WEATHERING AT WORK: NARRATIVES OF AFRICAN AMERICAN WOMEN'S PERCEPTION OF PROCEDURAL JUSTICE RELATIVE TO DIVERSITY MANAGEMENT PRACTICES IN HEALTHCARE COMPANIES

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ABSTRACT

Employees are observant to their employers' policies and practices, which can reveal a lot about an organization's commitment to procedural justice. According to Judge & Colquitt (2004), perceived procedural justice, in particular, appears to have a considerable effect on chronic stress. Chronic stress, on the other hand, can have a negative effect on one's wellbeing (Geronimus et al., 2006). Despite this, little research on African American women's perception of procedural justice in relation to diversity management practices has been conducted.

Using a qualitative interpretative phenomenological approach, I examined African American women's lived experiences in healthcare companies in relation to diversity management practices under a procedural justice framework to investigate if weathering is exhibited within healthcare companies. Weathering recognizes that "the cumulative health and stress disparities that African American women experience throughout their lives result in negative health outcomes" (Warren-Findlow, 2006, p. 221). Two studies were performed. Study Two was designed to replicate, validate, or bring different perspectives to Study One's findings. Its findings were consistent with those of Study One, suggesting that the weathering concept is exhibited within healthcare companies.

These findings may encourage healthcare organizations to delve deeper into the origins of health disparities impacting African American female employees and members. Furthermore, the findings of this investigation advocate for research to be broadened beyond the societal level to include the experiences of African American women working in other organizations.

This research is in honor of the African American women who shared their individual

experiences with me. This research would not be done without your contribution. Thank

you for entrusting me with your stories and allowing me to be your voice.

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CHAPTER 1

INTRODUCTION

Employees, investors, and consumers will hold a company accountable if it communicates a set of values to everyone (Spencer et al., 2020). I previously worked for a Fortune 500 healthcare company that leveraged internal communications to emphasize diversity as a core value that was applied through diversity management practices. Unfortunately, I terminated employment after slightly more than two years due to the chronic stress induced by what I perceived to be nonadherence to such practices. I still have the emptied bottle of Norvasc 5MG tablets prescribed by my primary care physician for hypertension during this time period as a remembrance of the tough time. Moreover, despite having spent the majority of my professional career working in healthcare organizations as the sole minority member of a team, department, or division, it was my perception of procedural justice specific to diversity management practices at this healthcare organization that had a negative impact on my well-being.

The experience made me question if other African American women working in healthcare companies had similar experiences. This thought inspired me to narrate my story and undertake research centered around the lived experiences of other African American women. According to Sutton (2020), "it's time to encourage employees to share narratives; its only through honest conversation can real changes at work take place" (p. 2). In sharing my narrative, I am not implying that all African American women working in healthcare companies hold the same viewpoint or that all African American women working in healthcare organizations have similar experiences. This

research could create a secure environment for African American women to share their narratives, allowing them to be heard without having to draw conclusions or broad generalizations for groups of people who were not represented.

In sharing my narrative, I recall working in the previously referred healthcare organization and being productive in my role but being passed over for promotions in favor of peers with less credentials and tenure. There were numerous instances when I was excluded with no justification from key client and internal meetings. It was during that time I often felt isolated because I was the only minority on my team and in my department. At that time, my manager had replaced the director who hired me. My new manager's behavior gradually grew into what I perceived to be a pattern of procedural injustice in relation to the healthcare organization's diversity management practices, as outlined in various formal and informal company communications.

According to Togioka et al., (2021) disparities in the healthcare industry have decreased in recent years. This could be due to regulations like "Title VII of the Civil Rights Act, which prohibits discrimination on the basis of race, gender, or disability" (Ferguson, n.d., p. 2). Togioka et al., (2021) goes on to add that "in areas where overt discrimination has declined, awareness of microaggressions has increased" (p. 2). According to Togioka et al., (2021) "microaggression can be defined as short, everyday insults or snubs that can be barely perceptible or difficult to define but convey a negative message to a person because of their affiliation with a marginalized group" (p. 2). They may add to the continued discriminations that African American women face in healthcare companies (Ehie et al., 2021). Even if diversity management practices in the workplace support Title VII of the Civil Rights Act, African American women employees

may be vulnerable to microaggressions, which may not be covered by traditional diversity management practices

As previously stated, by sharing my lived experiences, I am not suggesting that all African American women working in healthcare organizations share my opinion or have similar experiences. Returning to my narrative, it was during my time at the healthcare company to which I previously referred, I began experiencing increasing levels of stress as a result of my job experiences. As the only minority I felt unable to speak out for concern of being accused of misinterpretation. I was also concerned of retaliation if I reported to human resources what I perceived to be nonadherence with diversity management practices. According to Dobbin and Kalev, 2016 "among the nearly 90,000 discrimination complaints made to the Equal Employment Opportunity Commission in 2015, 45 percent included a charge of retaliation—which suggests that the original report was met with ridicule, demotion, or worse" (p. 8). Additionally, in a study conducted by the Harvard Business Review (Hewlett et al., 2017), 38 percent of African American employees perceive it is never appropriate to complain about discrimination.

However, sharing my lived experiences as an African American woman confronted with what I perceived to be procedural injustice at work sooner rather than later may have given voice to my experience, resulting in a different impact on my well-being. According to a study by Kreiger and Stephens (1996) that looked at the relationship "between blood pressure and self-reported experiences of discrimination and responses to injustice" (p. 1370) among working-class African American women, those who kept such experiences to themselves had the highest blood pressure. According to Krieger and Stephen (1996), this could be suggestive of a stress impact generated by a

situation in which "unfairness is seen by members of stigmatized groups as 'deserved' and nondiscriminatory" (Krieger and Stephen, 1996, p. 1375). As previously stated, suppressing my feelings may not have been the best decision. As I now share my lived experiences, I keep in mind that doing so raises awareness of the potential adverse health impact on African American women as a result of a healthcare company's failure to comply to diversity management practices which may fall under the authority of United States Equal Employment Opportunity Commission.

Procedural Justice

This study will look at procedural justice and how it connects to African American women's perception of fairness in healthcare companies when it comes to diversity management practices. Procedural justice is included in the broader category of organizational justice with a focus on fair practices. According to Lambert's (2003) study, on organizational justice, "without a perception of justice and fairness, organizations will have great difficulty in motivating and guiding employees" (p. 155); his study's findings, using factor analysis and ordinary least squares regression suggest, "that procedural justice has a substantial beneficial influence on work satisfaction and organizational commitment" (Lambert, 2003, p. 161). Also, that an employee's perceived fairness relative to procedures is often viewed as more important than their performance evaluations being "negative or positive" (Lambert, 2003, p. 157). Ambrose and Schminke (2003) study, using factor analysis, assert that a "significant relationship exists between procedural justice and organizational support" (p. 299). Thus, businesses can bolster perception of procedural justice by developing structured rules that detail how decisions are made, giving employees greater decision-making authority and assuring them of the

legitimacy of the resulting results (Ambrose and Schminke, 2003). A sense of procedural justice may also contribute to employee well-being as supported by Lawson et al., (2009) study that "indicate there is some potential for focusing on organizational justice as a means of protecting and enhancing employee well-being" (p. 231).

However, according to Schroth and Pradhan (2000) "an employee's perception of procedural injustices may lead to negative feelings about oneself for they indicate low regard by the group or authority figure" (p. 463). According to Rattani (2021), "whether a combination of historically prejudicial policies, exclusionary practices, denial of access to quality mentorship, or lack of career-development" (p. 308) African Americans are frequently found at lessening levels of influence in the healthcare pyramid, with little chance to feel empowered to reveal procedural injustices (Rattani, 2021). Cloutier and colleagues (2018) study "to determine the role the perception of procedural justice plays in psychological distress" (p. 290) suggest that "perception of procedural justice have a clear, distinct, and unique influence on mental stress" (p. 290). Moreover, a sense of lacking procedural justice can lead to uncertainty and hopelessness, depending on the employee's position within the business; subsequently, the employee's stress levels may rise (Cloutier et al., 2018). The phrase procedural justice and fairness will be interchanged in this study.

Healthcare Organizations

Healthcare organizations, like other organizations, have traditionally seen workplace diversity as a compliance exercise in their efforts to promote procedural justice. Many of them have received low ratings from internal and external stakeholders due to poor diversity management practices such as creating obstacles to promote eligible

minorities, exclusion of women from critical assignments, mentoring, and training (Gathers, 2003). As a result of impediments like this, African American women in a healthcare organization may be impaired. According to Sandrick (2010) diversity management practices must be embedded in the organization's core processes in order for healthcare companies to "strengthen its capacity to carry out its purpose of serving those who are ill, ensuring that the faces of its employees reflect the faces of the populations it serves, and providing high-quality, culturally sensitive, safe, and efficient patient care" (p. 2). Sandrick (2010) also writes that healthcare organizations can use best practices like executive commitment, the creation of a diversity and inclusion council, diversity surveys to gauge employee satisfaction with the level of diversity in the company, interactive and situational training that includes the rationale for diversity management practices, and the development of a diversity and inclusion policy to influence long-term positive organizational change.

Today the healthcare industry is considered one of the most favorable for female employees (McKinsey, 2019). Women hold senior executive positions in healthcare companies and have received global recognition for their professional accomplishments (Berlin et al., 2019). Such diversity is encouraging, as experts contend that "greater outcomes result from a workforce that reflects the variety of its patients, as it fosters trust and compliance while eliminating bias" (Livingston, 2018, p. 62). However, African American women in healthcare organizations continue to experience procedural injustice. For example, as of 2022 there are 95,425 students in United State medical schools; of that number, 4,771, or approximately 5 per cent are African American women (Association of American Medical Colleges, 2021).

This pervasive lack of diversity among healthcare personnel has the potential to widen health disparities. To assure that persons from different socioeconomic origins, races, ethnic groups, and genders, are represented in the healthcare profession, healthcare organizations must increase employee diversity; just this one recruiting practice has beneficial effects on qualified African American women candidates, the company as a whole, patients, and the bigger communities. McKinsey (2019) found that "86 percent of African American women reported race as a high barrier to career advancement" (p. 8). Barriers, which might be perceived by African American women as unjust, may result in stress and, if the stress is prolonged, chronic stress, which may have a negative effect on their well-being.

Weathering Concept

Geronimus (1996) investigates a similar phenomenon at the societal level known as weathering. The term weathering is a metaphor coined by Geronimus, to "evoke a sense of erosion by constant stress" (Demby, 2018, p. 2). According to Geronimus's weathering theory, marginalized populations, such as African Americans, experience chronic stress as an outcome of living in an unjust society (Hartzell, 2022). The stressors and the high-effort coping mechanisms necessary to deal with them combine to produce severe or fatal effects by wreaking havoc on essential physiological systems (Hartzell, 2022). When the integrity of the cell is disrupted, biological activities become dysregulated or exhausting (Hartzell, 2022). The body ages more rapidly, and a person's general health becomes more delicate and susceptible to disease (Hartzell, 2022); for example, the chronically elevated hormone glucocorticoid (secreted as a reaction to

stress) is believed to heighten the desirability of compulsive habits, medications, sugars, and fats (Geronimus et al., 2010).

