

EXPERIENCES OF BLACK WOMEN IN THE NURSING PROFESSION AND THE CONDITIONS OF THEIR TOLERANCE OF RACISM IN THE WORKPLACE

by

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(Under the Direction of JUSTINE TINKLER)

ABSTRACT

Prior research provides evidence that Black women in the Nursing profession experience a significant amount of racism in the workplace. These acts of racism are both overt and covert and come from administrators, staff, patients, residents, and family members of the patients and residents. Using data from a survey of 37 Black women in the nursing and nursing support profession, I test the relationship between having a strong connection to a caregiver identity and tolerance of racism. Additionally, I examine how the strength of one's racialized gender identity moderates this relationship. I find that those with a stronger caregiving identity also have a stronger racial identity. Results from the model suggest that as the connection to one's caregiving identity increases Black women's likelihood of tolerating racism from staff and administrators decreases.

INDEX WORDS: Caregiver Identity, Tolerance of Racism, Nursing Profession, Strong Black Woman Identity

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DEDICATION

To my beautiful daughter, whom I carried at the beginning of this journey, I held you many nights as I wrote during this journey. You are my reason to continue this journey. Unconditional love.

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To the Black women in the nursing profession, I hope that you feel seen, heard, and validated in your experiences, thank you for serving as the inspiration for this study.

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CHAPTER 1

INTRODUCTION

Existing literature reveals that individuals in the nursing field experience a significant amount of racial discrimination at work (National Commission to Address Racism in Nursing Survey, 2022). Nurses report experiencing various forms of racism from administrators and supervisors, patients and their family members, and coworkers (National Commission to Address Racism in Nursing Survey, 2022). Most Black nurses' report that racism has a negative impact on their professional well-being (Cineas et al., 2023). Racism poses a unique social stressor for Black nurses magnifying the occupational stressors experienced by any race (Byers et al., 2021).

Racism in the nursing field is not a newly discovered issue and can be traced back to as early as the Civil War. Many nurse training schools were established to aid this war and many Black women who were already working as unregistered nurses were not welcomed into these new professional nursing training facilities (Cineas et al. 2023). During the Jim Crow Era, Black Nurses were excluded from the profession as equal partners in these caregiving roles (Robinson 2013; Carnegie 2000; Hine 1989). Views collected from White nurses over 20 years ago stated that White nurses believed and expressed that Black nurses were seen as inferior and more fit to only serve in roles of performing rudimentary bedside care (Robinson 2013; Hine 1989). Furthermore, it was expressed that Black nurses were not prepared for nursing management roles, received an inferior education, lacked executive skills and unprepared to navigate the

organizational pressure of a hospital setting (Robinson 2013; Hine 1989). Racism continues to affect minority nursing students and minority nurses in professional roles (Robinson 2013).

For this study, I have chosen to focus on Black women in the nursing profession and gain a deeper understanding of their experiences with racism, the connections to their Black woman identity, and how this identity is associated with their caregiving roles. Black women make up a significant number of workers in the nursing field (U.S. Census Bureau, (n.d.)), despite their accounts of negative racialized experiences (National Commission to Address Racism in Nursing Survey, 2022). There has been little attempt to explain why Black women continue to endure these circumstances. I aim to understand why they stay in this profession and how they tolerate so much racism at work? Some suggestions to explain these include structural reasons (e.g. financial constraints) and some are social psychological. In this study, I explore one social psychological explanation for why some Black women in the Nursing Profession tolerate racism in their jobs. Drawing on social identity theory, I argue that Black women with a stronger caregiving identity and a stronger connection to their racial and gender identity i.e. strong connection to the identity group of being a Black woman, are more likely to tolerate racism in their jobs. To support this exploration, I expect to find evidence that Nurses and CNAs with a stronger connection to their caregiver identity are more likely to tolerate racism at work than nurses and CNAs with a weaker connection to their caregiver identity. I also expect that their racialized gender identity will influence their tolerance of racism in the workplace. Additionally, I anticipate that Black women in the nursing profession who have a stronger connection to their racialized gender identity are more likely to exhibit a stronger connection to the caregiver identity.

[Figure 1 here]

In this study, I view nurses as professional caregivers, acknowledging that their personal identification with a caregiver identity may vary significantly. Alongside their direct patient care roles, nurses also lead and supervise teams, promote population and community health through education efforts and manage facilities such as long-term care facilities. (Flaubert 2021; Bodenheimer and Mason, 2016, pp. 11–12). While individuals in the nursing field do not often call themselves caregivers, most nurses see providing direct patient care as the essence and core of the nursing profession (Tong et al 2023). There are some nurses who may not identify as caregivers or strongly associate themselves with other nurses who view themselves as caregivers. Understanding this variation is crucial for grasping the circumstances under which nurses tolerate racism in the workplace. By perceiving themselves as caregivers, tending to individuals regardless of how they are treated may serve to affirm a valuable identity (Tajfel and Turner 1979). Given the pervasive nature of racism in the nursing profession (National Commission to Address Racism in Nursing Survey 2022), tolerating racism becomes a prerequisite for job retention. Therefore, using social identity theory, for this study I focus on the connection to caregiver identity as a plausible explanation for the tolerance of racism.

I anticipate that the degree to which nurses embrace their identity as strong Black women will also impact their willingness to tolerate racism. The strong Black woman construct is composed of five main components including (1) maintain and present an unwavering image of strength, (2) suppress all emotion, (3) be self-reliant, (4) succeed despite all odds, and (5) always place the needs of others before those of oneself (Jefferies 2020). Black women often rely on this ‘strong Black woman schema’ to persevere through adversity which in this case is the tolerance of racism in their role as caregivers in the nursing profession. Jefferies (2020) explains that understanding the strong Black woman construct is important to Black women in health care

because it is essential to ensuring the practice and policies are supportive and antiracist.

However, the literature does present that this strong Black woman schema is also associated with negative implications including negative mental health outcomes. Greer (2011) studied race-related stress among Black women and found that coping with racism-related stress may unintentionally lead to increased psychological distress.

My analysis will provide initial evidence of the associations between the connection to the caregiver identity, the strength of the Black woman identity and the tolerance of racism. I begin by providing a review of the literature that explains the theoretical background of structural racism in healthcare occupations. Next, I elaborate on the connection between social identity theory and the connection to the care giver identity and the strong Black woman schema to explain the connection to the strength of the Black woman identity. Finally, I will present how I test my hypotheses using survey data collected from a sample of individuals in the Nursing Profession.

CHAPTER 2

THEORETICAL BACKGROUND

2.1 Racism and Racial Discrimination in Healthcare Occupations

Black individuals often face significant racial discrimination in the workplace, which can lead to exclusion from important social networks, differences in wages, and challenges in securing employment opportunities. (Wingfield and Chavez 2020) These experiences stem from institutional racism, in which workplace institutions have established procedures, patterns and policies that consistently put non-White individuals at a disadvantage, penalize them, and may even result in exploiting them. (Landsbergis, Grzywacz, and LaMontagne 2014; Better 2002; Rodrigues 1987) Additionally, studies show that even with higher education, including the increased incomes and job status that typically come with it, Black workers still experience racial discrimination in the workplace (Wingfield and Chavez 2020). The evidence of racism in healthcare organizations is found in the ongoing reports of racism and discrimination by people of color including students entering the healthcare profession, academic health centers, and healthcare settings. (Dent et.al 2021) Racism is deeply ingrained in the healthcare industry, an example of this is seen when examining pay and promotions, where Black physicians and nurses are often relegated to receiving lower pay and lower positions than their White and Asian colleagues (Dent et.al 2021). This occupational segregation within the healthcare industry reflects systemic inequalities that perpetuate racial disparities and contribute to the marginalization of Black people (Dill Duffy 2022). Reports of racism have been presented in the

form of exclusionary practices among nursing faculty specifically and by minority nurses who express experiences of discrimination, marginalization, and unequal career advancement opportunities (Iheduru-Anderson 2020). The cause for this could stem from institutional racism at the individual level, where racism manifests through the attitudes, beliefs and behaviors of staff members, including those in supervisory or authoritative roles (Landsbergis, Grzywacz, and LaMontagne 2014). An example of this may be seen where there has been an increase in the number of minority nurses in the United States, but the number of Black nurse leaders and faculty have remained low (Iheduru-Anderson 2020).

Numerous Black nurses reported experiencing instances of personal discrimination from supervisors during times when there was ambiguity or confusion about task assignments (Wingfield and Chavez 2020). For these Black nurses working in a feminized profession may have led to circumstances such as unclear responsibilities, that heightened their sensitivity to individual discrimination (Wingfield and Chavez 2020). The overrepresentation of Black women in the lowest-paying direct care jobs such as licensed practical nurses and nurse's aides persists even when controlling for factors such as education, marital status, age, and immigration status (Dill and Duffy 2022).

Healthcare providers from historically excluded groups are not only facing discrimination from their peers but also their patients (Dent et al 2021). Racism from patients may be in the form of overt racism treatment where a healthcare worker of color might include the refusal of an individual to accept service from a provider or the direct expression of racial slurs (Rasmussen, Garran 2016). Other forms of less overt racism may be in the form of microaggressions where the patients question the degree obtained by the healthcare provider or their authority and ability to provide care (Rasmussen, Garran 2016).

