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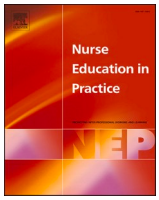

Asian American nursing students' experiences of racial microaggressions amid the COVID-19 pandemic: Focus group discussions

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ABSTRACT

Aim: This study aimed to explore the thoughts and feelings of Asian American nursing students regarding Anti-Asian racism that they might anticipate or experience during their clinical training.

Background: Asian Americans have long been viewed as perpetual foreigners and coronavirus disease 2019 has reinforced that negative view. Asian American nursing students may anticipate and experience racial discrimination during their clinical training, which could negatively affect their mental health.

Design: This is a qualitative research study using focus group discussions.

Method: Focus group discussions were conducted over Zoom and audiotaped. The audiotapes were transcribed and validated for accuracy. A thematic analysis was performed using NVivo10. Emerging themes and subthemes were compared and discussed until agreements were made.

Results: Nineteen students participated in four focus group meetings, of which, 13 (68 %) had clinical training and six (32 %) were preclinical students. Four major themes emerged: (a) looking forward to hands-on learning opportunities, (b) enduring racial microaggressions, (c) maintaining professionalism in the face of racial microaggressions and (d) standing up for oneself and other Asian American healthcare workers. Preclinical students were anxiously waiting for clinical training so that they could have hands-on learning experiences. They anticipated that anti-Asian racism in clinical settings would be similar to what they had experienced on the streets and therefore, they were not afraid of it. Students who had clinical training reported experiencing a variety of racial microaggressions that varied from "side-eyes" to "verbal assault" and occurred at three levels: patients, nurses and clinical instructors. They reported that most of the microaggressions were familiar to them, but some, especially coming from their clinical instructors, were unique to clinical settings.

Conclusion: Asian American nursing students experienced racial microaggressions during their clinical training which came from patients, nurses on the unit and their clinical instructors. Nevertheless, the students strove to maintain professionalism and stand up for themselves and other Asian healthcare workers as they gained confidence in clinical knowledge and skills.

1. Introduction

Asian Americans have long been viewed as perpetual foreigners in the United States. Coronavirus disease 2019 (COVID-19) has reinforced the negative view of the rapidly growing Asian American population as the "Yellow Peril" (Chen et al., 2020). This negative stereotype frequently creates the breeding ground for anti-Asian feelings. A national survey collected in March 2020 found that 42 % of residents in the United States were likely to engage in discriminatory behaviors toward Asian Americans out of fear of the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, Dhanani and Franz, 2020). The Pew Research Center documented that 40 % of Americans believed racial bias against Asian Americans was more common than before the breakout of the COVID-19 pandemic and 31 % of Asian Americans have experienced racial slurs since the outbreak (Ruiz et al., 2020).

Asian American nursing students may anticipate and experience a high level of stress related to anti-Asian racism in their clinical training. Lazarus and Folkman (1984) defined stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19). Appraisals of person-environment transactions give rise to the experience of stress, which is contingent on the individual's

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perceptions of situations or events, their characteristics, feelings and emotions and their ability to cope (Folkman, 2013; Folkman et al., 1986). Reviews of relevant literature revealed that nursing students in general perceive moderate to high levels of stress during their clinical training (Alzayyat and Al-Gamal, 2014; Bhurtun et al., 2019; Labrague et al., 2018; McCarthy et al., 2018). Admi et al. (2018) found that nursing students perceive gaps between demands in a specific clinical situation and their resources or abilities to perform the tasks. Sense of inadequacy, being ignored, ineffective communication, ambivalence, disgust, frustration and conflict were themes identified from qualitative research studies with undergraduate nursing students (Arieli, 2013; Jasemi et al., 2018; Rafati et al., 2017; Sun et al., 2016).

This study explored the thoughts and feelings of Asian American undergraduate nursing students related to anti-Asian racism that they might anticipate or experience during their clinical training. Some patients may blame Asian American healthcare workers, including Asian American nursing students, for the SARS-CoV-2 and refuse their care. Especially those who lost loved ones to COVID-19 or have been infected with the virus may dislike having Asian American nursing students care for them. Some hospital workers may feel uncomfortable working with Asian American nursing students because the students resemble people in China where the virus was first detected. Likewise, Asian American nursing students may be reluctant to report the experiences of anti-Asian racism to their instructors because they fear that non-Asian American instructors may not understand and defend them. Anticipating and experiencing race-based stigma and discrimination during infectious disease outbreaks can increase the risk for mental health problems (Misra et al., 2020).

