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Microaggressions: A Weight on the Success of Graduate Nursing Students of Color

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Microaggressions:
A Weight on the Success of Graduate Nursing Students of Color

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"Everything I'm not made me everything I am" (West, 2017)

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Abstract

Background: The Institute of Medicine (renamed the National Academies of Science, Engineering and Medicine) suggests diversifying the health profession workforce as a strategy to mediate health disparities related to provider bias and prejudice. Microaggressions, a subtle form of discrimination, have been proven to be just as psychologically detrimental to racial minorities as flagrant discrimination. Research has found the experience of microaggressions in nursing education to be associated with decreased wellness and satisfaction. However, little is known about the effects of microaggressions on graduate nursing students of color. Although the success of all students is essential, graduated prepared nurses specifically have the ability to reduce health disparities as educators, care providers, researchers, and leaders.

Purpose: To examine the prevalence of microaggressions and the impact on satisfaction and symptoms of depression in graduate nursing students of color.

Methods: A quantitative cross-sectional study using a descriptive survey with questions adapted from a 16-item Racial and Ethnic Microaggressions Scale and the two-item Patient Health Questionnaire to measure symptoms of depression. Six questions were generated to measure participants' satisfaction with nursing training. The study sample (n=130) consisted of 98 White, eight Black or African American, three American Indian or Alaska Native, 18 Asian, and three Native Hawaiian or Pacific Islander participants. A total of eight (n=8) participants reported having Hispanic or Latino(a) origin.

Results: The data revealed an inverse correlation between the greater self-reported experience of microaggressions and lesser satisfaction with graduate nursing training. Also, a positive correlation between the greater self-reported experience of microaggressions and greater symptoms of depression was identified. No significant difference in the prevalence of self-

reported microaggressions between non-Latino White students and students of color was discovered.

Conclusion: This study shows the need for continued education for faculty and staff of nursing institutions to create a more culturally inclusive environment for graduate nursing students. The addition of a curriculum focusing on diversity, equity, and inclusion will not only support the success of graduate nursing students of color but will benefit the success of all the student body by increasing diversity and creating a more culturally competent workforce.

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Microaggressions: A Weight on the Success of Graduate Nursing Students of Color

Introduction

Microaggressions are events that have the effect of insulting or degrading a person based on race, gender, sexual orientation, or heritage (Sue, 2007). Unlike bullying, which is usually more direct, microaggressions are difficult to identify and have been described as a less visible modern form of discrimination (Espaillat, Panna, Goede et al., 2019). Although much attention has been focused on the impacts of bullying in the academic setting (Murdoch-Kinch, Duff, Ramaswamy et al., 2017), more research is needed on the impact of microaggressions due to its increased prevalence. The purpose of this project is to examine the prevalence of microaggressions and the impact on educational satisfaction and symptoms of depression in graduate nursing students of color.

Background

Health disparities among under-represented minority (URM) populations continue to be a significant issue in the United States (U.S). There is a correlation between inequitable differences in health and the physical, social, and economic conditions in which people are born, grow, live, and age. Defined as the social determinates of health, these circumstances are shaped by the distribution of money, power, and vital resources at national, local, and even global levels (Penman-Aguilar, Talih, Huang et al., 2016). Some literature attributes biological differences in race as the cause of racial disparities in health as disparities continue to exist even in the presence of comparable insurance, income, age, and severity of illness (Kaufman & Hall, 2003; Nelson, 2002; Zilbermint, Gaye, Berthon et al., 2019). Under-represented minorities continue to be disproportionately burdened by chronic illnesses such as hypertension and diabetes compared to non-Latino White individuals (Kochanek, Murphy, Xu et al., 2019).

The coronavirus disease of 2019 (COVID-19), a severe respiratory infection which rapidly spread across the world in 2020, is a recent manifestation of the disproportionate inequality Just months following the first reported case within the U.S, racial minority communities were quickly devastated by the virus. The 32.2% Black population of Louisiana accounted for 70.5% of the deaths related to the virus, while Michigan's 14% Black population disturbingly represented 40% of the deaths (Deslatte, 2020; Thebault, Ba Tran, & Williams, 2020). These disparities are not unique to the Black population as age-adjusted data, later released by the Centers for Disease Control and Prevention (CDC), revealed that both Hispanic and Black Americans under the age of 65 die in greater numbers than non-Latino Whites of the same age group. Of the reported deaths under the age of 65 in the U.S, the Hispanic and Black population accounted for 34.9% and 29.5% respectively, while the non-Latino White population accounted for only 13.2% (Wortham, Lee, Althomsons et al., 2020). Although insufficient data limited analysis to 23 states, the non-Hispanic American Indian and Alaska Native populations, which account for 0.7% of the U.S population, experienced an infection rate that was 3.5 times that of the non-Latino White population (Hatcher, Agnew-Brune, Anderson et al., 2020). The epidemiology of COVID-19 demonstrated that disparities among URM populations are not only a social justice issue but an issue of public health.

The Institute of Medicine (renamed the National Academies of Science, Engineering and Medicine) has recognized bias, stereotyping, and prejudice as contributing factors to health disparities and suggests diversifying the health profession workforce as one strategy to mediate these issues (Institute of Medicine, 2004). The racial minority population, which made up 38% of the U.S. population in 2014, is expected to rise to 56% by 2060 (United States Census Bureau, 2015). Despite historic demographic shifts, the U.S. healthcare workforce, which is largely

comprised of registered nurses, has failed to reflect the population. According to the 2018 National Sample Survey of Registered Nurses, racial minorities only make up 24.9% of the nursing workforce in the U.S. (U.S. Department of Health and Human Services [USDHHS], 2019). Racial minority patients have been shown to be more likely to experience inadequate care, have complicated relationships with providers, feel disrespected by the healthcare system and experience barriers to accessing healthcare (Khan, Taylor, & Rialon, 2019). The low representation of minorities in the healthcare workforce may contribute to the frequency of racial discordance for URM patients.

Racial discordance refers to providers and patients having different racial identities. This lack of matching has been associated with poorer communication and a perceived lower level of care by URM patients (Shen et al., 2018). Reduced communication is frequently related to provider trust and the fear that particular groups have been judged negatively according to a stereotype (Havranek, Hanratty, Tate et al., 2012). Defined as "stereotype threat," the phenomenon was first studied in a sample of African American college students who were noted to score equally as well as non-Latino Whites on tests described to be nondiagnostic but performed poorer when the tests were described as diagnostic evaluations of intelligence (Steele & Aronson, 1995). The stress and anxiety resulting from the fear of conforming to a stereotype resulted in poorer test scores (Schmader, 2010). In the context of medical care, these psychological effects may impact an African American patient's ability to establish a trusting, therapeutic relationship with a provider (Havranek et al., 2012). Research on stereotype threats later expanded to identify effects on varying racial, gender, sexual, ethnic, and social identities (Aronson, Burgess, Phelan et al., 2013; Burgess, Warren, Phelan et al., 2010; Steele, 2011).

Even with cultural competency training becoming widely promoted, the absence of a shared cultural experience associated with racial discordance creates obstacles for establishing a trusting patient-provider relationship. Racial concordance refers to providers and patients sharing similar racial identities and has been found to be associated with better interpersonal relationships, particularly among Black individuals and their providers (Saha, Komaromy, Koepsell et al., 1999). This is particularly important when addressing preventative care and health outcomes for URM patients. A study involving human immunodeficiency virus (HIV) patients indicated that Black individuals were more likely to use preventative care, less likely to delay treatment, and more likely to receive protease inhibitor therapy when under the care of a provider of the same race (King, Wong, Shapiro et al., 2004). Although there is research suggesting no clear association between racial concordance and health outcomes (Meghani, Brooks, Gipson-Jones et al., 2009; Zhao, Dowzicky, Colbert et al., 2019), a systematic review conducted using seven online databases between 1995 and 2016 further support the benefits of racial concordance on patient outcomes (Shen et al., 2018). A majority of the studies analyzed by Shen and colleagues (2018) showed that Black patients experienced lower patient-physician communication satisfaction, less information-giving, partnership-building, and decision-making; and encountered physicians who were more verbally dominant. The preference for racial concordance is not unique to the URM population. A study on clients receiving outpatient mental health treatment concluded that regardless of travel distance, racial concordance had a strong influence on program selection for non-Latino White clients (Koizumi, Rothbard, Smith et al., 2011).

One of the reasons many nursing organizations advocate for increasing the nursing workforce is to decrease unconscious bias among the nursing workforce (National Association of

Hispanic Nurses, 2020; National Black Nurses Association, 2020). The Implicit Association Test (IAT) is a validated tool that can be used to assess implicit bias. It assesses the presence of an implicit racial bias by measuring how quickly participants are able to make associations between categories (e.g., Black persons versus White persons) and evaluations (e.g., good versus bad) or stereotypes (e.g., coordinated versus clumsy) (Johnson, Ellison, Dalembert et al., 2017). Biased participants will more quickly make associations between stereotypical groupings compared to counter stereotypical groupings (Dehon, Weiss, Jones et al., 2017). Research using the IAT tool has uncovered that many healthcare providers hold unconscious pro-White/anti-Black racial bias (Johnson et al., 2017). Unconscious bias impacts clinical decision-making as it hinders providers' ability to acquire an understanding of patients' values, beliefs, and needs (Institute of Medicine, 2004). Racial minorities have been found to be less likely to receive cardiac intervention or be transferred for aggressive treatment of acute myocardial infarction (Jacobi, Parikh, McGuire et al., 2007; Mehta, Marks, Califf et al., 2006; Musey, Studnek, & Garvey, 2016; Peterson, Shah, Parsons et al., 2008). An analysis of emergency rooms from 300 hospitals across the U.S. discovered that White patients had shorter wait times and were more likely to be admitted when compared to non-White patients (Dehon et al., 2017). This bias may contribute to the poorer clinical outcomes and higher mortality rates seen amongst racial minorities (Movahed, John, Hashemzadeh et al., 2009). Racial bias, unconscious or not, can negatively impact patient-provider interactions, patient satisfaction, and a patient's overall willingness to engage with the healthcare system. This, in turn, further contributes to health disparities for URM. Although efforts have been made to encourage racial minorities to pursue an education in health professions such as nursing (J. Johnson & Bozeman, 2012; Katz, Barbosa-Leiker, & Benavides-

Vaello, 2016; Toney, 2012), barriers exist in academia that hinder the success of these students, namely microaggressions.

Microaggressions

Prejudice and discrimination continue to be prevalent on university and college campuses across the U.S (Larimer, 2017). Frequent incidents negatively impact the institutional climate, a campus's real or perceived commitment to diversity, and have been shown to be damaging to students' academic success (Murray, 2015; Williams, Bourgault, Valenti et al., 2018). Microaggressions, a form of discrimination, are defined as subtle intentional or non-intentional messages sent through body language, word choice, and behavior (Sue, 2007). They are proven to be equally or even more detrimental to minorities, specifically racial minorities, than flagrant discrimination (Cortina, 2008; Dovidio, 2001). A study performed at Princeton University examined the cognitive reaction of non-Latino White students and Black students to prejudice (Salvatore & Shelton, 2007). The study found that non-Latino White participants experienced the greatest cognitive impairment to blatant prejudice while Black participants experienced the most significant impairment to ambiguous forms of discrimination such as microaggressions. The term "racial microaggression" was first proposed in the 1970s by psychiatrist and Harvard professor Dr. Chester Pierce (Pierce, 1970). The concept was later expanded upon by Dr. Derald Wing Sue, one of the most prolific scholars in microaggression research (Wong, Derthick, David et al., 2014), who later identified three categories of microaggressions: microassault, microinsult, and microinvalidation (Sue, 2007).

Often referred to as "old-fashioned" discrimination, microassaults are intentional verbal or nonverbal attacks intended to offend the recipient (Torres, Salles, & Cochran, 2019). They are accomplished through name-calling, avoidant behavior, or purposeful discriminatory actions.

Although blatant, microassaults differ from blatant racism by focusing on an individual rather than a group. They are generally expressed in private or limited situations that allow the perpetrator some degree of anonymity (Sue, 2007). Displays of the confederate symbol is an example that has recently garnished much attention in the U.S (Borresen, 2020; McAndrews, Todd, & Truesdale, 2017; Shannon, 2020; Smith, 2020; Sue, 2010). Originally known as a battle flag for the eleven southern states that made up the Confederate States of America in the 1860s, it is said to serves as a symbol for "Southern heritage" but is also very popular among White supremacists due to its link to pro-slavery ideology (Anti-Defamation League, 2020).