It is important to understand the racism in health care organizations and how it affects Black healthcare workers as it supports the idea of aiming to understand tolerating racism in their profession whether direct or indirect (i.e. structural racism).

While financial constraints may play a role in why Black nurses and CNAs tolerate such difficult working conditions, it's important not to overlook the agency Black women possess when making choices about their work and the conditions they're willing to tolerate. Additionally, explanations based solely on the financial constraints cannot account for the variation in people's choices, as turnover is high in these jobs, but many people choose to remain in the profession.

2.2 Social Identity Theory, Self-Categorization Theory and Connection to the Caregiver Identity

The decision to be a nurse is not made without serious deliberation. Nurses often work long and demanding shifts typically ranging from 8 hours to 12 hours (Johnsten et.al 2003). Their work is physically demanding and includes bending, twisting, patient transfers and other manual handling which create risks leading to injuries (Trinkoff et al. 2003). Nurses experience higher rates of musculoskeletal disorders (MSDs) due to their work compared to many other occupational groups (Trinkoff et al. 2003). Some workers in the nursing profession such as certified nursing assistants and nursing aides, receive low wages for the work performed (Sharma and Xu 2022). In addition to this, Black women specifically, experience levels of discrimination and racism due to both gender and race (Hennein et.al 2023; Wingfield and Chavez 2020). Why do they continue to stay in these roles under these conditions? Studies have delved into the issue of nursing staff turnover, with a key finding being the connection to wages (Steinmetz 2014). In a recent study by Sharma and Xu (2022), which encompassed 396 nursing homes, it was

discovered that higher wages in isolation may not necessarily result in reduced turnover across all categories of nursing staff. In an effort to expand on this body of literature on nursing retention, my approach involves investigating factors that contribute to understanding why they choose to stay.

One explanation for why caregivers choose to remain in the caregiving profession is based on social identity theory, which suggests that they have a strong attachment to their caregiver identity. Tajfel's social identity theory suggests that belonging to groups serves as a source of pride and self-esteem. Having a positively distinct social identity provides individuals with a sense of who they are based on the group(s) they are connected to (Tajfel 1979; Mcleod 2019). Social identity theory defines and examines how one sees oneself and how one will be treated and be viewed by others (Hogg 2016). When people see their work as a reflection of their identity, they are more motivated to do well in their work because it enhances their self-esteem. Individuals who are happy with their work experience are more productive (Oswald, Proto, Sgroi 2015). Furthermore, when people make a connection to their work and life purpose or feel as though their work matters, they experience a positive sense of fulfillment (Charles-Leija et.al 2023).

Research suggests that having a strong caregiving identity is associated with feeling more fulfilled in caregiving jobs. For example, one study of professional caregivers who work with dementia patients found that stronger interpersonal connections is positively correlated with career commitment. This suggests that professionals who are more involved in caregiving are more committed to their jobs and careers (Drebing, McCarty, Lombardo 2002). In another study, teachers' job satisfaction was higher when they demonstrated care for their students by creating a

sense of belonging, understanding each student personally, supporting academic achievement, and addressing physiological needs (Garza, Armandina Alejandro, Blythe, Fite 2014).

According to social identity theory, people who strongly connect to being a caregiver feel a strong connection to other caregivers (Tajfel 1979). They see themselves as uniquely equipped to assist people and feel better about their jobs because they are part of a positively distinct group of caregivers. The positive effects of feeling like you belong to a group of other caregivers act as a buffer against mistreatment (LaTendresse 2000).

Self-Categorization theory, stemming from the same ideological and theoretical foundations as Social Identity Theory, posits that individuals tend to internalize the beliefs and behaviors of their primary social groups, while concurrently creating a sense of differentiation from those outside these groups (Turner and Reynolds 2012). It suggests that one's beliefs and behaviors are influenced by their immediate group identifications. Furthermore, the theory proposes that depending on the situational context, an individual may prioritize their personal identity and interactions, thus causing an identity or set of identities to be more salient based on the different interactions (Hornsey 2008). This framework elucidates how certain identities, such as being a Black woman and a caregiver, may take precedence in settings in the workplace when experiencing racism.

2.3 Black Feminist Thought, Strong Black Woman Schema and Connection to Strong Black Woman Identity

Feminist intersectionality theory & Black feminist thought provide a perspective and understanding that assists in the analysis of the intersection between race and gender where being both a woman and identifying as Black impacts individuals in their roles in the nursing

profession and leads to an exclusive set of experiences that are not experienced by Black men in the nursing profession or by other races(Collins 2000). Collins (1991) presents the critical social theory of Black Feminist thought where the intent is to empower African American women who experience social injustice due to their oppressive intersecting identities. Collins uses BFT to explain how Black women navigate the world of white privilege, and male superiority as well as the world filled with Black exploitation and oppression. Black Feminist thought and intersectionality Collins (1991) uses five distinguishing features or tenets to explain Black feminist thought. The first feature describes why Black Feminist Thought is important since being a Black woman is distinguishable, and this group has unique experiences when facing challenges in America. The second feature focuses on the idea that while Black women are grouped into categories where the challenges are common with others, there are still individualized experiences among Black women. A third feature is Black Feminist thought highlights the connections between U.S. Black women's experiences which Collins explains as being a heterogeneous collectivity. A fourth feature is that African American women intellectuals are essential to the empowerment of the Black women's movement. A fifth distinguishing feature of Black Feminist Thought is the ability to continue the movement of Black feminist practice as social conditions change. The final distinguishing feature of Black Feminist Thought focuses on the relationship between Black Feminist Thought and its relations to other movements or projects centered on social justice. Black women in the nursing field experience racism regularly, however, both Black feminist thought and intersectionality explains the phenomena of experiencing racism as well gender oppression. Intersectionality highlights the way identity and power are related and how the invisibility of people within groups are treated as

members but are not represented, which in this case is Black women nurses in the healthcare field (Crenshaw 2015).

Black women have been utilized for their caregiving tendencies dating back to slavery. Moreover, Black women were utilized for their matriarchal and caregiving tendencies only when it was beneficial to slave masters (Davis 1971). When examining the history of Black women in caregiving roles, they were forced without pay to provide familial caregiving during slavery and are currently underpaid and overrepresented in jobs with the least mobility. Studies show that the occupational hierarchy in healthcare is set up similarly to a plantation system where high-status positions are held predominantly by White males who directly supervise registered nurses which mostly consist of White women and these mid-level positions oversee lower positions of LPNs and CNA's which predominantly held by Black women and other women of color (Neville & Hamer 2001).

I draw on the literature about the Strong Black Woman schema to explain the strength and ability of Black women to thrive in these caregiving roles despite facing significant adversity. The theory of motivated identity construction explains how individuals form their identities to fulfill basic motivations for distinctiveness, self-esteem, belonging, efficacy and meaning (Woo et al 2019). When thinking about why Black women with a stronger connection to their Black woman identity are more likely to tolerate racism and are more connected to their caregiving identity it can be explained that the stronger the tie to this identity the stronger the self-esteem and sense of belonging leads to a higher tolerance and motivation to continue providing care. The correlation between a strong racial identity and higher self-esteem (Rivas-Drake et al.2014; Harris-Britt et.al 2007) suggests that one might anticipate Black nurses to be less tolerant of racism to protect their self-esteem. However, I posit that their elevated self-

esteem provides them with a broader range of coping strategies to deal with the adverse effects of racism. The strong Black woman schema describes how Black women often adopt a persona of being “superwoman” even in the face of societal negativity such as racism, gender and racial oppression, and discrimination. The strong Black woman persona may often be a necessity for survival and maintaining resilience in the face of challenges (Woods-Giscombé 2010). This strong Black woman schema explains how these individuals in this profession that have a strong tie to their Black woman identity see themselves as resilient strong Black women who can withstand adversity hence, they can tolerate racism in this caregiving role.

It is important to note that the “Strong Black woman” persona adopted by nurses can have negative effects, such as anxiety, distress, and depression (Watson-Singleton 2017). Self-silencing is also a concern, where expressing discomfort, pain, or a need for help might be seen as damaging their reputation, leading to self-silencing (Abrams et al. 2018). This could result in a lack of positive emotions and reduced self-esteem in their role as caregivers, ultimately affecting their ability to cope with racism thus leading to differences in the tolerance of racism between those with stronger ties to their social identities and those with weaker connections.

In the context of caregiving, it is important to consider the emotional labor undertaken by Black women. Wingfield (2021) explores the impact of race and gender on emotional labor, highlighting its racial and gender disparities within work organizations. Research on women in the nursing profession reveal that women of color often engage in emotional work that involves managing feelings related to race-related incidents (Cottingham et al., 2018). This focus on women of color in a predominantly White profession underscores the unique challenges they face, particularly in managing racialized interactions from colleagues and patients within the healthcare setting.

2.4. Hypotheses

Based on the above arguments, I propose the following hypotheses:

Hypothesis 1: Black women in the nursing profession (i.e nurses and nursing assistants) who have a stronger connection to their Black woman racial identity are more likely to exhibit a stronger connection to the caregiver identity.