The weathering concept began to take shape when Geronimus (1992) was attending Princeton university as a student and working part-time at a school for pregnant teens in Trenton, New Jersey; the researcher noticed that "African American infants with teen mothers experienced a survival advantage relative to infants whose mothers are older" (Geronimus, 1992, p. 207). This insight encouraged Geronimus (1992) to research maternal age patterns in White and African American women. The findings generated additional questions surrounding health disparities, including, "Why are Black-White differences in neonatal mortality larger at older ages than at younger ones? What clues or information might these descriptions offer us toward understanding the true causes of the persistent Black-White infant mortality differential?" (Geronimus, 1992, p. 210).

Weathering recognizes that "the cumulative health and stress disparities that African American women experience throughout their lives result in negative health outcomes" (Warren-Findlow, 2006, p. 221). To assess such disparities in health Geronimus et al., (2006) used allostatic load scores. According to Rodriguez and colleagues (2019) "allostatic load captures the intermediate physiological dysregulation that could contribute to health disparities in downstream outcomes (e.g., incidence and mortality)" (p. S8). Allostatic load scores quantify stress and is calculated using information about an individual's physiological system's response to stress; responses that may add to a person's risk of illness and poor birth outcomes. Geronimus and her colleagues (2006) "using National Health and Nutrition Examination Survey data found

that African American women have the highest probability of high allostatic load scores compared with their male or White counterparts" (p. 826).

Weathering, as previously stated, has primarily been investigated at the societal level in the public health arena, with a focus on early health deterioration owing to recurring stress exposure (Geronimus et al., 2006). Not much is known about weathering at the organizational level in healthcare organizations, and whether the concept is exhibited within organizations. However, similar to the findings of Geronimus et al., (2006) study using public data which "provide evidence that the impact of chronic stress on health has important implications for individuals" (p. 832), African American women may experience chronic stress with implications within healthcare organizations. According to the American Psychological Association (2012) "perceived unfairness (e.g., workplace) has been found to be a key factor in chronic stress-related health disparities among minority groups" (p. 1); chronic stress that may be connected to African American women's perception of procedural justice concerning diversity management practices around training, recruitment, promotions, wages, and retention (Diversity Best Practices, 2018).

As African American women continue to seek procedural justice in the workplace, they may become weary of the potential ongoing stress associated with their notion of procedural justice in relation to nonadherence with diversity management practices in healthcare companies. While some healthcare organizations may regard diversity management practices as bureaucratic red tape, noncompliance with such practices may add to African American women's chronic stress, poor health, lack of focus, and inability to successfully perform their job. Nonadherence with diversity management practices

may also cost healthcare companies millions of dollars annually in attrition, increased

absenteeism, lost productivity, and higher health care expenses (Choi et al., 2013).

Cognitive Appraisal

The process of evaluating an experience and its numerous facets in terms of value

to one's well-being is known as cognitive appraisal (Lazarus and Folkman, 1984). It

suggests a theoretical connection between stress and justice (Lazarus and Folkman,

1984). According to Lazarus (2007) before stress is created, people assess the interplay

between themselves and their surroundings in two ways. The first appraisal assesses the

possible threat or harm of an occurrence; the second appraisal assesses alternative coping

options. Similarly, in his study on justice and stress, researcher Tepper (2001) included

cognitive appraisal. According to Tepper (2001), the first appraisal analyzes a person's

well-being as a result of a particular encounter, while the second appraisal evaluates

coping skills (Tepper, 2001).

The researcher (Tepper, 2001) adds, when an individual believes she can mitigate

the negative consequences of an unjust occurrence through the careful use of resources,

the occurrence is deemed harmless. However, when an individual feels helpless and has

concerns for her well-being, an occurrence becomes a source of stress (Tepper, 2001).

This feeling of helplessness may be precipitated by a single incident or by a string of

incidents over time (Tepper, 2001). For instance, an assessment of one's perception of

nonadherence to diversity management practices at work may be generated by a single

occurrence (i.e., exclusion from a promotion the individual qualifies) or by a series of

perceived procedural injustices over time. Both of these experiences can result in

subsequent stress assessments. As a result, unfavorable emotional reactions may occur,

resulting in physical and psychological indicators of stress. Stress can become chronic and have a severe impact on one's health if it is prolonged.

Research Question

Weathering has primarily been examined at the societal level in the public health arena, with a focus on African American women's early health deterioration due to recurrent stress exposure (Geronimus et al., 2006). There has not been much research done on weathering in healthcare organizations or the extent to which the weathering concept is exhibited in organizations in relation to African American women's perception of procedural justice relative to diversity management practices. As a result, Studies One and Two focused on the research question: Do African American women's perception of procedural justice relative to diversity management practices in healthcare companies have a weathering effect on them?

CHAPTER 2

LITERATURE REVIEW

In recent years, scholars and practitioners have acknowledged injustice as a widespread public health issue and a primary source of illness in the U.S. (Wakeel and Njoku, 2021); and that, in the workplace if an employee believes they have been exposed to what they perceive as procedural injustice, their physical and mental health may suffer, as this perception if prolonged can cause chronic stress and have a negative effect on an employee's well-being, particularly on the well-being of minorities (Din-Dzietham et al., 2004). According to Din-Dzietham et al., (2004) "stress following injustice at work is associated with hypertension in African–Americans" (p. 449); the researchers (Din-Dzietham et al., 2004) also suggest that the health consequences of work-related stress from injustice is an increasing concern in the U.S. and may be particularly severe for women due to the "vast majority of new entrants to the labor force have been women and minorities" (p. 450).

This literature review will investigate the aspects that, when considered together, may suggest that the weathering concept regarding African American women's perception of procedural justice relative to diversity management practices is exhibited in healthcare companies. Figure 1 frames the weathering concept in relation to the study's research question as African American women employees are aware of their employers' diversity management practices, which may reveal a lot about the company's commitment to procedural justice; their perception of procedural justice relative to the company's diversity management practices may have an impact on chronic stress (Judge and

Colquitt, 2004) which has been linked to negative physiological system outcomes (i.e.,

cardiovascular disease) in African American women (Geronimus et al., 2006). Coping is

shown in Figure 1 as a potential to exacerbate weathering as coping can operate as a

protective barrier against a person's perception of procedural justice in the workplace;

"however, unhealthy coping habits, such as poor diet, tobacco, alcohol, and other

substance misuse, as well as unsafe sexual activities, have been linked to negative health

effects" (Wakeel and Njoku, 2021, p. 7). The framework depicted in Figure 1 will serve

as the framework for this study, which will investigate if weathering is exhibited within

healthcare organizations in relation to the study's concept and question.
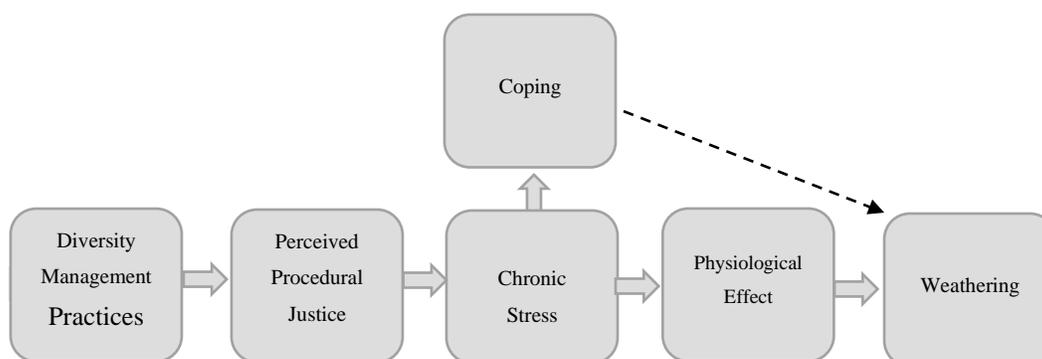
Figure 1. *Weathering Cycle*

Diversity Management Practices

The talent pool in the U.S. is shifting as a result of the growing amount of diverse

candidates. To aid the changes healthcare companies "will need to engage in human

resource practices and policies aimed at recruiting, retaining, and managing a more

diverse workforce" (Weech-Maldonado et al., 2002, p. 123). This engagement is crucial

for healthcare organizations because a large body of evidence shows that having a diverse

workplace is key for improving access to medical care and enhancing a variety of facets of healthcare quality for underrepresented groups (Salsberg et al., 2021). Managing such practices and policies will also be critical because, if left unmanaged, actual or perceived injustice can lead to discrimination against specific populations (Buengeler et al., 2018).

This research will focus on practices that fall under the category of diversity management practices. According to Ayaz et al., (2021) the most often used practices in businesses are diversity management practices. They are *"formalized practices developed and implemented by organizations to manage diversity effectively among all organizational stakeholders"* (Yang and Konrad, 2011, p.6). Examples include practices around recruitment, retention, wages, and promotions. Then there are diversity management practices that firms approach in a variety of ways; the three most common are: "traditional with a focus on recruitment, representation, and numbers; management-orientated with a focus on the employee and their experience; and a combination of both in a more comprehensive approach" (Aragon, 2020, p.3). This research demonstrates a greater affinity for the combination approach because it is employee-centric, with a focus on African American women's lived experiences regarding their perceptions of procedural justice in respect to diversity management practices.

Today, organizations must adhere to a 1964 federally mandated law (Title VII) supporting justice. Yet despite Title VII, African American women continue to face procedural justice concerns relative to diversity management practices in the workplace. For example, according to Banks (2019) despite having a lengthier history of continued employment, in comparison to other women, African American women's median annual earnings in 2017 were 21percent less than White American women's annual earnings.

Such practices (i.e., inequitable wages) are commonplace experiences for African American women (Abrams et al., 2016). Conversely, In 2002 Weech-Maldonado et al., (2002) wrote that, "research on diversity management practices in healthcare organizations is scarce, providing few guidelines for practitioners" (p. 111). To narrow the gap Weech-Malandona et al., (2002) conducted a study to "gain insight into diversity management practices in hospitals" (p. 123). Weech-Maldonado et al., (2002) surveyed 234 senior management personnel in Pennsylvania Hospitals by mail, "the findings suggest that hospitals should implement workplace diversity management practices" (p.111). Mor Barak et al., (2016) suggest practices should refocus efforts from boosting diversity representation to "developing policies and practices that support an inclusive climate" (p. 305). Salsberg and et al., (2021) "conducted a cross-sectional study of 148,358,252 Black, White, Native, and Hispanic Americans to estimate the current health care workforce's racial/ethnic diversity" (p.1), their findings indicate "that additional efforts are needed to increase the representation of Black, Hispanic, and Native American people in the health care professions" (p. 1).