Unlike the blatant and intentional characteristics of microassaults, microinsults are subtle nonverbal or verbal snubs often unknown to the perpetrator. They convey a hidden insult that demeans a person's racial heritage or identity (Sue, 2007). A well-known example occurred in a 2007 interview where Senator Joseph Biden, in reference to the then-Senator Barack Obama, stated, "I mean, you've got the first sort of mainstream African-American who is articulate and bright and clean and a nice-looking guy. I mean, that's a story-book, man," (Biden, 2007). The statement is problematic because it conveys the notion that the opposite was expected because people of color, in Biden's conscious or subconscious view, are not smart, articulate, clean, or nice-looking. (Alim & Smitherman, 2012; Davis & Miller, 2014; Sue, 2007; Washington, Birch, & Roberts, 2020). Chris Rock, an African American comedian, made light of a similar comment made toward Former U.S. National Security Advisor Colin Powell. "'He speaks so well' is not a compliment, okay? 'He speaks so well' is [something] you say about a [severely developmentally disabled] person that can talk" (Rock, 1996).

Microinvalidations are ambiguous statements that deny or undermine a person's thoughts, feelings, or experiences as a member of a minority group (Sue, 2007). Colorblindness,

an ideological perspective that downplays the importance of race by focusing on a commonality, is a classic example of microinvalidation (Holoien & Shelton, 2012). Colorblind statements such as, “We are all human beings” or “We are all one race: the human race” are perceived as exclusionary and work to negate further the experience of racial minorities (Helms, 1992; Markus, Steele, & Steele, 2000; Ryan, Hunt, Weible et al., 2007; Washington et al., 2020). Another more recent example would be the creation of the phrase “All Lives Matter” in response to the affirmation “Black Lives Matter” (Moritsugu, Vera, Wong et al., 2015). To respond, “All Lives Matter” undermines the movement as it fails to acknowledge the unjust police brutality disproportionately experienced by African Americans and other people of color (Rogers, 2020).

Within the categories of microaggressions, Sue (2007) has identified nine themes: alien in one’s own land, an ascription of intelligence, colorblindness, criminality or assumption of criminal status, denial of individual racism, the myth of meritocracy, pathologizing cultural values or communication styles, second-class status, and environmental invalidation. Variations in microaggression themes exist across racial groups with some gender-specific themes occurring predominately within certain racial groups (Torres-Harding, Andrade, & Diaz, 2012). Crenshaw (1989) refers to this interconnected, additive relationship between inequalities (e.g., gender, generational status, sexuality) and race as “intersectionality.” These intersecting variations were examined in Sue’s (2007) study identifying major microaggression themes directed at Asian Americans. While Asian American men and women shared themes such as ascription of intelligence, exoticization was specific to Asian American women. Intersecting variations in microaggressions have been discovered in both the Black and Latinx populations (McCabe, 2009).

Psychological Impact

The adverse psychological effects of perceived racial discrimination against minorities are widely supported by literature (Assari & Lankarani, 2017; Brown, Williams, Jackson et al., 2000; Greene, Way, & Pahl, 2006; Kessler, Mickelson, & Williams, 1999; Sellers & Shelton, 2003). Although microaggressions can often be unintentional (Sue, 2007), studies have found them also to be associated negative mental health outcomes such as depressive symptoms (Hope, Hoggard, & Thomas, 2015). In one study, Donovan, Galban, Grace et al. (2013) explored the impact of perceived purposeful discrimination, referred to in the study as macroaggressions, and microaggressions in Black women's lives. Although perceived purposeful discrimination was more detrimental, microaggressions also influenced depressive symptoms. In another study, Smith, Hung, and Franklin (2012) explored hope as a coping mechanism to mitigate microaggressions in African American men. Participants with moderate to high levels of hope reported more stress associated with microaggression than participants with low levels of hope, with high-achieving minorities at a greater risk of developing depressive symptoms (Smith et al., 2012).

Another mental health outcomes associated with microaggressions among minorities is suicide ideation (Hope et al., 2015). There has been similar evidence literature linking perceived racism and suicide ideation in minorities (Cheng, Fancher, Ratanasen et al., 2010; Gomez, Miranda, & Polanco, 2011; Polanco-Roman & Miranda, 2013; Walker, Salami, Carter et al., 2014). O'Keefe, Wingate, Cole et al. (2015) conducted a study to examine if depressive symptoms caused by racial microaggressions predicted suicide ideation in minority participants. Their study concluded that depression symptoms mediated the relationship between microaggressions and suicidal ideation. Though a single experience of a microaggression is not

sufficient to extensively disrupt mental well-being in minorities, the compound bombardment of these subtle discriminatory messages add strain on the already challenged coping resources of minority students in higher education (Beard KV, 2016).

Future Providers

The U.S is currently experiencing a shortage in the supply of primary care physicians, which has been projected to continue into 2025 (U.S. Department of Health and Human Services [USDHHS], 2016b). The demand for primary care physicians has risen due to the increasing health needs for the growing population of Americans over the age of 65 (Petterson, Liaw, Phillips et al., 2012). The emergence of the Affordable Care Act of 2010 (known as Obamacare) also played a role in the rise in demand as it provided health insurance for over 20 million Americans (USDHHS, 2016a). Minority communities, a group that tends to reside in medically under-served areas, will be grossly impacted as barriers to accessing timely, high-quality healthcare already exist (Nelson, 2002; Penman-Aguilar et al., 2016; Poghosyan & Carthon, 2017).

The nurse practitioner (NP) workforce, which has steadily experienced growth since the 1990s, is projected to grow by 93% between 2013 and 2025, totaling 110,540 primary care NPs by 2025 (Auerbach, 2012; Poghosyan & Carthon, 2017; USDHHS, 2016b). These growth trends give nurse practitioners the opportunity to play a crucial role in combating health disparities in under-served areas of the U.S (Poghosyan & Carthon, 2017). Organizations such as the National Council of State Boards of Nursing, the Robert Wood Johnson Foundation, Federal Trade Commission, National Governors Association, the American Association of Nurse Practitioners, and the National Academies of Science Engineering and Medicine have recommended the removal of practice barriers for NPs to prepare the workforce for this role in reducing health

disparities (American Association of Nurse Practitioners, 2019; Brom, Salsberry, & Graham, 2018; Poghosyan & Carthon, 2017).

Research has found that URM physicians are more likely than non-Hispanic Whites to provide primary care services for under-served poor and minority communities (Kington, Tisnado, & Carlisle, 2001). With practice barriers being removed in many states, NPs are set to represent a large number of primary care providers (PCPs) in communities across the U.S. Although NPs already provide care in communities with high concentrations of racial and ethnic minorities due to the challenges in recruiting and retaining medical physicians, an expanded role as a PCP may amplify the issue of racial discordance (Kippenbrock, Stacy, Tester et al., 2002; Poghosyan & Carthon, 2017; Xu, Veloski, Hojat et al., 1997). According to the 2012 National Sample Survey of Nurse Practitioner, non-Hispanic whites made up 86% of the workforce in the U.S. (USDHHS, 2014). The growing presence of nurse practitioners as primary care providers may mitigate the issue of access for under-served minority communities but will not improve the issue of racial discordance. A strategy to increase NPs who deliver primary care in underserved populations will not be successful if the existence of microaggressions during graduate level training dampens students' chances for success on their way to becoming advanced practice nurses.

Future Educators

The American Association of Colleges of Nursing (AACN) has continued to recognize nursing faculty diversity as a strategy to improve the professional nursing practice (AACN, 2017). According to a 2017 Faculty Census Survey of Schools of Nursing, racial minorities make up 16.2% of full-time nursing faculty, and males make up 6%. Of the 16.2% of full-time minority nursing faculty, 8.8% were African American, 3.7% Hispanic, 2.7% Asian, 0.4%

American Indian, and 0.6% described themselves as multiracial (National League for Nursing, 2018). In order to create a nursing workforce that is better equipped to care for a population growing in size and shifting in diversity (United States Census Bureau, 2015), nursing programs need to create a more inclusive learning environment and provide a more transformative education on behalf of equitable health care delivery (Childs, Jones, Nugent et al., 2004; Whitfield-Harris, Lockhart, Zoucha et al., 2017). A diverse nursing faculty can help influence an academic climate of inclusion while reshaping future nurses through a culturally competent curriculum (AACN, 2017; Murray, 2015).

The literature points out that in order to prepare a more diverse and culturally competent workforce, nursing educators must first acknowledge the Eurocentric culture of nursing education (DeBrew, Lewallen, & Chun, 2014; Gilchrist & Rector, 2007; Sullivan, 2004). A culturally biased focus only recognizes the dominant culture (i.e., White culture) and fails to consider the differences between people of other racial and ethnic backgrounds (Love, 2010; Nugent, Childs, Jones et al., 2002). Under-represented minority students are often aware of being taught the dominant culture, which can be detrimental to their overall academic success (Gilchrist & Rector, 2007; Gillborn, 1992; Love, 2010). Studies have found that a diverse curriculum increases student satisfaction and learning outcomes (Humphreys, 1998; Taxis, 2002). In addition to positively impacting the educational curriculum, a diverse nursing faculty may attract and maintain a more diverse student body (Beard KV, 2016; National Advisory Council on Nurse Education and Practice, 2013; Zajac, 2011).

According to the 2018 NLN Biennial Survey of Schools of Nursing, racial minorities make up 30.7% of prelicensure nursing students, and males make up 13% (National League for Nursing, 2019). Studies have identified racial representation among faculty to be an essential

factor in students' sense of comfort and belonging (L. D. Coleman, 2008; Davis, Dias-Bowie, Greenberg et al., 2004; Murray, 2015; Payton, Howe, Timmons et al., 2013). Students who feel comfortable on campus and accepted by peers and faculty are more likely to succeed (Strayhorn, 2018; Tinto, 1993). Similarly, studies have identified male representation among nursing faculty to be an important factor in both the retention and recruitment of male students (Brady & Sherrod, 2003; Brody, Farley, Gillespie et al., 2017; C. L. Coleman, 2008; Stott, 2007). Besides influencing campus climate, minority faculty are often more committed to serving as racial/ethnic and gender concordant role models and mentors to URM students (Childs, Jones, Nugent, & Cook, 2004). Documenting and decreasing the experience of microaggressions delivered or witnessed by faculty becomes a foundation for specifying professional development needed to increase recruitment and retention of nurses at the graduate level from underrepresented backgrounds.

Future Leaders

Although it is crucial to implement interventions to diversify the healthcare workforce providing direct care to patients, it is equally important to see this diversity reflected in healthcare leadership. A study conducted at a large academic children's hospital found that implicit racial bias existed among pediatric leadership as non-Hispanic Whites had the strongest pro-White/anti-Black bias and non-Hispanic Blacks had the lowest (Johnson et al., 2017). A bias such as this in leadership has the potential to influence minority recruitment and retention. Besides potentially impacting recruitment, minority nurses in leadership identify and augment opportunities to eliminate health disparities by influencing organizational and policy change (Phillips & Malone, 2014). With graduate education, nurses acquire the skills, knowledge, and

abilities needed for evidence-based practice, care coordination, teamwork, outcome management, and operational management of a complex health system (Joseph & Huber, 2015).

Literature Review

A literature review was conducted to examine microaggressions and the impact on the satisfaction and mental health of nursing students. The review of literature began with a broad search of microaggressions experienced by under-represented minority (URM) students in higher education. A second search focused on microaggressions experienced by under-represented minorities in health profession education. This search included medical students and student physician assistants as they share similar clinical environments. The last search focused explicitly on the experiences of URM with microaggressions in nursing education. Of the 26 articles focusing on microaggressions selected for this review, 13 focused on the experiences of minority students in higher education, eight focused on the impact on minority students in health profession education, and four focused on the experiences of minority students in nursing education.

Impact of Microaggressions in Higher Education

Ellis, Powell, Demetriou et al. (2019) conducted a qualitative study to explore how microaffirmations, communications that convey inclusion and support, and microaggressions shape the lived experience of first-generation college students (FGCS) at a predominately White institution. They sampled 296 FGCS, 124 of whom were a racial or ethnic minority. Participants randomly received a prompt addressing a microinsult, microassault, or microinvalidation and the inversely related microaffirmation. Based on personal experience, participants were asked to give an example of the type of microaggression and microaffirmation listed. The study concluded that FGCS experience both microaggressions and microaffirmations from faculty,

staff, and peers at predominately White institutions. Experiences of microaggressions negatively impacted how FGCS formed relationships and connections with others on campus. Additionally, first-generation racial and ethnic minority students reported having an additional challenge of discerning whether microaggressions were directed toward their racial identity or first-generation college status (Ellis et al., 2019).