Numerous studies have been conducted for COVID 19-related stress in the Asian American population (Chen et al., 2020; Dhanani and Franz, 2020; Misra et al., 2020; Wong-Padoongpatt et al., 2022), Asian American healthcare workers (Peltz et al., 2021; Pereira, 2021) and Asian American students (Dong et al., 2022; Grinshteyn et al., 2022; Zhou et al., 2021). Asian American students in general reported higher levels of discrimination related to COVID-19 relative to non-Asian American students as well as increased microaggressions during the COVID pandemic, which mostly manifested through racial insults, deliberate avoidance, being coughed or sneezed on and physical intimidation (Dong et al., 2022; Grinshteyn et al., 2022; Zhou et al., 2021). However, no study was conducted to explore the experiences of Asian American nursing students who were waiting for or taking clinical training amid the COVID-19 pandemic. We wanted to answer the following three questions: (1) Would Asian American nursing students anticipate or experience high stress during their clinical training? (2) Would the stress be related to anti-Asian racism? (3) What coping strategies would Asian American nursing students use to manage such stress?

2. Methods

2.1. Research design

The design of this study is focus group discussions. We chose group over individual interviews because we believed that the group setting would facilitate discussions among participants who had something in common: being Asian American undergraduate nursing students. Focus group discussion is frequently used as a qualitative research approach to gain in-depth understanding of social issues (Nyumba et al., 2018).

2.2. Participants

Inclusion criteria for participation were: (1) age 18 years or older; (2) self-identification of Asian race; (3) enrollment in an undergraduate nursing program in the greater Boston area; and (4) ability to access a Zoom meeting. We decided to include preclinical students because we wanted to compare the perspectives of Asian American nursing students toward anti-Asian racism in clinical training depending on their clinical experiences. A purposive sample of Asian American undergraduate nursing students was recruited by email solicitations with study flyers. In addition, the third author, an Asian American undergraduate nursing student, visited a classroom to talk about the study after obtaining permission from the course instructor. The student was the key contact person who screened all potential participants for eligibility. She explained the purposes and procedure of the study before obtaining verbal consent. Then, she directed those who affirmed willingness to participation in the study, to complete an online survey through Google Drive. Participants provided information about their gender, age, type of nursing program, years in the nursing program and any clinical experiences, including clinical training. Once participants completed the survey, they were invited to an online poll asking about their availability to meet on certain days and times. Participants received small e-gift cards for completion of each online survey, participation in focus group discussions and attendance in a member-checking meeting.

2.3. Data collection

We initially organized two meetings for each focus group unit: preclinical and clinical students. The two meetings of clinical students were held as planned. However, we changed the plan for preclinical students after the first meeting. Compared with clinical students, preclinical students had difficulty talking about anti-Asian racism in the upcoming clinical training. They thought their experience at a clinical site would not differ from what they had experienced while growing up. Therefore, we decided to have the fourth meeting with a mixed group of students with and without clinical training; we thought the interaction between the two groups might yield meaningful discussions. All meetings were held over Zoom. Three authors, all Asian Americans, conducted focus group interviews; the third author moderated group discussions using structured interview guides (Table 1) and the first and fourth authors took meeting notes. The interview guides were developed by the first four authors, including two Asian undergraduate nursing students. The first author had extensive training in qualitative research and conducted a focus group study before. Prior to group meetings, the first author provided the two student authors with intensive training of what a focus group study was and how to conduct it. They met weekly for an hour over three months before recruiting participants. At the beginning of each meeting, the first author provided a brief explanation about the study's purposes. The review board of the University Massachusetts Boston approved the study protocol. The board recommended verbal

Table 1
Interview guides.

Students at Pre-clinical Training	Students at Clinical Training
1. What things come to your mind when you think of clinical training?	1. Tell us about your current or last clinical training.
2. Tell us what you anticipate in clinical training.	2. How have you been treated at a clinical site?
3. Tell us if you have any concerns about clinical training.	3. Tell us whether you feel any stress during clinical training.
4. Do you feel stress when you think of clinical training, and how much is the stress related to anti-Asian hate and discrimination?	4. What is the most stressful thing in your clinical training?
5. How does the stress affect your mental health?	5. Tell us if you have experienced anti-Asian hate and discrimination during clinical training.
6. Tell us what can be done to help you cope with the stress?	6. How does the experience affect your mental health?
7. Tell us if you think we left out something that we should have discussed in this meeting.	7. Tell us what can be done to help you cope with the stress?
	8. Tell us if you think we left out something that we should have discussed in this meeting.

consent instead of written consent while stating that students might feel pressured to participate in the study if we collected their names as part of the written consent. The review board also advised not to record the meeting using Zoom because of privacy concerns. A third party like IT staff could access Zoom recordings. Therefore, we used two digital audio recorders. A person from a HIPAA-compliant transcription company transcribed recordings. The four meetings generated 192 pages of double-spaced transcripts and nine pages of single-spaced meeting notes. The three authors cross-checked the accuracy of the transcripts while listening to the audiotapes and reading the meeting notes. The three agreed that the fourth meeting did not yield new information indicating data saturation.