Hypothesis 2: Nurses and nursing assistants with a stronger connection to their caregiver identity are more likely to tolerate racism at work than nurses with a weaker connection to their caregiver identity.

Hypothesis 3: The effect of the caregiver identity is moderated by the strength of their racial identity such that those who feel more connected to their Black Woman identity will be even more tolerant of racism at work.

CHAPTER 3

METHODS

3.1 *Data and Methods*

In this study I explore how Black women nurses' connection to their caregiver identity relates to their tolerance for racism in the workplace. I also explore how the strength of their Black women identity moderates the relationship between caregiving and tolerance for racism. The protocol and all procedures related to the study were approved by the University Institutional Review Board of the University of Georgia (PROJECT00008460). I collected survey data from participants who were working or had worked in the past five years in the nursing profession in the United States. Participants were recruited from all nursing levels including Certified Nursing Assistants, Licensed Practitioner Nurses, Registered Nurses holding a BSN MSN or both and Doctor of Nurse Practitioners. Recruitment took place by submitting a flyer with information on the research and the survey link to a Certified Nursing Assistant training facility, the University Health Center and social media platforms. The most effective recruitment technique for this study was snowball sampling. Recruitment for this project began in February 2024 and concluded in May 2024. Recruitment for this population was challenging. Some of the plausible explanations for my difficulty recruiting this population are that nursing professionals experience survey fatigue and are exhausted from their demanding work hours. In addition, strict guidelines for conducting research in healthcare facilities made regular forms of recruitment – like posting flyers and emailing listservs – not possible.

Participants completed the survey through an electronic questionnaire designed and conducted via a platform called Qualtrics. [see appendix A for the full questionnaire] At the beginning of the survey, participants were informed that they were participating in a study about the experiences of nurses & CNAs in the workplace. They were asked to agree to a consent form. Participants that agreed were given the option to continue with the survey.

Next, there was a series of qualifying questions to which they responded. Eighty participants completed the survey. (see appendix for demographics)

Participants that were removed were done so for the following reasons: did not give consent and therefore did not complete the survey (one), did not currently work in the United States (one), did not complete the survey beyond eligibility questions (three). For my analysis I examined a sample of Black women which consisted of thirty-eight participants. There was one missing case for the tolerance of racism scales. Thus, I used list-wise deletion to handle this attrition, and the analyses are based on 37 Black women in the nursing profession.

[Table 1 here]

Participant Sample

Table 1 presents the descriptive statistics for Black women, which is the sample examined in this study. The average age is 46 years old with a standard deviation of 9.14. The age ranged from 28 years – 69 years. Regarding education level, 23.68% of the sample had less than four years college BA or BS degree and 76.32% had a four-year degree or higher. For the nursing education level 10.53% had a certified nursing assistant education level and 89.47% held a Licensed Practical Nurse degree or higher. Most of the sample were located in North Carolina

(31.58%), Georgia (18.42%) and Illinois (13.16%). The average income per annum was the category of \$90,000-\$99,999 and the range was \$10,000-\$150,000. The role at work consisted of 10.53% Nursing Assistants and 89.47% were Nurse or Nurse Practitioner(DNP). For the length of time working in the profession, 34.21% worked 10years or less, 26.32% worked 11-20 years and 39.47% worked 21 years or more at the time of the survey. The large number of the sample worked at a hospital (31.58%).

3.2 Variables and Measures

Using Social Identity Theory I examine how the connection to the caregiver identity and Black woman identity affects the tolerance levels of Black women. I focus on how strongly these individuals feel they belong to and are connected to these identity groups and how it affects their interactions with racism. Connectedness to the caregiver identity group is a continuous measure of how much participants feel they belong to this identity group. Connectedness to the Black woman identity subgroup is a continuous measure of how strongly connected participants feel they belong to this identity group. Tolerance of racism is constructed as feelings of anger, depression, experiences of racism in the past in this role and feelings about potential experiences with racism in this role.

Independent Variable.

The independent variable is the connection to caregiver identity. The questions are adapted from Sellers, Rowley, Chavous, & Smith (1997). This measure was assessed using a Likert scale with seven items exhibiting their strength of identification with being a caregiver. Participants were asked to mark on a scale how much they agreed or disagreed with these statements. Examples include, 1)"*Being a caregiver is important to how I feel about what kind of*

person I am.” (1=strongly disagree to 6=strongly disagree), 2) “*I have a strong feeling of belonging to the caregiver identity*” (1=strongly disagree to 6=strongly disagree), 3) “*I feel a strong connection to other caregivers.*” (1=strongly disagree to 6=strongly disagree) The full set of items can be found in Appendix F. One of the items was reverse coded, and the caregiver identity scale was generated into a new variable using the sum of the items. The scale was then standardized. The Cronbach alpha reliability coefficient for the scale was 0.8846.

In Table 2, the data indicates that Black women expressed a moderate level of agreement ($M=4.76$, $SD=1.02$) with regards to their connection to their caregiver identity. This suggests that Black women generally agreed with the statement about feeling a connection to their caregiver identity.

[Table 2 here]

The next independent variable is the connection to the strong Black woman identity. The questions are adapted from Sellers, Rowley, Chavous, & Smith (1997). This measure was assessed using a Likert scale with five items exhibiting their strength of identification with being a strong Black woman. Participants were asked to mark on a scale the extent to which they agreed with the statements. Examples include, 1) “*In general being a black woman is an important part of my self image.*” (1=strongly disagree to 6=strongly disagree) and 2) “*Being a black woman is important to my sense of what kind of person I am.*” (1=strongly disagree to 6=strongly disagree) The full set of items can be found in Appendix F. One of the items was reverse coded, these items were then generated into a new variable was generated into a new variable using the sum of the items. The scale was then standardized. The Cronbach alpha reliability coefficient for the scale was .76357.

In Table 3, the data indicates that Black women expressed a relatively high level of agreement ($M=4.76$, $SD=1.02$) with regards to their connection to their Black woman identity. This suggests that Black women agreed with the statement about feeling a connection to their Black woman identity.

[Table 3 here]

Dependent Variable.

Nurses experience racism and bias from patients and administrators (Odom-Forren 2023). Since my hypothesis is that those with a stronger caregiving identity tolerate more racism, it is important to distinguish between racism coming from those whom nurses care for and racism coming from supervisors and administrative staff or co-workers. The dependent variables measure Black women's tolerance for racism in the nursing profession in two ways. The first measure, "tolerance for racism from patients", captures the extent to which nurses say racism from patients and patients' families would lead them to quit their jobs. Five items, "usually accept racism in the workplace without speaking up" "angry feelings when experiencing racism in the workplace" "feelings of depression when experiencing racism in the workplace" "left a previous job because of experience with workplace racism" and "quit due to the amount of racism experienced", were excluded due to pretesting results showing they were problematic for our study population. The first measure of tolerance of racism is a scale calculated from summing responses to four questions that asked how likely they would be to leave their job if they were to: 1. experience racism in the workplace from patients/residents repeatedly, 2.

repeatedly experience a patient/resident refusing your assistance because of your race, 3. repeatedly experience racism from a patient/residents family member(s), be called a racial slur by a patient or resident. The full set of items can be found in Appendix F. The questions were all asked on a 6-point Likert scale ranging from “Very Unlikely” to “Very Likely” ($M = 3.58$ $SD = 1.48$). All items were reverse coded. The Cronbach alpha reliability coefficient for the scale was 0.82.

The second measure, “tolerance for racism from coworkers/administrators”, captures the extent to which nurses say racism from coworkers/administrators would lead them to quit their job. This measure is based on one question also asked on a 6-point Likert scale: If you were to experience racism in the workplace as a Nurse or Nursing Assistant (CNA, Nursing Aide) from supervisors or administrative staff repeatedly, how likely would you be to leave your job ($M = 3.648$ $SD = 1.704$). Table 4 displays the analysis of tolerance towards racism among Black women.

[Table 4 here]

[Appendix B here]

Control Variables

Several control variables were included to minimize risk of the influence of confounding and other extraneous variables. Given the small sample size, I did not include all control variables due to a lack of statistical power to accommodate all control variables. The following controls were included 1) Age. Participants entered their birth year and I recoded the variable into a continuous measure of age in years. ($M = 46$ $SD = 9.14$ $Range = 28-69$) 2) Education level

was measured using the number of years studied in school and degree earned. Education ranged from high school or GED to Graduate training in college and was recoded to include two categories. These were categories were Less than four year college BA or BS degree and Four Year College BA or BS degree or more. 3) Role at Work was measured in two categories including Nursing Assistant and Nurse or Nurse Practitioner (DNP). 4) Income was measured in eleven categories form 10K to 150K or more, I treat income as continuous such that 1= 10K and 11= 150K or more

CHAPTER 4

ANALYTIC STRATEGY

I first report descriptive statistics and a correlation matrix that includes all variables. I examine support for Hypothesis 1 by examining the correlation between one's caregiving identity and the strength of the Black woman identity. To test Hypothesis 2 and 3, I estimate separate OLS Regression models for the "tolerance for racism from patients" and the "tolerance for racism from coworkers/admins" dependent variables. Hypothesis two examines the effect of one's caregiving and Black Woman identities on tolerance for racism, controlling for age, education, income, and role at work. Hypothesis three is tested by examining adding the interaction between the connection to the caregiver identity and the connection to the Black woman identity.

