



Microaggressions: When It's Not You, It's Them

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WOMEN IN
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Disclosures

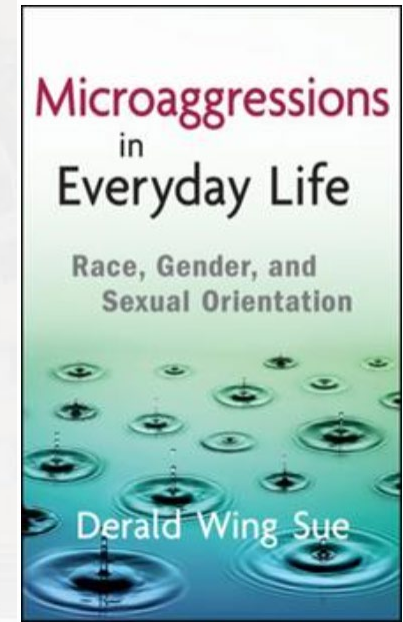
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What are Microaggressions?

Derald Wing Sue PhD - 2010

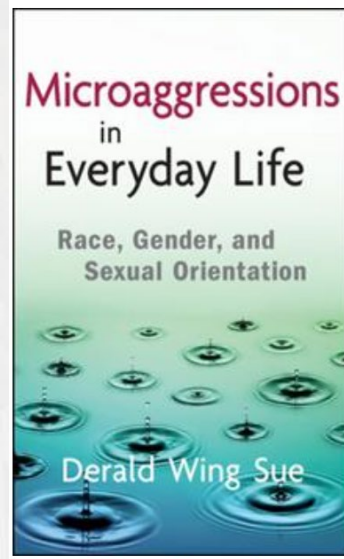
Chester Pierce MD -1970



- Initially coined 1970 by Dr. Chester Pierce
 - Microassaults, microinsults, microinvalidations, and environmental microaggressions specifically by African Americans
- Brief and often subtle comments, behaviors or environmental cues
- Communicate derogatory, hostile or unwelcoming messages
- Directed towards members of (historically) underrepresented groups



Microaggression: History



- Modern Day Definition by Dr. Sue and colleagues
 - Subtle snubs, slights, insults directed towards minorities, women and other historically stigmatized groups that implicitly communicate or at least engender hostility.
 - Verbal, general disrespect, devaluation, exclusion.
- What is the impact:
 - Indirect expressions of prejudice, contribute to the maintenance of existing power structures
 - May limit the hiring, promotion, and retention of women and underrepresented minorities.



Characteristics of Microaggressions

- Experienced frequently and persistently
- Often stated without ill intentions, but impacts the target negatively
- Often informed by stereotypes and biases



Examples of Microaggressions

Microaggression	Message Received
"Where are you <i>really</i> from?" "Where were you born?" "You speak good English."	



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<p>“There is only one race, the human race.”</p> <p>“When I look at you, I don’t see color.”</p>	<p>Denies a person of color’s racial/ethnic experiences</p>
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<p>“you are so articulate”</p> <p>“you are a credit to your race”</p>	<p>It is unusual for someone of your race to be intelligent</p>
<p>“I always thought you might be gay, you are always so nicely dressed!”</p>	<p>All gay men are nicely dressed or can’t be gay if you are not “nicely dressed”</p>



Chicago Tribune

Physician moms continue to struggle in male-dominated culture

Life & Style / Health

The New York Times



Why a female physician should have to feel that her gender is a factor limiting her success
ANONYMOUS | PHYSICIAN | OCTOBER 11, 2017

‘Are You Actually an M.D.?’: A Black Doctor Is Questioned as She Intervenes on a Delta Flight

By Christine Hauser



SPECIAL ARTICLE

Women Physicians in Academic Medicine — New Insights from Cohort Studies

Lynn Nonnemaker, Ph.D.

Women in Academic Medicine — Progress and Challenges

Mary Beth Hamel, M.D., M.P.H., Julie R. Ingelfinger, M.D., Elizabeth Phimister, Ph.D., and Caren G. Solomon, M.D., M.P.H.

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Comparing How Male and Female Entrepreneurs Are Described by Venture Capitalists

These gendered personas are illustrated with quotes from Swedish government VCs who were observed discussing a total of 125 applications for funding between 2009 and 2010.

