Racialized Experiences of Black Nursing Professionals and Certified Nursing Assistants in Long-Term Care Settings

Anjali R. Truitt, PhD, MPH1, and Cyndy R. Snyder, PhD1

Abstract
Introduction. This study explores the ways in which racism-related stress affects the well-being and career trajectories of Black nursing professionals and certified nursing assistants and their strategies for coping with such stress. Method. Semistructured interviews were conducted to explore racism-related stress and coping strategies. Data were analyzed using content analysis. Results. Findings illuminate how Black nursing professionals and certified nursing assistants experience both subtle and explicit racism in the workplace from a variety of actors, including patients, peers, and supervisors. Coping strategies included consultation with personal support systems, such as friends outside of work or family members. Participants described barriers to advancement, including disparate educational and mentoring experiences, and a lack of policies or standards to address racial bias and discrimination in their work settings. Discussion. Facilitating diversity in nursing and supporting nursing professionals of color requires multipronged approaches that include collaborations between education systems and employers.

Keywords
Black/African American, career trajectories, discrimination, nurses, racism

Introduction
Research extensively documents the workplace stressors health care workers experience across disciplines and roles (Fiabane, Giorgi, Musian, Sguazzin, & Argentero, 2012; Happell et al., 2013; Hasan, Elsayed, & Tumah, 2018). Specifically, people of color working in health care settings experience race-related stress in the workplace (Glymour, Saha, Bigby, & Society of General Internal Medicine Career Satisfaction Study Group, 2004; Post & Weddington, 2000). In long-term care settings, for example, health care workers experience racism from residents, residents’ families, and colleagues (Ball, Lepore, Perkins, Hollingsworth, & Sweatman, 2009; Eja, Rentsch, Noelker, & Castora-Binkley, 2011; Kemp, Ball, Perkins, Hollingsworth, & Lepore, 2009). The interracial dynamics of long-term care settings highlight several important features: (1) that racialized experiences manifest in health care settings; (2) that race-related stressors affect health care workers, including nursing professionals and certified nursing assistants (CNAs); (3) that workplace stressors can shape individuals’ career trajectories.

More broadly, the impact of workplace stressors results in several consequences for health care workers, including depression, anxiety, substance use, turnover, burnout, and suicide (Gramstad, Gjestad, & Haver, 2013; Jenaro, Flores, & Arias, 2007; Khamisa, Oldenburg, Peltzer, & Ilic, 2015; Mata et al., 2015; Oreskovich et al., 2012). Furthermore, studies show that experiencing racism and discrimination in the workplace can lead to employee attrition (Nunez-Smith et al., 2009). Some attention has been given to how health care workers cope with the workplace stressors they experience, highlighting adaptive strategies such as stress management techniques, exercise, and patient-centered approaches (Romani & Ashkar, 2014). This literature focuses on general workplace stressors, overlooking coping strategies used to address race-related stressors.

Given the sparsity of literature describing how race-related stressors manifest for nursing professionals and CNAs across settings and the coping strategies used to cope with them, the goal of this study was twofold: (1) identify and understand the role of racism-related stress on the health, well-being, and career trajectories of Black nursing professionals and CNAs and (2) identify strategies that Black nursing professionals and CNAs use to cope with racism and race-related stressors.

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Design and Method

Recruitment and Sampling

Potential participants were identified passively by circulat-
ing information about the research study on professional
organization websites and listservs, through social media,
and through word of mouth. Interested participants com-
pleted an electronic screening survey. Participants were eli-

gible if they (1) were at least 18 years of age; (2) currently
worked in a role where they provided direct care to older
adults (nonfamily members) with Alzheimer’s disease,
dementia, or other cognitive impairments; and (3) were cur-

cently working as a nurse or in a nursing-related profession.
Participants were selected for an interview if they self-ident-
ified as Black, African American, African, or multiracial
Black or African American and verbally consented to talk
about their experiences with race in the workplace either in
person or by phone. At the completion of the interview, par-
cipants were asked to refer colleagues or share with their
social network the screening survey, consistent with a snow-
ball sampling approach (Coyne, 1997). A maximal variation
approach (Schofield, 2002) was applied to capture diversity
with regard to educational achievement, role(s), and work-
place setting. To ensure trustworthiness, a negative case
analysis was used (Shenton, 2004), and recruitment contin-
ued until participants without any experience of race-related
workplace stressors were identified. The institution’s human
subjects review board reviewed this study and determined
the study to be exempt. Table 1 provides the demographic
characteristics of the study participants.

