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How race, gender, and the Covid pandemic have influenced the experiences of Asian American & Pacific Islander women healthcare workers

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Keywords

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Abstract

Background

In the US, there are 1.17 million Asian American & Pacific Islander (AAPI) women who work in health care. Studies show that microaggressions and discrimination impact workers' sense of safety, wellness, and burnout. Despite AAPIs making up a large portion of healthcare workers, with 1 in 5 physicians and 1 in 11 nurses identifying as AAPI, there has been little research into AAPI women's experiences working in health care. Our study investigates the experiences of AAPI women healthcare workers with attention to how gender, race and the Covid pandemic have shaped their day-to-day interactions with other healthcare workers and patients.

Methods

We conducted semi-structured interviews with 25 participants who identified as an AAPI woman, resided in WA or OR, and were employed as a CNA, MA, RN, NP, or physician. The interviews were held via videoconferencing and lasted an average of 65 minutes. Interviews were recorded, transcribed verbatim and uploaded to Taguette software for coding and analysis. Each transcript was coded for content and analyzed for themes by a two-member dyad of the research team. The dyad met on a bimonthly basis to discuss the content of each transcript and identify emerging themes, which were then refined through discussion and consensus with the research team.

Results

Our study revealed that both microaggressions and overt discrimination are commonly experienced by AAPI women in health care. Microaggressions centered around the following themes: Patient perceptions of lower competence and respect for AAPI women providers, stereotyping as the perpetual foreigner, sexualization of participant's race, and expectations that AAPI women be willing to work harder without additional compensation or recognition. Experiences of overt discrimination included patient refusal of care, harassment regarding national origin or accent, exclusion from leadership positions, and threats of violence.

Individuals who experienced these negative encounters reported anxiety, decreased work satisfaction, and about half of participants felt it impacted their decision of whether to stay with or to leave their current employer. Interestingly, the Covid pandemic had negative effects, such as the scapegoating of AAPI health workers, but participants also reported some positive changes, such as more opportunities for remote work and the perception that anti-Asian racism has been brought to light as an issue of national importance.

Conclusion

Microaggressions and discrimination based on gender and race are often experienced by AAPI women healthcare workers. These frequent, negative interactions affect workers' morale and employee retention. We need evidence-informed efforts by organizations to decrease the frequency of microaggressions and boost inclusivity of AAPI women in health care.