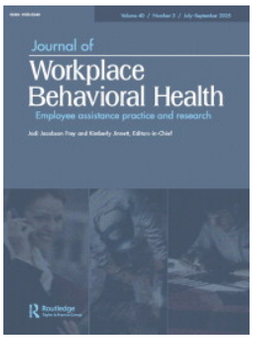

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A systematic review and thematic synthesis of healthcare professionals' experiences of racism in the workplace and the support they receive

Irina Mostafa[a], Juliana Onwumere[b], and Lisa Wood[a]

[a]Division of Psychiatry, University College London, London, UK; [b]Institute of Psychiatry, Psychology and Neuroscience, Kings College London, London, UK

ABSTRACT

Despite the growing ethnic diversity among healthcare staff, research consistently highlights the high prevalence of racism experienced by ethnic minority healthcare professionals. This review aims to understand forms of racism encountered by healthcare professionals and evaluate the effectiveness of support mechanisms in addressing these challenges. The systematic review was conducted following the PRISMA guidelines and registered on PROSPERO (CRD42024512888). Peer-reviewed qualitative studies focused on ethnic minority healthcare professionals in clinical settings who reported experiencing racism were searched across databases (Medline, Embase, PsycINFO, Scopus, Google Scholar). Studies from 2000 to 2024 were included, and results were thematically synthesized. Twenty-one studies were included in the review. Thematic synthesis revealed six key themes: (1) the spectrum of racism in healthcare, (2) systemic inequalities and lack of career opportunities, (3) experiences of exclusion and alienation, (4) endurance and silence, along with their consequences, (5) insufficient formal resources and the need for structural support, and (6) coping strategies and resilience among healthcare professionals. The findings underscore the prevalent nature of racism in healthcare settings and insufficient formal support available for ethnic minority professionals. There is an urgent need for healthcare organizations to implement anti-racism policies, improve training, and create inclusive environments.

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Racism; healthcare; discrimination; workplace support

Introduction

Ethnic minority healthcare professionals (HCPs) frequently encounter racism in the workplace, experiencing both overt and indirect racial discrimination from patients and colleagues (Kaltiso et al., 2021; Singh et al., 2018).

CONTACT Lisa Wood l.wood@ucl.ac.uk Division of Psychiatry, University College London, 149 Tottenham Court Road, London, W1T 7NF, UK.

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According to recent data from NHS England's Workforce Race Equality Standard (WRES) (2023), these professionals from under-represented ethnic groups consistently report significantly higher levels of bullying, harassment, abuse, and discrimination compared to their White colleagues. Overt racism in healthcare involves explicit actions including racial slurs, derogatory comments, or differential treatment, such as patients refusing care based on providers' ethnicity (Archuleta et al., 2024; Shah & Ahluwalia, 2019). Whereas, indirect racism is embedded in societal systems and daily practices, often manifesting as racial bias, stereotyping, witnessing discrimination and microaggressions which are subtle, often unconscious acts of cultural insensitivity or racial hostility (Brown et al., 2024; Constantine & Sue, 2007).

Despite the increasing ethnic diversity among healthcare staff, which has helped alleviate shortages and enhance inclusivity in patient care through diverse perspectives, ethnic minority HCPs frequently report limited career opportunities and racial bias in the workplace (Levine & Ambady, 2013). In the UK, while 24% of the workforce are ethnic minorities, less than 13% hold senior positions (Chasma & Khonat, 2021). Inequality in skill development opportunities also remains a persistent issue for these professionals (Otaye-Ebede & Shaffakat, 2024). This reflects systemic racism, defined as ingrained organizational and institutional practices that disadvantage individuals based on ethnicity (Banaji et al., 2021). Official nationwide data shows that ethnic minority nurses are disproportionately concentrated in lower-paid, junior roles (NHS Digital, 2021). Similarly ethnic minority midwives spend more time in entry-level positions (Johnson et al., 2021). This suggests that ethnic minority HCPs may feel compelled to work harder than their White colleagues due to unequal recognition of their skills (Walker et al., 2024).

Extensive evidence links the experiences of racism to low job satisfaction and increased sickness absences among ethnic minority HCPs (Lu et al., 2019; Osseo-Asare et al., 2018). As established in research, racism-induced stress is linked to physical issues such as hypertension (Williams et al., 2019) and cardiovascular diseases (Brewer & Cooper, 2014). This aligns with the theory of "racial trauma" (Cénat, 2023) which refers to harm to mental and emotional well-being often caused by distressing or traumatic experiences such as racism; unlike physical injuries, psychological injuries affect the mind, emotions, and overall mental health. A survey of 997 HCPs further supports this, showing that racial discrimination significantly predicts symptoms of depression, anxiety, and post-traumatic stress and reduced personal well-being (Hennein et al., 2021; Palumbo, 2024).

Regarding the support HCPs receive in addressing racism in their workplaces, research highlights this is often inadequate and inconsistent. Despite laws and policies including the UK's Equality Act (2010), US Civil Rights Act (1964), and the EU Racial Equality Directive (2000), ethnic minority healthcare

staff continuously experience harassment and discrimination. Even with initiatives such as the NHS Workforce Race Equality Standard (WRES) and similar programs elsewhere, these protections often fall short in preventing racial discrimination in healthcare settings (Jones-Berry, 2019). Conversely, some studies show the strength of social support as it can foster personal and professional growth among ethnic minority overseas nurses through connections with fellow overseas colleagues (Chun Tie et al., 2018). However, relying on peer support alone often fails to address feelings of isolation and distress of workplace racism (Billings et al., 2021). Consistent with this, George et al. (2015) found cultural competency training has shown little impact on reducing racial inequalities as past assessments revealed low compliance with anti-racism legislation within NHS trusts (Bennett & Keating, 2008). Despite potential improvements since then, these findings suggest that ethnic minority professionals may still feel isolated and unsupported, reflecting a broader lack of organizational commitment to addressing racial inequalities. Since research on the effectiveness of available support initiatives for ethnic minority HCPs is limited, further investigation is essential to understand the support they receive and its impact on their experiences with racism.

Although recent reviews have slightly increased in number, with only one scoping review on this topic (Hamed et al., 2022), and a review specifically on Asian healthcare workers' experiences (Louie-Poon et al., 2023). Most systematic reviews focus on racism and bias among HCPs toward patients (FitzGerald & Hurst, 2017; Hall et al., 2015; Paradies et al., 2014; Ricks et al., 2022; Sim et al., 2021), with one qualitative review examining discrimination against ethnic minority physicians (Filut et al., 2020). The absence of a qualitative systematic review on the full extent of racism experienced by ethnic minority HCPs and the effectiveness of support mechanisms creates a significant gap in understanding their broader experiences.

The present qualitative systematic review seeks to address the following two questions: (1) What are the experiences of racism among healthcare professionals? (2) What types of support do HCPs receive to address workplace racism, and how effective is this support? This effectiveness will be assessed based on participants' perceptions of adequacy, impact on well-being, and success in mitigating racial discrimination. The support examined will encompass a broad range of organizational and individual interventions or initiatives that focuses on reducing the occurrence and impact of workplace racism. Thus, the current review will thematically synthesize qualitative studies on this topic.

Methods

The present review was conducted and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)

guidelines and checklist (Page et al., 2021) (Supplementary Material 1). The protocol for this review was registered on PROSPERO (CRD42024512888) on April 24, 2024.

Eligibility criteria

Peer-reviewed qualitative studies were included if they met the following criteria: (a) the sample consisted exclusively of ethnic minority qualified healthcare professionals; (b) data was collected through focus groups or interviews; (c) the study explored, either as a theme or aim, the impact of direct or indirect experiences of racism in clinical healthcare settings and/or the types and effectiveness of support provided to healthcare professionals in addressing workplace racism.

Clinical healthcare settings were defined as environments where healthcare professionals deliver direct patient care and services, such as hospitals, clinics, outpatient facilities, and specialty centers. Ethnic minority refers to individuals from racial or cultural groups that are underrepresented in a given country. The definitions of healthcare workers outlined by the International Classification of Health Workers (World Health Organization, 2010) were followed, including health professionals such as doctors, nurses, midwives, pharmacists, and physiotherapists, as well as health management and support personnel, such as psychologists and counseling professionals. Non-qualitative studies, pilot studies and policy reports were excluded. Additionally, due to limited language translation capacity, studies not published in English were excluded.

Search strategy

Eligible papers were identified through searches in the databases Medline, Embase, PsycINFO (using the Ovid interface), and Scopus (May, 2024). The search was conducted using the following keywords: "health* provider" OR "health* professional" OR "healthcare staff" OR "doctor" OR "nurse" AND "racism" OR "racial discrim*" OR "racial stigma" OR "structural racism" OR "institutional discrimination" AND "hospital" OR "support*" OR "training* program" AND "qualitative research" OR "interview*" OR "experience*" (full search terms for each database are outlined in Supplementary Material 2).

Google Scholar was also utilized as a search engine to explore further literature that met our inclusion criteria. All searches were restricted to studies published between the years 2000 and 2024 to ensure the findings reflect contemporary workplace dynamics and support systems.