2.4. Data analysis

Thematic analysis was carried out, which comprised four distinctive processes. First, all six authors independently read the transcripts of each focus group meeting and identified keywords from the transcripts. Second, we met over Zoom and compared keywords. If there were discrepancies in keywords, we discussed and took consensus. Third, codebooks of the agreed keywords were created using NVivo10, a qualitative analytic software. Fourth, we met weekly over Zoom and identified themes and subthemes from the codebooks. We compared the themes and subthemes across the four focus groups while exploring relationships among the themes. To establish the trustworthiness of the findings, we employed the following strategies: (1) purposive sampling, (2) member checking, (3) data analyses by multiple investigators and (4) use of the qualitative software NVivo10. For member checking, we held a meeting with seven participants; five clinical; and two preclinical students. Two authors presented findings using power-point slides and then asked participants for feedback. All participants agreed that the findings well portrayed their discussions during focus group meetings. Some participants thanked the authors for providing the opportunity to talk about their experiences.

3. Results

Of 34 students who were screened and determined to be eligible, 27 students completed the online survey and 19 participated in focus group discussions. Four who had confirmed attendance a day prior did not join a scheduled meeting, two withdrew and the remaining were lost in contact. Schedule conflict was the primary reason for the dropout. The demographic characteristics of the participants are shown in Table 2. More than half of the participants (58 %) were from a public university and nearly half (47 %, n = 9) were third-year students who had completed two to three clinical training courses.

The numbers of participants in focus groups ranged from three in the first group to seven in the third group, and the lengths of the meetings varied from 64 min for the second group to 83 min for the third group (see Table 3). Except for three students who were the classmates of the third and fourth authors, participants did not have any prior relationship with the researchers before study commencement. Most students stated that they participated in the study because of the study topic. Some mentioned that they participated because they wanted to hear from other Asian nursing students. The number of keywords identified from each meeting varied from 73 to 147. Four main themes were identified, which reflect distinctive but interrelated stages of clinical training (Fig. 1). They are described below, along with direct quotes from participants.

3.1. Preclinical stage: looking forward to hands-on learning opportunities

Preclinical students shared their excitement about the upcoming clinical training by stating that it would provide them with hands-on learning opportunities. One first-year student said, "*I am really excited to get like hands-on knowledge because I know a lot of the things we're learning right now are sort of in an academic setting.*" Although "feeling excited" was the predominant theme, some were concerned about making mistakes. For example, one second-year student said:

> "There's really no room for making mistakes because their health is like in our hands. So, I just want to make sure that I am performing my best because I don't want to harm anyone. I am worried if I am going to do it right or if I'm going to remember how I learned it in the lecture."

When asked about the possibility of facing anti-Asian racism during their clinical training, many answered that the phenomenon was universal and would not be different from what they had experienced in their everyday lives. Said one first-year student:

> *"Which [anti-Asian racism], again, isn't specific to a hospital setting at all, like any predominantly like a white area that I've been in, that's always been. It's not something that like, you know, I would get depressed or really stressed out about."*

3.2. Clinical stage 1: enduring racial microaggressions

Students at this stage mentioned that clinical training was extremely stressful. Many shared how they felt awkward, unwanted and out of place when they first entered a clinical site. They agreed that the lack of familiarity with the place was the foremost daunting challenge at the time. Many also talked about their experiences with racial

Table 2
Demographic characteristics and key study variables.

Variable	Number (%)
School Characteristic	
Public	12 (63.16 %)
Private	7 (36.84 %)
Age	
18–20	11 (57.89 %)
21–24	5 (26.32 %)
25 +	3 (15.79 %)
Grade	
1st year	4 (21.05 %)
2nd year	2 (10.53 %)
3rd year	9 (47.37 %)
4th year	4 (21.05 %)
Clinical Training	
Yes	13 (68.42 %)
No	6 (31.58 %)
Program	
Traditional: 4 years	16 (84.21 %)
Accelerated: 12 months	3 (15.79 %)
Ethnicity	
One Asian	14 (73.68 %)
Two or more Asian	4 (21.05 %)
Biracial	1 (5.26 %)
Ethnic Identity	
Asian American	14 (73.68 %)
Asian	5 (26.32 %)

Table 3
Characteristics of the four groups.

Focus Group	1	2	3	4
Number of Participants	3	4	7	5
Type of Nursing Program	Traditional	traditional & accelerated	traditional & accelerated	traditional
Clinical Training	yes	no	yes	yes/no
Runtime in minutes	73	64	83	73
Number of themes (Keywords)	39 (142)	32 (73)	28 (145)	36 (127)