Data Collection

a system of structuring opportunity and assigning value based
on phenotype (“race”), that: unfairly disadvantages some
individuals and communities, unfairly advantages other
individuals and communities, [and] undermines realization of
the full potential of the whole society through the waste of
human resources. (p. 10)

This theory highlights the various levels within which racism
occurs including institutional, individual (personally medi-
ated), and internalized. At the institutional level, racism can
be seen in the ways in which access to goods, services, and
opportunities are restricted to certain racial groups. However,
people often conceive of racism in its personally mediated
form, those incidents that occur at the individual level con-
sisting of overt or covert assumptions and acts that make up
individual prejudice and discrimination. An important aspect
of this definition of racism is the domain of internalized rac-

ism, which she defines as “acceptance by members of the
stigmatized ‘races’ of negative messages about our own abil-
ities and intrinsic worth” (Jones, 2002, p. 11). These three

levels of racism interact with and build on one another to
maintain a self-perpetuating cycle that can negatively affect
an individual’s personal and professional well-being (Carter,
2007). The interview guide was designed with this broad
understanding of racism as the underpinning for race-related
stressors in the workplace.

Additionally, the interview guide was designed to elicit
both direct and indirect, or vicarious, experiences of racism.
This approach was used because scholars have suggested
that vicarious racism—experiences that one observes or
hears about but does not personally experience themselves,
such as racism experienced by a friend, colleague, or rela-
tive—has the potential to cause stress similar to that induced
by direct experiences (Harrell, 2000).

Procedures. For consistency across data collection, a guide
was used to direct the conversations. The guide supplied
general topics and questions intended to elicit the partici-

pant’s experience of racism, racial bias, and approaches to
coping with racialized work experiences. A trained inter-
viewer (one of the authors) conducted the semistructured
interview. Prior to the interview, the interviewer instructed
the participant that there were no right or wrong answers
and that they could choose not to answer or skip any ques-
tions they wished, in efforts to ensure trustworthiness
(Shenton, 2004). Participants were allowed to discuss all
relevant or formative experiences, although conversations
were grounded in relevance to work and workplace experi-
ences. Each interview began in the same way by asking par-
cipants to share their experiences with race and racism in
their workplace. From there, participants were asked more
detailed questions about (1) their perceptions of how rac-

ism and race-related stressors affect their health, well-
being, and career trajectories; (2) strategies and efforts they
used to deal or cope with experiences; (3) suggestions for

Table 1. Study Participant Characteristics.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Participants (n = 18), n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age, years</td>
<td>47</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Black/African/African American</td>
<td>15 (83%)</td>
</tr>
<tr>
<td>Multiracial Black/African American</td>
<td>3 (17%)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>16 (89%)</td>
</tr>
<tr>
<td>Male</td>
<td>2 (11%)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Some college/associate’s degree</td>
<td>4 (22%)</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>8 (45%)</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>6 (33%)</td>
</tr>
<tr>
<td>Nursing position/role</td>
<td></td>
</tr>
<tr>
<td>Certified nursing assistant</td>
<td>3 (17%)</td>
</tr>
<tr>
<td>Licensed practical nurse</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Registered nurse/nurse practitioner</td>
<td>11 (61%)</td>
</tr>
<tr>
<td>Nursing supervisor/consultant</td>
<td>3 (17%)</td>
</tr>
</tbody>
</table>
addressing racism in health care settings; and (4) resources they would find helpful in addressing and coping with racism in their workplace interactions. Table 2 provides the questions contained in the interview guide.

The interview was audio-recorded to capture the words and descriptions of the participant accurately. An external transcription service transcribed the audio recordings. These measures were employed to minimize the potential introduction of bias on the part of the authors prior to analysis. The transcripts were reviewed and specific hospital or health system names as well as specific colleague names were de-identified.

**Data Analysis**

Data were analyzed using a directed content analysis, whereby the development of codes was guided by an existing theory or conceptual framework (Hsieh & Shannon, 2005). In this study, Jones’s (2002) conceptualization of racism guided the development of the initial coding schema. The codes that emerged from this theory-driven, directed content analysis approach (Hsieh & Shannon, 2005) enabled the research team to identify instances where participants described experiencing racism or strategies they used to cope with racism. To ensure that the research was conducted and analyzed in a rigorous way, analysis followed an interpretive, multiphased approach (Tolman & Brydon-Miller, 2001). The research team reviewed all the participant responses and refined an initial coding schema, based on response frequency and patterns across responses. Through an iterative, reflexive process, the research team added, refined, and defined codes (Srivastava & Hopwood, 2009).