Study selection and screening

The search results were processed using Covidence with duplicate records subsequently removed. Two reviewers independently carried out title and abstract screening to assess eligibility, excluding studies that were irrelevant to the review question (June, 2024). The primary researcher (IM) screened all titles and abstracts, with a second independent reviewer screening 20%. The next stage included full-text screening of the remaining papers, which IM led with a second independent reviewer screening 10% of the total papers. Any disagreements regarding the inclusion of papers at any stage were resolved through discussion between the two reviewers until a consensus was reached.

Data extraction

Once eligible studies were identified, relevant data were extracted using a standardized form including the following: (1) authors & year of publication, (2) country, (3) aim of paper, (4) sample size & characteristics (gender, ethnicity, professional title), (5) study methodology, (6) analytic method. Primary outcome data from each included papers result section, comprising participant quotes and authors' interpretations of textual data, were extracted into a Microsoft Word document.

Quality appraisal

The quality of each included study was assessed by IM using the Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist (CASP, 2018). This widely used appraisal tool is designed to systematically evaluate the methodological robustness of qualitative research. The checklist consists of ten structured questions addressing key domains, including the clarity of research aims, the appropriateness of the qualitative methodology and study design, the suitability of recruitment and data collection methods, consideration of ethical issues, the rigor and transparency of data analysis, and the credibility and relevance of the findings. Each question is rated as 'Yes,' 'No,' or 'Can't tell,' based on whether the criteria are fully, partially, or not met. A total score out of 10 was derived from the number of 'Yes' responses, with higher scores indicating greater methodological quality and transparency. Full ratings of included studies are in Supplementary Material Table S3.

Using the CASP checklist to assess the robustness and reliability of the included studies, ensured a thorough synthesis of themes on HCPs' experiences of racism and support mechanisms. Following Thomas and Harden's guidelines (2008), no studies were excluded based on quality, allowing for a diverse range of experiences and insights.

Data synthesis

Thematic synthesis was used to review the data from the included studies, applying the Thomas and Harden framework (2008), which involves three main stages: (1) coding text, (2) developing descriptive themes, and (3) generating analytical themes. Initially, the data from each study's results section was carefully read and reread multiple times to ensure thorough familiarization. This iterative process, conducted by IM, allowed for full immersion in the data, gaining a comprehensive understanding of each study's content and context. Once familiar with the data, the extracted results were coded line-by-line using the qualitative data analysis software NVivo. The coded data was organized into themes that captured HCPs' experiences with workplace racism and support. Themes were compared across studies to identify similarities and differences, then synthesized into higher-order key themes. This rigorous process ensured a comprehensive understanding of HCPs experiences and the effectiveness of support initiatives.

Reflexivity

The review was primarily conducted by IM, a researcher with a psychology background and experience working in healthcare settings. Although IM is not a qualified HCP, their ethnic minority background and personal context influenced the research approach and interpretation of the findings, potentially offering deeper insights into the experiences of ethnic minority HCPs. However, a conscious effort was made to maintain objectivity and critically engage with the data, with regular supervisor discussions ensuring a balanced synthesis and minimizing bias.

Results

Overview of included studies

The search retrieved 4098 articles after the removal of duplicates. Following the screening of titles and abstracts, 368 papers were identified for full-text review. Of these, 347 papers were excluded for not meeting the inclusion criteria. As a result, 21 studies were included in the final review and synthesis (Figure 1).

Study characteristics

The characteristics of the 21 studies included in the analysis are summarized in Table 1. Most of these studies represented and focused on the experiences of nurses ($n = 14$), with other HCPs represented including physicians ($n = 3$), occupational therapists ($n = 1$), and psychological professionals (psychologists, psychotherapy practitioners, social workers,

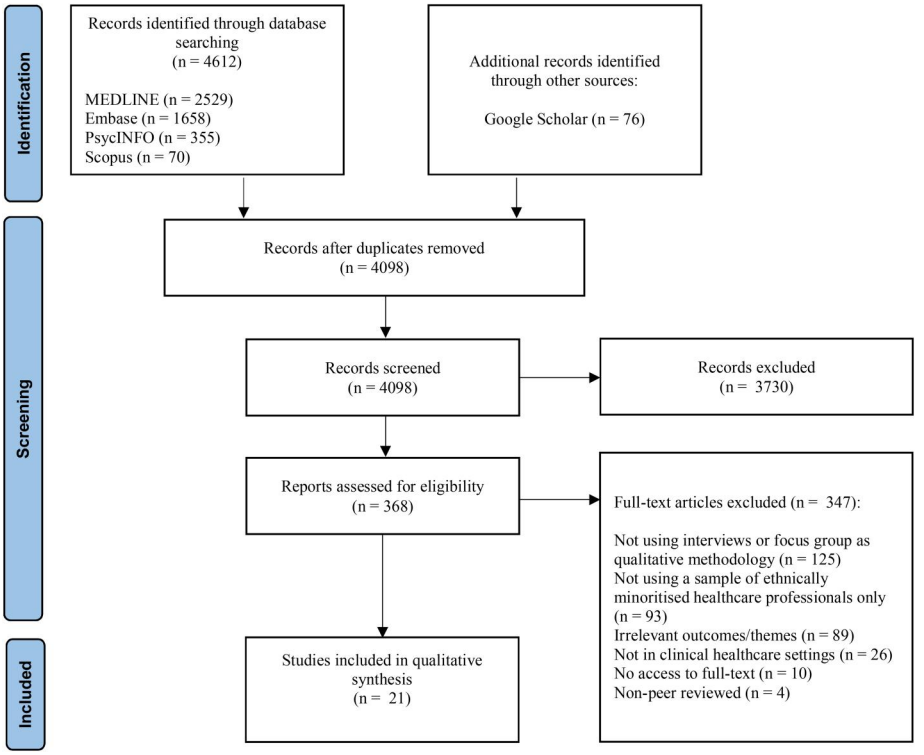

Figure 1. PRISMA flow diagram.

counselors and family therapists) ($n = 2$). Across the studies, there were different ethnic minority groups represented: Black African ($n = 16$), Asian (not consistently specified as subgroups) ($n = 9$), Hispanic ($n = 5$), and Indigenous groups ($n = 2$). Most studies predominantly included female participants ($n = 14$). Also, most of the studies were conducted in the USA ($n = 11$) with other studies in Canada ($n = 5$), UK ($n = 4$), New Zealand ($n = 1$) and Netherlands ($n = 1$). In terms of study methodology, all studies collected data primarily through interviews, with six studies also utilizing focus groups. Thematic analysis was the most frequently employed analytical method ($n = 13$), followed by phenomenological analysis ($n = 5$), grounded theory ($n = 1$), discourse analysis ($n = 1$), and content analysis ($n = 1$).

Quality assessment

The quality appraisal of the included studies identified three studies that were scored as high quality across all domains: Hernández et al. (2010), Likupe and Archibong (2013), and Wilson (2007). Most studies clearly stated their aims, justified their qualitative methodology and data collection, and presented their findings coherently. On the other hand, the most

Table 1. Characteristics of the included studies.

Authors	Country	Aim	Sample size & characteristics	Study data collection method	Analytic method	CASP score (max 10)
Alexis et al. (2006)	United Kingdom	To explore the experiences of overseas black and minority ethnic nurses in the National Health Service (NHS) in the south of England.	N = 12 Male ($n = 5$; 42%), Female ($n = 7$; 58%) African; Caribbean; Asian Nurses ($n = 12$)	Semi-structured interviews	Thematic analysis	7
Allan et al. (2009)	United Kingdom	To illustrate how racist bullying as discriminatory practices operates in the workplace through cases of discrimination	N = 3 Female ($n = 3$) African ($n = 1$); Overseas nurses' ethnic group not reported ($n = 2$) Nurses ($n = 3$)	Semi-structured interviews	Thematic analysis	9
Andreae et al. (2024)	United States	To explore the PPtP (Patient Prejudice toward Providers) of attending physicians who identify as a minority based on race, ethnicity, citizenship status, or faith preference.	N = 15 Male ($n = 8$; 53%), Female ($n = 7$; 47%) South Asian ($n = 6$); Asian ($n = 3$); Black ($n = 4$); Hispanic ($n = 1$); Sikh ($n = 1$) Attending physicians ($n = 15$)	Semi-structured interviews	Thematic analysis	8
Beagan et al. (2022)	Canada	To examine examines experiences of racism in occupational therapy, including coping strategies and resistance.	N = 10 East Asian ($n = 3$); African Canadian ($n = 2$); Black ($n = 1$); West Asian ($n = 2$); Southeast Asian ($n = 1$); Latin American ($n = 1$) Occupational therapist ($n = 10$)	Semi-structured interviews	Thematic analysis	8
Beagan et al. (2023)	Canada	To explore how interpersonal, institutional, and structural racisms intersect in the professional experiences of racialized nurses in Canada, and how nurses respond.	N = 13 South Asian ($n = 3$); African ($n = 5$); Caribbean ($n = 1$); Southeast Asian ($n = 1$); African Canadian ($n = 1$); African Canadian & Indigenous mixed background ($n = 1$) Nurse ($n = 13$)	Semi-structured interviews	Thematic analysis	8
Canli and Aquino (2024)	United States	To learn about the barriers and challenges Latina nurse leaders have experienced in their ascension into leadership roles.	N = 17 Female ($n = 17$) Hispanic ($n = 16$); Black Latina ($n = 1$) Nurse leaders ($n = 17$)	Semi-structured interviews	Thematic analysis	8