In 2009, Pitts (2009) conducted a study using data from the public sector which linked diversity management to work-related outcomes; a key finding is that when businesses have solid diversity management practices, minority employees have more favorable perception of the organization and are more satisfied with their jobs (Pitts, 2009). According to Pandaram (2021) "research has indicated that a sense of not belonging at work can negatively impact psychological well-being by undermining one's self-concept, self-efficacy, and self-esteem, resulting in feelings of anxiety and depression" (p. 16); and, that meeting an employee's desire to belong and encouraging

"inclusion through diversity management practices can help reduce the likelihood of these outcomes while increasing employee well-being, job satisfaction, engagement, organizational commitment, and retention, as well as reducing employee conflict" (Pandaram, 2021, p. 16). Romm (2013) writes, covert discriminatory practices are embedded within organizational cultures intended specifically to marginalize minority groups. Eze (2020) found in her workplace, experiences that in many instances of persistent injustice surrounding diversity management practices African American women are compelled to cope with such indiscretions and remain quiet for fear of being branded as angry and challenging. As a result, their notion of procedural justice may be a source of chronic stress affecting their well-being.

Chronic Stress

African American women's job experiences differ qualitatively and quantitatively from those of White Americans and men of color, according to a growing body of evidence (Buchanan and Fitzgerald, 2008). African American women, due to their unique combination of race and gender, are more likely to face stressors associated with both (Buchanan and Fitzgerald, 2008). Flynn et al., (2012) defines stress as the ongoing pressure associated with the never-ending pursuit of justice. African American women may experience stress, which, if left unchecked, can develop into chronic stress, as a result of their view of procedural justice in healthcare organizations with regard to diversity management practices.

According to Geronimus (2021), if there is no clear endpoint, an individual's stress arousal as an outcome of perceived injustice can be recurrent; in these cases, the individual's state of physiological stress stimulation does not subside quickly; rather, the

individual can remain physiologically stressed for an extended period of time following the experiences (Geronimus, 2021). As previously stated, continuous stress may result in chronic stress, which can have a negative effect on one's wellbeing (Geronimus et al., 2006) (Figure 2).
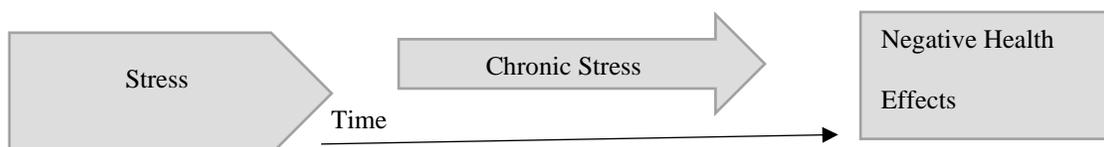
Figure 2. *Negative Health Effects as a Result of Chronic Stress*

According to Dallman and colleagues (2003) individuals experiencing chronic stress, "whether it be binging or ingesting most of their daily calories during the night, generally characterize themselves as chronically stressed" (p. 11700) and that such responses may lead to "deleterious weight gain, abdominal obesity, type II diabetes, increased cardiovascular morbidity, and mortality" (p. 11969). According to Duru and colleagues (2012) when a person endures constant exposure to stress over time, a fight-or-flight response is triggered and may lead to a variety of adverse health effects. Duru et al., (2012) observation is in align with Szabo et al., (2012) acknowledgement regarding Hans Selye (2013), the pioneer of the physiological response to stress, in that Hans Selye "realized that in addition to the involvement of the neuroendocrine system, almost every other organ system (e.g., especially the cardiovascular, pulmonary, and renal systems) is affected in one or several stages of the stress response" (Szabo et al., 2012, p. 474).

Stress at work is "a business issue as it is a health issue" (Choi et al., 2013, p. 81). It can cost the healthcare companies millions of dollars annually in burnout, attrition, increased absenteeism, reduced productivity, and higher health care expenses (Choi et al.,

2013). According to Hall et al., (2012) work stress themes experienced by African American women include: " (1) being hired or promoted, (2) defending one's ethnicity, and scarcity of mentorship, (3) changing to address obstacles in a job, (4) facing inequality and discrimination, and (5) alienation and exclusion" (p. 207). The consequences of such work-related stress on African American women include depression, increased anxiety, concentration problems, and poor motivation (NIOSH, 1999). Archibald's (2021) research on stress at work suggest that traumatic responses to stresses were more significant in "African American women than in African American men" (p.390); he goes on to write that "African American women's membership in two marginalized groups exposes them to the cumulative effects of multidirectional discrimination that may affect their ability to cope and negatively affect their well-being" (Archibald, 2021, p. 390).

Simons et al., (2020) assert that African American women encounter a number of difficult challenges that hasten biological aging and increase their risk of chronic disease. Also, "these difficult challenges include, among other things, socioeconomic disadvantage, residing in an impoverished neighborhood, and exposure to personal discrimination" (Simons et al., 2020, p. 2). Researchers Hall et al., (2012) conducted a qualitative investigation "to explore work-related stressors that affect the lives of African American women and how they cope with them" (p. 207). Participants in Hall et al., (2012) research characterized "racism and sexism as workplace pressures that harmed their capacity to advance professionally due to preconceptions held by their employers and coworkers" (p. 213). Additional stressors identified in Hall et al., (2012) research was developing professional relationships with coworkers, dealing with racism in subtle and

overt manifestations (i.e., racist statements from coworkers), and loneliness among participants who worked in White work environments (Hall et al., 2012).

Physiological Effects

Chronic stress in the workplace has been linked to negative physiological system outcomes (e.g., cardiovascular disease) in individuals; stress which can be measured using allostatic load scores that calculate information about one's physiological system's response to stress. For example, Geronimus et al., (2006) found "the allostatic load algorithm includes elevated blood pressure below and above the clinical threshold for hypertension and that on a on a physiological level, persistent high effort coping with acute and chronic stressors can have a profound effect on health" (p. 826). Seyle (2013) writes, "to maintain a healthy life nothing within the body must be allowed to deviate from the norm; if something does, the individual will become sick or even die" (p. 29).

According to Geronimus (2021), mechanically the physiological stress reaction raises respiration, heart rate, and blood pressure in order to quickly circulate oxygenated blood to big muscles; she adds, the sympathetic nervous system (SNS) is activated, causing the stress chemicals norepinephrine and epinephrine to be released, as well as the "hypothalamic-pituitary-adrenal axis to release cortisol" (Geronimus, 2021, p. 414). When the SNS is activated, the veins in our bodies contract, raising blood pressure as the heart pumps more forcefully (Geronimus, 2021). Stress hormones cause fat cells to break down triglycerides, non-exercising muscles to break down protein, and other body cells to break down glycogen; when energy is required, glycogen is swiftly mobilized to provide the body with the necessary fuel (Geronimus, 2021). Cortisol, on the other hand, prevents any insulin in the bloodstream from storing these energy sources in storage

cells; as a result, glucose, fatty acids, and amino acids flood the bloodstream, which are used to power the body's muscles and adapt to the stressor (Geronimus, 2021). According to Geronimus (2021) the activation of this complicated cascade in our bodies can cause people to crave comfort foods high in fats and sweets, as well as suffer drug cravings.

Sailesh and Srilatha (2019) link a variety of physiological effects on the body to stress, including effects on the "nervous, cardiovascular, respiratory, musculoskeletal, blood, immune, gastrointestinal, metabolic, endocrine, and reproductive systems" (p.45). Wellens and Smith (2006) conducted a workplace ANOVA study "to investigate whether exposures to combinations of stressors were associated with harmful levels on some measures of mood, physiology, and performance" (p.245). Wellens and Smith (2006) "concluded that the consideration of combined (low level) stressors and cumulative exposure is important in assessing the health risk associated with the work environment" (p. 245).

Hogh et al., (2012) study investigated the link between negative behavior and stress in the workplace. The researcher's (Hogh et al., 2012) findings reveal that negative acts including direct harassment and intimidation behavior are linked to psychological stress and a poor physiological stress response (Hogh et al., 2012). Din-Dzietham et al., (2004) study examined whether blood pressure results are strongly correlated with stressed racism directed towards African Americans. Din-Dzietham et al., (2004) findings are, "stressful racist/discriminatory encounters at work are associated with increased sitting systolic and diastolic blood pressure and increased likelihood of self-reported hypertension in African Americans when discrimination originates from non-African Americans as well as from other African Americans" (p. 449).

Coping

Researchers Geronimus et al., (2010) write, "the most pronounced differences in health between American Black and White women are seen in middle age, suggesting, at least metaphorically, an accelerated aging process" (p. 2). Consequently, African American women may be physiologically older than White women with equivalent chronological age, as a result of continuous contact to high effort coping (Geronimus et al., 2010). High effort coping is "deployed by African Americans and involves a sustained mental and physical effort to combat the stress stimuli associated with discrimination by adhering to an intense commitment to hard work and success" (Archibald, 2021, p. 385). African American adults frequently employ this coping strategy to combat the work stereotype threat of laziness through intense focus and increased occupational task performance (Archibald, 2021). However, "such high-effort strategies have been found to be positively associated with a greater likelihood of depression and posttraumatic stress disorder" (Archibald, 2021, p. 385).

Multiple studies on coping indicate that a person's impression of influence over the stressor is critical (Lazarus and Folkman, 1984). Thus, coping may be a tactic employed by individuals to alter unfavorable circumstances. As stated earlier, coping can act as a protective shield against a person's perception of procedural injustice in the workplace. However, "coping through unhealthy behaviors, including poor diet, tobacco, alcohol and other substance misuse, and risky sexual behaviors can be associated with adverse health outcomes" (Wakeel and Njoku, 2021, p. 7). According to Mezuk et al., (2013) coping behaviors such as consuming comfort foods and utilizing substances might sustain mental well-being while harming physiological health.

Martin et al., (2003) investigated the impact of discrimination on drinking as a stress reliever in a quantitative study with 2,638 African American workers; researcher's (Martin et al., 2003) findings suggest employees who have experienced workplace injustice are more likely to support drinking as a risky coping response for reducing the intensity of direct perceived disparities. In a longitudinal investigation Rodriquez and colleagues (2017) examined the effect of "unhealthy behaviors and chronic stress on depression symptoms and found that participating in unhealthy behaviors enhanced the association between chronic stress and potential symptoms of depression" (p. 810) among some ethnic groups.

According to Clark et al., (1999) biopsychosocial model, coping acts like a catalyst rather than a regulator in the association between perceived injustice and health outcomes. Researchers (Clark et al., 1999) go on to add that as a catalyst, perceived injustice induces coping reactions in order to manage the stressor; as a regulator, responses are thought to exist independently of the stressor (Clark et al., 1999). Pitcan et al., (2018) conducted interviews with 12 African American men who worked in White businesses on their experiences coping at work. Among the coping responses revealed by study participants included: integration into the dominant culture; suppression of self-expression; working harder than others; gloomy and dismal feelings; and fear of repercussions.

