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## Racial Microaggressions within the Field of Nursing

Theresa Farris

DePaul University, tfarris720@gmail.com

Elizabeth Hartman

DePaul University, EHARTMA6@mail.d2l.depaul.edu

Young-Me Lee

DePaul University, YLEE23@depaul.edu

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# Racial Microaggressions within the Field of Nursing

Tess Farris, Dr. Young-Me Lee, & Dr. Elizabeth Hartman

## Background

General term of microaggressions defined as, “brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group” (Dr. Derald Wang Sue). This phenomenon happens in everyday discourse and can occur with little to no awareness on the part of whites. Racial microaggressions have been suffered most by Black Americans given their historical and present social status in society. Racial microaggressions within the nursing relationship will accumulate for the patient and the stress will contribute to allostatic load disrupting the healing process. If they continue to be embedded within the social environment of nursing they will persist to operate in an unchecked and unconscious process contributing to the ongoing health disparities among people of color.

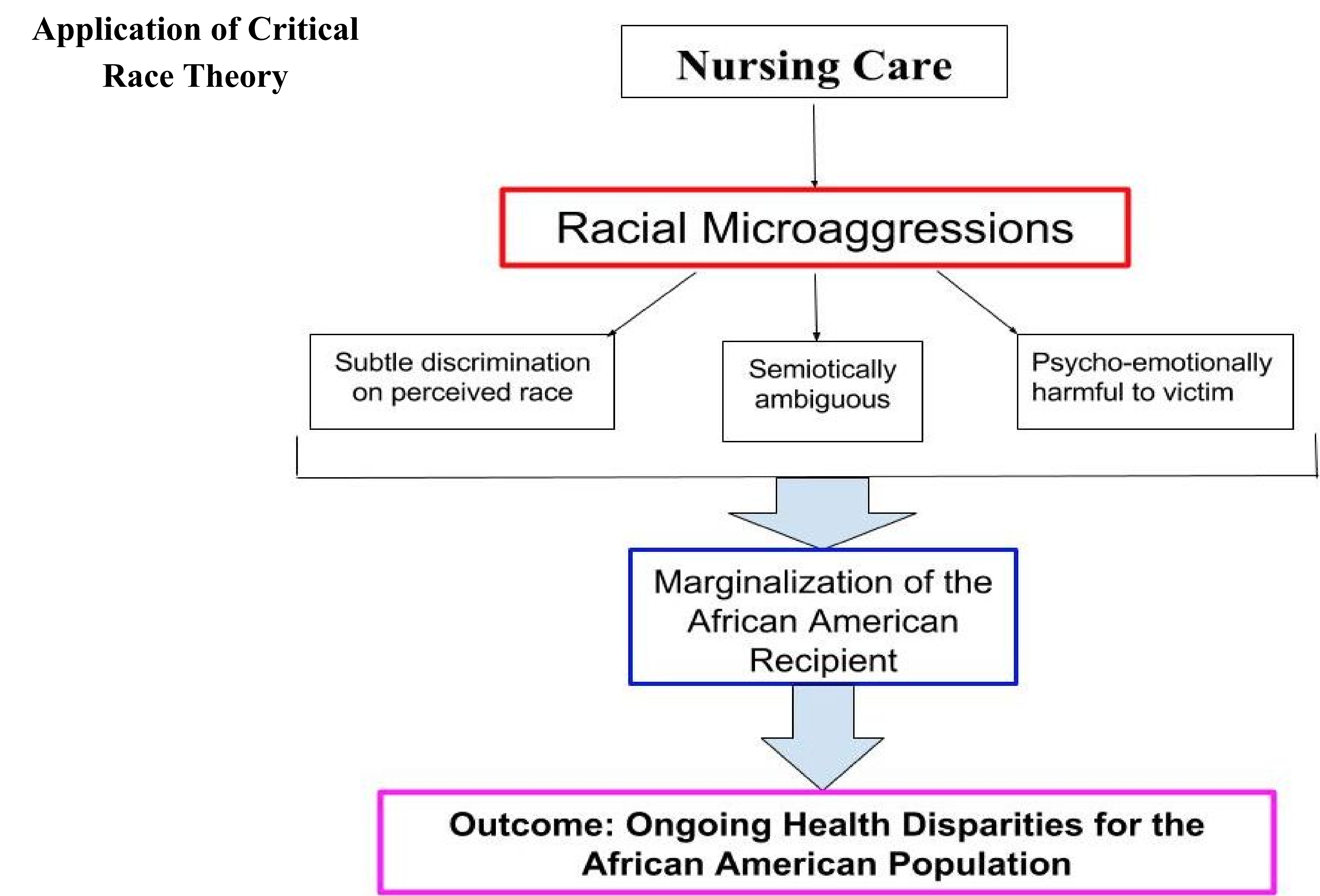
## Purpose

The purpose of this integrative literature review is to investigate the concept of racial microaggressions used against the African Americans in a healthcare setting; specifically how these racial microaggressions create barriers that result in increasing racial health disparities in the African American community. The findings from this study will provide a deeper understanding to determine what distinct factors make up these particular racial microaggressions and how increasing culture care components in basic nursing may benefit nursing practice.

## Research Questions

1. What are racial microaggressions, especially those targeted against African Americans, and how do take place within the field of nursing?
2. How do racial microaggressions against the African American population negatively affect racial health disparities?

## Methods



## Results

### Characteristics of Racial Microaggression in Nursing

- ★ **SUBTLE DISCRIMINATION:** based on perceived race; not obvious discrimination, differential treatment from nurses that slides under the radar, non-reportable thus backing its ambiguity
- ★ **SEMIOTICALLY AMBIGUOUS:** can be intentional or unintentional. Patients felt that something was ‘not right,’ and then burdened with not overreacting because nurse potentially unaware that behavior was harmful
- ★ **PSYCHOLOGICALLY HARMFUL:** Psychological ‘sting’ causing internal harm distinct from situations characterized by clear, prejudicial treatment (\*Most common attribute resulting in health disparities among people of color)

