilized in the United States Census (Schor, 2017).

Research Questions

The primary research questions addressed in the current study were to determine the answers to the following questions in a population of nursing students and nursing faculty: 1) What is the level of racial color-blindness attitudes in nursing students and nursing faculty? 2) What are the differences in racial color-blindness among different races in both groups (nursing students and nursing faculty)? 3) Is there a relationship between academic performance and the student's level of racial color-blindness?

Specific Aims

The study's specific aims were: 1) to identify the level of racial color-blindness in a population of nursing students and nursing faculty; 2) to identify the differences in racial color-blindness among the different races in both groups of nursing students and nursing faculty; and 3) to identify the relationship between academic performance and the student's level of racial color-blindness.

Hypotheses

1. Racial color-blindness is higher in nursing faculty than in nursing students, with a notably higher level of difference in the dimension of racial color-blindness encompassing institutional discrimination.

2. The levels of racial color-blindness among the self-identified racial groups differ, similar to other studies that have measured this phenomenon in a diverse population (Navarro & Loewy, 2008; Neville et al., 2000; Neville et al., 2006; Offerman et al., 2014; Poteat & Spanierman, 2014; Su & Behar-Horenstein, 2017;). Students and faculty of color have lower levels of racial color-blindness than White students.

3. Higher levels of racial color-blindness correlate with higher levels of academic performance.

Significance to Nursing

To further explain the significance of advancing the knowledge base on research to reduce racial color-blindness, a discussion is provided on the necessity to analyze health effects of racism, the need for diversity in the nursing workforce, and diversity education.

The Necessity to Analyze Health Effects of Racism

The APA Task Force on Preventing Discrimination and Promoting Diversity (2012, pg. 9) states that the "true dilemma and challenge" of racial microaggressions is the need for raising

awareness, otherwise racial microaggressions continue to pose risk, harm, and oppression. A crucial tool in this analysis is CRT, a theoretical application rooted in the field of law and with advancements made in the field of education (Solorzano, 1998), in public health (Ford & Airhihenbuwa, 2010), and dental education (Su & Behar-Horenstein, 2017), among other disciplines. From a CRT perspective, geneism is critiqued as racist research, and associations of race and disease patterns often ignore the social construction of the phenomena (Gillborn, 2016). Geneism posits genetics as the reason for racial group disparities in achievements and inequities (Gillborn, 2016). The danger in this is best exemplified in studies that have shown that textbooks and classrooms that do not emphasize race as a social construct reinforce racist stereotypes (Donovan 2014, 2015; Phelan et al., 2013). *The Bell Curve* by Herrnstein and Murray (1994) is an example of highly publicized scientific research with negative critique that explicitly associated IQ with genetics and race. Ford and Airhihenbuwa (2010), from the field of public health, refer to early eugenics research as an abuse of race-conscious research. Yet, research on the detriment of racism is relatively new in psychology and health literature, with the ill-effects of racism slowly emerging from invisibility (Carter, 2007, pg 73; Okazaki, 2009; Williams & Mohammed, 2013). In his argument for the need to consider race as a contributor to traumatic stress, Carter (2007) discusses that while there are multiple definitions of racism in the literature, many tend to be at a superficial level without consideration of power structures.

The need to delve deeper into the effects of racism is highlighted by the research of psychology (Carter, 2007; Sue 2015a, Sue et al., 2007;) and sociology scholars (DeGruy, 2017). In an article addressing the emotional injury caused by race-based traumatic stress and the need to incorporate research on racism, discrimination, stress, and trauma into psychological assessment, research, and training, Robert T. Carter (2007) of the Teachers College at Columbia

University identifies that while the general harmfulness of racism is known, specific aspects of it are less clear. Identifying color-blind racial attitudes is a step toward closing a gap identified by Carter (2007), that many studies have not investigated the direct effects of racism. The need for research on the role of race in posttraumatic stress disorder, as identified by Carter (2007), have been answered by DeGruy's (2017) research on the effects of racism and her coining of the phrase "post traumatic slave syndrome," where she emphasizes the need for healing from the trauma that is passed down from generation to generation.

Research uncovering issues related to racism can be addressed using modern scientific tools, such as the CoBRAS (Neville et al., 2000), which can help identify belief systems, and raise personal insight and societal awareness. Research showing the effectiveness of interventions to reduce racial color-blindness (Engberg, 2004) is promising. It sets up an obligation to people who are invested in social justice to use available tools, such as the CoBRAS (Neville et al., 2000), and test interventions to reduce racial color-blindness. While this study is not testing an intervention, it provides foundational information that helps create interventions for the population of nursing faculty and students.

In a literature review of the impact of racism on health, David R. Williams, Harvard School of Public Health researcher, and Selina Mohammed (2013), Professor and Associate Dean of Nursing at the University of Washington, advocate for more intervention research at the societal and individual levels targeting the reduction of disparities in health outcomes. The methods for these intervention studies include support for policies reducing institutional racism.

Racial color-blindness is a societal vulnerability affecting POC and is a contributor to marginalization. Bystanders are also affected by the culture of exclusion whether or not it is acknowledged or realized (The APA Presidential Task Force, 2012). Carter (2007) agrees that

the oppressors, as well as the oppressed, are affected by barriers to equity. This makes it a universally relevant social problem with societal interest to promote the social justice agenda involving raising awareness of the phenomena of racial color-blindness.

In an article discussing the impact of racism on ethnic minority mental health, Okazaki (2009) proposed research strategies as well as the use of creative models to approach this societal problem. These strategies include the following: intellectual and methodological collaborations across various disciplines of psychology, studies with simulated racial experiences, examination of internalized racism among minorities, and mixed methods studies to unveil resilience and vulnerability in the face of various forms of racism. The current study serves as a step in this same direction by examining racial color-blind attitudes among nursing students and nursing faculty.

The Need for Diversity in the Nursing Workforce

It is anticipated that the future nursing workforce will comprise an increasingly diverse body of nurses. This anticipated trajectory is in line with the Institute of Medicine's goal for an increase in the diversity of the nursing workforce (Institute of Medicine, 2011; National Coalition of Ethnic Minority Nurse Associations, 2010). These two realities make it crucial to explore the educational risk factors that can jeopardize the pipeline of diverse students. The discrepancies existing in the educational outcomes of POC are at the forefront of concern for educators at all levels (Howard & Navarro, 2016). By 2026, POC will comprise 57% of the nation's population (United States Census Bureau, 2012). An increase in diversity does not necessarily mean there will be less racial color-blindness. Studies have cited POC with equal amounts of racial color-blindness as White people (Bonilla-Silva, 2010), usually the result of a process of assimilation.

Concern lies in the fact that nursing students of color are in a potential position of vulnerability given that 84.1% of the nursing faculty in the United States are White (American Association of Colleges of Nursing, 2017). This is not much different than educators at all levels in that greater than 80% of classroom teachers for kindergarten through 12th grade are White, middle class, and monolingual (United States Department of Education, 2014). There is an onus on all educators, especially those in the majority groups, to seek opportunities to gain knowledge surrounding the detriments of color-blindness and to question the widely accepted notion that to treat everyone equally is a desired attribute. Discussions surrounding equity incorporate the understanding that treating everyone equally is non-prescriptive. There is a potential among nursing faculty to manifest racial color-blindness, and to perpetuate the myth of meritocracy, with the assumption that racism is no longer a problem in what Sue (2015a) and Bonilla-Silva (2010) refer to as a mythical "post-racial society."

Diversity Education

The United States population is becoming more ethnically and racially diverse. Tools such as race talk, as extensively detailed by Derald Wing Sue (2015a), is a phenomena and skill to be discussed in Chapter Two, and is necessary to help mitigate miscommunication and the detrimental effects of racial color-blindness. Nursing education is in a pivotal position between affecting patient outcomes through the nursing workforce it generates with the necessity for curricular didactic methods that incorporate evidence-based practice in the arena of diversity education. Critical analysis includes the need to reduce color-blind ideology through strategies such as the development of race talk skills.

In their three research studies on diversity in college classrooms, Maruyama and colleagues (2000) found that many faculty value diversity but take no active steps to make

changes in their teaching practices to address issues related to diversity. These results are similar

to findings from Pasque and colleagues (2013), whose results are discussed under the critical

thinking section of this chapter. Faculty set the tone for a classroom, and these results support

identifying issues such as racial color-blindness that can lead to this lack of prioritization. The

current study focuses on students' and faculty's color-blind racial attitudes. Maruyama and

colleagues (2000) discuss the dilemma of the implementation of anti-affirmative action policies

in college admissions. These policies resulted from the 1978 Supreme Court case, University of

California versus Bakke, followed by more recent mandates from lower courts, such as

Proposition 209 in California, that have led to reductions of race conscious admissions policies

across the country (Maruyama et al., 2000). As noted earlier, Proposition 16 in the November

2020 election in California, the attempt to bring back affirmative action, did not pass. In support

of their research, the authors discuss the value of learning from dialogue across differences.

White educators, in general, discovered they had as much to learn as they did to teach when

educational equity principles began to be implemented as a result of the 1954 Supreme Court

case, Brown versus the Board of Education, which led to public school systems being more

integrated (Maruyama et al., 2000). The first study they discuss in this article encompassed a

survey of university faculty to determine their views of the value of diversity on campus and in

the classroom. An important result of this part of the study is that while faculty report the

capacity to teach diverse classes, only one-third actually raised issues of diversity and created

diverse work groups (Maruyama et al., 2000). This was despite the fact that overall, responses

favored diversity, faculty supported diversity in their institutional and departmental mission

statements, and faculty say they believe diversity has positive effects on their classrooms,

research, and teaching (Maruyama et al., 2000). Results also showed that none of the faculty

reported negative effects of diversity, and that White students benefit from diversity (Maruyama et al., 2000).

The second of the three research studies on diversity in college classrooms by Maruyama and colleagues (2000) involved a content analysis of college mission statements, faculty teaching, and student outcomes in a context of low diversity at the top 25 selective liberal arts colleges, with focus on using Macalester College as a case study. A dilemma in the findings was that while universities generally prioritize diversity in their mission statements, the reality is that their student body does not reflect the diversity that could offer more opportunities for dialogue across difference (Maruyama et al., 2000). This fact points to the advantages of having a diverse setting such as Southern California in which to conduct studies, as is the case in the current study.

With the use of a qualitative design, the purpose of the third study in Maruyama and colleagues (2000) was to explore what occurred in interactive, multi-racial/ethnic classrooms among faculty and students. Overall, the three themes that emerged from this third study by Maruyama and colleagues (2000) included 1) that while racial and ethnic diversity are necessary, diversifying a classroom, alone, is not enough for creating the most effective educational environment; 2) that possibilities in a classroom are increased with racial and ethnic diversity; and 3) that racial and ethnic diversity improves educational outcomes.

The results of the three studies by Maruyama and colleagues (2000) paint an idealistic picture, and their older publication date makes them less relevant for the purposes of the current study. However, the relevance and urgency of the findings are supported by recent research by Hikido and Murray (2016) whose results identified that White students protect White supremacy even though they celebrate diversity. Hence there is a need for more institutional guidance. Their

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qualitative study of five White students investigated student attitudes toward campus diversity at a large multiracial public university. Their findings draw stark attention to the problem of racial color-blindness. Of the four themes that emerged, the most color-blind one was that universities should avoid acknowledging White identity, a practice that supports White dominance (Hikido & Murray, 2016). At this point, it is helpful to associate these results with Sue's taxonomy of racial microaggressions (Sue et al., 2007) and Bonilla-Silva's color-blind framework (Bonilla-Silva, 2010). In Sue's taxonomy, these results can be categorized as the pathologizing of cultural values and communication styles which leads to the assumption that White or dominant culture is normal (Sue et al., 2007). Within Bonilla-Silva's four frames of color-blind ideology these results fall under the naturalization frame which involves the acceptance of circumstances or situations as normal or natural (Bonilla-Silva, 2010). Another emerging result from Hikido and Murray (2016) was that racial diversity fosters campus tolerance. A third finding was that diversity fragments into de facto racial segregation (Hikido & Murray, 2016). However, the color-blind racial ideology would disagree with this in view of the advantages Chicana/o college students gain from associating with one another more exclusively (Villalpando, 2003). A fourth finding was that White identity is undermined when there is institutional support of diversity (Hikido & Murray, 2016).

Coupling diversity to race talk is Derald Wing Sue's statement that educators often do not see the opportunity for dialogue but rather view dialogues having to do with race as disruptive, dysfunctional, and disrespectful (Sue, 2015a). Indeed, one must wonder how much more marginalized a student of color might feel in such a scenario. The problem of racism and color-blindness in modern American society is that it is often invisible to individuals who have not experienced the problem first-hand (Bonilla-Silva, 2010; Sue, 2015a). California is rapidly

becoming more diverse (United States Census Bureau, June 25, 2015), thus there are increasing numbers of people experiencing the negative effects of racial color-blindness. Yet, while diversity is important, efforts at diversity training often fail or lack sustainability (Hopkins, 2010). The manner in which cultural competency is taught in nursing, with an applied framework, is predominantly at a theoretical level at present (M. Young, personal communication, December 15, 2015).

Nursing Implications

Nursing education professes commitment to diversity training, yet nurses, like most people, are not immune to racial microaggressions, which are a sign of a person's conscious or unconscious bias. Racial color-blindness decreases the ability to exercise empathy (Coates, 2015; DeGruy, 2017). Empathic scaffolding has been developed by political science professors at Nebraska Wesleyan University as a concept that taps into students' personal experiences with the material they teach in class and then applying the course topics to broader groups of people (Bauer & Clancy, 2018). They use this model of empathic scaffolding as a means to fold diversity and inclusion into the curriculum at their university where the student population is predominantly White (Bauer & Clancy, 2018). The authors present case studies demonstrating the effectiveness of empathic scaffolding and conclude that the method for doing so must be context driven (Bauer & Clancy, 2018). The discipline of nursing must also make a context-driven effort to reduce racial color-blindness among students. The current study identified the level of color-blindness among nursing students and faculty as the first step in this endeavor.

Analysis of nurses' roles of engagement in social justice and the power structures involved was conducted in a study by a nurse researcher, Robin Walter (2017). The study involved 33 participants who self-identified as involved in social justice, and who engaged in

semi-structured interviews for the study. The study found that nursing education is lacking in social justice engagement, a conceptual process that encompasses analyzing power as one of its tenets.

Many researchers and scholars have noted the time has come to analyze the power inequities within diverse groups, and this analysis should include a critique of cultural competency programs led by nurse scholars (Kumas-Tan et al., 2007). These researchers sought to identify underlying biases via critical examination of quantitative measures of cultural competence commonly used in medicine and health professions. Findings reported that the measures examined ignore the power hierarchy of social inequality.

Need for Improved Diversity Training

The discipline of nursing is in need of updating its curriculum to address social justice matters such as racism. Nursing case scenarios have a tendency to treat diversity at a superficial level that does not meet the demands of an increasingly diverse community of nursing students and patients. Diversity training may not address the sensitive issue of racism (Maruyama & Moreno, 2000). A quantitative study by health profession researchers Weech-Maldonado and colleagues (2018) demonstrates the effectiveness of a cultural competency intervention on hospital performance metrics. This study addresses ethnicity, and identifies White males as having the most satisfaction with equity and opportunity in the workplace; however, it does not address racism (Weech-Maldonado et al., 2018). The positionality in the presentation of these results is appalling. If the White males express the most satisfaction with equity and opportunity in the workplace, it is obviously because they have all the advantage and privilege in the setting. By discussing disparities in health outcomes without addressing the role of race, the authors are demonstrating a color-blind positionality.

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Summary

The findings of the current study can lead to empirical intervention studies analyzing strategies needed among all strata of society in order to reduce color-blind racial attitudes measurably. It is especially needed among college students, as there is much evidence showing disparities in performance and outcomes among diverse groups (Howard & Navarro, 2016). The large-scale initiatives among California Community Colleges promoting innovative strategies to mitigate inequity is further support for the urgency of research in this field. Identifying the extent of racial color-blindness attitudes among nursing faculty and a diverse group of nursing students is a step toward identifying the sources of inequity. Determining the level of racial color-blindness in nursing students and faculty paves ways toward building therapeutic communication skills such as race talk into nursing curriculum.

Theoretical Perspective: Critical Race Theory

CRT served as the overarching theory and conceptual framework for this study. The theoretical roots of this perspective began in the mid-1970s from social activist scholars in the field of law who saw the need to continue the dialogue started by advancements of the civil rights movement. They also saw the need to combat the insidious forces of racism, such as racial color-blindness, an example of a hidden source of oppression, that was becoming more apparent after the advances made by the civil rights era in the 1960s (Delgado & Stefancic, 2017). A professor of law at New York University, Derrick Bell, is credited as being the intellectual father of CRT (Delgado & Stefancic, 2017), which is rooted in critical theory. German philosophers known as the Frankfurt School defined critical theory as having an emancipatory effect, producing enlightenment and noted that it is reflective versus objectifying, as is the case in the sciences (Carr, 2017; Fontana, 2004; Garcia & Johnston-Guerrero, 2015; Geuss, 1981; McKittrick, 2012, Sharp-Grier & Martin, 2016). Central concepts within CRT are race and racism and their role in oppression (Ladson-Billings, 1998; Solorzano, Ceja & Yosso, 2000). CRT focuses on making the viewpoint from the margins a more central point of discussion (Ford & Airhihenbuwa, 2010). A leading researcher in the field of CRT in education, Daniel Solorzano, defines CRT as encompassing the following principles: "centrality and intersectionality of race and racism; challenge to dominant ideologies and deficit perspectives; centrality of experiential knowledge; and interdisciplinary and explicit commitment to social justice" (Solorzano, 1998). While it is generally thought that civil rights benefitted POC, CRT critiques liberalism and purports that Whites have benefited more from the civil rights movement (Ladson-Billings, 1998).

Since critical thinking is an important concept in nursing, this section begins with a discussion of the cognitive and reflective process involved in CRT. Following this, there is a discussion of the central themes of CRT. Social justice and intersectionality are broad topics that are infused throughout all of the concepts and are addressed individually as they relate to the discipline of nursing. A discussion of the centrality of experiential knowledge is often elaborated through counternarratives and storytelling. Counternarratives are defined as the stories told by the non-dominant or minority group. CRT is often used in qualitative research (Malagon et al., 2009) due to its emphasis on the importance of context. The emphasis on counternarratives leads to the section related to race and racism, as it is in the unheard stories of marginalized people that racism is becoming documented and therefore researchable. Qualitative studies have helped coin the phenomena of racial color-blindness. These, along with validated tools such as the CoBRAS (Neville et al., 2000), allow for quantitative studies such as this study.

Next in the discussion are the subscales more specifically measured in this study using the CoBRAS (Neville et al., 2000). These subscales are race and racism, racial microaggressions, institutional discrimination, racial color-blindness, and racial/White privilege.

Major concepts within CRT

Critical Thinking. The field of nursing and nursing education has effectively emphasized the importance of critical thinking as well as the importance of reflection (Fontana, 2004; Papp et al., 2014). As noted earlier, critical thinking and CRT are rooted in critical theory. The discipline of nursing tends to emphasize the cognitive aspects of critical theory. The danger in this is that when there is an emphasis on cognitive processes, the social and political critique inherent to critical theory can be overlooked (Kincheloe, 2000). Nursing faculty from Université de Montréal and University of British Columbia, Blanchet Garneau, Browne and Varcoe (2017),

developed the critical anti-discriminatory pedagogy (CADP) in response to the lack of specific

guidance in promoting social justice in nursing education and practice. They argue that social

justice is a central concept in nursing needed for addressing discrimination (Blanchet Garneau et

al., 2017). These authors describe the need to ensure safe learning environments in nursing, a

task that requires educators to have the skills to handle conversations surrounding discrimination

and inequity. Beyond a superficial reference to equity, CADP encourages conversations to

promote the ideals of equity. An example of this is addressing causes of health and social

inequities that stem from issues such as poverty and racism. This contextualized knowledge leads

to learning that is transformative (Blanchet Garneau et al., 2017). CADP encourages power

analysis of the effects of colonialism on health (Garneau et al., 2017). The authors describe how

nursing has approached issues of food availability and affordability by labeling it as a focus on

culture, when in fact it can be more accurately attributed to institutional racism and

discrimination (Blanchet Garneau et al., 2017). The authors do not refer to these as color-blind

actions; however institutional racism and discrimination do fall under the umbrella of CRT and

racially color-blind actions. Such nursing scholarly activity supports the interdisciplinary nature

of CRT. Power analysis is addressed more in the discussion on racial/White privilege.

