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Racial Microaggressions: Effects on Achieving Health Equity from the Classroom to the Wards

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BACKGROUND

The Latinx population has seen an almost exponential increase since the early 1970's from 9.1 million to a 2015 census report of 55 million.¹ With an expected continued growth of almost 30% in the next 35 years,¹ understanding the other factors that affect the health outcomes of this population is imperative. Stressors that impact Latinx health may manifest in patient care scenarios that Latinx learners and trainees face during their clinical experiences.

Racial microaggressions are unique forms of stressors that play a role in the development of future physicians, and ultimately, affect patient care and outcomes. The taxonomy of microaggressions includes microinvalidation, microinsults, and microassaults.² These influence medical education and their contribution to addressing health disparities and inequity. It has been suggested that microaggressions, and similar forms of discrimination, can be more detrimental than overt discrimination.^{3,4} Studies have shown that psychological distress is associated with poorer health.⁵ The effects of microaggressions accumulate, and ultimately, result in both psychological and physiological responses associated with anxiety and depression.^{3,4,6,7}

RESULTS

This preliminary review addressed microaggressions regarding the learning environment and healthcare:

Established Categories: Following the screening of the articles, the following four categories were established: healthcare, learning environment, everyday life, and workplace. The articles for this preliminary study were those within the healthcare and learning environment categories. Microaggressions were found to be linked to behavioral, cognitive and emotional responses.

Microaggressions in the learning environment: Studies involving the learning environment ranged from the undergraduate to graduate school setting. Students experiencing microaggressions self-reported feelings of disconnect, tension, and self-doubt, along with lessened expectations by faculty and peers. There was an increased self-report of isolation and frustration to the point of some students doubting their place in the program or institution. The studies overwhelmingly concluded that the experience of microaggression led to both anxiety and stress in students. This can further impact their performance on the path to becoming health care providers.

Microaggressions in healthcare: As seen in the learning environment, exposure to microaggressions led to increased anxiety and stress. There was a psychological and physiologic response to these experiences, linking them to negative health outcomes. Microaggressions also resulted in depression, suicidal ideation, suicide, and post traumatic stress. Patients' experiences of microaggression were associated with worse health outcomes. It is also important to note that when coming from a position of power, these instances of microaggression were often underestimated, led to challenged working relationships, and were an impediment to effective treatment (that is, counseling).

Microaggressions and Latinx: Based on this review of the literature, there were reported increased rates of depressive symptomatology in Latinx along with a discrepancy in its prevalence. With the increased exposure of Latinx to microaggressions when compared to their white counterparts, the microaggressions may be contributing factors to these poorer health outcomes.

CONCLUSIONS

Microaggressions influenced the learning environment, and further impacted the success of those affected. This led to an altered ability of learners to process information, leading to potential errors in diagnosis, examination, or others areas that can determine patient care outcomes. Although not directly evaluated in this review, medical students may also experience increased frustration, stress and anxiety throughout their medical education due to their exposure to microaggressions, affecting their medical training and performance. Interventions directed at medical schools and academic medical centers to better understand, identify and mitigate microaggressions can hopefully address the long-lasting and detrimental effects that can ensue.

