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

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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,2 understanding the other factors that affect the health outcomes of this population is imperative. Stressors that impact Latinx health 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 the development of future physicians, and ultimately, affect patient care and outcomes. Racial microaggressions are unique forms of stressors that play a role in the

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.

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 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.

**REFERENCES**