Cottingham and Andringa (2020)	Netherlands	To explore the work experiences of nurses from diverse backgrounds as they confront intersecting forms of sexism, racism, and nativism in the Netherlands.	N = 15 Female ($n = 15$) Surinamese ($n = 6$); Southeast Asian ($n = 4$); Caribbean ($n = 2$); African ($n = 3$) Nurse ($n = 15$)	Semi-structured interviews	Abductive and inductive phenomenolog-ical analysis	8
Fowler (2020)	United States	To explore and understand the experiences of minority nurses working in public health departments (PHDs) concerning leadership development and career advancement.	N = 39 Female ($n = 39$) African American or Mixed ethnic background ($n = 18$, 46%); Hispanic ($n = 12$, 31%); Asian ($n = 7$, 18%); Indian background ($n = 2$, 5%) Nurse ($n = 39$)	Semi-structured interviews	Thematic analysis	7
Hagey et al. (2001)	Canada	To document and describe the experiences of immigrant nurses of color who have filed grievances concerning their employers' discriminatory practices; and to solicit their views of existing policies and recommendations for equity in professional life.	N = 9 Ethnic minority ($n = 9$) (specific ethnicity not reported) Nurse ($n = 9$)	Focus groups and semi-structured interviews	Discourse analysis	7
Hernández et al. (2010)	United States and Canada	To explore how mental health professionals of color respond to and cope with racial microaggressions in their professional environments.	N = 24 Male ($n = 11$, 46%); Female ($n = 13$, 54%) African American ($n = 5$); Latina American ($n = 4$); African Canadian ($n = 4$); Asian Canadian ($n = 3$); Latina Canadian ($n = 3$); Asian American ($n = 2$); Asian ($n = 1$); Kurdish Canadian ($n = 1$) Psychologists; social workers; counselors; family therapists	Focus groups and semi-structured interviews	Grounded theory and interpretive phenomenolog-ical analysis	10
Huria et al. (2014)	New Zealand	To explore the experience and impact of racism on Māori registered nurses within the New Zealand health system.	N = 15 Female ($n = 15$) Māori (indigenous) ($n = 15$) Nurse ($n = 15$)	Semi-structured interviews	Thematic analysis	9
Larsen (2007)	United Kingdom	To examine empirically and in-depth how discriminatory attitudes and practices are experienced by	N = 2 Female ($n = 2$)	Semi-structured interviews	Phenomenological analysis	9

(*continued*)

Table 1. Continued.

Authors	Country	Aim	Sample size & characteristics	Study data collection method	Analytic method	CASP score (max 10)
		overseas nurses and how the discrimination may affect their well-being and career progression and, furthermore, to apply the theoretical perspective of embodiment in understanding these processes.	African (n = 2) Nurse (*n* = 2)			
Likupe and Archibong (2013)	United Kingdom	To explore experiences of discrimination, racism, and equal opportunities for Black African nurses in the United Kingdom	N = 30 Male (*n* = 4, 13%); Female (*n* = 26, 87%) African (*n* = 30) Nurse (*n* = 30)	Focus groups and semi-structured interviews	Thematic analysis	10
Nunez-Smith et al. (2008)	United States	To identify the range of perspectives that might contribute to workplace silence on race and affect participation in race-related conversations within healthcare settings.	N = 25 Male (*n* = 4, 44%); Female (*n* = 14, 56%) African (n = 25) Physician (*n* = 25)	Semi-structured interviews	Thematic analysis	8
Post and Weddington (2000)	United States	To examine the nature of work-related stress and coping experienced by African-American family physicians.	N = 10 Male (*n* = 8, 80%); Female (*n* = 2, 20%) African American (*n* = 10) Physician (*n* = 10)	Semi-structured interviews	Thematic analysis	7
Truitt and Snyder (2020)	United States	To explore the ways in which racism-related stress affects the well-being and career trajectories of Black nursing professionals and certified nursing assistants and their strategies for coping with such stress.	N = 18 Male (*n* = 2, 11%); Female (*n* = 16, 89%) Black/African/African American (*n* = 15, 83%); Multiracial Black/African American (*n* = 3, 17%) Registered nurse/nurse practitioner (*n* = 11, 61%); Nursing supervisor/ consultant (*n* = 3, 17%); Licensed practical nurse (*n* = 1, 5%); Certified nursing assistant (*n* = 3, 17%)	Semi-structured interviews	Content analysis	8

Turrittin et al. (2002)	Canada	To explore the experiences of internationally educated nurses (IENs) who migrated to Canada, focusing particularly on their encounters with racism in the workplace	N = 9 Ethnic minority ($n = 9$) (specific ethnicity not reported) Nurse ($n = 9$)	Focus groups and semi-structured interviews	Interpretive phenomenological description analysis	5
Wang et al. (2023)	United States	To answer the following research questions: (a) What is the experience and impact of client's microaggressions upon AIPs providing psychotherapy? (b) What are the reactions and strategies of AIPs addressing client-initiated microaggressions in therapy?	N = 11 Female ($n = 11$) East Asian ($n = 9$); South Asian ($n = 1$); Hindu ($n = 1$) Psychotherapy practitioner ($n = 11$)	Semi-structured interviews	Thematic analysis	10
Wilson (2007)	United States	To describe the lived experience of being an African American registered nurse in southeast Louisiana.	N = 13 Female ($n = 13$) African American ($n = 13$) Nurse ($n = 13$)	Focus group and semi-structured interviews	Phenomenological analysis	10
Xiao et al. (2021)	United States	To describe Certified Nursing Assistants' (CNA) perceptions of workplace violence while working in long- term care facilities.	N = 10 Male ($n = 1$, 10%); Female ($n = 9$, 90%) Black ($n = 10$) Certified Nursing Assistant ($n = 10$)	Semi-structured interviews	Thematic analysis	9
Xu et al. (2008)	United States	To examine the lived experiences of Chinese nurses working in the US healthcare environment.	N = 9 East Asian ($n = 9$) Nurse ($n = 9$)	Semi-structured interviews	Phenomenological snalysis	9

common quality issue was lack of clarity in researcher-participant relationships and ethical considerations, with multiple studies scoring "Can't Tell" in these areas. The average CASP score for the included studies was 8 out of 10, indicating overall good quality. One study was rated as having poorer quality with a total score of 5 (Turrittin et al., 2002). The individual study quality ratings details for each included paper are presented in Supplementary Material 3.

Thematic synthesis

Two overarching themes were identified: 'healthcare professionals' experiences of racism in the workplace' and 'the support HCPs receive in addressing racism' The following subthemes were also established: 'the spectrum of racism in healthcare, ranging from overt to subtle acts', 'systemic inequalities and lack of opportunities', 'experiences of exclusion and alienation', 'endurance, silence, and their consequences', 'insufficient resources and the need for structural support', and 'coping and resilience' (Table 2).

Healthcare professionals' (HCP) experiences of racism in the workplace

The spectrum of racism in healthcare: From overt to subtle acts. All studies reported various forms of racism encountered by HCPs, revealing that racism exists on a spectrum. Experiences ranged from subtle microaggressions and racial bias to overt acts of discrimination.

Direct racism from patients and healthcare staff. Ethnic minority HCPs consistently recalled direct racism from patients, including frequent racial slurs and occasional physical abuse, which often had lasting effects. Less commonly, some HCPs experienced sexually charged comments or racial fetishization, combining ethnic and sexual discrimination and further dehumanizing them. Ethnic minority nurses noted being treated as inferior or unwelcome, with patients and their families making offensive demands, comments about their home country, or displaying discriminatory behavior:

> "He [the patient] ordered me to brush his shoes and said: 'that is what you do in Suriname right?' Excuse me?! Another time in home care, a woman asked me when I entered: 'what are you doing here?' I was surprised … But then she said: 'they know that I don't want foreigners and especially not Negros' I wanted to run away. Another time with a man, I was holding his wheelchair. And wow, he started cleaning it afterwards! Just because I held it!" Nurse (Cottingham & Andringa, 2020)

Many HCPs also recounted overt racism where patients or their families explicitly requested White providers or refused care based solely on the HCPs' visible ethnicity. This included instances where patients assumed

Table 2. Summary of themes.