The average **MALE** entrepreneur is described with attributes such as:

- "Young and promising"
- "Arrogant, but very impressive competence"
- "Aggressive, but a really good entrepreneur"
- "Experienced and knowledgeable"
- "Very competent innovator and already has money to play with"
- "Cautious, sensible, and level-headed"
- "Extremely capable and very driven"
- "Educated engineer at a prestigious university and has run businesses before"

The average **FEMALE** entrepreneur is described with attributes such as:

- "Young, but inexperienced"
- "Lacks network contacts and in need of help to develop her business concept"
- "Enthusiastic, but weak"
- "Experienced, but worried"
- "Good-looking and careless with money"
- "Too cautious and does not dare"
- "Lacks ability for venturing and growth"
- "Visionary, but with no knowledge of the market"

NOTE: QUOTES WERE TRANSLATED FROM SWEDISH TO ENGLISH.

SOURCE: "GENDER STEREOTYPES AND VENTURE SUPPORT DECISIONS: HOW GOVERNMENTAL VENTURE CAPITALISTS SOCIALLY CONSTRUCT ENTREPRENEURS' POTENTIAL," BY MALIN MALMSTRÖM ET AL., *ENTREPRENEURSHIP THEORY AND PRACTICE*, FEBRUARY 2017

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Malmstrom, Joansson, Wincent. HBR. May 17, 2017

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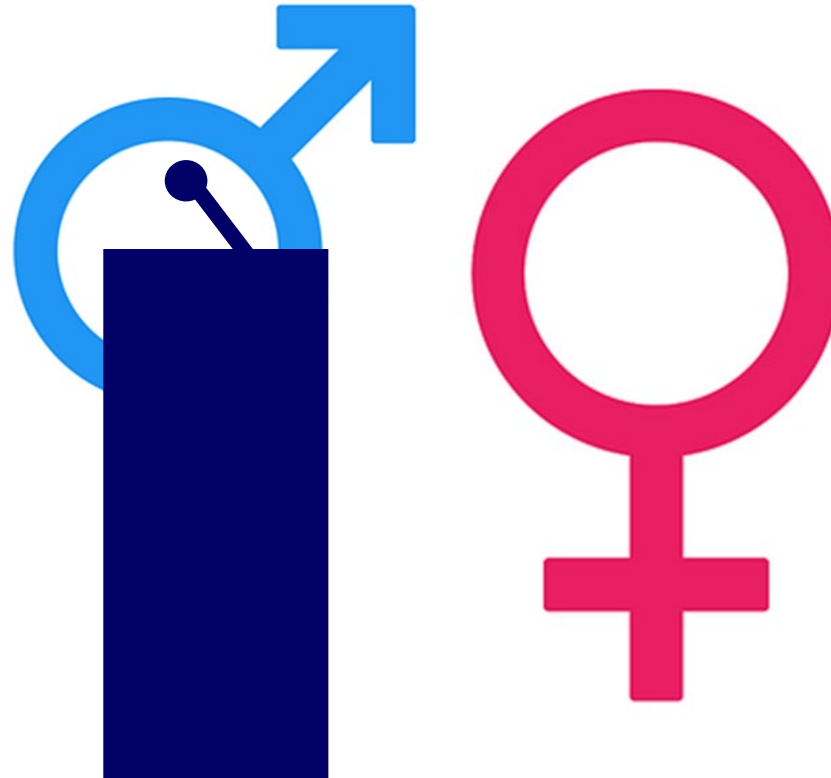
Evaluating Unconscious Bias: Speaker Introductions at an International Oncology Conference