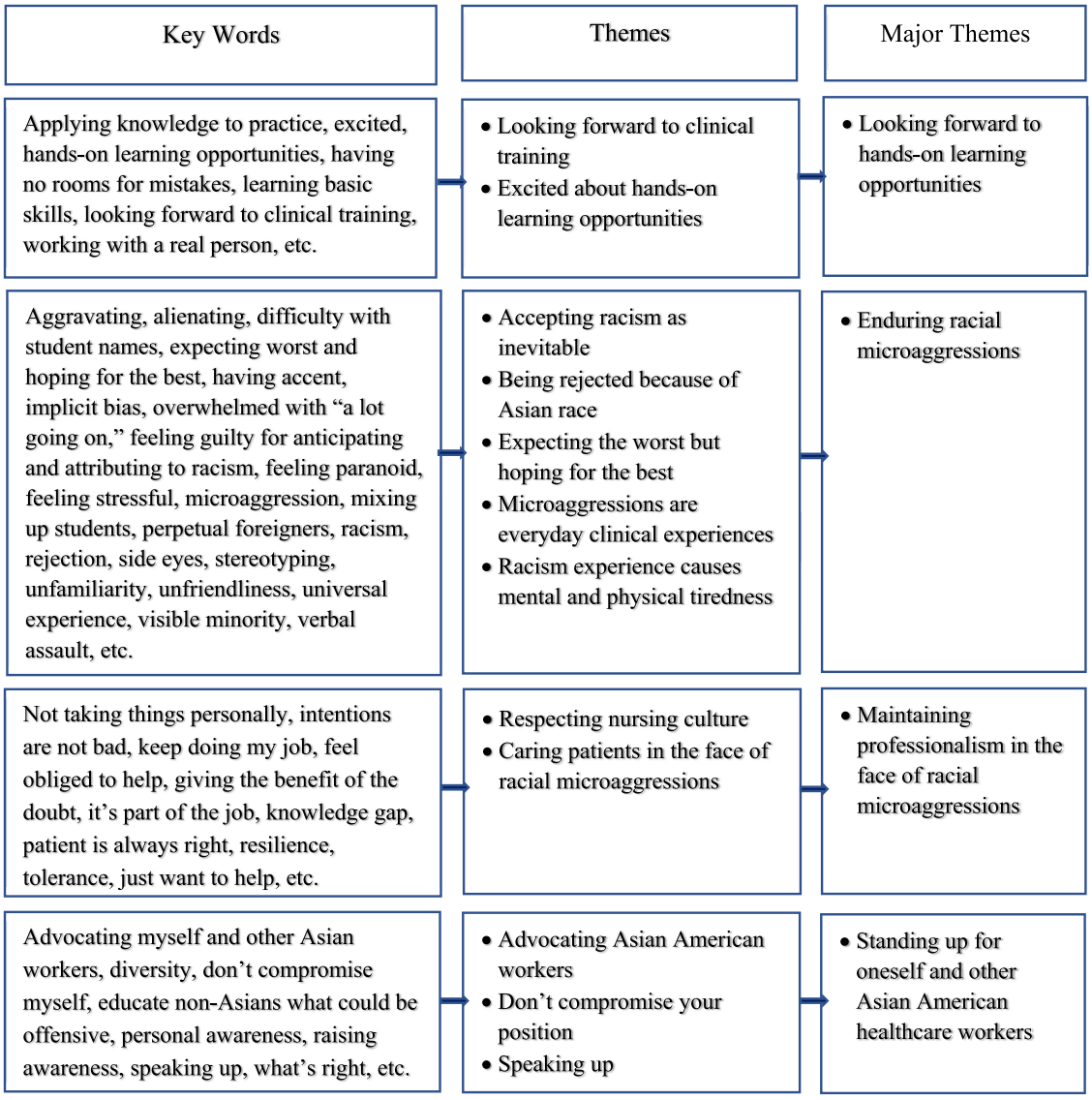

Fig. 1. Coding tree.

microaggressions that varied from receiving "side-eyes" to verbal assault. One third-year student poignantly summed up how she felt about the training:

> *"I definitely agree with everything that was just said. Like the beginning of COVID-19 and during all these times, during – especially all the Asian hate times, I was really expecting like, my mindset was, like, expect the worst and just, like hope for the best."*

What follows are the descriptions of microaggressions that the students experienced from patients, nurses and clinical instructors.

3.3. Microaggressions from patients

Many students talked about experiences with white patients who favored white nursing students over Asian American students. They reported that older patients were not hesitant to express their dislikes to Asian American nursing students. One third-year student said, "*But the patients, like I said, they're much older and then almost all of them are white. So, they sometimes give me and the other Asian person [a nursing student] a hard time."* A fourth-year student agreed with this observation stating, "*I think sometimes it's like a deliberate way to make you feel uncomfortable. And the trend that I've seen is definitely with older patients who aren't Asian.*" After having heard the stories of older patients, one preclinical student from the fourth meeting that had a mixed group talked about her reservation in pursuing a nursing career for older patients:

> *"I would say I do feel a little more stressed, especially as someone who wants to work with like older patients in the future. I think hearing like a lot of stories like that and knowing about like all the stereotypes that are so pervasive, I do think it makes me more worried about interacting with patients and stuff like that."*

Many said most microaggressions that they experienced in clinical training were similar to what they had experienced before. For example, one third-year student said:

> *"Sometimes they'll like, start with 'Ni hao' or like 'Konnichiwa' or whatever. And they'll assume and I'm just that's just one of the aggravating things that I experience a lot, not only off the street, but I also experience that in clinical."*

Some talked about microaggressions that were unique in a clinical setting such as a patient telling them "You guys were not smart enough to be a nurse!" and another yelling at them, "I don't want an immigrant to take care of me." Some others talked about racial microaggressions that were directly related to the COVID-19 pandemic, as experienced by

one student, "*There's a lot of things that don't have to be reality … like when residents [in a nursing home] tell you, you brought this [SARS-CoV-2] to us and I have to wear this [mask].*" The student was a 2nd-year preclinical student but took clinical training at the time to become a certified nurse aid.

