

Health, Well-being and Women of Color Academics

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Abstract:

This article discusses the multiple factors that contribute positively and/or negatively to the health and well-being of women of color academics. Framed by feminist and structuration theories as well as concepts of intersectionality and risk/protective factors, this grounded theory research included 33 women of color academics who completed a questionnaire relating to risk and protective factors that influence biological health and psycho-social well-being. The study found that many factors contribute to the biological health and psycho-social well-being of women of color academics. For instance, work related stress and anxiety; internalized unresolved experiences with racism in the workplace; isolation and withdrawal from social network due to overwhelming workload; weight problems; and financial strain were identified as negative contributors to one's health and well-being. On the contrary, supportive family, friends, and mentors; spirituality; self-care such as exercise and healthy diet; adequate health care; and financial security were identified as positive contributors to one's health and well-being.

Keywords: Academic women of color, health and gender, women and well-being, social work educators

Introduction

The experiences of academic women of color around the world are extremely complex given the complicated realities of the academic institution and the ever present race/ethnicity and gender-based challenges they encounter on a daily basis. However, one thing that is not complex or complicated is the link of the experiences of women of color in the academy to their holistic health and well-being; unfortunately, this link is not well documented in the existing literature. Nonetheless, understanding the sources of risk or protection for health and well-being of academic women of color has major implications for recruitment and retention which issues are critical as women of color in the academy are but a recent phenomenon. The lived experiences of academic women of color, particularly in social work education, have been bittersweet with stories of racism and sexism-based marginalization to ones of mentorship and promotion (Bailey, Koney, McNish, Powers, & Uhly, 2008; Boyd, 2009; Carlton-LaNey, 2001; Raheim, 2009; Washington, 2009). Factors that influence recruitment and retention of women of color into the academy continue to be under researched and misunderstood particularly in relation to health and well-being. Consequently, the lack of accurate databases and limited existing literature results in inadequate or non-existence of effective policies and programs that advocate for women of color in academia. Building on previous research, this article focuses on the multiple factors that contribute positively and/or negatively to the biological health and psycho-social well-being of women of color academics.

Literature Review

Conceptual Framework

Informed by the integration of several theories, this study conceptualized health and well-being holistically as inclusive of the bio-psycho-social-spiritual dimensions of the self. Feminist theory advocates for gender equality (hooks, 1981) as a protective influence on the health and well-being of women of color academics. Expanding on the idea of gender equality, intersectionality suggests the necessity of understanding the oppressive outcomes of complex intersections among gender, race/ethnicity, sexual orientation, class, religion, disability, and national origin (Browne & Misra, 2007; Knudsen, 2007; McCall, 2007). For women of color academics, these intersections are extremely complicated in the academy which is often a context in which inequities are reproduced and reinforced (DiNitto, Martin, & Harrison, 1982). Furthermore, structuration theory (Dear & Moos, 1994) provides a framework that acknowledges the interaction between women of color academics and the academy.

Although the academy reinforces barriers for women of color, the empowerment basis of this theory acknowledges women of color as independent, knowledgeable, active, and reasonable (Stubbs, Martin & Endlar, 2006). Likewise, the concepts of risk and protection (Hawkins & Catalano, 1992) were also integrated into this conceptual framework, in that, sources of risk and/or protection for health and well-being of women of color academics are based on complex interaction of influences comprised of family, cultural and community, school, and peer-based variables.

Women of Color in Academia

According to Turner, González, and Wood, (2008), despite the knowledge that having a diverse faculty positively influences student success, the movement to diversify faculty composition at universities continue to fall short of expectation even in the 21st century. The need for numerical and political representation continue to fall short of expectation yet the need to prepare students for a diverse society continues to increase tremendously. As discussed by Nelson (2007), underrepresentation of people of color begins with the completion of the Ph.D. across disciplines especially in disciplines such as science and engineering. Thereafter, it progresses to underrepresentation in professorial ranks and tenured and tenure-track positions (DiNitto, Grant, & Vakalahi, 2007).

