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## Microaggression Experiences Among African American Women and Their Effects on Health in Academia

Anta'Sha Moni Jones  
*Walden University*

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# Walden University

College of Health Professions

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Anta'Sha Moni Jones

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Walden University  
2022

Abstract

Microaggression Experiences Among African American Women and Their Effect on

Health in Academia

by

Anta'Sha Moni Jones

MS, Tuskegee University, 2005

BS, Tuskegee University, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

February 2022

## Abstract

Racial microaggressions are brief daily negative verbal behaviors and environmental slights directed as intentional or unintentional towards minorities. These negative interactions lead minorities to feel powerless and oppressed in their environments. These adverse experiences result from stressors in their environment that negatively affect the human body by causing acute and chronic stress. This qualitative study aimed to investigate the relationship between personal, racial microaggression experiences, and their impact on health through a phenomenological approach. The critical race theory provided a framework to explore and understand how systematic discrimination experiences impacted the 17 African American faculty member participants' health. A phenomenological transcendental approach revealed nine emergent themes: description of physical health before entering academia, description of physical health after entering academia, description of mental health before entering academia, description of mental health after entering academia, recalling personal experiences that reveal health issues, recognizing how the effects of racial microaggression experiences impact their physical health, recognizing how the effects of racial microaggression experiences impact their mental health, coping, and moving on from these everyday adverse experiences that are detrimental to health. The findings of this study revealed that understanding the effects of racial microaggression experiences is vital in implementing policies and programs that support African American women faculty and curtail these adverse experiences in academia, which could also lead to recommendations that decrease the occurrence of health conditions among these members.

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## Dedication

I dedicate my dissertation to my heroic daddy, Honorable Mr. Anthony Marcellous Jones, Dougherty County District 6 Commissioner, and my inspiring mommy, Mrs. Debra Ann Bell Jones, for providing their unlimited support and endless love throughout this doctoral journey. I love you both and appreciate all you have done for me throughout my life.

One significant thing I have realized throughout my “adulting” journey is all that I am, or hope to be, I owe to both of my loving and devoting parents.

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## Chapter 1: Introduction to the Study

The purpose of this study was to understand how racial microaggression experiences impact African American women's health in academia. Research revealed that in recent years, there has been a decline in overt blatant expressions of discrimination replaced by subtle forms of expression described as racial microaggressions. Those racial microaggression experiences have been increasing among historically oppressed racial groups in the United States of America, having a detrimental impact on health (Nadal, 2011; Sue, 2010). These discriminatory acts allow aggressors to approach racial groups as targets and promote the feelings of powerlessness through the everyday manifestations of other subconscious biases (Davis, 2018; Sue et al., 2007; Wong et al., 2014). Racial microaggressions are identified as brief, commonplace, daily verbal behaviors, and environmental slights and indignities directed as intentional or unintentional towards minorities (Huber & Solorzano, 2015). Pierce found that those negative experiences had a lingering intractability that is a major contributor to traumatic stress that minorities experience daily (as cited in Profit et al., 2000; Pierce, 1988). The traumatic stress from the racial microaggression experiences has been connected to daily stressors in the environment. Stressors are defined and conceptualized as the problems, hardships, or threats that challenge people's adaptive capacities (Pearlin et al., 1981). Stressors experienced in a microaggression environment can be determined as acute or chronic (Mazure, 1998). An acute stressor results in an adaptive response to homeostatic change that can result in a stressful response physically or psychologically. Chronic stressors involve a continuation of negative environment circumstances occurring without

resolution that have damaging effects on the individual (Eisenmann et al., 2016; Mazure, 1998; Meerson, 1984). Those types of stressors have exposed minorities to negative encounters in their lives that can cause considerable psychological distress, which can manifest in the human body as illnesses and diseases and can affect not only mental health but also physical health (Sue, Capodilupo, & Holder, 2008).

Minorities experience racial microaggressions in all areas of their lives, including the workplace (Brondolo et al., 2011; Holder et al., 2015). Racial microaggression experiences are a growing issue among African Americans today because African Americans have been populating the United States workforce in mounting numbers since civil right laws made segregation and discrimination illegal (Hahn et al., 2018). Civil rights laws have made it possible for not only African American men to participate in the workforce but also for African American women. The increasing population of African Americans in the workforce has revealed that the workplace is often a prevalent hostile environment for African Americans, where instances of racial prejudice and discrimination are often persistent and rampant (DeCuir-Gunby & Gunby, 2016).

Sue (2010) noted the increasing attention in organizational literature on marginalized groups experiencing harassment, discrimination, and identity-based microaggressions. However, increased attention remains a persistent and severe problem in addressing the race-based workplace discriminatory behavior against minorities (Torino et al., 2018). According to the Equal Employment Opportunity Commission (EEOC; 2018), 28,528 charges of race-based workplace discrimination, 18,376 age-based discrimination, and 25,605 sex-based charges were filed in 2017. For over the last 20

years, those numbers have remained consistent and continue to have a deleterious impact on individuals' and organizations' mental and physical health, which results in organizations experiencing a decrease in organizational commitment, poorer supervisor relations, and lower confidence in employees' ability to achieve professional goals (Gifford, 2009; Hammond et al., 2010; Lewis et al., 2016).

In the world of work, microaggressions contribute to the creation of glass ceilings for African Americans by providing messages of exclusion and expectations of failure (Miller & Travers, 2009). Those negative messages cause intense psychological and physical reactions to those confronted with microaggressions by perpetrators (Pierce, 1988). As a result, those unintentional and innocuous experiences create chronic stressors in African Americans lives, especially for African American women (Everett et al., 2010). In 2017, African American women represented over 60.3% of the total U.S. workforce (Campbell et al., 2019). However, statistics have revealed racial microaggressions being readily present at the workplace and an emerging challenge for African American women. African American women are unique because their racial microaggression experiences cannot be explained solely through the isolated prisms of race or gender. Whereas racism or sexism represents significant aspects of African American women's realities, other types of oppression set their experiences apart (Brown & Keith, 2003; Everett et al., 2010).

Racial microaggressions are commonplace for Black women in various social environments, including the workplace. African American women experience an increasing number of personal adverse life events from exposure to stressful life events

due to painful incidents of discrimination in their daily lives (Everett et al., 2010).

African American women experience not only subtle but also blatant racial microaggression at the workplace. The literature identified that these racial microaggression experiences have also been associated with race-based stereotypes that have inauspiciously impacted the career trajectory of African American women and their relationships with colleagues in the workplace adversely (Bagati, 2008; Reynolds-Dobbs et al., 2008).

Racial microaggressions occur in all areas of employment for African American women, but especially in higher education (Lewis & Neville, 2015). In higher education, African American women experience prevalent subtle and blatant racial microaggression experiences with psychological distress and consequences that also involve physical health (Lewis et al., 2016; Thomas et al., 2008). Researchers have explored the effects of long-term racial microaggression exposure and have examined the factors identified in the literature that may contribute to negative and positive health outcomes for African American women professors.

The results from the study may provide insight on whether environmental factors in microaggression experiences contribute to the health conditions (mental and physical) in African American women in academia from racial microaggression exposure. The research provides vital information regarding the health barriers that African American women professors face due to long-term racial microaggression exposure in academia (see Holder et al., 2015). These health barriers that African American women have experienced occur regardless of whether coping responses provided potential



consequences of stress on their health (mental and physical), psychological well-being, increase risk of physical ailments (i.e., hypertension and cardiovascular disease), and emotional stability (Brown & Keith, 2003; Everett et al., 2010). However, the literature has not explicitly addressed how racial microaggression exposure has affected African American women's health (mental and physical). Therefore, there was an existing gap in the literature regarding how exposure to daily racial microaggressions in the workplace (i.e., academia) has affected African American women's health. This information is critical in providing higher education institutions with interventions and strategies to implement in the workplace environment to curtail or eliminate racial microaggression exposure for the African American woman professors to advance in their careers and improve health care conditions (Holder et al., 2015).

This chapter is organized to introduce the scope of the study that is directly involved in racial microaggression experiences in academia and the justification for the approach to the research problem. All sections of this chapter provide the relevant information needed to understand the importance, significance, and impact on the necessary social change to make the health of this population better in its daily environment.

### **Background**

Microaggressions are experiences that cause distress among minority populations' lives. These negative daily experiences can affect how members of society feel about themselves and their culture. The internalized feelings begin to have a psychological state identified as being negative (Baker & Bell, 1999). This negative persistent state can cause

long-term effects of stress response to allow the manifestation of diseases and illnesses to settle in the bodies of minorities and can affect an individual's health (Baker & Bell, 1999; Schneiderman, 1983; Schneiderman et al., 2005).

Microaggressions experienced by minorities can be traumatic stressors (Moody & Lewis, 2019). These stressors trigger stress that affects the brain. Minorities who experience daily stressors throughout their lives can find themselves having an adverse health status that begins to promote illnesses and diseases, which could result in premature death (Baker & Bell, 1999). Therefore, it is essential to try to limit these stressors, specifically negative microaggression experiences.

It is vital to investigate the role racial microaggressions play in identifying key factors connected to racial microaggression experiences that can cause adverse health outcomes to the bodies of minorities. Using current research can help to establish the missing connection and identify what is needed to provide the necessary answers to acknowledging the benefits of awareness of microaggressions and its effect on health (Sue et al., 2008). Knowing that information can provide what is needed to bringing coping mechanisms and other resources to lessen the effects of these experiences for minorities in various work environments (Gomez, 2015).

### **Problem Statement**

Microaggressions have been identified as being a popular lexicon that African Americans experience daily in environments (Harrison & Tanner, 2018; Gee et al., 2009). As many as 50% or more of African Americans have experienced being racially discriminated against as a result of a microaggression encounters (Brondolo et al., 2009).

As a result, this growing issue has been associated with African Americans' complex interplay of not only genetics but also encounters with environmental factors. These environmental factors are increasing episodes of social hostility, reduction in visibility (increase level of isolation), experiences of being silenced and marginalized, power struggles for respect, having intellect questioned or challenged, or increasing stressors in the environment (Bacchus, 2008; Everett et al., 2009; Lewis & Neville, 2015; Lewis et al., 2016). Microaggressions are subtle insults hidden in daily interaction that are directed to minorities automatically or unconsciously (Haller, 2019; Solorzano et al., 2000). These everyday microaggression experiences (e.g. at work, school) result in harmful health effects for vulnerable populations, which can negatively impact health (mental and physically). As a result, vulnerable populations begin to experience physical and mental health challenges in connecting with the community members throughout their environment (Collins et al., 2011; Harrison & Tanner, 2018; Pascoe & Richman, 2009). If the connection does not happen due to the negative microaggression experiences, it places the individual at risk for poor health outcomes and imbalances. These outcomes and imbalances can lead them to not only experience psychological distress but also poorer health-related outcomes that could lead to chronic mental illnesses, causing premature death (Gomez, 2015).

In the workplace, rapid changes have occurred with the minority populations significantly gaining employment. In that number, women make up more than 47% of the minority working population (Holder et al., 2015). This increasing diversification has revealed that this vulnerable minority population may experience daily microaggressions

in the workplace that cause not only possible deceleration in their career trajectories but also affect their physiological state over time (Holder et al., 2015). Researchers have shown that the workplace is a hostile environment for people of color, particularly African Americans, in that they often experience discrimination, racial prejudice, racial microaggressions, racial identity, and job dissatisfaction (DeCuir-Gunby & Gunby, 2016; Emerson & Murphy, 2014; Nkomo, 1992; Offermann et al., 2014).

Racial microaggression experiences in African American women can have a direct negative impact on their mental health (Chiao & Blizinsky, 2013). However, the literature has not provided information on the mental and physical health state of the African American women who are in academia. I found limited literature regarding how racial microaggressions affect women's health in academia and how awareness could possibly curtail those negative experiences in the workplace for African American women to lower mental and physical health occurrences. Therefore, it is vital to not only identify racial microaggression factors in the work environment (increasing population among African American Women) that affect African American women in academia but also to provide increasing knowledge on how awareness could curtail these racial microaggression experiences in academia, which could reduce the occurrences of mental and physical health conditions, disorders, and diseases (Wong et al., 2014).

### **Purpose**

The purpose of this study was to examine and seek understanding of the relationship between the racial microaggression experiences, their impact on mental and physical health, and how awareness and knowledge about racial microaggressions could

positively impact African American women in academia. There is a significant gap that exists with the effects of racial microaggressions in academic populations among African American women along with identifying specific factors that can contribute positively or negatively to this vulnerable population's mental health. The gap that exists occurs because, throughout the literature search, there was limited research regarding racial microaggressions experiences among African American women and even more limited to African American women in academia.

This study will reveal lived experiences of the vulnerable population's racial microaggression experiences in academia and the effect of these experiences on mental and physical health. This information reveals insight on their impact in the work environment and how these effects could be identified to decrease the occurrences of these experiences and decrease diseases and disorders among African American women in academia. The insight gathered from the study also reveals possibilities from the impact of awareness in academia, which could lead to positive social changes in academia by the implementation of racial microaggression policies and procedures throughout higher educational institutions. These appropriate policies could be fruitful in not only identifying racial microaggressions but in measuring those negative conscious or unconscious experiences in a work environment among coworkers in academia. Implementing these policies to measure and identify racial microaggressions could not only curtail but possibly alleviate the growing occurrences of racial microaggressions in the workplace, which would also include the value of awareness and discernment on racial microaggressions in the academia.

### **Research Questions**

Research Question (RQ)1: What is the lived experience of African American women in academia who experience racial microaggression as it relates to health (physical and mental) problems?

RQ1A: How do African American women in academia view the impact of racial microaggressions on their mental health?

RQ1B: How do African American women in academia view the impact of racial microaggression experiences on their physical health?

### **Critical Race Theory Conceptual Framework**

The critical race theory (CRT) is defined as the set of antiracist tenets, modes of knowledge production, and strategies organized into a framework that targets the subtle and systemic ways racism currently operates above and beyond any overly racist expression (Crenshaw et al., 2010). The CRT is an antiracist intellectual movement that identifies, understands, and rescinds the root causes of racial hierarchies that contribute to educational disparities (Ford & Airhibenbuwa, 2018). The CRT is helpful to practitioners who are committing to furthering justice and accepting the tenets of CRT and acting upon those tenets in research to uplift and empower underrepresented populations in academia (Harris & Poon, 2019; Heenehan, 2020; Patton et al., 2007).

The CRT is a theory that encompasses the intellectual and sociopolitical actions based on CRT's tenets, concepts, and strategies. CRT balances theory and research that echoes public health issues and combines evidence-based practice with practice-based

evidence (Ford & Airhibenbuwa, 2018). CRT acknowledges the importance of racism and how it is rarely considered a vital determinant of health for vulnerable populations

The CRT in research assists in addressing these concerns directly. As a result, the use of the CRT tools can help researchers illuminate racial biases embedded in a field or a research study and develop strategies to address them through conducting research and practices to elucidate contemporary racial phenomena, expand the vocabulary of complex racial concepts, and challenge racial hierarchies (Ford & Airhibenbuwa, 2010, 2018). The implementation of CRT in the public health community provides CRT characteristics (race consciousness, emphasizes on contemporary societal dynamics and socially marginalized groups, and praxis between research and practice) to discuss salient theoretical and methodological conventions that inadequately address the complexity with structural racism influences on health and the production of knowledge about populations, health, and health disparities (Ford & Airhihenbuwa, 2010).

By including CRT in public health, researchers can have the clarity needed regarding understanding the nature of racial stratification and how understanding racial stratifications can assist in conceptualizing, measuring, and analyzing race- and racism-related factors using tools better suited for studying risk factors that could lead to health outcomes that affect communities (Ford & Airhihenbuwa, 2010). This can also allow researchers to investigate the root causes of health disparities and development of solutions that bridge gaps in health, employment, and other factors that condition living (Ford & Airhihenbuwa, 2010). The implementation of the CRT in this public health research provided tenets of entry to analyze, critique, and suggest improved ways of

engaging in effective environmental communication between minority populations residing at higher education institutions whose health is affected by racism or for one experiencing marginality in their environment. Effective environmental communication about the racial microaggression experiences could curtail adverse health effects among vulnerable population in academia by informing public health researchers of the need to understand the racial constructs and phenomena effects, making the CRT a critical emerging transdisciplinary contribution to public health (Heenehan, 2029; Krieger, 2014).

For my qualitative research, I used the CRT to understand the microaggression experiences that African American women face in higher education and how they can be investigated to understand their effects on health. The CRT can be used in public health to understand how racial microaggression experiences affect vulnerable populations in education and how understanding these experiences could address structural racism and its influence on health (Ford & Airhihenbuwa, 2010). The effects of racial microaggression experiences could also be the root cause of adverse health conditions in an academic environment where one experiences subtle systematic racism and discrimination in their daily work environments. Applying the CRT in this research was valuable in recognizing the subtle systematic racism and discrimination experienced in academia and their effects on health through these daily racial microaggression experiences and the identification of a possible link between the impact of racial microaggression experiences in academia and health (mental and physical) outcomes. It also provided vital evidence on the effect of racial microaggression experiences in



academics that may aid policymakers and administrators to implement necessary policies to curtail these experiences in academia.

### **Nature of the Study**

In this research, I used a qualitative methodology. To study the events of interest, the use of qualitative analysis can allow the description of relationships explained, individual experiences, and group norms. To achieve answers to my research questions from my qualitative research approach, I created consistent open-ended questions for participants to answer in in-depth interviews and through the participation of observation (see Cartwright et al., 2009.). For this study, a sample size of 17 individuals selected through convenience sampling participated in an interview for the study. These individuals were African American women faculty members who represented the sample academia population (Englander, 2012; Giorgi, 1988, 2009). Participants in the study were included if they are identified as (a) African American faculty women in academia, (b) teaching traditional, hybrid, or online instruction in academia; (c) teaching in academia at least 2 semesters throughout the year; (d) teaching as a full-time faculty member or a part-time instructor; and (e) being a visiting or full professor, instructor, lecturer, assistance, or associated professor. Potential participants received screening questions to determine if they fit the selection criteria.