Pasque and colleagues (2013), faculty researchers from the fields of educational

leadership and policy studies, women's and gender studies/center for social justice, sociology,

and psychology, assert that critical thinking is promoted when conflict, or dissonance, is viewed

as a learning opportunity. In a qualitative study involving interviews with 66 faculty of different

races and ethnicities, genders, and disciplines (Pasque et al., 2013), a birds eye analysis of their

findings essentially indicates missed opportunities on the part of faculty. More specifically, their

results identified the following decisions a faculty member might make: "to avoid conflict

through attempts to control the classroom environment; to minimize such conflict; to divert or distract students' attention from conflict; to react to the conflict in a way that attempts to incorporate tensions for further learning; and to proactively design course activities to normalize and surface conflict in ways that enhance students learning about race and racial interactions." Conflicts allowed for different views to be expressed, distinction of important differences, opportunities for creative engagement, and problem-solving . Viewing these results through a CRT lens and Bonilla-Silva's (2010) four frames of racial color-blindness, these results fall under the category of institutional discrimination and minimization.

Reflection is a skill that plants the seeds for articulating objection to social oppression and is heavily emphasized in nursing education. However, the emancipatory potential and social justice roots of this skill are not emphasized enough. This is evidenced in the fact that while there is extensive nursing literature on critical thinking, there is a dearth of literature on the social justice aspects of critical thinking, which are rooted in critical theory. Critical theory is founded primarily on social justice. With a clear understanding of these roots, it is apparent that to ignore social justice matters in discussions related to critical thinking is a blatantly unjust act of color-blindness.

Social Justice and Intersectionality. As a holistic discipline, nursing is in a unique position to advance the social justice agenda (Blanchet Garneau et al., 2017). A holistic approach is very similar to the emphasis in CRT on context and the centrality of experiential knowledge. While terms such as "holistic" are generally not a part of the CRT literature, intersectionality is, in fact, a very common term. Intersectionality is defined as the dynamic overlap of multiple identities and the experiences of oppression of race, class, gender, as well as national origin that ensue (Davis, 2008; Delgado, 2010; Howard & Navarro, 2016). This phenomenon of

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overlapping identities is a holistic approach that supports fundamental principles in the discipline

of nursing. Nursing's holistic nature in approaching wellness requires acknowledgment of the

intersectionality and anti-essentialism of CRT as described by Delgado and Stefancic (2006).

Anti-essentialism is the belief that every oppression is different and that all oppressions cannot

be assumed to be similar (Delgado & Stefancic, 2006). This dissimilarity requires individualized

attention to each oppression (Delgado & Stefancic, 2006). As is evident, this demonstrates the

CRT roots of this phenomenon in that it emphasizes the importance of context and knowledge

gained through experience. That is experiential knowledge.

Promoting cultural competence in nursing has been a movement toward social justice.

The forces of societal racism result in poor health outcomes and demand greater attention to the

insidiousness of racism. From the perspective of the racial microaggression taxonomy (Sue et al.,

2007), when race and racism are not included in diversity and cultural competence training, it is

considered a racially color-blind microaggression (Sue et al., 2007). Mental health nurse

educators and researchers are in a distinct position to contribute to the advance of cultural

competence, which must include discussion of race and racism (Tyson, 2007). The skills of

therapeutic communication must include race talk, a method of engaging in difficult discussions

surrounding race, as supported by Sue (2015b) in his discussion of therapeutic harm. Race talk is

discussed in more detail later in this chapter. The connection of CRT to mental health and

wellness research is in "its embryonic stages" (McGee & Stovall, 2015). In the vein of

intersectionality, McGee and Stovall (2015) seek interdisciplinary perspectives that support

healing from trauma inflicted by racism.

The interconnected and holistic approach called for by Beth L. Rodgers (2005), a

philosophy of nursing author, relates well to identification of the need for all individuals to take

responsibility for their role in the interlocking oppressions that exist in a diverse matrix of the marginalized POC and those who benefit from White privilege (Grillo, 1995; Howard & Navarro, 2016), a subconcept of CRT to be discussed further. While nursing and nursing education have a focus on health and well-being of patients, it is also important to consider the health and well-being of the nursing workforce and the nursing student pipeline. This draws attention to the fact that the discrepancies existing in the educational outcomes of POC is at the forefront of concern for educators at all levels (Howard & Navarro, 2016). By 2026 POC will comprise 57% of the nation's population (United States Census Bureau, 2012). This draws marked attention to the importance of "healing the healer," given the generational damage racism has inflicted on POC in the United States (DeGruy, 2017). There are mandates to increase the diversity in the nursing workforce (Institute of Medicine, 2004, 2011). Institutional discrimination is the answer to the question regarding why the nursing workforce is not more diverse, and is a sub-concept of CRT. Application of CRT to the field of nursing supports the belief that defining CRT is context-driven (Solorzano, 2013), hence the need for this research in uncovering the problem of racial color-blindness through the lens of CRT.

CRT recognizes a fundamental equity issue that identifies the unequal playing field with an emphasis on analyzing power structures in society that lead to inequity (Croom & Patton, 2011; DeCuir & Dixon, 2004; Parker & Villalpando, 2007). Croom and Patton (2011) note the intersectional experience of being a Black female professor and the systemic barriers to full professor status. They liken the threat to social justice inherent to the experience of being racially marginalized in higher education to the miner's canary, which served as a warning sign to miners of the approaching danger of toxic fumes in mines (Croom & Patton, 2011). Through a CRT lens, DeCuir and Dixon (2004) describe the racism experiences of two high school students who

attended a predominantly White high school in an affluent neighborhood. The "othering" of their experience draws attention to the social justice matter at play (DeCuir & Dixon, 2004). CRT seeks to uncover privilege and oppression (Parker & Villalpando, 2007) with a socially active stance that seeks transformation toward a more just system (Delgado & Stefancic, 2006). Privilege and power structures are discussed more in the racial/White privilege section. While CRT is an offshoot of critical theory, LatCrit, a Latina/o critical theory, is an extension of CRT beyond the Black/White binary to provide a more individualized and accurate analysis of the intersectionality of the Latina/o experience (Villalpando, 2003).

   Counternarratives/the Centrality of Experiential Knowledge. Counternarratives and the centrality of experiential knowledge are concepts within CRT. Critical dialogue (Scheurich, 1997) makes space for the voices of the underrepresented to be heard (Grillo, 1995; Howard & Navarro, 2016; Sharp-Grier &Martin, 2016; Sue, 2015; Sue, 2016). Dialogues about differences, especially related to race, are known as counternarratives. These are the unspoken stories that exist but are hidden or oppressed because the dominant narrative is taught in the school systems. This unspoken racism is one of the reasons for the disparate outcomes between students of color and their White counterparts (Howard & Navarro, 2016; Ladson-Billings, 1998). The conspiracy of silence referenced by Sue (2015) discusses the importance of voicing the counternarrative as an important strategy for understanding and facilitating difficult dialogues on race. In a discussion of critical race methodology, Solorzano and Yosso (2002) assert the need for qualitative research to reveal the counterstories of POC that challenge the majoritarian stories as a means of working toward social justice and telling the untold stories. This serves as a major pushback against the widespread majoritarian story that promotes assimilation (Solorzano & Yosso, 2002).

Romero, Arce, and Cammarota (2009) effectively describe counterstorytelling as a CRT methodology that helps document generally unheard stories. They describe qualitative interviews as part of classroom activities to give space to marginalized students to voice counternarratives with an overarching goal of developing critical consciousness in the students (Romero et al., 2009). Students described educational experiences as similar to a personal violation such as being raped (Romero et al., 2009). The classroom activities reinforced the theme of CRT related to community cultural wealth, a concept coined and developed by Tara Yosso, versus the more prevalent deficit view often imposed on communities of color (Yosso, 2005). Education was described as being "a caring process where knowledge is nurtured from a seed to full fruition/blossoming." The classroom projects demonstrated critical consciousness in the students who previously had experienced hopelessness and despair (Romero et al., 2009). They quoted one of their students saying they were empowered to fight racism and no longer feel scared (Romero et al., 2009).

Qualitative studies have penned many counterstories. Qualitative research has documented accounts of institutional racism as voiced in the work of Smith, Yosso and Solorzano (2007), Villalpando (2003), , , and Yosso, Smith, Ceja, & Solorzano, (2009). The development of Sue's framework of racial microaggressions (Sue, 2015a) as well as the CoBRAS (Neville et al., 2000) are direct results of these efforts. The study herein used quantitative measures including the CoBRAS (Neville et al., 2000) tool to identify racial color-blindness in nursing students.

Racism. Race is a social construct with no evidence of a biologic or genetic basis (Benjamin, 2014; Carter, 2007; Delgado & Stefancic, 2006). Scholars have critiqued the scientific community for conducting genomics research and have referred to it as bio-racism

(Dan Siegel Website, 2012). This is a similar belief to that expressed by Ford and Airhihenbuwa (2010), as noted earlier. Daniel Siegel, a psychiatrist across the full human lifespan, has spearheaded the phenomena of "integration" which describes the importance of links within a system, whether it be within an individual or between people (Siegel, 2019). His philosophy falls under the umbrella of CRT, in that integration is essentially an extension of context and experiential knowledge referenced earlier as one of the main concepts of CRT. Based on Dan Siegel's philosophy, it can be asserted that any form of racism has a damaging effect on the systemic whole of mankind. CRT declares that race and racism are characteristics central to American society (Solorzano, Villalpando, & Oseguera, 2005). Racism is fueled by power and inequality, versus race, which is defined by culture as noted by Ruha Benjamin (2014), Princeton Associate Professor of African American Studies and author of numerous books including her recent book, *The Emperor's New Genes,* which challenges distinctions such as race, caste, and citizenship (Benjamin, 2015).

To demonstrate the reality of blatant racism, several studies are noted in this chapter. A systematic review by Garcia and Johnston-Guerrero (2015) found 205 news-making incidents of blatant racist incidents on college campuses between 2005-2010.They found that the administrators did not have an adequate response and appeared to lack sincere caring about the incidents which included very blatant racist acts such as cross-burning, racist literature, and racist remarks (Paul-Emile, 2015). Assumption of criminality, a racial microaggression for those with a Black versus White phenotype, was a finding reported in one of the studies in Eberhardt et al., (2004). Forty-one White male University of California at Berkeley and Stanford University students represented the individuals studied. The method used in this study involved participants associating racial phenotypes with crime-relevant and crime-irrelevant objects.

Higher and faster email response rates to students with stereotypically White names versus Black, Latina/o, or Asian names in email communications requesting research opportunities was the overall finding in Milkman and colleagues (2012). The design involved 6,548 professors who received fictional emails from prospective doctoral students (Milkman et al., 2012). The design involved a request by the prospective student with a stereotypically male or female Caucasian, African American, Hispanic, Indian, or Chinese name to meet either the same day or in one week. An exception to the results noted above was that the requests made for the same day did not show any discrimination in response rate to students.

Pager and colleagues (2009) found that jobs are not only offered to Whites at a higher rate than Black people and Latina/os with similar qualifications and criminal history, but are offered even when the Whites have recent felony convictions. Following an extensive screening of 300 potential applicants for appropriate age, race, ethnicity, and gender, the sample was pared down to 10 applicants who then applied to 171 employers. Results reported that callbacks or job offers were made to 31.0% of the White applicants, 25.2 % of the Latina/o applicants and 15.25 of the Black applicants (Pager et al., 2009).

Despite the blatant racism noted in the above studies, it is shocking to note the flip-side results demonstrated in the following. In a qualitative sample of 12 White male college students' racial views and experiences, Cabrera (2014) found their experiences included racial victimization, no awareness (or minimization, at best) of racial discrimination, and a sense of Whites being the true victims of multiculturalism. From a social justice stance, it is important to identify structural racism that is causing detriments to the health of segments of society. It is important to note that the "perpetrators" of racism, even in its blatant form, can be POC who continue the narrative of the majority voice. In their discussion of critical race methodology and

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its application in using counterstorytelling as an analytic framework for education research, Solorzano and Yosso (2002) identify public figures such as Supreme Court Justice Clarence Thomas and Linda Chavez, former cabinet member during the Ronald Reagan presidency, who perpetuate the majoritarian story while being minorities themselves. For example, Linda Chavez has promoted cultural and linguistic assimilation in her views, while Clarence Thomas opposes the civil rights movement for POC, and he also opposes women's rights (Solorzano & Yosso, 2002).

Racial Microaggressions. Racial microaggressions were first described by Chester Pierce, an African American medical doctor in 1970 who identified the effects racism has on the physical and mental health of African Americans and in maintaining marginalization despite any advances of the civil rights movement (Perez Huber & Solorzano, 2015). Racial microaggressions are defined as "everyday slights, insults, indignities, and invalidations delivered toward POC because of their visible racial ethnic minority characteristics" (Sue et al., 2007). The racial microaggression taxonomy was developed by Sue and colleagues (2007) from the field of counseling psychology as a response to the marginalization and stigmatization of racial and ethnic minorities in the United States (Sue, 2015a). The nine categories in this taxonomy are: alien in one's own land, ascription of intelligence, (racial) color-blindness, criminality/assumption of criminal status, denial of individual racism, myth of meritocracy, pathologizing cultural values/communication styles, second-class status, and environmental invalidation (Sue et al., 2007). Each of these is briefly elaborated in Table 1, below. Racial color-blindness is the area primarily honed in on for the purposes of the current study. The four frames of racial color-blindness described by Bonilla-Silva have components that are in line with definitions of racial microaggressions. For example, the minimization frame is a racial

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microaggression in that it is a form of denying racism. The assumption of meritocracy within the abstract liberalism frame is also an example of a racial microaggression (Bonilla-Silva, 2007). Bonilla-Silva's (2010) conception of cultural racism lines up with the category in Sue and colleague's (2007) taxonomy of racial microaggressions having to do with pathologizing cultural values.

   Health Effects of Racial Microaggressions. Racial microaggressions are a sign of a person's conscious or unconscious bias and have detrimental mental and physical health effects. Empirical data showing these effects are reported and analyzed here with a special interest in building a case for further research uncovering the racial color-blindness aspect of racial microaggressions. In a literature review on the impact of racism on health, researchers at the Harvard School of Public Health and the School of Nursing at the University of Washington at Bothell identified the following three phenomena which affect the health of POC: 1) institutional racism, 2) cultural racism which is responsible for negative stereotypes and discrimination that result in hostility and the fostering of psychological damage, and 3) discrimination which has severe health consequences (Williams & Mohammed, 2013). The need for further research on uncovering the effects of racism is discussed as a priority research goal for society. Results demonstrate support for more research at the societal and individual level aiming to reduce disparities in health outcomes. The methods for this include support for policies reducing institutional racism. Color-blindness is a societal vulnerability affecting POC and is a contributor to marginalization.

Table 1

Definitions of Concepts in Derald Wing Sue's Taxonomy of Microaggressions (2007)

Taxonomy of Microaggressions	Definitions
alien in one's own land	Assumption that minority person is foreign-born.
ascription of intelligence	Race or gender determining assignment of intelligence.
color-blindness	Lack of acknowledgment for race.
criminality/assumption of criminal status	Race determining level of danger, criminality, deviance.
denial of individual racism	Statements denying bias.
myth of meritocracy	Assumptions that race or gender do not affect chances for life success.
pathologizing cultural values/communication styles	Assumption that White culture, or the dominant culture, is normal.
second-class status	When a person of color receives differentially unfavorable treatment compared to a White person.
environmental invalidation	Systemic assaults, insults or invalidations.

Note. The taxonomy of 9 microaggressions described by Sue and colleagues (2007).

In a literature review of racial microaggressions research in psychology spanning from 2007-2014, the authors make note of the surge of research in this field following the publication of Sue's taxonomy of racial microaggressions in 2007 (Wong et al., 2014). Their results reveal the following questions: "1. What are racial microaggressions and who do they impact? 2. Why are racial microaggressions important to examine? 3. How are racial microaggressions studied

and how might we improve methodologies used to study racial microaggressions" (Wong et al., 2014). The authors propose the need for (1) further refinement of the racial microaggressions concept; (2) further exploration of the racial microaggression experience in different ethnic groups; (3) identification of the perspectives of the perpetrators; and (4) identification of long-term mental and physical health effects of racial microaggression experiences (Wong et al., 2014).

A meta-analysis of 134 studies found a significant negative relationship between perceived discrimination and physical and mental health outcomes, including heightened stress responses as well as engaging in unhealthy behaviors and nonparticipation in healthy behaviors (Pascoe & Richman, 2009). Discrimination is a fundamental aspect of racial color-blindness. When POC are exposed to racial color-blindness, it is an experience of discrimination. These results demonstrate the importance of raising awareness of actions or non-actions that can result in perceived discrimination.

The first study discussed here found that higher racial microaggression scores correlated significantly with depressive symptoms in a very diverse population of 504 participants, with only 12.5% who were White or European American (Nadal et al., 2014). The instrument they used was the Racial and Ethnic Microaggressions Scale (Nadal, 2011). Their findings also identified that different ethnic groups experience different types of racial microaggressions (Nadal et al., 2014). The importance for counselors to be aware of the above results is discussed as well (Nadal et al., 2014). These results show the importance of raising awareness of racial microaggressions, especially as it relates to patient well-being. Identifying racial color-blindness in all ethnicities and raising awareness about its detriments is a priority.

A large study including 5899 participants (61% African American, 24% Afro Caribbean, and 15% non-Hispanic White) examined the frequency of race-based and non-race based discrimination experiences and generalized anxiety disorder (Soto et al., 2011). While they found non-race-based discrimination did predict greater levels of generalized anxiety disorder, the results showed that African Americans had a significantly higher frequency of race-based discrimination and generalized anxiety disorder than the other groups and attribute this to the stress of living conditions associated with the United States history of racism and slavery (Soto et al., 2011). The authors acknowledge the resilience and protective factors of the immigrant status of Afro-Caribbeans, as their results for GAD were least associated with discrimination, even less than Non-Hispanic Whites (Soto et al., 2011).

   The Need for Race Talk Skills in Nursing Education. Racial color-blindness is a racial microaggression. The research of Derald Wing Sue and his work surrounding the importance of race talk has demonstrated the importance of identifying strategies to mitigate the force of racial color-blindness. To further explain the significance of advancing the knowledge base on research to reduce racial color-blindness, a discussion is provided here on the phenomena of race talk. Race talk is defined by Sue (2015a) as the often-avoided conversations surrounding race. This is supported by findings in McClain (2008) who posits that students often behave in ways that demonstrate their belief that speaking of race or acknowledging race is a racist act. However, when the issue of race is ignored, research shows that there are negative consequences (Apfelbaum, et al., 2010; Holoien & Shelton, 2012). Ignoring the issue of race in any conversation supports a color-blind racial attitude (Sue, 2015a). The dilemma identified by Sue (2015a) is that conversations surrounding race talk often result in destructive effects which are not due to any ill-intent of the parties involved but are a result of the lack of awareness,

experience and training on race talk. Additionally, not addressing the cultural/racial differences between healthcare providers and patients may contribute to poor health outcomes (Lie et al., 2012). Empirical studies related to the negative relationship between health outcomes and racism (Adams & Boscarino, 2005; Nadal et al., 2014; & Smith et al., 2012) make it imperative to consider protecting the future well-being of the nursing workforce and to invest in skill building on inter-racial dialogue.

The destructive nature of the color-blind worldview silences race talk, an important therapeutic communication skill (Sue 2015a) generally overlooked in nursing education. Therapeutic communication is an objective shared by the field of nursing and counseling psychology. Torino (2015) and Sue (2015a, b) discuss lessons from research in the field of counseling psychology that explores didactic methods to help students examine their own biases, often drawn from the positionality of White privilege (Sue, 2015a,b; Torino, 2015) which closely examine power structures. Torino (2015) provides examples of classroom didactic and experiential methods used in counseling psychology that serve as good models for nursing education. With the goal of promoting cultural competence and creating a non-racist White racial identity, Torino (2015) describes didactic methods that include use of lecture, videos, discussions, readings and experiential methods that include small group interviews, journaling, autobiographies and modeling.