The de-identified participant responses were imported into Atlas.ti, a computer assistive qualitative analysis software. Both the authors applied these codes to each participant response independently. Coding application between authors was compared, identifying similarities and differences. The authors communicated regularly about the codes and coding applications and reconciled discrepancies through consensus. To enhance trustworthiness, codes were compared across and within cases, and the main themes were subsequently identified (Shenton, 2004).

**Results**

**Racialized Experiences**

The majority of participants (78%) described experiences with racism and discrimination in the workplace. Findings illuminate the ways in which Black nursing professionals and CNAs experience both explicit and subtle racism in the workplace. The more subtle and everyday experiences of racism manifested in differences in patient load, intensity of tasks, pay, and scheduling. When separating out CNAs from the nursing professionals, CNAs expressed having little to no recourse against their direct supervisor’s actions or inaction. In contrast, nursing professionals expressed more avenues than CNAs to circumvent their direct supervisors, including going to a chief or the equivalent, reporting to Human Resources, transferring to another department, or finding alternative employment. For example, one CNA participant compares her White coworker’s experience working while being pregnant with her own.

When this other White girl was pregnant, they [supervisors] were carrying her bags, supplies [. . .] [in this role, employees loaded needed supplies into their own vehicles] I did all of that for my own self, for the whole nine months. And I was just like damn, everyone knows I’m pregnant, but no one is helping me, I didn’t get help on lighter loads with patients I had. And then after a while, it was like you’re complaining and I . . . dealt with my pregnancy with tons of stress because I couldn’t be open to my manager about how I was feeling or how the pregnancy was affecting the job.

Participants also described explicit racism where patients or patients’ family members used derogatory language or asked for White providers. Table 3 provides example interviewee quotes organized by role of the perpetrator.
Table 3. Quotes on Experiences With Racism.

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Example quotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisors/Leadership</td>
<td>“I guess where I am in my career, I don’t turn a blind eye to it, but I choose to choose my battles if that makes sense. I think in the Pacific Northwest there’s subtle racism. An example at my one particular facility there’s a new administrator and he’s a fairly young White guy and I’m obviously a Black woman. I have a colleague who was working here and she was a Black woman. He introduced himself to everyone else, and I’m not exaggerating, everyone else. All the other mid-level providers, the doctors, he personally introduced himself to them. He invited them to come and meet with him. He never reached out to myself or my colleague. I brought it up to my direct manager. I can’t remember what her response was. I mean, I think she kind of acknowledged my feelings but to me that felt like blatant racism where, you know, there’s a White colleague literally in the same office that he never even introduced himself to me.”</td>
</tr>
<tr>
<td>Peers</td>
<td>“So you know working as a CNA, I mean a lot of them [colleagues] say, ‘Oh well you are, of course you are a CNA. You have an accent, yeah. That’s the level that you should be.’” “. . . they will judge you it’s like, ‘Oh, how did you get your license? So did you forge it?’ So some of them [colleagues] will talk to you like that. That, ‘How is it possible that you became a nurse?’”</td>
</tr>
<tr>
<td>Patients and Families</td>
<td>“Oh! Patients, most definitely! Patients most definitely. I have been called a monkey, ape, just straight out n****er. And because I have to remember where I am, and I have to remember the time that they grew up in . . . and you know, you just kinda have to put your feelings in your pocket because you know, they are older, they’re elderly, and they are suffering from dementia. There are some, now some of them are just downright mean and nasty. You know, you have no dementia, no Alzheimer’s, that’s just who they were and how they were brought up. And so . . . and for those you have to have tough skin. You really do. Because you know, to be called out of your name like that, it just kinda puts you in a place that you don’t wanna be.”</td>
</tr>
</tbody>
</table>

Note. CNA = certified nursing assistant.

Coping Strategies

The majority of participants (78%) described the strategies they used to manage or to cope with the racism they experienced. Participants often noted that they coped with experiences with racism and discrimination either in isolation or in consultation with their personal support systems, such as friends outside of work or family members. This may be in part due to the fact that among the nursing professionals, participants described being the only or one of the few Black professionals in their role. This contrasts CNA participants who described more racial and ethnic diversity within their role, including more people of a similar race as themselves in their role. For example, one interviewee described depersonalizing the experience and trying not to let it affect them.

[When patients refused care from her because of race] I tried not to take it personal. Sometimes it’s hard not to and you do, but you don’t let that keep you down. You kind of dust it off and keep going. That’s what I’ve done pretty much all of my life. I’ve had to in order to survive and succeed.