Torres, Driscoll, and Burrow (2010) conducted a study that identified the assumption of criminality or second-class citizenship, underestimation of personal ability, and cultural/racial isolation as common themes experienced by African Americans in higher education. An online survey utilized open-ended questions to explore the experiences of 97 current and graduated African American doctoral students from across the state of Florida. A second sample of 107 participants was asked to complete a quantitative online survey and was re-evaluated with a second online survey a year later. The quantitative survey utilized the Daily Life Experience-Frequency Scale (DLE-FS) to assess the frequency and theme of microaggressions. Other tools were used to assess participants' use of passive and active coping strategies, overall stress level, and severity of depressive symptoms. Data collected from the quantitative survey support qualitative findings and concluded that racial microaggressions have a negative influence on the mental health of African Americans in higher education (Torres et al., 2010).

McCabe (2009) conducted a study that identified isolation, Black men as a threat, Latinas as sexually available and exotic, the classroom as a site of microaggressions for Black women, and male-dominated academic majors as a site for microaggressions for White women as themes experienced by racial, ethnic, and gender minorities on a predominately White college campus. They sampled 82 students, 40 of whom self-identified as White, to participate in individual one-on-one interviews and racially diverse focus group interviews. The study concluded that

intersectionality of race, ethnicity, and gender influence how microaggressions are experienced by African American, Latinx, and non-Latino White men and women (McCabe, 2009).

Blume, Lovato, Thyken et al. (2012) conducted a study to analyze the relationship between microaggressions and alcohol use and anxiety in college students attending primarily White colleges. They sampled 684 students, 178 of whom self-identified as students of color. They found that students of color experience microaggressions at higher rates than European American students. Further, those who experience higher rates of microaggressions were at higher risk for anxiety and alcohol misuse, both of which may threaten academic performance (Blume et al., 2012).

Ong, Burrow, Fuller-Rowell et al. (2013) conducted a study that identified microinvalidations as the most common category of microaggressions experienced by Asian American college participants. A sample of 152 Asian American student participants completed a daily microaggressions checklist over a 14-day duration. The tailored 20-item Racial Microaggressions Checklist was identified by Sue (2007) to focus on themes that reflect the Asian American experience. Other tools were used in the survey to assess daily somatic symptoms and to measure trait neuroticism. Daily positive affect (PA) and negative affect (NA) were documented by asking participants to rate how they felt during the day. The study concluded that Asian Americans who reported greater experiences of microinvalidations also report higher NA, lower PA, and greater somatic symptoms (Ong et al., 2013).

Kim, Kendall, and Cheon (2017) conducted a study that identified a positive association between the prevalence of racial microaggressions and a decrease in psychological well in Asian American college students. A sample of 152 Asian American undergraduate students from two academic institutions located in the Pacific Northwest completed an online survey for the study.

In addition to demographic data on race, ethnicity, gender, and place of birth, participants were asked to report prior utilization of professional counseling. The survey utilized the Racial and Ethnic Microaggressions Scale (REMS) to measure the frequency of specific racial and ethnic microaggressions over the past six months. Other tools were used in the survey to assess levels of cultural mistrust, mental health outcomes, and help-seeking attitudes. The study concluded that an increase in the experience of microaggressions was associated with an increase in mistrust which, in turn, was associated with a decrease in psychological well-being (Kim et al., 2017).

Hollingsworth, Cole, O'Keefe et al. (2017) conducted a study that identified an association between daily racial microaggressions and increased frequency of suicidal ideation in African American students. A sample of 135 African American students from a predominately White institution in the Midwest completed an online survey for the study. The survey utilized the Racial Microaggressions Scale (RMAS) to assess the frequency and emotional impact of racial microaggressions. The survey also utilized tools to determine the frequency and intensity of suicidal ideation, perceived burdensomeness, and thwarted belongingness. The study concluded that the daily verbal, behavioral, and environmental racial microaggressions experienced by African American students were associated with an increased perception of being a burden on others which, in turn, was associated with increased frequency of suicidal ideation (Hollingsworth et al., 2017).

Sanchez, Adams, Arango et al. (2018) conducted a study to examine the role of coping strategies in the link between racial-ethnic microaggressions and mental health outcomes in an Asian American and Latinx American college population. The 308 undergraduate student participants in the study completed an online survey that utilized the 45-item Racial and Ethnic

Microaggressions Scale (REMS) to measure the frequency of specific racial/ethnic microaggressions over the past six months. The survey also assessed participants' use of engagement/disengagement coping strategies and measured distress related to depression and anxiety. The results of the survey found that participants who experienced racial-ethnic microaggressions reported higher levels of psychological distress. The authors concluded that the utilization of engagement coping strategies such as problem-solving, cognitive restructuring, expression of emotion, and social support might prepare Asian American and Latinx American college students to better cope with racial-ethnic microaggressions (Sanchez et al., 2018).

Torres-Harding, Torres, and Yeo (2019) conducted a quantitative study to examine racial microaggressions in relation to somatic and psychological symptoms among a racially diverse minority population of college students. The 467 participants completed an online survey that utilized the 32-item Racial Microaggressions Scale (RMAS) to measure the frequency of specific microaggressions and the Physical Health Questionnaire (PHQ) to measure the four dimensions of somatic health: gastrointestinal problems, headaches, sleep disturbances, and respiratory illness. The authors determined that racial microaggressions may have a negative impact on the physical and psychological health of college students of color (Torres-Harding et al., 2019).

Zeiders, Landor, Flores et al. (2018) conducted a study to examine the physiological response to microaggressions in a sample of African American and Latinx college students. Diurnal cortisol was measured in the 53 participants of the study through the collection of waking, 30-minute post-waking, and bedtime saliva. Cortisol levels follow a strong diurnal pattern and have been linked to physical and mental health. In addition to providing salivary samples, participants completed a weekly diary assessment which measured microaggressions

experienced by participants. The authors concluded that greater levels of microaggressions did predict subsequent changes in diurnal cortisol levels in young adults (Zeiders et al., 2018).

Williams, Kanter, and Ching (2018) conducted a study that identified that ethnic minorities with strong ethnic identities were more capable of identifying microaggressions. The study sample consisted of 65 African American and 112 European American undergraduate students at a large Southwestern university in the United States. The survey utilized the General Ethnic and Racial Discrimination Scale (GEDS) to measure frequency and associated stress of ethnic discrimination; the Multigroup Ethnic Identity Measure (MEIM) to quantify ethnic identity in minority participants, and the Racial Microaggressions Scale (RMAS) to measure the frequency of microaggressions in participants. The authors concluded that racial maltreatment, including the experience of microaggressions, was a cause of anxiety, stress, and trauma symptoms in African American participants (M. T. Williams, Kanter, & Ching, 2018).

Ylioja, Cochran, Woodford et al. (2018) examined the relationship between the experience of microaggressions and smoking among lesbian, gay, bisexual, and queer/ questioning (LGBQ) college students. The smoking practices of 566 LGBQ college students from across the United States were analyzed using a group of different screening tools. The 15-item LGBQ microaggression subscale was used to measure microaggressions unique to sexual minorities, while the Alcohol Use Disorders Identification Test (AUDIT) screened for hazardous alcohol use, also considered a risk factor for smoking. The authors concluded that frequent experiences with microaggressions were associated with increased odds of smoking when controlling for demographics, alcohol use, and academic stress and engagement indicators (Ylioja et al., 2018).

Lewis, Mendenhall, Harwood et al. (2013) conducted a qualitative study to explore gendered racial microaggressions and coping strategies in African American women. They sampled 17 African American women undergraduate, graduate, and professional students from a predominately White Midwestern college campus in the United States to participate in peer focus groups. Five common coping strategies and a secondary appraisal process were identified from focus groups. The secondary appraisal process involves cognitive decision-making strategies to determine when and what coping strategy to utilize to address gender and racial microaggressions. Decisions were determined based on the power or perceived power of the perpetrator, the risk of conforming to a stereotype, and the overall impact on mental health and well-being. The authors concluded that African American women utilize a combination of coping strategies in dealing with the intersection of racist and sexist microaggressions (Lewis et al., 2013).

Longmire-Avital and McQueen (2019) explored the relationship between race-related stress and emotional eating as a maladaptive coping behavior in African American college women. A sample of 149 African American undergraduate students from colleges and universities across the United States participated using an anonymous online survey. The Perceived Stress Scale measures the amount of stress a participant reports experiencing in the past 30 days. Index of Race Related Stress measured the amount of chronic stress experienced by participants on the receiving end of racist acts. The eating habits of participants were measured using the emotional eating subscale of the Eating Behavior Patterns Questionnaire. The authors concluded that race-related stress was moderately associated with emotional eating in African American college women and was distinct from general perceived stress (Longmire-Avital & McQueen, 2019).

Health Profession Education

Popovich, Okorie-Awe, Crawford et al. (2018) conducted a study at the University of Illinois College of Pharmacy to determine the student impressions of faculty interactions with minority students and patient populations. Using the interpretivist framework as a guide, questions were created and posed to three focus groups. The themes identified in the focus groups were awareness or lack of awareness of cultural diversity among faculty, disparate cultural perspectives and preferences within groups, and student group dynamics. Cultural competence amongst faculty was important as faculty behavior influenced the behavior of students. The authors concluded that a more diverse faculty might help to encourage conversation and understanding of issues surrounding race, gender, sexuality, disability, and religion (Popovich et al., 2018).

Periyakoil, Chandron, Hill et al. (2019) conducted a study that identified sexism, pregnancy/childcare-related bias, under-estimated abilities, sexually inappropriate comments, being relegated to mundane tasks, and marginalization as common microaggressions experienced by female faculty in medicine. Using a list of non-fictional anecdotes from female faculty across the U.S, 34 experiences were scripted and reenacted on video using professional actors. An additional 34 corresponding fictional video versions were created and served as controls. It was concluded that although microaggressions are frequently recognized by recipients and witnesses, the pressure to conform to social norms prevents verbal interventions resulting in silent tolerance of behavior (Periyakoil et al., 2019).

Osseo-Asare, Balasuriya, Huot et al. (2018) conducted semi-structured individual interviews in a study to determine the role race and ethnicity played in minority resident physicians' workplace experiences. Themes identified from interviews involved daily

microaggressions and the challenges of balancing professional and personal identity as a minority. Recurring scenarios involved the reluctance to report racial/ethnic bias and residency programs relying on minority residents to promote diversity. Many minority resident physicians described themselves as being "outsiders" at work and reported experiencing difficulties being their "true selves" while balancing professional and personal identities (Osseo-Asare et al., 2018).

Barnes, McGuire, Dunivan et al. (2019) examined the nature, frequency, and impact of microaggressions on female trainees in areas of surgical medicine considered to be male-dominated specialties to determine the effects of gender bias. Focus groups were conducted with trained moderators and were structured using the seven domains of sexist microaggression expression. The four themes that emerged from the interviews were exclusion, adaption, increased effort, and the development of resilience. The experiences of participants working in a male-dominated surgical specialty were compared to those who were thought to be working in a female-dominated specialty. It was concluded that although female surgical trainees experience high rates of gender bias in general, trainees in male-dominated specialties experienced more on average (Barnes et al., 2019).

Murdoch-Kinch and colleagues' (2017) study involved students, staff, and faculty at the University of Michigan's School of Dentistry (UMSD). The purpose of their study was to assess the university's climate for diversity and inclusion and the humanistic learning environment for all. Interviews were held to draft questions for the school-wide survey, and focus groups were conducted following the survey to explore data further. Although a majority of participants believed that the university was tolerant of all regardless of background, more participants also reported witnessing experiencing microaggressions than bullying (Murdoch-Kinch et al., 2017).

Espaillat and colleagues (2019) conducted a quantitative study to explore the prevalence of microaggressions among medical students at the University of Florida's College of Medicine. A school-wide nine-question survey captured demographic data in addition to medical students' understanding of and experiences with microaggressions. Almost 50% of the participants reported not being familiar with the term microaggression, while over 50% reported experiencing them in medical school. The authors concluded that female medical students were more likely to experience microaggression and female medical students, regardless of their racial backgrounds, were more affected by microaggressions (Espaillat et al., 2019).

Ackerman-Barger, Boatright, Gonzalez-Colaso (2020) conducted a qualitative study to determine the inhibiting effects of racial microaggressions on learning, academic performance, and well-being for under-represented medical and nursing students. Focus groups and individual interviews, based on the participants' preference, were conducted with health profession students from the University of California–Davis and Yale University. The themes identified from student participants' interviews were devaluing effects of microaggressions, suggestions for promoting inclusion, and the negative impacts of microaggressions on learning, academic performance, and well-being. The authors concluded that the prevalence of microaggressions conflicts with efforts to increase diversity in the health profession pipeline (Ackerman-Barger et al., 2020).