Overarching themes	Themes *(sub themes)*	References	(Number of studies)
(1) Healthcare professionals' (HCP) experiences of racism	The spectrum of racism in healthcare: from overt to subtle acts		
	Direct racism from patients and healthcare staff	Allan et al. (2009); Andreae et al. (2024); Beagan et al. (2022); Beagan et al. (2023); Cottingham and Andringa (2020); Fowler (2020); Hagey et al. (2001); Huria et al. (2014); Larsen (2007); Likupe and Archibong (2013); Truitt and Snyder (2020); Wang et al. (2023); Wilson (2007); Xiao et al. (2021); Xu et al. (2008)	15
	Microaggression and prejudice	Allan et al. (2009); Beagan et al. (2022); Beagan et al. (2023); Canli and Aquino (2024); Fowler (2020); Huria et al. (2014); Likupe and Archibong (2013); Nunez-Smith et al. (2008); Truitt and Snyder (2020); Turrittin et al. (2002); Wang et al. (2023); Wilson (2007); Xu et al. (2008)	13
	Systemic inequalities and lack of opportunities		
	Lack of equal career advancement opportunities due to ethnic identity	Alexis et al. (2006); Allan et al. (2009); Beagan et al. (2022); Beagan et al. (2023); Canli and Aquino (2024); Cottingham and Andringa (2020); Fowler (2020); Hagey et al. (2001); Larsen (2007); Likupe and Archibong (2013); Truitt and Snyder (2020); Turrittin et al. (2002); Wang et al. (2023); Wilson (2007)	14
	Undermining of authority and expertise	Alexis et al. (2006); Andreae et al. (2024); Beagan et al. (2022); Beagan et al. (2023); Canli and Aquino (2024); Cottingham and Andringa (2020); Huria et al. (2014); Larsen (2007); Likupe and Archibong (2013); Post and Weddington (2000); Truitt and Snyder (2020); Turrittin et al. (2002); Wang et al. (2023); Wilson (2007); Xu et al. (2008)	14
	Experiences of exclusion and alienation	Alexis et al. (2006); Allan et al. (2009); Beagan et al. (2022); Beagan et al. (2023); Canli and Aquino (2024); Cottingham and Andringa (2020); Huria et al. (2014); Larsen (2007); Likupe and Archibong (2013); Nunez-Smith et al. (2008); Post and Weddington (2000); Truitt and Snyder (2020); Turrittin et al. (2002); Wang et al. (2023); Xu et al. (2008)	15
	Endurance, silence and its consequences		
	Systemic silence: powerlessness and job instability	Allan et al. (2009); Beagan et al. (2022); Beagan et al. (2023); Cottingham and Andringa (2020); Fowler (2020); Hagey et al. (2001); Likupe and Archibong (2013); Nunez-Smith et al. (2008); Truitt and Snyder (2020); Turrittin et al. (2002); Wang et al. (2023); Wilson (2007); Xiao et al. (2021)	13

(*continued*)

Table 2. Continued.

Overarching themes	Themes *(sub themes)*	References	(Number of studies)
	Normalization of racism experiences	Alexis et al. (2006); Allan et al. (2009); Andreae et al. (2024); Beagan et al. (2022); Beagan et al. (2023); Cottingham and Andringa (2020); Fowler (2020); Hagey et al. (2001); Huria et al. (2014); Larsen (2007); Likupe and Archibong (2013); Post and Weddington (2000); Truitt and Snyder (2020); Turrittin et al. (2002); Wang et al. (2023); Wilson (2007); Xiao et al. (2021); Xu et al. (2008)	18
	Impact on well-being and job satisfaction	Allan et al. (2009); Andreae et al. (2024); Beagan et al. (2022); Beagan et al. (2023); Cottingham and Andringa (2020); Hagey et al. (2001); Huria et al. (2014); Larsen (2007); Likupe and Archibong (2013); Post and Weddington (2000); Truitt and Snyder (2020); Wang et al. (2023); Wilson (2007); Xiao et al. (2021); Xu et al. (2008)	15
	Impact on quality of patient care	Andreae et al. (2024); Beagan et al. (2022); Huria et al. (2014); Likupe and Archibong (2013); Nunez-Smith et al. (2008); Truitt and Snyder (2020); Wang et al. (2023); Xiao et al. (2021); Xu et al. (2008)	9
(2) The support HCPs receive addressing racism in the workplace	Insufficient resources and the need for structural support	Alexis et al. (2006); Allan et al. (2009); Andreae et al. (2024); Beagan et al. (2022); Beagan et al. (2023); Canli and Aquino (2024); Fowler (2020); Hagey et al. (2001); Hernández et al. (2010); Huria et al. (2014); Likupe and Archibong (2013); Nunez-Smith et al. (2008); Truitt and Snyder (2020); Turrittin et al. (2002); Wang et al. (2023); Xiao et al. (2021); Xu et al. (2008)	17
	Coping and resilience	Allan et al. (2009); Andreae et al. (2024); Beagan et al. (2022); Beagan et al. (2023); Canli and Aquino (2024); Fowler (2020); Hagey et al. (2001); Hernández et al. (2010); Huria et al. (2014); Larsen (2007); Likupe and Archibong (2013); Nunez-Smith et al. (2008); Post and Weddington (2000); Truitt and Snyder (2020); Turrittin et al. (2002); Wang et al. (2023); Wilson (2007); Xu et al. (2008)	17

over the phone that the HCP was White, only to express disappointment and refuse care upon meeting them in person:

> "I was in a Caucasian's clinic they thought I am supposed to be a Caucasian, as they learned actually I am not, they never [came] back." Psychotherapy practitioner (Wang et al., 2023)

Racial discrimination from colleagues and managers was also present across the studies. These experiences often involved perceived racist bullying, being deliberately set up to fail, or unwarranted surveillance:

> "The manager there told the girls to write up anything and everything they think I am doing wrong. So I was written up for things like, 'Oh, you didn't put your initial

here' … If I forget anything … I was being written up and after I was being called into the office about everything." Nurse (Beagan et al., 2023)

Microaggression and prejudice. Stereotypes and prejudices were frequently encountered through microaggressions, reinforcing harmful assumptions about HCPs' backgrounds and abilities. For example, Black African nurses were often labeled aggressive for raising concerns, while Asian professionals were stereotyped as submissive and overly gentle in the care they provide. One participant recalled a client making derogatory comments about their home country, assuming life in Hong Kong "must be terrible.":

"Whereas my life in Hong Kong was actually better." … "A White client always said goodbye to me in Japanese even though he remembered I came from China … He spoke about all the things he is so great at, and commenting, guessing, making assumptions about my culture." Psychotherapy practitioner (Wang et al., 2023)

Vicarious racism, or the indirect experience of racial prejudice through witnessing or hearing about discrimination faced by others, had also emerged across studies. Although they were not the direct targets of discrimination, these experiences were described as equally insulting and challenging.

"When my colleagues are imposing that on patients, what makes me exempt? Nothing, really, absolutely nothing makes me exempt." Occupational therapist (Beagan et al., 2022)

Systemic inequalities and lack of opportunities. Ethnic minority HCPs reported experiences of persistent and structural barriers that, alongside unequal treatment, resulted in limited career opportunities. These experiences reflect a broader pattern of systemic racism within healthcare settings.

Lack of equal career advancement opportunities due to ethnic identity. There was a recurring pattern indicating that ethnic minority HCPs encountered significant barriers in their career progression, despite having the necessary training and qualifications. Professionals shared experiences of being overlooked for promotions in favor of less experienced colleagues, a disparity they associated with their ethnic background.

"Whilst I have been there more than a year now, but there was a White nurse who came to work there after finishing her training, she just worked for six months and now she has been promoted to E grade [a higher grade]. And you can imagine what impact it has on us." Nurse (Likupe & Archibong, 2013)

A significant aspect of the reported barriers was the feeling of marginalization, with many ethnic minority HCPs feeling excluded from essential training opportunities given to their White colleagues. This issue was

exacerbated by the lack of ethnic representation in higher-level positions, with ethnic minorities primarily in entry-level and junior positions but significantly underrepresented in management and leadership.

> "It makes us feel that we are just filling the gaps. You go to work, do your job, go home, we will pay you and that is it. There is no development out there of skills. That is how I feel. And there is no career pathway, I just wonder in five years time where we are heading. Probably still the same, still the same doing all the jobs, and developing very little skills." Nurse (Alexis et al., 2006)

Undermining of authority and expertise. Ethnic minority HCPs also reported that their skills and contributions were often undermined by racial bias. Their ideas were frequently dismissed unless echoed by others, leading to frustration and persistent doubts about their competence from colleagues and patients.

> "When a White physician walks in and see you sitting there they will look all over the unit to try and find out which nurse is taking care of the patient instead of saying are you taking care of that patient today. They tend to approach the Caucasian peer more readily than they would me. They assume that I am the LPN or Psych Tech … I was the charge nurse." Nurse (Wilson, 2007)

The constant need to prove themselves was emphasized by experiences of being spoken to slowly or condescendingly, further undermining their professional authority. This pressure was compounded by the need to adapt their accents and behaviors to fit in, found especially among overseas HCPs in countries like Canada and the USA, further hindering their recognition and professional credibility. Thus, illustrating the additional barriers they face in asserting their expertise and being recognized for their skills.

> "I had to work really hard to not have that accent. Because having that accent … if I sound a certain way, then I must not be as credible. Or I must not be as valuable." Nurse (Beagan et al., 2023)

Experiences of exclusion and alienation. Ethnic minority HCPs frequently reported social exclusion at work, leading to heightened feelings of isolation and marginalization. They often found themselves left out of social events and informal gatherings that their White majority colleagues regularly enjoyed. This sense of invisibility was reinforced by both covert and overt discrimination. For example, one nurse described feeling excluded when White colleagues decided to stay overnight on the unit during a snowstorm and did not invite her:

> "You can go home, we don't need you,' they told you. I didn't feel good. I don't know this kind of feeling … I can't describe [it]." Nurse (Xu et al., 2008)

Conversely, ethnic minority nurses spoke of being both highly visible and highly invisible, suggesting being noticeably an ethnic minority among

predominantly White staff leaves these HCPs perceived as out of place and invalidated as well as hyper-visible.