3.4. Microaggressions from nurses

Many students said their first encounter with nurses on the unit was upsetting because the nurses were aloof and showed no interest in them. Below are some excerpts of students talking about their first encounter with the nurses:

> *"I don't know if it was just the nurses there or something, but they weren't really accepting. Like, we would be assigned patients and we'd do our own things and we would go do more of, like, the PCA [nurse assistant] side of the things."*

> *"As I mentioned before, with the hospital, most of the nurses were just like not pleasant, clearly didn't want us there, weren't really down to just like teaching. So yeah, it wasn't the best, it wasn't the best first-time experience.*"

The students first thought they were treated negatively because of their Asian race. However, they soon realized that their non-Asian classmates also received the same cold treatment from the nurses. Some students reported the experiences of racial microaggressions from nurses, including giving them "side-eyes," talking negatively behind them and telling them they looked much like other Asian staff on the unit.

3.5. Microaggressions from clinical instructors

A good number of students shared negative experiences with their clinical instructors, who would not make an effort to learn their names and recognize their differences from other Asian students. One third-year student said:

> *"This was during our first semester of clinical and, yeah, our instructor wasn't able to tell us apart at all, even though we're all different heights. We had different hair lengths, different hair colors even. Some of us wore glasses and didn't wear glasses."*

One fourth-year student mentioned that her clinical instructor had never used her Japanese name throughout the semester:

> *"That gave me anxiety about like my grade too, because I was like, well, if she doesn't call on me, is she going to think that I didn't participate in clinical as much? But yeah, definitely, so there was – there was that. That was pretty like specific to my peds clinical."*

According to her, her first name has only two syllables and is not difficult to learn.

3.6. Clinical stage 2: maintaining professionalism in the face of racial microaggressions

Some students at this stage mentioned that they wanted to give the benefit of the doubt to people who greeted them with stereotyping questions such as "Where are you from?" "Where did you learn to speak English so well?" They argued that some might have limited knowledge of Asian Americans and be genuinely interested in them and their cultures. Irrespective of how the students perceived such gestures of non-Asian people, they were all in agreement that they should prioritize patients' safety as the far most important thing even in the face of racial microaggressions. The theme of maintaining professionalism can be seen in the following quotes:

> *"I feel like I have to put on some sort of like front where you know, if a patient says something that's offensive to me, I have to just take the role of, you know, they're just being curious, it's not offensive at all, I'm just going to let it bounce off me and not let it affect me. I just move on with my day."*

> *"I feel like, you know, even if patients are like treating us like crap, like, we're still obligated to help them. And, you know, for me, like, I don't want to, I don't know if it's me, step out of my boundaries as a healthcare worker."*

3.7. Clinical stage 3: Standing up for oneself and other Asian healthcare workers

Students at this stage were in their fourth-year of the program. They talked about their transformation from a novice nursing student to an immediate future nurse. All were also working as healthcare technicians at the time, which gave them more confidence in interacting with non-Asian patients and hospital staff, including nurses. One senior student talked about an incident where she spoke up for herself, asking patients to learn how to call her Japanese name:

> *"Patients have been like, 'Oh, can I call you N?' 'Can I call you like Noah? And I'm like, no, you have to call me by my name or like I'm the one taking care of you and you have to respect that."*

Another student commented after hearing her story like this, "*I think it's really important to, you know, like standing up against it …. like not changing your name … for other people."* Several junior students echoed the same sentiment by saying, "*It's something that I'm trying to build up towards saying and to stand up for myself and my feelings and how I am."*

3.7.1. Coping strategies and mental health concerns

Almost every student acknowledged that they had many stressful situations in their clinical training. When asked how they managed the stress, none said they had ever thought of seeking professional assistance. Said one second-year student, "*Given [that when we were] growing up, mental health wasn't a thing."* The students talked about positive and negative coping strategies though they mentioned negative coping strategies more frequently. Below are the descriptions of coping strategies that the students reported using with direct quotes from participants.