Others spoke of how they connected with friends and colleagues who were Black to help them cope and navigate negative experiences:

I have a group of women friends who are all nurses but we all work in different aspects of nursing and we often come together, yes. We often talk about issues related to race, related to the fact that we’re women, that we’re Black women . . . We meet once a month and we come together as sister friends, but as professionals, and we also talk about [racism].

Most participants noted a lack of policies or work standards to address racial bias and discrimination in their work settings. To cope, one interviewee noted how they used social supports as a way to talk through how to address such experiences when they occurred:

We often talk about that [racism] a lot and some of us, I must admit, some of us are better at calling people out on their stuff in the moment and there’s some of us in my group who tend to be, “I don’t really want to rock the boat. I’ll take this. I’ll swallow it yet again.” We just try to support each other and say, “Well, if that happens next time use this approach.” I mean, as long as we keep working in this environment something’s gonna come up. Every single day something comes up.

Impact on Career Trajectories

Participants described diverse career pathways. Two participants started as nurses in the military before civilian nursing. Two participants started as a CNA or health care technician and transitioned to nursing professional roles. Participants described working in a variety of settings throughout their careers, including inpatient, psychiatric, long-term care, and hospice. Two participants noted transitions outside of health care to nonprofit social services and corporate positions at some point in their careers. While not solely due to race-related stressors alone, participants expressed burnout, opportunities for new experience, and lack of advancement opportunities as the primary reasons for transitioning.

While not explicitly stated by any individual participant, a theme that arose across all participants was that higher education was one’s primary path for advancement. Achieving
such advanced education and opportunity was not always a smooth path. Although several interviewees eventually progressed to management or supervisory roles in nursing, teaching, and consulting, they most often switched positions or organizations for advancement, as opposed to being promoted within an organization. Many interviewees noted instances where White peers with less education and/or experience received preferred assignments and promotions over people of color. This manifested as being assigned to more difficult or demanding patients, being expected to handle a larger caseload, being expected to do more tasks, and being expected to complete tasks without support from other staff.

When participants were asked whether they had witnessed colleagues’ experience of racial bias or discrimination, they most commonly described instances where qualified candidates were passed over in favor of less experienced or less formally educated individuals. When separating out the nursing professionals from the CNAs, only nursing professionals expressed this in relationship to promotion; however, both nursing professionals and CNAs described this in terms of preferred assignments or workload. Worth noting, the experience of racial bias and discrimination described was often in reference to people of color more broadly, rather than Black people specifically. Again, this may be in part due to the fact that few participants worked directly with peers of a similar racial identity as they self-identified. One interviewee described her observations with the lack of promotions of people of color in her department:

I think we’re seeing more and more promotions in other departments particularly with minorities. It’s not so much in our own direct case management, which is sort of strange. . . . Because of the fact that we are working with so many diverse people that we serve, it’s just kind of strange that we don’t have more people of color in supervisory roles. It’s strange that way.

At all education levels, participants noted barriers to advancement. While participants described nursing roles as high-need and high-demand, participants described bachelor’s-level education as a facilitator for mobility and a minimum for advancement. For those who were interested in transitioning from vocational- or associates-level nursing roles, participants described the need to continue employment to afford tuition and living expenses to attend bachelor’s-level education. This manifested in allowing White nursing professionals more flexibility than Black nursing professionals, including but not limited to scheduling their classes and practicum requirements before scheduling their work, allowing them to study during work shifts, and allowing their work to count for direct care hours or practicum requirements. The following quote summarizes the challenges and disparate opportunities regarding career advancement:

I truly believe that there are more opportunities for Caucasian than Black people when it comes to schooling . . . It’s hard to get accepted to a nursing program . . . it’s hard to get loans or grants to pay for school. I just think there’s more opportunity for a lot of Caucasians to go to school. And there’s a lot of opportunity for Black people just to work.

When separating CNAs from nursing professionals, CNAs conveyed more intentionality to advance as a nursing professional than nurses expressed to advance to supervisory or management roles. However, CNAs described fewer resources, such as scholarships, assistantships, and flexible scheduling than nursing professionals. Among nursing professionals, these resources were most commonly the facilitator for pursuing higher education and related career advancement.