In another study Healey et al., (1981) investigated insomnia's association with stressful life events. Findings bolster the notion that persistent insomnia could be a result of physiological arousal induced by insufficient "coping responses to stressful life events" (Healey et al., 1981, p. 450). Researchers Hall et al., (2012) conducted a

qualitative investigation to better understand in what way African American women are impacted by and cope with work-related stressors; the study's findings reveal that African American women may cope with job stress in two ways: by self-care and by leaning on other African American women for support and spirituality.

Weathering

Weathering, as previously stated, has primarily been investigated at the societal level in the public health arena, with a focus on early health deterioration owing to recurring stress exposure (Geronimus et al., 2006); according to Hartzell (2022), Geronimus's weathering theory suggests, marginalized populations, such as African Americans, experience chronic stress as an outcome of living in an unjust society (Hartzell, 2022). The stressors and the high-effort coping mechanisms necessary to deal with them combine to produce severe or fatal effects by wreaking havoc on essential physiological systems (Hartzell, 2022). When the integrity of the cell is disrupted, biological activities become dysregulated or exhausting (Hartzell, 2022). The body ages more rapidly, and a person's general health becomes more delicate and susceptible to disease (Hartzell, 2022). For this study weathering will be examined within healthcare organizations through the lens of African American women sharing their narratives regarding their perception of procedural justice in relation to diversity management practices, in order to see if such perception have an influence on their wellbeing. However, "one of the first approaches to determine the presence of weathering was evaluating the age trends of health outcomes" (Forde et al., 2019, p. 2).

In 1996, Geronimus (1996) examined whether the ages of African American mothers differed according to their social class in relation to poor birth outcomes

(Geronimus, 1996). The findings suggest the "relationship between advancing maternal age and poor infant outcome is more substantial amongst African American mothers in low socio-economic communities than in others, with a notable share of this interaction effect" (Geronimus, 1996, p. 594). Using the GrimAge Accelerated Aging Index as a weathering measure, Simons et al., (2020) examined whether low literacy, limited funds, community deprivation and inequality are correlated with premature aging (Simons et al., 2020); the "findings provide support for the weathering hypothesis" (Simons et al., 2020, p. 2). In 2006, Buescher and Mittal (2006) examined racial disparity in birth outcomes to see whether their observations were aligned with the weathering concept (Buescher and Mittal, 2006); the researcher's (Buescher and Mittal, 2006) descriptive study showed that racial differences in the outcomes of birth are increasing "with increasing maternal age" (p. 17).

Other research on weathering has focused on allostatic load (AL) scores, which are used to measure stress. Chyu and Upchurch (2011) analyzed allostatic load scores using regression models and found that African Americans "had the highest predicted allostatic load scores relative to other ethnic groups; and that age by race revealed significant differences in allostatic load patterns across age groups; African American women 40–49 years old had AL scores 1.14 times higher than White women 50–59 years old, suggesting earlier health deterioration" (Chyu and Upchurch, 2011, p. 575). Borrell et al., (2010) studied the correlation "between a cumulative biological risk or allostatic score and all-cause mortality risk" (p. 810) using a regression model. The researchers (Borrell et al., 2010) "found that an increased allostatic load score heightened the risk of all-cause mortality" (p. 816).

Researcher Warren-Findlow (2006) completed in-depth qualitative studies with older African American women living in the inner city who were suffering from early-stage cardiovascular disease, triangulating their experiences with individual and community level socioeconomic and environmental information (Warren-Findlow, 2006). The study's participants spoke to long-term and recent stressors that they believed contributed to their weak heart (Warrem-Findlow, 2006). The occurrences mentioned were a mix of long-term societal, environmental, and family issues (Warren-Findlow, 2006). The findings indicate that there is considerable evidence to support weathering.

According to Geronimus et al. (2006), relative to weathering "stress on health has important implications" (p. 832). Additionally, according to the American Psychological Association (2012) stress can have a negative effect on the wellbeing of African American women on both a societal and organizational level (American Psychological Association, 2012). Thus, this study provides an opportunity to investigate if the weathering concept is exhibited in healthcare organizations in relation to diversity management practices as perceived by African American women who share their lived experiences in semi structured interviews.

CHAPTER 3

STUDY ONE

Methodology

An interpretative phenomenological analysis (IPA) was used to investigate the lived experiences of African American women working in, or who had previously worked in, healthcare organizations in terms of diversity management practices within a procedural justice framework. An IPA approach was chosen because it explores participants' lived experiences without making any attempts to hypothesize or theorize; it seeks to capture the spirit of a phenomena and to collect rich data in an interpretive fashion as to gain a deeper understanding of the data (Behal, 2020). Additionally, IPA also encourages researchers to be mindful of their own perception and to use such insights to aid analysis; a process known as reflexivity (Orange, 2016).

Recruitment

This qualitative research included African American women who have been impacted by diversity management practices in U.S. healthcare companies. Because of specific research criteria, purposeful sampling was applied. Palinkas and colleagues (2015) write, a "purposeful sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources" (p. 534). Participants were:

- minimum age 21,
- females who self-identify as African or Black American,

- have a bachelor's degree from a four-year college or have at least nine years of work experience,

- and have been impacted by diversity management practices when working full-time for at least one year in a healthcare company with a climate/culture that they perceived (1) supports/promotes diversity or, (2) does not support/promote diversity.

I forwarded via email the study's flyer (see Appendix A), which had been approved by Temple University's Institutional Review Board (IRB), to individuals in my professional and academic networks who were aware of my research and interested in knowing more. The flyer was also posted on social media platforms such as LinkedIn and the Facebook groups Black Girl Doctorate and PhinisheD/FinishEdD (Drs/Future Drs.). Snowball recruiting (e.g., asking participants to reach out to their networks) assisted in identifying potential participants who met the research requirements. Any concern that the snowball approach would only produce participants working in the same healthcare company was null and void. None of the participants were employed by the same company.

A population of five participants allowed for a comprehensive analysis of each interview; Smith et al., (2009) posit that there are no stringent rules regarding sample size for IPA research studies. It has also been contended in IPA research that a single person study may be acceptable if an especially rich or convincing argument can be made (Noon, 2018). Five subjects participated in this study. As a result, I was able to properly analyze each interview's transcript. The data seemed to have reached saturation during the open coding phase which is the process of rereading interviews line by line and jotting down

any thoughts that occurred to me in preparation for coding, as I began to read repeated responses from different Participant interviews.

Data Collection

This study was granted IRB approval with exempt status (see Appendix B). Semi-structured audiotaped interviews were conducted via Zoom. According to Anyan (2013) "semi-structured interviews offer a flexible medium of communicating freely about the topics of interest in the study" (p. 3). Each interview lasted an average of 1.40 hours. By allowing participants to communicate openly, they were able to bring more depth to their answers to open ended questions.

Four participants completed electronic consents prior to the audiotaped interviews using a consent form approved by IRB. The consent form was emailed to participants in response to their email request to voluntarily participate in study. Due to technological issues with one participant's email access, preceding the start of the interview I read the entire consent form to participant. The participant verbally consented. The entire conversation as well as the interview were recorded on Zoom audio. All participants were reminded of the study's eligibility requirements, as detailed in the Recruitment section above, and were given an overview of the study. The IRB process was reviewed, as well as the safeguards in place to protect their data and privacy. Participants were also reminded that they can end the interview at any time.

As stated previously, open ended questions permitted each participant to speak candidly about her lived experiences. This form of questioning aided in the reduction of researcher bias by eliminating leading questions. An interview guide (see Appendix C) was designed to provide a basis for consistency during interviews. Additionally, it aided

in comparing participant responses during the data analysis process. The interview guide was formed around study's concept and research question, or more specifically, what I sought to learn about African American women's perception of procedural justice relative to diversity management practices within healthcare companies. The initial interview guide's questions were general in nature to develop rapport, followed by more specific questions. Instead of imposing my own words, I used mirroring to reflect on the participants' actual words (Myers, 2019). Since I was interested in hearing about their lived experiences, many of the questions were behavioral in nature. Piloting the questions was done with someone in my professional network who met all the study's requirements. Following the pilot interview, questions were modified to be more concise and behavioral in nature. The pilot's subject was not included in the study as a participant.

Zoom audio conferencing was used to conduct the interviews and recordings were auto stored in Zoom Cloud. Following each interview, a link to the Cloud recordings was generated. For transcription, the link was copied and pasted into a speak to text application. Tags were assigned to speakers. S1 was assigned to the researcher, and each participant was given a pseudonym to ensure their anonymity. Every interview transcript was saved separately as a Word document. In preparation for coding each Word document was copied into the Excel spreadsheet. Each interview was assigned a sheet in the Excel document labeled with their pseudonym. Additionally, a sheet labeled as *Codes* was added. Color coding was used to visually distinguish each speaker's transcribed text. To facilitate bracketing, participants first person language was translated to third person (Rocio, 2020) using the Excel replace function to eliminate errors (e.g., *I* experienced was replaced with *P1* experienced). According to Rocio (2020) "the notion of bracketing

describes viewing the data exactly as it appeared in its own context without voting for or against the claims" (p. 15).

Data Analysis

Multiple steps were taken to analyze the data. The first step was open coding, which entailed rereading interviews line by line and jotting down any thoughts that occurred to me. The second step involved reviewing the interviews for meaningful blocks of data related to the research concept and question. Next, I examined notes and meaningful blocks of data to construct study-related codes. The codes were entered into the spreadsheet (Column A) with a header titled *Code*, additional column headers (Column B, C, etc.) with headers reflecting the participant's pseudonym (e.g., P1, P2, etc.) were added. Further reading of interviews was conducted to determine if additional coding was necessary. Interviews were then cross-checked to ensure that all notes and meaningful blocks of data were captured on Excel spreadsheet during the code creation process. There were 83 codes (Table 1) in all.

Table 1.