An increased racial color-blind worldview was associated with a lower likelihood of perceiving microaggressions in the workplace, as identified in a research study by Offermann and colleagues (2014). To reiterate for emphasis, a racially color-blind worldview is detrimental, as it blinds individuals to racial microaggressions. Identification of the extent of racial color-blindness among nursing students informs interventional strategies to address color-blind racial

attitudes. Future research could identify strategies to teach race talk communication skills, as described by Derald Wing Sue (2015), in the nursing curriculum. Educators all too often miss opportunities to generate a forum to discuss issues surrounding race (Sue, 2015a). Schools, at all levels, have no mechanisms for debriefing and discussions about racism or racial color-blindness. The danger in this shortfall is that it can perpetuate the caregiver's internal biases. If ignored, the damage affects both parties, as described extensively by two leaders in the field of racial color-blindness, Bonilla-Silva (2010) and Sue (2015a). Sue's taxonomy of racial microaggressions was detailed earlier, as well as Bonilla-Silva's (2010) four frames of color-blind ideology.

The discussion supporting the need to develop race talk skills is related to therapeutic communication, as noted earlier. Within the goal of teaching therapeutic skills to nursing students is the phenomena of instilling hope, a key intervention focus for patients with depression (Varcarolis, 2017). Smith and colleagues (2012), professors in the Education Department and Orthopedic Medicine at The University of Utah, conducted a study assessing 670 African American men to determine how hope, as a form of coping, mitigates the weight of racial microaggressions, societal problems, and mundane extreme environmental stress among the participants. Paradoxically, with the use of structural equation modeling, their results showed that higher levels of hope were related to intensification of racial battle fatigue, a concept of racism to be discussed in the next section. They also surmise that an important factor in stress reduction is adaptive racial socialization, which is essentially a social support system that they suggest as an area for future research (Smith et al., 2011). This alarming finding of greater hope having a detrimental effect conjures up the pop-culture phenomena of "being woke" that is

defined by Ashlee and colleagues (2017) as an undying consciousness and rejection toward all intersections of oppression.

Additional support for the need to develop race talk skills in nursing is found in a study by Adams and Boscarino (2005), researchers at the New York Academy of Medicine. Their study involved identifying racial and ethnic differences in mental health outcomes in 2,368 New York City residents 1 year after the attack on the World Trade Center in 2001. While their results found no statistical difference in mental health outcomes, they did find a need for further research on the relationship between race/ethnicity and emotional reactions to trauma, such as panic attacks.

There is further support for promoting the skill of race talk and awareness of color-blind racial attitudes. Racial microaggressions negatively predicted mental health in 506 participants in a study by researchers in the Department of Psychology at City University of New York and the Department of Counseling and Clinical Psychology at Columbia University's Teachers College (Nadal et al., 2014). They found a significant correlation between racial microaggressions and depressive symptoms. Their study also discusses the different types of racial microaggressions that are experienced by various racial groups such as Asian, Latina/o, Black, White and multiracial. Implications for the field of counseling are also discussed.

Race talk is dialogue with evidence-based effectiveness (Sue, 2015a). The backdrop of research by Sue leading to this evidence reveals the necessity for greater race talk skills, including two studies involving the voices of 13 Black New York City residents in focus groups to explore the experience of racial microaggressions in the life of Black Americans (Sue, Capodilupo et al., 2008). The four themes that emerged in their findings included: healthy paranoia, sanity check, empowering and validating self, and rescuing offenders. Focus group

results show the high degree of stress caused by racial microaggressions which include derogatory messages such as: "You do not belong," "You are abnormal," "You are intellectually inferior," "You cannot be trusted," and "You are all the same.". The consequences of these stressors are feelings of powerlessness, invisibility, forced compliance and loss of integrity, and pressure to represent one's group. The extension of the above-mentioned study involved qualitative analysis to determine the implications for counseling and the counseling process (Sue, Nadal et al., 2008). The results implicate the need for greater race talk skills among all care providers, if not all people, in a diverse society.

In an extension of the above study, Derald Wing Sue and his colleagues (Sue, Nadal et al., 2008) qualitatively investigated racial microaggressions against Black Americans and the implications for counseling and the counseling process. Thirteen Black Americans participated in focus groups for this study with findings that included six categories of demeaning and invalidating messages of White supremacy conveyed from the counselors/perpetrators, although unintentional. The six categories are as follows: (1) Assumption of intellectual inferiority, (2) second-class citizenship, (3) assumption of criminality, (4) assumption of inferior status, (5) assumed universality of the Black American experience, and (6) assumed superiority of White cultural values/communication styles. These results clearly implicate the need for greater race talk skills among all care providers, if not all people in a diverse society.

Diversity among people can be a source of power and change with the important tool of communication (Lorde, 1984). Lorde discusses this from a feminist positionality stressing the importance of hearing the voices of the unrepresented. Promoting greater awareness of race talk skills is indeed in line with the title of a famous essay by Audre Lorde (1984), stating that "the master's tools will never dismantle the master's house." Perez Huber and Solorzano (2015)

identify an important social justice need involving strategies to identify how acts of racism can be resisted at the moment when they take place. They echo the proactive stance put forth by one of the earliest authors, Chester Pierce (1974), who discussed the ill-effects of racism on the health of POC.

To further support the significance of advancing scholarly work supporting greater awareness, knowledge and skills on race talk is the following analysis. Using a racial microaggression analytic framework, and with a goal to further develop it as a research tool that analyzes power structures, Perez Huber and Solorzano (2015) discuss the need for more research on providing the tools of discourse that are needed for youth of all ages, ranging from childhood to college age, in the face of racial microaggressions. This spans the earliest age when children are exposed to the detrimental role of visual microaggressions in media and literature. Their article demonstrates the detrimental effects of a wide variety of media ranging from a children's book to an advertisement for a watch, both portraying Mexicans as bandits (Perez Huber & Solorzano, 2015).

Racial Battle Fatigue. Racial battle fatigue is the stress caused by racial microaggressions that encompasses mental, emotional, and physical strain (Smith et al., 2006). The chronic exposure to racism is parallelized to the strain soldiers face on an unsafe, hostile battlefield (Nauert, 2011). Smith's research started with a focus on this phenomenon in African Americans in the United States (Smith et al., 2007; Smith et al., 2006) and continued with two publications by Smith, Hung and Franklin in 2011 and, more recently publications, encompassing the phenomena of racial battle fatigue in Latina/o students (Franklin et al., 2014). Racial battle fatigue has also been studied in a diverse population including African Americans, Afro-Caribbeans, and non-Hispanic Whites (Soto et al., 2011). The concept has been used to

identify discrimination experienced by Aboriginal university students in Canada (Currie et al., 2012). Racial battle fatigue encompasses a holistic approach to the human experience. Many other studies have examined the impact of racism on health outcomes (Krieger, 2012; Nadal et al., 2014; Wei et al., 2012; Williams & Mohammed, 2013; Williams et al., 2012) but none of these encompasses the holistic approach of racial battle fatigue in considering the three domains of psychological, physiological, and behavioral stress responses to racial microaggressions (Smith et al., 2012).

Smith and colleagues (2007) coined the phenomena of racial battle fatigue in their qualitative study that documents blatant racism. As noted earlier, racial battle fatigue encompasses psychological, physiological, and behavioral stress responses to racial microaggressions (Smith et al., 2011), and places the need to analyze stressors within a societal perspective. Smith and colleagues (2007) conducted a qualitative study titled "Assume the Position…You Fit the Description" involving focus group interviews with 36 African American male college students from five elite universities across the continental United States. Two overarching themes emerged in this quest to identify the social and academic experiences of African American male students at elite institutions of higher learning that have historically been predominantly attended by White students. The first theme encompassed anti-Black male stereotyping and marginality, labeled as misandry in this study. The second theme was hypersurveillance and control. Racial microaggressions were experienced on three levels: campus-academic, campus-social, and campus-public spaces. The results showed that students experienced stress symptoms within the three domains of racial battle fatigue. This research shows the deep-rooted racism within the United States that is actively undermining the success

of these Black men and implicates a strong need for more research in this field for minority

populations in the United States.

Franklin and colleagues (2014) conducted a study titled "Racial Battle Fatigue for

Latina/o Students: A Quantitative Perspective." The purpose was to identify the degree of

relationship between racial microaggressions and the stress response variables within the racial

battle fatigue framework (psychological, physiological, and behavioral) in a sample of 210

Latina/o former and current undergraduate Latina/o male and female students greater than 18

years of age. The age range of participants was not reported. These students were selected from a

larger sample of 1,261 individuals who completed the survey as part of a study titled the "Racial

Battle Fatigue Scale." The sample of 210 students was composed of 87% who had attended a 4-

year public institution and 8% who attended a private 4-year institution. Using structural

equation modeling the authors demonstrate that racial microaggressions predict the components

of the racial battle fatigue framework: psychological, physiological and behavioral stress. The

author's implications point to the need for collaboration among scholars in higher education and

health psychology. The study also has excellent insights that can help college administrators in

planning for counseling within student health centers, campus academic programs, and

scholarship surrounding campus climate. A critique of this research is that the variable of

suicidal ideation is not addressed, although research exists to support the greater risk of suicide

among non-White college students (Wilcox, 2010).

With an interest in mental health as a variable, Currie and colleagues (2012) conducted a

mixed method study to identify the level of racial discrimination experienced by a sample of 60

Aboriginal university students living in an urban area in Canada. The authors found that their

sample of Canadian Aboriginal students had greater experiences of racism compared to a sample

of African American and Latina/o American adults in the United States. The authors used the Experiences of Discrimination (Krieger et al., 2005) instrument and were interested in the impact of racism on mental health. The identification of their qualitative results to components of the racial battle fatigue framework is a strength in this study. A critique of this research is that the authors seem to have a deficit-based belief system regarding culture in that they sought to inquire if "less relinquishment of Aboriginal culture explained racism frequency." This statement represents a belief system that seems to blame the victim and demonstrates a lack of reflexivity, the need for qualitative researchers to be self-aware of their positionality (Creswell, 2013).

Smith and colleagues (2011) published an article titled "Racial Battle Fatigue and the Miseducation of Black Men." Their study utilized Carroll's (1998) theoretical framework of mundane, extreme, environmental stress (MEES) to identify the relationship between the pursuit of higher education and the experience of racial battle fatigue among a sample of 661 Black men. The methods involved telephone interviews and structural equation modeling. Findings indicated that as Black men pursued higher education they experienced more racial microaggressions and Black misandry. The results support the racial battle fatigue framework that encompasses the multidimensional areas of psychological, physiological, and behavioral health. Implications include the need to analyze the intersection of educational pursuits and health outcomes.

In Soto and colleagues (2011), the purpose of the study was to determine the correlation of experiences of discrimination with greater generalized anxiety disorder (GAD) in a sample of 6082 diverse individuals including 61% African Americans, 24% Afro-Caribbeans, and 15% non-Hispanic Whites. The theoretical framework used is twofold. The first is based on a sociocultural model developed by Hunter and Schmidt (2010) that identifies the influence of the awareness of racism on the expression of anxiety disorders with the idea that sociocultural

factors interact with acute stressors to promote the onset of specific anxiety disorders. The second framework they utilize involves the racial battle fatigue framework developed by Smith, Allen and Danley (2007). They also compared non-race-based discrimination with race-based discrimination. Their findings report that non-race-based discrimination predicted higher GAD for all groups, but the African American group had significantly higher odds of having GAD. Implications discussed include that cultural mistrust develops in response to racial discrimination, and there can be a tendency toward under-reporting anxiety-provoking situations that are considered a normal part of their life. This theme is effectively related back to the concept of racial battle fatigue and the continuous struggles faced by having a minority status in the United States.

Institutional Discrimination. CRT must be the utilized framework for the needed dialogue against the silent force of institutional discrimination, as discussed by Howard and Navarro (2016), who reflect on the progresses made with the tool of CRT as they reference the introductory work of Gloria Ladson-Billings and Williams Tate (1995) on the application of CRT to the variable of race in the educational system. "Administrative inertia" (Yosso et al., 2009) and systemic oppression (Cabrera, 2014) support "cultural starvation," a phenomenon that was found in a study by Gonzalez (2002) where sources of student support were conceptualized as cultural nourishment. The purpose of Gonzalez's study was to identify supportive and hindering elements of campus culture for Chicano students' persistence in college. his study involved a method of describing and understanding social situations known as concept modeling, where case studies are used to identify specific concepts such as the phenomenon of cultural starvation. The two participants met the criteria of being first-generation Chicano college students from working class families, with Spanish being the primary language in their homes

and who grew up in predominantly ethnic minority communities. The results showed that these Chicano students did not feel welcome or valued on the three cultural systems of social world, physical world, and epistemological world. Further findings showed the limited sources of support, noted above as cultural nourishment, which is a means of replenishing the students "cultural sense of selves." These results clearly identify institutional discrimination.

Institutional discrimination involves inequities in the educational system that have resulted in generations of disparity in educational outcome (Howard & Navarro, 2016). Exploring this phenomenon is a means of taking focus off the victim and placing more focus on a potential perpetrator that is usually assumed innocent. Pierce (2013) argues that the results of a qualitative study by Feagin and O'Brien (2004) show an example of institutional racism. Their study found that professional White males not only denied racism, but they did not take proactive steps, whether intentional or unintentional, against discrimination (Feagin & O'Brien, 2004).

Promoting assimilation is a form of institutional racism (Villalpando, 2003). Assimilation is defined as the process by which people adopt the social and cultural traits of the nation they reside in. Formerly popular as a means to success for POC, assimilation is founded on a deficit theory (Smith et al., 2007). Smith and colleagues (2007) discuss how racism shapes institutions of higher education, especially for Black male students. Four universities were the site where focus group interviews with 36 African American males revealed strong Black misandric beliefs about Black people in the college environment in both academic and social spaces. These results are indicative of the need for institutions of higher learning to be aware of the perpetuation of racism on their campuses. Racially color-blind attitudes can present as a barrier to this acknowledgment. Hence there is a need to uncover racial color-blindness to begin a process of healing this societal disease of racism. A transformation in thinking is needed. A contemporary

view directly opposing the deficit theory is an emphasis on the cultural capital that exists in marginalized populations, as noted by Yosso (2005) in an article conceptualizing the phenomena of community cultural wealth.

An excellent argument against assimilation is presented in an analysis of a longitudinal study of Chicana/o college students by Villalpando (2003), where an assertion is made against the myth of "racial balkanization," a phenomenon indicating how POC cluster together. Villalpando frames this accusation as institutional racism and promotion of a White supremacist ideology that promotes a deficit-based view of POC in higher education.

Racial Color-Blindness. Color-blindness, identified as a racial MA in Sue's microaggressions taxonomy (Sue et al., 2007), is a social justice matter to be considered in defining CRT. In his earlier work, Sue (1977) referred to this as a deficit in cultural awareness and to the tendency to impose one's own values onto others from other cultures as cultural blindness. Racial color-blindness is defined as a social system that maintains White privilege and is a modern-day version of the more overt racism that existed in the United States before the Civil Rights Era (Bonilla-Silva, 2010). The APA Presidential Task Force (2012, p. 9) definition of racial color-blindness, cited earlier, is repeated here: a belief system where a person's appearance or group membership influences how they are perceived, evaluated, made decisions about, or formulated public policy toward. It is an ahistorical false notion that everyone in the United States has an equal opportunity to succeed. It promotes the falsity of meritocracy, a belief system that anyone who works hard will be rewarded commensurate with the effort invested. Discounting the lived experiences of marginalized people is a social justice matter that is at the heart of color-blindness, as well as the other categories of Sue's taxonomy of racial MAs (Sue et al., 2007).

Racial/White Privilege. White privilege is best defined in the seminal work of Peggy

McIntosh (1988) as she draws parallels between white privilege and her personal experiences as

a woman against the forces of male privilege. However, there is criticism against comparing

feminine oppression and racial discrimination (Sue, 2015a). Nevertheless, McIntosh's work is

considered a starting point at the development of the study of the phenomena of White privilege.

McIntosh (1988) identifies central issues surrounding the phenomena of White privilege which

include major assumptions of domination and obliviousness on the part of the White person and

a sense of invisibility experienced by the person of color. Raising awareness of the destructive

nature of these forces is needed to begin the effort of equalizing the drastic power differential

that this invisible force imposes (McIntosh, 1988). While a superficial glance might indicate that

the destructiveness is only for POC, it is sobering to note that the damages are to the majority

group as well (Sue, 2015). This is no surprise when approached from a holistic nursing angle, as

invoked by Rodgers (2005). While recognition of one's own privilege is necessary (Grillo,

1995), it indeed requires a great deal of insight that is not necessarily intuitive due to natural

egocentricity. Revealing the phenomena of White privilege can be threatening to those who

benefit from racism (Solorzano & Yosso, 2002; Sue, 2015). The goal of research surrounding

White Privilege is to advance the dialogue and not to cause further chasms between racial

differences (Carr, 2017). Qualitative research studies and other scholarly works have revealed

the ever-present current phenomena of White Privilege (Cabrera, 2014; Feagin & O'Brien,

2004).

Summary

Racial color-blindness is effectively understood through the CRT lens where race and

racism are placed at the forefront of consideration. A field such as nursing emphasizes many of

the principles within CRT, yet by ignoring the issue of race it may actually perpetuate a racially

color-blind stance.

Chapter Three: Methods

Research Design

This study identified the color-blind racial attitudes among nursing faculty and nursing students attending California Community Colleges in Southern California. A cross sectional within-subjects descriptive research design was used. Participants completed the CoBRAS (Neville et al., 2000) (Appendix C) to identify the level of their racial color-blindness. The EDS (Williams et al., 1997) was completed to control for experiences of discrimination in their level of racial color-blindness. This helped determine if the differences in CoBRAS scores were related to experiences of discrimination in order to extract more information for the first and second hypothesis. The first hypothesis was that there are higher levels of racial color-blindness in nursing faculty compared to nursing students, with a notably higher level of difference in the dimension of institutional discrimination. The second hypothesis was that levels of racial color-blindness among the racial groups differ.

The independent variable was the participant's educational level, self-reported academic performance, demographic characteristics including age, gender, race and also family characteristics including: size, composition, education level of each family member, immigration status and culture. The dependent variable was the participant's score on the CoBRAS (Neville et al., 2000). The study evaluated the differences in CoBRAS score among the diverse racial groups in this setting. The study explored how 1) demographic characteristics (age, gender, race, educational level at entry and academic performance), 2) family characteristics (size, composition, educational level, immigration status, culture) correlated with color-blind racial attitudes. Level of education is identified in order to determine if it is a variable at play in color-blind racial attitudes.

Study findings have enlightened the training needs at California Community Colleges in Southern California. While students at California Community Colleges in Southern California are diverse, the faculty are predominantly White. As an example, College of the Canyons (COC), located in Santa Clarita, a suburb of Los Angeles, and not one of the schools used in the study in this discussion, has 47% Latina/o students (COC Annual Report, 2019-2020). The City of Santa Clarita can be described as fairly conservative and is 76.4% White people (City of Santa Clarita, n.d.). However, many of the students attending COC commute in from neighboring urban areas that are more diverse, which explains the greater diversity of the student body. An additional goal for the current study was to apply and extend a CRT analysis in the field of nursing education as accomplished by Solorzano (1998) in the field of education. The study of discussion herein adds to the body of knowledge extending the application of CRT in nursing. While the discipline of nursing professes strong diversity ideals, there is a tendency toward a racially color-blind attitude which is a racial microaggression that often operates in unconscious processes (Hall & Fields, 2012). Studies have shown evidence of experiences of racial microaggressions among nursing students (Love, 2010) and in healthcare interactions (Hall & Fields, 2015).

Research Questions

The primary research questions addressed in this study were: 1) What is the level of racial color-blindness of nursing faculty and a diverse population of nursing students at community colleges in Southern California? 2) What are the differences in racial color-blind attitudes among different races? 3) Is there a relationship between academic performance and the student's level of racial color-blindness?

Specific Aims

The study's specific aims were to 1) identify the level of racial color-blindness attitudes of nursing faculty and nursing students in community colleges in Southern California; 2) analyze the differences in the level of racial color-blindness among the diverse racial groups in the study; and 3) identify the relationship between academic performance and the student's level of racial color-blindness.