> "Because I am the only person of colour I stand out in ways that are not necessarily positive. So I have to present myself differently. I have to make sure my face is visible at meetings, because when the brown face in the crowd is missing, that's noticeable, versus when one white face is missing." Nurse (Beagan et al., 2023)

Endurance, silence and its consequences. The synthesis revealed that ethnic minority HCPs endure racism while often normalizing these experiences as many feel unable to speak up due to fears of retaliation, professional repercussions, or being further marginalized. This silence adversely affects their mental and physical health but also perpetuates a cycle of racial discrimination, reinforcing a culture where racial inequalities remain unchallenged.

Systemic silence: Powerlessness and job instability. Silent complicity among colleagues and supervisors was a recurring experience for ethnic minority HCPs, where their race-related concerns were dismissed or ignored. This lack of response from managers when discrimination occurs perpetuates a culture of tolerated racism. Such power dynamics was noted as often leading to job dismissal or fear of being undervalued, which further silences ethnic minority HCPs and traps them in a cycle of enduring racism without any recourse.

> "You need to fall in line, stay in your place, don't bring any new ideas, and don't ask questions. The last time I did that I received harsh criticism about how things are done as well as negative feedback or judgmental statements from my supervisor that made me cry." Nurse (Fowler, 2020)

Normalization of racism experiences. Many ethnic minority HCPs reflected a sense of inevitability regarding their experiences with racism, viewing it as an unfortunate yet unavoidable aspect of their profession. They often framed racism as part of the job that must be endured to continue their work. Despite the challenges, many participants endure racism in their roles due to a sense of duty to their patients, family responsibilities, and the rewarding aspects of their job.

> "If I wasn't strong-minded, or maybe if I didn't have responsibility to look after my children, at a certain job probably I would have quit because all the bullying and all those things that were going on, I would have walked away." Occupational therapist (Beagan et al., 2022)

Impact on well-being and job satisfaction. The psychological impact of racism on HCPs was profound, with many internalizing negative stereotypes and

experiencing significant stress and anxiety from navigating hostile work environments. This stress often manifests physically, as some nurses report health issues such as "sudden diagnosis of cardiovascular disease" (Hagey et al., 2001). Constant vigilance against racial microaggressions further diminishes job satisfaction, contributing to feelings of isolation, moral fatigue, and existential crises due to workplaces' persistent failure to address systemic racism.

> "The bullying you see, I was scared and nervous I suppose because you have that feeling of paranoia and you become, I started questioning myself. I started questioning my competencies because people make you feel like that, make you feel incapable, make you feel incompetent, you know you become paranoid, you felt isolated and I felt like that." Nurse (Allan et al., 2009)

Increased burnout was also a consequence of navigating these challenges while also being assigned additional work compared to their White colleagues, driven by complicity in systemic racism. Due to a lack of diversity and their ethnic minority status, managers often saw them as the go-to staff for patients from similar ethnic backgrounds. This resulted in larger caseloads, often without adequate support, heightening emotional strain and responsibilities.

> "The minute you put your hand up the workload increases by at least a hundredfold. The minute you say yes I am a Māori [indigenous group] health worker within a non-Māori all the Māori patients that come through are directed to you." Nurse (Huria et al., 2014)

Impact on quality of patient care. Some ethnic minority HCPs reported overcompensating in their care to counteract discriminatory behavior, working harder to win over prejudiced patients or maintain professional composure, often at the expense of their own well-being. Whereas the cumulative stress from racial discrimination and microaggressions also affects their physical and mental health, diminishing their ability to deliver high-quality care. Particularly, when ethnic minority HCPs competences were questioned, it reduced their self-confidence and led to a decline in their usual standard of care:

> "I think it's just that it really has an impact on the therapeutic relationship where I may not feel as open and honest with my reactions and feedback to the client. And maybe I would rather focus more on the goals and focusing on the behavioural cognitive interventions instead of really using more interpersonal approach or relational approach in this session. The work may seem a little bit more surface level." Psychotherapy practitioner (Wang et al., 2023)

The support HCPs receive addressing racism in the workplace

Insufficient resources and the need for structural support. Workplace policies addressing racism but not being effectively put into practice was a

significant issue reported by HCPs. Despite the presence of equal opportunity policies, ethnic minority HCPs felt these policies were surface-level and were not translated into meaningful action which contributed to a sense of frustration and disappointment as demonstrated in the following quote:

> "Why have equal opportunity policies if you are not going to implement them as such you know people do put down policies on paper but nobody is there to read you them and see that they are properly implemented." Nurse (Alexis et al., 2006)

The lack of sufficient support from the workplace often left HCPs feeling isolated and unable to navigate the challenges posed by systemic racism. The need for structured mentorship and training was also evident as the absence of adequate training to handle workplace racism and patient aggression left many ethnic minority HCPs unprepared, vulnerable, and without a reliable source of guidance within the workplace.

> "A barrier is that there's not enough people out there to actually guide you through a nursing career or in how to get to a leadership place where you can actually make a bigger impact, there's hardly anyone that is a role model and then actually mirrors your background." Nurse (Canli & Aquino, 2024)

In contrast, although rare across the included studies, some participants described positive experiences working in supportive environments with a strong team culture and emphasized the importance of this. As one participant noted:

> "It's really good to have, to work in an environment that you feel like you are, you know, colleagues to support you and can talk to you and you can talk to them too." Attending physician (Andreae et al., 2024)

Coping and resilience. Due to the limited support available in the workplace, many ethnic minority HCPs developed personal strategies to navigate and cope with racial discrimination and microaggressions in healthcare settings. A common approach across studies involved balancing the recognition of racism with decisions about when and how to address it, and weighing whether the emotional effort required to analyze each interaction was worthwhile. Practical self-care practices, such as exercise, meditation, and taking time off, were highlighted as essential for mitigating the stress associated with experiences of racism. Notably, the importance of support networks, including colleagues from similar backgrounds and external friends or family were emphasized as key factors in building resilience. These networks offer validation and encouragement, especially in the absence of institutional support.

> "Finding support … in my work environment has been hard. Other minority physicians at other hospitals have been a tremendous support for me. I knew they

> existed and I would contact them and essentially ask them to take care of me. Even though our specialties might be different; they were senior and we made a connection." Physician (Nunez-Smith et al., 2008)

Despite limited organizational support, ethnic minority HCPs noted the resilience gained through these experiences and often take on mentorship roles themselves, particularly guiding early-career workers from similar backgrounds. This mentorship fosters resilience in both the mentors and mentees, as guiding and advocating for other ethnic minority healthcare workers provides a sense of purpose and strength.

> "So I explain how I have handled it in my life, and what I have found is effective for me and hope that would be helpful and encourage them to be prepared, because sooner or later, I would expect that to happen. It's not getting resolved. It's not disappearing. That's the best that I can do, share my experience with them and give them the heads up." Psychological professional (Hernández et al., 2010)

Discussion

The current findings align with broader research, showing frequent reports of both overt and indirect racism, consistent with recent data from the WRES NHS England (2023). These experiences are supported by existing literature, including empirical studies (Archuleta et al., 2024; Dye et al., 2020; Lall et al., 2021; Rhead et al., 2020; Shah & Ahluwalia, 2019; Wenham et al., 2022) and qualitative research (Almanza et al., 2019). The current review identified that verbal discrimination had, in some cases, escalated to physical abuse (Xiao et al., 2021), a topic with limited attention in existing literature. Similarly vicarious racism was identified as a recurring theme across multiple included studies yet overlooked in broader research regarding ethnic minority HCPs' experiences. One study by Parker et al. (2024) found that over half of ethnic minority HCP participants witnessed racism from colleagues, however, their study's cross-sectional design and reliance on simple correlations limited its interpretative power. This review strengthens their findings and emphasizes the need for further research into vicarious racial trauma and physical racial abuse.

The theme of exclusion and alienation was identified as a notable effect of racism experienced by ethnic minority HCPs. This theme emphasizes the profound impact of racism on the well-being of ethnic minority HCPs, including poor mental health, corroborating existing research (Brandford et al., 2023; Brondolo et al., 2011; Hennein et al., 2021; Schilgen et al., 2017). The burdens of coping with racism and an increased caseload due to systemic racial biases (Aalto et al., 2014; Han et al., 2016) leads to heightened depression, anxiety, and burnout. Furthermore, marginalization and social exclusion intensified feelings of inadequacy and low self-esteem,

limiting support-seeking. These findings align with the theory of psychological injury (Morrissette, 2004), suggesting that cumulative effects of racism, such as internalized negative beliefs, social isolation, and chronic stress, can further deteriorate mental and physical health (Hood et al., 2023).