There are five qualitative methods that can be used: ethnography, narrative, phenomenological, grounded theory, and case study. The qualitative research approach that I used throughout my study was phenomenological. The phenomenology approach

used in this research was transcendental (descriptive) phenomenology qualitative research.

The use of phenomenology allowed me to understand the experiences of racial microaggressions with my study participants. Implementing a phenomenological approach to my research methods was also an appropriate approach to determine not only their perception but also the participants' viewpoint to discuss mainly the state of mind (Chang & Berk, 2009).

The sample population involved in the study was 17 African American women identified as faculty in academia using purposive and snowball sampling. The data collection method I used in my qualitative research approach involved interaction among my target population in the data collection process. Data collection occurred through interviews. The interviews revealed their thoughts and allowed the participants to recall racial microaggression experiences and how those experiences may have led to disruption of health and illnesses or diseases. The interviews included open-ended questions that involved my target populations' lifestyles, microaggression experiences, health status, and health treatments. A phenomenological design would not have aided in engaging with my target population and creating transparency to receive honest feedback.

### **Definitions**

*Colorism*: A form of discrimination based on an individual's skin tone (darker-skin or lighter-skin) that allows them an opportunity to receive privileges or penalties (Gasman & Abiola, 2016).

*Microaggressions*: Subtle negative exchanges during communications that result in discrimination directed towards African Americans or other marginalized groups (Pierce, 1995; Sue, 2010).

*Microassault*: Outright prejudice and discrimination that are conscious, deliberate, and either subtle or explicit biases or beliefs and that are communicated to marginalized groups through environmental cues, verbalizations, or behaviors (Sue, 2010).

*Microinsult*: Unconscious communication that conveys rudeness and intensity to a particular person's characteristic or demographic group.

*Microinvalidation*: Communication that involves the exclusion of experiential realities of certain groups by nullifying, excluding, feelings, and neglecting (Sue, 2010).

*Psychological negative response*: A response from the exposure of discrimination that affects health by demonstrating an increase in negative emotion way of stress (Pascoe & Richman, 2009).

*Psychological stress*: An adaptation to the fight-or-flight response during evolution that can induce a constellation of physiological responses that are harmful under conditions (Hall et al., 2012).

*Racial microaggressions*: Subtle insults (verbal, nonverbal, or visual) that are communicated consciously or unconsciously to minorities (Solorzano et al., 2000).

*Stressors*: Factors that can have an impactful negative influence on mood, sense of well-being, behavior, and health (Schneiderman et al., 2005).

### **Assumptions**

In this study, I assumed that all members participating were faculty members at a college or university in higher education. Participating faculty members identified as African American women. I assumed that the participants would be able to provide personal narratives on existing racial microaggression experiences encountered in their respective places in academia. I also assumed that these participants would be able to answer all interview questions honestly and openly regarding their health condition(s) while employed as a faculty member in higher education.

### **Scope and Delimitations**

The purpose of the research was to understand the relationships between the racial microaggression experiences that impact African American women faculty's mental and physical health in academia. The stressors identified in the microaggression experiences may have a significance influence on an individual's mood, sense of well-being, behavior, and health. However, when the experience becomes unremitting, the long-term effects can damage health (Schneiderman et al., 2005). Unidentifiable factors or opinions exposed during these experiences can also have effects on health. These opinions could be insightful in providing the necessary implementations to possibly curtail or eliminate these racial microaggression experiences in higher education. These implementations in higher education could encourage healthier work environments for this vulnerable population in higher education. Yang and Carroll (2018) stated that ongoing research was needed to understand gendered microaggressions across all types of faculty positions in academia. Nelson and Brammer (2010) and Yoder (2014) echoed that microaggression

research needed to be amplified to understand how faculty position, age, and race influence the occurrence and type of gendered microaggression experiences growing amongst female faculty, especially in Science, Technology, Engineering, and Math.

The scope of this study was to determine the effects of racial microaggression on health among African American female faculty members who teach in academia (higher education). The study was delimited to only African American women and no other nationalities or males in higher education. Also, I did observe any faculty teaching in their discipline, review medical records for personal health information, or ask questions about current or anticipated medical treatments for any preexisting or existing ailments one may have encountered as an educator.

The knowledge gained from the research can provide insight on microaggression awareness and changing behaviors in academia towards the vulnerable population in academia by providing support of interventions addressing the ethnic/racial/gender inequities reflected by lack of resources, lack of information, lack of consistent policies and practices around tenure and promotion, and lack of collegial community for African American women faculty (Turner et al., 2011). This lack of information mentioned by researchers can ensure that necessary implementation of resources is available for those undergoing these adverse experiences that can be detrimental to their well-being, behavior, and health.

### **Limitations**

Two limitations or challenges that encountered in my research was accessing potential participants and researcher bias with the answers that were given during the

study. Both of these limitations or challenges could have occurred because my population of interest may have had fears or anxiety in reporting sensitive information about microaggressions. This confidential information may have led the faculty to be hesitant to participate altogether. As far as research bias, my interpretation could be a little different than the participants if they were not transparent with their answers in the study (Pannucci & Wilkins, 2010). As a result, I transcribed all interviews and allowed all participants to read and correct their responses (if applicable) to curtail research bias in the interviews. Therefore, I needed to understand how biases can occur throughout the research and to avoid any treatments that would be identified as suboptimal or potentially harmful to my participants (Pannucci & Wilkins, 2010).

To eliminate these limitations or challenges, I was completely open with my participants and gathered answers from the participants in the interviews accurately to ensure that research biases were not involved in the collection of data. Another way that I curtailed or eliminated the limitations or challenges was by providing constant reminders for participants ensuring that the environment was safe so that participants could provide their honest opinions. I also ensured to all participants that I understood they were sharing sensitive information that would be safely handled and not released to others who were not working directly with the research. The environment that I wanted to provide was safe and sensitive to research that involved a volunteering environment only for educational purposes and not for harmful purposes.

### **Significance**

This study can help bring awareness in identifying how workplace racial microaggression experiences impact health, leading to mental health illness(es) and disease(s) that occur in African American women faculty. Identifying this information can allow public health officials to bring more conclusive data regarding the factors connected to racial microaggressions and their effects on the African American women faculty population's overall mental health. This research can also assist public health officials in understanding how microaggressions can affect health conditions in minority populations beyond mental health, providing strategic coping mechanisms that are needed to deal with daily stressors and providing essential information to employers on how to curtail or possibly eliminate microaggressions in the work environment. The information provided may also promote the awareness needed to ensure the academia community is aware of the detrimental outcomes of racial microaggressions in minority populations (Holder et al., 2015).

The research could also assist in understanding how racial microaggressions affect African American women faculty members in the academic workplace and reveal validated factors that can cause mental health imbalances in vulnerable populations that lead to experiencing an increasing exposure to mental health diseases and disorders. Furthermore, the study can promote racial microaggression awareness in the workplace and, moreover, eliminate these negative microaggression experiences to alleviate mental health disruptions and to ensure a positive quality of life at the workplace and beyond.

### **Summary**

Minorities experience microaggressions daily. Microaggression experiences is a growing issue that affects the health of minorities in both personal and professional environments. Even though there is information on microaggression experiences, there is a large gap in knowledge that can provide insight into understanding environmental factors that are connected to racial microaggression experiences that have an adverse effect on health. These factors are necessary to understand the challenges that African American women in academia face in their lives regarding their mental and physical health. If these factors are identifiable, solutions can be determined for African American women in academia by allowing women in academics to experience an academic environment that can curtail or alleviate these negative experiences and improve their mental and physical health conditions as they educate the future.



## Chapter 2: Literature Review

The purpose of this qualitative research study is to understand the impact that unconscious and conscious racial microaggressions have on mental and physical health in African American women in academia. Sue et al. (2007) determined that racial microaggression experiences impact mental and physical health. The impact of those indignities are serious health consequences that can result in minorities experiencing poorer health and mental health outcomes (Clark et al., 1999; Hatzenbuehler, 2009; Herek, 2009). However, the factors that can contribute to these adverse health conditions that affect minority women in academia and if the implementation of the effects of awareness could contribute to curtailing these racial microaggression experiences have not been clearly stated. Racial microaggressions were first defined in the 20<sup>th</sup> Century by Pierce, a psychiatrist, explaining the race-related slights and indignities that African Americans experienced in their daily lives (Pierce, 1995). Pierce said that the racial microaggression experiences were subtle insults that were proven later to be identified as slights and that often occurred automatically or unconsciously in the daily environment (Pierce, 1995; Solorzano et al., 2000). Those subtle insults (verbal, nonverbal, and/or visual) have been identified with improved scientific rigor, and they not only affect African Americans but are also directed towards any members of racial minority groups (including particularly African American women; Solorzano et al., 2000; Sue et al., 2007). The members of racial minority groups who encounter these racial microaggression experiences have been identified as being a part of a vulnerable population.

In this study, I explored how microaggression experiences contribute to deteriorating health conditions that can lead to existing mental and physical health illnesses and diseases for African American women in academia. Wong et al. (2014) noted the constructs of racial microaggressions. They were able to provide a comprehensive taxonomy of racial microaggression, conceptual framework, and directions for research related to racial microaggressions. Their findings from their review seemed to highlight important conceptual and methodological issues that remain to be addressed in the three domains:

1. What are racial microaggressions and who do they impact?
2. Why are racial microaggressions important to examine?
3. How are racial microaggressions currently studied?
4. How might we improve the methodologies used to study racial microaggressions?

Wong et al. (2014) proved that gaps existed in the literature through their comprehensive taxonomy of racial microaggression. Therefore, the following recommendations were suggested to further facilitate racial microaggression research: improve scientific rigor of racial microaggression research and gain a more complete and sophisticated understanding of the concept and consequences of racial microaggressions (Wong et al., 2014).

Few researchers have examined how acknowledging and identifying racial microaggression experiences could change the climate in academia for African American women, which could benefit not only African American women but also other vulnerable

populations in academia who encounter microaggressions daily. Nadal et al. (2014) also asserted that future research was needed to understand racial microaggression experiences between various racial groups and to examine other social identities to understand how microaggression experiences have influenced one's perceptions of and responses to those negative experiences that affect mental health. In addition to Nadal et al.'s request to explore racial microaggression experiences, gaps in the literature still exist according to Wong (2014) and Sue (2007) regarding how unidentified factors, consequences, and awareness can connect to those adverse microaggression experiences that affect minority (vulnerable) population's health. Those unknowns require further study in this area to understand how researchers can identify the necessary tools for identifying and disrupting daily racial microaggression experiences in academia towards African American women that affect health conditions, both physical and mental.

In this chapter, I provide a comprehensive review of the current literature that addresses the impact of racial microaggressions on minority populations, microaggression experiences effects on health (mental and physical), the effects of racial microaggression experiences on African American population, health conditions related to racial microaggression experiences, and effects of racial microaggression experiences on African American women in academia. I also synthesize the current knowledge related to African American women's experiences with racial microaggressions and the aftermath of these experiences on their lives, including their effects on specific health conditions, to determine the possible factors that can adversely affect this vulnerable population.

### **Literature Search Strategy**

The purpose of my literature search was to find relevant and current scholarly literature on racial microaggression experiences and the effects of those experiences in vulnerable populations in academia. To achieve successful academic writing, I used various search engines and databases to retrieve literature that was needed to research and retrieve data on my topic. I used the following search engines to retrieve vital information about microaggressions and related terms associated with microaggressions: Google Scholar, Internet Explorer, Google, and Firefox. In order to examine existing findings carefully, I used the following sources to find published information, which ranged from published web articles, books, dissertations, and peer-reviewed articles from the Walden University Library and multiple databases. The specific databases that I used for my research contained published literature from experts from Sage Journals, Medline, ProQuest, PsycINFO, Galileo, Education Resources Information Center, Public Library of Science, BioMed Central, ScienceDirect, Web of Science, Directory of Open Access Journals, Google Scholar, ProQuest Nursing & Allied Health Source, and PubMed. The majority of the primarily published peer-reviewed articles have been published throughout the year of 1964 to 2019 identifying literature that was available on racial microaggression and their effects on minorities, especially African American women, was considered for the study.

The search terms used to conduct the literature review for the research were the following keywords or phrases: *microassault, microinsult, microinvalidation, discrimination, and mental health, African American women in academia, discrimination*

*in academia, microinvalidation, racial microaggression, microaggression, stressors, psychological response, and colorism.*

The purpose of the literature search was to provide existing information that could link the relationship between racial microaggression experiences and the effects of these racial microaggression experiences on mental and physical health among a vulnerable population in academia identified as the African American women. Currently, in the research, there was no scholarly information that provided a link between racial microaggression experiences and its effect on African American women and African American women in academia. Nadal et al. (2014) supported the missing gap in the literature by identifying that additional studies needed to examine groups separately to understand how racial microaggressions affected the health of specific populations. Lewis et al. (2016) also stated in their research the need to explore ways that the experience of racial microaggressions affected the mental and physical outcomes of African American women. Those specific future directions identified in these studies also revealed the need for digging further into the effects of these racial microaggression experiences on other social identities (e.g., ethnicity, gender, sexual orientation, religion; Nadal et al., 2014).

In this section, I also reveal missing pieces in the literature that connect microaggression experiences and how awareness could positively affect African American women in academia health. In this research, I did not identify specific factors that have contributed to or were responsible for deteriorating health conditions in African American women in academia. Nadal et al. (2014) mentioned that African American

women experience an array of microaggressions because of their intersectional identities. These intersectional identities could affect this vulnerable populations' mental health and their quality of life. However, there is a literature gap that did not address how those negative experiences have affected many aspects of the African American woman. Perhaps, discussing this gap in the literature could provide information that is crucial in preparing African American women with ways to cope with future microaggressions that are experienced throughout their daily environment, which could also allow counselors to assist with identifying their feelings and develop a sense of self without affecting the African American woman's self-esteem (Sue et al., 2008).

Another goal of the research is to identify the existing gap in the literature regarding how prevention could be a tool to assist in curtailing or possibly eliminating microaggression experiences in academia for African American women. Lewis et al. (2016) also acknowledged the need and importance for vulnerable (i.e., African American women) populations to educate themselves on racial microaggression experiences and how to find ways to not only validate their experiences but also have resources available to cope with these negative experiences that do affect their overall health. With that information not being available in the research, I determined that there were gaps in the literature review regarding the importance that awareness could bring for counselors, public health practitioners, and vulnerable populations. Nevertheless, identifying answers to the gaps in this research could provide the beginning for future research to address the other gaps that are uncovered in the research with this vulnerable population or other vulnerable populations regarding microaggression experiences and

the effects of these experiences in academia. Lastly, many of the articles reviewed for the literature review were published within the last 5 years. Moreover, the work of previous researchers was used beyond 5 years ago to explore the research. This also revealed the need for new research to be developed amongst this vulnerable population and other minority populations.

### **Conceptual Framework**

Despite the ongoing impact that race has on society, racism continues to be identified as a racial realism that is normal within the institutional structures of society in the United States (Decuir-Gunby et al., 2020). However, in society, subtle and systemic ways of racism continue to reveal themselves daily and have a negative, harmful impact on an individual's psychologically and interpersonally (Sue et al., 2009). The CRT identifies the inequities in society and educational institutions (Decuir & Dixson, 2004; Ford & Airhihenbuwa, 2010; Ladson-Billings & Tate, 1995). The CRT emerged from Bell and Freeman during the mid-1970s. They both had concerns about the gingerly pace of racial reform in the United States and the failure to address the effects of race and racism in the U.S. jurisprudence (DeCuir & Dixson, 2004; Delgado & Stefancic, 2017; Ladson-Billings, 1998). Later, the CRT originated from the critical legal studies movement that generated a theoretical approach in analyzing the role of race and racism in perpetuating social disparities between dominant and marginalized racial groups known as CRT (DeCuir & Dixson, 2004; Gordon, 2000; Ladson-Billings & Tate, 1995).

CRT is a significant theory that is used in research to examine the impact of racism and understanding the opposition (Warmington, 2017). The CRT is a race-

conscious social analysis in which the analysis of racism is central. CRT is also predicated upon intersectionality, focusing on how racism works with, against, and through additional axes of differentiation, including class, gender, sexuality, and disability (Gillborn, 2015). The CRT is identified as providing conceptual tools and principles that opens up a space for understanding “the complete racialization of daily life.” The analytical principles have been described as a collection of five “tenets.” The five tenets comprised in the CRT’s framework are counter-storytelling, the permanence of racism, whiteness as property, interest conversion, and the critique of liberalism (DeCuir & Dixson, 2004; Ladson-Billings, 1998).

The first tenet in the CRT is counter-storytelling. Counter-story telling is a tenet that legitimizes the racial and subordinate experiences of marginalized groups (DeCuir & Dixson, 2004; Ladson-Billings, 1998; Parker & Villalpando, 2007). DeCuir and Dixson (2004) stated that counter-storytelling is a resource that exposes and critiques the dominant ideology (as cited in Hiraldo, 2010). The counter-stories used in the CRT framework are helpful in analyzing higher education’s climate for faculty, staff, and students. Counter-stories can provide opportunities to implement the necessary research and climate changes to achieve inclusion and diversity college community.

Lui (2009) provided counter-stories to shed light on the inequalities in higher education as a student and a researcher. Those stories provided insight into her higher education experiences that can lead to unfair treatment because of dominant ideologies about Asian Americans. Walkington (2017) revealed through counter-story telling Black women’s experiences in higher education through the lens of students and faculty. Her



research showed how discrimination experiences that occurred at the workplace restricted women in faculty positions, receiving lower wages, being underserved recipients of affirmative action, and being the stereotype of lacking workplace productivity.

Walkington's research revealed that the attitudinal and institutional racism that occurred in higher education can lead to lower-income isolation; hypersexual, aggressive, and exotic limited access to resources at the workplace; and marginalization (Ramey, 1995; Seo & Hinton, 2009; Sotello & Turner, 2016; Sommersell, 2003; Spraggins, 1998). The use of the CRT in Walkington's research allowed educators and graduate students to compare discriminatory and gendered experiences in higher education to gather perspectives that are combined with Black feminist thought, using intersectionality as an analytical strategy attending to new understandings of how higher education as a social institution is associated with inequality and to discover and suggest ways such as speaking truth to power, self-care, and peer mentorship. Walkington revealed that using the tenet of counter-story telling can provide the necessary knowledge needed to navigate successfully in the minefield of academia.