In 2007, the Chronicle of Higher Education Almanac (2008) indicates that only about 16% of all full-time faculty were faculty of color (5.7% Asian, 6.3% Black, 3.76% Hispanic, 0.5% American Indian/First Nations). Women faculty constituted about 46% of the total faculty of which about only 8% were women of color (2.3% Asian, 3.57% Black, 1.78% Hispanic, 0.24% American Indian/First Nations). In terms of full professorship, fewer than 12% were people of color and for women of color the numbers were shamefully dismal with 1% Black, 1% Asian, 0.6% Hispanic, and 0.1% American Indian/First Nations. Oakes (2008) also confirmed that women of color continue to be underrepresented in tenured and higher faculty ranks which connects to the perspective that the academy is patriarchal in nature and predominantly favors white men. Intentional and unintentional discrimination, individual and institutional racism, salary gap, and other personal and professional barriers are the realities of these women of color (DiNitto, Aguilar, Franklin, & Jordan, 1995).

In a pilot study by Starks and Whitlock (2009) in one southern U.S. state, participating academic disciplines struggled with recruitment and retention of women of color faculty due to lack of mentorship, imbalanced expectations, fear of censorship, and white privilege. They affirmed the need for an intersectional and inclusive perspective that advocates numerical and political powers for women of color in the academy. Misconceptions and misunderstanding of women of color academics is the norm even in a 21st century diverse environment. Representing the stories of a long line of women of color academics (Vakalahi, Starks, Ortiz Hendricks, 2007), Christiansen (2000) spoke of the complexities of her multiple Pacific American woman academic identities as a misunderstood concept in the academy. She advocated for the need to speak up and fight against being objectified as “an artifact with fixed cultural value” which objectification endangers all other dimensions of the self that are critical to psycho-social-spiritual well-being.

Nothing affected her mind and heart more than being respected simply as a woman, a Maori, and an academic. Similarly, in a study by Thomas and Hollenshead (2001), women of color faculty in research universities were found to be extremely more disadvantaged than men of color, white women, and white men. About 60% of these women of color faculty reported the existence of organizational barriers in their professional lives and that removal of such barriers will contribute to their progress, whereas only 30% of white men, 35% of men of color, and 45% of white women reported encountering organizational barriers. The research interests of women of color were not valued, they were constantly scrutinized, subjected to unwritten rules and pressures, and expected to work twice as hard to be considered legitimate. Unfortunately, the mentorship scene was also bleak, in that, only 58% of these women of color have mentors compared to 78% of white men.

In addition, the link between racism-based trauma and health and well-being of women of color academics is quite obvious yet not fully documented in the written literature. For instance, Carter (2007) documents the impact of racism-based discrimination and harassment on health and well-being and trauma as an outcome of racism when coping fails. The importance of looking beyond personality into how a person's racism-based experience contributes to stress and hence leading to emotional and psychological harm was emphasized (Speight, 2007; Thompson-Miller & Feagin, 2007). Although women constitute more than half of the social work faculty, women of color account for less than half of that figure (Council on Social Work Education, 2005; Starks & Cashwell, 2007). The limited literature on the experiences of women of color academics validate the struggles and challenges faced by women of color in social work education, but also recognize the important contributions they make to the profession (Bent-Goodley & Sarnoff, 2008; Carter-Black, 2008; Starks & Cashwell, 2007).

African Americans, in particular, have made pioneering and significant contributions to social work leadership and practice which unfortunately, have not been celebrated and recognized enough (Carlton-LaNey, 2001). Indeed, the strength, courage, and leadership of pioneer women of color have led the way in ensuring equitable representation in academia and sustainability of that movement through sustaining one's spirit and finding balance in professional endeavors (Bailey, Koney, McNish, Powers, & Uhly, 2008). Despite great progress in social work education, women of color lag behind in terms of numbers, tenure, promotion, and compensation. Political powerlessness, lack of recognition of research and service with communities of color, and lack of mentorship remains problems that negatively impact the possibility of tenure and promotion. Schiele and Francis (1996) found that the tenure and promotion process is biased against faculty of color; and that women of color continue to face great organizational, professional, and personal barriers to advancement in the academy.

Methodology

Research Design

Due to the fact that little has been written about women of color as social work educators and their health and well-being, an exploratory research method is essential to examining the experiences of these women in the academy and particularly in social work education. Grounded theory, a qualitative research method, is utilized as the interpretive paradigm for constructing a theory about the experiences of women of color as social work educators (Denzin & Lincoln, 1994). As Becker (1993) suggests, the focus is on developing "an account of a phenomenon that identifies the major constructs and categories..., their relationships, and the context and process" (p. 254). The inductive nature of grounded theory provides systematic procedures for constructing a theory that is grounded in data (Strauss & Corbin, 1990). Such systematic procedures posit that the accuracy of a theory about the experiences of women of color as social work educators is inherently related to the process by which it is generated (Glaser & Strauss, 1967).