@NarjustDuma et al
Visual abstract by @DrSGraff



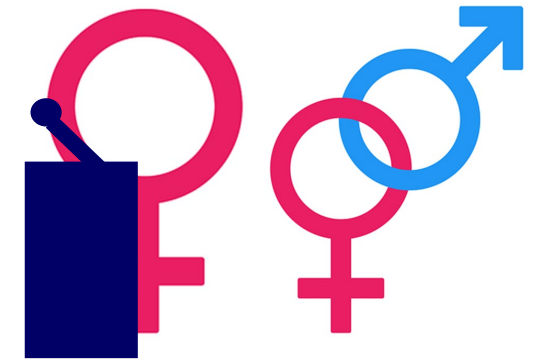
2511 videos reviewed

812 met inclusion criteria

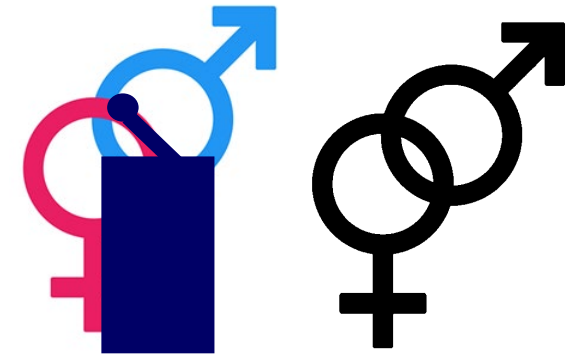


Female speakers were less likely than male speakers to receive a formal address (61% vs 81%)

Female speakers were more likely to be introduced by first name only (17% vs 3%)



No gender differences in professional address were observed for female introducers



Black speakers of both genders were less likely to receive a professional address than non-Hispanic whites



Microaggression: A newer field of study

- Initial studies completed with small focus groups
- Subjective
- Still being understood the exact impacts on those who experience microaggressions
- Precise science is being further studied and understood, it is clear that they have a negative impact

Clinical Review & Education

JAMA Surgery | Special Communication

Recognizing and Reacting to Microaggressions in Medicine and Surgery

Madeline B. Torres, MD; Arghavan Salles, MD, PhD; Amalia Cochran, MD



Microaggressions: Example

“I did a case this morning and spoke to the family after the procedure while wearing my jacket with my name, MD, and ‘Chair of Surgery.’ Family tells the postanesthesia care unit they haven’t talked to the surgeon so I was paged to come speak to them.” — Female surgical department chair

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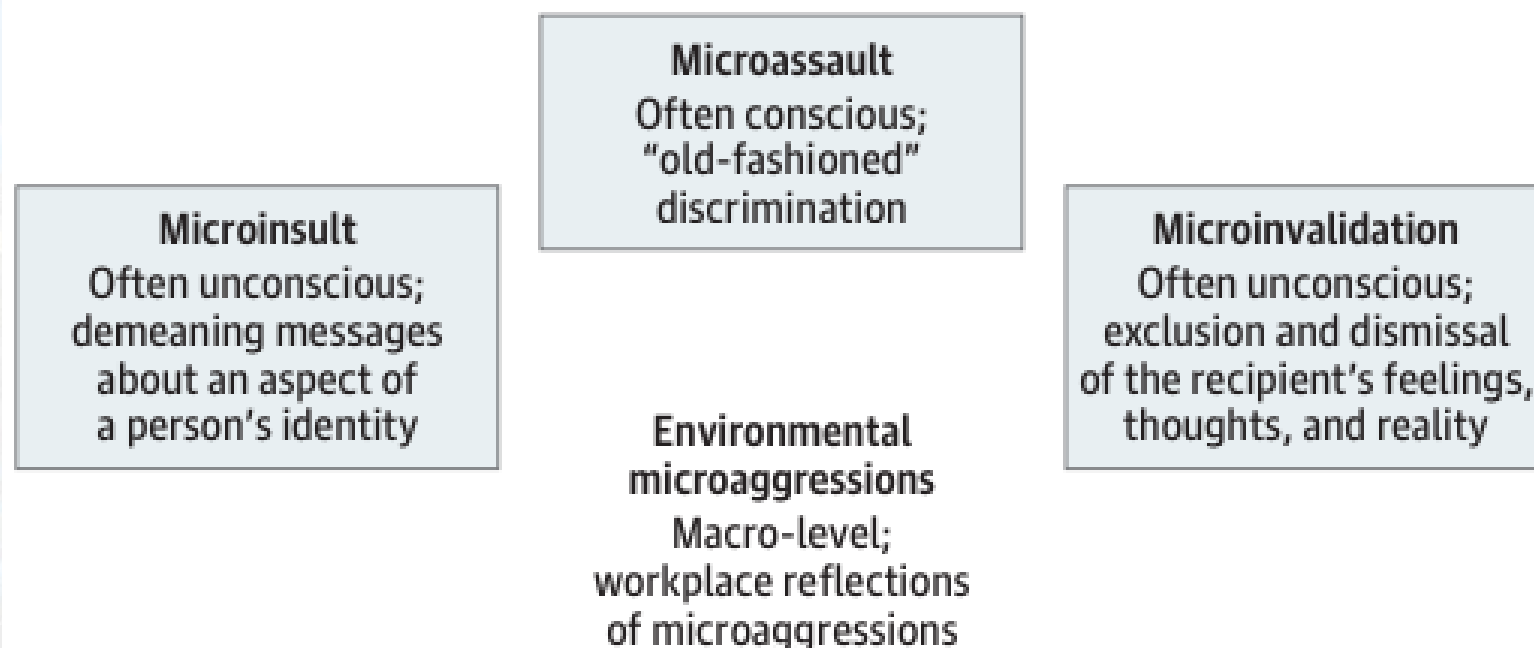
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Figure. Summary of the 4 Types of Microaggressions