MATERIALS & METHODS

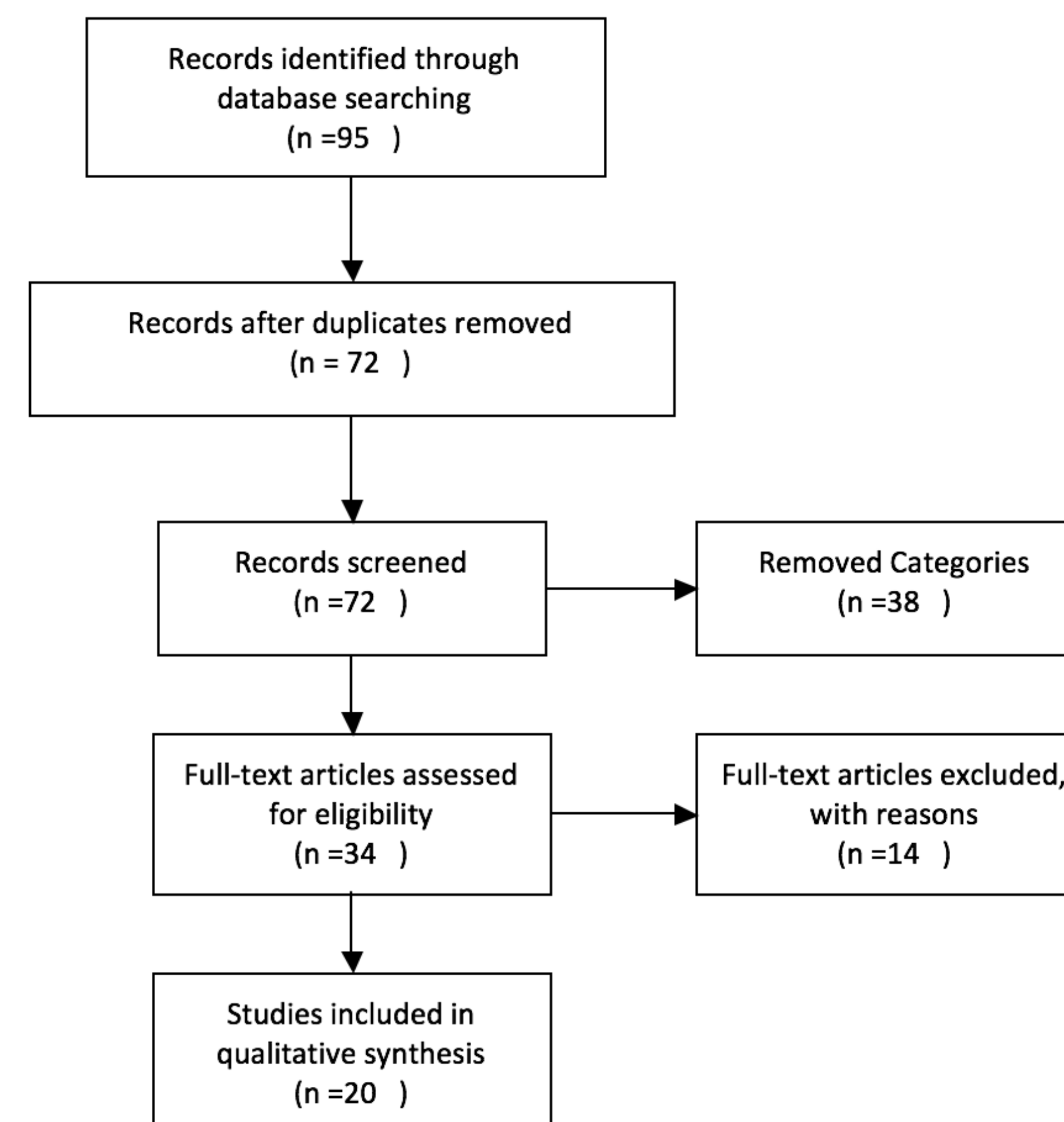
- A comprehensive review of the literature was performed using PubMed, and Google Scholar from the years 2007 to 2016 following the PRISMA outline.
- Keywords used included "microaggressions," "learning environment," and "health care."
- A modified PRISMA method was used in this review.

Inclusion Criteria:

- The focus of our analysis was limited to the articles which included instances of microaggression within the established taxonomy.
- Articles were eliminated from review if they did not include a focus on microaggression, were not in English, or outside of the years of study.

Articles Reviewed:

- A total of ninety-five articles were initially identified and seventy-two articles were analyzed further (twenty-three duplicate articles were removed).
- An additional thirty-eight articles were excluded based on the identification of other duplicates, out of scope articles, non-English articles, and the determination of additional categories not evaluated in this review, including background (psychological and physiological), commentaries, and LGBT microaggressions.
- The remaining thirty-four articles were placed into the following four main categories of interest based on the population, the setting and the results: (1) healthcare, (2) learning environment, (3) everyday life and (4) workplace.
- For the preliminary aspect of this review, twenty articles were within the scope of health care and learning environment, and thus reviewed in this study.
- Articles ranged from reviews, meta-analyses, established tools of study, and survey/interview-driven analyses.



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Self Reported Responses to Microaggression in the Learning Environment