Leyerzapf and Abma (2017) conducted a qualitative study to explore minority medical students' experiences with intercultural competence activities in medical education. Data was collected from minority student participants through one-on-one interviews, a focus group, and 20-hours of participant observations on campus at the medical school in the Netherlands. The themes identified after analyzing data were case study stigmatization, teachers lacking as role models, student segregation, and the experience of disrespect from students and teachers.

Participants reported feeling more comfortable with other minority students than with other students due to the overwhelming presence of microaggressions. The authors concluded that successful intercultural competence activities depend heavily on the instructor and their ability to create a safe, inclusive classroom (Leyerzapf & Abma, 2017).

Nursing Education

Sedgwick, Oosterbroek, and Ponomar (2014) conducted a study of nursing schools in Western Canada to identify factors influencing the recruitment and retention of minority nursing students. Quantitative data collected using the Belongingness Scale–Clinical Placement Experience (BES-CPE) survey—a 34-item questionnaire used to measure belonging—determined that all students viewed clinical placements as a place of belonging. Qualitative data collected in subsequent individual interviews identified interactions with preceptors, clinical instructors, and students influenced the feelings of belonging. The study concluded that minority students overwhelmingly had more negative experiences when interacting with preceptors, clinical instructors, and students, which negatively impacted their feelings of belonging (Sedgwick et al., 2014).

Gona, Pusey-Reid, Lussier-Duynstee, and Gall (2019) explored the experiences of a diverse group of Black accelerated BSN and direct-entry nurse practitioner alumni at a predominantly White institution. The sample of six accelerated BSN and ten direct-entry nurse practitioner graduates had racial and ethnic identities that included Haitian descent, African American, Black and African immigrant. Three guided focus group interviews involved participants' experiences with academic and social barriers, strategies used for success, advice for future students, and recommendations for improving institutional policies to support students. Four themes involving the challenges to success (the burden of exclusion and isolation, lack of

diversity, struggling to find mentors, and cultural assumptions) were identified from focus group interviews. Additionally, five more themes involving strategies for success (finding strength in numbers, identifying helpful mentors, resilience, faith, and self-silencing) were developed. Their findings revealed that Black alumni experienced increased stress due to barriers to success but adapted and developed new coping mechanisms to succeed (Gona et al., 2019).

White (2018) conducted a qualitative study that identified laying low and being noticed as strategies deployed by African American students in predominately White pre-licensure schools of nursing to negate feelings of standing out amongst their peers. Fourteen African American students were interviewed using open-ended questions to explore their nursing school experiences. Being watched, which was identified as a subtheme, occurred as many participants described being distinguishable from their peers as the only African American and therefore easily remembered due to their race instead of academic achievement. Being ignored, another subtheme identified, occurred as many participants described insistences where their contribution to class discussions was ignored until the same idea was introduced by a White peer. The study concluded that standing out places students at risk for stereotype threat which can negatively influence their overall academic performance (White, 2018).

Scammell and Olumide (2012) conducted a study that identified Whiteness as a source of power in the relationships between Internationally Recruited Nurse (IRN) mentors and White English students at a nursing school in England. The two healthcare facilities and undergraduate nursing programs involved in the study had a student, faculty, and staff population that were predominately White British. Of the ten IRN participants, six were Asian, three were Black African, and one was White American. The authors discovered that despite still being in nursing school, student participants often portrayed the mentors' training and experience as inferior. The

study concluded that nursing education in England is delivered through a "White Lens" and therefore normalizes White culture (Scammell & Olumide, 2012).

Conclusion

A diverse healthcare workforce better representing the population served is vital as demographics continue to shift in the U.S (Institute of Medicine, 2004; United States Census Bureau, 2015). Issues of implicit bias (Dehon et al., 2017; T. J. Johnson et al., 2017; Movahed, John, Hashemzadeh, Jamal, & Hashemzadeh, 2009), provider discordance (King, Wong, Shapiro, Landon, & Cunningham, 2004; Koizumi, Rothbard, Smith, & Mayer, 2011; Saha, Komaromy, Koepsell, & Bindman, 1999; Shen et al., 2018), and stereotype threat (Aronson, Burgess, Phelan, & Juarez, 2013; Burgess, Warren, Phelan, Dovidio, & Van Ryn, 2010; Havranek et al., 2012; Steele, 2011) further contribute to disparities and cannot be solved through education alone. To support students to be better equipped to address these issues (Kippenbrock, Stacy, Tester, & Richey, 2002; Phillips & Malone, 2014; Poghosyan & Carthon, 2017; Xu et al., 1997), an academic environment that is more inclusive of all must be created (American Association of Colleges of Nursing, 2017; Childs et al., 2004; Humphreys, 1998; Love, 2010; Murray, 2015; Nugent, Childs, Jones, Cook, & Ravenell, 2002; Strayhorn, 2018; Taxis, 2002; Tinto, 1993; Whitfield-Harris, Lockhart, Zoucha, & Alexander, 2017). Researchers have found the experience of microaggressions in higher education to be associated with decreased wellness and satisfaction for under-represented minority students. Literature has established that under-represented minority students in nursing and other health professions to be no exception. However, there is a gap in the literature regarding the effects of microaggressions on graduate nursing students of color. Therefore, this current quantitative study examines the impact on satisfaction and symptoms of depression in graduate nursing students of color.

Statement of Purpose

This thesis project examines the prevalence of microaggressions and the impact on satisfaction and symptoms of depression in graduate nursing students of color. Moreover, this study examined the relationship between microaggressions and symptoms of depression in graduate nursing students of color. The study hypotheses are as follows:

1) We expect that compared to non-Latino White graduate nursing students, graduate nursing students of color will self-report significantly more experiences of microaggressions.
2) We expect that first-generation college students (FGCS) will self-report significantly more experiences of microaggressions when compared to non-first-generation college students (NFGCS).
3) We expect that first-generation college students of color will self-report significantly more experiences of microaggressions when compared to all others.
4) We expect that a greater self-reported experience of microaggressions to be inversely associated with satisfaction with nursing training.
5) We expect a positive association between greater microaggressions, and greater symptoms of depression as measured by the PHQ-2.

Methodology

Study Design

This is a quantitative cross-sectional study using a descriptive survey design.

Protection of Human Subjects

Prior to data collection, an application was submitted to the University of California Davis Institutional Review Board (IRB) for study approval. The process of reflecting on past experiences involving microaggressions can be complicated because questions can reproduce

feelings of frustration and resentment. Participants had both the option to end participation early and to refuse to answer any particular question. Extra attention was given to stress the anonymity of data as participants were required to be active students at a University's School of Nursing. The IRB approved data banking for ten years; however, collected information will be destroyed when this term is complete.

Setting/Sample

Setting

The School of Nursing at various public and private universities across the United States. Participants were allowed to provide full institution names and report the nursing program's location within the U.S. region. Reported regional locations included: East North Central (IL, IN, MI, OH, WI), East South Central (AL, KY, MS, TN), Mid Atlantic (NJ, NY, PA), Mountain (AZ, CO, ID, MT, NM, NV, UT, WY), Pacific (AK, CA, HI, OR, WA), South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA, VW), West North Central (IA, KS, MN, MO, ND, NE, SD), and West South Central (AR, LA, OK, TX).

Sample

Recruitment for the study was done via email with addresses obtained in three ways. First, an email listserv from the National Student Nurses' Association (NSNA) was utilized. The NSNA is a non-profit organization focused on the professional development of students enrolled in associate, baccalaureate, diploma, and graduate nursing programs (National Student Nurses' Association, 2020). Second, an email listserv (n=837) was obtained for program directors of the Commission on Collegiate Nursing Education's (CCNE) accredited nursing programs. The CCNE, an arm of the American Association of Colleges of Nursing, works to ensure standards in quality and integrity for baccalaureate and graduate nursing programs at public and private

universities across the United States (American Association of Colleges of Nursing, 2020). Lastly, invitations for study participation were sent using email addresses (*n*=85) obtained using network sampling from the Thesis Chair's contacts. The criteria for inclusion were current graduate nursing students (pre-licensure or post-licensure). Exclusion criteria included nursing students from all other degree levels of study (e.g., associates and bachelors) and those not currently enrolled in a nursing program. Of the 1,123 participants that started the survey, 510 were graduate nursing students, and 130 (*n*=130) graduate nursing students completed the survey for a completion rate of 25.5%. The participant sample (*n*=130) consisted of 98 White, eight Black or African American, three American Indian or Alaska Native, 18 Asian, and three Native Hawaiian or Pacific Islander students.

Data Collection

A survey was conducted to investigate the prevalence of microaggressions experienced by graduate nursing students of color and how experiencing microaggressions influences satisfaction with nursing training. The survey questionnaire went through several levels of review among diverse set of students at the Yale School of Medicine and the University of California, Davis in both the School of Nursing and the Physician Assistant Program. Additionally, the survey questionnaire was also pilot-tested among student representatives from the Student National Medical Association (SNMA), the Latino Medical Student Association (LMSA), and the Asian Pacific American Medical Student Association (APAMSA). Qualtrics were used to create an electronic version of the survey, and a link was sent to potentially eligible participants via email. No participant name or contact information was collected in the survey, and all responses were submitted online. The email message contained an introduction, an explanation of the study, an estimated time for completing the survey, and a URL to the online

survey. A consent to participate was incorporated within the Qualtrics survey interface. The survey was available from May 2020 to July 2020. Completion of the survey was voluntary, and participants had the option of ending participation at any time. Participants also had the option to refuse to answer any particular question without penalty. All data collected was stored in a password-protected and encrypted database accessible only by the primary investigator, Thesis Chair, and researchers involved in the study.

Measures

The survey adapted questions from the Racial and Ethnic Microaggressions Scale (REMS), a validated microaggression survey, to assess participant exposure to microaggressions (Nadal, 2011). Questions measured whether participants had experienced any microaggressions without mentioning racism, discrimination, prejudice, or demographic characteristics (e.g., race, gender, ethnicity). The 16 REMS questions utilized a 5-point Likert scale (0= never, 1=at least once a year, 2=at least once a month, 3=at least once a week, 4=almost every day) to indicate the frequency of experienced microaggressions. Using the same 5-point scale, an additional five REMS questions were utilized to assess experiences of microaggressions in the clinical setting specifically. Responses to the 16 REMS questions and the five clinical REMS questions were summed using the previously mentioned scoring to get a total score (range=0-64), with higher scores indicating a more frequent exposure to microaggressions. Participants endorsing microaggressions more than a few times per year were asked to identify one or more reasons (gender, gender identity, age, religion, height, weight, accent, socioeconomic status, clothing, disability, shade of skin color, tribe, other aspects of physical appearance, sexual orientation, race, ancestry, national origin, or do not know) why they believed they experienced the microaggression. The Institutional Betrayal Questionnaire (IBQ), a validated tool used to assess

institutional betrayal and response, was utilized to form questions assessing overall institutional climate and response to microaggressions (Smith & Freyd, 2011; 2013).

Participants' satisfaction with nursing training was evaluated using a 4-point Likert scale (4=strongly agree, 3=agree, 2=disagree, 1=strongly disagree) for responses to the following statements: "I would consider post-graduate training at my current institution," "I would recommend my nursing program to friends," and "I would donate to my nursing program after graduation." A second 4-point scale (1=strongly agree, 2=agree, 3=disagree, 4=strongly disagree) was utilized to evaluate responses to the following statements: "I have chosen to miss some school because the environment was unwelcoming," "I have seriously considered transferring to another nursing school," and "I have seriously considered withdrawing from nursing school." Participants' responses were scored and summed to get a total score (range=6-24), with a higher score indicating greater satisfaction with nursing training.

The two-item Patient Health Questionnaire (PHQ-2), a validated depression screening alternative to the equally validated nine-item Patient Health Questionnaire (PHQ-9), was utilized in the survey to screen for symptoms of depression. Although the PHQ-9 remains the preferred instrument to assist in the diagnosis of depressive disorders and monitoring of depression severity, the PHQ-2 allows for the brief and accurate screening of depression while potentially reducing respondent burden (Kroenke, Spitzer, & Williams, 2003). The PHQ-2 utilized a 4-point Likert scale (0=not at all, 1=several days, 2=more than half the days, 3=nearly every day) and two single questions assessing depressed mood and anhedonia (the inability to feel pleasure). Participants' responses were scored and summed to get a total score (range=0-6), with a score of three or higher indicating major depression (National HIV Curriculum, 2020).