The second tenet of the CRT is the permanence of racism that suggests that racism controls the political, social, and economic realms of U.S. society. In higher education, racism can be analyzed through a lens that examines the structural impact. As a result, racism must be taken into consideration to avoid the structural impact of the diversity action plan implemented in higher education. If racism is not understood, how structural impact affects structural impact, the reinforcement of structural and institutional racism will still exist, and diversity plans will become ineffective (Iverson,

2007; Ladson-Billings & Tate, 1995). Therefore, the implementation of institutional processes and procedures are needed to prevent racism when improving diversity and inclusion in higher education (Hirald, 2010). Torino et al. (2018) revealed the importance of being reactive in implementing strategies in higher education to reduce racism and increase diversity and inclusion. Increasing open communication through professional development opportunities and providing support groups and individuals can assist in educating campuses on areas of implicit bias, diversity, and inclusion (Torino et al., 2018). Torino et al. (2018) research suggests that an introduction of policies, procedures, and programs can support the initiative of creating a thriving improved climate higher education environment can “get things right” more often by designing programs to reduce bias on campus through proactively educating the campus on diversity and inclusion (Beshears & Gino, 2015; Whittaker et al., 2015).

Whiteness as property is the third tenet of CRT. Embedded racism in America allows Whiteness to be considered a property of interest (DeCuir & Dixon, 2004). Historically, the idea of Whiteness as property has been perpetuated as an asset that only White individuals can possess. As a result, in every level of life, this notion applies to the right of possession, the right to use and enjoyment, the right to disposition, and the right to exclusion (DeCuir & Dixon, 2004; Ladson-Billings & Tate, 1995). This historical system of ownership and the reverberations from it further reinforce and perpetuate the system of White supremacy because only White individuals can benefit from it (Hirald, 2010).

In higher education, research reveals that most African American women who earn their Ph.D. in education earn them in education administration, therefore continuing as practitioners and rarely becoming faculty (Ladson-Billings, 1998). As a result, most African American women are not part of the driving force in academia. This institutional power further reinforces the notion that being White is more valuable and necessary than being a person of color (Patton et al., 2007). This type of segregation works against building a diverse and inclusive higher education environment because it supports the embedded hierarchical racist paradigms that currently exist in our society (Hiraldo, 2010).

The fourth tenet of the CRT is interest convergence. Interest convergence involves White individuals being the primary beneficiaries of civil rights legislation (DeCuir & Dixson, 2004; Ladson-Billings, 1998; McCoy, 2006). It was noted by DeCuir and Dixson (2004) that early civil rights legislation provided only fundamental rights to African Americans, rights that has been enjoyed by White individuals for centuries. Diversity initiatives also give another example of White individuals being the primary beneficiaries of civil rights legislation (Hiraldo, 2010).

The critique of liberalism is the fifth tenet of the CRT. The fifth tenet stems from the ideas of colorblindness, the neutrality of the law, and equal opportunity for all (DeCuir & Dixson, 2004). Colorblindness has been a mechanism that allows people to ignore racist policies that perpetuate social inequity (DeCuir & Dixson, 2004). It is vital not to support the notion of colorblindness that works against dismantling social inequality. To take a closer step towards eradicating racism on college campuses, the

administration needs to incorporate dialogues around race throughout the institution (Patton et al., 2007). Higher education must realize the importance of dismantling colorblind policies to work on the implementation of social equity (Iverson, 2007). Gordon (2005) provided that colorblind is not blindness: It is not an inability to see color. Instead, it is a refusal of what Jervis (1996) called “White resistance to seeing”. Gordon (2005) revealed that stating colorblindness occurs as resistance that is learned and nurtured to protect the status quo, which privileges White people and occurs on both the individual and systemic levels (Jervis, 1996). As a result, this type of belief is self-infliction of blindness that to race, resistance to seeing, suggests that it perpetuates White privilege. (Gordon, 2005). White privilege allows White individuals to validate themselves as “good” people without having to relinquish the privileges that are received from the White privilege existing system that allows Whites the luxury of not having to think about race, understand the importance of race, or acknowledge race (Cross, 2005, Gordon, 2005; 2005; McIntosh, 1989).

An advantage of using the CRT is that the findings can play an important role when higher education institutions are working to become more diverse and inclusive. Utilizing the tenets of CRT can reveal the ingrained societal disparities that support a system of privilege and oppression (Hiraldo, 2010). Lui (2009) conducted a study to help her years of abuse in higher education as Asian America. She shared how she impacted negative encounters and was mistreated due to her ethnicity. The CRT’s use explained the subjective perspectives (through storytelling) to counter negative stereotypes and White hegemonic viewpoints to gather a deeper and more sophisticated understanding of

racial dynamics (Lui, 2009). Understanding the CRT's premise provided her to understand how combat issues of racial inequality, oppression, and exclusion by empowering minorities voices (i.e., student, researcher) (Lui, 2009; Taylor, 1998).

Researcher Lui (2009) found that the use of the CRT could help other researchers critically engage in healthy discussions about racial issues to eliminate racism and proceed in the direction of social justice for everyone. Morfin and colleagues (2006) also supported the notion that higher education institutions have not reached the mark of engaging in symbolic affirmative action to appear diversified but are operationalized as race-neutral. In this literature review of the implementations of issues that exist in higher education, the CRT is applied to reveal evidence through counter-narratives and counter-stories that can link with other movements (e.g., social class), but not diversity. Morfin et al. (2006) literature review revealed that diversity as a compelling state interest that needed to be fostered by higher education leaders in order to see the necessary changes of diversity. This can occur by communities of color and their allies putting political pressure on higher education administrators to have an interest in diversity in higher education (Morfin et al., 2006).

The use of the CRT in this study could be an essential entity in addressing everyday forms of racism and their contribution to racial realism or permanence of racism in the United States and its effects (Bell, 1990; DeCuir-Gunby et al., 2020). Ford and Airhihenbuwa's (2010) research supported that applying the CRT characteristics into public health was a beneficial way to address the inadequate complexes of structural racism influence health, health inequities, and research. Research provided an

introduction to the CRT being utilized in the public health field through a quantitative study on racism and HIV testing among 400 African Americans. The researchers wanted to identify how the CRT had a place in the public health field and how its usage can be informative about racism and HIV testing among African Americans. The researchers sought to understand how using the Four Critical Race Theory concepts – race consciousness, new orientation, centering in margins, and praxis can transcend into public health by providing powerful new tools for targeting racial and ethnic health inequities. The study was conducted from 2003 to 2005 in an urban area with a high prevalence of HIV. Barriers existed that allowed routine HIV testing not available. With the growing number of HIV individuals' prevalence, the focus grew more on racism as a potential barrier and demonstrated discriminatory treatment by clinic staff, which resulted in many African Americans not seeking any treatment for HIV. It was determined that perceived racism was inversely correlated with segregation (Cole & Omari, 2003), which allowed the CRT to be used in addition to the care model by Anderson to examine behavioral within clinical settings (Andersen, 1995; Anderson & Newman, 1973; Cole & Omari, 2003). The study revealed that the subjects' racial identities were more important than any other identity, which led to clinicians' prior assumptions.

The identification of these potential implications and assumptions early lead to distrust. The study's distrust lead to the findings that suggested that the CRT can provide knowledge beyond documenting health disparities and include policy and practice implications needed to share with community members, frontline public health professionals, and study participants. The knowledge gained from understanding the CRT

Theory will also allow a growing public momentum toward achieving health equity. I believe that integrating CRT into my research could help understand the effect racism has on public health and how these concerns need to be addressed quickly to implement resources to alleviate or curtail racial microaggression experiences in academia for African American women. Understanding how race plays a crucial role in the field of health could also provide insight into how minority populations can understand and challenge racism into the racial health equity movement that exists (Ford & Airhihenbuwa, 2018). The research could also provide the necessary validation needed to implement strategies in the academic environment to curtail racial microaggression experiences and improve health (mental and physical) outcomes that affect African American women in academia.

## **Literature Review**

### **Racial Microaggressions**

In society today, racial oppression remains a problem in the United States of America (Pittman, 2018). Racial oppression includes actions that are institutional and interpersonal that impedes access and resources for the oppressed group (Bankston, 2000; Roth, 2005). Racial oppressions events can occur discretely or chronically in an individual life. These racial oppression events can be identified as being cumulative and widespread (Frye, 1983).

Lilienfeld (2017) has noted that impressive societal strides have occurred to alleviate racial oppression or prejudice, but it still exists and deeply troubles the reality of society. It appears research shows that racial prejudice and outright discrimination have

been changed in recent decades to more subtle forms of discrimination that target certain vulnerable groups in society, which researchers have identified as microaggressions. Microaggressions were initially defined in the late 1960's by the father of microaggressions Dr. Chester Pierce. Dr. Pierce identified microaggressions as a systematic approach to suppress African Americans in society by directing verbal or non-verbal assaults daily by way of subtle, automatic or unconscious forms (Huber & Solorzano, 2015; Pierce, 1969). As a result of these microaggressions experienced through interactions, African Americans are rendered as being "invisible" and unworthy (Pierce et al., 1977). For the next 40 years, Pierce meticulously theorized the racial microaggression concept to allow society to understand how the negative daily experiences were a form of everyday racism that people of color (minorities) encountered (Huber & Solorzano, 2015).

Later, other researchers begin to expound on Pierce's theory concerning racial microaggression and its effect on persons of color. Omi and Winant (1994) wanted to explore how racial microaggressions occur during everyday interactions that were hidden. They were interested in if "natural" and "common sense" qualities existed connected to racial etiquette; which is a set of interpretative codes and racial meanings which operate in the interactions of an individual's daily life. These so-called rules are shaped by our perception of race in a comprehensively racial society that determines the presentation of self (Lyman & Douglass, 1973). These experiences have a way of being identified as undetectable and widens the gap of racial realities in America. Sears (1988) also identified these experiences as being intentional or unintentional communication that



can also lead to being hostile, derogatory, and negative racial slights and insults to the target of person or group (Sue et al., 2007). The expansion of understanding and coining the phrase of racial microaggression led to others including their implied meanings and phrases to Chester's theory in 1970. Some of the phrases that have been attached to assist in defining the phrase of racial microaggression were by the following researchers throughout the years such as McConahay (1986) who added the phrase "modern racism", Sears (1988) included "symbolic racism", and Dovidio and colleagues (2002) contributed the phrase "aversive racism". However, later, it was Sue and colleagues (2007) who redefined the infamous racial microaggression definition and established a racial microaggression hierarchy to bring more attention and awareness. The research involving racial microaggression seemed innocuous for some, but researchers, including Chester, described the negative and substantial emotional toll that those negative exchanges had on African Americans and other minorities which identified the need for receiving a better understanding and not ignoring or downplaying these encounters (Davis, 1989; Pierce et al., 1977). These encounters identify the need to explore and to understand these subtle, preconscious, and unconscious degradations that may be viewed as harmless, but can contribute to diminished mortality, augmented morbidity, and flattened confidence (Pierce, 1995; Sue et al., 2007).

Sue and colleagues in (2007) expounded on Pierce's (1969) research on racial microaggression. She re-introduced the concept of racial microaggression 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. The re-introducing of this concept led to a more outlined way to identify what specific types of racial microaggressions are used daily to interact with the target group or individual by presenting a taxonomy of racial microaggressions - microassaults, microinsults, and microinvalidations. Microassaults are identified by unconscious behavior (including verbal) that can be demeaning to an individual based on an individual's race; microinsults are often conscious and explicit racist behaviors (including verbal) that are intended on purposefully hurting an individual or a group of people; microinvalidations involve unconscious behaviors (including verbal) that negate or minimize the lived realities of racial minorities (Sue et al., 2007).

Sue and colleagues (2008) also wanted to know the narrative of African Americans because it was vital in identifying and describing the face of racial oppression to understand and disrupt oppression. Their research identified that empirical reality supported the existence, manifestation, and harmful impact on racial microaggression on minorities (people of color). It is important not to dismiss the power of the experimental reality that occurs and exist amongst people of color. In order to address the harsh reality of microaggressions in minorities, it is essential for people to own up to the painful realities about themselves, their profession, and their society; which will involve minorities providing insight into their experiences with others. This type of communication from minorities will involve tension, discomfort, and potentially unpleasant conflict. However, it is crucial to discuss racial oppression with those that experiencing racial oppression and those that oppress others.

Wong and team (2014) determined that understanding how racial microaggressions affect minorities was vital in improving conditions for minorities daily. Their publication was centered around understanding the psychology of this construct of racial microaggression. The publication provided a review of racial microaggression research existing in psychology since 2007, following the publication of the first comprehensive taxonomy of racial microaggressions, which provided a conceptual framework and direction for research related to racial microaggression. Wong and colleague's (2014) publication suggested the important conceptual and methodological issues remained to be addressed in the three domains of what, why, and how to improve on such racial microaggression conditions (Wong et al., 2014).

Even though it is difficult to document racial microaggressions due to the subtle and often subconscious nature, racial microaggression research needs to occur to document the indignities and the consequences that come from these experiences, i.e., health outcomes (Wong et al., 2014). Wong and colleagues decided to conduct research that involved following the publication of the landmark articles on racial microaggression qualitative and quantitative studies. The research was conducted to understand the racial microaggression literature demonstrated on the what, why, and the how of microaggression. The research was essential in advancing the microaggression knowledge and the consequences of racial microaggression in various settings with multiple racial and ethnic groups. The research revealed that the current state of racial microaggression research did offer recommendations for future research to strengthen the current body of racial microaggression literature that (1) further clarified the concepts of

racial microaggression and how it fit with other models of stress; (2) explored the ways in which different racial and ethnic groups experienced racial microaggressions; (3) elucidated the perspectives of perpetrators; and (4) Identified long-term mental and physical effects of experiencing racial microaggression.

Current research literature tells a truncated story about racial microaggression by way of using mostly qualitative studies that identify and illuminate the lived experiences of African Americans (Nadal et al., 2014). Those compelling experiences are discussed and identified as being harmful because they are painful reminders of one's lower status in society and contribute or hostile racial climate (Solorzano et al., 2000; Sue, et al., 2007; Wang et al., 2011). These stories allow researchers to use these stories to identify in the literature the consequences of racial microaggressions experiences, such as experiencing the aftermath of chronic stressors with detrimental effects on the physical and mental health of African Americans (Keith et al., 2017; Monk, 2015; Sue, et al., 2007; Sue et al., 2009; Williams and Mohammed, 2009;). African Americans may experience the following conditions connected to their health such as anxiety, depression, sleep problems, eating disorders, and cardiovascular diseases to name a few (Cassem 1995; Faravelli & Pallanti, 1989; Finlay-Jones & Brown, 198; McDaniel, et al., 2005; Schneiderman et al., 2005).

Being able to identify these conditions by way of microaggression experiences could shed light onto health practitioners on how to find ways to curtail or eliminate these negative experiences to reduce these experiences from affecting the minority population's physical and mental state (Wong et al., 2014). Also, factors could be identified that are

connected to those consequences and experiences that have been absent from the literature that contribute to these racial microaggression experiences, especially in particular minority populations who have a growing occurrence of these encounters. Therefore, it is necessary to utilize the existing literature and research to find out what factors contribute to the consequences of these racial microaggression experiences in this research for minority populations.

### **Racial Microaggression Experiences Impact**

It was determined by Sue et al. (2007) that there were three types of racial microaggressions that a vulnerable population or individual may experience in a racial microaggression experience. The three types of racial microaggressions are microassault, microinsult, or microinvalidation. With the racial microaggression taxonomy that was presented, researchers have begun to utilize various tools to investigate the constructs of microaggression experiences and the outcomes (Sue et al. 2007; Wong et al., 2014). Due to the growing attention of racial microaggression experiences to vulnerable populations, a comprehensive review in the research reveals that there is not only a short-term impact, but a long-term impact from the racial microaggression experiences. These experiences can allow an individual to encounter psychological and physiological effects. These effects can take a negative toll on the bodies, minds, and spirits of people of color over time (Pierce, 1970).

In the research, Sue and colleagues (2007) revealed that most of the research (qualitative or quantitative) that dealt with racial microaggression that was in the microinsult or microinvalidation category of the racial microaggression taxonomy. As a

result, microassaults are less frequently studied by researchers and reported in the literature. No matter what parts of the racial microaggression taxonomy are reported in the literature, it has been determined that these forms of racial microaggression experienced are a specific form of oppression, which has been experienced historically and in contemporary forms that racial minority groups may internalize (David, 2008). As a result, internalizing oppression from inter- or intra- racial (or ethnic) experiences from racial microaggression experiences reveal an adverse impact on self-esteem, physical health, and other mental health variables of the target population or individual (Nadal, 2018; Wong et al., 2014). However, even though certain experiences occur among the racial microaggression experiences of vulnerable individuals or populations, there are no studies that investigated the specific impact of inter or intra-racial experiences.

It has been documented by Pascoe and Richman (2009) that all racial microaggression experiences impacted mental and physical health outcomes by creating stress. Pascoe and Richman (2009) identified that perceiving discrimination can affect health through psychological and physiological stress responses and health behaviors. The stress comes from experiencing a stressful experience by way of the racial microaggression experience. The racial microaggression experiences are caused by various stressors. In order to understand the impact of these experiences and the affects, a meta-analysis was conducted to provide more in-depth insight and strengthen their findings on the relationships between multiple forms of perceived discrimination and both mental and physical health outcomes. The research did support that perceived discrimination (stressors in the environment) related to both mental and physical health

outcomes. It identified that discrimination negatively affected mental health outcomes such as depressive symptoms, psychiatric distress, and a composite variable of general well-being. As for physical health, a variety of negative outcomes occurred with risk factors related to cardiovascular disease, pelvic inflammatory disease, diabetes, yeast infections, and respiratory conditions (Pascoe & Richman, 2009).