Microassaults

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- “Old fashioned” discriminatory statements
- Often intentional
- Most blatant of microaggressions
- Verbal or nonverbal attacks to offend recipient
 - “You people are all the same, claiming your minority status to take the spots that belong to someone else”
 - “They are letting women be doctors now?”
- Differ from blatant racism and discrimination: focus on individual rather than a group (although racism likely still contributing factor)
 - Refusal to work with woman or URM team member
 - Suggesting women and URM not competent physicians/surgeons



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Microinsults

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- Subtle snubs or humiliations
- Convey demeaning message to recipient that may be unintentional to perpetrator
 - Women or URM physicians confused for the nurse, the janitor, an interpreter or other nonmedical role because they do not fit the traditional image of a physician
 - Black physicians being called inarticulate, discouraged from wearing their natural hair style
 - Latinx physicians being told to “tone down” their behavior
 - Suggest affirmative action is the reason for certain people have their position



Microinvalidations

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- Exclude, negate, dismiss the personal thoughts, feelings, experiential reality of a person
- Perpetrators stated “inability to see color or race”
- Denying concerns about fairness
- Myth of meritocracy: belief that hard work pays off and race or sex plays no role in determining success
- Invalidating a woman or URM’s experience by calling them oversensitive



Environmental Microaggressions

- Microassaults, microinsults, microinvalidations are reflected in the culture, process and climate of a workplace
- Often occur at a macro level
- Hallways decorated with white male physicians
- Inequitable application of promotion and tenure criteria resulting in the leaky pipeline
- Lack of diversity in leadership that can be perceived as unwelcoming
- Unintentional exclusion or minimizing identities of URM and women by excluding accomplishments and portraits
- Lack of childcare and proper rooms for breastfeeding mothers at national conferences and within hospitals → unwelcoming environment



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Impact of Microaggressions

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- Affects psychological and physical health of recipients
- Low self-esteem, increased stress, depression, trauma response.
- Has been associated in college students of color to anxiety and alcohol use.
- Racial and ethnic discrimination may lay role in health disparities.
- Somatic manifestations- stomach aches, headaches, sleep disturbances, hypertension
- Psychological and physical toll
- Disrupt student's ability to engage in the learning process- feeling of belonging brought into question
- Societal risk of harming the already fragile pipeline of women and minority physicians in academia



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EDITORIAL

Bias, Burnout, and Imposter Phenomenon: The Negative Impact of Under-Recognized Intersectionality

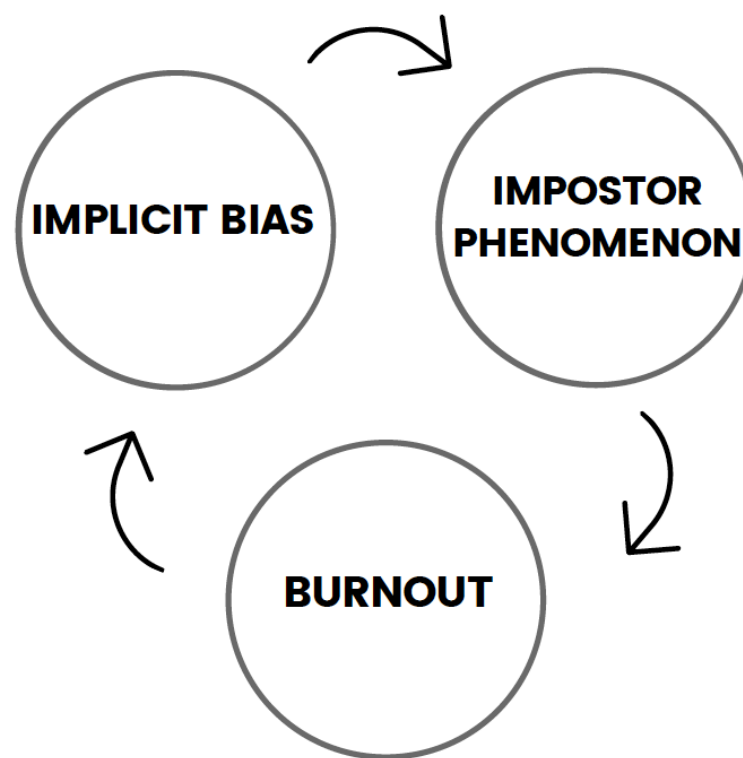
Kelly A. Cawcutt,^{1,*} Pauline Clance,² and Shikha Jain³

