

SMALL BUT MIGHTY

Awareness of and minimizing microaggressions in athletic training clinical practice is a powerful part of being a culturally competent health care provider

By Claire Higgins

WHAT ARE MICROAGGRESSIONS?

As defined by the University of Washington racial equity glossary, microaggressions are brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults to the target person or group.

Because they can negatively impact patient care, it is necessary for athletic trainers to become aware of the complexities of microaggressions and their impact on patients of different colors, genders and cultural backgrounds and to develop strategies to eliminate their use.

One of the top 10 most attended sessions during the 2020 NATA Virtual Clinical Symposia & AT Expo was focused on increasing the awareness of microaggressions. “Can I Say That? Addressing Racial Microaggressions in Athletic Training Clinical Practice,” presented by Karlita Warren, PhD, ATC, and Candace Parham Lacayo, PhD, LAT, ATC, not only broke down and defined what constitutes a microaggression, but provided strategies ATs can use to ensure they are providing the highest level of care to patients.

“We want to make sure that we are not providing an environment where people will not want to trust us as athletic training clinicians or receive treatment from us,” Warren said.

“That’s why it’s important to know what [microaggressions] are, to recognize when they are being said so that we can try to minimize them and perhaps even eliminate microaggressions in the clinical setting.”

Microaggressions can be interpreted in many ways, which is one of the reasons they are so difficult to define. They can be verbal or nonverbal, they can be covert or overt, they can be inadvertently dismissive and they can always have a deleterious effect on patient compliance and patient outcomes, Warren and Parham Lacayo said.

In health care, microaggressions can quickly manifest as implicit discrimination, marginalization of patients of color,



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To provide the highest standard of care, it’s important for athletic trainers to be aware of every component that creates a comfortable, safe experience for each patient. The athletic training facility and communication style matter, and that can vary from patient to patient. Because athletic trainers work with such a diverse patient population, cultural competency is an important part of quality patient care – from understanding the big, broad ideas to the smallest actions.

Sometimes the most subtle, well-intentioned comment or question toward a patient can have a big impact. These actions, also called microaggressions, can negatively impact patient compliance and/or care when they are committed by health care providers.

Defined as brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults to the target person or group, microaggressions are a small but mighty force against being a culturally competent health care provider.

“Lighten up,” “I didn’t mean it like that” or “Your name is too hard to pronounce, can I call you something else?” are all examples of microaggressions, which are difficult to define and to challenge because they are often intended as humorous or genuinely inquisitive, but instead can be offensive.

Raising awareness, voicing concerns, constructively confronting microaggressions and continued education in culturally competent care can change behavior and foster a more diverse and inclusive athletic trainer and athletic training clinical practice.

health care provider bias and stereotyping patients. Any of these outcomes, Warren said, can become a barrier to quality patient care.

Stereotyping or prejudice, for example, could lead to inaccurate treatment. A health care provider's own attitude about a particular person or group could impact how they communicate and what services they provide based on personal biases.

Microaggressions can be categorized by four types: microassaults, microinsults, microinvalidations and environmental microaggressions. Of these, Warren said based on the current state of American culture, athletic trainers might be most likely to commit microinsults and microinvalidations.

Microinsults are often unintentional, but insensitive or demeaning actions aimed at racial identity or cultural heritage of a patient. Microinsult statements, such as, "You are so well spoken" or "You always dress so appropriately," unintentionally comment on intelligence or role modeling behavior and are tied to whiteness.

When experiencing a microinsult, a patient may get the message that they are varying from the cultural norm. A student athlete working with an athletic trainer who says, "You're a premed major? I never would have thought that," may feel offended or inferior because their choice does not align with the traditional stereotype of a premed major.

Microinvalidations, conversely, are exclusive in nature to dismiss thoughts, feelings or experiences of people of color. These types of microaggressions ignore a patient's race or culture and the impact it could have on their health.

A statement such as, "Your race does not matter when I treat you," is an example of a microinvalidation because it denies the patient's racial or ethnic experiences. Asking a patient to call them by a different name because theirs is too hard to pronounce is another example of a microinvalidation. This dismisses their cultural identity because it does not align with the norm recognized by the athletic trainer.

No matter the type of microaggression, though, how a patient reacts when faced with a microaggression will ultimately impact health care outcomes. After encountering a

microaggression, patients can have a physical, physiological or mental reaction.

The impact may present as orthopedic pain or gastrointestinal problems; it may present as hypertension or an increased heart or respiration rate. Mentally, a patient may feel a sense of social isolation or betrayal, anxiety, depression, anger or tension because of experiencing microaggressions.

How a patient copes with these experiences can vary. Athletic trainers may be able to identify an unusual reaction as a response to an unintentional microaggression and be able to correct it.

A patient may use laughter to mask pain or embarrassment from experiencing a microaggression. They might ignore it or offer a "pass" to the offender by making an excuse for the use of a microaggression. When a patient begins to avoid the offender, however, is when microaggressions can negatively affect care and treatment.

Warren and Parham Lacayo said recognizing these coping strategies in patients is not easy, and it may not always be easy for an athletic trainer to realize when they have used a microaggression. Noticing when a patient starts to use avoidance or changes their behavior when present, though, is when an AT can connect with the patient to understand their reaction and improve their own behavior.