Population

All seven of the colleges in this study are Hispanic Serving Institutes (Hispanic Association of Colleges and Universities, 2017) funded by Title V (United States Department of Education, 2020) with goals of promoting equity and improved outcomes. One of the goals of this grant is to have greater numbers of Latina/o and low-income students transfer to 4 year degree programs within 3 years of enrollment (United States Department of Education, 2020). The student body is diverse in the California Community Colleges in Southern California. Latina/o students are a growing population in the United States (Passel et al., 2011; Pew Research Center, 2011). This study on racial color-blindness expands the body of literature, as many other studies involving color-blindness and college students have had a majority of White study participants. In a quantitative study investigating racial color-blindness and workplace discrimination, 67% of the 387 participants were White (Offermann et al., 2014). Eighty-one percent of the 302 participants in the study involving the construction and validation of the CoBRAS (Neville et al., 2000) were White. In a qualitative study to help advance the dialogue on diversity and findings that elaborate on the intersection of racism and color-blindness, two-thirds of the 166 participants were White (Bell & Hartmann, 2007). Given that California has the largest population of Latina/os in any state (Pew, 2011), this study fills a gap in having racial

color-blindness studies on a more diverse population. California reported a 39% increase in Hispanic population, rising from 10.9 million people in 2000 to 15.2 million in 2015 (Pew Research Center, 2017). Based on data from the Bureau of Labor Statistics (2007), the minority workforce is projected to double from 18% to 37%, the Latina/o portion is to almost triple from 6% to 17%, and the White working-age population is projected to decline from 82% to 63%. Racial color-blindness is a component of racial microaggressions which are an invisible and destructive force (Sue, 2015a), making them especially insidious and with ill effects on any workforce.

Identifying variables that can lead to interventions to support the success of this growing segment of society is imperative. Additionally, 33.7% of Latina/o high school graduates in California attend California Community Colleges versus approximately 25% each of White, African American, and Asian students (Malcolm-Piquex, 2013).

Sample

The target population for this study was college students aged 18 years and over enrolled in associate degree nursing programs in Southern California and nursing faculty at the same institutions. The target population for the students is a racially diverse population of students in Southern California. Many of these students may have transferred from regions within the state of California or elsewhere to attend nursing school. The target population for the nursing faculty are nursing faculty teaching in Southern California.

Recruitment

Students and faculty were recruited by sending an email describing the study to the Southern California Community Colleges nursing program directors and assistant directors email listserv. Inclusion criteria were nursing students enrolled in an associate degree nursing program, aged 18

years and over, who could read, write and speak English. Exclusion criteria included students below the age of 18 years, and students not enrolled in an associate degree nursing program. Inclusion criteria for faculty was full time and part time nursing faculty who were recruited from the same institutions.

Setting

Community colleges are an appropriate place to access a diverse population of college students. The California Community Colleges has 114 colleges with 2.1 million students attending them, making it the largest system of higher education in the nation (California Community Colleges Chancellor's Office Home Page, January 24, 2018). These colleges offer preparation for transfer to 4-year institutions, certificate and degree programs, and workforce training (California Community Colleges Chancellor's Office, 2018). With 75 of the 112 offering nursing programs, California Community College programs train 70% of the registered nurses for the state of California (California Community Colleges Chancellor's Office, California Community Colleges Key Facts, January 24, 2018). Hence, this setting served as an abundant source of nursing faculty who are training the greater majority of the nurses in California.

This academic institution provided a convenient place to initiate the research trajectory of a novice nurse researcher. It is acknowledged that students attending college represent a segment of society with more privilege compared to more vulnerable segments who do not have this opportunity. This starting point can offer beneficial experience that can help this researcher delve into other more vulnerable segments of society in future research projects. Participants were recruited and screened for entry into the study. Those who agreed to participate and met the screening criteria completed an online consent form. A copy of the consent form was provided to

the participant, along with contact information on the study investigators and the Institutional

Review Board (IRB) staff. For maximum efficiency in administering the survey, everything

needed, including the Study Information Sheet, the Consent Form and both the CoBRAS and

EDS were included on the Survey Monkey link sent to each participant.

Ethics

An application was made to the UCLA IRB and the IRB of the Community Colleges in

Southern California with associate degree nursing programs to seek approval for this study. The

required training was completed for both institutions by the Primary Investigator (PI) for this

study. The UCLA Office of the Human Research Protection Program (2017) oversees research

done in the School of Nursing at UCLA that involves studies about epidemiology, health

outcomes, health services, and human attitudes, behaviors and beliefs. Monetary compensation

was not offered to participants in the study. Participants recruited into the study were informed of

the protection of their privacy. Participant names were not collected.

Procedures

Screening Procedure

An information sheet was provided to the study participants (see Appendix A) with

details about the study, including an informed consent form delineating the risks and benefits of

participation upon enrollment in the study. The information sheet was delivered to the

participants electronically and participants were encouraged to address any questions that arose

to the PI who would make note of the questions and respond accordingly.

Research Risks and Benefits

The potential risks to participants included loss of time while they participated in the

study which was approximately a half hour. Time was used efficiently to minimize time loss to

participants. Student participants were informed that their willingness to participate or not

participate would not affect their current or future relationship with the nursing program they

attend. It was planned that in the event that participants expressed any concern during the study,

referrals would be made to the mental health counselor at the community college student health

center or the employee assistance program provided to all faculty at the college, as needed. No

such concerns were expressed and there were no referrals made.

The study information sheet informed students of the potential benefits of this study. It

was explained to them that data from the study can contribute to understanding whether there is a

need for teaching theoretical ideals from Sue's microaggression framework (Sue et al., 2007) in

nursing education and practice. Furthermore, it was explained to participants that results of this

study further helped educational institutions understand the need for teaching, the need for policy

analysis, and the allocation of resources as a response to California Community Colleges funding

for equity plans to address disparities (California Community Colleges Chancellor's Office,

March 11, 2014). This study provides concrete results to establish the need to prioritize

addressing issues at the root of these disparities.

Consent Procedures

The UCLA IRB participants allowed an implied consent by providing a waiver for signed

consents. The Consent was included along with the Study Information Sheet in the link the

participants received for completing the survey. Printed documents, if any, from the study would

be secured in a locked file in the UCLA research office. No printed documents were needed.

Participants were told that their participation was voluntary and that they did not have to answer

any question that they did not want to, and that they could withdraw from the study at any time

they wished.

Data Collection

Enrollment

Program directors forwarded the study to the faculty and students in their nursing program. The PI provided an electronic link that included the Study Information Sheet, the Consent, and the survey. As participants read through the information, their proceeding with the survey implied their participation, as approved by the UCLA BRN. Collection of demographic data and survey responses began immediately, as participants entered their responses into the Survey Monkey (2020) link which is a password-secured online survey program. The CoBRAS (Neville et al., 2000) and EDS (Williams et al., 1997) respectively, comprised the survey portion noted here. This took approximately 30 minutes. Everything was done electronically.

Demographic Questionnaire

The demographic questionnaire contains 17 questions (see Appendix B). Race was assessed as a self-report measure in that participants were able to check one of the race categories as identified in the Health Center Data Tables published by the Health Resources and Services Administration. (2018). Participants self-identified as either Hispanic/Latina/o or Non-Hispanic/Latina/o in the following categories: Asian, Native Hawaiian, Other Pacific Islander, Total Native Hawaiian/Other Pacific Islander, Black/African American, American Indian/Alaska Native, White, more than one race, unreported/refused to report race. As part of the demographic data, the following questions were also asked: income level, marital status, language usually spoken at home, country of birth. If born outside of the United States, participants were asked what country they were born in and at what age they arrived in the United States. Further questions included the number of years spent in the United States. The sample was given the opportunity to write any open ended comments regarding the study, with a word limit of 200

words. These were reviewed. Most of the comments showed support for the study and some

expressed an interest in learning about the results.

Operational Definitions

People of Color

People of Color (POC) has become a commonly used term among lead scholars in the

field of racial microaggressions. A few of these scholars include Columbia University's Derald

Wing Sue, UCLA's Danny Solorzano, and lead CRT scholars, Richard Delgado and Jean

Stefancic. The term is capitalized to emphasize a move toward social and racial justice, as

described by Huber and colleagues (2006). These authors also describe their intentional

capitalization of the term as a means of rejecting standard grammatical norms and empowering

this group (Huber et al., 2006). The operational definition for POC uses the demographic data

collected. POC encompass all individuals who mark any of the categories other than White or

All Other Races, more than one race, unreported/refused to report race.

Color-Blind Racial Attitudes

Color-blind racial attitudes encompass the belief that race has little social meaning

(Warikoo & de Novais, 2015). It is a belief that race does not and should not matter (Neville et

al., 2000). Individuals with this attitude often cite equal rights legislation, the decrease in overt

racist attitudes, and the prosperity of many Black Americans as a reason to justify their attitude

that race no longer matters and that racial identities should be ignored (Warikoo & de Novais,

2015). It is based on an idealistic frame of mind where everyone is treated equally, with fairness,

and without discrimination (Offerman et al., 2014). In their research on color-blindness and

perceptions of subtle discrimination in the workplace, Offerman and colleagues (2014) found

that individuals with increased color-blind worldviews have less likelihood of perceiving racial

microaggressions. This implies that color-blindness is a potential barrier to advancing workplace equality and fairness.

Racism

Racism is defined well in *Racism Without Racists (*Bonilla-Silva, 2010), by describing the morphology of racism from the overt forms that existed in the pre-civil rights era to the more insidious manifestations that have infected society in a troubling way. Scholars suggest that the problem of racism has gotten worse in contemporary America in that there is an "artificial image of progress" that is cast via color-blind lenses that mask the overt forms of racism that were easily recognized in the pre-civil rights era (Bonilla-Silva, 2010; Sue, 2015a). The difficulty in defining racism is that it has a different meaning for Whites, in that they view it as prejudice, while POC view it as a systemic or institutionalized problem (Bonilla-Silva, 2010). Modern racism is subtle, institutional, appears nonracial and blind to any perception of color by professing the ideals of Dr. Martin Luther King, Jr. where "people are judged by the content of their character, not by the color of their skin" (Bonilla-Silva, 2010).

Instruments

The Color-Blind Racial Attitudes Scale (Neville et al., 2000) and the Everyday Discrimination Scale (Williams et al., 1997) were the instruments used for this study.

Instrument: Color-Blind Racial Attitudes Scale

The CoBRAS was founded on research surrounding the phenomena of racial color-blindness conducted by lead scholars in the field. One of these scholars is Harvard-trained social psychologist J. W. Schofield, an educator and researcher at the University of Pittsburgh in the 1970s through the year 2000 (Neville et al., 2000). Schofield's qualitative research on racial attitudes in a recently desegregated school involved an ethnographic methodology where she

operationalized the definition of racial color-blind attitudes (Neville et al., 2000). This definition

is that the way people are treated is irrelevant of their racial or ethnic membership (Schofield,

1986). The other theoretical source for development of the CoBRAS is Ruth Frankenberg,

pioneer in the field of Whiteness studies and author of *The Social Construction of Whiteness:*

White Women, Race Matters published in 1993 (Haraway, 2007).

The CoBRAS was developed through a process involving five studies and more than

1,100 observations (Neville et al., 2000). The 20-item scale encompasses three cognitive

dimensions, noted throughout this study as the following subscales: Unawareness of Racial

Privilege, Institutional Discrimination, and Blatant Racial Issues. Qualitative feedback from

experts in race-ethnic studies was used to ensure content validity for the items on the CoBRAS

tool. Some of the questions were reworded or thrown out, based on their feedback. An important

outcome of their findings includes that color-blind racial attitudes were sensitive to diversity

training. Findings also demonstrated that increased racial color-blindness is associated with

increased levels of racial prejudice and belief in a just and fair society (Neville et al., 2000).

Table 2 below shows how these dimensions line up with CRT and concepts within those

identified by lead racial color-blindness theorists, Derald Wing-Sue (2015a), who developed the

Racial Microaggressions (RMAs) Taxonomy, and Eduardo Bonilla-Silva (2010) who elaborately

expounded on racial color-blindness.

Higher scores on the CoBRAS indicate higher levels of color-blind racial attitudes and an

unawareness of the influence that race has on social justice matters, as well as the belief that

merit and hard work alone result in a person's life status without influence from any

discrimination, or bias toward their racial classification (Su & Behar-Horenstein, 2017). The

CoBRAS scale has 6 Likert style items on it ranging from 1=strongly disagree to 6=strongly

Table 2

CRT Conceptual Framework

RMA Taxonomy's 9 Categories*:	alien in one's own land	ascription of intelligence	Color-blind-ness	criminality/ assumption of criminal status	denial of individual racism	myth of meritocracy	pathologizing cultural values/ communication styles	second-class status	Environ-mental invalid-dation
	⇩	⇩			⇩	⇩			
Color-blind Ideology's 4 Frames	Natural-ization	Cultural Racism			Minim-ization	1.Abstract Liberalism 2. Institu-tional Discrim-ination	1. Cultural Racism 2. Minim-ization		Minim-ization

⇩ ⇩ ⇩ ⇩ ⇩

CoBRAS Instrument

CoBRAS*** 3 Dimensions	Racial Privilege	Blatant Racial Issues			Institutio-nal Discrimin-ization	Institu-tional Discrim-ination	Blatant Racial Issues		Blatant Racial Issues

*Sue (2015a)
**Bonilla-Silva (2010)
***Neville et al., (2000)

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agree (Neville et al., 2000). To avoid response bias, 10 of the 20 items are worded in a negative direction (Neville et al., 2000).

In the first of the five studies published collectively in Neville and colleagues (2000), the purpose was to determine the factor structure and initial reliability estimates of the CoBRAS. The results showed a multidimensionality of the CoBRAS, as had been predicted by the authors. The 20-item instrument has three dimensions that are comprised of Unawareness of Racial Privilege and Institutional Discrimination (7 items each), and Blatant Racial Issues (6 items). In the second of the five studies Neville and colleagues (2000) found further support for the three-factor structure from the first study and also determined further validity of the CoBRAS. Using the Global Belief in a Just World scale (Lipkus, 1991), as well as the sociopolitical subscale of the Multidimensional Belief in a Just World Scale (Furnham & Proctor, 1988), Neville and colleagues (2000) wanted to test the hypothesis that belief in a just world would correlate with higher rates of color-blindness and would not be related to social desirability. The concern with social desirability in survey responses is that true responses may be abridged, held back, or withheld due to individuals feeling it is not socially desirable to hold the given view (Drakulich, 2015). Racial color-blindness and belief in a just world contain levels of ignorance and unawareness as well as a "blame the victim" approach (Neville et al., 2000). This was identified in Chapter One in the description of cultural racism, Bonilla-Silva's (2010) third frame of racial color-blindness.

A qualitative research study in Australia, examining racist views in online discussions, has shown that the approach of blaming the victim results in moral disengagement (Faulkner & Bliuc, 2016). Faulkner and Bliuc describe moral disengagement as a process of making harmful

behavior including minimization and dehumanization seem moral or acceptable which occurs as a process of avoiding distress, self-condemnation, and social sanctions.

In the third of the five studies, Neville and colleagues (2000) determined the test-retest reliability and reported that the CoBRAS was stable over time. The fourth study found further content validity of the CoBRAS versus other measures of racial attitudes. The major finding in this study was that overall, the intervention involving a multicultural training proved effective in reducing CoBRAS scores in all dimensions except racial privilege. The fifth study found that diversity training interventions do have an effect in reducing color-blind racial attitudes. Overall, as predicted, higher scores on the CoBRAS correlated to increased racial prejudice and a belief that society is just and fair. Overall, the majority of the participants in the studies were White, with the exception of study five where only 3 of the 21 participants were White. The current study has indeed offered a more diverse pool of participants.

Use of CoBRAS in Empirical Studies. The CoBRAS has been used in at least two other studies by Helen Neville, the lead researcher on the team who developed the CoBRAS (Neville et al., 2000). The first to be discussed here is by Neville, Spanierman and Doan (2006), where in a sample of 79 psychology students and mental health workers those with higher color-blind racial attitudes, as measured by the CoBRAS, had lower self-reported multicultural counseling competency. Results included control for the self-reported multicultural training the participants had, as well as control of social desirability and race. A second part of the study involved 51 participants where a correlation was found between higher color-blind racial ideology relating to lower ability to make cultural case conceptualizations including control for the number of multicultural courses taken.

The next study to be reviewed is another one by Neville and other colleagues (2014) in their quantitative research identifying the changes in color-blind racial ideology, as measured by a shortened 14-item version of the CoBRAS, called the CoBRAS Short Form, among 857 White students during their 4-year college experience. A critique of their use of this shortened version of the CoBRAS is that the citation is from an unpublished manuscript, as noted in the article, and a published source citing the CoBRAS Short-Form cannot be found. Their positionality in choosing this population was based on the fact that White people generally have higher levels of color-blind racial ideology than POC. They used the following three variables as predictors of change in color-blind racial ideology: gender, diversity attitudes, and diversity experiences. While their findings can be considered fairly intuitive and not surprising, they are helpful in advancing the field of knowledge related to racial color-blindness. Their major findings were that individuals who were predisposed to having attitudes more open to diversity when they started college, reported color-blind racial ideologies that were lower. The researchers had a particular interest, as well, in determining the role of gender as a variable, based on the prior research they cited, indicating overall that females have lower color-blind racial ideologies. Their study found that females had a greater decrease in CBRI, for which various reasons are hypothesized. The authors accurately predicted that color-blind racial ideologies would decrease with more college diversity experiences.

Another finding was that color-blind racial ideology decreased as students had more close Black friends (Neville et al., 2014). An unexpected result involved the fact that students without Latina/o friends had a significantly lower level of color-blind racial ideology than those with close Latina/o friends. Reasons for this would be worthy of exploration. A potential research question could be comparing color-blind racial ideologies among different races and exploring

the reasons for differences. Another critique of this research is that it does not cite Derald Wing Sue, a lead researcher in the field of racial microaggressions and racial color-blindness.

The CoBRAS was also used in a study finding that perceptions of general campus climate and racial-ethnic campus climate in 144 undergraduate, graduate, and professional students at a predominantly White university were more positive in individuals with higher levels of color-blind racial attitudes and social dominance orientation (Worthington et al., 2008). Forty-four percent of the participants were White, and the study included control for racial-ethnic minority status. The results of this study raise important equity issues. Policy makers and college administrators need to be aware of these results and promote strategies that can help improve campus climate for all students, as the student body becomes increasingly diverse. Hence, these results support strategies to increase awareness of racial microaggressions and the detriments of racial color-blind attitudes, as found in the study reported herein.

A quantitative study utilizing the CoBRAS among 387 undergraduate students, 67% of whom were White, found an increased racial color-blind worldview associated with a lower likelihood in perceiving microaggressions in the workplace (Offermann et al., 2014). The methodology involved participants' evaluating vignettes involving a White supervisor toward a Black employee with varying forms of workplace microaggressions ranging from overt to subtle. Participants were to classify the infraction using the microaggressions theoretical framework in which microaggressions are classified into three levels of explicitness: microinvalidations, microinsults, and microassaults. The implication of their results is that racial color-blindness is a potential barrier to advancing workplace equality and fairness. Racial group membership fully mediated observer views on Institutional Discrimination, which is one of the three dimensions of the CoBRAS (Offerman et al., 2014). Racial group membership and the perceptions of

workplace microaggressions were found to be partially mediated by Blatant Racial Issues. Racio-ethnic minorities were found to be less color-blind than Whites on the dimensions of Institutional Discrimination and Blatant Racial Issues of the racial color-blindness scale but the difference was not of statistical significance for the Unawareness of Racial Privilege dimension.

Further support for using the CoBRAS in the current study is offered in a concordance study analyzing several instruments including the CoBRAS which showed that this instrument contributed to assessing cultural competence among dental students and faculty (Behar-Horenstein & Garvan, 2016). This analysis was extended to a quantitative study using the CoBRAS to examine color-blind racial beliefs among 235 dental students and 77 faculty, 60.9% of whom were classified as non-underrepresented minorities (Su & Behar-Horenstein, 2017). Overall, their results suggest the need for more faculty professional development on racial bias . While White students were less aware of the existence of White racial privilege than White faculty, it is very noteworthy and somewhat alarming that White faculty were less aware of institutional racism than students. Also alarming are the results that underrepresented minority faculty scored higher on levels of Institutional Discrimination, yet are more aware of racial privilege compared to students of color. Not surprising and similar to other studies, the results showed that the levels of color-blindness among underrepresented minorities was lower. This gap is an indicator for the need to raise awareness among majority non-minority groups. Another result that is similar to other studies is that males demonstrate more endorsement for Institutional Discrimination and Blatant Racial Issues than females do, indicating females have a greater sensitivity to racism. Su and Behar-Horenstein (2017) conclude that there is a need for more extensive training in color-consciousness and the understanding of privileges and biases among dental faculty. A critique of their research is that they do not make any reference to the extensive

work of Derald Wing Sue on the topic of racial microaggressions and his work on the importance of race talk as he discusses extensively in his book titled *Race Talk: The Conspiracy of Silence* (Sue, 2015a).