Demographic survey questions involved all characteristics thought to contribute to the prevalence of microaggressions, including age, gender identity, sexual orientation, Hispanic/Latino(a) ethnicity, racial identity (Black/African American, Asian, White, American Indian/Alaska Native, Native Hawaiian/Pacific Islander), perceived race, religion, nationality (U.S. or non-U.S. born), and socioeconomic class (upper class, upper-middle-class, middle class, lower-middle-class, lower class).

Analysis

Descriptive statistics were used to analyze the data. The use of a Likert scale allowed item averages and subscale means to be calculated.

Results

The purpose of this cross-sectional descriptive research study was to explore microaggressions and their associated influence on the satisfaction and wellness of under-represented minority graduate nursing students. In addition to describing participants' demographics (gender, age, race, ethnicity, nationality (U.S. or non-U.S. born), and socioeconomic class), three subscales were analyzed: Exposure to Microaggressions, Influence on Satisfaction with Nursing Training, and Influence on Mental Wellness.

Demographics

The study sample consisted of a self-reported 118 (90.8%) females, ten (7.7%) males, and two (1.5%) participants that failed to report. Participants' race as reported was made up of 98 White (75.4%), eight Black or African American (6.2%), three American Indian or Alaska Native (2.3%), 18 Asian (13.8%), three Native Hawaiian or Pacific Islander (2.3%), and seven reported to be other (5.4%). Although a majority of the sample, 122 (93.8%), reported having no Hispanic or Latino(a) origin, eight participants (6.2%) identified with one of the ethnicities. Of

the 130 participants involved in the study, 113 identified with being straight or heterosexual (86.9%), four gay or lesbian (3.1%), seven queer (5.4%), five bisexual (3.8%), and one declined to report (0.8%). A majority of participants, 117 (90.0%), were born in the U.S., and 67 (51.5%) of the total participants reported to be a first-generation college student. Although a majority of the sample, 66 (50.8%), considered themselves to be middle-class, 29 participants identified as upper-middle-class (22.3%), 26 as lower-middle-class (20.0%), three as lower-class (2.3%), three as upper-class (2.3%), and one participant (0.8%) that declined to report (see Appendix A, Table 1).

Exposure to Microaggressions

The 16-item REMS measured participants' exposure to microaggressions. It was expected that compared to non-Latino White graduate nursing students, graduate nursing students of color would self-report significantly more experiences of microaggressions. Data analysis found no significant difference in self-reported microaggressions between 94 non-Latino White graduate students versus 29 graduate students of color. Furthermore, an exploratory analysis of each of the 16 types of microaggressions on the REMS using a Bonferroni correction of *p*-value threshold showed that compared to non-Latino White graduate students, graduate students of color reported significantly higher values on only one of the 16-items ("People are surprised at how well I speak English").

No significant difference was found, $t(121) = 0.74$, $p = 0.46$, 95% CI [-5.89, 2.68] in self-reported microaggressions (total score for 16 items) between 94 non-Latino White graduate students (Mean = 8.76, SD = 10.11, SEM = 1.04) versus 29 graduate students of color (Mean = 10.34, SD = 10.30, SEM = 1.91). Using a Bonferroni correction of *p*-value threshold (.05/16 tests = .003), showed that, compared to non-Latino White graduate students (Mean = 0.07, SD =

0.47), graduate students of color (Mean = 0.55, SD = 1.06) reported significantly higher values, F(1,122) = 11.83, p = .001, partial eta-squared = .09, on only one of the 16-items ("People are surprised at how well I speak English").

It was posited that FGCS would self-report significantly more experiences of microaggressions when compared to NFGCS. Data analysis found no significant difference in self-reported microaggressions between FGCS versus 67 NFGCS. Additionally, it was expected that FGCS of color would self-report significantly more microaggression experiences compared to all others. In the analysis of participants who reported being FGCS, there was no significant difference in self-reported microaggressions between 41 non-Latino White graduate students versus 15 FGCS of color. Similarly, for participants who reported not being a NFGCS, there was no significant difference found in self-reported microaggressions between 52 non-Latino White graduate students versus 14 FGCS of color.

No significant difference was found, $t(127) = 0.87$, p = 0.39, 95% CI [-2.16, 5.52] in self-reported microaggressions (total score for 16-items) between FGCS (Mean = 10.33, SD = 9.78, SEM = 1.24) versus 67 NFGCS (Mean = 8.66, SD = 12.05, SEM = 1.47). No significant difference was found, $t(54) = 0.01$, p = 0.99, 95% CI [-5.85, 5.79] in self-reported microaggressions (total score for 16-items) between 41 non-Latino White graduate students (Mean = 10.17, SD = 9.66, SEM = 1.51) versus 15 FGCS of color (Mean = 10.20, SD = 9.48, SEM = 2.45). No significant difference was found, $t(64) = 1.10$, p = 0.27, 95% CI [-3.37, 3.05] in self-reported microaggressions (total score for 16-items) between 52 non-Latino White graduate students (Mean = 7.13, SD = 9.76, SEM = 1.35) versus 14 FGCS of color (Mean = 10.50, SD = 11.47, SEM = 3.07).

Influence on Satisfaction with Nursing Training

The satisfaction subscale measured participants' satisfaction with graduate nursing training. It was posited that a greater self-reported experience of microaggressions would be inversely associated with satisfaction with nursing training. Data analysis of the entire sample indicated an inverse correlation between the greater self-reported experience of microaggressions and lesser satisfaction with the graduate nursing training, $r(129) = -.627$, $p < .001$.

Influence on Mental Wellness

The PHQ-2 subscale screened for participant depression. It was expected that a positive association between greater microaggressions and greater symptoms of depression as measured by the PHQ-2 would be found. Data analysis of the entire sample indicated there was a positive correlation between the greater self-reported experience of microaggressions and greater depression score on the PHQ-2, $r(128) = .462$, $p < .001$.

Discussion

This thesis examined the prevalence of microaggressions and the impact on satisfaction and symptoms of depression in graduate nursing students of color. The literature review found the experience of microaggressions in higher education, health profession education included, to be associated with decreased wellness and satisfaction for students of color. Three subscales were analyzed in the current study: Exposure to Microaggressions, Influence on Satisfaction with Nursing Training, and Influence on Mental Wellness. Based on the review of literature, five hypotheses were made regarding graduate nursing students of color and these three subscales, with two of the hypotheses confirmed. The significant findings are discussed next.

Exposure to Microaggressions

There were three hypotheses made regarding the prevalence of microaggressions between non-Latino White graduate nursing students and under-represented minority (URM) graduate students of color. The URM groups analyzed in this study were graduate nursing students of color, FGCS, and FGCS of color. It was hypothesized that compared to non-Latino White graduate nursing students, graduate nursing students of color would self-report significantly more experiences of microaggressions. It was also hypothesized that FGCS would self-report significantly more microaggression experiences compared to NFGCS and that FGCS of color would self-report significantly more experiences of microaggressions when compared to all others. Overall, there was no significant difference found in self-reported microaggressions between the URM groups of graduate nursing students. These results contradict previous studies, which found the experience of microaggressions is associated with distress in all students but more so in URM due to an increased prevalence (M. T. Williams et al., 2018). The majority of studies in the review of literature were conducted with populations of undergraduate students. The life experience of graduate students may explain the decreased prevalence among URM students. Another consideration is that changes in institutional environments surrounding growing literature supporting the benefits of cultural competency education may explain the prevalence similarity between URM students and non-Latino White students. Still, the overall occurrence of microaggressions on campus is just as crucial as the pervasiveness between these groups of students.

Influence on Satisfaction with Nursing Training

A greater self-reported experience of microaggressions was expected to be inversely associated with satisfaction with nursing training. Data analysis of participants' responses

demonstrates the hypothesized association between microaggressions and satisfaction with graduate nursing training. These results are consistent with studies that found the experience of microaggressions to influence institutional climate and students' sense of belonging negatively, both being a reflection of students' interactions with staff, faculty, and peers (Sedgwick, Oosterbroek, & Ponomar, 2014; L. B. Williams, Bourgault, Valenti, Howie, & Mathur, 2018). The experience of prejudice and discrimination (e.g., microaggressions) can affect student retention and academic persistence (Sedgwick et al., 2014; Sullivan, 2004).

Influence on Mental Wellness

A positive association between greater microaggressions and greater symptoms of depression was expected to be found as measured by the PHQ-2. The data analysis supports this hypothesis as there was a positive correlation between the greater self-reported experience of microaggressions and greater depression score on the PHQ-2. These findings are validated by studies that demonstrate a positive correlation between the experience of microaggressions and symptoms of depressions (Donovan, Galban, Grace, Bennett, & Felicié, 2013; Hope et al., 2015).

Implications

The foundation on which communities of color were built has been negatively impacted by systemic racism. Legislative interventions (e.g., affirmative action) have only managed to serve as bandages to decades-old legislation (e.g., redlining in the 1930s) that continue to influence social determinants of health, social determinants of academic achievement, and health professions attainment today. Poor interpersonal relationships with racially discordant providers exist, mediated through stereotype threat and as a result of historical mistrust (e.g., Tuskegee Syphilis study). Substantial data indicates that inequities in healthcare due to implicit bias have resulted in poorer clinical outcomes and higher mortality rates in minority patients (Green et al.,

2007). The National Academies of Science, Engineering and Medicine has called for diversity in the health profession workforce as a strategy to mediate health disparities (Institute of Medicine, 2004). Graduate-prepared nurses have the opportunity to mediate health disparities in roles as primary care providers, nursing educators, nurse leaders, and nurse researchers. Students of color encounter many stressors in higher education (e.g., stigma, stereotype threat). The effects of microaggressions on satisfaction and symptoms of depressions are an additional unneeded burden for graduate nursing students of color aiming to complete their higher education requirements. As the recruitment at higher institutions of education continues to shift in order to include a focus on student diversity, attention should also focus on minority students' retention.

Increasing campus diversity without making systematic changes to facilitate inclusion disrupts the institutional climate. Microaggressions negatively impact institutional climate by creating a less inclusive environment for learning and influencing students' sense of belonging. Professional development for faculty and staff should focus on cultural humility in place of traditional cultural competence training. Unlike cultural competency training, cultural humility has no endpoint but instead centers around a lifelong commitment to self-evaluation, self-critique, and understanding (Tervalon & Murray-Garcia, 1998). In addition to training centered around cultural humility, educational institutions should adopt specific curriculum focusing on diversity, equity, and inclusion. A diverse curriculum will not only help to prepare more culturally-aware nurses and improve students' satisfaction with nursing training but will also help support the success of graduate nursing students of color training (American Association of Colleges of Nursing, 2017; Humphreys, 1998; Murray, 2015; Taxis, 2002). These changes will both increase workforce diversity and create a more culturally competent workforce.

Limitations

There are a few limitations to this study. The validity and reliability of the complete 45-item Racial and Ethnic Microaggressions Scale (REMS) have been demonstrated in the literature (Nadal, 2011). The current study utilized 16 of the validated 45-items to measure the prevalence of microaggressions in graduate nursing students. Although the validated Revised 28-Item Racial and Ethnic Microaggressions Scale (R28REMS) exists, the validity of any smaller instrument has not been demonstrated in the literature (Forrest-Bank, Jenson, & Trecartin, 2015). Also, social distancing in the U.S due to the COVID-19 pandemic was a confounding factor as it may have mitigated the experience of microaggressions by study participants. It is also worth mentioning that the prevalence of microaggressions and the severity of the experience of microaggressions are not equivalent. The compound experience of microaggressions by URMs over a lifetime could potentiate the psychological impact of each single microaggression and should be investigated in future studies.

Although the self-reporting nature of the findings served as a possible limitation, incomplete questionnaires served as a major limitation. Of the 510 participants that began the questionnaire, over half were excluded due to incomplete responses to the 16-items assessing the prevalence of microaggressions, six-items assessing satisfaction, and the two-items assessing symptoms of depression. This resulted in a smaller than desired sample size for each of the subscales analyzed with low representation of ethnic and racial minority participants. A larger representation of ethnic and racial minorities would have increased the statistical power of this study's results and allowed for further analysis between racial/ethnic groups. In addition, we failed to provide broader options for reporting gender. Approximately 164 participants failed to respond to questions addressing gender and transgender status. This data would have possibly

provided the opportunity to investigate intersecting social identities involving race and gender. Future studies can utilize the two-question method for assessing gender categories, a more practical approach to determining gender identity (Tate, Ledbetter, & Youssef, 2013).