"If you find that a patient doesn't come back, that could be an example," Parham Lacayo said. "These are also things that could be examples of something else, but they could be reflective of a microaggression on the athletic trainer's part."

Warren recommends also being aware of changes in body language to understand any discontent from the patient to recognize when a microaggression might have occurred.

"If there is a facial expression that shows some type of a discontent right after a

WHAT DOES A MICROAGGRESSION LOOK OR SOUND LIKE?

Nonverbal

- Touching a patient's hair without permission or using dismissive body language

Verbal

- *"Your name is too hard to pronounce, can I call you Mary?"*

- Message it sends to patient: Their cultural and personal identity is not worthy of being recognized.
- Instead, ask the person how to pronounce their name, and then practice until you can say it correctly.

- *"You're not like other [race or cultural group] people."*

- Message it sends to patient: People of the same racial or cultural group have identical experiences.

- *"I have a [race or cultural group] friend."*

- Message it sends to patient: I'm immune to racism/bias because I have a friend of that group, whether it is a different race, gender or culture.
- Having a friend of another race doesn't exclude you from racist behavior.

- *"You're always talking about race."*

- Message it sends to patient: Leave your baggage outside.

- *"You're so articulate."*

- Message it sends to patient: People of your race or ethnicity aren't usually this intelligent.

EVALUATING THE USE OF MICROAGGRESSIONS IN YOUR ATHLETIC TRAINING FACILITY

Honestly answer the following questions about yourself and in your athletic training facility:

- Are you aware of your own racial biases?
- Is your environment free from racist comments and slurs, even as jokes?
 - Do you address these comments when they occur?
- Do you accept that cultural differences exist?
 - Are you comfortable talking to patients about these differences?
- Are you participating in professional development through culturally responsive organizations to address your bias and assumptions?
- Are you questioning your own personal practice?
 - Are you challenging the way you practice and how it intersects with race, ethnicity, power, etc.?

If you answered “yes” to all of these questions, you are working in an environment where the use of microaggressions are minimized.

If you answered “no” to any of these questions, there is room for growth and improvement. Visit www.nata.org/practice-patient-care/health-issues/cultural-competence for resources on where to start.

statement has been made, that would be a good opportunity for the athletic trainer to ask, ‘Are you OK? Did I say something that was offensive?’” she said.

“And then be willing to hear what the patient says. If the patient does say that it was offensive, it’s the responsibility of the athletic trainer not to become defensive, but to apologize and learn from that to not repeat it.”

A major piece of avoiding microaggressions is being open to realizing they occur. It’s crucial for athletic trainers to be willing to learn about what microaggressions are, when and where they happen and how they impact their patients.

“I think that’s the most uncomfortable part for people because we all would like to think that we don’t have any implicit bias or any prejudices toward one group or another, so people are hesitant or fearful to acknowledge that because they automatically assume that there’s a perception of being a bad person,” Warren said.

“The problem is not that you have the biases, because we all have them; the problem is when you’re unwilling to confront them, when you’re in denial about having them, that’s the problematic behavior – knowing that you have them and not trying to do anything about them,” Parham Lacayo said.

Once an athletic trainer has identified that microaggressions exist, whether individually or systematically within their athletic training facility, Warren and Parham Lacayo offer strategies to avoid microaggressions during patient-clinician interactions.

Athletic trainers can start with ongoing education and training for health care providers. In addition to anti-racism training, athletic trainers need opportunities to address the levels of individual and institutional issues regarding microaggressions that could shape health care for their patients. Warren and Parham Lacayo recommend that this education should be available at the local, state, district and national levels of athletic training.

In addition to training, athletic trainers should be aware of their role as an advocate for patients. Although it is not expected that athletic trainers have all the answers, it is expected that they have the knowledge of resources for someone who has experienced

a microaggression. These resources could be available on a college or secondary school campus, such as a school counselor or mental health center. By providing these resources, athletic trainers will improve their ability to continue treating the patient after this experience.

Warren and Parham Lacayo also recommend establishing a white ally to serve as a support system for the person who has experienced a microaggression. It is important for white allies to be vocal and active because they are typically in positions of leadership and can be pivotal in decision and policy-making and in allowing systematic changes.

By working toward structural transformation, athletic trainers who are allies can be a support system in favor of systematic change at their organization. For example, athletic trainers could draft a departmental letter sent to their administration in support of marginalized groups or victims of microaggressions.

In addition to being open to training and change as an athletic trainer, Warren also stressed the importance of athletic trainers taking a holistic approach to patient care. By embracing cultural differences of their patient, athletic trainers can make the patient feel validated, that their voices are heard and they have a role in their treatment and care.

Understanding microaggressions might be a small part of providing culturally competent care, which also includes awareness of racism, health disparities, implicit bias, prejudice and privilege, but their ability to impact patient experience, trust and treatment with an athletic trainer make them a powerful part of the overall picture.

NATA provides resources on cultural competency for athletic trainers to reference and share. Visit www.nata.org/practice-patient-care/health-issues/cultural-competence to find information to assist in education and training on cultural sensitivity, inclusion and providing culturally competent care as an athletic trainer. §