CHAPTER 5

RESULTS

The results in Table 5 illustrate the correlations among the variables under study. Upon examination, it was found that there is evidence supporting the associations between the variables being studied in the hypothesis, particularly, Hypothesis one in the positive significant connections between the caregiver identity and the strength of the Black woman identity ($p < .001$). Additionally, findings show that there is a negative correlation between the tolerance of racism from administrators and staff and the connection to the caregiver identity ($p = < .01$) and a negative correlation between the tolerance of racism from administrators and staff and the connection to the strong Black woman identity ($p < .01$). Results also show a negative correlation between age and the tolerance of racism from administrators and staff ($p < .05$). Findings reveal that there is a positive correlation between role at work and education level ($p < .05$), a positive correlation between income and education level ($p < .001$) and income and role at work ($p < .001$).

[Table 5 here]

The current study also aimed to investigate the relationship between Black women in the nursing profession and the connection to their caregiver identity and their tolerance of racism in the workplace. Hypothesis two suggested that nurses and nursing assistants who strongly

identified with their caregiver role would be more likely to tolerate racism at work compared to those with a weaker connection to this identity.

I analyzed this hypothesis using two OLS regressions. The first measure, “tolerance for racism from patients and patients’ families,” is presented in Table 6 and captures the extent to which nurses say racism from patients and patients’ families would lead them to quit their jobs. In Model 1, the connection to the caregiver identity is not significantly associated with tolerance of racism from patients and residents when controlled for education, age, role at work and income. In Model 2, the connection the strong Black woman identity is not significantly associated with the tolerance of racism from patients and residents when controlled for education, age, role at work and income. In Model 3, the connection to the caregiver identity is not significantly associated with tolerance of racism from patients and residents when controlled for the connection to the strong Black woman identity, education, age, role at work and income. In Model 4, the interaction effect between the Caregiver Identity and the Strong Black Woman Identity was not significantly associated with tolerance of racism from patients and residents when controlled for education, age, role at work and income.

The findings as shown in Table 6, indicated that there was no significant correlation between the strength of connection to the caregiver identity and the “tolerance for racism from patients and patients’ families”. Therefore, the results of the OLS regression model did not support the initial hypothesis.

The study’s third hypothesis suggested that the impact of caregiver identity among Black women in the nursing profession is influenced by the strength of their racial identity. Specifically, it proposed that individuals who strongly identify with their Black woman identity would be more tolerant of racism from patients and patient's families in the workplace. However,

the results presented in Table 6 revealed that there was no significant relationship between the variables when considering the influence of a strong Black woman identity. As a result, the OLS regression model did not provide support for this hypothesis.

[Table 6 here]

The second measure “tolerance for racism from supervisors/administrative staff,” is presented in Table 7 and captures the extent to which nurses say racism from supervisors or administrative staff would lead them to quit their job.

In Model 1, the connection to the caregiver identity is significant and negatively associated with tolerance of racism from administrators and staff when controlled for education, age, role at work and income ($<.05$). In Model 2, the connection the strong Black woman identity is significant and negatively associated with the tolerance of racism from administrators and staff when controlled for education, age, role at work and income. In Model 3, the connection to the caregiver identity is not significantly associated with tolerance of racism from administrators and staff when controlled for the connection to the strong Black woman identity, education, age, role at work and income. In Model 4, the interaction effect between the Caregiver Identity and the Strong Black Woman Identity was not significantly associated with tolerance of racism from administrators and staff when controlled for education, age, role at work and income.

The findings as shown in Table 7, show support for Hypothesis 2 when examining the relationship between the connection to the caregiver identity and the tolerance of racism from administrators and staff when factors such as age, education, income and role at work were controlled. Additionally, the findings as shown in Table 7 show support for the relationship when

examining the connection to the strong Black woman identity and the tolerance of racism from administrators and staff when factors such as age, education, income and role at work were controlled. Therefore, the results of the OLS regression model support the initial hypothesis.

[Table 7 here]

CHAPTER 6

SUMMARY

The results of the study support Hypothesis one indicating that there is a relationship between identifying as a caregiver and identifying as a Black woman, implying that being a caregiver is associated with having a strong Black woman identity. This result is consistent with the concepts of social identity theory, self-categorization theory, and the strong Black woman schema, which collectively contribute to understanding these associations.

The link between the connection to the caregiver identity and tolerating racism from patients and their families does not show a significant association, especially when factoring in the strength of one's Black woman identity.

Furthermore, there is support for Hypothesis two regarding the association between tolerance of racism from supervisors and administrative staff and the connection to the caregiver identity. Resulting in a negative association where the stronger the connection to the caregiver's identity, the likelihood of tolerating racism from supervisors or administrative staff decreases. The results of the study did not show support for Hypothesis three which examines the moderating effect of the Caregiver identity and the Strong Black woman identity on the tolerance of racism.

CHAPTER 7

DISCUSSION

The objective of this research is to explore the relationship between Black women nurses' caregiver identity, connection to their Black woman identity, and their resilience to workplace racism. Existing literature has highlighted the racism experienced by Black nurses while fulfilling their caregiving responsibilities in the nursing profession (Robinson, 2013). This mistreatment towards Black nurses is often received from patients, residents, staff, and administrators (Dill and Duffy, 2022). Moreover, a survey conducted by the American Nurses Association involving over 5600 nurses revealed that racism is a significant issue within the profession. This current study seeks to contribute to the comprehension of why and how these nurses endure such levels of racism in their workplace. Tajfel's Social Identity Theory is utilized to elucidate these phenomena, positing that a positively distinct social identity offers individuals a sense of self based on their group affiliations (Tajfel, 1979; Mcleod, 2019).

Additionally, this research aims to shed light on some of the contributing factors to the global nursing retention crisis (ICN International Council of Nurses, 2023). The findings of this study indicate a negative association between the caregiver identity and the tolerance of racism from supervisors, staff, and administrators. Social psychologists argue that receiving respect is essential for group function and individual well-being (Rogers and Ashforth, 2017). While these nurses encounter racism from patients and residents, the mistreatment from administrators and staff significantly impacts their ability to carry out their caregiving duties. This underscores the

importance of organizational members' value in a work environment, possibly driving these nurses to validate their worth based on the respect received from the organization's members (i.e. administrators and staff) (Rogers and Ashforth, 2017).

The research findings for this study indicate that Hypothesis 2, which suggested that nurses and CNAs with a stronger connection to their caregiver identity are more likely to tolerate racism at work than those with a weaker connection to their caregiver identity, was supported when tolerance of racism from administrators and staff is examined. The connection to the caregiver identity does not exhibit a significant association with the tolerance of racism from patients and patient's families, especially when considering the influence of the strength of the Black woman identity.

The first measure focused on the tolerance of racism from the patients and patient's families, which resulted in no association. One explanation for this result could be a small sample size. One primary challenge associated with a small-scale study lies in the interpretation of results, particularly in relation to confidence intervals and p-values (Hackshaw 2008). A second explanation for this result could be that nurses receive extensive training in nurse-patient communication (McCabe 2004) and training on interventions for managing challenging behavior (Tölli et al. 2017). These levels of training may greatly influence the high levels of tolerance exhibited by nurses and nursing assistants towards racism from patients and their families. Due to their training, healthcare professionals are often prepared to navigate challenging situations, including interactions with difficult or hostile patients, and in some cases, instances of racism from patients. As a result, they may develop a very high tolerance for racist behavior exhibited by patients, categorizing such conduct as mere difficulty on the part of the patient. In a qualitative study by Berdes and Eckert (2001) focusing on race relationships and caregiving,

nursing aides recounted instances where they were subjected to derogatory remarks based on their race. These individuals expressed their approach of tolerating such behavior by attributing it to the patient or resident not being in the right state of mind.

The second question addressed the propensity to leave the job when encountering racism from supervisors or administrative staff. Notably, a connection is observed in cases involving administrators and staff. Research by McKay et al. (2007) highlights that employees' intent to leave an organization is significantly influenced by the organization's diversity climate. Additionally, statistics from the Bureau of Labor Statistics (2006) indicate that annual turnover is approximately 30% higher among racial minorities, emphasizing the impact of the organization's diversity climate on turnover rates. Furthermore, studies by Maertz Jr et al. (2007) emphasize the pivotal role of the direct supervisor-employee relationship, highlighting its distinct influence on employees' attitudes and sentiments apart from the organizational environment. Supportive roles exhibited by supervisors and their self-promotion appear to positively impact retention (Maertz Jr et al. 2007). Conversely, the prevalence of negative behaviors in the workplace is increasingly harmful to employers, employees, and organizations (Pearson and Porath 2008). In certain situations, nurses and nursing assistants are at a higher risk of leaving their positions due to a decreased tolerance for negative behaviors, particularly instances of racism, from their supervisors and administrative staff. This is an example of how workplace dynamics can impact employee retention within the healthcare industry. In conclusion, the tolerance of racism manifests differently when experienced by supervisors and administrators.