S1 Codes

Advanced degree
Agitation towards family
Anxiety
Assimilating and trying to get attention was exhausting/draining
Better work climate/culture after George Floyd/Black Lives Matter
Check the box diversity and inclusion environment
Chronic stress linked to perceived procedural injustice experiences at work
Diabetes out of control
Diagnosed self/or by doctor with depression
Diagnosed with PTSD depression
Did other things to cope
Discrimination linked to being African American women
Discrimination linked to gender
Disparity in appraisals
Disrespect
Diversity policy is to take a test/survey
Do not see many minority promotions
EEO filed complaint
Experiencing racism
Fearful will be written-up
Feelings of being upset
Felt job was at risk
Felt threatened by a White male/female
First African American women in role
Gain/loss of weight
Gaslighting effect
Granted Workers Compensation as a result of chronic stress
Had a heart attack
Had to work harder than white counterparts
Hair loss due to chronic stress
Headaches
High blood pressure
Hostile treatment
Ignoring me
Increased intake of junk food and/or beverages
Insomnia
Lawsuit with Bureau of state due to perceived lack of procedural justice
Legal settlement due to lack of procedural justice
Long-term and consistent stress
Loss of appetite
Loss of work due to chronic stress

Table 1. *(continued)*

Low number of minorities division/department
Micromanagement
Mostly white males in department
To succeed in an environment lacking in procedural justice, one must be smart.
Name calling
No issues with prior organization
No monitoring of EEO training compliance
Not acknowledging my educational credentials
Not many African Americans in leadership roles
Offline conversations with other African American(s) employees relative to managing policies procedures around procedural justice
Only African American on team
Organization discount voiced concerns
Other minorities afraid to say anything
Other minorities share experiences of perceived procedural injustice
Over 3 years of employment in Healthcare Industry
Panic attacks
Participated in a secret African American group discussing procedural injustice
Perceived neutral or positive diversity climate/culture
Perceived poor diversity climate/culture
Perception there is opportunity for organization to support diversity more
Position in non-clinical corporate
Positively contributed to organization
Post COVID effects perceived worse
Prescribed medications
Professional development negatively affected
Promotions based on who you know
Proud of work accomplishments
Recruiting internal obstacles
Retaliatory treatment
Seeing therapist due to chronic stress linked to procedural justice experiences
Sick stomach
Sought legal remedies due to nonadherence to diversity management practices
Stereotyped
Terminated employment/went to another department/division
The only African American women
Therapy pre-COVID
Took PTO days due to perceived procedural injustice
Unsubstantiated email communications around poor performance
Work expectations never defined
Work scrutinized
Worked harder as a result of perceived lack of procedural justice

The fourth step entailed mapping the meaningful units of data to the Excel spreadsheet's code list as to identify patterns. The codes were arranged in ascending order under the header *Codes*. When a meaningful unit of data was identified, the column containing the pseudo-header for that participant was tick marked with the corresponding code number. Additional codes were added when they were identified if they were not already on the list. Following that, a Word table was developed to categorize similar codes. Finally, the categories were analyzed to identify five key themes related to the research concept and question (Figure 3).

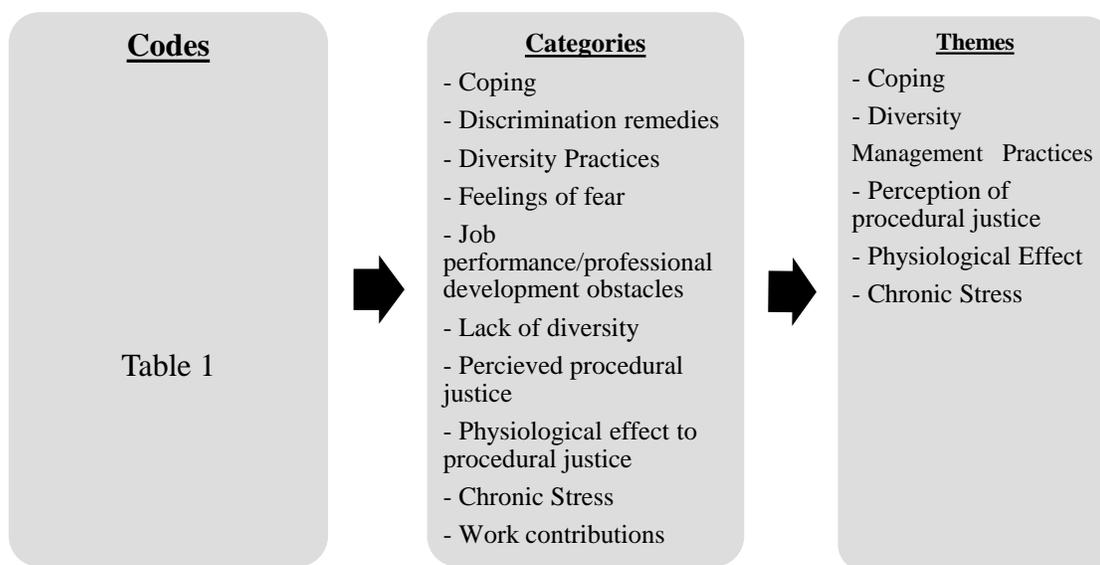| **Codes**	**Categories**	**Themes**
Table 1	- Coping - Discrimination remedies - Diversity Practices - Feelings of fear - Job performance/professional development obstacles - Lack of diversity - Percieved procedural justice - Physiological effect to procedural justice - Chronic Stress - Work contributions	- Coping - Diversity Management Practices - Perception of procedural justice - Physiological Effect - Chronic Stress

Figure 3. *S1 Coding Process*

Reflexivity

Reflexivity was incorporated in this study by focusing on participants without prejudice and with a heightened understanding as to how my lived experiences as the

researcher contributed to interpretations of meanings. According to phenomenology, novel meanings are formed when the researcher's and participant's significant perspectives are connected (Gadamer, 1976). This connection requires the investigator to have both self-awareness and an openness to others, both of which could be cultivated through reflexivity.

During semi-structured interviews I began with reflexivity by actively listening to each participant with minimal interruptions and by clarifying any misunderstandings with follow-up questions in order to avoid creating any assumptions. I consciously did not mention my professional background in healthcare or my lived experiences during interviews as not to influence the outcome of the interview. I then began the transcription process. Transcribing participants' experiences provide opportunities for reflexivity, according to AnneShelton and Flint (2019). As to practice reflexivity during transcription, immediately following each interview I read each transcript line by line, noting any thoughts that came to me as I evaluated my interaction with the participant. After completing this process for each transcription, I analyzed my notes to determine if self (i.e., feelings and perception) would have any impact on my analysis. The review process revealed a small skew in my comments around coping responses. My perception of coping responses leaned toward strategies that resulted in negative affects to participants' well-being.

In my research on weathering, I found literature of coping responses that exacerbated the effects of weathering. However, coping responses can be characterized as problem focused (i.e., active efforts) or emotion focused (i.e., passive efforts) (Lazarus and Folkman, 1984). Active efforts reflect behavioral responses to resolve life stressors

(e.g., mediation, exercise); and passive efforts are targeted at posing questions as to adapt to the stressor with no change to the cause of stress (Hall et al., 2012); "problem-focused strategies are superior to emotion-focused strategies because they are associated with more self-confidence and less dysfunction"(Hall et al., p. 210). Understanding what participants may perceive as active efforts may propose efficient coping strategies to lessen African American women's experiences within healthcare companies relative to perceived injustice. Furthermore, research on coping suggests that a person's perception of control over the stressor is critical (Lazarus and Folkman, 1984). As a result, coping may operate as a buffer against a person's perception of a lack of procedural justice in the workplace when it comes to diversity management practices. Conversely, "coping through unhealthy habits, such as poor diet, tobacco, alcohol, and other substance abuse, and risky sexual behaviors, might be associated with negative health outcomes" (Wakeel and Njoku, 2021, p. 7). Wilson and Gentzler (2021) writes, by acquiring appropriate stress-coping strategies, African American women "might be able to mitigate the negative impact of perceived injustice" (p. 2). Thus, I reread transcripts and made a conscious effort to identify the range of coping experiences that participants conveyed during participant interviews.

Another technique used to integrate reflexivity was to transcribe participant interview data verbatim. According to Poland (1995) "it is important for qualitative research that transcripts be verbatim accounts of what transpired in the interview, that is, they should not be edited or otherwise tidied up to make them sound better" (p. 302). Zoom audio conferencing was used to conduct the interviews and recordings were auto stored in Zoom Cloud. A link to the Cloud recordings was generated following the

interview. To ensure that the data was not edited during transcription, the link was copied and pasted into a speak to text application; an application that after analyzing several different speak to text applications, I chose because it received high ratings for being a dictation application with high accuracy. Prior to each interview, I took a moment of silence to focus on how I was feeling and evaluate whether my current emotions would alter my interpretation of what I was hearing. And, while I had no occasions in which my emotions impacted my final interpretation, there were times during the transcribing process I was able to recognize, as stated earlier, a slight tilt in what I jotted down as a note during the initial transcription review process around coping responses.

As previously stated, this research examined African American women's perception of their current, or past organization's diversity management practices to see if such practices have a weathering affect. This study was an inductive study that drew on participants' lived experiences to get a broader understanding of the phenomena by examining data in search of patterns that support generalization. According to Husserl (2012), "whatever belongs to the essence of the individual can also belong to another individual, and the broadest generalization of essential being" (Husserl, 2012, p. 11).

Study One: Findings

The participants' backgrounds are summarized in Table 2. Four of the five participants held advanced degrees, and one has 33 years of full-time experience with a single healthcare company. Three participants indicated that they are currently employed for, or have worked in the past for, a healthcare company with a climate/culture that values/promotes diversity, while two participants stated that they are currently employed

for or have worked in the past for a healthcare organization without a climate/culture that values/promotes diversity.

Table 2.			
S1 Background Information on Participants			
Participant	Healthcare Company Type	Length of Time Employed Full-Time in Healthcare Company	Education
Participant 1 – Department Section Chief	State level agency	13 years	Master's Degree
Participant 2 – Corporate Hiring Manager	Healthcare Services 100+ hospitals and Outpatient sites	5.5 years	Doctor of Education
Participant 3 – VP, Talent Strategies and Solutions	Hospital System	3.5 years	PhD
Participant 4 – Human Resource Specialist	Hospital	25 years	25 years in healthcare
Participant 5 – Leadership Role	Health Insurance	33 years	Bachelor's Degree

During the coding process, five key themes relating to African American women's perception of procedural justice in relation to diversity management practices were identified. The themes are diversity management practices, chronic stress, perception of procedural justice, physiological response, and coping. The following paragraphs describe each theme and include participant quotes and examples of responses relevant to that theme.

Diversity Management Practices

Participants' responses (Table 3) relative to diversity management practices in relation to the study's concept and question were related to what they perceived to be

nonadherence to diversity management practices. Participant 1 described a two-year period during which she did not get her annual performance review. She could see that everyone else in her department who was White had received annual performance reviews because she had access to the organization's human resource portal. Participant 2 stated that her path to management was very structured, despite the fact that she has observed non-minority employees with fewer credentials and work experience receive multiple promotions, including during off-cycle hiring. Similarly, Participant 4 shared that in her current organization, members of the Black and Brown communities remain in roles as a result of being passed over for promotional opportunities as others advance up the professional ladder. Participant 3 perceived she was overlooked for a leaderships position because she was an African American woman. She asserts that she was not informed of an open leadership position for which she qualified during recruitment, which resulted in her taking a non-leadership role and a less credentialed non-minority given the leadership role. And Participant 5 talked about how she was often stressed because she could not advance minorities on her team because of implied minority quotas, despite the fact that they had completed all of the required professional development activities.