These stressors, experienced by way of microaggression experiences, were identified in research as uncontrollable and unpredictable but are extremely harmful to health (Williams & Mohammed, 2009). The discrimination that is experienced from the racial microaggression experience applies more stress that causes the body stress response to be activated (Clark et al., 1999; Major et al., 2002). The stressor creates stress, which in turn activates the body's stress response, which in turn sets into motion a plethora of physiological responses (i.e., elevated blood pressure, secretion of cortisol) that can have adverse effects throughout the body immediately and over time. This physiological response over a period (when activated) can have downstream effects on health that could result in a premature death (Pascoe & Richman, 2009). More importantly, current research indicates that various chronic illnesses associated with exaggerated cardiovascular responses to stress (i.e., coronary heart disease, and hypertension) exist in individuals who face these racial microaggression experiences (Wong et al., 2014).

Research identified that the effects of any racial microaggression experiences led to a negative impact that connected to minorities' mental and physical health. Research has shown that minorities who experience or identify discrimination have poorer health

and mental health outcomes (Wong et al., 2014). The minority stress model states that stressors in the environment have a causal chain leading to physiological and psychological health outcomes. Racial microaggressions may be conceptualized as stressors that mediate the effects of the racial minority status on physical and psychological health (Wong et al., 2014). It has also been well documented in psychology that overt forms of discrimination also occur among individuals who experience racial microaggression experiences (Clark et al., 1999; Herek, 2009). Perry et al. (2013) reported that experiencing racial microaggressions allowed an individual to identify with discrimination on gender, race, and sexual orientation can be associated with decreased psychological well-being, lower self-regard, and physical health issues (e.g., high blood pressure). These disruptions in health can lead to chronic health conditions and pain conditions as identified by Gee and colleagues (2007).

In the current research, it has been identified that these racial microaggression experiences were more ambiguous (microinsults and microinvalidations) than the blatant (microassaults) racial microaggressions that individuals may encounter and that impact their psychological well-being (Sue et al., 2009). Several studies revealed that racial microaggressions are present in a variety of community settings, including work environments (Hunter, 2011; Wong et al., 2014). Researchers also revealed that psychological distress can be perceived in ethnic or racial minority groups from racial microaggression experiences in everyday environments.

Psychological distress can allow an individual to experience depression, anxiety, diminished self-esteem, and reduced self-efficacy (Wong et al., 2014). This information



has been documented in several daily settings that minorities may be a part, such as academia, university classrooms, and environments, in communicates therapy, and clinical supervision (Barnes, 2011; Blume et al., 2012; Burdsey, 2011; Morton, 2011; Sue et al., 2008; Sue et al., 2009). Sue and colleagues (2008) supported her implications for counseling and counseling process research using focus-group analysis of African participants, African Americans do encounter racial microaggression experiences from strangers in public places. However, African American participants were identified as being stereotyped and treated in more discriminatory ways in public, but more likely to be invalidated or insulted in school or work settings. This evidence provided by Sue and colleagues (2008) supported the enormous psychological distress experienced by people of color dealing with racial microaggressions and the biases that carry these experiences in society.

Bacchus (2008) noted that the academic environment was not receptive to black diversity. As a result, minorities encountered discrimination while trying to function in this socially hostile environment resulting in one major source of psychological distress (Bacchus, 2008). Even though the current literature provided that negative impact occurred with experiencing subtle racial microaggressions daily effects, more work research is needed to discuss the long-term impact and cumulative effects across an individual's lifespan who encounters these racial microaggression experiences (Torres et al., 2010; Wong et al., 2014).

In the existing literature, it was determined that it was vital to develop responses to racial microaggression experiences. The response is important because it provides

strategies for healing, empowerment, and building a sense of togetherness of the community (Grier-Reed, 2010; Solorzano et al., 2000).

### **Microaggression Impact on Health**

Claude Bernard identified that the maintenance of life depended on keeping out internal milieu constant in a changing environment (Schneiderman et al., 2005). When the internal environment is identified as being stable or constant, it is identified as the body is in a state of homeostasis (Cannon, 1929). At times, if the body is not able to maintain a constant or stable internal environment, homeostasis is threatened by an entity that effects the stable internal environment. An entity that disrupts homeostasis is stress (Selye, 1956).

Stress is identified as anything that affects homeostasis. Stress occurs when the body is exposed to a stressor, which causes a stress response to the body. This stress response can affect the physical body by damaging the tissues (Selye, 1956). The damaging of the tissue can interrupt the physiology of the organs, which may influence the result of diseases (Schneiderman et al., 2005).

Racial microaggression is subtle everyday insults, slights, mistreatments, or invalidations. Minorities have frequent encounters with these negative experiences. These negative experiences that minorities encounter can negatively impact health and the well-being of minorities by causes distress that lead to stress (Torres-Harding & Turner, 2015). Researchers have identified that microaggression experiences cause more distress than overt racism experiences (Sue, et al., 2007; Wang et al., 2011). Wang and colleagues (2011) found that there was a significant association in the adverse emotions of

minorities who experienced innocuous situations (bestowed upon the agitator) from racial microaggressions daily due to their race. Those innocuous situations impact not only psychological health, but also physical health (Brondolo et al., 2009; Wang et al., 2011). These innocuous situations from the quantitative study revealed that subjects experienced discrimination in their environments, which led them to internalize emotions such as anger and scorn/contempt. As a result, the study identified that they were at an increased risk for cardiovascular disease due to the consistent evidence of attributional ambiguity examined among disadvantaged group members (Clark et al., 1999; Kubzansky & Kuwachi, 2000; Wang et al., 2011). As a result, microaggressions cause stress that may be identified as a unique chronic stressor with detrimental effects on the physical and mental health of people of color (Sue, Capodilupo, et al., 2007). The stressor that contributes from exposure to microaggression experiences causes harmful health conditions to the body from subtle forms of discrimination (Nadal, 2011; Sue, 2010).

Researchers have identified links between exposure to racism and negative impacts on psychological and physical health (Carter, 2007; Paradies, 2006; Pascoe & Richman, 2009). The impact on the psychological state of an individual is not affected by only racism but microaggression experiences as well. Researchers Torres-Harding and Turner (2015) identified that racial microaggressions also can contribute to an array of adverse psychological, physical, and psychosocial outcomes in both qualitative and quantitative investigations by understanding the reliability and validity of the racial microaggression scale distress subscales that measured six types of stressful microaggression experiences. The study determined that the use of distress subscales

revealed a direct relationship between the frequency of microaggression experiences and distress elicited by those experiences. Torres-Harding and Turner (2015) supported the study of variations across the following subscales for racial /ethnic groups' microaggression frequency in the following: low-achieving distress, foreigner distress, invisibility distress, and environmental stress. African Americans reported more distress in environmental microaggressions than any other racial/ethnic group; which supported the impact of their prevailing mood or ongoing psychosocial difficulties. Those adverse reactions to discrimination from microaggression exposure revealed that these experiences could be not only stressful to individuals, but also harmful to the sense of an individual's well-being (Torres-Harding & Turner, 2015).

Researchers identified that the effects of those racial microaggressions can cause increased anxiety, depression, perceived stress, anger, frustration, scorn/contempt, resentment, anxiety, shame, embarrassment, self-doubt, frustration, fatigue/exhaustion, discouragement, negative affect, somatic symptoms, alcohol misuse, and feeling powerless or invisible for minorities (Blume et al., 2012; Solorzano et al., 2000; Sue et al., 2008; Torres et al., 2010; Wang et al., 2011). Minorities are exposed to these negative experiences throughout their daily lives. These negative experiences adversely impact on the quality of interpersonal relationships with therapists, work or school peers, instructors/professors, and training supervisors (Constantine, 2007; Constantine & Sue, 2007; Solorzano et al., 2000; Sue et al., 2008). Also, a plethora of studies had found significant long-term links between either racism or racial microaggressions and health and well-being. However, few studies examined the stressful reactions and how they may

link to those negative experiences and longer-term impacts on physical and psychological health (Carter & Forsyth, 2010; Noh et al., 2007). This information would also apply to specific populations that exist in the African American population (e.g., AA women). Finding out this information could provide insight into the health (mental and physical) state of the vulnerable population of interest - the women population in academia.

### **African American Women and Microaggression Experience**

Sue and colleagues (2007) proposed a taxonomy of racial microaggressions to highlight the various ways that microaggressions manifest in the lives of people of color. It has been determined in previous racial microaggression research that experiences can be intentional or unintentional ways to communicate hostile, derogatory, negative racial slights, and insults to a target group or person. It has been proven that discrimination that is experienced from these racial microaggression experiences can target an individual's ethnic group, but also an individual's gender, as well. Literature has identified that African American women experience stressors based on not only their race but their gender too (Shorter-Gooden, 2004; Woods-Giscombe & Lobel, 2008). The current literature acknowledged that African American women were in double jeopardy dealing with racial microaggression experiences that centered around racism and sexism (Collins, 1990; Hooks, 1981; Jones & Shorter-Gooden, 2003). As a result, African American women not only experience being treated as second-class citizens in their own racial microaggression experiences, but also subtle expressions of sexism that include both conscious and unconscious messages that communicate to women, negatively (Lewis et al., 2016).

African American women are rooted in societal stereotypes and controlling images in society. The literature identified that African American women were marginalized and objectified because of the racist and sexist perception in society (Collins, 1990; Lewis & Neville, 2015). African American women are identified as being limited in society as the mammy, Jezebel, and the Angry Black women stereotypes (Collins, 1990; Lewis & Neville, 2015; Thomas, Witherspoon, & Speight, 2004). These stereotypes can appear anywhere daily for the African American woman. These stereotypes have been mentioned in the existing literature and how these stereotypes could be identified as reflective survival skills developed in the face of social, economic, and political oppression. The development of oppression that African American women face daily creates a pervasive environment of injustice (Ashley, 2014). This environment of injustice can lead to a dangerous climate or threat significantly to the brain via neural arousal or neurological processing (Siegel, 1999). These stereotypes that African American women face daily can influence feelings of helplessness, hopelessness, and self-hate. Researchers have identified these stereotypes and how these stereotypes can allow the African American women to encounter social stressors in their environment that can cause health (physical and mental) issues for this vulnerable population (Ashley, 2014).

There is a plethora of research that involve African American women, but not a plethora of research that identifies the obstacles or factors that contribute to their feelings from these microaggression experiences. It has been determined that certain emotions, such as anger, is a basic function of survival for the African American woman (Bilodeau,

1992). Anger from the African American woman comes from being in an environment where stressors have triggered the physiological response that has resulted in the feeling of anger. Anger is an emotion that provides the incentive and strength of struggle against an element. The element causes the oppression and the discrimination and the social inequality that contributed to that emotion, which leads the African American women to be identified as unattractive, unladylike, and unacceptable in society (Ashley, 2014).

The research also reveals that with these stressors and defense mechanisms, African American women are at higher-risk of internalizing powerlessness due to racial and gender oppression and having limited to no resources to access (Ashley, 2014; Gonzalez-Prendes & Thomas, 2009).

### **African American Women and Microaggression Experiences in Academia**

African American women represent an important and growing source of talent for cooperate organizations. African American women play a critical role in shaping the culture of their institutions. As a result, Black women are particularly vulnerable to workplace discrimination. This discrimination is a barrier that African American women experience in the workplace which allows this vulnerable population to face other barriers that connect to deleterious physical and psychological impact (Holder et al., 2015). These negative work experiences that the African American women experience at the workplace can result from race-based stereotypes that adversely impact their careers and relationships with their colleagues at work (Reynolds-Dobbs et al., 2008). The impact of these encounters can affect the African American women's opinions of their own intellectual ability, credibility, and question their competence (Sue et al. 2009;

Torres et al., 2010). Torres and colleagues (2010) examined racial microaggressions and their influence on mental health among African American doctoral students and graduates of doctoral programs using a mix-methods research approach. Torres et al.'s (2010) research investigated how the mechanism by which these microaggression experiences influence mental health over time for African American doctoral students and graduates of doctoral programs. Understanding Torres et al.'s study allows us to understand how the African American woman experiences daily assaults of racial microaggressions in the workplace that can result in the most common symptoms through chronic microaggression experiences-anxiety, paranoia, depression, sleep difficulties, lack of confidence, worthlessness, intrusive cognitions, helplessness, loss of drive, and false positives (Berdahl & Moore, 2006; Root, 2003).

In academia, it was reported by the National Center for Education Statistics (2017) that there were 1.5 million faculty degree-granting postsecondary institutions. Of all faculty positions in degree-granting postsecondary institutions in fall 2017, 76% were white males and females and 6% were black males and females. Faculty positions held by African American women were 3% compared with 35% of white women (National Center for Education Statistics, 2017). It was identified in the literature that African American women in academia experienced a decrease in the professional ranking of faculty (Turner et al., 2011). It was identified in some research that oppression occurred in the underrepresentation and distribution of African American faculty (Pittman, 2018). With the growing number of statistics centered around African American women being underrepresented as faculty women of color, research has identified that this is becoming



a critical issue that is centered around racial microaggression experiences in academia. Currently, growing research is centered around the importance of understanding racial microaggressions in minority environments daily. Microaggressions have been defined as being interpersonal or environmental situations where the prejudicial beliefs of the perpetrator are manifested consciously or unconsciously in their communication styles or behaviors towards the target population or individual (Torres-Harding & Turner, 2015). With this being said, African American women are addressed in the literature regarding reporting on faculty women of color. It has been identified that African American women feel isolated and marginalized amongst their colleagues and students at predominantly white universities and colleges (Thomas & Hollenshead, 2001; Turner, 2003; Wong et al., 2014). The literature also addressed how African American women were invisible, and stories were often masked (Turner, 2002).

Bacchus' (2008) qualitative study described the professional black women work-related stresses in being rooted in social, political, and economic context in their work environment. The African American women's coping responses and resources used to manage these work-related stresses and the necessary implications for social work intervention, policy, and future research to address these stressors in the community and the work environment. Studies supported that African American women were an underrepresented population that faced barriers attributable to historical, cultural, and social factors that shape their experiences and development in American Society (Turner et al., 2011). African American women in academia are targets of microaggressions (Ross-Sheriff, 2012). Previous quantitative data indicated the prevalence and identified

the problem of microaggressions in academia. The number of African American women professors holding rank at institutions was 2%, 1 percent or less of full professors, 4% associate professors, 3% assistant professors, and 3% for instructors and lecturers (National Center for Education Statistics, 2017).

Research identified African American women who were faculty in academia experience not only microaggressions but also challenges in navigating in a higher education environment. Studies also identified African American women who were faculty members also faced covert and unconscious biases, throughout the process of hiring, promotion, and tenure (Turner et al., 2011). This also included the underrepresented populations struggling with students, colleagues, and administrators who did not understand or appreciate their challenges in our multiethnic, multicultural, and racially stratified society (Turner et al., 2011). These challenges were discussed and mentioned in previous research. Still, little to no research identified how the need to understand the causes and effects of this behavior among this vulnerable population (Turner et al., 2011). Understanding the behavior of these experiences could also assist in understanding what factors can trigger this behavior that leads to challenges and the microaggression experiences that these women face in academia.

Understanding how microaggression experiences affect African American Women in academia is vital to the survival of this vulnerable population beyond academia. It has been determined in the research that experiencing these microaggressions can be harmful to remind individuals of their lower status in society and contribute to negative or hostile racial climate the vulnerable member of the

population experiences (Solorzano et al., 2000; Sue, et al., 2007; and Wang et al., 2011). Understanding the nature of the microaggression and the effects will allow stressors to be identified in the negative or hostile racial climate, which can lead to detrimental impacts on the physical and mental health of people of color (Sue, et al., 2007). It has been identified by Pascoe & Richman (2009) and other researchers that there was a direct link that connected the exposure of racism and negative impacts on psychological and physical health (Carter, 2007; Paradies, 2006). Therefore, African American women in academia are experiencing intersectionality between forms of racism and sexism that can affect their overall well-being (Lewis et al., 2016).

In the research, there is a lack of information that identifies the factors and the whys of how these racial microaggression experiences exist for African American women in academia. Even though there is presently no information regarding that link, there is information on how the aftermath of the experience leaves the African American women in academia experiencing a power struggle for respect where their authority and intellect was questioned and challenged in the workplace, school, or other professional settings (Muhs et al., 2012). Which later leads to the members of this vulnerable population to become invisible through being silent and marginalized based on a gendered racial stereotype (Capodilupo et al., 2010; Constantine et al., 2007). As the vulnerable population continues to be silent, the environment turns into being a negative or hostile that results into individuals finding ways to becoming visible by needing to conform, making fewer mistakes, trying harder to gain more credibility in the environment; thus results in feeling more isolated and having fewer opportunities, being

stereotyped more, and facing more stress than at the beginning of the experience (Turner et al., 2011). As a result, the behaviors are perpetuated and continued without understanding the factors that trigger them towards this vulnerable population in academia (Ross-Sheriff, 2012). Therefore, it is vital to not only understand the importance of the effect of microaggression but what factors trigger this unconscious or conscious experiences targeting this vulnerable population's health (mental and physical) in academia.

### **Summary and Conclusions**

The literature presented includes four sections that center around racial microaggressions: (a) racial microaggressions experiences, (b) racial microaggression impact, (c) African American Women and microaggression experiences, (d) African American faculty women and microaggression experiences in academia. The summary includes the chapter 2 portion of the dissertation. It has been identified that African Americans were a vulnerable population that experiences racial microaggressions daily in their lives. Within the African American population, women are also a target to experience daily microaggressions throughout their lives. Even though there are multiple resources in the literature that acknowledge the racial microaggression experiences and provide the various health outcomes from these experiences, researchers have failed to identify the factors that contribute to these racial experiences which lead to specific outcomes. More research needs to be gathered to identify the existing gaps between the racial microaggression experience and the health outcome that a minority individual may encounter. Identifying the factors that contribute to these negative outcomes could

possibly be used to create practical literature about the importance of understanding microaggressions and the factors that can trigger these experiences, and ways that factors can be identified to curtail not only the number of negative experiences but also the negative health outcomes for the vulnerable populations mentioned in this study.