The empirical studies analyzed above have demonstrated the validity and reliability of the CoBRAS tool making it evident that it is a good instrument to be used in future empirical studies among college students in the healthcare field, such as that discussed in the study herein.

Instrument: Everyday Discrimination Scale

The Everyday Discrimination Scale (EDS) (Appendix D), a nine item survey used to identify daily experiences/perceptions of discrimination (Williams et al., 1997), was used to control for the impact that the confounding variable, the individual's experiences with everyday discrimination, has on their level of racial color-blindness. This tool has an internal reliability of 0.74 and a test-retest reliability of 0.70 (Krieger et al., 2005). The construct validity of this tool was shown in Taylor, Kamarck and Shiffman (2004).

Use of the EDS in Empirical Studies. Empirical studies have effectively used the EDS (Williams et al., 1997). Numerous studies have found an association between discrimination and health measures. Ong and Williams (2019) found compromised sleep and physiological functioning as a consequence of experiences of discrimination among POC and other marginalized groups. Ong and colleagues (2017) found that everyday unfair treatment was associated with higher allostatic load in African American adults. A review by Lewis and colleagues (2014) cites numerous studies using the EDS showing associations between experiences of discrimination and risks for cardiovascular disease. Studies have shown that smoking, a risk for cardiovascular disease, has been associated with experiences of discrimination (Krieger et al., 2011; Lorenzo-Blanco et al, 2011; Lorenzo-Blanco et al., 2012).

Sleep disturbance is also identified as a risk for cardiovascular disease and has been found to be associated with experiences of discrimination as found in studies by Beatty and colleagues (2011) and Lewis and colleagues (2013). The cardiovascular risk of hypertension has also been associated with experiences of discrimination using the EDS (Chae et al., 2012; Klimentidis et al., 2012; Sims et al., 2012). A study by Gregoski and colleagues (2013) found decreases in nocturnal diastolic blood pressure associated with everyday discrimination using the EDS. A measure of inflammation, C-reactive protein, which is also a marker for cardiovascular risk, was found to have conditional association with experiences of discrimination using the EDS (Cunningham, et al., 2012). Some studies (Hickson et al., 2012; & Lewis et al., 2011) found increased subcutaneous and visceral fat was associated with discrimination using the EDS; however, another study (Subramanyam et al., 2012) found no association.

Gonzales and colleagues (2016) tested the effectiveness of the EDS in a population of 3,039 American Indians and Alaska Natives from a wide variety of tribes and locations. In Colen and colleagues (2018), the EDS was used in the findings of the role of acute and chronic discrimination that showed the existence of racial disparities in health among nonpoor African Americans and Hispanics. In this study, higher education levels and socioeconomic status did not correlate with improved health for African Americans, in particular (Colen et al., 2018). Using a modified version of the EDS, Allen and colleagues (2019) found adverse physiologic outcomes predicted by racial discrimination. However, in their study, educational attainment was a protective factor (Allen et al., 2019) unlike that found in Colen and colleagues (2018). Similar negative correlations were found, using the EDS, between experiences of discrimination among women and metabolic syndrome with a disproportionately greater incidence in Black, Hispanic, and Japanese women as compared to White women (Moody et al., 2018).

Data Management

  Managing the data for this study involved the process of collecting and storing the data electronically and ensuring participant anonymity. Some community colleges in Southern California are composed of a higher percentage of African American students, while others have a high percentage of Latina/o students. In order to maintain confidentiality and anonymity, names of the individual colleges were removed and the data collected were merged to yield a single data set containing all colleges. Demographic data, the CoBRAS (Neville et al., 2000) survey and the EDS (Williams et al., 1997) were collected online via Survey Monkey (2020). The demographic questionnaire and survey were completed online. There were no paper questionnaires.

Confidentiality

  The online Survey Monkey results were secured using server authentication via username and password as well as data encryption (Survey Monkey Security Statement, 2020). Information collected electronically was saved in a password-protected computer, accessible only by the PI. Electronic correspondence was encrypted to ensure privacy with data to be saved for 5 years after the study was completed. At that time, data will be deleted.

Data Analyses

  Quantitative data were collected in Survey Monkey (2020) and transferred to Statistical Package for the Social Sciences (SPSS) (Nie et al., 1975) for statistical analysis. The objective was to identify the level of color-blind racial attitudes in faculty and students. Further analysis involved comparing the differences in color-blind racial attitudes among the various racial groups and noting if these results match other studies.

The minimum sample size needed for this study was 64 students and 64 faculty. This was determined using a moderate effect size of 0.5 with alpha =.05 and power of .8. Chi square analysis, and comparison of means in SPSS (Nie et al., 1975) identified the differences in CoBRAS in all of the demographic data collected. Linear regression of the demographic data and results of the EDS on the CoBRAS were done to determine associations. CoBRAS results were reported as frequencies, means, and ranges, compared to other studies' reports of color-blind racial attitudes among different racial groups through means and standard deviations. The sample size proved adequate for statistical analysis to show relevant and meaningful findings.

Rigor

The rigor of this study was strengthened by the fact that the study participants themselves served as their own control. Further support for the rigor of this study is that the CoBRAS (Neville et al., 2000) tool has shown a high level of internal consistency with Cronbach alpha ranging from 0.7 (Blatant Racial Issues) to 0.86 for the total CoBRAS scale (Neville et al., 2000). The CoBRAS also demonstrated a 2-week test-retest reliability at an acceptable level with alpha coefficients ranging from 0.34 for Blatant Racial Issues to 0.8 for Racial Privilege (Neville et al., 2000).

Chapter Four: Results

Methodology for Data Analysis

The sample for this study included 65 faculty and 109 students. Approximately 32 program directors at associate degree nursing schools across Southern California, all part of the California Community College network, were emailed asking if they would agree to have their students and faculty participate in this study. Of those, seven schools, (22%) agreed to participate. Each school has about 150 students and about 14 full time faculty. The response rates for students and faculty were approximately 31% and 66%, respectively.

The 20-item CoBRAS has the following three subcategories: Unawareness of Racial Privilege, Institutional Discrimination, and Blatant Racial Issues. In the analysis of the data the subcategories of Unawareness of Racial Privilege, Institutional Discrimination, and Blatant Racial Issues, CoBRAS survey items were collapsed using a Multiple Response set in the Statistical Package for the Social Sciences (SPSS) (Nie et al., 1975). A Chi-Square Test of Independence was performed on the three subcategories to examine possible associations between nursing faculty and students, race, and GPA. GPA was collapsed into 3.0 or higher and 3.0 or lower. The current study sought preliminary knowledge related to racial color-blindness, a phenomenon not studied in this population, hence the six-point Likert Scale variables on the CoBRAS were collapsed into two variables of agree and disagree with racially color-blind attitudes. Race was collapsed into three variables of White, Black/African American, and "All Other Races" to bring recognition to the 10 African American faculty members of the 65 faculty in the study. To reiterate for clarity, whenever "All Other Races" is noted it means all other races not including Latinas/os and Black/African American.

To control for experiences of discrimination in their level of racial color-blindness, a linear regression was performed on the three CoBRAS subscales and the Everyday Discrimination Scale. Results of a linear regression indicated that scores on the Everyday Discrimination Scale did not significantly predict any of the three sub-concepts of the COBRAS: Unawareness of Racial Privilege, ($F_{(9,142)}$=1.088, p=.375, R^2=.065), Institutional Discrimination, ($F_{(9,143)}$=1.672, p=.101, R^2=.095), and Blatant Racial Issues, ($F_{(9,144)}$=1.844, p=.065, R^2=.103).

Demographics

For the combined population of students and faculty who reported their age, the range was from 20 to 78 years old with a mean age of 37 and median age 33. Disaggregating age data, nursing faculty ages ranged from 27 to 78 years, with a mean age of 53 and median age of 51. Nursing students ranged from 20 to 51 years of age, with a mean age 29 and a median age of 29. Gender of the combined population of students and faculty 146 (84%) respondents indicated female, while 28 (16%) respondents indicated male. Disaggregating the data on gender, 59 (90%) respondents indicated female and 6 (10%) indicated male for nursing faculty. For nursing students, 87 (80%) indicated female, while 22 (20%) indicated male. For the gender variable there were no statistically significant differences on any of the CoBRAS subscales.

All of the students in the study chose to report their race. (Table 3). Less than 10 faculty chose to not state their race. Of the nursing students, 49 (45%) indicated Latina/o, while less than 10 nursing faculty indicated this. Thirty (28%) nursing students and 34 (52%) nursing faculty indicated White. Twenty (18%) nursing students indicated Asian, while less than 10 nursing faculty indicated this. In addition, 15 (14%) nursing students and 10 (15%) nursing faculty indicated Black/African American. Percentages may not equal 100% because respondents can be

in more than one category. Throughout all the tables, for responses where there are less than 10 participants, specific numbers are not noted to make them less identifiable, thereby protecting their identities. Results were of high value, as other studies (Neville et al., 2000; Su & Behar-Horenstein, 2017) using CoBRAS have been done on a predominantly White population. Given this study was done in Southern California, as expected, the sample was much more diverse. Su and Behar-Horenstein (2017) had 60.9%, n=235, of the study participants as non-underrepresented minorities. Neville and colleagues (2000) had 81%, n=302, White participants. Offerman and colleagues (2014) had 67% (n=387) White participants; Bell and Hartman (2007) had 66.6% (n=166) White participants.

Table 3

Race: Nursing Students and Faculty

	Students (N)	Students (%)	Faculty (N)	Faculty (%)
Black/African American	15	14%	10	15%
Hispanic/Latina/o	49	45%	<10	<10
Non-Hispanic/Latina/o	0	0%	<10	<10
Asian	20	18%	<10	<10
American Indian	<10	<10	<10	<10
Native Hawaiian	<10	<10	0	0%
Do Not Wish to Respond	0	0%	<10	<10

Note. N and % of students and faculty by race.

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As noted earlier, all seven of the colleges in the current study are Hispanic Serving

Institutes (Hispanic Association of Colleges and Universities, 2017). To ensure recognition of

the large Hispanic/Latina/o segment of the students in the study (45%, N=49), the race categories

were collapsed into the following 4 categories: Latina/o/Hispanic, White, Black/African

American and All Other Races. To examine this diverse student population, a Chi-Square test

was performed on Latina/o, White, and Black/Afrian American students to see if there were any

differences in regards to the three subscales. (Table 4). Significant differences were found for

Unawareness of Racial Privilege, X^2 (18, N=94) = 31.501, p=.025, and Institutional

Discrimination, X^2 (24, N=94) = 45.262, p=.005. No significant findings were found for Blatant

Racial Issues.

Table 4

Chi Square Results for CoBRAS Subscales by Student's Race at p<.05

	URP	ID	BRI
Latina/o Students			
White Students	X^2 (18, N=94) = 31.501, p=.025	X^2 (24, N=94) = 45.262, p=.005	X^2 (15, N=94) = 13.8892, p=.534
Black Students			
All Other Students			

Note. Chi-Square test performed on Latina/o, White, and Black students to determine if there

were any differences in regards to the three subscales. Differences with p<.05 are noted for

Unawareness of Racial Privilege (URP) and Institutional Discrimination (ID) subscales of the

CoBRAS but not for Blatant Racial Issues (BRI).

To further examine the statistically significant finding for Latina/o, White, Black, and

"All Other" students on the three subscales, means and standard deviations were analyzed.

(Table 5). Results indicated that Latina/o students had a higher mean on the Unawareness of

Racial Privilege subscale compared to the other student groups (M=2.81, 2.46, 2.23, and 2.67

respectively). In addition, "All Other" students had a higher mean compared to the other student

groups (M=2.85, 1.79, 2.77, and 2.00 respectively).

A Chi-Square test of independence was performed to examine differences between

nursing students and faculty on the three CoBRAS subscales (Unawareness of Racial Privilege,

Institutional Discrimination, and Blatant Racial Issues). (Table 6). Results indicated that there is

a statistically significant difference between nursing faculty and students in regards to

Institutional Discrimination, X^2 (8, N=174) = 35.198, p=.000, and Unawareness of Racial

Privilege, X^2 (6, N=174) = 21.99, p=.001. Chi-Square test of independence was performed on

each subscale to further examine differences in race (White, Black, and All Other Races)

between nursing students and faculty. As noted earlier, the decision to categorize race into these

three categories, versus a binary approach of White and non-White, was done to bring

recognition to the 10 African American faculty members in the sample. Significant differences

were found on the racial color-blindness sub-concept of Institutional Discrimination between

"All Other Races" nursing faculty and students, X^2 (8, N=174) = 15.938, p=.043 and for White

nursing faculty and students, X^2 (8, N=174) = 17.145, p=.029. Significant differences were also

found on Blatant Racial Issues for All Other Races nursing faculty and students, X^2 (6, N=174) =

15.197, p=.019. Significant differences were not found for Blatant Racial Issues between White

Table 5

Means and Standard Deviations of CoBRAS Subscales by Race

_____

	URP	ID	BRI
	Mean (SD)	Mean (SD)	Mean (SD)
Latina/o Students	2.81 (1.32)	1.79 (1.72)	1.06 (1.17)
White Students	2.46 (1.33)	2.77 (2.01)	1.04 (1.50)
Black Students	2.23 (1.23)	2.00 (1.36)	1.00 (1.33)
All Other Students	2.67 (1.15)	2.85 (1.86)	1.08 (1.12)

_____

Note. Latina/o students and the category "All Other" races had a higher mean on the Unawareness of Racial Privilege subscale compared to the other categories (Black/African American Students and White students).

nursing students and faculty, X^2 (5, N=174) = 3.226, p=.665, Unaware of Racial Privilege between non-White nursing faculty and students, X^2 (6, N=174) = 8.162, p=.226) and Blatant Racial Issues between All Other Races nursing faculty and students, X^2 (5, N=174) = 2.272, p=.810.

In the comparison of means (Table 7), all of the students in this sample were more Unaware of Racial Privilege as compared to faculty. To rephrase this for clarity, faculty in the sample were more aware of their racial privilege than the students in the sample. However, when comparing means for the significant associations in regards to race by student or faculty respondents, faculty who indicated they were White had a higher mean for Unawareness of Racial Privilege compared to White students (M=2.68 and 2.56, respectively). Similarly, the findings for the comparison of means of the subcategory of Institutional Discrimination showed that White faculty were more color-blind than White students (M=4.0 and M=2.89, respectively). Likewise, For the domain of Institutional Discrimination, faculty who indicated All Other Races also had a higher mean than All Other Races students (M=1.29 and M=1.15, respectively), suggesting more racial color-blindness in regards to Institutional Discrimination.

For those who indicated the country in which they were born, the majority of nursing students and faculty were born in the United States (67 and 65 percent, respectively). The majority of nursing student respondents indicated that their first language was English (58 percent), and the majority also indicated that English the language spoken at home (73 percent). Results were similar, but higher, for nursing faculty (86 percent and 91 percent, respectively). (Table 8).

In regards to GPA (above 3.0 vs. below 3.0), a Chi-Square test of independence was performed to examine differences with respect to the three subscales of racial color-blindness (Table 7). Results indicated a significant difference for Unawareness of Racial Privilege, X^2 (12, N=174) = 27.534, p=.006, and Institutional Discrimination, X^2 (16, N=174) = 40.477, p=.001. A significant difference was not found for Blatant Racial Issues, X^2 (10, N=174) = 7.868, p=.642. (Table 6).

Table 6

Chi-Square Results for Color-Blind Racial Attitudes Scale at p<.05

	URP	ID	BRI
Faculty Students	X^2 (6, N=174) = 21.99, p=.001	X^2 (8, N=174) = 35.198, p=.000	X^2 (5, N=174) = 2.851, p=.723
GPA			
3.0 or Higher 3.0 or Lower	X^2 (12, N=174) = 27.534, p=.006	X^2 (16, N=174) = 40.477, p=.001	X^2 (10, N=174) = 7.868, p=.642
Race			
Faculty (Black) Student (Black)	X^2 (5, N=174) = 5.766, p=.330	X^2 (7, N=174) = 4.300, p=.745	X^2 (6, N=174) = 5.927, p=.431
Faculty (White) Student (White)	X^2 (5, N=174) = 3.226, p=.665	X^2 (8, N=174) = 17.145, p=.029	X^2 (6, N=174) = 8.162, p=.226
Faculty (All Other) Student (All Other)	X^2 (5, N=174) = 2.753, p=.738	X^2 (8, N=174) = 15.938, p=.043	X^2 (6, N=174) = 15.197, p=.019

Note. URP=Unawareness of Racial Privilege, ID=Institutional Discrimination, BRI=Blatant Racial Issues. URP, ID and BRI are the sub-concepts in the COBRAS survey used in the present study.

Table 7

Means and Standard Deviations of CoBRAS Subscales Scores

	URP	ID	BRI
	Mean (SD)	Mean (SD)	Mean (SD)
Student	3.07 (1.33)	2.51 (1.82)	1.13 (1.25)
Faculty	2.68 (1.21)	2.01 (2.08)	1.24 (1.12)
GPA			
3.0 or higher	2.96 (1.34)	2.56 (1.83)	1.15 (1.31)
3.0 or less	3.59 (1.18)	2.41 (1.87)	1.06 (0.94)
Race			
Student (Black)	2.64 (1.29)	2.36 (1.36)	1.18 (1.33)
Faculty (Black)	2.14 (1.21)	1.57 (1.90)	.86 (.69)
Student (White)	2.56 (1.33)	2.88 (2.01)	1.08 (1.50)
Faculty (White)	2.68 (1.25)	4.00 (1.96)	1.16 (1.18)
Student (All Other Races)	3.36 (1.23)	2.38 (1.81)	1.14 (1.15)
Faculty (All Other Races)	2.81 (1.78)	2.81 (1.94)	1.41 (1.15)

Table 8

First Language and Language Spoken at Home: Nursing Students and Faculty

	First Language (Student)		First Language (Faculty)		Language Spoken at Home (Students)		Language Spoken at Home (Faculty)	
	N	%	N	%	N	%	N	%
English	61	58%	53	86%	77	73%	59	91%
Spanish	27	26%	<10	<10	12	11%	0	0%
Other	17	16%	<10	<10	17	16%	<10	<10

Furthermore, comparing means for the Chi-Square significant associations of the Unawareness of Racial Privilege in regards to GPA, respondents who indicated that their GPA was lower than 3.0 had a higher mean compared to those who indicated it was 3.0 or higher (M=3.59 and M=2.96, respectively), suggesting more racial color-blindness in the Unawareness of Racial Privilege domain. Students who indicated that they had a GPA higher than 3.0 had higher means on the subscale of Institutional Discrimination than those who indicated it was lower than 3.0 (M=2.56 and M=2.41), This indicates they had higher racial color-blindness in the domain of Institutional Discrimination. (Table 7).

To control for experiences of discrimination in their level of racial color-blindness, a linear regression was performed on the three CoBRAS subscales and the Everyday Discrimination Index. Results of a linear regression indicated that scores on the Every Day Discrimination Scale did not significantly predict Unawareness of Racial Privilege,

$(F(9,142)=1.088, p=.375, R^2=.065)$, Institutional Discrimination, $(F(9,143)=1.672, p=.101,$

$R^2=.095)$, and Blatant Racial Issues, $(F(9,143)=1.844, p=.065, R^2=.103)$.

Chapter Five: Discussion

Faculty's and Students' Racial Color-Blindness

This study investigated color-blind racial attitudes in nursing students and nursing faculty in a sample of California Community Colleges across Southern California using the CoBRAS which has three subconcepts comprised of Unawareness of Racial Privilege, Institutional Discrimination, and Blatant Racial Issues. In the current study nursing faculty of all races except African American/Black had higher racial color-blindness than students on all three subscales of the CoBRAS. This signals the need for very proactive measures in relation to staff and faculty development on systemic issues that contribute to Institutional Discrimination. Unawareness of Racial Privilege makes a faculty member deficient in their ability to speak on the social determinants of health which have been identified by the World Health Organization to be "killing on a grand scale" (Donkin et al., 2018). While this is a global finding, the fact that infant mortality in the United States has been linked to structural racism (Wallace et al., 2017) is a symptom of the disease of racism is embedded in the fabric of this country's history. The social consciousness of more Americans is increasing, as evidenced by greater support for the Black Lives Matter movement shortly after the George Floyd Murder in 2020 (Cohn & Quealy, 2020). And yet, a difference in color-blind racial attitudes on the subscale of Blatant Racial Issues was found, as in a similar study (Su & Behar-Horenstein, 2017). This occurred even though during the data collection period people might have been more sensitive to recognizing blatant racial issues due to heightened sensitivity to racism generated by the Black Lives Matter movement that began a few months before this data was collected, when the murder of George Floyd in May 2020 led to many protests against police brutality linked to racial profiling. The unique

historical events surrounding the dual pandemic of COVID-19 and racism in 2020 (Starks, 2021) surely had some influence on all of the data in this study.