Table 3.	
S1 Example Quotes and Responses Diversity Management Practices	
Participant	Example Quotes and Reponses
Participant 1	• "I questioned my leadership about the fact that I did not receive an annual evaluation like others, and they disabled my access to the portal, which allowed me to view completed annual reviews for other employees."
Participant 2	• "In 5 years, I rose from senior consultant to manager. Other non-minorities have gone from analyst to director in two years." • "Discrimination linked to being an African American Women."
Participant 3	• That remained an issue that my manager could not resolve; no one could explain why that hiring decision was made in that manner. • Unfairness was linked to being an African American woman
Participant 4	• "The Black and Brown community sort of kind of stay where they are…."
Participant 5	• "I've been developed enough. I've went to all the classes, met all targets, checked off all the boxes but I still don't get promoted."

Chronic Stress

Chronic stress was a recurring theme among all participants, with all participants associating chronic stress with their perception of procedural justice relative to diversity management practices (Table 4). Participant 1 believes that the chronic stress she felt at work as a result of nonadherence with diversity management practices addressing harassment, discipline, and performance reviews aggravated her multiple sclerosis. Participant 2 stated that she is currently on leave from work due to chronic stress caused by harassment from her manager, which resulted in retaliation after she reported it to leadership, as well as chronic stress related to her perception of being passed over for

roles and promotions that were offered to White employees with less credentials. And

Participant 3 expressed her dislike for her manager, which added to her chronic stress

because she believed she was being financially hurt as a result of her sense of

discriminatory recruiting methods particular to her joining the department. Participant 4

described her experiences of extreme anxiety which escalated to chronic stress as a result

of spending over four years in what she perceived to be a hostile environment in a

healthcare company. Participant 5's chronic stress, which led to bouts of depression, was

linked to her perception of procedural justice in relation to her organization's

nonadherence of diversity management practices toward African Americans which she

observed as a leader in her organization.

Table 4.
S1 Example Quotes and Chronic Stress Responses

Participant	Example Quotes and Reponses
Participant 1	• I worked for two state health agencies and was subjected to chronic stress because of the racism.
Participant 2	• "It has been very, very, very stressful. Very stressful."
Participant 4	• "I am sure I had anxiety issues, as I went through this long period hoping nothing would happen**.**"

Perception of Procedural Justice

All participants shared work experiences that influenced their view of procedural

justice relative to diversity management practices in the healthcare organization where

they currently or previously worked. Participants 1 and 3 stated that they were the only

African American women on their team and/or department. Participant 1 received an

Equal Employment Opportunity Commission (EEOC) settlement because the healthcare organization where she worked did little to prevent discriminatory practices, including harassment, to which she was subjected. Participant 2 was granted paid leave from work as a result of nonadherence to diversity management practices in her healthcare company that necessitated time away from work due to negative health effects. Participants 3, 4, and 5 recalled instances in which other minorities in the organization shared stories about what they perceived to be nonadherence to diversity management practices. And Participant 5 sometimes missed work due to chronic stress related to what she saw to be discriminatory diversity management practices specific to promotions.

Physiological Effects

Participants discussed the physiological effect they believed were associated with their lived experiences at their current or previous healthcare employer in terms of their perceptions of procedural justice in relation to diversity management policies, which included a variety of health implications. Table 6 summarizes some of the findings. Each participant connected their adverse health conditions to their lived experiences as a result of their perception of chronic stress related to nonadherence to diversity management practices at their current or previous healthcare employer. Participants 1 and 2 were clinically diagnosed with depression. As a result of her recurrent exposure to what she saw to be nonadherence with diversity management practices around promotions, Participant 5 self-diagnosed herself as experiencing bouts of depression. Participant 3 experienced chronic sleep deprivation, while Participant 1 self-diagnosed insomnia. In contrast, Participant 2 stated that she would simply "crash" due to anxiety during her time off from work.

Table 5.
S1 Example Quotes and Responses Perception of Procedural Justice

Participant	Example Quotes and Reponses
Participant 1	• "I was the only Black female in that department." • "Received treatment was hostile and retaliatory."
Participant 2	• "My organization is mostly made up of men. Non-person of color, white." • "I'm currently on medical leave because of stress due to harassment, bullying, and retaliation from work."
Participant 3	• "So, I was the only African American, the only Black women. Actually, I was the only Black person on the entire team." • Unfairness was linked to being an African American woman • "My role was to increase nursing retention. I spoke to minority nurses who perceived they were treated very differently than the White nurses, differently on the negative side."
Participant 4	• "The Black and Brown community sort of kind of stay where they are…." • Observed discriminatory practices with other minorities…"when I observe it, there are times that I will actually go to them and say, listen, you should leave this alone. Or sometimes I will say that we do have certain departments that you can go to, to express your pain."
Participant 5	• "I've been developed enough. I've went to all the classes, met all targets, checked off all the boxes but I still don't get promoted." • Missed work due to chronic stress related to what she saw to be discriminatory promotion practices.

Participant 4 stated that she experienced anxiety resulting in panic attacks during her eight-hour workday. As previously stated, each Participant attributed their ailments to long-term exposure to perceived workplace discriminations. As a result of the harassment she received at work, Participant 1 sought legal counsel. Participant 2 is receiving Worker's Compensation as a result of her perception of nonadherence to diversity management practices. Participant 3 talked about how she struggled with insomnia until she resigned her job at a healthcare company, and Participant 4 described her experiences of depression, headaches, and loss of appetite before being transferred to a different division.

Table 6.	
S1 Example Quotes and Responses Physiological Effect	
Participant	Example Quotes and Reponses
Participant 1	• "I have a whole team of doctors; they were afraid I was going to have a stroke. Eventually, I did have a heart attack." • Diagnosed with depression
Participant 2	• "I was diagnosed with a major depressive disorder and was put on a depression medication and anxiety medication."
Participant 3	• "I think the number one thing that I went through when I was in that role was lack of sleep."
Participant 4	• I had anxiety issues for 8 hours at work. My safe zone was in my car driving home from work.
Participant 5	• "Because it has made me feel depressed." • "I typically usually get a headache, a really bad headache, and just kind of loss of appetite."

Coping

The range of coping responses were broad (Table 7). Participants 1 and 3 would consume foods and beverages that were high in salt, sugar, and fat. Participant 2 stated that she would sleep excessively, whereas Participant 5 stated that she would take weeks

off from work due to chronic stress. Walking was a coping behavior for Participant 3, authoring a book was an additional coping response for Participant 1, and confiding with other African Americans in offline conversations was a coping behavior for Participants 1, 2, 3, and 4.

Table 7.	
S1 Example Quotes and Responses Coping	
Participant	Example Quotes and Reponses
Participant 1	• "I would eat candy nonstop throughout the day. Chocolate became my best friend, chocolate and soda. So, my insulin got even worse." • Authoring a book as a form of therapy • Participant had offline conversations with other African American(s) employees relative to managing procedural justice around diversity management practices.
Participant 2	• "And you know, was very agitated towards my husband towards my son, and on the weekends just crashing, not wanting to do anything, but just sleep." • I went into therapy pre-COVID
Participant 3	• "McDonald's French fries and sweet tea, which were not healthy." • "I started walking three to four miles because I was like, I gotta I gotta figure something out. I gotta find some peace."
Participant 4	• Annually took several weeks off from work (approximately one week in duration each episode)

Discussion

It is essential for healthcare organizations to examine the effects of African American women's perception of procedural justice relative to diversity management practices within the workplace. Chronic stress is one of those effects and is commonly recognized within firms as a significant workplace threat culminating in employee discontent, decreased productivity, absenteeism, attrition, and in some instances ill health (Choi et al., 2013). Stress arousal in African American women as a result of perceived

unjust experiences can be recurrent, and she can be physiologically stressed for long periods of time (Geronimus, 2021). A focus on the effect of such exposure on African American women's well-being is especially critical, as "African American women have the highest probability of high allostatic load scores compared with their male or White counterparts" (Geronimus et al., 2006, p. 826). As stated previously, allostatic load scores are used to assess stress and are based on information about a person's physiological system's response to stress; a response (i.e., fight or flight) which may heighten the risk of illness. According to Geronimus et al., (2006), while everyone's long-term stress reactions vary, the effects "of living in a race-conscious society" (p. 826) may be felt most intensely amongst "African American women as a result of gender and racial discrimination" (Geronimus et al., 2006, p. 830).

Title VII forbids workplace injustice based on race and gender. However, despite the fact that organizations such as healthcare organizations have implemented diversity management practices in the interest of procedural justice and equality (Kim and Park, 2017), racism and sexism remain a cause of chronic stress for African American women, as both influence the professions they choose, the income they earn, and the benefits they receive (Hall et al., 2012). For instance, as stated previously, McKinsey (2019) found that in the healthcare industry "86 percent of African American women reported race as a high barrier to career advancement" (p. 8). As a result, African American women's feelings of justice may exacerbate stress and ill health. Researchers Din-Dzietham et al., (2004) found "perceived stress following race-based injustice at work is associated with hypertension in African–Americans" (p. 449).

Study One investigated the narratives shared by African American women relative to their lived experiences working in healthcare organizations in relation to diversity management practices, using a procedural justice lens to see if such experiences suggest weathering is exhibited within healthcare organizations, by conducting semi-structured interviews. As previously stated, weathering focuses on African American women's early health deterioration as an outcome of prolonged stress exposure (Geronimus et al., 2006). Each participant described their lived experiences relative to their perception of how a current or prior healthcare company employer's lack of adherence to diversity management practices impacted their wellbeing. Two of the five participants had been diagnosed with clinical depression, one self-diagnosed depression, another reported she suffered from prolonged periods of insomnia, and one described experiencing persistent anxiety. Each participant associated their adverse health outcomes to their lived experiences relative to their perception of procedural justice within the workplace specific to diversity management practices, with two participants indicating that they worked in a healthcare organization with a strong diversity culture and management practices; both participants have worked for the same healthcare company for more than two decades.

All participants reported feelings of chronic stress as a result of their perception of their current or previous healthcare employer's failure to adhere to diversity management practices. According to Flynn et al., (2012) stress is the constant strain associated with the never-ending quest for procedural justice (Flynn et al., 2012). Coping was a mechanism that all participants employed to cushion themselves from chronic stress. According to Geronimus et al., (2006) "on a physiological level, persistent high effort coping with

acute and chronic stressors can have a profound effect on health" (p. 826). Two participants cited poor eating as a means of handling stress. One participant described being in a vegetative state and sleeping excessively when not working. Another participant said that she engaged in additional coping responses but chose not to elaborate. And one participant described her ongoing mental and physical exhaustion from constantly assimilating in order to fit in. However, some participants described coping responses (i.e., walking) that may not exacerbate ill health. This study conducted at the organizational level within healthcare companies indicates that participants' perceptions of procedural justice in relation to nonadherence to diversity management practices may have a negative effect on their wellbeing, similar to previous research on weathering at the societal level, which concluded weathering is a physical consequence of unfair practices (Geronimus, 1996).