3.8. Negative coping strategies: blocking, pushing away and suppressing

Many students, especially third-year students, frequently talked about negative coping strategies such as blocking out, pushing away, or suppressing any negative experiences that they had in clinical training:

> *"But yeah, I also think I was subconsciously blocking things out because, I don't know, I was like, oh, as long as I don't get these really mean comments where I don't like, don't get physically assaulted, like, that's the best thing that could possibly happen right now."*

> *"I feel like it's … it's bad that I don't do anything to cope with it and that it's something that I also suppress too, that it's just something that I wake up every day and this is just the reality that I'm faced with."*

3.9. Positive coping strategies: validating feelings, doing hobbies and exercising

Several students reported that their family members, especially those working in healthcare, had been supportive and helpful. Others sought help from classmates who were undergoing the same experience. They said talking to fellow Asian classmates or students of other racial minorities had been very helpful. One third-year student said:

> "*I'm just so lucky that I can talk to, you know, one of my friends who also works in healthcare. I mean, she can't really relate to me on the sense*

that, you know, that we're Asian, but, you know, even if like, she's Black."

On the other hand, some students mentioned that their parents would never understand their situations. Below are the excerpts from three students who talked about a generation gap between them and their parents and grandparents:

"Our parents and grandparents won't ever get it because they suppress it [racial discrimination] so much themselves that it just doesn't affect them anymore."

"*She [referring to the previous student] can't talk to her parents about it because they won't understand and I totally feel the same way."*

"Yeah, I agree with both of you guys. I just, you know, rant to my friends about it. Like, parents are, like, a big no to me, like they won't understand. They'll just tell me, oh, like, if this happens, just don't do nursing. Just do something else that doesn't involve people."

Some students talked about other coping strategies like enjoying hobbies such as skating, listening to music and jogging, which were all helpful.

4. Discussion

To the best of our knowledge, this study is the first one exploring the thoughts and feelings of Asian American undergraduate nursing students related to anti-Asian racism in clinical training. Preclinical students were excited about having hands-on learning opportunities. In contrast, clinical students had many negative encounters with patients, nurses, and even their instructors who were knowingly or unknowingly manifesting racial microaggressions. Students mentioned that they had experienced most of the microaggressions prior to the pandemic while growing up in a non-Asian neighborhood. They also reported COVID-related microaggressions such as verbal assault being blamed for the pandemic. These findings are consistent with previous work, which has shown Asian American students report high levels of discrimination related to COVID-19 and increased microaggressions (Dong et al., 2022; Grinshteyn et al., 2022; Zhou et al., 2021).

Asian American nursing students unanimously reported that older patients were far more likely to express anti-Asian racism than younger patients. This finding might be partly influenced by the generation gap between young nurses and old patients (Miller, 2007). Miller stated that the generational gap would always exist between the two groups. However, the tensions and discomforts arising from Asian American nursing students during their interactions with non-Asian patients of older generations seemed to differ from what Miller stated. The students might feel an unconquerable racial divide between them and their white patients of older generations. Older patients could be slow in adopting the social movement toward inclusion and diversity compared with younger patients. Nonetheless, Asian American nursing students strove to maintain professionalism and care for their patients despite racial microaggressions. These findings were supportive of a recent quantitative study that reported a positive relationship between race-related stress and compassion fatigue among nursing students but no relationship between race-related stress and academic persistence (Heise, 2021).

The microaggressions Asian American nursing students experienced from nurses on the unit and clinical instructors could hinder the widely held goal of diversifying the nursing workforce (Snyder and Schwartz, 2019). Where nurses on the unit and nursing instructors are knowingly participating in bullying or racism, they are violating codes of ethics (American Nurses Association, 2015). There is an urgent need for an explicitly open discussion about institutional racism in the nursing profession (Ackerman-Barger et al., 2020; Hall and Fields, 2013; Iheduru-Anderson et al., 2021; Thorne, 2020). Until recently, nursing leaders believed that teaching cultural competence and related concepts was the best approach to addressing racism in nursing. However, many nursing scholars now argue that cultural competence theories do not include training for skills to directly confront the effects of racism on individuals, healthcare delivery, nurses, institutions, or the rest of society (Godbold and Brathwaite, 2021; Iheduru-Anderson et al., 2021; Kaur-Aujla et al., 2021). Iheduru-Anderson et al. (2021) recommended workshops that teach skills in norm-critical thinking and discourse should replace cultural competency training.

Asian American nursing students reported high levels of race-related stress during their clinical training amid the COVID-19 pandemic. Especially those in the early stage of their clinical training seemed to have high stress. The unfamiliarity with the clinical setting further seemed to be a contributor to stress. This finding was supportive of the study by Ackerman-Barger et al. (2020) who found that underrepresented medical and nursing students expressed strong emotions while experiencing racial microaggressions. Most Asian American nursing students in this study predominantly sought negative coping strategies to manage their stress related to anti-Asian racism during their clinical training. Though some students expressed frustration at their parents' apparent acquiescence to racism, many unknowingly seemed to rely on the same coping method by suppressing their emotions. Of note, these students might have learned the strategies from families with experiences in survival and thriving under suboptimal conditions.