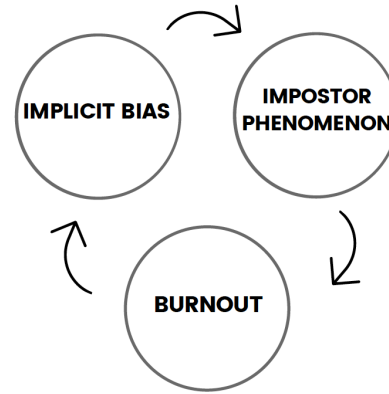
Women's Health Reports
Volume 2.1, 2021
DOI: 10.1089/whr.2021.0138
Accepted November 16, 2021

THE IP BURNOUT CYCLE

THE IMPOSTOR PHENOMENON BURNOUT CYCLE

CYCLE DIAGRAMS
SHOWS THE
INTERPLAY BETWEEN
IMPLICIT BIAS,
IMPOSTOR
PHENOMENON AND
BURNOUT.





Impostor Phenomenon

Feelings of inadequacy

Inequities

Awards Publications Promotions
Leadership Speaking Grants

Emotional Exhaustion

"Biological clock phenomenon"

Family care (elder, child, home, sandwich gen)





Impact of These Inequities



- Lack of opportunities →
 - Long term impact on advancement of women.
 - Reinforce the perception of lower status → Fuels Impostor Phenomenon
- Unconscious bias →
 - Amplify isolation, marginalization, professional discomfiture. →
 - Burnout, decreased job satisfaction.
- Link between the advancement of women's health and the advancement of women in academic medicine. (Office for Research on Women's Health (ORWH) at NIH)



Facts from the #BeEthical Campaign

- Documented disparities have profoundly hindered the careers of women in medicine.
- Workforce discrimination jeopardizes patient care and scientific discovery.
- Disparities tend to be greatest for women with intersectionality (e.g. women of color).
- Workforce disparities contribute to physician burnout and physician burnout is more prevalent in women.
- Historical explanations such as lack of highly qualified women physicians can not account for today's disparities.
- Tokenism has been cited as being harmful, particularly to the token individual.

Julie Silver, MD

#BeEthical



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What Can You Do?



Microaggressions: How to Respond

- Open The Front Door (Ganote et al)
 - Observe: Concrete, factual and observable
 - Think: Thoughts based on observations
 - Feel : Emotions "I feel.."
 - Desire Specific request or inquires about a desired outcome

Don't Remain Silent! Strategies for Supporting Yourself and Your Colleagues via Microresistance and Ally Development

Dr. Cynthia Ganote, Saint Mary's College of California, cmg3@stmarys-ca.edu

Dr. Floyd Cheung, Smith College, fcheung@smith.edu

Dr. Tasha Souza, Boise State University, tashasouza@boisestate.edu



Microaggressions: Open The Front Door

- Example: “Let’s pause for a moment here. I noticed (Observe) some raised eyebrows and other non-verbals that make me think people might be reacting strongly to something that was said. I think (Think) we need to explore this because I feel uncomfortable (Feeling) moving forward with the discussion. Following our ground rules, I am hoping someone can share (Desire) what they are thinking or feeling right now so we can have a productive conversation about this”

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Responding to Microaggressions in the Classroom: Taking **ACTION**

🕒 April 30, 2018 ✍️ Tasha Souza, PhD

Microaggressions: ACTION

- Ask clarifying questions
- Come from curiosity not judgement
- Tell me what you observed in a factual manner
- Impact exploration – discuss what the impact of the statement was
- Own your own thoughts and feelings around the situation
- Next steps



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In EFFECTIVE CLASSROOM MANAGEMENT

Responding to Microaggressions in the Classroom: Taking **ACTION**

● April 30, 2018 ✍ Tasha Souza, PhD

Microaggressions: ACTION

- Example: “I am not sure that I understood what you meant when you said [comment]. I want to better understand; can you explain that to me?”
- The recipient can then follow up with their observation of the facts of what happened, followed by a statement such as, “When I hear comments like that, it makes me feel like you think I am only here because I am a minority, not because I can do the work.”
- The discussion can then close with actions items for follow-up by those involved in the dialogue.