Limitations

There are some limitations to this study that reduce the significance of the findings. According to Adu (2019), participants' histories influence how they talk about their lived experiences, and researchers should investigate whether their biases influence how they perceive participants' narratives (Adu, 2019). Given these constraints, self-evaluation and relationships with participants aided in the identification of biases; as previously stated, my predisposition to focus more on participants' coping responses when reading transcripts that resulted in unfavorable health outcomes was due to my personal experiences. Recognizing this bias helped me in conducting a more thorough investigation, as I aimed to identify all possible coping responses without prejudice during the reading of transcripts and coding process.

Another limitation is that the study included five participants. Given this fact, five participants allowed for a comprehensive analysis of each interview; Smith et al., (2009) write, "that in IPA research there is no right answer to the question of…sample size" (p. 56). Additionally, it has been argued in IPA research that a single-person study may be acceptable if a particularly compelling or rich argument can be made (Noon, 2018). Conducting a Study Two with a different pool of participants, while remaining sizable to allow for in- depth investigations, may lend credence to existing themes. Additionally, more response data will be collected, potentially resulting in the discovery of new research themes. Despite the stated limitations the research's literature review, methodology, and analysis have been thoroughly performed.

CHAPTER 4

STUDY TWO

The findings of Study One help to expand our understanding of African American women's perceptions of procedural justice relative to diversity management practices in healthcare organizations, and they serve as the framework for Study Two. As described in Study One, each participant recounted their lived experiences in relation to their perceptions of procedural justice regarding diversity management practices at their current or past healthcare job. Chronic stress recurred as a theme among all participants in Study One, with all participants associating chronic stress with their perceptions of nonadherence to diversity management practices. Participants in Study One also discussed the physiological consequences associated with their perception of procedural justice relative to nonadherence of diversity management practices, which included a variety of adverse health effects (e.g., hypertension); each participant associated their adverse health conditions to long-term exposure to perceived injustices at their current or former healthcare employer. Additionally, during Study One interviews, a variety of coping strategies were disclosed, including the consumption of foods and beverages high in salt, sugar, or fat.

However, given the limited number of participants in Study One, I replicated my research in Study Two and included additional participants as to validate, or bring different perspectives to Study One's findings. As previously stated, Smith et al., (2009) suggest that "there is no right answer to the question of…sample size" (p. 56) in IPA research. Noon (2018) contend that a single-person study may be appropriate in IPA

research if an especially rich or convincing argument can be made. However, Noon (2018) also writes "4-10 participants are advised for professional doctorates" (p. 76).

Study Two included 8 participants who were not included in Study One in order to replicate, validate, or bring different perspectives to Study One's findings. By involving a larger number of participants with sufficient knowledge in the study's phenomena, I ensured that the fullest understanding of the phenomena was captured, thereby increasing theoretical validity (Thomson, 2011). Theoretical validity assesses linkages among concepts in relation to the phenomena by asking, "Has the researcher produced an accurate explanation of the phenomena?" (Thomson, 2011, p. 79). Additionally, recruiting new participants while maintaining a sufficient sample size for in-depth interviews and analysis bolstered the investigation's credibility by demonstrating that data collection and analysis are sufficiently thorough and relevant for this phenomenological study. In Study Two, the eight participants' interview responses revealed themes that were consistent with previously identified themes (i.e., saturation) from Study One.

Methodology

An interpretative phenomenological analysis (IPA) was used to research the lived experiences of African American women, who work or have previously worked in healthcare organizations, in terms of their perceptions of diversity management practices within a procedural justice framework. As stated in Study One, IPA investigates data without attempting to hypothesize or theorize (Behal 2020). It seeks to capture the spirit of a phenomena and collect rich data in an interpretive fashion as to gain an understanding of the data (Behal, 2020).

According to Smith (2004) there are four distinct characteristics of IPA. First, IPA is idiographic in the sense that it takes time to analyze one transcript before going on to the next; it is inductive because research questions are broad allowing for the emergence of new themes (Smith, 2004). Third, the results are analyzed by referring to other literature; and last, IPA researchers are influenced by their lived experiences, thus when constructing themes, they must interpret data through their own perspective (Smith, 2004). As stated earlier, an IPA approach was chosen because it lets the researcher investigate "the lived experiences of the study's participants" (Orange, 2016, p. 2176) and encourages researcher to be aware of their own perception and use such insights to aid analysis; a process known as reflexivity (Orange, 2016) which is addressed more below.

Recruitment

Similar to Study One, Study Two recruited African American women who had been impacted by diversity management practices in U.S. healthcare companies. Purposeful sampling was used due to specific research criteria as noted below. According to Palinkas and colleagues (2015) "purposeful sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources" (p. 534). Participants were:

- minimum age 21,

- females who self-identify as African or Black American,

- bachelor's degree holders from a four-year college or have at least nine years of work experience,

- and have been impacted by diversity management practices when working full-time for at least one year in a healthcare company with a

climate/culture that (1) supports/promotes diversity or, (2) does not
support/promote diversity.

To recruit, I emailed the study's flyer (see Appendix A), which had been
authorized by Temple University's Institutional Review Board (IRB), to people in my
professional and academic networks who were interested in learning more about my
research. The flyer was also posted on social media platforms such as LinkedIn and the
Facebook groups Black Girl Doctorate and PhinisheD/FinishEdD (Drs/Future Drs.).
Snowball recruiting (e.g., asking participants to reach out to their networks) assisted in
identifying potential participants who met the research requirements. Any concern that
the snowball approach would only produce participants working in the same healthcare
company was null and void. None of the participants were employed by the same
company.

Six of the eight participants were referred to me and two participants of the eight
participants were members of my professional network. Each participant got consistent
messaging stating that participation is entirely voluntary, as specified in the recruiting
flyer, consent form, and verbally at the start of the Zoom interview. I downplayed the role
of the person who referred the participant by emphasizing to the participant that the
interview was confidential and that, while I respect the individual who referred the
participant, it would be unethical for me to reveal any content of the interview. Each
participant expressed their appreciation for the consideration. In terms of the number of
individuals interviewed, Smith et al., (2009) assert that there are no strict sample size
requirements for IPA research investigations, as mentioned in Study One. Furthermore, it
has been contended in IPA research that a single person study may be acceptable if a

particularly rich or convincing case can be made (Noon, 2018). There were eight Study

Two participants. I was able to examine each interview thoroughly. The data appeared to

have reached saturation during the open coding phase (rereading interviews line by line

and recording any thoughts that occurred to me prior to coding), as I became familiar

with participants' responses and read repeated responses from several participant

interviews.

Data Collection

Zoom was used to conduct the semi-structured audiotaped interviews for the

study. Each interview lasted 60 minutes, which allowed participants to speak freely and

expand on their responses to open ended questions. I sent an email to each participant

before the interview expressing my gratitude for volunteering to participate. The email

also stated the study's eligibility criteria, as described above under *Study Two:*

Recruitment and on the study's flyer that was attached to the email. Additionally, I

forwarded each participant a Google consent form requesting their signature to

participate voluntarily in the study.

Participants were given a verbal overview of the study before the interview began.

I followed the same script with each participant. Again, it is during the verbal overview I

minimized the role of the referrer by emphasizing to the participant that the interview was

confidential and that, while I appreciate the individual who referred the participant, it

would be improper for me to share any of the interview's content. I also reminded

participate of the option to terminate the interview at any time for any reason. To

encourage participants to speak frankly about their lived experiences, open ended

questions were employed. This kind of questioning contributed to the reduction of

researcher bias by avoiding leading questions. Similarly, to Study One, an Interview Guide (see Appendix C) was designed around the study's concept and research question in order to ensure consistency throughout the interviews. Consistency aided in comparing participant responses during the data analysis process by allowing for categorization and thematicization of responses. As with Study One, the first few Interview Guide questions in Study Two were broad in scope to develop rapport, followed by more specific questions to generate rich responses. Additional open-ended questions were added to the Interview Guide to ascertain whether and how other variables affect participants' perception of procedural justice in relation to diversity management practices.

One additional question in Study Two inquired about participants' perception of procedural justice prior to and following Social Change Movements sparked by the "disproportionate harms to African Americans caused by the highly publicized police killings of George Floyd and Breonna Taylor" (Geronimus, 2021, p. 410). I probed participants about COVID using the Interview Guide in the hope of eliciting any COVID experiences that may have altered their views and/or influenced the effects of weathering. An additional question was asked to obtain information on the participant's connection to their race in order to see whether the association suggests an influence on their perception of procedural justice. For instance, if one participant has a stronger affiliation with race than another, will the participant with the stronger identity perceive a heightened sense of procedural justice, potentially exacerbating the effects of weathering? According to Lucas et al., (2016) "prior research on racial identity suggests that being strongly identified as a member of one's race or ethnicity may either protect against or exacerbate negative health effects of perceived racism" (p. 3). Another question concerned the participants'

prior health concerns, as the weathering concept recognizes that " the cumulative health and stress disparities that African American women experience throughout their lives result in negative health outcomes that accelerate aging" (Warren-Findlow, 2006, p. 221), and thus pre-existing illnesses may indicate an exacerbation of the weathering effect.

Furthermore, in Study Two, I probed participants to determine whether they saw a connection between their lack of chronic stress and good diversity management practices, or the vice versa, by asking, tell me why you think it affects you this way? How does working for your organization effect you? Your body? Your thoughts? Your feelings? Your behavior? Finally, during Study Two interviews, I sought further feedback about coping from participants by asking probing questions; specifically, probing questions about how participants cope with chronic stress as a result of their perceived feelings of injustice relative to nonadherence of diversity management practices in the healthcare company for which they currently or previously worked. As previously stated, coping is a component of weathering. Also, it can function as a buffer against a person's opinion of procedural justice in the workplace. However, "coping through unhealthy behaviors, including poor diet, tobacco, alcohol and other substance misuse, and risky sexual behaviors can be associated with adverse health outcomes" (Wakeel and Njoku, 2021, p. 7). As noted previously, coping responses can be classified as either problem focused (i.e., active efforts) or emotion focused (i.e., passive efforts) (Lazarus and Folkman, 1984). Active efforts reflect behavioral responses to life stressors (e.g., mediation, exercise), whereas passive efforts are focused on posing questions in order to adapt to the stressor without changing the source of stress (Hall et al., 2012); "problem-focused

strategies are superior to emotion-focused strategies because they are associated with more self-confidence and less dysfunction" (Hall et al., 2012, p. 210).

Data Analysis

The audio recordings from the semi-structured interviews were automatically saved to Zoom Cloud. A link to the Cloud recordings was automatically generated after each interview. Each link was manually copied and pasted into a voice to text tool for transcription. Tags were assigned to speakers after each interview had been transcribed. S1, for example, was assigned to me (the researcher), and each participant's response was given a pseudonym (e.g., P1) to ensure anonymity. Because of the modest pool of participants and "my primary goal of organizing and structuring the content logically," (Ose, 2016, p. 148) this study was able to use Word and Excel to assist with data analysis; according to Ose, (2016), "researchers have demonstrated how standard office programs can be used in qualitative data analyses" (p. 148).