The fourth key theme, "endurance, silence, and its consequences," prominently emerged in the most studies, particularly the sub-theme of "normalization of experiences," where HCPs' experiences of racism were often dismissed or minimized as part of their job, aligning with Moceri's (2014) findings. Despite Moceri's study's limitations due to its convenience sample, the present review adds depth and reliability to these findings. The concept of "psychological safety" (Edmondson, 1999) is also evident, as ethnic minority HCPs often remain silent about their experiences for fear of hostility or job loss. Additionally, while suppressing emotions was a common coping mechanism, research shows it is often ineffective and can harm interactions with patients and colleagues as emotions resurface (Sayers & Sayette, 2013; Wegner & Gold, 1995). This underscores the need for HCPs to feel safe in expressing their experiences and for healthcare organizations to offer mental support with effective strategies, such as cognitive reappraisal (Gross, 2015).

Despite HCPs' resilience in caring for patients who have disrespected them, the review reveals that discrimination adversely affects both the professionals and the quality of care they deliver. This burden can lead to either overcompensation or a decline in care quality, harming patient outcomes. While previous studies have indicated the impact of poor clinician-patient relationships on care quality (Chisnall & Vindrola-Padros, 2021; Isbell et al., 2020; Wei et al., 2022), none have specifically examined the effects of racism experienced by ethnic minority HCPs from both patients and their workplace on care quality. This signifies the need for further research and targeted interventions, such as anti-racism training (e.g., Devine et al., 2012) to reduce biases, address racist comments in clinical settings, and implement zero-tolerance policies to protect staff from racist patients.

The second overarching theme highlights the severe inadequacy of direct organizational support, leading them to rely primarily on personal coping mechanisms and resilience. Many existing initiatives and policies are either not implemented or ineffective, as supported by prior research (Adler & Bhattacharyya, 2021; George et al., 2015; Wenham et al., 2022). Additionally, Bennett and Keating (2008) reveal policy fragmentation and noncompliance in the UK. The prevalent dependence on informal support networks by ethnic minority professionals (Alexis & Vydelingum, 2009; Chun Tie et al., 2018) further indicates the failure of formal workplace support systems. A sub-theme revealed in the present findings but underexplored in the existing research on this topic is the resilience among ethnic

minority HCPs, who often mentor others facing similar challenges. This indicates their awareness of the need for support and demonstrates the inadequacy of current formal support systems. Organizations should therefore implement consistent anti-racism policies, provide regular bias and discrimination training, and formalize mentorship programs.

There were both strengths and weaknesses in this systematic review. Adhering to PRISMA guidelines ensured transparent reporting of the review process, and a robust search strategy was employed focusing exclusively on fully qualified healthcare professionals, allowing for a focused synthesis. However, despite efforts to include grey literature, non-peer-reviewed studies were not included, possibly missing important insights into the experiences of ethnic minority HCPs and the support they receive. Another drawback is the focus on Western countries in all the included studies. This overlooks how racism manifests in non-Western healthcare settings, where support systems may be culturally tailored or be limited. Moreover, most included studies employed purposive sampling, with a significant focus on Black ethnic backgrounds, particularly Black nurses. This focus may limit the generalizability of the findings to other ethnic minority groups; however, this does align with evidence that Black nurses are more frequently targeted by racial discriminatory practices (Wenham et al., 2022; Shields & Wheatley Price, 2002).

Inconsistent terminology describing ethnic minority groups was also observed across the included studies, with broad terms like "Asian" often used without distinguishing subgroups (e.g., South Asian, East Asian). This hinders meaningful comparisons and limits the assessment of unique challenges faced by different subgroups. Although the review covered a broad range of support mechanisms and initiatives for HCPs, workplace support was insufficiently detailed in the included studies, often mentioned briefly and not captured as a theme. In contrast, informal support networks and self-coping strategies were explored in greater depth, perhaps further signifying the inadequacy of institutional responses to racism and the need for more comprehensive and effective support in organizations.

Nevertheless, the implications of the present review add significant comprehensive evidence and establishes the link between institutional and interpersonal racism, structural inequalities, and adverse health outcomes, highlighting the need for targeted initiatives. In terms of future research, the screening process for the present review revealed a substantial number of qualitative studies focusing on the experiences of racism among residents, trainees, and medical students. A systematic review and thematic synthesis of these studies could offer valuable insights into institutional racism during training and inform the development of more effective policies and support initiatives. Additionally, future qualitative studies should encompass an increased range of ethnic minority groups and differentiate

their experiences to provide a more comprehensive understanding of racism in healthcare. Future research should also focus on the development and evaluation of interventions which aim to tackle racism and discrimination in the workplace with both the staff experiencing it (i.e., by assessing and providing tailored support) and service leads.

Future practice should prioritize proactive policy implementation with input from decision-makers from ethnically minoritised groups and enhance training to equip managers with the skills to address discrimination and promote workplace equality. Effective anti-racism training, such as those by Boyer et al. (2019) and Devine et al. (2012) highlighted by Cénat et al. (2024) scoping review, can reduce racial biases and enhance cultural competency. Healthcare organizations should also focus on increasing ethnic minority representation in senior management through targeted leadership training (Kalra et al., 2009) and creating environments that encourage open communication and reporting of racism. Finally, formal mentorship programs and accessible mental health support such as counseling are vital for addressing the well-being needs of ethnic minority professionals.

In conclusion, this systematic review sheds light on the ongoing impact of racism on ethnic minority HCPs, revealing how institutional and interpersonal racism compromises their well-being and the quality of care they provide. It reveals significant gaps in workplace support, emphasizing the critical need for effective policies and practices to holistically address these issues. Future research can build on these findings by comprehensively investigating the experiences and support systems available to healthcare workers in the stages of their careers and expand beyond Western contexts to better understand global racism experienced by HCPs.

Disclosure statement

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References

Aalto, A. M., Heponiemi, T., Keskimäki, I., Kuusio, H., Hietapakka, L., Lämsä, R., Sinervo, T., & Elovainio, M. (2014). Employment, psychosocial work environment and well-being among migrant and native physicians in Finnish health care. *European Journal of Public Health*, *24*(3), 445–451. doi:10.1093/eurpub/cku021

Adler, S., & Bhattacharyya, S. (2021). Beyond the nurses and doctors: Structural racism and the unseen frontline service workers during the COVID-19 pandemic. *Psychiatric Services (Washington, D.C.)*, *72*(5), 594–596. doi:10.1176/appi.ps.202000569

Alexis, O., & Vydelingum, V. (2009). Experiences in the UK National Health Service: The overseas nurses' workforce. *Health Policy (Amsterdam, Netherlands)*, *90*(2-3), 320–328. doi:10.1016/j.healthpol.2008.10.014

Alexis, O., Vydelingum, V., & Robbins, I. (2006). Overseas nurses' experiences of equal opportunities in the NHS in England. *Journal of Health Organization and Management*, *20*(2–3), 130–139. doi:10.1108/14777260610661529

Allan, H. T., Cowie, H., & Smith, P. (2009). Overseas nurses' experiences of discrimination: A case of racist bullying? *Journal of Nursing Management*, *17*(7), 898–906. doi:10.1111/j.1365-2834.2009.00983.x

Almanza, J., Karbeah, J., Kozhimannil, K. B., & Hardeman, R. (2019). The experience and motivations of midwives of color in Minnesota: Nothing for us without us. *Journal of Midwifery & Women's Health*, *64*(5), 598–603. doi:10.1111/jmwh.13021

Andreae, D. A., Massand, S., & Dellasega, C. (2024). The physician experience of patient to provider prejudice (PPtP). *Frontiers in Public Health*, *12*, 1304107. doi:10.3389/fpubh.2024.1304107

Archuleta, S., Ibrahim, H., Pereira, T. L., & Shorey, S. (2024). Microaggression interactions among healthcare professionals, trainees and students in the clinical environment: A mixed-studies review. *Trauma, Violence & Abuse*, *25*(5), 3843–3871. doi:10.1177/15248380241265380

Banaji, M. R., Fiske, S. T., & Massey, D. S. (2021). Systemic racism: Individuals and interactions, institutions and society. *Cognitive Research: Principles and Implications*, *6*(1), 82. doi:10.1186/s41235-021-00349-3

Beagan, B. L., Bizzeth, S. R., & Etowa, J. (2023). Interpersonal, institutional, and structural racism in Canadian nursing: A culture of silence. *The Canadian Journal of Nursing Research = Revue Canadienne de Recherche en Sciences Infirmieres*, *55*(2), 195–205. doi:10.1177/08445621221110140

Beagan, B. L., Sibbald, K. R., Bizzeth, S. R., & Pride, T. M. (2022). Systemic racism in Canadian occupational therapy: A qualitative study with therapists. *Canadian Journal of Occupational Therapy. Revue Canadienne D'ergotherapie*, *89*(1), 51–61. doi:10.1177/00084174211066676

Bennett, J., & Keating, F. (2008). Training to redress racial disadvantage in mental health care: Race equality or cultural competence? *Ethnicity and Inequalities in Health and Social Care*, *1*(1), 52–59. doi:10.1108/17570980200800008

Billings, J., Abou Seif, N., Hegarty, S., Ondruskova, T., Soulios, E., Bloomfield, M., & Greene, T. (2021). What support do frontline workers want? A qualitative study of health and social care workers' experiences and views of psychosocial support during the COVID-19 pandemic. *PloS One*, *16*(9), e0256454. doi:10.1371/journal.pone.0256454