This study will contribute to ongoing research that will provide knowledge in identifying the factors in a negative or hostile environment that results in racial microaggressions for African American women in academia. In addition, identifying these gaps will allow researchers to use the results in providing racial microaggression tools to combat the racial microaggression experiences African American women may face in academia. As a result, the information could be presented to institutions to assist in bringing awareness of racial microaggressions and to put policies in place to ensure that the members of the vulnerable population will receive a fair opportunity in the environment. To accomplish the goal, I will complete a qualitative study to investigate the factors that contribute to racial microaggressions and health outcomes that affect women in academia, as described in chapter 3. In chapter 4, I will discuss the results of the study, and in chapter 5, I will interpret the findings and present possible conclusions.

### Chapter 3: Research Method

Research has solidified that microaggression experiences occur subtly and often unconsciously, but they have a real effect that can result in immediate stress, which has a long-term impact on both mental and physical health (Reid, 2017; Simatele, 2018).

These microaggression experiences are not limited to specific environments throughout a community. These experiences are also happening within and outside of academia to minority women (Simatele, 2018). Research has identified that African American women who experience racial microaggression are being silenced and marginalized in the workplace, school, or other professional settings, which result in experiences of power struggles for respect, having their intellect questioned or challenged in work, or professional invisibility (Lewis & Neville, 2015; Lewis et al., 2016).

These microaggression experiences and assaults in academia on the target individual or vulnerable population have resulted in the recipient feeling stress, fear, and emotional harm, which impacts their ability to pursue or achieve their interest in academia (Well, 2013). These feelings and encounters of long-term effects with racial microaggressions in academia are not only debilitating but also lead to physical illness that results in physical harm to the body (Simatele, 2018; Torres-Harding & Turner, 2015).

The purpose of this study was to examine the relationship between racial microaggression experiences and to identify its impact on the health of African American women in academia and how awareness could contribute to curtailing the racial microaggressions experiences encountered and improving health conditions for the

vulnerable population at risk in academia (see Simatele, 2018). Chapter 3 provides a detailed description of the research design and methodology. I also present a description of the methodology used in the research, including the procedures for participant recruitment, selection criteria, and sample size determination. The assessment instrument is identified and described for data collection. The presentation of a data analysis plan is provided to answer the research questions, and issues of trustworthiness and ethics to conduct an ethical research study are discussed.

### **Research Design and Rationale**

A phenomenological qualitative study design was used to investigate racial microaggression experiences in academia. I used an interview guide to structure the interviews and observations with 20 questions. The data collected were relative to the standard research questions that were given to all interviewees participating in the research. In the interviews, I explored descriptions of work relationships and explanations of those relationships, individual racial microaggression experiences, and group norms in academia amongst African American women faculty. The following research questions were addressed:

What is the lived experience of African American women in academia who experience racial microaggression experiences as it relates to health (physical and mental) problems?

1a. How do African American women in academia view that racial microaggressions experiences contribute to their mental health?

1b. How do African American women in academia view that racial microaggression experiences contribute to their physical health?

The fundamental concept that surrounded the study was understanding and examining these personal, racial microaggression experiences of African American women faculty in a higher education workplace context, and how these racial microaggression experiences have impacted a faculty member's health (physical and mental). To better understand how African American faculty, researchers, and administrators have coped with daily microaggressions in higher education, it was essential to listen to their voices to validate their experiences (see DeCuir-Gunby et al., 2020). The CRT was a helpful tool in analyzing African Americans' experiences in higher education (see Ladson-Billings & Tate, 1995; Lynn & Dixson, 2013). CRT challenges the hegemonic system of White supremacy by focusing on race, racism, and power. The CRT implements the importance of counter-storytelling and highlights its foundation of racial realism or permanence of racism being normal and ordinary (Bell, 1992; Peller, 1990). As a result, the CRT supports that racism is systematic and institutionalized, which leads to the belief that it is necessary to give power to marginalized groups who have been historically marginalized by racism to provide faces to voices and alternative viewpoints of narratives to reveal the truth about racism and provide an understanding of the impact that race has on these experiences (DeCuir & Dixson, 2004; DeCuir-Gunby et al., 2020; Ladson-Billings, 1998).

In most cases, racial microaggression experiences are identified as being subtle and unconscious (Simatele, 2018). These unconscious behaviors are exemplified in these



experiences and are also identified as being normal. Individuals who inflict the negative responses and actions in these microaggression experiences are considered the dominant majority. The “dominant majority” (White individuals) sees no harm or wrongdoing, leading to negative behaviors or actions that identify racial microaggression communication in a created hostile environment (Sue, 2010; Wells, 2013). This slight action provides no physical harm at the time, but fear may be implicit. The action or words spoken, and even the associated circumstances, appear different from the victim’s perspective from that of the majority (Simatele, 2018). As a result, culture is only seen as characteristics of the group. People are defined from the perceived characteristics of the whole, and the individual’s differences are minimized, ending in daily microaggression experiences and microaggressive behaviors towards minorities (Chang, 2016; Simatele, 2018).

Implementing the CRT in this research allowed for the possible understanding and legitimization of counter-storytelling. These personal, racial microaggression experiences can be examined to identify racism in a university setting (see Dixson et al., 2016; Hiraldo, 2010; Ladson-Billings & Tate, 1995; McCoy & Rodricks, 2015; Taylor, 2009). These individual racial microaggression experiences can allow the identification of everyday forms of racism and how racial microaggression resurrects out of normalized institutional racism within societal institutional structures (Bell, 1992; Yosso et al., 2009). Therefore, it was vital to understand individual racial microaggression experiences to validate the racial and discriminatory actions in higher education work environments

that could lead to identifying detrimental health (mental and physical) effects on African American women faculty.

### **Phenomenology**

The phenomenology qualitative research approach was used for this study to provide answers to the specific aims of the research. Phenomenology is a research practice that identifies the “practical acts of living through narratives” to reveal meanings in real life instead of providing generalizations and predictions of phenomena of interest (Crist & Tanner, 2003). The narratives obtained in a phenomenology qualitative research experiment are from interviews and observations (Mcauliffe et al., 2019). The use of phenomenology in a qualitative research approach allows the opportunity for subjects to reflect on practice, challenging the supremacy of cognitive understanding by embracing a more profound empathic sense of being-in-the-world (Carel, 2013). The phenomenology approach that was used in this research was transcendental (descriptive) phenomenology qualitative research.

Phenomenology original theorist Husserl identified phenomenology in the early 20<sup>th</sup> century (as cited in Kafle, 2011). He provided insight into his transcendental approach to phenomenology. His philosophy was to equal the value of both the objective and the subjective experiences to find a universal foundation of philosophy and science (as cited in Laverty, 2003). The individual’s perception of the achieved overall goal should be the object of the scientific study (Neubauer et al., 2019). Transcendental phenomenology was selected for this study to reveal the actual experiences that the subjects lived in the world (see Manen, 1997). Examining these actual experiences

provides new meanings, and appreciations can be developed to inform, or even reorient how to understand the subject's experiences (Lavery, 2003). The transcendental phenomenology approach in this study allowed the African American women faculty to answer open-ended questions that centered on their thoughts and ideas around racial microaggression experiences. These narratives pushed the analysis beyond mere sensory perception (i.e., what I see, hear, touch) to experiences of thought, memory, imagination, or emotion (see Reiners, 2012). The data were gathered, and the goal of transcendental subjectivity was demonstrated throughout the study to neutralize all constant assessments and biases that would not influence the object of the study (see Lopez & Willis, 2004).

### **Role of the Researcher**

The phenomenological qualitative design is a valuable tool and research strategy for exploring challenging problems of the study's subjects through lived experiences within the world (Neubauer et al., 2019). In the current study, the phenomenology approach was transcendental (descriptive). The transcendental phenomenology approach allowed me to focus on the individual's consciousness (see Moran, 2000).

My role as the researcher was not to interfere with the consciousness of my subjects. My job was to be a natural scientist who had just discovered the unknown dimension of reality among my subjects through their interviews and observations (see Moran, 2000). My job was also to understand the phenomena through their reality and analyze their reality through entering their consciousness and understand its meaning and essences in the light of intuition and self-reflection (see Neubauer et al., 2019). This process requires the researcher to eliminate biases to blend what was present with what

was imagined as present from the vantage point of possible meaning, thus a unity of the real experiences of academia for minority women to the idea of being in racial microaggression experiences of academia (see Moustakas, 1994). As the transcendental phenomenological researcher, I had the challenge to engage in the study of a subject's lived experience in academia of the phenomenon (racial microaggression experiences) that highlighted the universal essences of that phenomenon being studied (see Lopez & Willis, 2004). Therefore, I had to be a researcher who suspended my attitudes, beliefs, and suppositions to focus on the participants' experience of phenomenon and identify the essences of the phenomenon-- racial microaggression in academia (see Neubauer & Witkop, 2019). The participants were incentivized by provided a small token of appreciate gift valued at \$4 for exchanging their time spent in the interviews. There were no personal or professional relationships associated with the study.

### **Methodology**

The study involved a phenomenological transcendental approach to study subjects' lived experiences. The optimum data collection method included an unstructured one-to-one interview (see Mapp, 2008). The informal approach for the interview format incorporated the initial questions centered around "tell me about your experience." The experiences shared by the subjects were transcribed and analyzed for themes and meanings, allowing them to be understood by being applied to the phenomenon (see Mapp, 2008; Thornburg, 2000). For the study, a sample size of 17 individuals were gathered. This sample size was desirable so that each experience could be examined in-depth. Even though it was difficult to predict, the sampling continued

until saturation was achieved (see Macnee, 2004; Streubert & Carpenter, 1999). A large number of participants was not required. The large number may be too difficult to predict, and the overall objective was not to generalize findings for large populations (see Streubert & Carpenter, 1999).

### **Participant Selection Logic**

The sample population was between 17 African American women who were identified as faculty in academia using purposive and snowball sampling. Participant selection began after Institutional Review Board approval. Participants for this study met criteria to participate. The participants were included if they (a) were African American faculty women in academia; (b) identified as teaching traditional, hybrid, or on-line instruction in academia; (c) taught in academia at least 2 semesters throughout the year; (d) taught as a full-time faculty member or a part-time instructor; and (e) were a faculty member who could be a visiting or full professor, instructor, lecturer, assistant professor, adjunct, or associate professor. Participants were asked screening questions to determine if they fit the selection criteria. Persons who did not meet the criteria may not have had sufficient experience in the academic environment to make fair judgments and were not included in the research study.

To initiate the data collection process, I informed all possible subjects through a letter of recruitment to all departments at the local educational institution via email. Participants were faculty members present at the local educational institution in Albany, GA. The United States Census Bureau (2019) identified the estimate population in 2019 for Albany, Georgia as 75,249. Albany, Georgia has a population of 73.5% African

American Americans, 22.7% White Americans, .3% American Indians, .9% Asians, and 2.3% Hispanics. It was identified that 81.7% of the population had a high school graduate degree or higher and were 25 years old or older. The U.S. Census Bureau identified that 20.35% of individuals had a bachelor's degree or higher in persons who were 25 years old or older.

After receiving consent, interviews occurred on-site or at another location for comfort and protection of confidentiality. I collected the data. Participant interviews were between 30 and 60 minutes. Data were stored electronically and on recording devices. All data were stored electronically and are password protected.

### **Instrumentation**

The instrumentation involved the use of tools to measure variables or items of interest in the data-collection process (see Sorrell & Redmond, 1995). The goal for the instrumentation in this study was to gather data from participants (African American women faculty) to provide answers to the research questions being studied.

Instrumentation used was a novel instrument that analyzed the opinions of the subjects on their racial microaggression experiences in academia as faculty members through interviews. Interview questions can be found in the appendix A and Appendix C section of this dissertation.

### **Procedures for Recruitment, Participation, and Data Collection**

Data collection is essential in phenomenology research to transcribe and draw from the interviewee a vivid picture of the experience that leads to the understanding of the shared meanings (Sorrell & Redmond, 1995).

First, the data were collected from the interviews and observations throughout the meeting. The use of electronic and audio equipment was meant to safeguard accurate reporting from the participant's interview. I conducted thorough in-depth interviews to protect the confidentiality of the subjects. Interviews occurred in a convenient location where all participants felt safe to provide their responses to the racial microaggression questions.

Second, after the interview (one-on-one interview), all data were transcribed onto a secure computer that was only accessible to the researcher. Each interviewee received a the transcript of their conversation. Accuracy was checked on what was transcribed with each interviewee for possible corrections and confirmation. If the saturation had not been achieved, my follow-up plan for new recruits was to have another meeting with refreshments to communicate with those members that didn't meet initially with the researcher until saturation was met.

### **Data Analysis Plan**

Participants received questions through one-to-one interviews to provide their opinion on the topic regarding racial microaggression experiences. Participants presented their feelings and thoughts towards my researcher questions. After the data was gathered, my responsibility, as the researcher, was to safeguard participants and their data (Sutton, 2015). The data from the participants were collected by audio-recording data collection (Sutton, 2015). The data were recorded and were transcribed verbatim before the data analysis began. The transcribing occurred by transcriber in the form of written dialogue. Also, field notes complemented the audio-taped recording. The field notes provided a

reminder about any situational factors that were important during data analysis (Sutton, 2015).

The software used for analysis was the NVivo Pro 11. The interpretation of the data depended on the theoretical standpoint of the researcher (Thurston et al., 2014). The phenomenological approach was adopted to understand the participant's racial microaggression experiences at the workplace. From these experiences, an individual perspective will be given to understand their perception of the experience.

Once all transcribing had occurred and checked, coding occurred. The combination of hand coding and NVivo was used to analyze the data. The use of qualitative research software (e.g., NVivo, was used to help manage the transcriptions. Thematic analysis was used to manage the data. After hand coding occurred, data synthesis happened through the interpretation of the data in the eyes of the participants by the researcher. Data synthesis occurred to synthesizing the research findings from the participants. The synthesizing of the research provided the meaning that the participants ascribed to regarding their racial microaggression experiences in academia (Sutton, 2015). The data gathered were used to determine the meaning of the personal microaggression experiences through the van Kaam method of phenomenological analysis. This phenomenological analysis approach involved the analysis through reduction to significant statements and quotes combined into themes. The use of the van Kaam method of phenomenological analysis allowed the focus to be on the description of the experiences instead of the interpretations.



## **Issues of Trustworthiness**

### **Credibility**

Credibility in research addresses internal validity and assures that the researcher is measures what is expected to be measured (Abdalla et al., 2018). Credibility is the central concept for methodologies in social sciences. Credibility is an essential factor in the production of trust in research (Abdalla et al., 2018; Patton, 2014). In this qualitative research study, I used the opportunity to interpret the meaning of personal racial microaggression experiences and validate the research by using the modified van Kaam method of phenomenological analysis (Moustakas, 1994). With the growing of qualitative research, the researcher allowed that valid knowledge to emerge from the conflict of interpretations and actions discussed and negotiated between the researchers and the members of the community being studied (Kvale, 1995). The validity of this research occurred through this phenomenological analysis that involved a systematic analysis (data analysis steps) of data into smaller units of meaning that provided a more complete and precise description of the phenomenon in this research (Moustakas, 1994). The relationship identified credibility by the researcher producing accurate information that was discovered to audiences through credible actions demonstrated by exemplifying ethical integrity in collecting, analyzing, and presenting the results (Abdalla et al., 2018). Credibility occurred throughout this study by maintaining an audit of all interview documents and participant responses analyses. Also, credibility was achieved through member checks and triangulation techniques throughout data analysis.

## **Transferability**

The transferability in the research was essential for communicating the limitations of qualitative work. Transferability assisted in avoiding undue generalizations from findings to ensure that no transfer of results occurred without criticism or adaptations (Cole and Gardner, 1979). Transferability can occur by being transparent about the aspects of the work: (a) the number of organizations that have participated in the study, (b) any restrictions in the types of data discovered, (c) the number of participants involved in the study, (d) the methods of data collection used, (e) the number and length of sessions for data collection, (f) the periods of time which data was collected, and (g) the details of the procedures and methodological paths taken to process the analysis (Abdalla et. al., 2018). In order to ensure transferability in the research, evidence was proved from the research that was applicable by being responsible and transparent with the data collected. The researcher achieved transferability by providing a vivid picture that would inform and resonate with readers (Amankwaa, 2016). Transferability will occur in the research by focusing on the informants and their stories without implementing one's information to another's story. The researcher was transparent and trustworthy in the study. The researcher achieved these goals by providing rich, detailed description of the context, location, and people studying and by being transparent about the research analysis (Connelly, 2016). The use of similar validity inspection mechanisms to ensure that the qualitative study analysis finds was generalizable to other African American faculty members at other higher educational institutions (Lueng, 2015).

### **Dependability and Confirmability**

Dependability was identified as a threat to quality research (Sandelowski, 1993). To avoid this from occurring in research, it is important to establish credibility throughout the research (Lincoln, 1989). This can be accomplished by multiple and constructed that allows a forced and conformity to exist in the analysis of the data; which results in validity or meaningfulness of the findings (Sandelowski, 1993). To ensure dependability throughout the research, the researcher implemented dependability procedures, included maintenance of an audit trail of process logs for all activities during the study and decisions about aspects of the study (Connelly, 2016). Confirmability is identified as the neutrality, or the degree findings are consistent and can be repeated (Polit & Beck, 2014). To ensure confirmability, the researcher kept detailed notes of all decisions and their analysis as it progressed. Discussions will occur between all parties involved in the research to prevent biases from only one person's perspective in the research (Connelly, 2016).

### **Ethical Procedures**

Ethical research balances potential benefits from research against potential harm (likelihood and severity of physical, social-psychological, economic, and legal harms) to research participants or others (The National Health and Medical Research Council, The Australian Research Council and The Australian Vice-Chancellor's Committee, 2007). Approval was given by the Institutional Review Board to access participants in the research study. The approval number for IRB is 04-19-21-0416747. Afterward, a letter was sent to all departments via email to target African American women who met the

criteria of faculty in academia. The letter was addressed to future participants at the local university about attending a face-to-face meeting to discuss their interest in identifying academic experiences to understand microaggressions. Participants at the meeting received a detailed English document that was about the qualitative study and a detailed explanation of the study as it progressed in the future. Participants were at their own free will to ask questions about the study. The researcher provided all answers to the questions asked from participants, and a handout was given on privacy issues and confidentiality.