### Existence in Nursing

- Stronger negative impact for Black Americans than RM that are perpetrated individually outside of institutions
- Differential clinical treatment, poor access, late diagnosis, underdiagnosis, misdiagnosis, and undertreatment
- Inadequate RM statistical data related to the difficulty in identifying and reporting RMs due to its characteristic of ambiguity

## Discussion

Pathways of Stress	
PSYCHOLOGICAL STRESS	BIOLOGICAL STRESS
<p><b>Emotional Stress</b> Subtle discrimination evokes a personalized emotional response ↓ Depression and Anxiety (sadness, humiliation, powerlessness, cultural distrust, racial rage, and internal exhaustion)</p>	<p>Nursing care ↔ direct influence on the health outcome of the patient. + RM stress from nurses on patient ↓ Negatively affect on immune system/healing process of patient</p>
<p><b>Cognitive Stress</b> RM stress (should I respond?) ↓ Cognitive energy expenditure, disruption, deflection, and fatigue ***Thought process is highly acute in a healthcare setting considering their response to the RM could result in a decreased level of care and direct influence of their health outcome</p>	<p>Increased susceptibility to illness ↓ Body responds by releasing neurohormones ↓ Increasing r/o illnesses: coronary heart disease, diabetes, hypertension, allergies, asthma d/t the body's heightened physiological reactivity</p>
<p><b>Behavioral</b> Patient copes with microaggressive event ↓ Coping is functional and adaptive OR Dysfunctional and maladaptive (noncompliant, disengagement, change providers, d/c tx and neglect of adherence to medical regimens.)</p>	

## Nursing Implications

Caucasian nurses are the dominant majority within healthcare and influence how racism and white privilege affects pt care, policy development, and nursing education. Nurses who intentionally/unintentionally perpetuate RM behaviors negatively affect current tx outcomes and influence patient’s outlook on healthcare→ systemically contributing to ongoing health disparities for Black Americans. Though RM do not entirely account for health disparities, addressing microaggressions among health professionals of all cultural backgrounds is a way to effect change at individual and systemic levels.

## Conclusions

Microaggressive harm does not come from a single isolated event but the accumulation of various RM events over time. Patients are vulnerable and RM events can have detrimental impact on their process of healing and their trust ongoing relationship with the healthcare system. RM are not the prime reason health disparities exist, but RM within an institutionalized healthcare setting may be an important component in contributing to the marginalization of the African American population.