Boyer, C. J., Rice, M. J., Sorrell, T. R., & Spurling, A. M. (2019). Advancing racial/ethnic and cultural sensitivity among PMHNP students through education, practice, and experience. *Journal of the American Psychiatric Nurses Association*, *25*(6), 487–495. doi:10.1177/1078390318824651

Brandford, A., Fernander, A., Rayens, M. K., & Mudd-Martin, G. (2023). Examining race-based discrimination, depression, and occupational stress in black registered nurses. *Nursing Administration Quarterly*, *47*(2), 126–135. doi:10.1097/NAQ.0000000000000570

Brewer, L. C., & Cooper, L. A. (2014). Race, discrimination, and cardiovascular disease. *The Virtual Mentor: VM*, *16*(6), 270–274. doi:10.1001/virtualmentor.2014.16.06.stas2-1406

Brown, J. A., Robles, T. F., Labao, J., Soriano, M., & Dunkel Schetter, C. (2024). Microaggressions among staff in higher education: Examining differences by social identities, and the association with job satisfaction. *Journal of Workplace Behavioral Health*, 1–18. doi:10.1080/15555240.2024.2406491

Brondolo, E., Love, E. E., Pencille, M., Schoenthaler, A., & Ogedegbe, G. (2011). Racism and hypertension: A review of the empirical evidence and implications for clinical practice. *American Journal of Hypertension*, *24*(5), 518–529. doi:10.1038/ajh.2011.9

Canli, U., & Aquino, E. (2024). Barriers and challenges experienced by Latina nurse leaders. *Hispanic Health Care International: The Official Journal of the National Association of Hispanic Nurses*, *22*(2), 92–98. doi:10.1177/15404153231199175

Cénat, J. M. (2023). Complex racial trauma: Evidence, theory, assessment, and treatment. *Perspectives on Psychological Science: A Journal of the Association for Psychological Science*, *18*(3), 675–687. Epub 2022 Oct 26. PMID: 36288462; PMCID: PMC10186562. doi:10.1177/17456916221120428

Cénat, J. M., Broussard, C., Jacob, G., Kogan, C., Corace, K., Ukwu, G., Onesi, O., Furyk, S. E., Bekarkhanechi, F. M., Williams, M., Chomienne, M. H., Grenier, J., & Labelle, P. R. (2024). Antiracist training programs for mental health professionals: A scoping review. *Clinical Psychology Review*, *108*, 102373. doi:10.1016/j.cpr.2023.102373

Chasma, F., & Khonat, Z. (2021). How equal is access to senior management and leadership roles in the NHS? *British Journal of Healthcare Management*, *27*(9), 244–247. doi:10.12968/bjhc.2021.0057

Chisnall, G., & Vindrola-Padros, C. (2021). A rapid literature review on inequalities and ethnicity in healthcare workers' experiences of delivering care during the COVID-19 pandemic. *Open Science Framework*. doi:10.31219/osf.io/qrj9t

Chun Tie, Y., Birks, M., & Mills, J. (2018). The experiences of internationally qualified registered nurses working in the Australian healthcare system: An integrative literature review. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, *29*(3), 274–284. doi:10.1177/1043659617723075

Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among black supervisees in cross-racial dyads. *Journal of Counseling Psychology*, *54*(2), 142–153. doi:10.1037/0022-0167.54.2.142

Cottingham, M. D., & Andringa, L. (2020). "My Color Doesn't Lie": Race, gender, and nativism among nurses in the Netherlands. *Global Qualitative Nursing Research*, *7*, 2333393620972958. doi:10.1177/2333393620972958

Critical Appraisal Skills Programme (CASP). (2018). CASP qualitative checklist. https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology*, *48*(6), 1267–1278. doi:10.1016/j.jesp.2012.06.003

Dye, T. D., Alcantara, L., Siddiqi, S., Barbosu, M., Sharma, S., Panko, T., & Pressman, E. (2020). Risk of COVID-19-related bullying, harassment and stigma among healthcare workers: An analytical cross-sectional global study. *BMJ Open*, *10*(12), e046620. doi:10.1136/bmjopen-2020-046620

Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, *44*(2), 350–383. doi:10.2307/2666999

Filut, A., Alvarez, M., & Carnes, M. (2020). Discrimination toward physicians of color: A systematic review. *Journal of the National Medical Association*, *112*(2), 117–140. doi:10.1016/j.jnma.2020.02.008

FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: A systematic review. *BMC Medical Ethics*, *18*(1), 19. doi:10.1186/s12910-017-0179-8

Fowler, B. A. (2020). Facilitators and barriers to leadership and career opportunities in minority nurses in public health departments. *Public Health Nursing (Boston, Mass.)*, *37*(6), 821–828. doi:10.1111/phn.12800

George, R. E., Thornicroft, G., & Dogra, N. (2015). Exploration of cultural competency training in UK healthcare settings: A critical interpretive review of the literature. *Diversity & Equality in Health and Care*, *12*(3), 104–115. doi:10.21767/2049-5471.100037

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, *26*(1), 1–26. doi:10.1080/1047840X.2014.940781

Hagey, R., Choudhry, U., Guruge, S., Turrittin, J., Collins, E., & Lee, R. (2001). Immigrant nurses' experience of racism. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, *33*(4), 389–394. doi:10.1111/j.1547-5069.2001.00389.x

Hamed, S., Bradby, H., Ahlberg, B. M., & Thapar-Björkert, S. (2022). Racism in healthcare: A scoping review. *BMC Public Health*, *22*(1), 988. doi:10.1186/s12889-022-13122-y

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health*, *105*(12), e60–e76. doi:10.2105/AJPH.2015.302903

Han, Y., Yuan, Y., Zhang, L., & Fu, Y. (2016). Sleep disorder status of nurses in general hospitals and its influencing factors. *Psychiatria Danubina*, *28*(2), 176–183. https://www.ncbi.nlm.nih.gov/pubmed/27287793

Hennein, R., Bonumwezi, J., Nguemeni Tiako, M. J., Tineo, P., & Lowe, S. R. (2021). Racial and gender discrimination predict mental health outcomes among healthcare workers beyond pandemic-related stressors: Findings from a cross-sectional survey. *International Journal of Environmental Research and Public Health*, *18*(17), 9235. doi:10.3390/ijerph18179235

Hernández, P., Carranza, M., & Almeida, R. (2010). Mental health professionals' adaptive responses to racial microaggressions: An exploratory study. *Professional Psychology: Research and Practice*, *41*(3), 202–209. doi:10.1037/a0018445

Hood, A. M., Morais, C. A., Fields, L. N., Merriwether, E. N., Brooks, A. K., Clark, J. F., McGill, L. S., Janevic, M. R., Letzen, J. E., & Campbell, L. C. (2023). Racism exposure and trauma accumulation perpetuate pain inequities-advocating for change (RESTORATIVE): A conceptual model. *The American Psychologist*, *78*(2), 143–159. doi:10.1037/amp0001042

Huria, T., Cuddy, J., Lacey, C., & Pitama, S. (2014). Working with racism: A qualitative study of the perspectives of Māori (indigenous peoples of Aotearoa New Zealand) registered nurses on a global phenomenon. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, *25*(4), 364–372. doi:10.1177/1043659614523991

Isbell, L. M., Tager, J., Beals, K., & Liu, G. (2020). Emotionally evocative patients in the emergency department: A mixed methods investigation of providers' reported emotions and implications for patient safety. *BMJ Quality & Safety*, *29*(10), 1–2. doi:10.1136/bmjqs-2019-010110

Jacobson Frey, J. (2020). Actively working to be more antiracist in the employee assistance field. *Journal of Workplace Behavioral Health*, *35*(2), 69–79. doi:10.1080/15555240.2020.1785887

Johnson, J., Mitchinson, L., Parmar, M., Opio-Te, G., Serrant, L., & Grange, A. (2021). Do Black, Asian and Minority Ethnic nurses and midwives experience a career delay? A cross-sectional survey investigating career progression barriers. *Contemporary Nurse*, *57*(1-2), 99–112. doi:10.1080/10376178.2021.1927775

Jones-Berry, S. (2019). Is racism in the NHS being tackled effectively – Or is it getting worse? *Nursing Standard*, *34*(10), 19–21. doi:10.7748/ns.34.10.19.s10

Kalra, V. S., Abel, P., & Esmail, A. (2009). Developing leadership interventions for black and minority ethnic staff: A case study of the National Health Service (NHS) in the U.K. *Journal of Health Organization and Management*, *23*(1), 103–118. doi:10.1108/14777260910942588

Kaltiso, S. O., Seitz, R. M., Zdradzinski, M. J., Moran, T. P., Heron, S., Robertson, J., & Lall, M. D. (2021). The impact of racism on emergency health care workers. *Academic Emergency Medicine: Official Journal of the Society for Academic Emergency Medicine*, *28*(9), 974–981. doi:10.1111/acem.14347

Lall, M. D., Bilimoria, K. Y., Lu, D. W., Zhan, T., Barton, M. A., Hu, Y. Y., Beeson, M. S., Adams, J. G., Nelson, L. S., & Baren, J. M. (2021). Prevalence of discrimination, abuse, and harassment in emergency medicine residency training in the US. *JAMA Network Open*, *4*(8), e2121706. doi:10.1001/jamanetworkopen.2021.21706

Larsen, J. A. (2007). Embodiment of discrimination and overseas nurses' career progression. *Journal of Clinical Nursing*, *16*(12), 2187–2195. doi:10.1111/j.1365-2702.2007.02017.x

Levine, C. S., & Ambady, N. (2013). The role of non-verbal behaviour in racial disparities in health care: Implications and solutions. *Medical Education*, *47*(9), 867–876. doi:10.1111/medu.12216

Likupe, G., & Archibong, U. (2013). Black African nurses' experiences of equality, racism, and discrimination in the National Health Service. *Journal of Psychological Issues in Organizational Culture*, *3*(S1), 227–246. doi:10.1002/jpoc.21071

Louie-Poon, S., Chiu, P., & Kung, J. Y. (2023). Asian healthcare workers and their experiences of racism in North America: A scoping review. *The Canadian Journal of Nursing Research = Revue Canadienne de Recherche en Sciences Infirmieres*, *55*(3), 279–291. doi:10.1177/08445621231166101

Lu, H., Zhao, Y., & While, A. (2019). Job satisfaction among hospital nurses: A literature review. *International Journal of Nursing Studies*, *94*, 21–31. doi:10.1016/j.ijnurstu.2019.01.011

Morrissette, S. (2004). *The pain of helping: Psychological injury of helping professionals (psychosocial stress series)*. Routledge.