The qualitative research study reflected not only the data but the researcher. The reflection occurred before and during the research process and the way that the context was provided and understood by the reader. Therefore, researchers must be ethical throughout the entire process to avoid biases that can allow the work to be clear and coherent but also valid (Austin & Sutton, 2014). The researcher can be sure to include accurate research that provides access to the thoughts and feelings of the study. This involves the researcher being primarily responsible for the safeguard of the participants and their data (Austin & Sutton, 2014). When data was collected from participants, it is vital that researchers know how to process the amount of data - knowing how to handle the data during an interview can allow researchers to collect the data and transcribe the data. The research conducted was recorded on electronic devices identified as a digital voice recorder. The data gathered were kept safe and not accessible to anyone but the researcher. The data was stored in a locked filing cabinet. Also, the protection of this information occurred in electronic files that was password protected. The researcher was

the only individual with access to the data. The researcher held onto all original data to ensure participant confidentiality. All participants' information was kept private and only used for research and accessible only to the researcher. Participants received a confidential form to demonstrate their voluntary efforts (informed consent process) to participate in the voluntary study. The data for the study contained sensitive information that was relevant to the research. Data management was an essential part of processing the data from each participant. Therefore, all data must be managed, analyzed, and presented (Austin & Sutton, 2014). The researcher governed all of these processes of collecting data from participants.

### **Summary**

This chapter presented the research design, methods, and participants to for the research study. This chapter provided a specific outlook on the role of the researcher, along with how data were collected and presented in data collections for analysis. Also, the discussion of trustworthiness, credibility, transferability, dependability, and confirmability was included to connect the research to vitality.

The next chapter begins to reintroduce the research questions and describe illustrations of the data collection process, along with data analysis from the study to relate to all research questions addressed in the study.

## Chapter 4: Results

In this phenomenological study, I aimed to understand and examine how daily racial microaggression experiences and interactions have impacted the health of African American women in academia. During a structured interview, the participants answered 20 questions exploring their work relationships and daily interactions in diverse academic populations. The following research questions were investigated in the study:

1. What is the lived experience of African American women in academia who experience racial microaggression as it relates to health (physical and mental) problems?
2. How do African American women in academia view the impacts of racial microaggression experiences on their mental health?
3. How do African American women in academia view the impacts of racial microaggression experiences on their physical health?

The participants responded to an open invitation to participate in the study. All participants volunteered and completed the interview in its entirety. The 17 African American women provided insights on their work relationships, their interactions with diverse coworkers in academic populations, their racial microaggression experiences, the effects of these experiences on their health, the group norms for African American women in academia, and the effects of those norms. I recorded, transcribed, and analyzed participants' responses to identify common themes in their narratives (see Moustakas, 1994). In this chapter, I present a discussion of the research setting, participant demographics, data collection, and data analysis and identification of common themes

followed by a summary of the research's common themes produced through qualitative data analysis..

Before the study was conducted, all participants were screened to ensure they met the participation criteria. The participants were cleared to share narratives that provided insight into their reality in academia. The participants' personal narratives granted me access to the truth from their perspectives (see Donalek, 2004). The truth of those personal experiences allowed the participants to have a descriptive voice about the phenomenon, which allowed me to get beneath or behind the subjective experiences and discover the genuine and objective nature of their experiences (see Schwandt, 2002). Participants shared experiences from their working relationships and with racial microaggression in diverse academic populations and the effects of those experiences on their health in a relaxing environment that started with social conversation before the interviews. The participants were informed that the interview space was a safe space where they could be completely transparent. Their answers or opinions had no bearing on their employment at the state university where the interviews were conducted.

The participants provided in their own words their experiences and how those experiences shaped them into the seasoned educators they are today. Structured interview questions were used to collect each participant's narrative. The interviews were conducted using an audio recording device and lasted 35 to 70 minutes. I used Otter.ai software (<https://otter.ai/>) to transcribe all audio recordings. The participants were provided a summary of the collective interviews. All interviews with the participants were completed in a 5-week time frame.

### **Research Setting**

The study was conducted at a educational institution in Georgia. The institution has an enrollment of approximately 6,122 students and undergraduate and graduate programs taught by 802 faculty members (College Factual, 2021). The ethnicities of the faculty members were as follows: Black or African American (476; 59.4%), White (292; 36.4%), Asian (32; 4%), and multiethnic (2; 0.2%). The faculty population was comprised of 524 women (62.5%) and 314 men (37.5%).

Faculty members who participated in the study were 17 African American women. The one-on-one interviews were conducted in person in a private meeting room in the Library or via WebEx with the participants in settings they chose and that were the most convenient for them. I collected and handled the participants' data during the interviews. No interferences or external conditions occurred at the time of data collection that influenced the results. On Monday, April 19, 2021, the study received approval from the Walden University Institutional Review Board (approval number 04-19-21-0416747).

### **Data Collection**

The data collection occurred during a 5-week period from May 10 to June 1, 2021. During that period, potential participants were notified of the study through an email blast to all female faculty members, 25 of whom responded (Appendix B). Of the respondents, three did not agree to the informed consent form and five did not reply with an appropriate time to conduct their interview. Due to the COVID-19 pandemic, personal issues made them unable to set a tentative time for the interview. Finally, 17 participants emailed their consent to participate in the study and scheduled their tentative interview



times. One participant was screened out of the survey because they did not meet the eligibility criteria. Thus, the data analysis for the study included 16 participants.

After the participants accepted the invitation from the email blast, I contacted them by email to determine a time that was convenient to have their interviews and gave them a choice about how to conduct their interviews for the study. All their decisions were personal, and considerations were given to ensure that the participants felt comfortable being interviewed. The interviews were conducted in private rooms the participants chose. For the interviews conducted via WebEx, I contacted the participants from my private office to ensure their confidentiality and privacy.

In total, 17 participants completed the interviews. All participants were provided consent forms by email. Each participant provided their consent by replying, "I consent" also via email. All participants also were asked to sign the consent form and mail it back to me. As a result, all participants had copies of the consent form before the study. The interviews varied in length, with the shortest lasting 32 min and the longest lasting 1 hour and 15 min. The participants also signed an official consent form in advance before the interviews started.

The participants received a copy of the interview questions (Appendix A and Appendix C) to follow during the interviews. I followed the same interview procedure with all participants according to my predetermined interview protocols (containing interview questions). No significant deviations or interruptions occurred for any participant before or during the interviews. The participants were asked to relate their experiences in response to each closed-ended question for the demographic interview and

for each open-ended question during the main interview (see Bevan, 2014). At times, I did not follow the same order when asking the interview questions, and some participants provided follow-up answers that may have overlapped other questions. None of the scheduled participants withdrew from the study or reported any emotional or physical distress from remembering their racial microaggression experiences.

In addition, all participants were given the interview questions at the beginning of the interview and informed that the dB9PRO mini digital voice recording device would be used to record the interview and maintain the integrity of the responses. Appendices B and C contain all interview questions I asked the participants during the interviews. The participants received a small gift or appreciation for their participation: a goodie bag filled with candies and a stress ball. The participants were told that after the conclusion of the study, they would receive a summary of all participants' responses (without identification of participants) and could contact me afterward to discuss or share any additional information.

### **Demographics**

The 17 participants were African American women who were currently faculty members at a higher education institution. These women were aware of stresses in their work environment that were centered around racial microaggressions. The women recalled pivotal moments in their careers when they faced implicit biases in the academic communities where they provided services. The bias caused certain unconscious and conscious subtle communications or actions from their colleagues that led the participants to experience increased rates of prolonged stress, trauma, and anxiety that could

contribute to poor health conditions (see Hicken et al., 2014; Torino, 2017; Walls et al., 2015).

All participants were interviewed for this study. Participants completed the demographic survey located in Appendix C. All data from the participants were gathered and revealed. They were aged 25 to 70 years, and their current status in academia was full-time (15) and part-time (two). The participants had worked as educators in higher education from 2 to 30 years and identified as full professors (three), assistant professors (three), associate professors (seven), and instructors (four). The professors involved in this study currently taught undergraduate students (23.5%), graduate students (11.8%), or both (64.7%). The professors were affiliated with the following colleges: College of Arts and Sciences; College of Business, Education, and Professional Studies; Graduate Studies; and College of Health Professions. There were three professors in business, four in nursing, four in teacher education, two in arts and humanities, three in natural sciences, and one in social science. Two of the professors provided instruction to not only nursing students but also to natural science students. Furthermore, all participants had completed graduate degrees from predominantly White institutions and other historically Black colleges and universities (HBCUs). Of the 17 participants, 14 had terminal degrees in their respective fields.

The participants were also asked to provide their accessibility to diversity training at the institution: 58.82% had been offered diversity training, and 41.18% had not. Five participants had completed formal diversity training through the institution, four had attended workshops on diversity the institution provided, and five had taken professional

development courses on diversity the institution provided. The institution had not offered the other three participants any formal diversity training. Only three participants had received a certificate or diploma from their training. All participants acknowledged that interactions occurred regularly between individuals of different races, genders, social classes, and academic ranks at the institution. To maintain the participants' anonymity, I provided each participant with a number as a prescribed pseudonym. Table 1 summarizes the participants' characteristics.

**Table 1***Demographics of the Study Participants*

Participant	Relationship/ marital status	Religious affiliation	Highest academic degree	Academic status	Current rank	Major affiliation
1	Divorced	Christian	Terminal degree	Full-time	Associate professor	Nursing
2	Single/never married	Lukumi	Terminal degree	Full-time	Associate professor	Teacher education
3	Single/never married	Other	Terminal degree	Full-time	Full professor	Arts and humanities/ English
4	Married/ domestic partnership	Christian	Terminal degree	Full-time	Assistant professor	Nursing and biology department
5	Married/ domestic partnership	Christian	Terminal degree	Full-time	Associate professor	Nursing
6	Married/ domestic partnership	Christian	Master's degree	Part-time	Instructor	Natural sciences
7	Single/never married	Christian	Terminal degree	Full-time	Instructor	Graduate studies in business and public administrati on
8	Single/never married	Christian	Terminal degree	Full-time	Associate professor	Social work
9	Divorced	Other	Terminal degree	Full-time	Full professor	Natural sciences/ biology
10	Married/ domestic partnership	Protestant	Master's degree	Part-time	Instructor	Nursing
11	Divorced	Christian	Terminal degree	Full-time	Associate professor	Education

12	Married/ domestic partnership	Eckarnkar	Terminal degree	Full-time	Full professor	Arts and humanities
13	Single/never married	Christian	Terminal degree	Full-time	Associate professor	Natural sciences
14	Married/ domestic partnership	Christian	Terminal degree	Full-time	Associate professor	Social sciences
15	Divorced	Christian	Terminal degree	Full-time	Assistant professor	Education
16	Married/ domestic partnership	Christian	Terminal degree	Full-time	Assistant professor	Education
17	Married/ domestic partnership	Christian	Master's degree	Part-time	Instructor	Business

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### **Data Analysis**

The process began with the collection of data from interviews with all participants. I transcribed the interviews electronically, by hand, and listened to the recorded interviews multiple times for accuracy and to detect the tone and timbre of the participants' voices. After ensuring the wording was correct in the transcripts, I reviewed the texts and focused on words, phrases, or sentences that stood out in describing the experience or phenomena under study. All words that expressed outright meanings were extracted, highlighted, and manually coded. All words extracted and coded were identified as meaning units and placed into categories, and the meaning units were identified using the participants' words as articulated. I inferred meanings from the participants' narratives. Lastly, I transformed statements of meaning or significance and merged them into five themes that described how the participants viewed the effects of racial microaggression experiences on their health (see Bassett, 2004; Boss et al., 1996).

### **Coding Analysis**

Initially, I manually coded the data from the hard copies of the transcripts, developing codes using first- and second-level processes (see Manyam & Panjwani, 2019). I transcribed the audio files into Microsoft Word documents. I read each transcript at least three times for familiarity. Next, I implemented Saldana's (2013) systematic approach to coding and determined the common themes and patterns among all data from the interview questions about the participants' health.

Saldana's (2013) systematic approach was used to organize the data systematically for phenomenological study. To achieve coding on the first level, I

transcribed the audio files into a Microsoft Word document and printed it out. I dissected the hard copy of the transcripts, circling, highlighting, bolding, and underlining significant quotes demonstrating the participants' cognitive and emotional feelings. After reviewing those words and phrases, I began to use the second-level coding process to implement the necessary analytical skills for classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and theory building (see Saldana, 2013).

Among the categories, I then determined common themes that revealed the participants' genuine and objective experiences and noted significant features throughout the data that showed repetitive patterns and consistencies (Saldana, 2013; Schwandt, 2002). Codes were created, changed, and deleted throughout the transcripts, initially under each of the three main research questions. If changes were made, I went back into the data to ensure the changes reflected the experiences the participants shared about the effects of racial microaggressions on their health. Thus, the data revealed the consistent meaning units, which I placed in their respective categories. My research outcomes were also captured through reflective journaling, which was vital to my research in that it allowed me to examine my research choices and decision-making throughout the data analysis process and to make them transparent and coherent (Chenail, 2011; Saldana, 2013).

### **Data Verification**

Throughout the data analysis, I utilized the participants' experiences to contribute new knowledge about the effects of racial microaggression experiences on health to my qualitative research (Grossoehme et al., 2013). These experiences are quoted throughout



my findings in this qualitative study because using verbatim quotes in qualitative research can validate findings with support (Eldh et al., 2020). Quotes such as these also bring to life the participants' personal narratives and provide a sound application of research ethics and respect that prevents the scientific community from mistrusting and invalidating the findings of this study (Eldh et al., 2020; Silverman, 2014; White et al., 2014). Moreover, using the participants' original wording enhances the readability of the findings. It also increases the accuracy of the reader's assessment analysis, which strengthens the findings of the study (Corden & Sainsbury, 2006; Eldh et al., 2020). The quoted experiences helped me identify the emerging themes in this research that outlined the participants' subjective narratives about how racial microaggression experiences have affected their health. The five emerging themes were describing, recognizing, feeling, coping, and moving on.

These research findings can also be verified by using the triangulation of qualitative data sources. I used triangulation throughout the data analysis, noting consistency in the overall patterns between the different participants. This contributed significantly to the overall credibility of the common themes found and discussed in this study (Patton, 1999).

### **Themes Identified**

The thematic concepts were identified through structured interviews to examine and understand the relationship between racial microaggression experiences and the impact of those experiences on a person's health. The participants who provided the thematic concepts through their narratives were all African American faculty currently

teaching in higher education; they discussed their racial microaggression experiences and provided their thoughts on how those experiences have affected their physical and mental health. Commonalities among all participants were identified from their interviews despite their various ranks in academia, department affiliations, educational backgrounds, and educational experiences before entering academia and choosing it as their careers. The recurring themes included describing their physical and mental health before and after entering academia, recalling the personal experiences that changed their health, recognizing the effects of racial microaggression experiences on their health and whether it improved or stayed consistent, and coping and moving on from those racial microaggression experiences in the academic environment.

Table 2 provides a summary of the themes that emerged from the data analysis for each participant and a brief description of the common themes. The themes were examined for embodiment and language that echoed emotional interdependence. All quotations within this section have been taken directly from the transcripts of the participants' interviews.

**Table 2***Emergent Themes for Participants*

Theme	Frequency
Theme 1: Description of physical health before entering academia	17
Theme 2: Description of physical health after entering academia	17
Theme 3: Description of mental health before entering academia	17
Theme 4: Description of mental health after entering academia	17
Theme 5: Recalling personal experiences that revealed health issues	17
Theme 6: Recognizing how the effects of racial microaggression experiences impacted their physical health	17
Theme 7: Recognizing how the effects of racial microaggression experiences impacted their mental health	17
Theme 8: Coping	17
Theme 9: Moving on	17

## **Evidence of Trustworthiness**

### **Credibility**

Credibility is essential in conducting qualitative research because health care researchers are increasingly using social and cultural dimensions. Qualitative research analyzes phenomena in terms of trends and frequencies and aims to aid in understanding and emphasizing the meaning of the participants' experiences and views (Al-Busaidi, 2008). Thus, when conducting qualitative research, using purposeful participants is important to achieve reliable and valid results for describing, interpreting, and understanding the meanings people attribute to their existence and the world (Al-Busaidi, 2008; Cutcliffe & McKenna, 1999).

To ensure trustworthiness of the data and credibility throughout the study, I focused on the experiences of AA women in academia. I chose narratives rich in their use of metaphors and descriptions that expressed the target population's deeper level of meaning (Swinton & Mowat, 2006). Moreover, I built trust with the participants throughout the interviews by informing them from the beginning that the interview space was a safe place to reveal all negative and positive work experiences that led to their feelings associated with racial microaggressions at work. As a result, the participants shared memories of early experiences (before entering academia) that led to their mindsets now as adults who have lived through racial microaggression experiences. In addition, I was open and transparent in communicating to the participants at the end of the interviews that they can always contact me if they had additional thoughts or questions or wished to reveal other experiences connected to the phenomenon.

**Transferability**

Transferability in qualitative research requires me, as the researcher, to convey their findings from the data, along with their interpretations and methods, to ensure the study's quality without generalization or criticism (Cole & Gardner, 1979; Polit & Beck, 2014). Transferability is necessary for qualitative research because it adds authenticity, which allows the me to portray the deep meaning of the phenomenon to increase understanding of it (Connelly, 2016; Guba & Lincoln, 1994). To ensure the transferability of the data collected in this study, I provided descriptive narratives of the participants' responses to increase understanding of their experiences without criticism and generalization from others, which could interrupt their narratives.

**Dependability**

Dependability refers to the data's stability over time and the study's conditions (Polit & Beck, 2014). The research in this study was conducted consistently to collect data from the participants. Furthermore, the procedures I used throughout the study have previously been identified as dependable (Connelly, 2016). Throughout the study, I maintained logs and held debriefings with my colleagues and department chair.

**Confirmability**

Confirmability is the degree to which findings are consistent and can be repeated (Connelly, 2016). Throughout this study, the logs were maintained and detailed notes were kept. Detailed written notes about my decisions and analysis and their progress throughout the study are also available. Additionally, to ensure no biases were occurring throughout the research from one person's perspective, I discussed my findings and

requested feedback in peer-debriefing sessions with other researchers conducting qualitative and/or phenomenological research.