Limitations of the current study include focusing on a small group of Asian American undergraduate nursing students at three universities in the greater Boston area. Furthermore, the study was conducted without a pilot focus group interview. Therefore, some questions in the interview guides, especially for pre-clinical students, were not thoroughly developed. In addition, the study failed to recruit any male Asian American nursing students. This study did not include graduate students who might also have varied experiences and views. Given the social distancing restriction of COVID-19, each focus group was held virtually on Zoom video conference calls. In-person, face-to-face groups could provide for better conversational exchange between participants and might have resulted in more or less disclosure of their experiences of anti-Asian racism. It is also noteworthy to mention that, as focus group research in general, some students might have felt hesitant to voice their feelings that were contrary to those of others in the group. Future studies should seek to further the findings of this study in other regions and minority student groups. Considering the association of experiencing discrimination with increased odds of depression, anxiety and substance use (Zhou et al., 2021), future research should also explore adaptive coping methods and ways to support Asian American nursing students' coping.

5. Conclusions

The four major themes identified in this study demonstrate a distinctive stage of experiences that students face throughout their undergraduate clinical training, which can also transfer into different areas of their professional growth. Despite the experiences of anti-Asian racism, Asian American nursing students expressed a desire to remain professional, find ways of coping and stand-up for themselves and other Asian American healthcare workers as they gained confidence in clinical knowledge and skills.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

Ackerman-Barger, K., Boatright, D., Gonzalez-Colaso, R., Orozco, R., Latimore, D., 2020. Seeking inclusion excellence: understanding racial microaggressions as experienced by underrepresented medical and nursing students. Acad. Med. 95, 758–763. https://doi.org/10.1097/ACM.0000000000003077.

Admi, H., Moshe-Eilon, Y., Sharon, D., Mann, M., 2018. Nursing students' stress and satisfaction in clinical practice along different stages: a cross-sectional study. Nurse Educ. Today 68, 86–92. https://doi.org/10.1016/j.nedt.2018.05.027.

Alzayyat, A., Al-Gamal, E., 2014. A review of the literature regarding stress among nursing students during their clinical education. Int. Nurs. Rev. 61, 406–415. https://doi.org/10.1111/inr.12114.

American Nurses Association, 2015. Code of Ethics with Interpretive Statements, 2nd ed. Author.

Arieli, D., 2013. Emotional work and diversity in clinical placements of nursing students. J. Nurs. Sch. 45, 192–201. https://doi.org/10.1111/jnu.12020.

Bhurtun, H.D., Azimirad, M., Saaranen, T., Turunen, H., 2019. Stress and coping among nursing students during clinical training: an integrative review. J. Nurs. Educ. 58, 266–272. https://doi.org/10.3928/01484834-20190422-04.

Chen, J.A., Zhang, E., Liu, C.H., 2020. Potential impact of COVID-19-related racial discrimination on the health of Asian Americans. Am. J. Public Health 110, 1624–1627. https://doi.org/10.2105/AJPH.2020.305858.

Dhanani, L.Y., Franz, B., 2020. Unexpected public health consequences of the COVID-19 pandemic: a national survey examining anti-Asian attitudes in the USA. Int. J. Public Health 65, 747–754. https://doi.org/10.1007/s00038-020-01440-0.

Dong, F., Hwang, Y., Hodgson, N., 2022. Relationships between racial discrimination, social isolation and mental health among international Asian graduate students during the COVID-19 pandemic. J. Am. Coll. Health 1–8. https://doi.org/10.1080/07448481.2022.2052076.

Folkman, S., 2013. Stress: appraisal and coping. In: Gellman, M.D., Turner, J.R. (Eds.), Encyclopedia of Behavioral Medicine. Springer, New York, NY, pp. 1913–1915. https://doi.org/10.1007/978-1-4419-1005-9_215.

Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongis, A., Gruen, R.J., 1986. Dynamics of a stressful encounter: cognitive appraisal, coping and encounter outcomes. J. Pers. Soc. Psychol. 50, 992–1003. https://doi.org/10.1037//0022-3514.50.5.992.

Godbold, R., Brathwaite, B., 2021. Minding the gap. Improving the Black Asian and minority ethnic student awarding gap in pre-registration adult nursing programmes by decolonizing the curriculum. Nurse Educ. Today 98, 104667. https://doi.org/10.1016/j.nedt.2020.104667.

Grinshteyn, E., Whaley, R., Couture, M.C., 2022. High fear of discriminatory violence among racial, gender and sexual minority college students and its association with anxiety and depression. Int. J. Environ. Res. Public Health 19, 2117. https://doi.org/10.3390/ijerph19042117.

Hall, J.M., Fields, B., 2013. Continuing the conversation in nursing on race and racism. Nurs. Outlook 61, 164–173. https://doi.org/10.1016/j.outlook.2012.11.006.

Heise, A.G., 2021. Relationships of race-related stress to burnout and compassion fatigue among nursing students - ProQuest [WWW Document]. URL https://www.proquest.com/openview/aa90041331cf362768039b4cbf24f536/1.pdf?pq-origsite=gscholar&cbl=18750&diss=y (accessed 6.8.22).