Moceri, J. T. (2014). Hispanic nurses' experiences of bias in the workplace. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, *25*(1), 15–22. doi:10.1177/1043659613504109

NHS Digital. (2021). *NHS workforce statistics – January 2021 (Including selected provisional statistics for February 2021)*. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2021

NHS England. (2023). *NHS workforce race equality standard (WRES) 2022 data analysis report for NHS trusts*. https://www.england.nhs.uk/long-read/nhs-workforce-race-equality-standard-wres2022-data-analysis-report-for-nhs-trusts/

Nunez-Smith, M., Curry, L. A., Berg, D., Krumholz, H. M., & Bradley, E. H. (2008). Healthcare workplace conversations on race and the perspectives of physicians of African descent. *Journal of General Internal Medicine*, *23*(9), 1471–1476. doi:10.1007/s11606-008-0709-7

Osseo-Asare, A., Balasuriya, L., Huot, S. J., Keene, D., Berg, D., Nunez-Smith, M., Genao, I., Latimore, D., & Boatright, D. (2018). Minority resident physicians' views on the role of race/ethnicity in their training experiences in the workplace. *JAMA Network Open*, *1*(5), e182723. doi:10.1001/jamanetworkopen.2018.2723

Otaye-Ebede, L., & Shaffakat, S. (2024). Breaking the concrete ceiling: Resources and strategies for career success amongst Black and Asian minority ethnic women leaders. *Journal of Occupational and Organizational Psychology*, *97*(4), 1243–1281. doi:10.1111/joop.12520

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., … Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ (Clinical Research ed.)*, *372*, n71. doi:10.1136/bmj.n71

Palumbo, R. (2024). Disrupted meaningfulness: The side effects of discrimination on well-being. *Journal of Workplace Behavioral Health*, 1–25. doi:10.1080/15555240.2024.2432330

Paradies, Y., Truong, M., & Priest, N. (2014). A systematic review of the extent and measurement of healthcare provider racism. *Journal of General Internal Medicine*, *29*(2), 364–387. doi:10.1007/s11606-013-2583-1

Parker, C. H., Ali, S., Sampson, E. L., & Sivapathasuntharam, D. (2024). 2284 NHS staff experiences of racism from patients and carers: Survey from a London older persons service. *Age and Ageing*, *53*(Supplement_3), afae139.064. doi:10.1093/ageing/afae139.064

Post, D. M., & Weddington, W. H. (2000). Stress and coping of the African-American physician. *Journal of the National Medical Association*, *92*(2), 70–75. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2640540/

Rhead, R. D., Chui, Z., Bakolis, I., Gazard, B., Harwood, H., MacCrimmon, S., Woodhead, C., & Hatch, S. L. (2020). Impact of workplace discrimination and harassment among National Health Service staff working in London trusts: Results from the TIDES study. *BJPsych Open*, *7*(1), e10. doi:10.1192/bjo.2020.137

Ricks, T. N., Abbyad, C., & Polinard, E. (2022). Undoing racism and mitigating bias among healthcare professionals: Lessons learned during a systematic review. *Journal of Racial and Ethnic Health Disparities*, *9*(5), 1990–2000. doi:10.1007/s40615-021-01137-x

Sayers, W. M., & Sayette, M. A. (2013). Suppression on your own terms: Internally generated displays of craving suppression predict rebound effects. *Psychological Science*, *24*(9), 1740–1746. doi:10.1177/0956797613479977

Schilgen, B., Nienhaus, A., Handtke, O., Schulz, H., & Mösko, M. (2017). Health situation of migrant and minority nurses: A systematic review. *PloS One*, *12*(6), e0179183. doi:10.1371/journal.pone.0179183

Shah, R., & Ahluwalia, S. (2019). The challenges of understanding differential attainment in postgraduate medical education. *The British Journal of General Practice: The Journal of the Royal College of General Practitioners*, *69*(686), 426–427. doi:10.3399/bjgp19X705161

Shields, M. A., & Wheatley Price, S. (2002). Racial harassment, job satisfaction and intentions to quit: Evidence from the British nursing profession. *Economica*, *69*(274), 295–326. doi:10.1111/1468-0335.00284

Sim, W., Lim, W. H., Ng, C. H., Chin, Y. H., Yaow, C. Y. L., Cheong, C. W. Z., Khoo, C. M., Samarasekera, D. D., Devi, M. K., & Chong, C. S. (2021). The perspectives of health professionals and patients on racism in healthcare: A qualitative systematic review. *PloS One*, *16*(8), e0255936. doi:10.1371/journal.pone.0255936

Singh, P., King-Shier, K., & Sinclair, S. (2018). The colours and contours of compassion: A systematic review of the perspectives of compassion among ethnically diverse patients and healthcare providers. *PloS One*, *13*(5), e0197261. doi:10.1371/journal.pone.0197261

Truitt, A. R., & Snyder, C. R. (2020). Racialized experiences of black nursing professionals and certified nursing assistants in long-term care settings. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, *31*(3), 312–318. doi:10.1177/1043659619863100

Turrittin, J., Hagey, R., Guruge, S., Collins, E., & Mitchell, M. (2002). The experiences of professional nurses who have migrated to Canada: Cosmopolitan citizenship or

democratic racism? *International Journal of Nursing Studies*, *39*(6), 655–667. doi:10.1016/s0020-7489(02)00003-2

Walker, C. R., Gunasinghe, C., Harwood, H., Ehsan, A., Ahmed, F., Dorrington, S., Onwumere, J., Meriez, P., Stanley, N., Stoll, N., Woodhead, C., Hatch, S. L., & Rhead, R. D. (2024). Ethnic inequalities during clinical placement: A qualitative study of student nurses' experiences within the London National Health Service. *Journal of Advanced Nursing*, *80*(4), 1497–1510. doi:10.1111/jan.15891

Wang, K., Anders, C., Ho, Y. C. S., Garrison, Y. L., & Kivlighan, III, D. M. (2023). Asian international psychotherapist's experiences of client's microaggression in therapy. *Psychotherapy*, *60*(4), 442–454. doi:10.1037/pst0000502

Wegner, D. M., & Gold, D. B. (1995). Fanning old flames: Emotional and cognitive effects of suppressing thoughts of a past relationship. *Journal of Personality and Social Psychology*, *68*(5), 782–792. doi:10.1037//0022-3514.68.5.782

Wei, H., Horns, P., Sears, S. F., Huang, K., Smith, C. M., & Wei, T. L. (2022). A systematic meta-review of systematic reviews about interprofessional collaboration: Facilitators, barriers, and outcomes. *Journal of Interprofessional Care*, *36*(5), 735–749. doi:10.1080/13561820.2021.1973975

Wenham, C., Fernandez, M., Corrêa, M. G., Lotta, G., Schall, B., Rocha, M. C., & Pimenta, D. N. (2022). Gender and race on the frontline: Experiences of health workers in Brazil during the COVID-19 pandemic. *Social Politics*, *29*(4), 1144–1167. doi:10.1093/sp/jxab031

Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, *40*(1), 105–125. doi:10.1146/annurev-publhealth-040218-043750

Wilson, D. W. (2007). From their own voices: The lived experience of African American registered nurses. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, *18*(2), 142–149. doi:10.1177/1043659606298611

World Health Organization. (2010). *Classifying health workers: Mapping occupations to the international standard classification*. World Health Organization.

Xiao, C., Winstead, V., Townsend, C., & Jablonski, R. A. (2021). Certified nursing assistants' perceived workplace violence in long-term care facilities: A qualitative analysis. *Workplace Health & Safety*, *69*(8), 366–374. doi:10.1177/2165079920986159

Xu, Y., Gutierrez, A., & Kim, S. H. (2008). Adaptation and transformation through (un)learning: Lived experiences of immigrant Chinese nurses in US healthcare environment. *ANS. Advances in Nursing Science*, *31*(2), E33–E47. doi:10.1097/01.ANS.0000319570.99254.e5