Most participants, regardless of their level of education, expressed challenges balancing work, family, and school. Some of these were attributed to race, in part due to what was described as unfair workloads or expectations placed on participants in contrast with their White peers. One participant who transitioned from a health technician to a nursing professional illuminates her later experience trying to balance work, family, and school while continuing her education from bachelor’s-level nursing to master’s level:

I was talked to several times about doing homework [by management], . . . We had two other girls going to school who were never talked to and would literally spend a good part of their day doing homework, kind of being buried in the back room. They were White, and I kind of wanted to shrug it off, whatever, but it’s hard to ignore.

Discussion

This study illuminated the types and nature of racism that Black nursing professionals and CNAs experience in the course of their careers and everyday health care interactions. Nearly all interviewees experienced some form of racism at the individual and institutional levels, originating from patients, peers, and supervisors. Findings were consistent with previous work documenting racism in nursing (Barbee, 1993). Interviewees also discussed coping strategies they used to navigate such experiences, and the impact such experiences had on their career decisions and opportunities.
Race-related workplace stressors may have an additive or multiplicative effect of the already well-documented workplace stressors that nursing professionals and CNAs experience. However, many of the coping strategies used to address race-related stressors were similar to those used to address broader workplace stressors. For example, participants described supportive family, friends, or mentoring relationships as a coping mechanism, which was consistent with the literature (Hill, Del Favero, & Ropers-Huilman, 2005; Wilson, Andrews, & Leners, 2006). Furthermore, while participants highlight the importance of higher education for career advancement, they faced both race-related barriers and common barriers associated with professional training. Consistent with other work (Wesley & Dobal, 2009), this study highlights a potential value and need for leadership training and professional development opportunities outside of formal higher education.

Implications and Future Opportunities

Findings of this study hold implications for transcultural education, practice, and research and suggest that supporting nursing professionals of color requires a multipronged, multilevel approach. Findings highlight the need for supports such as mentoring programs, social and emotional support for employees, and institutional policies and practices that foster a respectful climate for nursing and health professionals of color. More specific to transcultural nursing practice, findings call for a race-conscious and culturally responsive approach to addressing race and racism in the lived experiences of nursing professionals. As noted by Ludwig-Beymer (2017), there is opportunity for transcultural nursing practitioners, educators, and researchers to address systemic and individual racism, “We must all make a conscious choice to challenge the historically based, institutionally perpetuated system of domination and exploitation of people of color. And we must actively oppose both subtle and overt forms of racism” (p. 122).

While the development and implementation of interventions to address racism and support people of color are best derived in collaboration with the communities most affected, the following sections provide some potential actions and opportunities the transcultural nursing community could take to improve the experiences of nursing professionals of color.

Implications for Transcultural Nursing Practice. At the practice level, employers must focus on creating a safe environment to voice and address issues related to racism in the workplace. As one interviewee noted,

I think keeping the dialogue and conversations open, allowing people to talk about their experiences and not trying to minimize their experiences. Also, just being more open to people of color as far as if people want to move into a management role providing the tools and opportunities for them to do that. Furthermore, organizations and leaders must have clear policies regarding zero tolerance for racism and discrimination as well as clearly delineated escalation policies for how to handle incidents of racism and discrimination when they occur, regardless of whether those incidents were enacted by patients, peers, or supervisors (Ludwig-Beymer, 2017, 2018).

Implications for Transcultural Nursing Education. At the education and training levels, there is a need for education programs to better recognize on-the-job and community-based training as well as create innovative ways to partner with employers to support the existing health care workforce through more clear career pathways. Likewise, there is a need for employers to provide flexibility and opportunities for nurses and aspiring nurses to pursue continuing nursing education.

It is imperative that educational institutions explore and address the structural and institutional racism that can create barriers and unwelcoming environments for people of color. Furthermore, leadership in both the educational and employment context should have clear policies for zero tolerance for racism and discrimination and be available to support students and staff when such experiences occur.

In conjunction, organizational leaders should provide support and resources to continually educate and train all nurses on how to address racism and discrimination. This could occur through the implementation of culturally responsive curricula as well as learning experiences such as workshops, conferences, online training, or immersion experiences.

Implications for Transcultural Nursing Research. This study also holds implications for transcultural nursing research, particularly for applied and practice-based research. For example, findings suggest a need for nursing educators and leaders to develop and evaluate trainings and curricula focused on cultural responsiveness and strategies to improve the workplace environment for nursing professionals of color.

To support the social justice agenda of transcultural nursing research, future research and evaluation should be sure to adopt a race-conscious approach, centering the lived experiences of people of color. For example, community-based participatory research approaches can further help engage community and inform the design of programs and efforts to support nursing professionals of color.

Authors’ Note

This study received an exempt determination from the University of Washington. No personal identifiers have been included. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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