The third hypothesis which states that the effect of caregiver identity is moderated by the strength of the racial identity was explored. It was hypothesized that individuals who feel more connected to their Black woman and caregiving identities would be more tolerant of racism in

the workplace. The correlation matrix revealed a positive association between the connection to the caregiver identity and the strength of the Black woman identity.

This finding can be explained by the concepts of intersectionality and Black feminist thought which highlight the unique experiences among Black women considering both their gender and race (Hill Collins 2000; Hill Collins 1990). Multigenerational trauma and experiences over the course of centuries have shaped the traits, patterns, values, and symptoms that are passed down in Black families throughout generations (DeGruy 2005). One message passed down through socialization to Black women and girls is the expectation to prioritize others' needs before their own, contributing to the notion of the "superwoman" (Elliott and Castillo 2024). Additionally, historical roles of Black women as caregivers, dating back to slavery (Davis 1995, Davis 2018) have influenced contemporary perceptions of Black women as primary caregivers in families where the caregiving role has expanded and goes beyond children to the needs of many others (Cooke, 2023). This cultural socialization serves as an explanation for the strong tie between Black women's identity and the role of caregivers.

Limitations and Contributions

The current study faced several limitations, one of them being the small sample size. In total, the sample size consisted of 80 participants, with 37 of them being Black women forming the sub-sample being analyzed for this study. The recruitment process involved diverse strategies, including leveraging personal contacts including an owner of a Certified Nursing Assistant training facility, utilizing various social media platforms and groups tailored to nursing professionals, and employing snowball sampling. Despite these efforts, the research recruitment platforms did not provide a sufficient number of individuals meeting the study's eligibility criteria. Snowball sampling emerged as the most effective method; however, the limited

connections remained a constraint. The study's target audience proved challenging to recruit, possibly due to factors such as survey fatigue among nurses, stringent permissions required by healthcare facilities due to ethical guidelines, and the demanding work hours of these individuals (Ramon et al., 2022). A lack of direct resources for a large sample of nurses, such as access to a national nursing database or healthcare facilities, also posed a limitation. Additionally, limited funding restricted the ability to offer higher incentives, which could have attracted more participants.

This study offers valuable insights into the turnover and retention rates of Black women in the nursing profession. It provides a comprehensive understanding of how racialized experiences, stemming from interactions with organizations, staff, and administrators, impact the likelihood of these individuals staying or leaving their positions (West 2018). Additionally, it delves into the complex connection between racial and gender identities, highlighting the nuanced influence on both positive and negative outcomes, particularly in terms of the emotional labor that women of color are required to undertake (Wingfield 2021). Furthermore, the study contributes to the understanding of how these identities shape the operational dynamics of Black women and are intricately tied to their caregiver identity.

Future Direction

The future research of this study should delve deeper into the intersection of race and gender in the nursing profession specifically focusing on the experiences of Black women through a mixed methods increasing the sample size and the use of a qualitative methodology. Incorporating qualitative methods alongside the existing research would enable a more comprehensive understanding of how these intersecting identities shape the caregiver's role. The study can also build onto existing literature by closely assessing the detrimental effects of the

strong Black woman schema in the nursing profession and the outcome on how this affects the caregiver identity for instance leading to caregiver burnout resulting in intention to leave.

Additionally, the future of this study may reassess the measurement of the tolerance of racism by expanding the existing scale to encompass more items that address the attitudes towards racism from administrators, supervisors, and fellow staff members.

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LIST OF TABLES & FIGURES

Table 1. Black Women Respondents Distribution by Demographics and Working Situation

Variable	Mean (SD)	Range	N (%)
<i>Demographics</i>			
Age (years)	46 (9.14)	28- 69	
Education			
Less than Four Year College BA or BS degree			9 (23.68%)
Four Year College BA or BS degree or more			29 (76.32 %)
Nurse Education Level			
Certified Nursing Assistant			4 (10.53%)
Licensed Practical Nurse			5 (13.16%)
Associate of Science in Nursing			3 (7.89%)
Bachelor of Science in Nursing			9 (23.68%)
Registered Nurse			1 (2.63%)
Advanced Practice Registered Nurse			3 (7.89%)
Master of Science in Nursing			5 (13.16%)
Doctor of Nursing Practice			6 (15.79%)
Other			2 (5.26%)
Location			
California			1 (2.63%)
Florida			5 (13.16%)
Georgia			1 (2.63%)
Illinois			5 (13.16%)
Georgia			7 (18.42%)
Illinois			3 (7.89%)
Indiana			1 (2.63%)
Kentucky			1 (2.63%)
Maryland			2 (5.26%)
Michigan			1 (2.63%)
New Jersey			2 (5.26%)
North Carolina			12 (31.58%)
Tennessee			1 (2.63%)
Texas			1 (2.63%)
Utah			1 (2.63%)

Table 1. continued

Variable	Mean (SD)	Range	N (%)
Income	90K-\$99,999 (2.50)	10K – 150K	
<i>Working situations</i>			
Role at Work			
Nursing Assistant			4 (10.53%)
Nurse or DNP			34 (89.47%)
Length of Time Working in Profession			
10 years or less			13 (34.21%)
11-20 years			10 (26.32%)
21 years or more			15 (39.47%)
Facility			
Hospital			12 (31.58%)
Nursing home/assisted living facility			6 (15.79%)
Home healthcare			1 (2.63%)
Private doctor's office or private facility			4 (10.53%)
Other			9 (23.68%)
more than one			6 (15.79%)

¹Mean (SD), N (%)

Table 2. Caregiver Identity Item Among Black Women

Item	Mean	SD
Important part of my self-image	5.051	1.317
Important to how I feel about what kind of person I am	5.026	1.088
Strong feeling of belonging to the caregiver identity	5.026	1.267
Strong connection to other Caregivers	4.872	1.26
An important reflection of who I am	5.026	1.267
A major factor in my social relationships	4.179	1.467
Caring for others is an important part of who I am	3.615	1.664
Very little to do with how I feel about myself**	5.282	1.317

Scale Min 1 Max 6

**Items that were reverse coded

Table 3. Strong Black Woman Identity Item

Item	Mean	SD.
Is an important part of my self-image	5.605	1.104
Is important to my sense of what kind of person I am	5.526	1.246
Strong sense of belonging to the identity group	5.421	1.177
Strong connection to other black women	5.211	1.119
Has very little to do with how I feel about myself **	4.368	2.072

Scale Min 1 Max 6

**Items that were reverse coded

Table 4. Tolerance of Racism Items

Item	Mean	SD
<i>Staff and Administrators</i>		
Likelihood of leaving your job if you experience racism from supervisors or administrative staff repeatedly**	3.648	1.704
<i>Patients and Residents</i>		
Likelihood of leaving your job if you experience racism from patients/residents repeatedly**	3.972	1.863
Likelihood of leaving your job if patients/residents repeatedly refused your assistance because of your race**	3.540	2.022
Likelihood of leaving your job if you experience racism from patients/residents' family members repeatedly**	3.567	1.922
Likelihood of leaving your job if you were to be called a racial slur by patients/residents**	4.378	1.515

Scale Min 1 Max 6

**Items that were reverse coded

Table 5. Correlation Matrix among Study Variables

	1	2	3	4	5	6	7	8
1. Caregiver Identity	--							
2. Strong Black Woman Identity	0.686***	--						
3. Tolerance of Racism (Patients and Residents)	-0.0694	-0.0151	--					
4. Tolerance of Racism (Administrators and Staff)	-0.422**	-0.442**	0.545***	--				
5. Age	0.215	0.262	-0.274	-0.343*	--			
6. Education	0.0290	0.215	-0.00669	-0.0106	0.0679	--		
7. Role at Work	0.0578	0.0906	-0.163	-0.0612	-0.0741	0.411*	--	
8. Income	0.0840	0.210	-0.114	-0.0244	-0.231	0.528***	0.730***	--

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ N=37

Table 6. Regression coefficients and standard errors for Caregiver identity regressed on Tolerance of Racism among Patients and Residents

	Model 1		Model 2		Model 3		Model 4	
	b/se	beta	b/se	beta	b/se	beta	b/se	beta
Caregiver Identity	0.032 (0.236)	0.024			-0.112 (0.322)	-0.082	-0.130 (0.325)	-0.095
Strong Black Woman Identity			0.192 (0.323)	0.108	0.295 (0.443)	0.166	0.795 (0.791)	0.448
Caregiver Identity # Strong Black Woman Identity							-0.176 (0.230)	-0.329
Less than Four Year College BA or BS degree	0.000 (.)	0.000	0.000 (.)	0.000	0.000 (.)	0.000	0.000 (.)	0.000
Four Year College BA or BS degree or more	0.554 (0.662)	0.170	0.524 (0.657)	0.161	0.488 (0.675)	0.150	0.603 (0.696)	0.185
Nursing assistant	0.000 (.)	0.000	0.000 (.)	0.000	0.000 (.)	0.000	0.000 (.)	0.000
Nurse or DNP	-0.497 (1.114)	-0.110	-0.404 (1.120)	-0.090	-0.371 (1.140)	-0.082	-0.513 (1.163)	-0.114
Income	-0.114 (0.157)	-0.205	-0.136 (0.160)	-0.243	-0.138 (0.162)	-0.247	-0.105 (0.169)	-0.188
Constant	110.789 ⁺ (56.537)		120.233 [*] (57.844)		119.949 [*] (58.688)		113.634 ⁺ (59.667)	
r ²	0.133		0.143		0.146		0.163	