### **Findings**

In the following section, I present data based on the participants' responses to my questions. The statements provided come verbatim from the participants to reveal the major themes.

The following was my central research question: What is the lived experience of African American women in academia who have experienced racial microaggression as it relates to health (physical and mental) problems? To address this research question, I asked the participants six interview questions. The first question was "How would you describe your physical health before working in academia?"

#### **Identifying Physical Health Before Academia**

The women in this study reflected on their health before being exposed to racial microaggression experiences in academia. Referring to their health during this time in their lives, 12 of these women reported they were in good health, athletic, or fit before starting their academic careers as educators. However, three participants viewed their health as being average, and two viewed their health as being bad before being exposed to any racial microaggression experiences as educators. All responses were based on the participants' opinions about their physical health. Each participant shared information regarding their physical health, and Table 3 shows the themes that emerged from their responses to questions about their physical health.

**Table 3***Subthemes Related to Identifying Physical Health Before Entering Academia*

Research question	Subthemes	# of responses
Physical health status before entering academia	Athletic	3
	Average	3
	Fit	3
	Good (positive) health	6
	Bad (negative) health	2

All participants noted that they were able to recall their physical health status before entering academia. Some participants mentioned that they exercised consistently throughout the week and identified themselves as being in good health and incorporating exercise into their lives to create balance. Others identified their health as being average and said they had no actual health issues. Two participants were in bad health due to personal traumas they had experienced early in their lives.

Participant 5 said,

It was a hell of a lot better. I was 30 pounds light. I was more physically active because I was a floor nurse and I would walk constantly all night long at least three times a week recommended. I wasn't on any medication. My health was pretty darn good then.

Participant 7 shared, "I was as stocky as I am now. I had no type of anxiety. I didn't have any health problems that I knew of. I felt my health was great before I came to academia."

Participant 3 stated,

Oh goodness, I was stressed to the max. I was getting a PhD and trying to get a job. Going back to school and working was extremely stressful trying to get done with my degree. During my return, I was stress eating, had high blood pressure, and gained weight due to stress. I tried to exercise, but I got busy and it wasn't a priority.

### **Identifying Physical Health Status After Academia**

The participants shared their individual physical health outcomes after entering academia. The majority of participants identified their physical health as being bad. Three participants said they had average or fair health, two said they have borderline health that fluctuated depending on situations at work, four said that they had good health after entering academia, and three said that their health had not been affected whatsoever since they entered academia. Each participant shared information regarding their physical health after entering academia, and Table 4 shows the themes that emerged from their answers.

**Table 4**

#### *Subthemes Related to Identifying Physical Health After Entering Academia*

Research question	Subtheme	# of responses
Physical health status after entering academia	Bad (negative) health	5
	Good (positive) health	4
	Fluctuates or borderline	2
	Average or fair	3
	No effect	3



All participants were able to recall their physical health status after entering academia. Some participants mentioned that their academic experiences were stressful, and they found their health declining. Some mentioned that their health after entering academia depended upon the situations that occurred in the environment during an academic term. Other participants noted that their health was the same as when they entered academia, and they had noted little effect of it on their health. However, some mentioned they had good health after entering academia because their previous experiences had been more stressful.

Participant 6 said,

I would say my physical health is fine. I have good health. I do have issues, you know, here and there. But overall, I would say that I am physically fine. My physical health has not been affected. I do try to move around outside the office.

Participant 1 explained, "I am a stressful eater in general. I have been very blessed. I work out. I work out 150 to 180 minutes a week. I do a lot of cardio. My health is good."

Participant 4 claimed, "I am in good health before and good health today. My health is the same. Nothing has changed with my health."

### **Opinions About Racial Microaggression Experiences Impacting Physical Health**

The participants were asked to reflect on their narratives about physical health before and after entering academia and say whether they believed their physical health had been negatively affected. Their choices were only yes or no. The majority of individuals believed that yes, the racial microaggressions they had experienced contributed to their physical health changes (Table 5).

**Table 5***Opinions About Racial Microaggression Experiences Impacting Physical Health*

Research question	Theme	# of responses
Do racial microaggression experiences impact physical health in academia?	No	5
	Yes	12

All participants were able to share their answers and stance on the impact of racial microaggression experiences on their physical health. The majority of participants said that they had been impacted negatively and that the result was many bad lifestyle choices, such as eating a lot of snacks, not cooking, eating unhealthy foods, not exercising, and gaining weight. However, some said that they—and not their experiences—were in control of their physical health. As a result, these individuals said they had things under control and had continued to exercise.

Participant 1 asserted,

I think that it could you know, people internalize a lot of things. Academia is already stressful, its stressful being a minority. It is stressful being a minority female. I think that people who internalize things don't have good coping mechanisms and people just don't know how to deal with the stress that is associated with it.

Participant 10 said,

I have other things in my life that needs more attention than this that is going on in academia. I don't think my physical health had anything to do with it.

Basically, the only thing that has changed is the status of my arthritis. And I think my change is naturally happening to me and it doesn't make a difference if I was in academia or where ever else.

Participant 2 shared,

I definitely believe so. Again, I find comfort in food. So, on those days, where you may ask the right questions, and you may cause someone to reflect on a racial microaggression they may verbalized, you still have to control your reaction to it. And so, in that control, sometimes, I feel a need to self-medicate, again, with food and comfort food. The stressors can cause excessive cortisol in the body and causes increase bell fat along with sleeping and focusing issues and experiencing some forms of heart disease.

### **Identifying Mental Health Status Before Entering Academia**

The participants shared their opinions about their mental health status before entering academia. Four participants identified their mental health as being good before academia, and one mentioned their mental health was super, and two said their mental state before entering academia was better after having suffered childhood traumas. The majority of participants said their mental health was either average or okay. Each participant shared information regarding their mental health before entering academia, and Table 6 shows the themes that emerged from their answers.

**Table 6***Subthemes Related to Identifying Mental Health Before Entering Academia*

Research question	Subtheme	# of responses
Mental health status before entering academia	Bad (negative) health	3
	Good (positive) health	4
	Average	3
	Super	1
	Okay	5

All participants were able to recall their mental health status before entering academia. Some participants mentioned that they had good mental health and their daily activities contributed to it. Others said they had okay health due to having various responsibilities and other things happening in their lives. A few individuals also identified as having average health and said previous work issues had contributed to the decline of their mental health.

Participant 14 said, “I was mentally fit before academia.” Participant 8 explained, “It was horrible. I work for a governmental service that did investigations. I was extremely stressed out about my job. At the end of the day, I always had to question the things that I said or the things that I had done. It was always stressful.” Participant 11 shared,

My mental health was okay. I didn’t have a lot of anxiety. I was more focused on you know, I was focused on the grind. I didn’t do anything to support my mental health. On a scale of one to ten, it was a five, only because I was ambitious. When

I entered academia, my entire focus was on being a wife, a mother, and then I was on the grind trying to finish my doc program.

Participant 16 said,

I think before working in academia, the things that impacted my mental health was more so, just, I guess, different personal things. So, my mental health was good. I was working toward mental wellness, before academia, and it was more so like dealing with personal things than external factors.

Participant 12 stated,

I have always been a happy person. I have always worked in diverse populations and didn't go through all of this trauma. I was a happy person. I had worked internationally in international countries and black institutions. I have always been a happy person.

### **Identifying Mental Health Status After Entering Academia**

The participants shared their opinions about their mental health status after entering academia. Five participants identified their mental health as being bad after entering academia. Although the majority of participants identified their mental health as being average or okay, two said their mental health after entering academia was good, because their previous place of employment was extremely stressful and academia was a better work environment for them. Each participant shared information regarding their mental health before entering academia, and Table 7 shows the themes that emerged from their answers.

**Table 7***Subthemes Related to Identifying Mental Health After Entering Academia*

Research question	Subtheme	# of responses
Mental health status after entering academia	Bad (negative) health	5
	Good (positive) health	2
	Average	6
	Better	2
	Okay	2

All participants were able to recall their mental health status after entering academia. Some participants mentioned that they had average or okay mental health and were adjusting to the environment. Those with good mental health were able to destress after work and not let it affect their lives. However, those who were stressed from their work environments said it had led to their bad mental health. Those individuals found themselves gaining weight, feeling full of anxiety, having panic attacks, and suffering chronic health issues (e.g., hypertension, diabetes).

Participant 9 said, “I had lots of stress in academia. I come from a generation of civil rights. We took a lot of stuff and we looked away at certain things. I had to pick my battles and turn the other cheek.” Participant 3 claimed,

Yes, it wasn’t the best. I was burnt out. I had some may blows that I experienced.

I was trying to get over that and create programs. I took everything personally and those attacks I experienced where centered around race agendas.

### **Opinion About Racial Microaggression Experiences Impacting Mental Health**

The participants were asked to reflect on their narratives about mental health before and after entering academia and say whether they believed their mental health had been negatively impacted. Their choices were only yes or no. The participants were allowed to elaborate on their answers based on their experiences. The majority of individuals believed that yes, the racial microaggressions they had experienced contributed to their mental health changes (Table 8).

**Table 8**

*Opinion About Racial Microaggression Experiences Impact Mental Health*

Research question	Theme	# of responses
Does racial microaggression experiences impact mental health in academia?	No	3
	Yes	14

All participants were able to share their answers and stance on the impact of racial microaggression experiences on their mental health. The majority of participants said that they had been impacted negatively and that the result was many bad lifestyle choices, such as eating a lot of snacks, not cooking, eating unhealthy foods, not exercising, trying to control chronic illnesses, and gaining weight. However, some said that they had suffered no impact on their mental health from these experiences because they had experienced trauma early in their lives. Two participants said that their mental health had not been affected.

Participant 17 said, “Those exposures to these negative experiences had no effect on me, but I am a different type of person who is equipped to deal with those types of issues immediately”. Participant 4 mentioned there would be no impact on mental health from those experiences if individuals know who they are and where they come from. She refused to give someone else power over her thoughts of herself and said, “You must know who you are to overcome the impact.”

### **Summary**

In this qualitative phenomenological study, I aimed to examine racial microaggression experiences among African American women in academia and the effects of those experiences on health. The 17 participants met the inclusion criteria and provided narratives on their racial microaggression experiences in academia. The research questions were asked of the participants as interview questions to create an easy way to discuss the study’s sensitive topic. All data collected were analyzed using a phenomenological technique. The themes I determined from the data are provided in descriptive detail in this chapter.

All participants in the study had experienced racial microaggression experiences in academia and noted their impact on health (mental and physical), which allowed me to identify common themes among the participants’ experiences. The narratives shared confirmed that racial microaggression slights happen often in the careers of African American women in academia. The participants were aware of those occurrences and able to identify the exact times and locations of these indignities in their academic work environments. All participants acknowledged that racial microaggression experiences



contributed to the growing issues of social hostility, reduction in visibility (increased level of isolation), feelings of being silenced and marginalized, the struggle for respect, intellect being questioned or challenged, and increased environmental stressors, all of which negatively impacted their health (mental and physical) throughout their academic careers (Bacchus, 2008; Collins et al., 2011; Everett et al., 2010; Harrison & Tanner, 2018; Lewis et al., 2016; Lewis & Neville, 2015; Pascoe & Richman, 2009). The participants' responses were complex but shared a commonality about how those experiences had affected their health since they have been involved in academia. From their narratives, I identified that individual coping strategies and resilience had huge effects on their moving on from and through those experiences in academia toward a positive or contented space in academia (Ramezani et al., 2017).

In Chapter 5, I present an interpretation of my findings, the limitations and implications of the study. In addition, I provide a thoughtful discussion on this study and my conclusions, along with recommendations for future studies and a summary of the chapter.

## Chapter 5: Discussion, Conclusions, and Recommendations

The civil rights movement has played a significant role in changing racial interactions in the United States (Thompson & Neville, 1999). Even though racial interactions have changed, racism continues to be a divisive force in society (Advisory Board to President's Initiative on Race, 1998). In the United States, being openly racist is not socially acceptable, but marginalizing experiences are often automatically or unconsciously growing among ethnic and racial groups that tend to be targets of microaggressive behaviors (Solorzano et al., 2000; Sue et al., 2007). These microaggressive behaviors towards people of color are known as racial microaggressions, which are subtle forms of everyday racism and everyday discrimination directed toward minorities and other groups such as gay, lesbian, bisexual, and disability groups, including women (Lilienfeld, 2017; Nadal, 2018; Sue et al., 2007; Williams, 2020). These subtle and brief daily exchanges send denigrating messages to people of color because they affect recipients' psychic and spiritual energy and create environmental inequities (Franklin, 2004; Holder et al., 2007; Sue, 2004; Sue et al., ).

The purpose of this study was to examine and seek an understanding of the relationship between racial microaggression experiences and their impacts on the health of African American women in academia. I used a phenomenological research approach in this qualitative study to understand 17 African American women's daily experiences in academia when they are faced with microaggressive behaviors (see van Manen, 2007). Participants were recruited, and interviews were conducted during the summer months of 2021. All data received from participants' in-depth interviews were analyzed and

interrupted. The data identified nine themes: (a) description of physical health before entering academia, (b) description of physical health after entering academia, (c) description of mental health before entering academia, (d) description of mental health after entering academia, (e) recalling personal experiences that revealed health issues, (f) recognizing how the effects of racial microaggression experiences impacted their physical health, (g) recognizing how the effects of racial microaggression experiences impacted their mental health, (h) coping, and (i) moving on. The themes revealed came from the participant's lived experiences in academia.

### **Interpretation of Findings**

For this study, I developed interview questions to elicit responses from African American women who were faculty members in higher education to determine what impact racial microaggression experiences had on their health (physical and mental). The themes that emerged from the research showed that the participants recognized their health before and after those experiences, described their health, and admitted how racial microaggression experiences positively or negatively impacted them.

The participants were able to identify the precise cause-and-effect relationship between their personal adverse experiences before and after entering academia. All participants noted that racial microaggression experiences are prevalent and negatively impact their academic lives as minorities, which is similar to DeCuir-Gunby's (2020) qualitative study of African American professionals in higher education. The adverse experiences expressed in participants' interviews noted that a significant impact occurred on the participants' psychological and physiological health. The considerable impact of

these negative experiences led population members to experience frustration, anger, and anxiety.

Along with participants identifying personal discriminator experiences, participants noted that even though they had negative psychological responses that affected their bodies, they also acknowledged that there was an increased risk in personal physical health problems, which was also supported in the works of Berger and Sarnyai (2015) and Clark et al. (1999). It is clear from the semistructured interviews that racial microaggression experiences cause harm, contributing to existing barriers and causing minorities to avoid care until health conditions are uncontrollable. It has been determined in previous racial microaggression studies that minorities often have a slight delay in receiving treatment for health issues due to racial microaggression exposure (Freeman & Steward, 2019; Walls et al., 2015; Williams, 2020). The delay often occurs due to minorities questioning if their experience is worthy of being reported.

Participants also reflected on their health before and after exposure to racial microaggression experiences. Most of them felt that higher education institutions need to make more effort to create programs and interventions designed to curtail these experiences and prevent health declines from occurring to population members. DeCuir-Gunby et al. (2020) also recommended that efforts in higher education need to increase to create programs that catalyze more positive interactions between faculty and staff. This type of interaction can encourage and establish safe communication spaces where racism can be confronted through communication, which could improve interactions among individuals (DeCuir-Gunby et al., 2020).

Participants involved in the study also noted in their interviews that they are responsible for ensuring their well-being for the enjoyment of their lives. Therefore, all participants realized that it was vital to engage in coping strategies to address race-related experiences that occur in the workplace. DeCuir-Gunby (2020) mentioned that it is indispensable to use coping strategies to survive these situations and avoid race-related stress that harms the overall health of African Americans. All participants in the study used adaptive coping strategies to detach themselves mentally and physically from racial microaggression experiences. As a result, participants could use positive coping strategies to set boundaries that lead members to feel less isolated and depressed. In the study, coping strategies were mentioned by all participants. Participants suggested and discussed that coping with the experiences is crucial in moving on effectively to ensure that minorities remain in good health as they continue their careers in academia, thus leading to productive personal lives.

This study also provided information on the importance of creating awareness of racial microaggression experiences and their effects on the health of women of color. The study revealed that racial problems in the educational environment still exist in the 21<sup>st</sup> century due to biases. DeCuir-Gunby (2020) mentioned that creating awareness is essential in higher education environments. Creating awareness affirms racial issues in the academic environment and acknowledges its effect on minorities and their health (DeCuir-Gunby 2020). It is essential to take this knowledge and spread awareness about racial microaggressions and their negative effects in academia. Stakeholders and administrators can use this research as a stepping-stone to providing diversity and

microaggression training for their faculty and staff, which could curtail these experiences from occurring in academia to women of color and others.

### **Limitations of the Study**

In this study, my goal was to use a phenomenological qualitative approach to understand and examine how daily racial microaggression experiences affect the health (physical and mental) of African American women in academia. I identified the delimitations of what the study was intended to accomplish. The delimitations in this study were as follows: African American women in academia; active full-time or part-time faculty members; teaching in a traditional, hybrid, or online setting; and having taught at least two semesters in higher education. The research participants were all educators from an educational Black institution in Georgia from various educational backgrounds. Even with delimitations in place, some limitations existed throughout the study.

In this study, 17 participants provided personal narratives to determine the effects of racial microaggression experiences on their health. The sample population increased from the original sample size of 12 or until saturation was reached. A change in the sample size resulted from the highly diverse population's multimodal beliefs, values, knowledge, and processes that caused difficulty in identifying saturation or redundancy throughout the participants' narratives (see Trotter, 2012). This change resulted in including new concepts or themes that frequently emerged throughout the participants' narratives after increasing the number of participants (Bernard, 2006; Schensul & LeCompte, 2010).

Another limitation was tied to the increased number of participants in the study. The sample population was identified as a larger, diverse sampling size that had a possibility of being recognized as an “oversized study,” which could cause the use of more resources than necessary to produce valuable results (see Lenth, 2001). Most phenomenological studies engage in a small number of 10 or fewer participants for a relatively long period (White et al., 2014). However, using a large sample size does have more of a representation of the target population, which also limits the influence of outliers or extreme observations. Thus, it could cause the research data to be questioned and the study to be viewed as oversized. An oversized study could expose an unnecessary number of subjects to a potentially harmful treatment or be denied a potentially beneficial one (Lenth, 2001; Patel et al., 2003).