Iheduru-Anderson, K., Shingles, R.R., Akanegbu, C., 2021. Discourse of race and racism in nursing: an integrative review of literature. Public Health Nurs. 38, 115–130. https://doi.org/10.1111/phn.12828.

Jasemi, M., Whitehead, B., Habibzadeh, H., Zabihi, R.E., Rezaie, S.A., 2018. Challenges in the clinical education of the nursing profession in Iran: A qualitative study. Nurse Educ. Today 67, 21–26. https://doi.org/10.1016/j.nedt.2018.04.010.

Kaur-Aujla, H., Dunkley, N., Ewens, A., 2021. Embedding race equality into nursing programmes: hearing the student voice. Nurse Educ. Today 102, 104932. https://doi.org/10.1016/j.nedt.2021.104932.

Labrague, L.J., McEnroe-Petitte, D.M., Al Amri, M., Fronda, D.C., Obeidat, A.A., 2018. An integrative review on coping skills in nursing students: implications for policymaking. Int. Nurs. Rev. 65, 279–291. https://doi.org/10.1111/inr.12393.

Lazarus, R.S., Folkman, S., 1984. Stress, appraisal and coping. Springer,.

McCarthy, B., Trace, A., O'Donovan, M., Brady-Nevin, C., Murphy, M., O'Shea, M., O'Regan, P., 2018. Nursing and midwifery students' stress and coping during their undergraduate education programmes: an integrative review. Nurse Educ. Today 61, 197–209. https://doi.org/10.1016/j.nedt.2017.11.029.

Miller, E.T., 2007. Bridging the generation gap. - PubMed. Rehabil. Nurs. 32, 2–3. https://doi.org/10.1002/j.2048-7940.2007.tb00140.x.

Misra, S., Le, P.D., Goldmann, E., Yang, L.H., 2020. Psychological impact of anti-Asian stigma due to the COVID-19 pandemic: a call for research, practice and policy responses. Psychol. Trauma 12, 461–464. https://doi.org/10.1037/tra0000821.

Nyumba, O., Wilson, T., Derrick, K., Mukherjee, N, C.J., 2018. The use of focus group discussion methodology: insights from two decades of application in conservation. Methods Ecol. Evol. 9, 20–32. https://doi.org/10.1111/2041-210X.12860.

Peltz, J., Twitter, options, S. more sharing, Facebook, Twitter, LinkedIn, Email, URLCopied!, C.L., Print, 2021. Asian American healthcare workers fight the coronavirus — and racist attacks [WWW Document]. Los Angeles Times. URL https://www.latimes.com/world-nation/story/2021-05-07/asian-american-health-workers-fight-coronavirus-racist-attacks (accessed 3.29.22).

Pereira, S., 2021. "White Coats Don't Protect Us:" Asian Medical Workers Speak Out Against Hate Crimes [WWW Document]. Gothamist. URL https://gothamist.com (accessed 3.29.22).

Rafati, F., Nouhi, E., Sabzehvari, S., Dehghan-Nayyeri, N., 2017. Iranian nursing students' experience of stressors in their first clinical experience. J. Prof. Nurs. 33, 250–257. https://doi.org/10.1016/j.profnurs.2016.09.003.

Ruiz, N.G., Horowitz, J.M., Tamir, C., 2020. Many Black and Asian Americans say they have experienced discrimination amid the COVID-19 outbreak [WWW Document]. Pew Research Center. URL https://www.pewresearch.org/social-trends/wp-content/uploads/sites/3/2020/07/PSDT_07.01.20_racism.covid_Full.Report.pdf.

Snyder, C.R., Schwartz, M.R., 2019. Experiences of racial discrimination among people of color in healthcare professions. J. Cult. Divers. 26, 96–107. ⟨https://www.proquest.com/docview/2305497038⟩.

Sun, F.-K., Long, A., Tseng, Y.S., Huang, H.-M., You, J.-H., Chiang, C.-Y., 2016. Undergraduate student nurses' lived experiences of anxiety during their first clinical practicum: a phenomenological study. Nurse Educ. Today 37, 21–26. https://doi.org/10.1016/j.nedt.2015.11.001.

Thorne, S., 2020. Pandemic racism - and the nursing response. Nurs. Inq. 27, e12371 https://doi.org/10.1111/nin.12371.

Wong-Padoongpatt, G., Barrita, A., King, A., 2022. Perceived everyday discrimination explains internalized racism during the COVID-19 pandemic among Asians. Behav. Med. 48, 109–119. https://doi.org/10.1080/08964289.2021.2015277.

Zhou, S., Banawa, R., Oh, H., 2021. The mental health impact of COVID-19 racial and ethnic discrimination against Asian American and pacific islanders. Front. Psychiatry. https://doi.org/10.3389/fpsyt.2021.708426.