N=37 ⁺ $p < 0.1$, ^{*} $p < 0.05$, ^{**} $p < 0.01$

Table 7. Regression coefficients and standard errors for Caregiver identity regressed on Tolerance of Racism among Administrators and Staff

	Model 1		Model 2		Model 3		Model 4	
	b/se	beta	b/se	beta	b/se	beta	b/se	beta
Caregiver Identity	-0.607* (0.277)	-0.353			-0.320 (0.372)	-0.186	-0.341 (0.376)	-0.198
Strong Black Woman Identity			-0.885* (0.378)	-0.395	-0.589 (0.513)	-0.263	-0.013 (0.915)	-0.006
Caregiver Identity # Strong Black Woman Identity							-0.203 (0.266)	
Less than Four Year College BA or BS degree	0.000 (.)	0.000	0.000 (.)	0.000	0.000 (.)	0.000	0.000 (.)	0.000
Four Year College BA or BS degree or more	0.305 (0.777)	0.074	0.541 (0.768)	0.131	0.437 (0.781)	0.106	0.569 (0.806)	0.138
Nursing assistant	0.000 (.)	0.000	0.000 (.)	0.000	0.000 (.)	0.000	0.000 (.)	0.000
Nurse or DNP	-0.231 (1.308)	-0.041	-0.576 (1.309)	-0.101	-0.483 (1.319)	-0.085	-0.645 (1.346)	-0.113
Income	-0.051 (0.184)	-0.072	0.003 (0.187)	0.004	-0.004 (0.188)	-0.005	0.034 (0.195)	0.048
Constant	118.779+ (66.358)		101.286 (67.614)		100.471 (67.909)		93.194 (69.047)	
r ²	0.253		0.267		0.284		0.298	

N=37⁺ $p < 0.1$, * $p < 0.05$, ** $p < 0.01$

Figure 1.

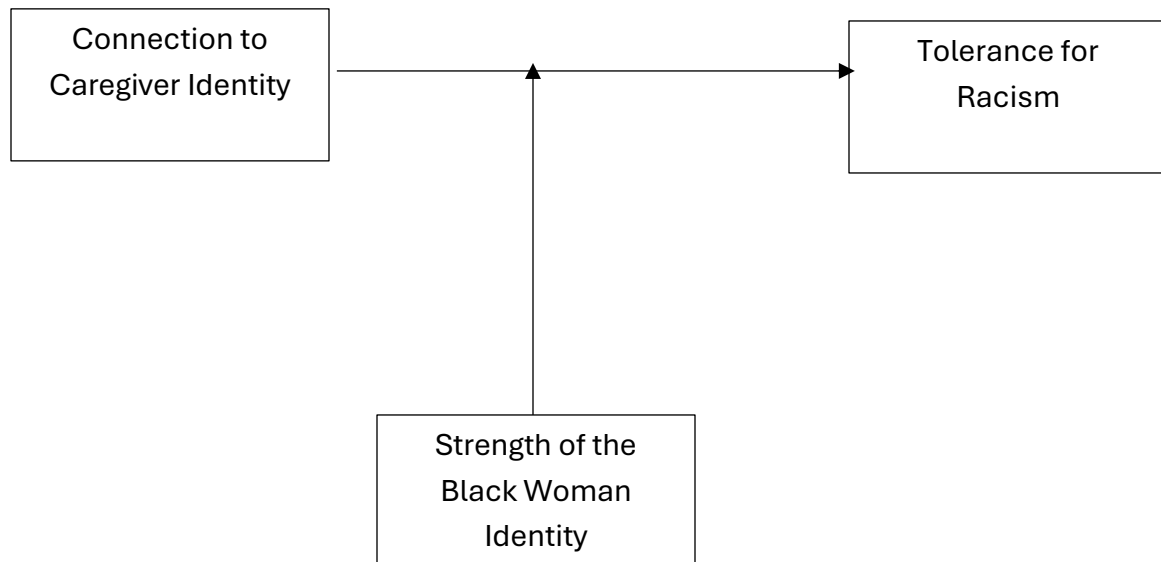


Figure1. Moderation of the relationship between the Connection to Caregiver Identity and Tolerance for Racism moderated by the Strength of the Black Woman Identity

Appendix A

Overall Respondents Distribution by Demographics and Working Situation

Variable	Mean SD	N(%)
<i>Demographics</i>		
Age (years)		
Mean (SD)	44 (10.42)	
Min, Max	23, 69	
Race & Ethnicity		
Black or African American		39(60.00%)
Asian/Asian American		1(1.54%)
Hispanic or Latino/a		3(4.62%)
White, European		18(27.69%)
Multiracial		2(3.08%)
Other		2(3.08%)
Gender		
Woman		60(92.31%)
Man		5(7.69%)
Education		
High school grad or GED		2(3.03%)
1 year college, vocational, or tech training		7(10.61%)
2 years college, Associate degree		3(4.55%)
Four Year College BA or BS degree		29(43.94%)
Graduate Training or more		25(37.88%)
Nursing Education Level		
Certified Nursing Assistant		5(7.585%)
Licensed Practical Nurse		6 (9.09%)
Associate of Science in Nursing		5(7.85%)
Bachelor of Science in Nursing		26(36.36%)
Registered Nurse		4(6.06%)
Advanced Practice Registered Nurse		4(6.06%)
Master of Science in Nursing		9(13.64%)
Doctor of Nursing Practice		6(9.09%)
Other		3(4.55%)

Table A continued

Variable	N (%)
<i>Demographics</i>	
<i>Location</i>	
Georgia	25 (37.88%)
Illinois	3 (4.55%)
Indiana	1 (1.52%)
Kentucky	1 (1.52%)
Maryland	4 (6.06%)
Michigan	1 (1.52%)
New Jersey	2 (3.03%)
North Carolina	13 (19.70%)
Pennsylvania	1 (1.52%)
Tennessee	1 (1.52%)
Texas	1 (1.52%)
Utah	2 (3.03%)
<i>Income</i>	
>10K	1 (1.54%)
\$10,000 - \$19,999	1 (1.54%)
\$20,000 - \$29,999	1 (1.54%)
\$30,000 - \$39,999	1 (1.54%)
\$40,000 - \$49,999	2 (3.08%)
\$50,000 - \$59,999	5 (7.69%)
\$60,000 - \$69,999	11 (16.92%)
\$70,000 - \$79,999	5 (7.69%)
\$80,000 - \$89,999	9 (13.85%)
\$90,000 - \$99,999	10 (15.38%)
\$100,000 - \$149,999	15 (23.08%)
\$150,000 or more	4 (6.15 %)
<i>Working situations</i>	
<i>Role at Work</i>	
Nursing Assistant	6 (8.82%)
Nurse	55 (80.88%)
DNP	7 (10.29%)
<i>Length of Time Working in Profession</i>	
7 months - 1 year	3 (4.48%)
2 -5 years	14 (20.90%)
6-10 years	12 (17.91%)
11-15 years	12 (17.91%)
16-20 years	3 (4.48%)
20-30 years	16 (23.88%)
30-40 years	7 (10.45%)
<i>Facility</i>	
Hospital	21 (32.31%)
Nursing home/assisted living facility	6 (9.23%)
Home healthcare	2 (3.08%)
Private doctors office or private medical facility	9 (13.85%)
Other	20 (30.77%)
More than one	7(10.77%)

Appendix B. Caregiver Identity Item Analysis for All Participants

Item	Mean	SD
Important part of my self-image	5.108	1.214
Important to how I feel about what kind of person I am	5.092	1.057
Strong feeling of belonging to the caregiver identity	5.031	1.118
Strong connection to other Caregivers	4.862	1.236
An important reflection of who I am	4.969	1.199
A major factor in my social relationships	4.108	1.47
Caring for others is an important part of who I am	3.892	1.65
Very little to do with how I feel about myself**	3.107	1.147

**Note: N= 65

Scale Min 1 Max 6

**Items that were reverse coded

Appendix C. Tolerance of Racism Item Analysis (All Items)

Item	Mean	SD
Usually accept racism in the workplace without speaking up	3.744	1.465
Angry feelings when experiencing racism in the workplace	3.14	1.82
Feelings of depression when experiencing racism in the workplace	4.721	1.054
Left a previous job because of experience with workplace racism from patients/residents	1.953	1.676
Likelihood of leaving your job if you experience racism from supervisors or administrative staff repeatedly	4.953	1.704
Likelihood of leaving your job if you experience racism from patients/residents repeatedly	4.047	1.889
Quit due to the amount of racism experienced	2.116	1.802
Likelihood of leaving your job if patients/residents repeatedly refused your assistance because of your race	3.488	2.028
Likelihood of leaving your job if you experience racism from patients/residents' family members repeatedly	3.512	1.932
Likelihood of leaving your job if you were to be called a racial slur by patients/residents	2.628	1.496