Initially, the study increased in size to ensure that saturation occurred throughout the participants’ data. However, the increase did become a challenge due to the large, diverse population sample that provided newly emerging themes and concepts that occurred with the data. To avoid another increase in sample size, I used a purposeful recruitment frame through network sampling to ensure that the research started with individuals who identified as having the key characteristics that tied them together by some common relationships in the group and their similar dynamic interactions (Curtis et al., 2000; Salganik & Heckathorn, 2004; Trotter, 2012).

To avoid large sample sizes in a qualitative phenomenological study, it is vital to use a purposeful recruitment frame, and implementing a network sample design at the beginning of the study would have been easier for drawing conclusions from the findings

and making inferences about the same type and quality of participants recruited for the study's specific purpose (see Salganik & Heckathorn, 2004; Trotter, 2012). The use of purposeful recruitment and sample adequacy increases the study's data reliability, replicability, trustworthiness, and validity (see Bernard, 2011; Curtis et al., 2000; Schensul & LeCompte, 2010; Spencer et al., 2003; Trotter, 2012).

### **Recommendations**

The problems of racial oppression and racial microaggressions persist in the United States of America (Pittman, 2018; Solorzano et al., 2000). In higher education, racial oppression experiences affect students of color and African American faculty at predominantly White institutions. African American faculty are underrepresented and are unequally distributed throughout academia in the United States (Pittman, 2012). Even though access to higher education opportunities has increased along with college participation for individuals of color since the 1960s and 1970s, admission into higher education institutions does not necessarily correspond with equitable social conditions for people of color (Allen, 1992; Feagin, 1992; Hurtado, 1992; Museus & Jayakumar, 2012; Strayhorn, 2008). It is still clear that significant gaps exist across racial and ethnic groups that endure in higher education and need to be explored not only to eradicate racism but also to shed light on racist ideologies that manifest in racial microaggressions toward people of color (Franklin, 2016; Smith, 2009; Williams, 2009).

In this study, I found that all members of the sampled population experienced microaggressions; therefore, more narrative studies on the experiences of faculty are needed to examine the experiences of African Americans who work within higher



education and to investigate specific interactions that contribute to these unhealthy racial discrimination work environments (see DeCuir-Gunby et al., 2020). The literature revealed a gap that expands on the experiences of African American faculty and administrators in higher education. Future studies need to utilize those stories to provide solutions in combating racial microaggression experiences, improving racial climates in diverse work environments, and promoting the equality of all faculty at higher education institutions (DeCuir-Gunby et al., 2020; Sue et al., 2007).

This research study revealed a literature gap in understanding the experiences at HBCUs. HBCUs have navigated the balance between identity and participation in educating African American students for engagement and success in American society (Foster, 2001). Their mission has changed to include diversity initiatives that allow an increasing and majority number of White members to enter these institutions (Foster, 2001; Franklin, 2016). According to the literature, the HBCU narrative was that those institutions were not racialized because of the Black majority that occupied those institutions (DeCuir-Gunby et al., 2020). Nevertheless, HBCUs are not immune to experiencing racial microaggression challenges that most of their population may experience, such as alienation and isolation, tokenism, and internalized oppression (DeCuir-Gunby et al., 2020; Ricks, 2012). Every institution with interracial encounters is prone to the manifestation of racial microaggression experiences (Sue et al., 2007). In academia, researchers have explored an enormous amount of research that examines African American racial experiences in particularly 4-year, predominantly White institutions (Dade et al., 2015; Louis et al., 2016; Ross & Edwards, 2016; Stanley, 2006),

thus revealing a shortage of literature on the racial experiences of African American faculty and administrators at HBCUs. Therefore, based on the findings of this study, an additional recommendation is to explore HBCU institutions to understand if there is a direct or indirect relationship between racial microaggressions and their effects on African American populations at not only predominantly White institutions but also including HBCUs populations.

Historically, concerns have centered around access, retention, and graduation rates (Franklin, 2016). However, these historical concerns did not consider the experiences of students of Color, let alone those of faculty of Color and the aftermath of those experiences that possibly led to an unhealthy campus racial climate and thus promoted racial trauma (Astin, 1993; Franklin, 2016; Pascarella & Terenzini, 1991; Tinto, 1993). However, little is known about the narratives of African American males (students and faculty) in academia and any racial trauma that exists among them in higher education. Future research should also evaluate barriers and racial traumas affecting African American men faculty in academia at HBCUs to increase knowledge of those racial microaggression experiences in higher education.

### **Implications**

In a qualitative phenomenological study, 17 African American women among higher education faculty were interviewed about their racial microaggression experiences in academia to answer the following research questions.

1. What is the lived experience of African American women in academia who have encountered racial microaggression as it relates to health (physical and mental) problems?
2. How do African American women in academia view the impacts of racial microaggression experiences on their mental health?
3. How do African American women in academia view the impacts of racial microaggression experiences on their physical health?

The phenomenological approach emphasizes experiential, lived aspects of racial microaggression experiences and their meanings regarding their possible effects on participants' health. These shared experiences can provide critical elements of problems that affect at-risk populations but have eluded systematic inquiry (Csikszentmihalyi & Getzels, 1971; Nelson, 2011).

The findings from this study indicate that the participants could recall their personal, racial microaggression experiences in academia and could share their opinions on how those adverse experiences affected their health. Throughout their narratives, I identified the following themes:

- describing their physical health before and after entering academia
- describing their mental health before and after entering academia
- recalling personal experiences that led to health issues
- recognizing how these experiences affected their physical and mental health
- coping
- moving on from these experiences in academia

The study findings also identified that participants had similar thoughts about their experiences and health outcomes. For some of the participants, there was a small degree of difference in how those experiences affected their health compared to participants studied in the literature. In this study, the majority of female participants suggested that their racial microaggression experiences had affected their health, though some who admitted to experiencing racial microaggression experiences in academia believed that those experiences had no bearing on their health.

This study also suggested that among the African American participants studied, no one provided a narrative about their racial microaggression experiences at an HBCU. Future research should focus on more qualitative research to reveal the narratives of faculty of color describing their racial microaggression experiences at HBCUs. Research has shown that it is essential to hear the narratives of people of color because those narratives are vital in providing details and drawing the attention needed to understand and describe racial oppression (Pittman, 2018). However, with the increasing rate of White faculty members attracted to HBCUs because of their availability for full-time and tenure-track positions, HBCUs are seeing an accelerated rate of 25% or more White faculty members occupying positions. Their dynamic in populations of color is unknown (Foster, 2001). Therefore, the narratives from African American faculty are necessary and could be used to determine how these minority members affect and contribute to matriculation rates for students and how career opportunities and promotions occur for faculty of color.

The majority of the participants' thoughts and opinions on racial microaggression experiences and their impacts on African American women and their health correlated with those described in the literature review, which showed these subtle, everyday experiences have negative impacts on health and people's well-being and can cause stress that damages their psychological and physical health (Brondolo et al., 2009; Torres-Harding & Turner, 2015; Wang et al., 2011). Many of the participants' stories involved discriminatory experiences in their academic environments.

These experiences caused the participants to internalize their emotions as disadvantaged group members and allowed over half of them to experience harmful chronic health conditions either earlier or later in their academic careers (Kubzansky & Kuwachi, 2000; Nadal, 2011; Sue, 2010; Wang et al., 2011). In addition, even though they all admitted to having these adverse experiences and not reporting them, only a few mentioned that they felt these experiences existed in the academic environment and could cause significant health problems. Still, those situations may not always apply to them in their differing academic environments.

In conducting this research, I found that existing literature supported how disadvantaged groups who experienced daily racial microaggressions encountered attributional ambiguity, which created hesitancy in those who suffer from the racial microaggressions (Clark et al., 1999; Wang et al., 2011). The uncertainty from the experiences causes individuals not to acknowledge the insults or slights that stem from mistreatment (Torres-Harding & Turner, 2015). That is why it is vital to follow past recommendations about developing responses to racial microaggression experiences in

any environment. Such responses can provide strategies for healing and empowerment and building a community's sense of togetherness (Grier-Reed, 2010; Solorzano et al., 2000).

This research brings greater awareness to African American women's perceptions of racial microaggression experiences in academia and the effects of those experiences on their health. The research findings provide insight into the lives of African American women in academia and reveal unresolved existing and emerging racial issues in higher education institutions, including HBCUs. Public health officials must realize that there is a public health issue in higher education that affects not only students of Color but faculty of Color as well. These issues and challenges must be acknowledged and confronted to continue educating and empowering African Americans in America. This goal can be accomplished by creating a relationship among all community members in an institution to ensure that cultural humility is cultivated in academia. This type of collaborative effort will allow all members in a diverse academic population to learn and grow from one another and will eliminate their being ridiculed or punished for differences and biases. Administrators and stakeholders must take active roles in acknowledging diverse populations in higher education and working out the blind spots among racial groups that cause controversy and result in stereotypes, insults, biases, and microaggressions in academic environments (Williams, 2020).

To promote this social change, efforts will have to be made to acknowledge that racial microaggressions are offensive, hurtful, and dangerous. Therefore, higher education institutions should commit to eliminating these experiences by providing

published literature that brings awareness to and explains racial microaggressions and their effects in diverse populations. Higher education institutions must also acknowledge the power and privilege in academia and create resources that can be used to advocate for inclusion and diversity throughout all academic populations.

### **Conclusions**

Racial microaggressions are frequent occurrences in the lives of African Americans. This study presents a look into the lives of African American women in higher education and the impacts of racial microaggression experiences on their health. The participants in the study revealed that racial microaggression experiences do impact health. However, it is necessary to combat those experiences by being responsible for not allowing them to affect one's physical and mental health in the workplace.

The study's analysis is critical because it not only creates awareness about the effects of subtle, adverse everyday experiences but also acknowledges that acute discrimination still exists for minorities at all levels of academia. Although the study's results provide insight into racial microaggression experiences in academia, more research is needed in this area to explore other minority experiences, especially those found in spaces (i.e., HBCUs) designated as safe for African Americans (i.e., students, faculty). I hope that the findings from this research initiate conversations about the effects of racial microaggressions toward women of color and other minorities and create awareness about their negative impact throughout education.

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## Appendix A: Interview Protocol Part 2: Interview Questions

Date: \_\_\_\_\_

Interview Number and Pseudonym: \_\_\_\_\_

Interview Questions:

1. In your own words, would you identify what you believe racial microaggression experiences are in general?
  
2. In your own words, would you say that racial microaggression experiences exist in an academia work environment?
  
3. Tell me a time you felt that your race led to a person or people saying offensive hurtful, or insulting comments to you or about you in academia?
  
4. Tell me a time you felt that your gender led to a person or people saying offensive hurtful, or insulting comments to you or about you in academia?
  
5. How do you or would you handle racial microaggression experiences in your academic work environment?

6. Please share any experience you have encountered where you felt mistreated because of your race in academia?
  
7. Please share any experience you have encountered where you felt mistreated because of your gender I academia?
  
8. Did you believe the incident you shared with me represents as a racial microaggression experience? If so, why? If not, why?
  
9. Did you report the incident?
  
10. If you didn't report the incident, is there any specific reason as to why you didn't report it?
  
11. If you did report the incident, did you receive any administrative support with the experience that you encountered in academia? If so, what was the support provided? If support was not given, were you told why the support was provided? What was the explanation?
  
12. How would you describe your physical health before working in academia?
  
13. How would you describe your physical health after working in academia?

14. Do you believe that racial microaggressions experiences impact changes in your physical health being affiliated with academia? If so, how? If not, why?

15. How would describe your mental health before working in academia?

16. How would you describe your mental health after working in academia?

17. Do you believe that racial microaggression experiences impact changes in your mental health being affiliated with academia? If so, how? If not, why?

18. Are there any final thoughts you would like to add?

### Appendix B: Email Notification

My name is Anta'Sha Jones, and I am a doctoral graduate student in Public Health at Walden University. I am conducting a study on the effects that racial microaggressions experiences have on health. The purpose of the study is to examine and seek an understanding of the relationship between racial microaggression experiences and its impact on mental and physical health for African American women in academia. My research findings could provide insight and impact awareness in academia that could lead to the implementation of practices and policies to decrease microaggression experiences among African American women faculty.

To recruit 10-15 participants for my racial microaggression study, I am seeking African American women faculty members who actively teach in academia who can say, “yes to the following inclusion/screening questions below:

- 1. Do you identify as an African American or Black who has experienced brief negative verbal behaviors and environmental slights and indignities directed as intentional or unintentional with other people because of your race?**
- 2. Do you identify as an African American or Black female who has experienced brief negative verbal behaviors and environmental slights and indignities directed as intentional or unintentional with other people because of your race?**
- 3. Are you a full-time or part-time faculty member?**
- 4. Have you been a faculty member for at least 2 semesters in academia?**

If you agree to participate in the study, you will be asked to join me virtually or in-person for one 40 – 60-minute interview. All interviews will be recorded digitally. Data will be transcribed and reviewed to ensure accuracy. Participation is voluntary and confidential. You may withdraw at any time. Compensation will be a small token of appreciation given to all participants.

*If you agree to participate after reviewing the attached consent form, please reply in an email to me the words, “I consent” to indicating your acceptance.* You can reach me via email at [XXX@waldenu.edu](mailto:XXX@waldenu.edu). If you need to reach me by cellular phone, my contact number is XXX. You can feel free to call or text me throughout the study. Once you have expressed interest, I will provide you with a confirmation email regarding you being selected to participate in the research and schedule an interview with you promptly.

Thank you for your time and consideration.

Respectfully,

Anta’Sha Jones

## Appendix C: Interview Protocol Part 1: Demographic Survey

Date: \_\_\_\_\_

Interview Number and Pseudonym: \_\_\_\_\_

Please respond to the following questions about yourself.

1. Please describe your gender.

- a. Female
- b. Male
- c. Transgender
- d. Gender neutral
- e. Other: \_\_\_\_\_

2. What is your current age in years?

- a. 18-24 years old
- b. 25-34 years old
- c. 35-44 years old
- d. 45-54 years old
- e. 55-64 years old
- f. 65 and over

3. What is your race or ethnicity?

- a. Black or African American
- b. Hispanic or Latino
- c. Asian or Pacific Islander

- d. Native American or Alaskan Native
- e. White or Caucasian
- f. Multiracial or Biracial
- g. A race/ethnicity not listed here: \_\_\_\_\_

4. What is your religious affiliation?

- a. Christian
- b. Protestant
- c. Catholic
- d. Jewish
- e. Mormon
- f. Hindu
- g. Muslim
- h. Other: \_\_\_\_\_

5. What is your relationship/marital status?

- a. Single/Never married
- b. Married/Domestic Partnership
- c. Divorced
- d. Widowed
- e. Separated

6. What is your current status in academia?

- a. Full-time
- b. Part-time



7. What is your current rank in academia?
- a. Full Professor
  - b. Associate Professor
  - c. Assistant Professor
  - d. Instructor
  - e. Senior Lecturer
  - f. Lecturer
  - g. Other: \_\_\_\_\_
8. How long have you been an educator in academia?
- a. 2-5 years
  - b. 6-10 years
  - c. 11-15 years
  - d. 16-20 years
  - e. 21 – 30 years
  - f. Over 30 years
9. How many semesters have you taught in academia?
- a. 2-5 semesters
  - b. 6-10 semesters
  - c. 11-15 semesters
  - d. 16-20 semesters
  - e. 21-30 semesters
  - f. Over 30 semesters

10. What population of students do you teach in academia? (mark all that applies)

- a. Undergraduate
  - i. Freshmen
  - ii. Sophomores
  - iii. Juniors
  - iv. Seniors
- b. Graduate
- c. Other: \_\_\_\_\_

11. With what college are you affiliated with at your university?

- a. College of Arts & Sciences
- b. College of Business, Education and Professional Studies
- c. Graduate Studies
- d. Darton College of Health Professionals

12. With what department are you affiliated with at your university?

\_\_\_\_\_

13. What is your Highest academic degree of completion?

- a. Associate(s) Degree
- b. Bachelor's Degree
- c. Master's Degree
- d. Professional Degree
- e. Doctorate Degree
- f. Other: \_\_\_\_\_

14. Have you been offered any diversity training at your university by your university?

a. Yes

b. No

15. Please rate your exposure to any diversity training which focuses on awareness of individual differences such as race, gender, social class, sexual orientation, or other forms of individual differences at your academic university: (mark all that apply).

a. I've not had any formal diversity training.

b. I've completed a formal diversity training workshop through work or school.

c. I've completed numerous formal diversity training workshops through work or school.

d. I've completed a college course related to diversity training.

e. I've completed a workshop related to diversity training.

f. I've completed a professional development course related to diversity training.

g. I've completed numerous professional development courses related to diversity training.

16. Have you ever received a diverse training certificate or diploma?

a. Yes

b. No

17. On a scale of 1-5, how would you rate the amount of interaction you have with people who are of a different race than yourself at your academia university?

a. 1. Not much interaction

b. 2

c. 3 Moderate interaction

d. 4

e. 5. A lot of interaction

18. On a scale of 1-5, how would you rate the amount of interaction you have with people who are of a different gender than yourself at your academic university?

a. 1. Not much interaction

b. 2

c. 3 Moderate interaction

d. 4

e. 5. A lot of interaction

19. On a scale of 1-5, how would you rate the amount of interaction you have with people who are of a different academic rank than yourself at your academic university?

a. 1. Not much interaction

b. 2

c. 3 Moderate interaction

d. 4

e. 5. A lot of interaction

20. On a scale of 1-5, how would you rate the amount of interaction you have with people who are of a different social class than yourself at your academic university?

a. 1. Not much interaction

b. 2

c. 3 Moderate interaction

d. 4

e. 5. A lot of interaction

21. Have you ever moderated any diversity training to create awareness of individual differences such as race, gender, social class, sexual orientation, or other forms of individual differences at your academic university?

a. Yes

b. No