Institutional Discrimination does insidious damage that results in many overt disparate outcomes. One such example is a study that found structural racism as a risk factor for myocardial infarcts (Lukachko et al., 2014). The finding of racial color-blindness as it relates to Institutional Discrimination being higher in nursing faculty as compared to nursing students is consistent with Su and Behar-Horenstein's (2017) findings for White and non-White faculty but not for African American faculty. This may be because the "Other Race" category had a large representation in the study, while there were only 10 Black faculty. These higher levels of racial color-blindness related to Institutional Discrimination signify a huge disadvantage to the success of students of color and thus the importance of professional development for faculty of nursing, as was similarly suggested for dental faculty in Su and Behar-Horenstein (2017).

Both the faculty and student samples for this study were more diverse than in other similar studies where the sample was comprised of predominantly White people (Neville et al., 2000; Neville et al., 2014; Offerman et al., 2014; Spanierman & Doan, 2006; Su & Behar-Horenstein, 2017; Worthington et al., 2008) making the analysis and results of this study valuable. The diversity of Southern California lends itself to the unique nature of the current study in that almost half of the faculty were non-White, compared to the national average of nursing faculty being 15.9% non-White (American Association of Colleges of Nursing, 2017). Similar to other studies involving nursing faculty and students in recent years, the sample was predominantly female. There were no statistically significant differences in responses by gender identification of female versus male, potentially due to the fact that there were very few males in the sample for both faculty and students. In distinguishing how respondents differed by race, it is

noteworthy that for the faculty in the study the statistical differences were greater between the White people and other races, not including Black/African Americans. This may be attributed to the high diversity of the sample and suggests the value of conducting studies related to race among a very diverse sample.

Diversity of the Sample

Given all of the colleges in this study were Hispanic Serving Institutes (Hispanic Association of Colleges and Universities, 2017), and expectedly reflective of this, is that 45% of the students in this study were Latina/o/Hispanic. The findings of the current study showed that the population of students as well as those in the category of "All Other Races" were less aware of their racial privilege than the White and Black/African American students. This speaks volumes to the concept of racial color-blindness itself, critical race theory, and the detriments of assimilation discussed in Chapters One and Two. The hypothesis that students and faculty would have lower levels of racial color-blindness than White students was only partially correct. An area of further research is to explore how assimilation, as detailed in its multitude of manifestations discussed in this dissertation, promotes racial color-blindness in nursing students and nursing faculty. In Southern California hospitals it is not unheard of to hear nurses giving each other a shift report in a language other than English. The terms of endearment or respect in a different language are also a familiar experience for nurses in Southern California. And likewise it is a familiar experience of Southern Californians to sometimes hear hospital housekeeping staff speak Spanish in hospitals.

Data collected regarding first language and language spoken at home also speaks to the high diversity of the sample. Only 58% of the students indicated that their first language was English, and 73% indicated that it is the language spoken at home. For nursing faculty these

numbers, although to a lesser degree, also draw attention to the diversity of the sample (86% and 91%, respectively). Researchers in the field of bilingualism have found both positive and inverse association with academic success, acknowledging that it is more complex than initially conceptualized (Agirdag & Vanlaar, 2018). The population of students were fairly young, at an average age of 29, signaling generational differences that may come with younger populations perhaps being more sensitive to and with higher awareness of racial matters. Millennials are a much more diverse group of people (Mottola, 2014) and hence have been exposed to more diversity among their peers than the generation X folks who comprise the faculty in this study. The findings that faculty were more racially color-blind than the students in this study might be explained by generational differences. This is a phenomenon that could be further investigated.

Study Limitations

A potential limitation of this study was that individuals drawn to this study might have been more likely than others to have a social justice disposition and, hence, less racial color-blindness and bias. There was 100% participation by eligible participants, therefore eliminating this potential skew in the results. This study found no statistical relationship between experiences of everyday discrimination (using the EDS) and color-blind racial attitudes. This can be attributed to the diversity of Southern California and possibly the fact that there was an unprecedented social movement where mixed races were speaking up about acts of racism against Black and African American people. American voters' support for Black Lives Matter accelerated more in a 2-week span in June 2020 than it had in the previous 2 years (Cohn & Quealy, 2020), and this was right on the cusp of data collection for this survey. This assuredly affected the results, because diversity may influence levels of racial color-blindness.

Potential Threats to Validity

The research design posed some potential threats to validity. The following threats to internal validity may have occurred in this study: selection bias, maturation, history, and testing. This study being related to race relations made it a very sensitive topic politically as well as revealing very private personal views among participants. Selection bias existed in that individuals who are less racially color-blind, as well as POC, may naturally have been more open to and drawn to this study. Individuals who do not see color-blindness as a problem may not have seen it as important, not a priority, and hence, not worth their time. Maturational threat may have occurred in that participants may have been fatigued due to the effects of being busy students in a nursing program and likewise nursing faculty who are very busy. The threat of history could have occurred in that students and nursing faculty may have been exposed to the concept of racial color-blindness for the first time. Additionally, racially charged events did occur in the news, both socially and politically, during the time of data collection for this study that may have affected the participants' answers to the survey. The participants' outside life experiences may have also affected the results.

Subject selection could potentially have posed a threat to external validity if it could be speculated that individuals drawn to the field of nursing may generally hold a less color-blind attitude. Volunteer threat could have occurred in that those drawn to this study may have been more sympathetic to the issues related to racial color-blindness and this could have influenced their responses. Mono-operational bias could have occurred in that only one tool, the CoBRAS (Neville et al., 2000), was used to measure racial color-blindness attitudes. Some ways to address these threats to validity was to ensure the participants were assured of confidentiality during participation in the study. Conducting future studies such as this one in a different region with

different demographics and potentially finding other instruments to measure similar constructs can also help minimize the noted threats to validity.

GPA and Racial Color-Blindness

The results showed that the students with lower GPA were less aware of their racial privilege and those with higher GPAs were more racially color-blind on the subscale of Institutional Discrimination. Tying this result to the result that faculty are more racially color-blind on all subscales, it is no surprise that the educational pipeline feeds into support for structural racism. If it can be assumed that those with higher GPAs are ones who do proceed to become faculty, it can be surmised that their success as students and their color-blindness toward institutional discrimination are linked one to the other. This finding directly answers one of the questions in the current study in that it seems academic success is directly proportional to levels of racial color-blindness. The fact that racial color-blindness, in all its negative consequences as noted in this study, is a predictor of success is a blatant sign of structural racism that needs to be uprooted. Raising awareness about racial color-blindness is a concrete measure towards battling institutional discrimination and structural racism that is so systematically ingrained into American culture.

The finding that those with higher GPAs scored with lower color-blindness in terms of their Unawareness of Racial Privilege poses an alarming question to the old adage that greater knowledge lends to more awareness. In this case it does not. While one can idealistically look to well-known knowledgeable people in recent history, such as Albert Einstein, who have been advocates for anti-racism, and envision a world where more knowledge would lead to less racism, it is perhaps too simplistic because there have also been plenty of allegedly knowledgeable individuals in recent history who have pushed a racist agenda forward as fact.

Instead of a lengthy account of social Darwinism and eugenics at this point, citing Perez-Rodriguez and de la Fuentes (2017) in their calling out of the highly revered NIH on their perpetuation of scientific racism by continuing to require race identification for scientific studies, when extensive recent literature including the landmark findings of the Human Genome project, supports that race is by all means a social construct (Ioannidis et al., 2021), clearly conveys the deep systemic roots of racism.

Conclusions

Similar to Su and Behar-Horenstein (2017), this study concludes that there is a need for more extensive training in color-consciousness and the understanding of privileges and biases among nursing faculty. While the hypothesis for the current study was that faculty would have a notably higher level of racial color-blindness on the subscale of Institutional Discrimination, the fact that the findings show that there are higher levels of racial color-blindness on all 3 subscales for all racial subsets other than African American demonstrates that the situation is dire. Raising percentages of Black/African American faculty to a level that represents the population nationwide and in leadership positions is assuredly a step in a positive direction. Based on the findings in the current study, however, their low levels of racial color-blindness might be barriers to their success in a system that is entrenched in favoring the academic success of students who have higher levels of racial color-blindness as it relates to institutional discrimination. Added support for their success is advocated here in the results of this study.

Nursing's holistic approach to well-being, laced with the unmatchable human touch that makes the profession of nursing so rewarding, provides a porthole linking social justice matters to the sterile cold walls of healthcare. Results from this study offer concrete data to help advance the knowledge base on research to reduce racial color-blindness and further support for the

analysis of the health effects of racism, the need for diversity in the nursing workforce and

diversity education.

Appendix A

Study Information Sheet and Consent Form

UNIVERSITY OF CALIFORNIA LOS ANGELES

STUDY INFORMATION SHEET

Color-blind Racial Attitudes in Nursing Students and Faculty

The Principle Investigator are and their advisor from the School of Nursing at the University of California, Los Angeles (UCLA) are conducting a research study.

As a nursing student (or nursing faculty), you were selected to participate in this study. Your participation in this research study is voluntary.

Why is this study being done?

This study aims to determine the levels of racially color-blind attitudes in nursing students and in nursing faculty. Racial color-blindness is considered a racial microaggression and is defined as a lack of acknowledgment for race.

What will happen if I take part in this research study?

If you volunteer to participate in this study, you will be asked by the researcher to do the following:
● To complete the 20 questioned Color-blind Racial Attitudes Scale (Neville, Lilly, Duran, Lee, & Browne, 2000) survey and demographic questionnaire in Survey Monkey (2017).

How long will I be in the research study?

Participation will take approximately 1 hour. If additional information is needed to complete the survey and questionnaire, another time, date, and location will be arranged.

Are there any potential risks or discomforts that I can expect from this study?

There are minimal risks involved in participating in this research project. There may be increased awareness of feelings and emotions related to racial microaggressions during the survey.

Are there any potential benefits if I participate?

Although there are no direct benefits to your participation in the research study, the information that you provide is valuable to understanding racial color-blindness in nursing students and nursing faculty. Data from this study can establish the need for teaching theoretical ideals from Sue's microaggression framework (Sue et al., 2007) into nursing education and practice. Results of this study will further establish the need for policy analysis and the allocation of resources as a

response to California Community Colleges funding for equity plans to address disparities (California Community Colleges Chancellor's Office, March 11, 2014). This study provides concrete measures for addressing issues at the root of these disparities.

Will I be paid for participating?

There will not be any form of monetary compensation for participation in this study.

Will information about me and my participation be kept confidential?

Any information obtained from you in connection with this study and that can identify you will remain confidential. The information will only be disclosed with your permission or as required by law. A unique identifying number will be assigned to you in lieu of personal identity in order to maintain confidentiality. Upon completion of the questionnaire, it will be sealed in an envelope and immediately transported to the research office. It will be secured under lock and key. Codes will be used in place of participant names to protect identity. The principal investigator and her faculty sponsor will be the only ones to have access to the questionnaire and survey.

What are my rights if I take part in the study?

- It is your choice to decide to be or not to be in the study and you may withdraw your consent and discontinue your participation at any time.
- Whatever decision you make, there will be no penalty to you, and no loss of benefits that were otherwise entitled to you.
- You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can I contact if I have questions about this study?

- **The research team:**
If you have any questions, comments or concerns about the research, you can talk to the Principlal Investigator and/or their advisor.

- **UCLA Office of the Human Research Protection Program (OHRPP) (2017):**
Should you have any questions about your rights as a research participant, or you have concerns or suggestions and you want to talk to someone other than the researchers, you may contact the UCLA OHRPP by phone: (310) 206-2040; by email: participants@research.ucla.edu or by mail: UCLA, Box 951406, Los Angeles, CA 90095-1406
Consent: Please continue to the survey if you agree to participate in this study.

Appendix B

Demographic Questionnaire

Date:_____

Please answer the following questions about yourself:

1. What is your date of birth?   Month:_____   Day:_____   Year:_____

2. How old are you? _____years

3. Gender (check one):

___female

___male

___other

4. With which racial category do you identify?

Asian	Hispanic/Latina/o	Non-Hispanic/Latina/o in the following categories
Native Hawaiian		
Other Pacific Islander		
Total Native Hawaiian/Other Pacific Islander		
Black/African American		
American Indian/Alaska Native		
White		
More than one race		
Unreported/refused to report race		

5. What is the highest education level you have completed:

___Less than high school

___High school graduate

___Associate degree

___Bachelor's degree

___Master's degree

___Doctorate degree

___Business, trade or vocational school

6. Academic performance (self-reported): Which of the following best describes your GPA?

____>3.5

____3.0-3.5

____2.5-3.0

____2.0-2.5

____<2.0

7. Aspirational goal(s): Do you plan to continue your education by going for any of the

following degrees?

___Bachelor's degree

___Master's degree

___Doctorate degree

8. What is your employment status? (Check all that apply)

___Full-time

___Part-time

___Student

___Unemployed

___Other:_____ (specify)

9. Which best describes the industry you currently work in or worked in the past? (Check one)

___Agriculture

___Architecture/design

___Arts/entertainment

___Business

___Communication/media

___Community service

___Construction

___Education

___Engineering

___Finance

___Food service

___Government/public service

___Healthcare

___Hospitality/tourism

___Housekeeping

___Law/public policy

___Manufacturing

___Marketing

___Military

___Nonprofit

___Office/administrative

___Public safety/security

___Retail/sales

___Science/technology

___Social services

___Transportation

___Other: _____ (specify)

10. What is your best estimate of your monthly household income?_____ (specify and

check one)

___Less than $1,000

___ $1,000-$1,999

___ $2,000-$2,999

___$3,000-$3,999

___$4,000-$4,999

___$5,000-$5,999

___$6,000-$6,999

___$7,000-$7,999

___$8,000-$8,999

___$9,000-$9,999

___Over $10,000

11. What is your first language? _____(specify)

12. What language do you usually speak at home? _____(specify)

13. What country were you born in?

___United States_____(Specify State)

___Other_____ (Specify country)

If you were born in the United States, please skip Question 11 and continue to Question 12.

14. How old were you when you moved to the United States, if you were not born in the

United States? _____years

15. Marital status (check one):

___single (never married)

___married

___Living with partner

___Separated

___Divorced

___Widowed

16. How many years have you spent in the United States (check one):

___0-1 year

___1-5 years

___6-10 years

___over 10 years

___Your whole life

17. Do you have any questions or comments related to this study? Please limit your answer to

200 words or less.

Appendix C

Color-Blind Racial Attitudes Scale (CoBRAS) (Neville et al., 2000).

Directions: Below is a set of questions that deal with social issues in the United States (U.S.). Using the 6-point scale below, please give your honest rating about the degree to which you personally agree or disagree with each statement. Please be as open and honest as you can; there are no right or wrong answers.

Strongly	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6

	Strongly Disagree	**Moderately Disagree**	**Slightly Disagree**	**Slightly Agree**	**Moderately Agree**	**Strongly Agree**
1. Everyone who works hard, no matter what race they are, has an equal chance to become rich.	1	2	3	4	5	6
2. Race plays a major role in the type of social services (such as type of health care or day care) that people receive in the U.S.	1	2	3	4	5	6
3. It is important that people begin to think of themselves as American and not African American, Mexican American or Italian American.	1	2	3	4	5	6

4. Due to racial discrimination, programs such as affirmative action are necessary to help create equality.	1	2	3	4	5	6
5. Racism is a major problem in the U.S.	1	2	3	4	5	6
6. Race is very important in determining who is successful and who is not.	1	2	3	4	5	6
7. Racism may have been a problem in the past, but it is not an important problem today.	1	2	3	4	5	6
8. Racial and ethnic minorities do not have the same opportunities as White people in the U.S.	1	2	3	4	5	6
9. White people in the U.S. are discriminated against because of the color of their skin.	1	2	3	4	5	6
10. Talking about racial issues causes unnecessary tension.	1	2	3	4	5	6
11. It is important for political leaders to talk about racism to help work through or solve society's problems.	1	2	3	4	5	6

12. White people in the U.S. have certain advantages because of the color of their skin.	1	2	3	4	5	6
13. Immigrants should try to fit into the culture and adopt the values of the U.S.	1	2	3	4	5	6
14. English should be the only official language in the U.S.	1	2	3	4	5	6
15. White people are more to blame for racial discrimination in the U.S. than racial and ethnic minorities.	1	2	3	4	5	6
16. Social policies, such as affirmative action, discriminate unfairly against White people.	1	2	3	4	5	6
17. It is important for public schools to teach about the history and contributions of racial and ethnic minorities.	1	2	3	4	5	6
18. Racial and ethnic minorities in the U.S. have certain advantages because of the color of their skin.	1	2	3	4	5	6
19. Racial problems in the U.S. are rare, isolated situations.	1	2	3	4	5	6
20. Race plays an important role in who gets sent to prison.	1	2	3	4	5	6

Appendix D

Everyday Discrimination Scale (EDS) (Williams, et al., 1997).

In your day-to-day life, how often do any of the following things happen to you?

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
1. You are treated with less courtesy than other people are.						
2. You are treated with less respect than other people are.						
3. You receive poorer service than other people at stores or restaurants.						
4. People act as if they think you are not smart.						
5. People act as if they are afraid of you.						
6. People act as if they think you are dishonest.						
7. People act as if they're better than you.						
8. You are called names or insulted.						
9. You are threatened or harassed.						

References

Agirdag, O., & Vanlaar, G. (2018). Does more exposure to the language of instruction lead to higher academic achievement? A cross-national examination. *International Journal of Bilingualism*, *22*(1), 123-137. https://doi.org/10.1177/1367006916658711

Allen, A. M., Thomas, M. D., Michaels, E. K., Reeves, A. N., Okoye, U., Price, M. M., ... & Chae, D. H. (2019). Racial discrimination, educational attainment, and biological dysregulation among midlife African American women. *Psychoneuroendocrinology*, *99*, 225-235. https://doi.org/10.1016/j.psyneuen.2018.09.001

American Association of Colleges of Nursing. (2017). Policy brief. Nursing Faculty: A spotlight on diversity. Retrieved from https://www.aacnnursing.org/portals/42/policy/pdf/diversity-spotlight.pdf

American Psychological Association Presidential Task Force on Reducing and Preventing Discrimination Against and Enhancing Benefits of Inclusion of People whose Social Identities are Marginalized in US Society. (2012). *Dual pathways to a better America: Preventing discrimination and promoting diversity. Washington, DC: Author*.

Apfelbaum, E. P., Pauker, K., Sommers, S. R., & Ambady, N. (2010). In blind pursuit of racial equality? *Psychological Science, 21,* 1587–1592. https://doi.org/10.1177/0956797610384741

Ashlee, A. A., Zamora, B., & Karikari, S. N. (2017). We Are Woke: A Collaborative Critical Autoethnography of Three "Womxn" of Color Graduate Students in Higher Education. *International Journal of Multicultural Education*, *19*(1), 89-104. http://dx.doi.org/10.8251/ijme.v19i1.1259

Bauer, K., & Clancy, K. (2018). Teaching race and social justice at a predominantly white
    institution. *Journal of Political Science Education*, *14*(1), 72-85.
    https://doi.org/10.1080/15512169.2017.1358175

Beatty, D. L., Hall, M. H., Kamarck, T. A., Buysse, D. J., Owens, J. F., Reis, S. E., ... &
    Matthews, K. A. (2011). Unfair treatment is associated with poor sleep in African
    American and Caucasian adults: Pittsburgh SleepSCORE project. *Health Psychology*,
    30(3), 351. https://doi.org/10.1037/a0022976

Behar-Horenstein, L. S., & Garvan, C. W. (2016). Relationships Among the Knowledge,
    Efficacy, and Practices Instrument, Color-Blind Racial Attitudes Scale, Deamonte Driver
    Survey, and Defining Issues Test 2. *Journal of dental education*, *80*(3), 355-364.
    https://doi.org/10.1002/j.0022-0337.2016.80.3.tb06092.x

Benjamin, R. (2014). Conjuring difference, concealing inequality: a brief tour of Racecraft.
    https://doi.org/10.1007/s11186-014-9238-z

Benjamin, R. (2019). Race after technology: Abolitionist tools for the new Jim code. *Social
    Forces*. https://doi.org/10.1093/sf/soz162

Benjamin, R. (2015). The emperor's new genes: Science, public policy, and the allure of
    objectivity. *The ANNALS of the American Academy of Political and Social
    Science*, *661*(1), 130-142. https://doi.org/10.1177/0002716215587859

Blanchet Garneau, A., Browne, A. J., & Varcoe, C. (2017). Drawing on antiracist approaches
    toward a critical pedagogy for nursing. *Nursing Inquiry*.
    https://doi.org/10.1111/nin.12211

Bonilla-Silva, E. (2010). *Racism without racists: Color-blind racism and
    racial inequality in contemporary America*. Rowman & Littlefield Publishers.