**Note: N= 43

Scale Min 1 Max 6

Appendix D. Racialized Experience In the Workplace Among Black Participants Item Analysis

Variable	Mean	SD
How often someone said something insulting to you because of your race/e	2.949	1.432
How often someone treated you in a disrespectful way because of your race/ethnicity	3.128	1.341
In the last year how often someone said something insulting to you because of your race/ethnicity	1.974	1.367
How often someone treated you in a disrespectful way because of your race/ethnicity	2.154	1.309

**Note: N= 39

Scale Min 1 Max 6

Appendix E Principal Component Analysis of the Dependent variable

PCA Results

Factor analysis/correlation Number of obs = 43
 Method: principal-component factors Retained factors = 3
 Rotation: (unrotated) Number of params = 7

Factor	Eigenvalue	Difference	Proportion	Cumulative
Factor1	3.345	0.989	0.335	0.335
Factor2	2.357	1.127	0.236	0.570
Factor3	1.230	0.345	0.123	0.693
Factor4	0.884	0.228	0.088	0.781
Factor5	0.656	0.107	0.066	0.847
Factor6	0.549	0.217	0.055	0.902
Factor7	0.333	0.032	0.033	0.935
Factor8	0.300	0.061	0.030	0.965
Factor9	0.239	0.133	0.024	0.989
Factor10	0.107	.	0.011	1.000

LR test: independent vs. saturated: $\chi^2(45) = 188.05$ Prob> $\chi^2 = 0.0000$
 Factor loadings (pattern matrix) and unique variances

Variable	Factor1	Factor2	Factor3	Uniqueness
TOR1		-0.811		0.337
TOR2r		0.792		0.181
TOR3r		0.609		0.330
TOR4	0.5558	0.523		0.253
TOR6	0.612			0.582
TOR7	0.653		-0.6201	0.306
TOR8				0.197
TOR9	0.885			0.170
TOR11	0.918			0.145
TOR10	0.538			0.568

(blanks represent $\text{abs}(\text{loading}) < .5$)

I refined the measures after conducting a principal component analysis with an oblique rotation of ten items designed to measure nurses' tolerance for racism. The analysis showed two factors. The first component included the items that make up the measures described above. The second component included items that assessed how people feel and respond to experiences of racism in the workplace. Examples included, 1) *"When I experience racism in the workplace, I usually accept it without speaking up."* (Never speak up = 1 and I never experience racism in the workplace = 6) and 2) *"When I experience racism in the workplace, it makes me"* (Very angry=1

and I never experience racism in the workplace = 6). I do not report on analyses of this second component in the thesis because there are missing data on a number of items that limit statistical power too much.

Appendix F. Codebook: Experiences of Nurses and CNA's

Q1 Do you currently live and work in the United States?

☐ No (1)

☐ Yes (2)

and work in the United States? = No

Page Break

Q2 Are you currently working as a Nurse or Nursing Assistant (Nursing Aide, CNA)?

☐ No (1)

☐ Yes (2)

Skip To: Q2 If Are you currently working as a Nurse or Nursing Assistant (Nursing Aide, CNA)? = No

Skip To: WORKROLE If Are you currently working as a Nurse or Nursing Assistant (Nursing Aide, CNA)? = Yes

Page Break

Q2 Have you worked as a Nurse Or Nursing Assistant in the past five years?

- ☐ No (1)
- ☐ Yes (2)

Nurse Or Nursing Assistant in the past five

Page Break

WORKROLE What position are you currently working in?

- ☐ Nursing Assistant (Nursing Aide, CNA) (1)
- ☐ Nurse (2)
- ☐ DNP (3)

Page Break

WORK_IN_YEARS_MONTHS How long have you worked in your current career (nurse or nursing assistant, Nursing Aide/CNA)?

- ☐ less than three months (1)
- ☐ 3 -6 months (2)
- ☐ 7 months- 1 year (3)
- ☐ 2 years -5 years (4)
- ☐ 6 years - 10 years (5)
- ☐ 11 years -15 years (6)
- ☐ 16 years - 20 years (7)
- ☐ 20 years - 30 years (8)
- ☐ 30 years - 40 years (9)
- ☐ 41 years or more (10)

Page Break

AGE Please enter the year you were born...(e.g. 1992)

Page Break

EDUCATION What is the highest level of education you have completed?

- ☐ Less than 12th grade (1)
- ☐ High school grad or GED (2)
- ☐ 1 year college, vocational, or tech training (3)
- ☐ 2 years college, Associate degree (4)
- ☐ 3 years college 3rd (5)
- ☐ Four Year College BA or BS degree (6)
- ☐ Graduate training or more (7)

Nurse Education Level What is the highest level of education you have completed in the nursing field?

- ☐ Certified Nursing Assistant (1)
- ☐ Licensed Practical Nurse (2)
- ☐ Associate of Science in Nursing (3)
- ☐ Bachelor of Science in Nursing (4)
- ☐ Registered Nurse (5)
- ☐ Advanced Practice Registered Nurse (6)
- ☐ Master of Science in Nursing (7)
- ☐ Doctor of Nursing Practice (8)
- ☐ Other (9) _____

Page Break

LOCATION In which state or US Territory do you currently work in as a Nurse or CNA (Nursing Assistant, Nursing Aide)?

▼ Alabama (1) ... I do not reside in the United States (53)

Page Break

INCOME Approximately how much do you earn annually at your current job as a Nurse or Nursing Assistant (CNA, Nursing Aide)

- ☐ Less than \$10,000 (1)
 - ☐ \$10,000 - \$19,999 (2)
 - ☐ \$20,000 - \$29,999 (3)
 - ☐ \$30,000 - \$39,999 (4)
 - ☐ \$40,000 - \$49,999 (5)
 - ☐ \$50,000 - \$59,999 (6)
 - ☐ \$60,000 - \$69,999 (7)
 - ☐ \$70,000 - \$79,999 (8)
 - ☐ \$80,000 - \$89,999 (9)
 - ☐ \$90,000 - \$99,999 (10)
 - ☐ \$100,000 - \$149,999 (11)
 - ☐ \$150,000 or more (12)
-

Page Break

FACILITY_TYPE What type of facility do you currently work at (check all that apply):

- ☐ Hospital (1)
 - ☐ Nursing home/assisted living facility (2)
 - ☐ Home healthcare (3)
 - ☐ Private doctors office or private medical facility (4)
 - ☐ Other, Please specify (5)
-

Page Break

RACE_ETHNICITY What is your race or ethnicity? (Please select which one you closely identify as, if not listed please select other and specify)

- ☐ Black or African American (1)
 - ☐ Asian/Asian American (2)
 - ☐ Hispanic or Latino/a Latinx (3)
 - ☐ White, European (4)
 - ☐ American Indian or First Nations or Indigenous (5)
 - ☐ Native Hawaiian or Pacific Islander (6)
 - ☐ Multiracial: Please type racial categories (7)
-

☐ Other, Please Specify (8) _____

Page Break

GENDER What is your gender?

- ☐ Man (1)
- ☐ Woman (2)
- ☐ Transgender Man (3)
- ☐ Transgender Woman (4)
- ☐ Gender Queer/Gender Nonconforming (5)
- ☐ Prefer Not to State (6)
- ☐ Other, please specify: (7) _____

End of Block: Introduction

Start of Block: Caregiver Identity

CARE2 In general, being a caregiver is an important part of my self-image. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

CARE3 Being a caregiver is important to how I feel about what kind of person I am. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

CARE4 I have a strong feeling of belonging to the caregiver identity. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

CARE5 I feel a strong connection to other caregivers. Do you..

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

CARE6 Being a caregiver is an important reflection of who I am. Do you..

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

CARE7 Being a caregiver is a major factor in my social relationships. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

CARE8: Q71 Caring for others is an important part of who I am. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

CARE1 Overall, being a caregiver has very little to do with how I feel about myself. Do you...

- ☐ Strongly Disagree (1)
- ☐ Somewhat Disagree (2)
- ☐ Slightly Disagree (3)
- ☐ Slightly Agree (4)
- ☐ Somewhat Agree (5)
- ☐ Strongly Agree (6)

End of Block: Caregiver Identity

Start of Block: Multi Racial or Other Woman Identity

MULTI_OTHER Being a a woman with my racial identity is an important part of my self-image. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

AB:MULTI_OTHER Being a a woman with my racial identity is important to my sense of what kind of person I am. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

AC: MULTI_OTHER I have a strong sense of belonging to women with my racial identity group. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

AD: MULTI_OTHER I have a strong connection to other women with my racial identity. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

AE: MULTI_OTHER Being a woman with my racial identity has very little to do with how I feel about myself. Do you...

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Slightly disagree (3)
- ☐ Slightly agree (4)
- ☐ Somewhat agree (5)
- ☐ Strongly agree (6)

End of Block: Multi Racial or Other Woman Identity

Start of Block: Race Experience

RACEXP1 Over the course of your career working as a Nurse or Nursing (Nursing Aide, CNA), how often has an administrator, patient/resident, patients/residents' family or coworker **said something insulting** to you just because of your race or ethnic background? Is it..