Conclusion

Overall, the results of this study highlight that microaggressions can impact all graduate nursing students. The findings indicate the need for continued education and professional development for faculty and staff of nursing institutions to create a more inclusive environment for graduate nursing students. The addition of a curriculum focusing on diversity, equity, and inclusion will not only support the success of graduate nursing students of color but will benefit the success of all the student body by increasing diversity and creating a more culturally competent workforce.

Refrences

Ackerman-Barger, K., Boatright, D., Gonzalez-Colaso, R., Orozco, R., & Latimore, D. (2020). Seeking inclusion excellence: Understanding racial microaggressions as experienced by underrepresented medical and nursing students. *Academic Medicine*. doi:10.1097/acm.0000000000003077

Alim, H. S., & Smitherman, G. (2012). *Articulate while Black: Barack Obama, language, and race in the U.S.* Oxford University Press.

American Association of Colleges of Nursing. (2017). *The changing landscape: Nursing student diversity on the rise*. Retrieved from http://www.aacn.nche.edu/diversity-in-nursing

American Association of Colleges of Nursing. (2020). *About AACN*. Retrieved from https://www.aacnnursing.org/About-AACN

American Association of Nurse Practitioners. (2019). *Issues at a glance: Full practice authority*. Retrieved from https://www.aanp.org/advocacy/advocacy-resource/policy-briefs/issues-full-practice-brief

Anti-Defamation League. (2020). *Confederate flag. General hate symbols.* Retrieved from https://www.adl.org/education/references/hate-symbols/confederate-flag

Aronson, J., Burgess, D., Phelan, S. M., & Juarez, L. (2013). Unhealthy interactions: The role of stereotype threat in health disparities. *American Journal of Public Health, 103*(1), 50-56.

Assari, S., & Lankarani, M. M. (2017). Discrimination and psychological distress: Gender differences among Arab Americans. *Frontiers in Psychiatry, 8*, 23. doi: 10.3389/fpsyt.2017.00023

Auerbach, D. I. (2012). Will the NP workforce grow in the future? New forecasts and implications for healthcare delivery. *Medical Care*, *50*(7), 606-610.

Barnes, K. L., McGuire, L., Dunivan, G., Sussman, A. L., & McKee, R. (2019). Gender bias experiences of female surgical trainees. *Journal of Surgical Education*, *76*(6). doi:10.1016/j.jsurg.2019.07.024

Beard KV, J. W. (2016). Does race still matter in nursing? The narratives of African-American nursing faculty members. *Nursing Outlook, 64*(6), 583-596. https://doi.org/10.1016/j.outlook.2016.06.005

Biden, J. (2007) *The Biden tapes/Interviewer: J. Horowitz*. Observer.

Blume, A. W., Lovato, L. V., Thyken, B. N., & Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in a historically White institution. *Cultural Diversity & Ethnic Minority Psychology, 18*(1), 45-54. doi:10.1037/a0025457

Borresen, K. (2020). 13 microaggressions Black people deal with all the time. *Huffington Post*. Retrieved from https://www.huffpost.com/entry/microaggressions-black-people-deal-with_l_5ee8ffa9c5b6fe2600260ec8

Brady, M. S., & Sherrod, D. R. (2003). Retaining men in nursing programs designed for women. *Journal of Nursing Education, 42*(4), 159-162.

Brody, A. A., Farley, J. E., Gillespie, G. L., Hickman, R., Hodges, E. A., Lyder, C., Palazzo, S. J., Tuppar, T., Schiavenato, M., & Pesut, D. J. (2017). Diversity dynamics: The experience of male Robert Wood Johnson Foundation nurse faculty scholars. *Nursing Outlook, 65*(3), 278-288. doi:10.1016/j.outlook.2017.02.004

Brom, H. M., Salsberry, P. J., & Graham, M. C. (2018). Leveraging health care reform to accelerate nurse practitioner full practice authority. *Journal of the American Association of Nurse Practitioners, 30*(3), 120-130.

Brown, T. N., Williams, D. R., Jackson, J. S., Neighbors, H. W., Torres, M., Sellers, S. L., & Brown, K. T. (2000). "Being Black and feeling blue": The mental health consequences of racial discrimination. *Race and Society, 2*(2), 117-131.

Burgess, D. J., Warren, J., Phelan, S., Dovidio, J., & Van Ryn, M. (2010). Stereotype threat and health disparities: What medical educators and future physicians need to know. *Journal of General Internal Medicine, 25*(2), 169-177.

Cheng, J. K. Y., Fancher, T. L., Ratanasen, M., Conner, K. R., Duberstein, P. R., Sue, S., & Takeuchi, D. (2010). Lifetime suicidal ideation and suicide attempts in Asian Americans. *Asian American Journal of Psychology, 1*(1), 18-30.

Childs, G., Jones, R., Nugent, K. E., & Cook, P. (2004). Retention of African-American students in baccalaureate nursing programs: Are we doing enough? *Journal of Professional Nursing, 20*(2), 129-133.

Coleman, C. L. (2008). Perceived and real barriers for men entering nursing: Implications for gender diversity. *Journal of Cultural Diversity, 15*(3), 148-152.

Coleman, L. D. (2008). Experiences of African American students in a predominantly White, two-year nursing program. *ABNF Journal, 19*(1), 8-13.

Cortina, L. M. (2008). Unseen injustice: Incivility as modern discrimination in organizations. *Academy of Management Review, 33*(1), 55-75.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1*(8), 139-167.

Davis, M., Dias-Bowie, Y., Greenberg, K., Klukken, G., Pollio, H. R., Thomas, S. P., & Thompson, C. L. (2004). "A fly in the buttermilk": Descriptions of university life by

successful Black undergraduate students at a predominately White southeastern university. *The Journal of Higher Education, 75*(4), 420-445.

Davis, S., & Miller, N. (2014). Articulate while Black: Barack Obama, language, and race in the U.S. by H. Samy Alim, Geneva Smitherman. *Language, 90*(1), 280-283.

DeBrew, J. K., Lewallen, L. P., & Chun, E. (2014). Outsiders in nursing education: Cultural sensitivity in clinical education. *Journal of Professional Nursing, 30*(2), 149-154.

Dehon, E., Weiss, N., Jones, J., Faulconer, W., Hinton, E., & Sterling, S. (2017). A systematic review of the impact of physician implicit racial bias on clinical decision making. *Academic Emergency Medicine, 24*(8), 895-904. doi:10.1111/acem.13214

Deslatte, M. (2020). Louisiana data: Virus hits lacks, people with hypertension. *U.S. News*, 7 April. Retrieved from https://www.usnews.com/news/best-states/louisiana/articles/2020-04-07/louisiana-data-virus-hits-blacks-people-with-hypertension

Donovan, R. A., Galban, D. J., Grace, R. K., Bennett, J. K., & Felicié, S. Z. (2013). Impact of racial macro-and microaggressions in Black women's lives: A preliminary analysis. *Journal of Black Psychology, 39*(2), 185-196.

Dovidio, J. F. (2001). On the nature of contemporary prejudice: The third wave. *Journal of Social Issues, 57*(4), 829-849.

Ellis, J. M., Powell, C. S., Demetriou, C. P., Huerta-Bapat, C., & Panter, A. T. (2019). Examining first-generation college student lived experiences with microaggressions and microaffirmations at a predominately White public research university. *Cultural Diversity & Ethnic Minority Psychology, 25*(2), 266-279. doi:10.1037/cdp0000198

Espaillat, A., Panna, D. K., Goede, D. L., Gurka, M. J., Novak, M. A., & Zaidi, Z. (2019). An exploratory study on microaggressions in medical school: What are they and why should

we care? *Perspectives on Medical Education, 8*(3), 143-151. doi:10.1007/s40037-019-0516-3

Estacio, E. V., & Saidy-Khan, S. (2014). Experiences of racial microaggression among migrant nurses in the United Kingdom. *Global Qualitative Nursing Research, (Jan.-Dec. eCollection*. doi:10.1177/2333393614532618

Forrest-Bank, S., Jenson, J. M., & Trecartin, S. (2015). The revised 28-item Racial and Ethnic Microaggressions Scale (R28REMS): Examining the factorial structure for Black, Latino/Hispanic, and Asian young adults. *Journal of Social Service Research, 41*(3), 326-344.

Gilchrist, K. L., & Rector, C. (2007). Can you keep them? Strategies to attract and retain nursing students from diverse populations: Best practices in nursing education. *Journal of Transcultural Nursing, 18*(3), 277-285. Retrieved from https://journals.sagepub.com/doi/pdf/10.1177/1043659607301305

Gillborn, D. (1992). Citizenship,'race'and the hidden curriculum. *International Studies in Sociology of Education, 2*(1), 57-73.

Gomez, J., Miranda, R., & Polanco, L. (2011). Acculturative stress, perceived discrimination, and vulnerability to suicide attempts among emerging adults. *Journal of Youth and Adolescence, 40*(11), 1465-1476.

Gona, C., Pusey-Reid, E., Lussier-Duynstee, P., & Gall, G. (2019). The experiences of Black nursing alumni at a predominatly White institution. *Nurse Educator, 44*(6), 312-315.

Green, A. R., Carney, D. R., Pallin, D. J., Ngo, L. H., Raymond, K. L., Iezzoni, L. I., & Banaji, M. R. (2007). Implicit Bias among Physicians and its Prediction of Thrombolysis

Decisions for Black and White Patients. *Journal of General Internal Medicine*, 22(9), 1231-1238. doi:10.1007/s11606-007-0258-5

Greene, M. L., Way, N., & Pahl, K. (2006). Trajectories of perceived adult and peer discrimination among Black, Latino, and Asian American adolescents: Patterns and psychological correlates. *Developmental Psychology, 42*(2), 218-236.

Hatcher, S. M., Agnew-Brune, C., Anderson, M., Zambrano, L. D., Rose, C. E., Jim, M. A., Baugher, A., Liu, G. S., Patel, S. V., Evans, M. E. Pindyck, T., Dubray, C. L., Rainey, J. J., Chen, J., Sadowski, C., Winglee, K., Penman-Aguilar, A., Dixit, A., Claw, E., Parshall, C., Provost, E., Ayala, A., Gonzalez, G., Ritchie, J. et al. (2020). COVID-19 among American Indian and Alaska Native persons—23 states, January 31–July 3, 2020. *Morbidity and Mortality Weekly Report, 69*(34), 1166-1169. http://dx.doi.org/10.15585/mmwr.mm6934e1

Havranek, E. P., Hanratty, R., Tate, C., Dickinson, L. M., Steiner, J. F., Cohen, G., & Blair, I. A. (2012). The effect of values affirmation on race-discordant patient-provider communication. *Archives of Internal Medicine, 172*(21), 1662-1667. doi:10.1001/2013.jamainternmed.258

Helms, J. E. (1992). *A race is a nice thing to have: A guide to being a White person, or understanding the White persons in your life*. Content Communications.

Helms, J. E. (1993). Toward a model of White racial identity development. In J. E. Helms, *Black and White racial identity: Theory, research, and practice* (pp. 67-80). Praeger.

Hollingsworth, D. W., Cole, A. B., O'Keefe, V. M., Tucker, R. P., Story, C. R., & Wingate, L. R. (2017). Experiencing racial microaggressions influences suicide ideation through

perceived burdensomeness in African Americans. *Journal of Counseling Psychology, 64*(1), 104-111. doi:10.1037/cou0000177

Holoien, D. S., & Shelton, J. N. (2012). You deplete me: The cognitive costs of colorblindness on ethnic minorities. *Journal of Experimental Social Psychology, 48*(2), 562-565.

Hope, E. C., Hoggard, L. S., & Thomas, A. (2015). Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for African American youth. *Translational Issues in Psychological Science, 1*(4), 342-351.

Humphreys, D. (1998). *Diversity and the college curriculum: How colleges and universities are preparing students for a changing world*. Association of American Colleges and Universities.

Institute of Medicine. (2004). In the nation's compelling interest: Ensuring diversity in the health-care workforce. In B. D. Smedley, A. Stith Butler, & L. R. Bristow (Eds.), *In the nation's compelling interest: Ensuring diversity in the health-care force*. National Academies Press. https://doi.org/10.17226/10885

Jacobi, J. A., Parikh, S. V., McGuire, D. K., Delemos, J. A., Murphy, S. A., & Keeley, E. C. (2007). Racial disparity in clinical outcomes following primary percutaneous coronary intervention for ST elevation myocardial infarction: Influence of process of care. *Journal of Interventional Cardiology, 20*(3), 182-187.