Bonilla-Silva, E. (2017). *Racism without racists: Color-blind racism and the persistence of racial inequality in America*. Rowman & Littlefield.

Bonilla-Silva, E., & Dietrich, D. (2011). The new racism: the racial regime of post-civil rights America. In *Covert Racism* (pp. 41-67). Brill. https://doi.org/10.1163/ej.9789004203655.i-461.13

Brunk, A., Lovekin, K., Martos, A., & Soderlund, C. (2021). Exploring the Effect of Chicano Studies Courses on Student Success at CSU Channel Islands. *The PUMP Journal of Undergraduate Research*, *4*, 146-160.

Bureau of Labor Statistics. (2007). *Demographic characteristics of the labor force (current population survey)*. Retrieved March 2007, from www.bls.gov/

Cabrera, N. L. (2014). Exposing whiteness in higher education: White male college students minimizing racism, claiming victimization, and recreating white supremacy. *Race Ethnicity and Education*, *17*(1), 30-55. https://doi.org/10.1080/13613324.2012.725040

California Community Colleges Chancellor's Office. (January 24, 2018). California Community Colleges Key Facts. Retrieved from http://californiacommunitycolleges.cccco.edu/Portals/0/GovRelations/2013%20California%20Community%20Colleges%20Key%20Facts.pdf

California Community Colleges Chancellor's Office. (March 11, 2014). Updated Student Equity Plan Retrieved from extranet.cccco.edu/Portals/1/SSSP/StudentEquity/Student_Equity_Plan_final.doc on 12/8/16.

California Community Colleges Chancellor's Office Home Page. (January 24, 2018). Retrieved from http://www.cccco.edu/Home.aspx.

Carr, P. R. (2017). Whiteness and white privilege: Problematizing race and racism in a "color-blind" world and in education. In *Rassismuskritik und Widerstandsformen* (pp. 871-889). Springer VS, Wiesbaden.

Carroll, G. (1998) Mundane extreme environmental stress and African American families: A case for recognizing different realities. *Journal of Comparative Family Studies, 29*(2), 271-284. https://doi.org/10.3138/jcfs.29.2.271

Carter, R. T. (2007). Racism and psychological and emotional injury recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, *35*(1), 13-105. https://doi.org/10.1177/0011000006292033

Chae, D. H., Nuru-Jeter, A. M., & Adler, N. E. (2012). Implicit racial bias as a moderator of the association between racial discrimination and hypertension: a study of Midlife African American men. *Psychosomatic medicine*, *74*(9), 961. https://doi.org/1097/PSY.0b013e3182733665

City of Santa Clarita, Average Racial Composition 2005-2009, retrieved from http://www.santa-clarita.com/city-hall/departments/community-development/demographics/population#eth

Coates, T. N. (2015). *Between the world and me*. Penguin Random House, LLC, New York, NY.

Cohn, N., & Quealy, K. (2020). How US Public Opinion Has Moved on Black Lives Matter. *The New York Times*, *10*. https://www.nytimes.com/interactive/2020/06/10/upshot/black-lives-matter-attitudes.html

Colen, C. G., Ramey, D. M., Cooksey, E. C., & Williams, D. R. (2018). Racial disparities in health among nonpoor African Americans and Hispanics: The role of acute and chronic discrimination. *Social Science & Medicine*, *199*, 167-180. https://doi.org/10.1016/j.socscimed.2017.04.051

College of the Canyons. (n.d.). *COC Title V Hispanic Serving Institutions Grant.* Retrieved

      December, 2016 from http://www2.canyons.edu/Offices/IT/TitleV/Pages/default.aspx).

College of the Canyons 2019-2020 Annual Report. Retrieved April 13, 2021 from

      https://issuu.com/cocpio/docs/coc_annualreport_19.20_issuu

Croom, N., & Patton, L. (2011). The miner's canary: A critical race perspective on the

      representation of Black women full professors. *Negro Educational Review*, *62*(1-4), 13.

Cunningham, T. J., Seeman, T. E., Kawachi, I., Gortmaker, S. L., Jacobs, D. R., Kiefe, C. I., &

      Berkman, L. F. (2012). Racial/ethnic and gender differences in the association between

      self-reported experiences of racial/ethnic discrimination and inflammation in the

      CARDIA cohort of 4 US communities. *Social science & medicine*, *75*(5), 922-93.1.

      https://doi.org/10.1016/j.socscimed.2012.04.027

Currie, C. L., Wild, T. C., Schopflocher, D. P., Laing, L., & Veugelers, P. (2012). Racial

      discrimination experienced by Aboriginal university students in Canada. *The Canadian*

      Journal of Psychiatry, *57*(10), 617-625. https://doi.org/10.1177/070674371205701006

Darmon, N., & Drewnowski, A. (2008). Does social class predict diet quality? *The American*

      journal of clinical nutrition, *87*(5), 1107-1117. https://doi.org/10.1093/ajcn/87.5.1107

Dan Siegel: Inspire to Rewire (Website title). Retrieved April 27, 2018 from

      http://www.drdansiegel.com.

Davis, K. (2008). Intersectionality as buzzword: A sociology of science perspective on what

      makes a feminist theory successful. *Feminist theory*, *9*(1), 67-85.

      https://doi.org/10.1177/1464700108086364

DeCuir, J.T. & Dixson, A.D. (2004). "So when it comes, they aren't that surprised that it is there": Using critical race theory as a tool of analysis of race and racism in education. *Educational researcher,33*(5), 26-31. https://doi.org/10.3102/0013189X033005026

DeGruy, J. (2017). *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. HarperCollins.

Delgado, R. (2010). Rodrigo's reconsideration: Intersectionality and the future of critical race theory. *Iowa L. Rev.*, *96*, 1247.

Delgado, R., & Stefancic, J. (2017). *Critical race theory: An introduction*. NYU Press.

Denson, N., Bowman, N. A., Ovenden, G., Culver, K. C., & Holmes, J. M. (2020). Do diversity courses improve college student outcomes? A meta-analysis. *Journal of Diversity in Higher Education*. https://doi.org/10.1037/dhe0000189

Donkin, A., Goldblatt, P., Allen, J., Nathanson, V., & Marmot, M. (2018). Global action on the social determinants of health. *BMJ global health*, *3*(Suppl 1), e000603. https://doi.org/10.1136/ bmjgh-2017-000603

Donovan, B. M. 2014. "Playing with Fire?" *The Impact of the Hidden Curriculum in School Genetics on Essentialist Conceptions of Race, Journal of Research in Science Teaching* 51 (4): 462–496. https://doi.org/10.1002/tea.21138

Donovan, B. M. 2015. "Putting Humanity Back into the Teaching of Human Biology." *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 52: 65–75. https://doi.org/10.1016/j.shpsc.2015.01.011

Drakulich, K. M. (2015). Explicit and hidden racial bias in the framing of social problems. *Social Problems*, *62*(3), 391-418. https://doi.org/10.1093/socpro/spu003

Eberhardt, J. L., Goff, P. A., Purdie, V. J., & Davies, P. G. (2004). Seeing Black: Race, Crime, and Visual Processing. *Journal of Personality and Social Psychology, 87*(6), 876-893. http://dx.doi.org/10.1037/0022-3514.87.6.876

Edwards, J. A. (2021). Black Pathways: Examining the History of Race Considerations in College Admissions at Highly Selective Campuses. *Journal of Critical Thought and Praxis*, *10*(2). https://doi.org/10.31274/jctp.11607

Ehrke, F., Ashoee, A., Steffens, M. C., & Louvet, E. (2020). A brief diversity training: Raising awareness of ingroup privilege to improve attitudes towards disadvantaged outgroups. *International Journal of Psychology*, *55*(5), 732-742. https://doi.org/10.1002/ijop.12665

Engberg, M. 2004. Improving intergroup relations in higher education: A critical examination of the influence of education interventions on racial bias. Review of Educational Research 74, no. 4: 473–524. https://doi.org/10.3102/00346543074004473

Faulkner, N., & Bliuc, A. M. (2016). 'It's okay to be racist': moral disengagement in online discussions of racist incidents in Australia. *Ethnic and Racial Studies*, *39*(14), 2545-2563. https://doi.org/10.1080/01419870.2016.1171370

Feagin, Joe and Eileen O'Brien. 2004. White Men on Race: Power, Privilege and the Shaping of Cultural Consciousness. Boston: Beacon.

Fontana, J. S. (2004). A methodology for critical science in nursing. *Advances in Nursing Science*, *27*(2), 93-101. https://dx.doi.org/10.1097/00012272-200404000-00003

Ford, C. L., & Airhihenbuwa, C. O. (2010). Critical race theory, race equity, and public health: toward antiracism praxis. *American journal of public health*, *100*(S1), S30-S35. https://dx.doi.org/10.2105%2FAJPH.2009.171058

Franklin, J. D., Smith, W. A., & Hung, M. (2014). Racial battle fatigue for Latina/o students: A quantitative perspective. *Journal of Hispanic Higher Education*, *13*(4), 303-322. https://psycnet.apa.org/doi/10.1177/1538192714540530

Friesen, K. L., Hemer, K. M., & Perez, R. J. (2020). Intercultural Effectiveness and Leadership: Exploring the Intersection of Two College Student Outcomes. *Journal of Student Affairs Research and Practice*, *57*(5), 505-518. https://doi.org/10.1080/19496591.2019.1704768

Furnham, A., & Procter, E. (1989). Belief in a just world: Review and critique of the individual difference literature. *British journal of social psychology*, *28*(4), 365-384. https://psycnet.apa.org/doi/10.1111/j.2044-8309.1989.tb00880.x

Garcia, G. A., & Johnston-Guerrero, M. P. (2015). "Challenging the Utility of a Racial Microaggressions Framework Through A Systematic Review of Racially Biased Incidents on Campus," Journal of Critical Scholarship on Higher Education and Student Affairs: Vol. 2: Iss. 1, Article 4. Available at http://ecommons.luc.edu/jcshesa/vol2/iss1/4

Geuss, R. (1981). *The idea of a critical theory: Habermas and the Frankfurt School*. Cambridge University Press.

Gillborn, D. (2016) Softly, softly: genetics, intelligence and the hidden racism of the new geneism, Journal of Education Policy, 31:4, 365-388. https://doi.org/10.1080/02680939.2016.1139189

Gonzales, K. L., Noonan, C., Goins, R. T., Henderson, W. G., Beals, J., Manson, S. M., ... & Roubideaux, Y. (2016). Assessing the Everyday Discrimination Scale among American Indians and Alaska Natives. *Psychological assessment*, *28*(1), 51. https://dx.doi.org/10.1037/a0039337

106

Gregoski, M. J., Buxbaum, S. G., Kapuku, G., Dong, Y., Zhu, H., Davis, M., ... & Treiber, F. A.

    (2013). Interactive influences of ethnicity, endothelin-1 gene, and everyday

    discrimination upon nocturnal ambulatory blood pressure. *Annals of Behavioral*

    Medicine, *45*(3), 377-386. https://psycnet.apa.org/doi/10.1007/s12160-013-9472-z

Grillo, T. (1995). Anti-essentialism and intersectionality: Tools to dismantle the master's

    house. *Berkeley Women's LJ*, *10*, 16. http://dx.doi.org/10.15779/Z38MC6W

Gushue, G. V. (2004). Race, Color-Blind Racial Attitudes, and Judgments About Mental Health:

    A Shifting Standards Perspective. *Journal of Counseling Psychology*, *51*(4), 398.

    https://psycnet.apa.org/doi/10.1037/0022-0167.51.4.398

Hall, J. M., & Fields, B. (2012). Race and microaggression in nursing knowledge

    development. *Advances in Nursing Science*, *35*(1), 25-38.

    https://doi.org/10.1097/ans.0b013e3182433b70

Haraway, D. (2007). The Guardian. Retrieved from

    https://www.theguardian.com/news/2007/jul/09/guardianobituaries.obituaries3

Health Resources and Services Administration. Bureau of Primary Healthcare. Department of

    Health and Human Services, USA (2018). Retrieved from:

    https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2018-uds-tables.pdf

Herrnstein, R. J., and C. Murray. (1994). *The Bell Curve: Intelligence and Class Structure in*

    American Life. New York: The Free Press.

Hickson, D. A., Lewis, T. T., Liu, J., Mount, D. L., Younge, S. N., Jenkins, W. C., ... &

    Williams, D. R. (2012). The associations of multiple dimensions of discrimination and

    abdominal fat in African American adults: the Jackson Heart Study. *Annals of Behavioral*

    Medicine, *43*(1), 4-14. https://doi.org/10.1007/s12160-011-9334-5

Hikido, A., & Murray, S. B. (2016). Whitened rainbows: How white college students protect

    whiteness through diversity discourses. *Race Ethnicity and Education*, *19*(2), 389-411.

    https://doi.org/10.1080/13613324.2015.1025736

Hispanic Association of Colleges and Universities (2017). Hispanic Serving Institutions List,

    2016-2017. Retrieved May 7, 2021 from

    https://www.hacu.net/images/hacu/OPAI/2016%20HSI%20list.pdf

Holoien, D. S., & Shelton, I. N. (2012). You deplete me: The cognitive costs of color-blindness

    on ethnic minorities. *Journal of Experimental Social Psychology, 48,* 562–565.

    http://dx.doi.org/10.1016/j.jesp.2011.09.010

Hopkins, P. (2010). Practitioner know thyself! Reflections on the importance of self-work for

    diversity and social justice practitioners. *Tamara Journal of Critical Organization*

    Inquiry, *8*(4), 157.

Horak, J., & Valle, F. (2016). Leveraging Community Cultural Wealth: Latino Male

    Counter-stories and the Path to School Leadership. In *National Forum of Educational*

    Administration & Supervision Journal (Vol. 33).

Howard, T. C., & Navarro, O. (2016). Critical Race Theory 20 Years Later Where Do We Go

    From Here? *Urban Education*, https://doi.org/10.1177%2F0042085915622541

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis.

    Qualitative Health Research, *15*(9), 1277-1288.

    https://doi.org/10.1177%2F1049732305276687

Huber, L. P., Johnson, R. N., & Kohli, R. (2006). Naming racism: A conceptual look at

    internalized racism in US schools. *Chicano-Latino L. Rev.*, *26*, 183.

Institute of Medicine. (2004). Ensuring Diversity in the Health-Care Workforce, in: Smedley, B.D., Butler, A.S., Bristow, L.R. (Eds.), Washington D. C.

Institute of Medicine. (2011). Institute of Medicine (US), & Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. The future of nursing: Leading change, advancing health. Washington, D.C: National Academies Press.

Institute of Medicine (2015). Report in Brief: Assessing Progress on the Institute of Medicine Report, The Future of Nursing. The National Academies of Sciences, Engineering, Medicine. iom.nationalacademies.org

Ioannidis, J. P., Powe, N. R., & Yancy, C. (2021). Recalibrating the Use of Race in Medical Research. *JAMA, 325*(7), 623-624. https://doi.org/10.1001/jama.2021.0003

Kincheloe, J. L. (2000). Making critical thinking critical. *Counterpoints*, 110, 23–40. https://www.jstor.org/stable/42975935

Klimentidis, Y. C., Dulin-Keita, A., Casazza, K., Willig, A. L., Allison, D. B., & Fernandez, J. R. (2012). Genetic admixture, social–behavioural factors and body composition are associated with blood pressure differently by racial–ethnic group among children. *Journal of human hypertension*, *26*(2), 98. https://doi.org/doi:10.1038/jhh.2010.130

Kochhar, R., Taylor, P., & Fry, R. (2011). *Wealth gaps rise to record highs between Whites, Blacks and Hispanics* (Vol. 26). Washington, DC: Pew Research Center.

Krieger, N. (2012). Methods for the scientific study of discrimination and health: an ecosocial approach. *American journal of public health*, *102*(5), 936-944.

Krieger, N., Smith, K., Naishadham, D., Hartman, C., & Barbeau, E. M. (2005). Experiences of

    discrimination: validity and reliability of a self-report measure for population health

    research on racism and health. *Social science & medicine*, *61*(7), 1576-1596.

    https://doi.org/10.1016/j.socscimed.2005.03.006

Krieger, N., Waterman, P. D., Kosheleva, A., Chen, J. T., Carney, D. R., Smith, K. W., ... &

    Thornhill, G. (2011). Exposing racial discrimination: implicit & explicit measures–the

    My Body, My Story study of 1005 US-born black & white community health center

    members. *PLoS One*, *6*(11), e27636. https://doi.org/10.1371/journal.pone.0027636

Kumas-Tan, Z., Beagan, B., Loppie, C., MacLeod, A., & Frank, B. (2007). Measures of cultural

    competence: examining hidden assumptions. *Academic Medicine*, *82*(6), 548-557.

    https://doi.org/10.1097/ACM.0b013e3180555a2d

Ladson-Billings, G. (1998). Just what is critical race theory and what's it doing in a nice field

    like education? *International journal of qualitative studies in education*, *11*(1), 7-24.

Lewis, T. T., Guo, H., Lunos, S., Mendes de Leon, C. F., Skarupski, K. A., Evans, D. A., &

    Everson-Rose, S. A. (2011). Depressive symptoms and cardiovascular mortality in older

    black and white adults: evidence for a differential association by race. *Circulation:*

    Cardiovascular Quality and Outcomes, *4*(3), 293-299.

    https://doi.org/10.1161/CIRCOUTCOMES.110.957548

Lewis, T. T., Troxel, W. M., Kravitz, H. M., Bromberger, J. T., Matthews, K. A., & Hall, M. H.

    (2013). Chronic exposure to everyday discrimination and sleep in a multiethnic sample of

    middle-aged women. *Health Psychology*, *32*(7), 810.

    https://psycnet.apa.org/doi/10.1037/a0029938

Lewis, T. T., Williams, D. R., Tamene, M., & Clark, C. R. (2014). Self-reported experiences of
  discrimination and cardiovascular disease. *Current cardiovascular risk reports*, *8*(1), 365.
  https://doi.org/10.1007/s12170-013-0365-2

Lie, D., Carter-Pokras, O., Braun, B., & Coleman, C. (2012). What do health literacy and
  cultural competence have in common? Calling for a collaborative health professional
  pedagogy. *Journal of Health Communication*, *17*(sup3), 13-22.
  https://doi.org/10.1080/10810730.2012.712625

Lipkus, I. (1991). The construction and preliminary validation of a Global Belief in a Just World
  Scale and the exploratory analysis of the Multidimensional Belief in a Just World Scale.
  Personality and Individual Difference, 12, 1171-1178. https://doi.org/10.1016/0191-
  8869(91)90081-L

Lorde, A. (2003). The master's tools will never dismantle the master's house. *Feminist
  postcolonial theory: A reader*, *25*, 27.

Lorenzo-Blanco, E. I., Unger, J. B., Ritt-Olson, A., Soto, D., & Baezconde-Garbanati, L. (2011).
  Acculturation, gender, depression, and cigarette smoking among US Hispanic youth: The
  mediating role of perceived discrimination. *Journal of youth and adolescence*, *40*(11),
  1519-1533. https://doi.org/10.1007/s10964-011-9633-y

Lorenzo-Blanco, E. I., Unger, J. B., Ritt-Olson, A., Soto, D., & Baezconde-Garbanati, L. (2012).
  A longitudinal analysis of Hispanic youth acculturation and cigarette smoking: The roles
  of gender, culture, family, and discrimination. *Nicotine & tobacco research*, *15*(5),
  957-968. https://doi.org/10.1093/ntr/nts204

Love, K. L. (2010). The lived experience of socialization among African American nursing

    students in a predominantly White university. Journal of Transcultural Nursing, 21(4),

    342-350. https://doi.org/10.1177/1043659609360711

Lukachko, A., Hatzenbuehler, M. L., & Keyes, K. M. (2014). Structural racism and myocardial

    infarction in the United States. *Social Science & Medicine*, *103*, 42-50.

    https://doi.org/10.1016/j.socscimed.2013.07.021

Malagon, M. C., Huber, L. P., & Velez, V. N. (2009). Our experiences, our methods: Using

    grounded theory to inform a critical race theory methodology. *Seattle J. Soc. Just.*, *8*,

    253.