- ☐ Never (1)
 - ☐ Once or twice (2)
 - ☐ A few times (3)
 - ☐ Occasionally (4)
 - ☐ Regularly (5)
 - ☐ Very Frequently (6)
-

RACEXP3 Over the course of your career, working as a Nurse or Nursing (Nursing Aide, CNA), how often has an administrator, patient/resident, patients/residents family or coworker **treated you in a disrespectful** way just because of your race or ethnic background? Is it...

- ☐ Never (1)
 - ☐ Once or twice (2)
 - ☐ A few times (3)
 - ☐ Occasionally (4)
 - ☐ Regularly (5)
 - ☐ Very Frequently (6)
-

RACEXP2 Now I'm interested in your experiences in the last year. In the last year when working as a Nurse or Nursing (Nursing Aide, CNA), how often has an administrator,

patient/resident, patients/residents family or coworker said something insulting to you just because of your race or ethnic background? Is it...

- ☐ Never (1)
 - ☐ Once or twice (2)
 - ☐ A few times (3)
 - ☐ Occasionally (4)
 - ☐ Regularly (5)
 - ☐ Very Frequently (6)
-

RACEXP4 In the last year when working as a Nurse or Nursing (Nursing Aide, CNA) ..how often has an administrator, patient/resident, patients/residents family or coworker or person working at a place of business treated you in a disrespectful way just because of your race or ethnic background? Is it...

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ A few times (3)
- ☐ Occasionally (4)
- ☐ Regularly (5)
- ☐ Very Frequently (6)

End of Block: Race Experience

Start of Block: Tolerance of Racism

TOR1 When I experience racism in the workplace, I usually accept it without speaking up. Do you...

- ☐ Never speak up (1)
 - ☐ Rarely speak up (2)
 - ☐ Sometimes speak up (3)
 - ☐ Often speak up (4)
 - ☐ Always speak up (5)
 - ☐ I never experience racism in the work place (6)
-

TOR2 When I experience racism in the workplace, it makes me

- ☐ Very angry (1)
 - ☐ Somewhat Angry (2)
 - ☐ Angry (3)
 - ☐ Slightly Angry (4)
 - ☐ Not angry at all (5)
 - ☐ I never experience racism in the work place (6)
-

TOR3 When I experience racism in the workplace, it makes me ...

- ☐ Very depressed (1)
 - ☐ Somewhat Depressed (2)
 - ☐ Depressed (3)
 - ☐ Slightly Depressed (4)
 - ☐ No feelings of depression at all (5)
 - ☐ I never experience racism in the work place (6)
-

TOR4 I have **left a previous job** as a Nurse or Nursing Assistant (CNA, Nursing Aide) because of my experience with racism in the workplace from my **patients or residents**. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

TOR6 If you were to experience racism in the workplace as a Nurse or Nursing Assistant (CNA, Nursing Aide) **from supervisors or administrative staff repeatedly**, how likely would you be to leave your job?

- ☐ Very Unlikely (1)
 - ☐ Somewhat unlikely (2)
 - ☐ Slightly unlikely (3)
 - ☐ Slightly likely (4)
 - ☐ Somewhat likely (5)
 - ☐ Very Likely (6)
-

TOR7 If you were to experience racism in the workplace **from patients/residents repeatedly**, how likely would you be to leave your job?

- ☐ Very Unlikely (1)
 - ☐ Somewhat unlikely (2)
 - ☐ Slightly unlikely (3)
 - ☐ Slightly likely (4)
 - ☐ Somewhat likely (5)
 - ☐ Very Likely (6)
-

TOR8 I have quit a job while working as a nurse or Nurse Aide because of the amount of racism I received....Do you

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

TOR9 If you were to repeatedly experience a **patient/resident refusing your assistance because of your race**, how likely are you to leave your job?

- ☐ Very Unlikely (1)
 - ☐ Somewhat unlikely (2)
 - ☐ Slightly unlikely (3)
 - ☐ Slightly likely (4)
 - ☐ Somewhat likely (5)
 - ☐ Very Likely (6)
-

TOR11: Q73 If you were to repeatedly experience racism from a patient/residents **family member(s)**, how likely are you to leave your job?

- ☐ Very Unlikely (1)
 - ☐ Somewhat unlikely (2)
 - ☐ Slightly unlikely (3)
 - ☐ Slightly likely (4)
 - ☐ Somewhat likely (5)
 - ☐ Very Likely (6)
-

TOR10 If you were to be **called a racial slur by a patient or resident**, how likely are you to leave your job?

- ☐ Very Unlikely (1)
- ☐ Somewhat unlikely (2)
- ☐ Slightly unlikely (3)
- ☐ Slightly likely (4)
- ☐ Somewhat likely (5)
- ☐ Very Likely (6)

End of Block: Tolerance of Racism

Start of Block: Participant ID

Q74 Have you considered leaving your career as Nurse or Nursing assistant(CNA)?

- ☐ No (1)
- ☐ Yes (2)
- ☐ I have left my career as a Nurse or Nursing Assistant(CNA) (3)
-

Q75 Please rank below in order the reasons that you would consider leaving your career as a Nurse or Nursing assistant from most important to least important. (Instructions: Hold and drag options to rank in order)

- _____ Higher Pay (1)
- _____ New Career Interest (2)
- _____ Commute (3)
- _____ Looking for more supportive working relationships (4)
- _____ Racism in the workplace (5)
-

Q77 Here is your participant id number please write it down for the end of your survey :[e://Field/Random%20ID](#)

End of Block: Participant ID

Start of Block: Native Hawaiian or Pacific Islander

NHPI Being a Native Hawaiian or Pacific Islander woman is an important part of my self-image.
Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

BA: NHPI Being a Native Hawaiian or Pacific Islander woman is important to my sense of what
kind of person I am. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

BB: NHPI I have a strong sense of belonging to the Native Hawaiian or Pacific Islander woman identity group. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

BC: NHPI I have a strong connection to other Native Hawaiian or Pacific Islander women. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

BD: NHPI Being a Native Hawaiian or Pacific Islander woman has very little to do with how I feel about myself. Do you...

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Slightly disagree (3)
- ☐ Slightly agree (4)
- ☐ Somewhat agree (5)
- ☐ Strongly agree (6)

End of Block: Native Hawaiian or Pacific Islander

Start of Block: Indigenous

IndigWI2 Being an American Indian or First Nations or Indigenous woman is an important part of my self-image. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

IndigWI3 Being an American Indian or First Nations or Indigenous woman is important to my sense of what kind of person I am. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

IndigWI4 I have a strong sense of belonging to the American Indian or First Nations or Indigenous woman identity group. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

IndigWI5 I have a strong connection to other American Indian or First Nations or Indigenous women. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

IndigWI1 Being an American Indian or First Nations or Indigenous woman has very little to do with how I feel about myself. Do you...

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Slightly disagree (3)
- ☐ Slightly agree (4)
- ☐ Somewhat agree (5)
- ☐ Strongly agree (6)

End of Block: Indigenous

Start of Block: Hispanic or Latina/o Latinx Woman Identity

HLL2 Being a Hispanic or Latina/o Latinx woman is an important part of my self-image. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

HLL3 Being a Hispanic or Latina/o Latinx woman is important to my sense of what kind of person I am. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

HLL4 I have a strong sense of belonging to the Hispanic or Latina/o Latinx woman identity group. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

HLL5 I have a strong connection to other Hispanic or Latina/o Latinx women. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

HLL1 Being a Hispanic or Latina/o Latinx woman has very little to do with how I feel about myself. Do you...

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Slightly disagree (3)
- ☐ Slightly agree (4)
- ☐ Somewhat agree (5)
- ☐ Strongly agree (6)

End of Block: Hispanic or Latina/o Latinx Woman Identity

Start of Block: Asian/ Asian American

AsianW2 Being an Asian/Asian American woman is an important part of my self-image. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

AsianW3 Being an Asian/Asian American woman is important to my sense of what kind of person I am. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

AsianW4 I have a strong sense of belonging to the Asian/Asian American woman identity group. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

AsianW5 I have a strong connection to other Asian/Asian American women. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

AsianW1 Being an Asian/Asian American woman has very little to do with how I feel about myself. Do you...

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Slightly disagree (3)
- ☐ Slightly agree (4)
- ☐ Somewhat agree (5)
- ☐ Strongly agree (6)

End of Block: Asian/ Asian American

Start of Block: Strong Black Woman Identity

SBW2 In general, being a black woman is an important part of my self-image. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

SBW3 Being a black woman is important to my sense of what kind of person I am. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

SBW4 I have a strong sense of belonging to the black woman identity group. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

SBW5 I have a strong connection to other black women. Do you...

- ☐ Strongly disagree (1)
 - ☐ Somewhat disagree (2)
 - ☐ Slightly disagree (3)
 - ☐ Slightly agree (4)
 - ☐ Somewhat agree (5)
 - ☐ Strongly agree (6)
-

SBW1 Overall, being a black woman has very little to do with how I feel about myself. Do you...

- ☐ Strongly disagree (1)
- ☐ Somewhat disagree (2)
- ☐ Slightly disagree (3)
- ☐ Slightly agree (4)
- ☐ Somewhat agree (5)
- ☐ Strongly agree (6)

End of Block: Strong Black Woman Identity
