Abstract

Objectives: measure development of microaggression measures based on the experience of racial, sexist, and ageist microaggressions in health care settings. Also to assess experiences of intersectional microaggressions in health care as they relate to physician trustworthiness, mental/physical health, and well-being. The role of feminist identity, if any, will also be explored in this context.

Introduction

Microaggressions refer to the experience of subtle, yet internalized, discrimination on the basis of race or other identifying features, previously studied in medical care (e.g., Cline & McKenzie, 1998), mental health care (Owen et al., 2014); academia (e.g., Minikel-Lacocque, 2013, Stevenson, 2013); and corporate leadership (Holder et al., 2015). Individuals who have experienced racial microaggressions were increasingly likely to experience risky health behaviors and more mental health issues (Blume et al., 2012; Torres et al., 2010). Researchers (Almond, 2014; Constantine, 2007) have developed/validated measures of racial microaggressions as they relate to patient-provider experiences in medical and mental health care settings and found significant negative relationships to measures of well-being and patient satisfaction.

- The aim of this project is to extend the utility of racial microaggression measures in health care to explore the intersectional nature of microaggressions experienced on the basis of race, gender and/or age—as well as to further explore the function of preexisting intersectional microaggression measures.
- A secondary aim is to assess feminist identity as it might relate to outcomes such as flourishing, microaggressions, and physician trustworthiness.
- Both aims work towards cultivating physician trust among women of color.

Ideally, these tools would be used to provide education and feedback to health care entities on the impact of microaggressions in health care in hopes of bettering the experiences of patients who may have been inadvertently alienated by health care providers on the premise of their race, gender, and/or age.

Study Hypotheses:

- Individual characteristics as well as physician characteristics will relate to participants' experiences of microaggression in medical settings.
- Individual characteristics will relate to having diverse feminist identities.
- There will be a negative relationship between the experiences of race/age/gender/intersectional microaggressions and both well-being and physician trust measures.

Discussion:

- The findings related to physical disability suggest that women with physical disabilities are more likely to encounter these particular types of microaggression. Educational attainment was positively correlated to all microaggression measures, and also as expected, skin color related positively only to measures having to do with race (Racial microaggressions and intersectional microaggressions).
- Feminist identity was not significantly associated with individual characteristics such as age, education, and disability ratings; nor it was related to any of the study's other variables.

- In terms of cultivating physician trust among this sample, it appeared that having a female physician, and being older increased one’s trust in their physician, while experiencing age microaggressions weakened that trust. Also worth noting is the relationship between physical health and racial microaggressions. It leads us to ask “are those experiencing racial microaggressions experiencing poor physical health as a result?” OR “does the stereotype of ill health for Black Americans increase one’s chances of experiencing microaggression from a physician?”
- Measuring age, gender, and racial microaggressions in medical settings has proven to be useful in understanding trust in one’s physician. While these identifying features could be measured intersectionally, it appeared that the factor structure of the individual measures held up better in this context.
- Future research should continue to assess valid measurement of individual or intersectional microaggressions and their association with physical and mental health outcomes. Research in this area could also benefit from paired ratings from patients and health care providers. With the movement toward integrative medicine, health psychologists could play a vital role in increasing awareness of the long-term, compounding effects of microaggression on health care utilization and trust in health care entities.