Malcolm-Piquex, L. (2013). Addressing Latino Outcomes at California's Hispanic Serving

    Institutions: Latina and Latino High School Graduates are Disproportionately Enrolled in

    Community Colleges. The Tomas Rivera Policy Institute. Retrieved 11/23/2013 from

    http://trpi.uscmediacurator.com/ccenrollment/

Maruyama, G., Moreno, J. F., Gudeman, R. H., & Marin, P. (2000). Does Diversity Make a

    Difference? Three Research Studies on Diversity in College Classrooms.

McGee, E. O., & Stovall, D. (2015). Reimagining critical race theory in education: Mental

    health, healing, and the pathway to liberatory praxis. *Educational Theory*, *65*(5), 491-

    511. https://doi.org/10.1111/edth.12129

McIntosh, P. (1988). White privilege: Unpacking the invisible knapsack.

McKittrick, K. (2012). Quiescent Change. Reading Barack Obama, Reading Race and Racism,

    Reading Whiteness. Qual Sociol (2012) 35:243–249. https://doi.org/10.1007/S11133-

    012-9218-4

Meleis, A. I. (2011). *Theoretical nursing: Development and progress*. Lippincott Williams & Wilkins.

Milkman, K. L., Akinola, M., & Chugh, D. (2012). Temporal distance and discrimination: An audit study in academia. *Psychological Science*, *23*(7), 710-717. https://doi.org/10.1177%2F0956797611434539

Minority Nurse. *Nursing Statistics.* Retrieved from https://minoritynurse.com/nursing-statistics/ on May 25, 2018.

Moody, D. L. B., Chang, Y., Brown, C., Bromberger, J. T., & Matthews, K. A. (2018). Everyday discrimination and metabolic syndrome incidence in a racially/ethnically diverse sample: study of Women's Health Across the Nation (SWAN). *Psychosomatic medicine*, *80*(1), 114. https://doi.org/10.1097/PSY.0000000000000516

Mottola, G. R. (2014). The financial capability of young adults—A generational view. *FINRA Foundation Financial Capability Insights*.

Nadal, K. L. (2011). The Racial and Ethnic Microaggressions Scale (REMS): Construction, reliability, and validity. *Journal of Counseling Psychology, 58*, 470-480. https://psycnet.apa.org/doi/10.1037/a0025193

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development*, *92*(1), 57-66. https://psycnet.apa.org/doi/10.1002/j.1556-6676.2014.00130.x

National Coalition of Ethnic Minority Nurse Associations. NCEMNA. Retrieved January 30, 2014. About NCEMNA. 2010, from http://www.ncemna.org/about.asp

Nauert PhD, R. (2011). 'Racial battle fatigue' Seems to fuel anxiety disorder among African-Americans. *Psych Central*. Retrieved May 12, 2015, from http://psychcentral.com/news/2011/03/04/racialbattle-fatigue-seems-to-fuel-anxiety-disorder-among-africanamericans/24132.html

Neville, H. A., Lilly, R. L., Duran, G., Lee, R. M., & Browne, L. (2000). Construction and initial validation of the Color-Blind Racial Attitudes Scale (CoBRAS). *Journal of Counseling Psychology*, *47*(1), 59. https://psycnet.apa.org/doi/10.1037/0022-0167.47.1.59

Neville, H. A., Poteat, V. P., Lewis, J. A., & Spanierman, L. B. (2014). Changes in White college students' color-blind racial ideology over 4 years: Do diversity experiences make a difference? *Journal of counseling psychology*, *61*(2), 179. https://psycnet.apa.org/doi/10.1037/a0035168

Neville, H., Spanierman, L., & Doan, B. T. (2006). Exploring the association between color-blind racial ideology and multicultural counseling competencies. *Cultural Diversity and Ethnic Minority Psychology*, *12*(2), 275. https://doi.org/10.1037/1099-9809.12.2.275

Nie, N. H., Bent, D. H., & Hull, C. H. (1975). *SPSS: Statistical package for the social sciences* (Vol. 227). New York: McGraw-Hill.

Noon, M. (2018). Pointless diversity training: Unconscious bias, new racism and agency. *Work, employment and society*, *32*(1), 198-209. https://doi.org/10.1177%2F0950017017719841

Offermann, L. R., Basford, T. E., Graebner, R., Jaffer, S., De Graaf, S. B., & Kaminsky, S. E. (2014). See no evil: Color-blindness and perceptions of subtle racial discrimination in the workplace. *Cultural Diversity and Ethnic Minority Psychology*, *20*(4), 499. https://psycnet.apa.org/doi/10.1037/a0037237

Okazaki, S. (2009). Impact of racism on ethnic minority mental health. Perspectives on

    Psychological Science, 4, 103–107. https://doi.org/10.1111%2Fj.1745-

    6924.2009.01099.x

Ong, A. D., Williams, D. R., Nwizu, U., & Gruenewald, T. L. (2017). Everyday unfair treatment

    and multisystem biological dysregulation in African American adults. *Cultural diversity*

    and ethnic minority psychology, *23*(1), 27.

    https://psycnet.apa.org/doi/10.1037/cdp0000087

Pager, D., Bonikowski, B., & Western, B. (2009). Discrimination in a low-wage labor market: A

    field experiment. *American Sociological Review*, *74*(5), 777-799.

    https://doi.org/10.1177%2F000312240907400505

Pan, Y.Y. (2015). Review of Racism without Racists: Color-Blind Racism and the

    Persistence of Racial Inequality in America by Eduardo Bonilla-Silva. *The Middle*

    Ground Journal, 10 (Spring). http://TheMiddleGroundJournal.org

Papp, K. K., Huang, G. C., Clabo, L. M. L., Delva, D., Fischer, M., Konopasek, L., ... & Gusic,

    M. (2014). Milestones of critical thinking: a developmental model for medicine and

    nursing. *Academic Medicine*, *89*(5), 715-720.

    https://doi.org/10.1097/ACM.0000000000000220

Parker, L., & Villalpando, O. (2007). A Racialized Perspective on Education Leadership:

    Critical Race Theory in Educational Administration. *Educational Administration*

    Quarterly, *43*(5), 519-524. https://doi.org/10.1177/0013161X07307795

Pascoe, E. A., & Richman, L. S. (2009). Perceived Discrimination and Health: A Meta-Analytic

    Review. *Psychological Bulletin, 135,* 531–554.

    https://psycnet.apa.org/doi/10.1037/a0016059

Pasque, P. A., Chesler, M. A., Charbeneau, J., & Carlson, C. (2013). Pedagogical approaches to

    student racial conflict in the classroom. *Journal of Diversity in Higher Education*, *6*(1), 1.

    https://psycnet.apa.org/doi/10.1037/a0031695

Passel, J. S., Cohn, D. & Lopez, M. H. (2011). Hispanics Account for More than Half of

    Nation's Growth in Past Decade Census 2010: 50 Million Latinos. Retrieved December

    2, 2013 from http://www.pewhispanic.org/2011/03/24/hispanics-account-for-more-than-

    half-of-nationsgrowth-in-past-decade/

Paul-Emile, K. (2015). Foreword: Critical Race Theory and Empirical Methods Conference.

    Fordham Law Review, 83(6), 2952-2960.

Pérez Huber, L., & Solorzano, D. G. (2015). Racial microaggressions as a tool for critical race

    research. *Race Ethnicity and Education*, *18*(3), 297-320.

    https://doi.org/10.1080/13613324.2014.994173

Perez-Rodriguez, J., & de la Fuente, A. (2017). Now is the time for a postracial medicine:

    Biomedical research, the National Institutes of Health, and the perpetuation of scientific

    racism. *The American Journal of Bioethics*, *17*(9), 36-47.

Pew Research Center. (2011). Census 2010: 50 million Latinos; Hispanics account for more than

    half of Nation's growth in past decade. Retrieved November 23, 2013 from

    http://www.pewhispanic.org/files/reports/140.pdf.

Pew Research Center. (2017). How the United States Hispanic population is changing.

    September 18, 2017. Retrieved January 12, 2018 from http://www.pewresearch.org/fact-

    tank /2017 /09/18/how-the-u-s-hispanic-population-is-changing/

Phelan, J. C., Link, B. G., & Feldman, N. M. (2013). The genomic revolution and beliefs about

    essential racial differences: a backdoor to eugenics? *American sociological review*, *78*(2),

    167-191. https://doi.org/10.1177%2F0003122413476034

Pierce, C. (1974). Psychiatric problems of the Black Minority. In S. Arieti (Ed.), *American*

    handbook of psychiatry (pp. 512-523). New York, NY: Basic Books.

Pierce, J. L. (2013). White racism, social class, and the backlash against affirmative

    action. *Sociology Compass*, *7*(11), 914-926. https://doi.org/10.1111/soc4.12082

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental

    health among Black American adults: a meta-analytic review. *Journal of Counseling*

    Psychology, *59*(1), 1. https://psycnet.apa.org/doi/10.1037/a0026208

Rodgers, B.L. (2005). *Developing Nursing Knowledge: Philosophical Traditions and Influences.*

    Philadelphia: Lippincott Williams & Wilkins.

Romero, A., Arce, S., & Cammarota, J. (2009). A barrio pedagogy: Identity, intellectualism,

    activism, and academic achievement through the evolution of critically compassionate

    intellectualism. *Race Ethnicity and Education*, *12*(2), 217-233.

    https://doi.org/10.1080/13613320902995483

Schofield, J. W. (1986). Causes and consequences of the color-blind perspective. In J. F. Dovidio

    & S. L. Gaertner (Eds.), *Prejudice, discrimination, and racism* (pp. 231-253). New York:

    Academic Press.

Schor, P. (2017). *Counting Americans: How the US census classified the nation*. Oxford

    University Press.

Sharp-Grier, M. L., & Martin, J. L. (2016). Broken windows, broken promises: Grief, privilege,

and hope in the mythical post racial, a call and response. *Qualitative inquiry*, *22*(7), 561-

567. https://doi.org/10.1177%2F1077800415624716

Siegel, D. J. (2019). The mind in psychotherapy: An interpersonal neurobiology framework for

understanding and cultivating mental health. *Psychology and Psychotherapy: Theory,*

Research and Practice, *92*(2), 224-237. https://doi.org/10.1111/papt.12228

Sims, M., Diez-Roux, A. V., Dudley, A., Gebreab, S., Wyatt, S. B., Bruce, M. A., ... & Taylor,

H. A. (2012). Perceived discrimination and hypertension among African Americans in

the Jackson Heart Study. *American Journal of Public Health*, *102*(S2), S258-S265.

https://doi.org/10.2105/AJPH.2011.300523

Smith, W. A., Allen, W. R., & Danley, L. L. (2007). "Assume the position... you fit the

description" psychosocial experiences and racial battle fatigue among African American

male college students. *American Behavioral Scientist*, *51*(4), 551-578.

https://doi.org/10.1177%2F0002764207307742

Smith, W. A., Hung, M., & Franklin, J. D. (2012). Between hope and racial battle fatigue:

African American men and race-related stress. *The Journal of Black Masculinity*, *2*(1).

Smith, W. A., Hung, M., Franklin, J. D. (2011). Racial battle fatigue and the miseducation of

Black men: Microaggressions, societal problems, and environmental stress. *Journal of*

*Negro Education. (80)*1, 63-82.

Smith, W. A., Yosso, T. J., & Solórzano, D. G. (2006). Challenging racial battle fatigue on

    historically White campuses: A critical race examination of race-related stress. In C. A.

    Stanley (Ed.), *Faculty of color: Teaching in predominantly White colleges and*

    universities (Vol. 69). Page 299-327. Jossey-Bass. Chicago.

    https://doi.org/10.1163/ej.9789004203655.i-461.82

Smith, W. A., Yosso, T. J., & Solórzano, D. G. (2007). Racial primes and Black misandry on

    historically White campuses: Toward critical race accountability in educational

    administration. *Educational Administration Quarterly*, *43*(5), 559-585.

    https://doi.org/10.1177%2F0013161X07307793

Solorzano, D. (1998). Critical race theory, race and gender microaggressions, and the

    experiences of Chicana and Chicano scholars. *Qualitative Studies in Education 11* (1):

    121–136. https://doi.org/10.1080/095183998236926

Solórzano, D. G. (2013). Critical race theory's intellectual roots: My email epistolary with

    Derrick Bell. *Handbook of Critical Race Theory in Education*, 48-68.

Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and

    campus racial climate: The experiences of African American college students. *Journal of*

    Negro education, 60-73. https://www.jstor.org/stable/2696265

Solorzano, D., Villalpando, O., & Oseguera, L. (2005). Educational inequities and Latina/o

    undergraduate students in the United States: a critical race analysis of their educational

    progress. *Journal of Hispanic Higher Education, 4*(272), 271-294.

    https://doi.org/10.1177%2F1538192705276550

Solórzano, D. G., & Yosso, T. J. (2002). Critical race methodology: Counter-storytelling as an

    analytical framework for education research. *Qualitative Inquiry*, *8*(1), 23-44.

    https://doi.org/10.1177%2F107780040200800103

Soto, J. A., Dawson-Andoh, N. A., & BeLue, R. (2011). The relationship between perceived

    discrimination and generalized anxiety disorder among African Americans, Afro

    Caribbeans, and non-Hispanic Whites. *Journal of Anxiety Disorders (25),* 258-265.

    https://doi.org/10.1016/j.janxdis.2010.09.011

Sowell, T. (1981). Ethnic America: A history. New York: Basic Books.

Starks, B. (2021). The double pandemic: Covid-19 and white supremacy.

    https://doi.org/10.1177%2F1473325020986011

Steed, R. (2014). Caucasian allied health students' attitudes towards African Americans:

    implications for instruction and research. *ABNF Journal, 25*(3), 80.

Su, Y., & Behar-Horenstein, L. S. (2017). Color-Blind Racial Beliefs Among Dental

    Students and Faculty. *Journal of dental education*, *81*(9), 1098-1107.

    https://doi.org/10.21815/JDE.017.064

Subramanyam, M. A., Diez-Roux, A. V., Hickson, D. A., Sarpong, D. F., Sims, M., Taylor Jr, H.

    A., ... & Wyatt, S. B. (2012). Subjective social status and psychosocial and metabolic risk

    factors for cardiovascular disease among African Americans in the Jackson Heart Study.

    Social science & medicine, *74*(8), 1146-1154.

    https://doi.org/10.1016/j.socscimed.2011.12.042

Sue, D. W. (1977). Eliminating cultural oppression in counseling: Toward a general theory.

    Journal of Counseling Psychology, *25*, 419-428. https://doi.org/10.1037/0022-

    0167.25.5.419

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender and sexual orientation*. Hoboken, NJ: John Wiley.

Sue, D. W. (2015a). *Race talk and the conspiracy of silence: Understanding and facilitating difficult dialogues on race*. John Wiley & Sons.

Sue, D. W. (2015b). Therapeutic harm and cultural oppression. *The Counseling Psychologist*, *43*(3), 359-369. https://doi.org/10.1177%2F0011000014565713

Sue, D. W., Capodilupo, C. M., & Holder, A. M. (2008). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice*, *39*, 329–336. https://psycnet.apa.org/doi/10.1037/0735-7028.39.3.329

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *The American Psychologist*, *62*, 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Sue, D. W., Nadal, K. L., Capodilupo, C. M., Lin, A. I., Torino, G. C., & Rivera, D. P. (2008). Racial microaggressions against Black Americans: Implications for counseling. *Journal of Counseling & Development*, *86*(3), 330-338. https://doi.org/10.1002/j.1556-6678.2008.tb00517.x

Survey Monkey Inc. [Computer software] (2020). San Mateo, California. Retrieved from: www.surveymonkey.com

Survey Monkey Security Statement. SurveyMonkey Inc. [Computer software] (2020). Retrieved from: https://www.surveymonkey.com/mp/policy/security/

Taylor, T. R., Kamarck, T. W., & Shiffman, S. (2004). Validation of the Detroit Area Study Discrimination Scale in a community sample of older African American adults: the Pittsburgh healthy heart project. *International Journal of Behavioral Medicine*, *11*(2), 88-94.

Torino, G. C. (2015). Examining Biases and White Privilege: Classroom Teaching Strategies That Promote Cultural Competence. *Women & Therapy*, *38*(3-4), 295-307. https://doi.org/10.1080/02703149.2015.1059213

Tyson, S. Y. (2007). Can cultural competence be achieved without attending to racism? Issues in Mental Health Nursing, 28(12), 1341-1344. https://doi.org/10.1080/01612840701686518

United States Census Bureau. (2012). U.S. Census Bureau Projections Show a Slower Growing, Older, more Diverse Nation a Half Century from now. U.S. Census Bureau Washington, D. C. United States Census Bureau. Retrieved March 19, 2014 from: http://www.census.gov/population/race/)

United States Census Bureau, June 25, 2015. Millennials Outnumber Baby Boomers and Are Far More Diverse, Census Bureau Reports. Retrieved from: http://www.census.gov/newsroom/press-releases/2015/cb15-113.html

United States Department of Education. (2020). Developing Hispanic-Serving Institutions Program-Title V. Retrieved from https://www2.ed.gov/programs/idueshsi/index.html

University of California Los Angeles Office of the Human Research Protection Program. (2017). IRB Descriptions. Retrieved from http://ora.research.ucla.edu/ohrpp/Pages/OHRPPHome.aspx

Varcarolis, E.M. (2017). Essentials of Psychiatric Mental Health Nursing: A Communication Approach to Evidence-Based Care, 3e (3rd Edition).

Villalpando, O. (2003). Self-segregation or self-preservation? A critical race theory and Latina/o critical theory analysis of a study of Chicana/o college students. *Qualitative Studies in Education*, *16*(5), 619-646. https://doi.org/10.1080/0951839032000142922

Wallace, M., Crear-Perry, J., Richardson, L., Tarver, M., & Theall, K. (2017). Separate and unequal: Structural racism and infant mortality in the US. *Health & place*, *45*, 140-144. https://doi.org/10.1016/j.healthplace.2017.03.012

Walter, R. R. (2017). Emancipatory nursing praxis: A theory of social justice in nursing. *Advances in Nursing Science*, *40*(3), 225-243. https://doi.org/10.1097/ANS.0000000000000157

Warikoo, N. K., & De Novais, J. (2015). Colour-blindness and diversity: race frames and their consequences for white undergraduates at elite US universities. *Ethnic and Racial Studies*, *38*(6), 860-876. https://doi.org/10.1080/01419870.2014.964281

Weech-Maldonado, R., Dreachslin, J. L., Epané, J. P., Gail, J., Gupta, S., & Wainio, J. A. (2018). Hospital cultural competency as a systematic organizational intervention: Key findings from the national center for healthcare leadership diversity demonstration project. *Health care management review*, *43*(1), 30-41. https://doi.org/10.1097/HMR.0000000000000128

Wei, M., Wang, K. T., Heppner, P. P., & Du, Y. (2012). Ethnic and mainstream social connectedness, perceived racial discrimination, and posttraumatic stress symptoms. *Journal of Counseling Psychology*, *59*(3), 486. https://psycnet.apa.org/doi/10.1037/a0028000

Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of behavioral medicine*, *32*(1), 20-47.

Williams, D. R. & Mohammed, S.A. (2013). Racism and health II: A needed research agenda for effective interventions. *American Behavioral Scientist.* 1-27. https://doi.org/10.1177/0002764213487341.

Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *Journal of health psychology*, *2*(3), 335-351. https://doi.org/10.1177%2F135910539700200305

Wong, G., Derthick, A. O., David, E. J. R., Saw, A., & Okazaki, S. (2014). The what, the why, and the how: A review of racial microaggressions research in psychology. *Race and Social Problems*, *6*(2), 181-200. https://doi.org/10.1007/s12552-013-9107-9

Worthington, R. L., Navarro, R. L., Loewy, M., & Hart, J. (2008). Color-blind racial attitudes, social dominance orientation, racial-ethnic group membership and college students' perceptions of campus climate. *Journal of Diversity in Higher Education*, *1*(1), 8. https://psycnet.apa.org/doi/10.1037/1938-8926.1.1.8

Yasmin, A., Mohsin, M. N., & Buzdar, M. A.(2020). *Training Need Assessment for the Infusion of Tolerance, Peace and Social Cohesion among University Students. Global Social Sciences Review*, *1*, 419-427.

Yosso, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race ethnicity and education*, *8*(1), 69-91.

Young, M. Personal communication, December 15, 2015.