Research Questions

The research questions explored in this study were:

1. What are the personal, social, and cultural-related risk factors and protective factors that contribute to the health and well-being of women of color in social work education?
2. What are the academia-related stressors in the lives of women of color in social work education and the influence on health and well-being?

Sampling Procedures

All women of color in social work education programs accredited by the Council on Social Work Education (CSWE) were eligible to participate. The primary channel for recruiting study participants were social work national conferences such as CSWE Annual Program Meeting, Association of Baccalaureate Program Directors (BPD), and Association of Black Social Workers. These were prominent events well attended by women of color in social work education.

Data Collection and Data Analysis

Data were collected using a confidential questionnaire regarding health and well-being, completed face to face or sent electronically to consenting women of color social work faculty in CSWE-accredited programs in the U.S. and its territories. At each conference, the two researchers who were women of color social work educators as well distributed recruitment flyers through various networks and people, inviting them to complete a questionnaire in a designated area during the conference. Participants were given up to two hours to complete the questionnaire which included questions on demographics, biological, psychological, social, and spiritual health and well-being, academia related stressors, prevention and intervention strategies, and other comments. Atlas.ti was used to organize the data for analysis. In alignment with classic content analysis methods, the meaning making process began with a lengthy immersion in the data by the two researchers, individually and collectively reviewing and discussing the data. Immersion in the data generated data-based codes. It also allowed for discovering of significant themes and patterns that reflected a collective perspective from participants. These processes facilitated interrater reliability and accuracy of interpretation (Sandelowski, 2000). A critical part of immersion in the data was the continuous presentation of the findings to various peer audiences and soliciting their feedback. Presentations and dialogue with various audiences enriched the interpretations of the data.

Findings

Demographics

Study participants included 33 women of color academics ranging in age from early 20's to late 60's, proportionately represented in assistant, associate, and full professor ranks; slightly more than half of the participants were tenured faculty. Racial/ethnic identities of participants were 26 African Americans, three Hispanic/Mexican Americans, two Asian Americans, one Caribbean, and one unidentified.

Types of universities in which participants were employed included nine Historically Black College/University, two minority-serving institutions, and 22 mainstream universities. Time employed in current university and time in academia was similar, ranging from less than one year to 44 years. Reported income bracket ranged from \$50K to \$80K. In terms of having a mentor in one's university, only 15 women of color have access to that resource whereas 22 also had mentors outside of the university. In relation to workload, participants reported a range from 5% to 100% teaching; 25% to 50% research; and 10% to 75% service.

Biological health

The most common biological health challenges reported by participating women of color academics included lack of sleep resulting from stress over work responsibilities, high blood pressure, heart problems, diabetes, arthritis, and hypertension. Participants indicated the following factors as negatively contributive to these health challenges: (a) work related stress resulting from extended work hours, extended workload, an often oppressive environment, and anxiety over work responsibilities; and (b) weight problems resulting from lack of exercise due to time constraints, lack of eating healthy foods, and the natural process of aging. Similarly, participants indicated the following factors as positively contributing to their biological health: (1) family, friends, and mentors who provide care and opportunities to resolve challenges, a strong social circle, strong support system, and strong familial ties; (2) spiritual foundation reflecting faith in Jesus Christ and God, prayer and other practices, and church attendance; (3) self-care such as eating a healthy diet and good nutrition, exercise, music, massage/aromatherapy and relaxation, sufficient rest, travel, positive sense of self, and positive attitude; and (4) taking medication as directed by physician, adequate health insurance and regular checkups, and competent doctors. When asked about factors that contribute to one's biological health, one woman of color said, "family... partner, parents, sisters" whereas a group of women said, "strong familial ties and support, support system... family and friends". Another woman of color indicated, "caring mentors to vent my issues and provide me with support". Several said, "my spiritual beliefs and faith in God" and "African centered church". Still another stated, "taking my blood pressure medicine and a conscious desire to be healthy".

Psychological well-being

Participants reported overwhelming experiences with stress, anxiety, loss of sleep, feelings of loneliness, and burnout. Regarding factors that negatively contribute to psychological well-being, participants indicated: (a) employment and financial related stress linked to inequitable work demands and work overload; (b) internalized unresolved experiences with racism in an oppressive academic environment; and (c) overwhelming caretaking responsibilities. In terms of factors that positively contribute to psychological well-being, participants indicated: (1) support and network of family and friends; (2) spirituality relating to belief in God, prayer, faith; (3) exercise, music, and preventative healthcare, positive thinking and balance in personal life; and (4) financial security. Reflecting the sentiments of many participants, when asked about factors that contribute to psychological well-being, one woman said, "...the influence of strong mothers and a special circle of women". Another stated, "strong family support, strong network of friends... friendship". Still another said, "I am full of energy I take quiet time every day for me to relax".