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Microaggressions: XYZ

- “I feel X when you say Y because Z”

Journal of the International Ombudsman Association, 2009, 2 (1), p1

Bystander Training within Organizations^{*}

Maureen Scully and Mary Rowe



You can act—in the moment or later

You committed a microaggression

- If you recognize it, apologize (now or later)
- If it is pointed out to you, believe the person
- Don't get defensive, resist the urge to deny/explain
- Learn more about why your action was a microaggression
- It is our OWN work to gain awareness. It is not the job or 'work' of the target of the microaggression to explain it to you

You witnessed a microaggression

- Interrupt the behavior (e.g., say “ouch!”)
- Support the target publicly (e.g., “that’s not funny”) or privately (e.g., “I’m so sorry the patient said that to you”)
- Support someone else who is speaking up
- Talk privately with the offender later

You received a microaggression

- Choose to speak up or not
- Rely on allies
- File a complaint
- Seek out a community of support



Allyship: Be an Upstander not a Bystander

- Once you realize these issues exist, critically analyze the decisions you make.
- Make a conscious effort to identify practices to reduce unconscious bias from an individual or systems aspect.
- If someone is speaking and someone else tries to speak over them, politely “nip it in the bud.” Be an “upstander” not a “bystander.”
- If someone has an idea and voices it, and someone else repeats the same idea and tries to take credit, bring it back to the original person who spoke.



Consider the 5 Ds of Bystander Intervention- If you are comfortable doing so

MedEdPORTAL. 2021; 17: 11175.

Published online 2021 Aug 19. doi: [10.15766/mep.2374-8265.11175](https://doi.org/10.15766/mep.2374-8265.11175)

PMCID: PMC8374028

PMID: [34485695](https://pubmed.ncbi.nlm.nih.gov/34485695/)

Becoming Active Bystanders and Advocates: Teaching Medical Students to Respond to Bias in the Clinical Setting

[Michelle York](#), ^{1,*} [Kyle Langford](#), ¹ [Mario Davidson](#), PhD, ² [Celeste Hemingway](#), MD, ³ [Regina Russell](#), PhD, ⁴ [Maya Neeley](#), MD, ⁵ and [Amy Fleming](#), MD, MHPE ⁶

- **Direct** → directly intervene, speak up, interrupt the behavior, be firm and clear
- **Delegate** → Ask/Allow someone who feels more comfortable/more able to speak up (often in context of power/seniority)
- **Delay** → It's ok to react later both to the person who committed the microaggression OR to the target
- **Distract** → Take an indirect approach to de-escalate the situation. Distracting attention away from the person causing harm to give the person experiencing harm time to move away.
- **Display Discomfort** → Express nonverbal discomfort or concern in response to the incident.



Be Ethical: Calling on All Leaders to be Ethical

- Make workforce gender equity an ethical imperative.
- Prioritize and properly fund initiatives to close gender equity gaps.
- Avoid critical thinking errors.
- Use a systemic process and systemic metrics to evaluate disparities.
- Implement strategic interventions.

#BeEthical



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TOP 10 TIPS for Advancing Women

1



Promote Women. Quote Women
Invite Women. Nominate Women

2



**Identify your own implicit/
unconscious bias**

3



**Be an Upstander
Not a Bystander**

4



**Set up annual reviews with
standardized questions**

5



**Identify barriers that exist in
your system and find solutions.**

6



Mentor AND Sponsor

7



Advocate for pay equity

8



Fix the system, not the women

9



**Identify your own impostor
phenomenon, use it to your advantage
to propel yourself upwards.**

10



Don't get discouraged



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"It is not easy to be a pioneer - but oh, it is fascinating! I would not trade one moment, even the worst moment, for all the riches in the world."

Elizabeth Blackwell



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