Johnson, J., & Bozeman, B. (2012). Perspective: Adopting an asset bundles model to support and advance minority students' careers in academic medicine and the scientific pipeline. *Academic Medicine, 87*(11), 1488-1495. doi:10.1097/ACM.0b013e31826d5a8d

Johnson, T. J., Ellison, A. M., Dalembert, G., Fowler, J., Dhingra, M., Shaw, K., & Ibrahim, S. (2017). Implicit bias in pediatric academic medicine. *Journal of the National Medical Association, 109*(3), 156-163. doi:https://doi.org/10.1016/j.jnma.2017.03.003

Joseph, M. L., & Huber, D. L. (2015). Clinical leadership development and education for nurses: Prospects and opportunities. *Journal of Healthcare Leadership, 7*, 55-64. doi:10.2147/jhl.S68071

Katz, J. R., Barbosa-Leiker, C., & Benavides-Vaello, S. (2016). Measuring the success of a pipeline program to increase nursing workforce diversity. *Journal of Professional Nursing, 32*(1), 6-14. doi:10.1016/j.profnurs.2015.05.003

Kaufman, J. S., & Hall, S. A. (2003). The slavery hypertension hypothesis: Dissemination and appeal of a modern race theory. *Epidemiology, 14*(1), 111-118.

Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, *40*(3), 208-230.

Khan, N. R., Taylor, C. M., 2nd, & Rialon, K. L. (2019). Resident perspectives on the current state of diversity in graduate medical education. *Journal of Graduate Medical Education, 11*(2), 241-243. doi:10.4300/jgme-d-19-00062.1

Kim, P. Y., Kendall, D. L., & Cheon, H. S. (2017). Racial microaggressions, cultural mistrust, and mental health outcomes among Asian American college students. *American Journal of Orthopsychiatry, 87*(6), 663-670. doi:10.1037/ort0000203

King, W. D., Wong, M. D., Shapiro, M. F., Landon, B. E., & Cunningham, W. E. (2004). Does racial concordance between HIV-positive patients and their physicians affect the time to

receipt of protease inhibitors? *Journal of General Internal Medicine, 19*(11), 1146-1153. doi:10.1111/j.1525-1497.2004.30443.x

Kington, R., Tisnado, D., & Carlisle, D. M. (2001). Increasing racial and ethnic diversity among physicians: An intervention to address health disparities. In B. D. Smedley, A. Y. Stith, L. Colburn et al. *The right thing to do, the smart thing to do: Enhancing diversity in the health professions: Summary of the Symposium on Diversity in Health Professions in honor of Herbert W. Nickens, M.D.* (pp. 57-75). National Academies Press.

Kippenbrock, T., Stacy, A., Tester, K., & Richey, R. (2002). Nurse practitioners providing health care to rural and underserved areas in four Mississippi Delta states. *Journal of Professional Nursing, 18*(4), 230-237. https://doi.org/10.1053/jpnu.2002.126842

Kochanek, K. D., Murphy, S. L., Xu, J., Arias, E. (2019). Deaths: Final data for 2017. *National Vital Statistics Reports, 68*(9). U.S. Department of Health and Human Services.

Koizumi, N., Rothbard, A. B., Smith, T. E., & Mayer, J. D. (2011). Communities of color? Client-to-client racial concordance in the selection of mental health programs for Caucasians and African Americans. *Health Care Management Science, 14*(4), 314-323. doi:10.1007/s10729-011-9164-9

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2003). The Patient Health Questionnaire-2: Validity of a two-item depression screener. *Medical Care*, *41*(11), 1284-1292.

Larimer, S. (2017). American University is dealing with a racist incident on its campus. It is not alone. *The Washington Post*, 6 May. Retrieved from https://www.washingtonpost.com/local/education/american-is-dealing-with-a-racist-incident-on-its-campus-it-is-not-alone/2017/05/06/b748bd72-3192-11e7-8674-437ddb6e813e_story.html

Lewis, J. A., Mendenhall, R., Harwood, S. A., & Huntt, M. B. (2013). Coping with gendered racial microaggressions among Black women college students. *Journal of African American Studies, 17*(1), 51-73. https://doi.org/10.1007/s12111-012-9219-0

Leyerzapf, H., & Abma, T. (2017). Cultural minority students' experiences with intercultural competency in medical education. *Medical Education, 51*(5), 521-530. doi:10.1111/medu.13302

Longmire-Avital, B., & McQueen, C. (2019). Exploring a relationship between race-related stress and emotional eating for collegiate Black American women. *Women & Health, 59*(3), 240-251. doi:10.1080/03630242.2018.1478361

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

Markus, H. R., Steele, C. M., & Steele, D. M. (2000). Colorblindness as a barrier to inclusion: Assimilation and nonimmigrant minorities. *Daedalus, 129*(4), 233-259.

McAndrews, P., Todd, M., & Truesdale, A. (2017). *Not so micro: Microassaults and environmental microaggressions in the classroom*. St. Olaf College. Retrieved from https://wp.stolaf.edu/sociology/files/2019/03/Microaggressions-Microassaults-and-Environmental-MAs-Final-Paper.pdf

McCabe, J. (2009). Racial and gender microaggressions on a predominantly-White campus: Experiences of Black, Latina/o and White undergraduates. *Race, Gender & Class*, *16*(1-2), 133-151.

Meghani, S. H., Brooks, J. M., Gipson-Jones, T., Waite, R., Whitfield-Harris, L., & Deatrick, J. A. (2009). Patient–provider race-concordance: Does it matter in improving minority patients' health outcomes? *Ethnicity & Health, 14*(1), 107-130.

Mehta, R. H., Marks, D., Califf, R. M., Sohn, S., Pieper, K. S., Van de Werf, F., Peterson, E. D., Ohman, E. M., White, H. D., Topol, E. J., & Granger, C. B. (2006). Differences in the clinical features and outcomes in African Americans and Whites with myocardial infarction. *The American Journal of Medicine, 119*(1), 70.e1-70.e8.

Moritsugu, J., Vera, E., Wong, F. Y., & Duffy, K. G. (2015). *Community psychology.* Psychology Press.

Movahed, M.-R., John, J., Hashemzadeh, M., Jamal, M. M., & Hashemzadeh, M. (2009). Trends in the age adjusted mortality from acute ST segment elevation myocardial infarction in the United States (1988–2004) based on race, gender, infarct location and comorbidities. *The American Journal of Cardiology, 104*(8), 1030-1034.

Murdoch-Kinch, C. A., Duff, R. E., Ramaswamy, V., Ester, T. V., Sponseller, S. A., & Seeley, J. A. (2017). Climate study of the learning environment for faculty, staff, and students at a U.S. dental school: Foundation for cultural change. *Journal of Dental Education, 81*(10), 1153-1163. doi:10.21815/jde.017.073

Murray, T. A. (2015). Culture and climate: Factors that influence the academic success of African American students in prelicensure nursing education. *The Journal of Nursing Education, 54*(12), 704-707. doi:10.3928/01484834-20151110-07

Musey, P. I., Studnek, J. R., & Garvey, L. (2016). Characteristics of ST elevation myocardial infarction patients who do not undergo percutaneous coronary intervention after

prehospital cardiac catheterization laboratory activation. *Critical Pathways in Cardiology, 15*(1), 16-21.

Nadal, K. L. (2011). The Racial and Ethnic Microaggressions Scale (REMS): Construction, reliability, and validity. *Journal of Counseling Psychology, 58*(4), 470-480.

National Advisory Council on Nurse Education and Practice. (2013). *Achieving health equity through nursing workforce diversity*. Eleventh Report to the Secretary of the Department of Health and Human Services and the Congress. Retrieved from https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/2013-eleventhreport.pdf

National Association of Hispanic Nurses. (2020). *About NAHN*. Retrieved from https://www.nahnnet.org/NAHN/About/NAHN/Content/About_NAHN.aspx?hkey=50fb985a-0be8-4aab-a6c3-74cd9fa722df

National Black Nurses Association. (2020). *History*. Retrieved from https://www.nbna.org/history

National HIV Curriculum. (2020). *Patient Health Questionnaire-2 (PHQ-2)*. Retrieved from https://www.hiv.uw.edu/page/mental-health-screening/phq-2

National League for Nursing. (2018). NLN Faculty Census Survey of Schools of Nursing Academic Year 2016–2017: Executive Summary. *Nursing Education Perspectives.* Retrieved from http://www.nln.org/docs/default-source/default-document-library/2017-survey-of-schools---executive-summary.pdf?sfvrsn=0

National League for Nursing. (2019). NLN Biennial Survey of Schools of Nursing Academic Year 2017–2018: Executive Summary. Retrieved from http://www.nln.org/docs/default-

source/default-document-library/executive-summary-(pdf)86d9c95c78366c709642ff00005f0421.pdf?sfvrsn=0

National Student Nurses' Association. (2020). *About us*. Retrieved from https://www.nsna.org/about-nsna.html

Nelson, A. (2002). Unequal treatment: Confronting racial and ethnic disparities in health care. *Journal of the National Medical Association, 94*(8), 666-668. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2594273/pdf/jnma00325-0024.pdf

Nugent, K. E., Childs, G., Jones, R., Cook, P., & Ravenell, K. (2002). *Call to action: The need to increase diversity in the nursing workforce.* Paper presented at the Nursing Forum.

O'Keefe, V. M., Wingate, L. R., Cole, A. B., Hollingsworth, D. W., & Tucker, R. P. (2015). Seemingly harmless racial communications are not so harmless: Racial microaggressions lead to suicidal ideation by way of depression symptoms. *Suicide and Life-Threatening Behavior, 45*(5), 567-576.

Ong, A. D., Burrow, A. L., Fuller-Rowell, T. E., Ja, N. M., & Sue, D. W. (2013). Racial microaggressions and daily well-being among Asian Americans. *Journal of Counseling Psychology, 60*(2), 188-199. doi:10.1037/a0031736

Osseo-Asare, A., Balasuriya, L., Huot, S. J., Keene, D., Berg, D., Nunez-Smith, M., Genao, I., Latimore, D., & Boatright, D. (2018). Minority resident physicians' views on the role of race/ethnicity in their experiences in the workplace. *JAMA Network Open, 1*(5), e182723. doi:10.1001/jamanetworkopen.2018.2723

Payton, T. D., Howe, L. A., Timmons, S. M., & Richardson, E. M. (2013). African American nursing students' perceptions about mentoring. *Nursing Education Perspectives, 34*(3), 173-177.

Penman-Aguilar, A., Talih, M., Huang, D., Moonesinghe, R., Bouye, K., & Beckles, G. (2016). Measurement of health disparities, health inequities, and social determinants of health to support the advancement of health equity. *Journal of Public Health Management and Practice: JPHMP, 22*(Suppl 1), S33.

Periyakoil, V. S., Chaudron, L., Hill, E. V., Pellegrini, V., Neri, E., & Kraemer, H. C. (2019). Common types of gender-based microaggressions in medicine. *Academic Medicine*. doi:10.1097/acm.0000000000003057

Peterson, E. D., Shah, B. R., Parsons, L., Pollack Jr, C. V., French, W. J., Canto, J. G., . . . Investigators, N. (2008). Trends in quality of care for patients with acute myocardial infarction in the National Registry of Myocardial Infarction from 1990 to 2006. *American Heart Journal, 156*(6), 1045-1055.

Petterson, S. M., Liaw, W. R., Phillips, R. L., Rabin, D. L., Meyers, D. S., & Bazemore, A. W. (2012). Projecting U.S. primary care physician workforce needs: 2010-2025. *The Annals of Family Medicine, 10*(6), 503-509. Retrieved from https://journals.viamedica.pl/ginekologia_polska/article/download/GP.a2018.0051/44787

Phillips, J. M., & Malone, B. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public Health Reports, 129 Suppl 2*, 45-50. doi:10.1177/00333549141291s209

Pierce, C. (1970). Offensive mechanisms. In F. B. Barbour, *The Black seventies* (pp. 265-282). P. Sargent.

Poghosyan, L., & Carthon, J. M. B. (2017). The untapped potential of the nurse practitioner workforce in reducing health disparities. *Policy, Politics & Nursing Practice, 18*(2), 84-94. doi:10.1177/1527154417721189

Polanco-Roman, L., & Miranda, R. (2013). Culturally related stress, hopelessness, and vulnerability to depressive symptoms and suicidal ideation in emerging adulthood. *Behavior Therapy, 44*(1), 75-87.

Popovich, N. G., Okorie-Awe, C., Crawford, S. Y., Balcazar, F. E., Vellurattil, R. P., Moore, T. W., & Schriever, A. E. (2018). Assessing students' impressions of the cultural awareness of pharmacy faculty and students. *American Journal of Pharmaceutical Education, 82*(1), 6161. doi:10.5688/ajpe6161

Rock, C. (Writer) & K. Truesdell (Director). (1996). *Chris Rock: Bring the pain*. In C. Rock (Producer). United States: DreamWorks.