Social well-being

In terms of social well-being, participants reported experiences of social isolation-based depression, racism-based trauma, constant experiences with racialized sexism, and the lack of energy and time for family and friends. Factors that negatively contribute to social well-being included: (a) isolation and withdrawal from social network because of work overload; and (b) financial strain. Regarding factors that positively contribute to social well-being, participants identified: (1) a strong network of family and friends that provide support, friendship, and involvement in the community and church; and (2) the ability to negotiate and seek out help when necessary including a weekly outing. When asked about factors that contribute to social well-being, one woman of color said, "I have a strong circle of family and friends, strong family support, strong support of 'sister-friends'". Another woman of color stated, "A strong sense of self which comes from a lot of love from extended family, spouse, and parents".

Discussion

Despite the limitations of self-report data and the small sample size of this study, the realities of these women of color academics must be recognized and respected. As indicated in the findings and discussed in the existing literature, many intersecting factors contribute to the biological health and psycho-social well-being of women of color academics (Browne & Misra, 2007; Knudsen, 2007; McCall, 2007). Among the factors reported by the women of color in this study, negative contributors to their health and well-being included work related stress and anxiety; internalized unresolved experiences with racism; isolation and withdrawal from social network; weight problems; and overwhelming caretaking responsibilities.

On the other hand, supportive family, friends, and mentors; spirituality; self-care such as exercise and eating a healthy diet; adequate health care; and financial security were identified as positive contributors to their health and well-being. It is evident from the responses of these participating women of color academics that their lives in the academy reflect a struggle to survive with family, friends, and spirituality as their saving grace. As supported by the existing literature (DiNitto, Martin, & Harrison, 1982), gender and race/ethnicity-based inequities seem to be a part of the experiences of the women of color in the study. In fact, experiences in the academy as a workplace seem to have been described by these women of color as associated with high stress, anxiety, racism, isolation, and imbalanced expectations, which factors are also supported in the existing literature as associated with the experiences of women of color academics (DiNitto, Aguilar, Franklin, & Jordan, 1995; Thomas & Hollenshead, 2001). As suggested by Carter (2007), the outcome of these stressful experiences may possibly be psychological trauma and physical illness as described by a majority of the study participants. On the other hand, mentorship in particular was described by these women of color as a positive contributor which Starks and Whitlock (2009) also found in their study as a prevention or intervention strategy for a healthy experience in the academic workplace.

Implications for Research and Policy Practice

Grounded in the data, a few implications from this study are offered here as consideration for future endeavors that would embrace a transcultural and transnational perspective. These implications are framed by an overall recommendation that future research and policy practice will take a stronger and more targeted focus on understanding and considering factors that have proven to positively contribute to health and well-being of women of color academics, their colleagues, students, and staff. Factors identified in this study to have positive contribution to the health and well-being of women of color academics include support of family and friends, network of mentors, spirituality, self-care in terms of eating right and exercise, a positive outlook on life, and the sense to access help when necessary. In terms of future research, adequate and accurate databases are desperately needed to inform our understanding of the disconnect between how the academic system treats women of color academics and factors identified in this study to have sustained participating women of color academics. For instance, although families and friends were identified as the strongest sources of support for women of color in the academy especially in terms of sustaining them during challenging times, the academy was not always seen as a supportive entity to family and friends nor were they seen to be supportive of the health and well-being of women of color.

More targeted research on prevention and intervention strategies across cultures and nations that balances and bridges life in the academy and life at home and the community are needed. For instance, mentorship designed around the complex lives of women of color academics need to be tested. Furthermore, targeted research on the specific outcomes of stress which is essentially the failure in coping and possible traumatic and physical conditions is urgently needed. Similarly, in relation to policy practice, academic systems are urged to establish and fund mentorship programs that help maintain balance between the demands of the academy and one's personal life. Academic policies are needed to support women's choices to have a family and a career including policies such as reasonable flexibility in the number of years allowed to achieve tenure and promotion, tele-commuting, funding for professional development of women with families, and stronger policies on workload equity. In essence, research and policy practice are urgently needed to support women of color academics as they struggle to find balance between the expectations of the academy and the entities—family, friends, that contribute most to their health and well-being.

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