Rogers, K. (2020). Dear anti-racist allies: Here's how to respond to microaggressions. *CNN,* 6 June. Retrieved from https://www.cnn.com/2020/06/05/health/racial-microaggressions-examples-responses-wellness/index.html

Ryan, C. S., Hunt, J. S., Weible, J. A., Peterson, C. R., & Casas, J. F. (2007). Multicultural and colorblind ideology, stereotypes, and ethnocentrism among Black and White Americans. *Group Processes & Intergroup Relations, 10*(4), 617-637. doi: 10.1177/1368430207084105

Saha, S., Komaromy, M., Koepsell, T. D., & Bindman, A. B. (1999). Patient-physician racial concordance and the perceived quality and use of health care. *Archives of Internal Medicine, 159*(9), 997-1004. doi:10.1001/archinte.159.9.997

Salvatore, J., & Shelton, J. N. (2007). Cognitive costs of exposure to racial prejudice. *Psychological Science, 18*(9), 810-815. doi:10.1111/j.1467-9280.2007.01984.x

Sanchez, D., Adams, W. N., Arango, S. C., & Flannigan, A. E. (2018). Racial-ethnic microaggressions, coping strategies, and mental health in Asian American and Latinx

American college students: A mediation model. *Journal of Counseling Psychology, 65*(2), 214-225. doi:10.1037/cou0000249

Scammell, J. M., & Olumide, G. (2012). Racism and the mentor-student relationship: Nurse education through a white lens. *Nurse Education Today, 32*(5), 545-550. doi: 10.1016/j.nedt.2011.06.012

Schmader, T. (2010). Stereotype threat deconstructed. *Current Directions in Psychological Science, 19*(1), 14-18.

Sedgwick, M., Oosterbroek, T., & Ponomar, V. (2014). "It all depends": How minority nursing students experience belonging during clinical experiences. *Nursing Education Perspectives, 35*(2), 89-93.

Sellers, R. M., & Shelton, J. N. (2003). The role of racial identity in perceived racial discrimination. *Journal of Personality and Social Psychology, 84*(5), 1079-1092.

Shannon, J. (2020). Marines order Confederate flags removed in ban that includes bumper stickers and clothing. *USA Today*, 6 June. Retrieved from https://www.usatoday.com/story/news/nation/2020/06/06/us-marines-confederate-flag-ban-meaning/3167431001/

Shen, M. J., Peterson, E. B., Costas-Muniz, R., Hernandez, M. H., Jewell, S. T., Matsoukas, K., & Bylund, C. L. (2018). The effects of race and racial concordance on patient-physician communication: A systematic review of the literature. *Journal of Racial and Ethnic Health Disparities, 5*(1), 117-140. doi:10.1007/s40615-017-0350-4

Smith, C. P., & Freyd, J. J. (2011). Institutional betrayal: Violations of members' trust surrounding incidents of sexual assault. *Anxiety, 2*, 10.

Smith, C. P., & Freyd, J. J. (2013). Dangerous safe havens: Institutional betrayal exacerbates sexual trauma. *Journal of Traumatic Stress, 26*(1), 119-124.

Smith, K. (2020). Mississippi to remove state flag, the last to display the Confederate battle emblem. *CBS News,* 29 June. Retrieved from https://www.cbsnews.com/news/mississippi-state-flag-remove-confederate-battle-emblem/

Smith, W. A., Hung, M., & Franklin, J. D. (2012). Between hope and racial battle fatigue: African American men and race-related stress. *Journal of Black Masculinity, 2*(1), 35-58.

Steele, C. M. (2011). *Whistling Vivaldi: And other clues to how stereotypes affect us (issues of our time).* W.W. Norton & Company.

Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology, 69*(5), 797-811.

Stott, A. (2007). Exploring factors affecting attrition of male students from an undergraduate nursing course: A qualitative study. *Nurse Education Today, 27*(4), 325-332.

Strayhorn, T. L. (2018). *College students' sense of belonging: A key to educational success for all students.* Routledge.

Sue, D. W. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286.

Sue, D. W. (2010). Racial microaggressions in everyday life: Is subtle bias harmless? *Psychology Today*. Retrieved from https://www.psychologytoday.com/us/blog/microaggressions-in-everyday-life/201010/racial-microaggressions-in-everyday-life

Sullivan, L. W. (2004). *Missing persons: Minorities in the health professions, a report of the Sullivan Commission on Diversity in the Healthcare Workforce*. AACN. https://doi.org/10.13016/CWIJ-ACXL

Tate, C. C., Ledbetter, J. N., & Youssef, C. P. (2013). A two-question method for assessing gender categories in the social and medical sciences. *Journal of Sex Research, 50*(8), 767-776.

Taxis, C. J. (2002). The underrepresentation of Hispanics/Latinos in nursing education: A deafening silence. *Research and Theory for Nursing Practice, 16*(4), 249-262.

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117-125.

Thebault, R., Ba Tran, A., & Williams, V. (2020). The coronavirus is infecting and killing Black Americans at an alarmingly high rate. *The Washington Post*, 7 April. Retrieved from https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true

Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition.* ERIC.

Toney, M. (2012). The long, winding road: One university's quest for minority health care professionals and services. *Academic Medicine, 87*(11), 1556-1561. doi:10.1097/ACM.0b013e31826c97bd

Torres, L., Driscoll, M. W., & Burrow, A. L. (2010). Racial microaggressions and psychological functioning among highly achieving African-Americans: A mixed-methods approach. *Journal of Social and Clinical Psychology, 29*(10), 1074-1099.

Torres, M. B., Salles, A., & Cochran, A. (2019). Recognizing and reacting to microaggressions in medicine and surgery. *JAMA Surgery, 154*(9), 868-872. doi:10.1001/jamasurg.2019.1648

Torres-Harding, S., Torres, L., & Yeo, E. (2019). Depression and perceived stress as mediators between racial microaggressions and somatic symptoms in college students of color. *American Journal of Orthopsychiatry*, *90*(1), 125-135. doi:10.1037/ort0000408

Torres-Harding, S. R., Andrade, A. L., & Diaz, C. E. R. (2012). The Racial Microaggressions Scale (RMAS): A new scale to measure experiences of racial microaggressions in people of color. *Cultural Diversity and Ethnic Minority Psychology, 18*(2), 153-164.

U.S. Department of Health and Human Services Health Resources and Services Administration National Center for Health Workforce Analysis. (2014). *Highlights from the 2012 national sample survey of nurse practitioners*. USDHHS.

U.S. Department of Health and Human Services. (2016a). *ASPE issue brief: Health insurance coverage and the Affordable Care Act, 2010–2016*. Office of the Secretary for Planning and Evaluation. Retrieved from https://aspe.hhs.gov/system/files/pdf/187551/ACA2010-2016.pdf

U.S. Department of Health and Human Services Health Resources and Services Administration National Center for Health Workforce Analysis. (2016b). *National and regional projections of supply and demand for primary care practitioners: 2013–2025*. USDHHS.

U.S. Department of Health and Human Services Health Resources and Services Administration National Center for Health Workforce Analysis. (2019). *Brief Summary Results from the 2018 National Sample Survey of Registered Nurses*. USDHHS.

United States Census Bureau. (2015). *New Census Bureau report analyzes U.S. population projections*. Retrieved from https://www.census.gov/newsroom/press-releases/2015/cb15-tps16.html

Walker, R. L., Salami, T. K., Carter, S. E., & Flowers, K. (2014). Perceived racism and suicide ideation: Mediating role of depression but moderating role of religiosity among African American adults. *Suicide and Life-Threatening Behavior, 44*(5), 548-559.

Washington, E., Birch, A., Roberts, L. (2020). When and how to respond to microaggressions. *Harvard Business Review*. Retrieved from https://hbr.org/2020/07/when-and-how-to-respond-to-microaggressions

West, K. (2017). "Everything I Am." Kanye West's graduation. *Rolling Stone*, 11 September. https://www.rollingstone.com/feature/kanye-wests-graduation-10-things-you-didnt-know-200486/

White, B. J. (2018). African American nurses describe pre-licensure education experiences: A qualitative study. *Journal of Professional Nursing, 34*(5), 346-351. https://doi.org/10.1016/j.profnurs.2017.12.008

Whitfield-Harris, L., Lockhart, J. S., Zoucha, R., & Alexander, R. (2017). The lived experience of Black nurse faculty in predominantly White schools of nursing. *Journal of Transcultural Nursing, 28*(6), 608-615. doi:10.1177/1043659617699064

Williams, L. B., Bourgault, A. B., Valenti, M., Howie, M., & Mathur, S. (2018). Predictors of underrepresented nursing students' school satisfaction, success, and future education intent. *Journal of Nursing Education, 57*(3), 142-149. doi:10.3928/01484834-20180221-03

Williams, M. T., Kanter, J. W., & Ching, T. H. W. (2018). Anxiety, stress, and trauma symptoms in African Americans: Negative affectivity does not explain the relationship between microaggressions and psychopathology. *Journal of Racial and Ethnic Health Disparities, 5*(5), 919-927. doi:10.1007/s40615-017-0440-3

Wong, G., Derthick, A. O., David, E., 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.

Wortham, J. M., Lee, J. T., Althomsons, S., Latash, J., Davidson, A., Guerra, K., Murray, K., McGibbon, E., Pichardo, C., Toro, B., Li, L., Paladini, M., Eddy, M. L., Reilly, K. H., McHugh, L., Thomas, D., Tsai, S., Ojo, M., Rolland, S., Bhat, M., Hutchinson, K., Sabel, J., Eckel, S., Collins, J., Donovan, C. et al. (2020). Characteristics of persons who died with COVID-19—United States, February 12–May 18, 2020. *Morbidity and Mortality Weekly Report, 69*(28), 923-929. http://dx.doi.org/10.15585/mmwr.mm6928e1

Xu, G., Veloski, J., Hojat, M., Politzer, R. M., Rabinowitz, H., & Rattner, S. L. (1997). Factors influencing primary care physicians' choice to practice in medically underserved areas. *Academic Medicine, 72*(10), S109-S111.

Ylioja, T., Cochran, G., Woodford, M. R., & Renn, K. A. (2018). Frequent experience of LGBQ microaggression on campus associated with smoking among sexual minority college students. *Nicotine & Tobacco Research, 20*(3), 340-346. doi:10.1093/ntr/ntw305

Zajac, L. (2011). Double-loop approach: Recruitment and retention of minority nursing faculty. *ABNF Journal: Official Journal of the Association of Black Nursing Faculty in Higher Education, 22*(3), 73-77.

Zeiders, K. H., Landor, A. M., Flores, M., & Brown, A. (2018). Microaggressions and diurnal cortisol: Examining within-person associations among African-American and Latino young adults. *Journal of Adolescent Health, 63*(4), 482-488. doi:10.1016/j.jadohealth.2018.04.018

Zhao, C., Dowzicky, P., Colbert, L., Roberts, S., & Kelz, R. R. (2019). Race, gender, and language concordance in the care of surgical patients: A systematic review. *Surgery, 166*(5), 785-792.

Zilbermint, M., Gaye, A., Berthon, A., Hannah-Shmouni, F., Faucz, F. R., Lodish, M. B., Davis, A. R., Gibbons, G. H., & Stratakis, C. A. (2019). ARMC 5 variants and risk of hypertension in Blacks: MH- GRID study. *Journal of the American Heart Association, 8*(14), e012508. doi:10.1161/jaha.119.012508

Appendix A

Table 1

Demographics

Variable	Percentage
Gender	
Female	90.8%
Male	7.7%
Missing Data	1.5%
Sexual Orientation	
Straight/Heterosexual	86.9%
Queer	5.4%
Bisexual	3.8%
Gay/Lesbian	3.1%
Missing Data	0.8%
Racial Identification	
White	75.4%
Asian	13.8%
Black	6.2%
Other	5.4%
American Indian/Alaska Native	2.3%
Hawaiian/Pacific Islander	2.3%
Hispanic, Latin, Spanish Ethnicity	
No	93.8%
Yes	6.2%
Economic Classification	
Upper Class	2.3%
Upper Middle Class	22.3%
Middle Class	50.8%
Lower Middle Class	20.0%
Lower Class	2.3%
Reported Not Knowing	1.5%
Missing Data	0.8%
First Generation College Student (FGCS)	
No	51.5%
Yes	47.7%
Missing Data	0.8%
Born in USA	
Yes	90%