Each transcript was saved as a Word document and then copied into an Excel spreadsheet in preparation for coding. Similarly, to Study One, to facilitate bracketing, participants' first-person language was converted to third person using the Excel replace function to prevent keying errors (e.g., *I* experienced was replaced with *P1* experienced) (Rocio, 2020). According to Rocio (2020), "the notion of bracketing refers to the act of viewing data in its original context without voting for or against the assertions" (p. 15).

Each interview was assigned a sheet in the Excel document labeled with participant's pseudonym. To visually distinguish each speaker's recorded text, cells in the Excel sheet were color coded (e.g., S1's cell font color was blue). Additionally, a sheet labeled *Codes* was added to the Excel document. According to Myers (2019), "codes are

tags or labels for assigning units of meaning to the descriptive or inferential information complied during a study" (p. 208). The Codes sheet column headers were labeled Codes, Code number, and the appropriate pseudonym for each participant. I reread the open coding and interview notes, transcripts, and put any blocks of meaningful data and words into the Codes column that were applicable to the study's concept and research question. I placed a tick mark (i.e., x) in the appropriate participant column on the Codes sheet to identify participants' response to a question that was aligned to a code. If a transcript yielded a code that had already been identified, the code would not be duplicated. Though a tick mark would be added to each participant's column for the transcript with which the code was related. For example, the Codes for insomnia would not be duplicated during reading of transcripts if it had previously been captured. If the code were applicable during the reading of transcripts P2 and P5, a tick mark would be placed under the P2 and P5 column headings.

By mapping meaningful blocks of data and words to the Excel spreadsheet, I was able to keep track of participants' responses, properly align quotes to participants, "combine interviews in the same sheet" (Ose, 2016, p. 158), identify patterns, and visualize top categories based on the number of tick marks associated with each code. The codes were arranged in ascending order under the column header *Codes*. There were 123 codes (Table 8) in all. After that, the Code list was copied into Word. Following that, a Word table was built to group comparable data in order to identify key categories related to the research topic and question. Finally, the categories were evaluated to establish themes (Figure 4).

Codes		Categories		Themes
Table 8	▶	- Chronic Stress - Physiological Effect - Trying to find a way to deal with perceived procedural justice - Social Change Movements - Discrimination remedies	▶	- Coping - Diversity Management Practices - Perception of Procedural Justice - Physiological Effect - Chronice Stress - Social Change Movements
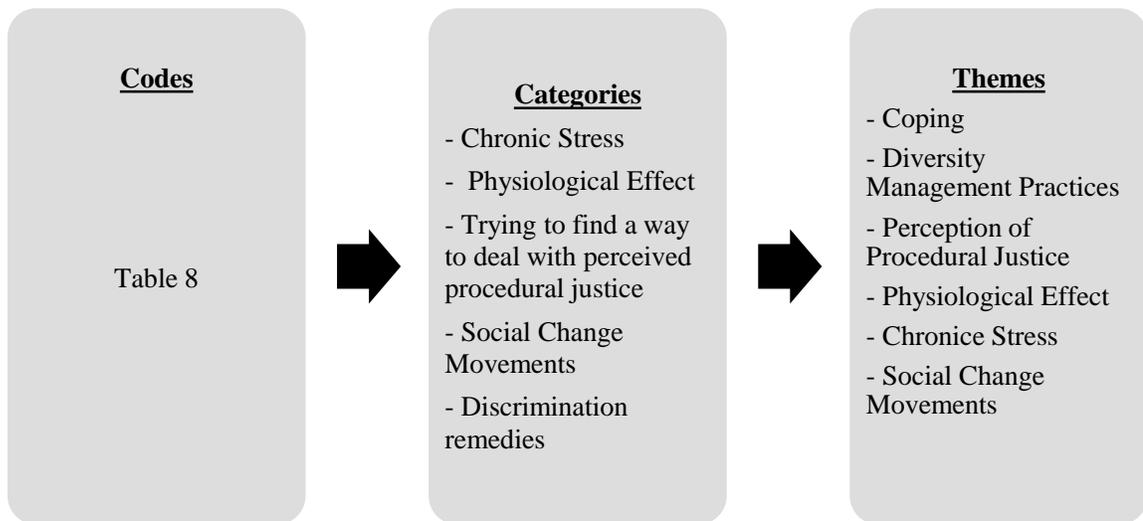
Figure 4. *S2 Coding Process*

Table 8.
S2 Codes
A coworker believed she had faced racial inequality
An African American Women would never be hired as the head nurse
Anger
Anxiety about other organizations trying to recruit me - Will there be others like me - Will they treat me fairly?
Anyone of any color should be paid fairly
Around 60 percent of workplace stress is connected to one's feeling around procedural justice
As a Black woman in America, I am unable to fail
At work, individuals identify with Race less than they do at home
Become accustomed to discrimination
Blood pressure is improving
Blood pressure medication/hypertension
Cancer was made worse by chronic stress
Caution when in the presence of certain individuals
Chronic insomnia
Chronic stress
Compulsive overachiever
Concerned about blood pressure
Considered resigning from my job
Consume more alcohol
Coping - Exercising/working
Coping – Journaling
Coping - Snacking on sugary and/or salty foods
Coping - Spending time with family
Coping - Started a business
Coping - Take mental health days
Coping - Watch TV
Coworkers were enraged after the Social Change Movements because the organization presented the reforms as being for Black people
Cry in the parking garage at work
Define procedural justice - Treating everyone equally
Dependent on sleeping pills
Despite being more senior/skilled, I was passed over for promotions
Discrimination caused me emotional distress
Discrimination has a negative impact on my work engagement
Don't give me the title if you're not going to give me the money
Don't know where to begin to change things
Dread going to work - have a sick feeling in my stomach

Table 8.
(continued)
Dreaded going to work
Effects of weathering - High cost to organization
Emotionally draining/Psychological toll
Emotionally motivated eating
Experienced burnout
Procedural justice means that we all have equal opportunity
Procedural justice should be fundamental, regardless of race
Procedural justice is assessing a person's skill set objectively, without regard for their skin color
Fear of having a stroke or heart attack as a result of chronic stress
Fearful
Feel defeated
Feel helpless because you are unable to assist other minorities as a result of unjust policies
Feeling as if you're in an emotionally abusive relationship
Feeling of fight or flight
Feeling unsafe
Feelings of being unappreciated
Feels good to talk about it/talk to other African Am Women/Talk to husband
Following the Social Change Movements, compensation was connected to diversity
Following the Social Change Movements, there was a lot more focus on hiring diversity.
Following the Social Change Movements, there has been an increased emphasis on diversity and inclusion
Gaslighting
Had to prove myself
Handle change well
Having persons of color in leadership positions makes the organization uncomfortable
Held back
High anxiety on a daily basis
High performer, but not recognized like non-minorities
Hiring practices - No diversity in a highly desired unit
I felt devalued
I felt like they didn't see me
I had all the credentials and obligations of a charge nurse but was not paid as one
I have not received a promotion
I notice differences now with new minority leadership. We knelt for 9 minutes
I reported procedural injustice practices to Union. I had the impression they had my back. They instructed me to report it to human resources

Table 8.
(continued)
I was told not to apply for promotions
Ignited the fighter within me
I'm not looking after myself
I'm pro-Black, but I have to be careful not to come out as confrontational at work
Incidents of confrontation
It was impossible to get ahead; it was like moving mountains
It was rough
Leadership has biases and treat people unjust
Mentoring practices initiated but not executed
Microaggressions/Micro invalidation
More stress when discriminated by people of color
My knee pain was exacerbated by chronic stress
No opportunities to advance
Not eating right
Not provided promotion opportunities
Open to change
Organizational cost - A high rate of turnover
Organizations claiming to represent Social Change Movements did not behave authentically
Patient related - Discrimination against patients
Patient related - Patients of color are treated unjustly when it comes to medicine distribution
Patient related - When minority patients are treated unjust, become angry
Personally, I felt like they were a little racist
Pre-diabetic diagnosis
Pretend everything is OK
Racial undertones in meetings
Rejection feelings
Retention - The "Old Boys' Network"
See other managers of color become successful then business unit is split and given to nonperforming white managers
Since the beginning of Social Change Movements, there has been no significant shift
Started taking an emotional toll on me
Taking the high road was difficult
Terminated employment as a result of procedural injustice
Terminated for speaking out against procedural justice
The non-minority person in charge of the Social Change Movements committee displayed a poster at work proclaiming that all lives matter

Table 8.
(continued)
The way the manager treated the Black employees made me think she didn't like Black people
There are few minorities/the majority of colleagues are white
There are opportunities for mentoring and coaching, but there are no opportunities for advancement
There is no diversity in the leadership team
They were firing persons of color, while other white employees did the same thing and were retained
To cope with chronic stress, I cleaned my home
To cope with chronic stress, listen to gospel and R&B music
Told too efficient
Tone of communications
Unjust PTO practices
Unfamiliar with formal grievance procedures and practices
Very, very pro-Black at work and home
View change as opportunity
Went to therapy
When I'm in a room with white coworkers, I'm ignored.
When you take a step back and reflect, you realize how It all (experiences) wears on you
White employees' negative behavior is ignored by management
Wine intake increased to aid sleep
Work at home; virtual

Reflexivity

Reflexivity was incorporated in this study by focusing on participants without

prejudice and with a heightened understanding as to how my lived experiences as the

researcher contributed to interpretations of meanings. According to phenomenology,

novel meanings are formed when the researcher's and participant's significant

perspectives are connected (Gadamer, 1976). This connection requires the investigator to

have both self-awareness and an openness to others, both of which could be cultivated

through reflexivity. Study Two employed reflexivity several ways throughout the

investigation process, starting with a focus on participants without regard for how my

own lived experiences as a researcher can influence meaning interpretation. When the researcher's and participant's significant views are brought together, new meanings are produced, according to phenomenology (Gadamer, 1976). As a result, in order to connect with participants, I needed self-awareness as well as an openness to them, both of which were developed through reflexivity. To prevent making assumptions, reflexivity was also exercised throughout interviews by actively listening to each participant with few interruptions and clarifying any misunderstandings with clarifying questions. In addition, I purposefully avoided disclosing my professional expertise in healthcare or my individual experiences in order to prevent affecting the outcome of the interviews. During each conversation, I also took as many handwritten notes as possible to capture my thoughts and feelings at the time. Such notes "may be a source of significant insight later, particularly if the researcher's thinking changes over time" (Myers, 2019, p. 177). The interview notes were compared to the open coding notes taken after transcription to identify topics for additional inquiry and to address any inconsistencies with note taking. While I did not find any discrepancies, I did find discussion points, which I included in Chapter 5.

The transcribing process also included reflexivity. Transcribing participants' experiences, according to AnneShelton and Flint (2019), allows for reflexivity. In the transcription process, I used the same method as in Study One: I verbatim transcribed the contents of participants' interviews. Poland (1995) writes, "it is important for qualitative research that transcripts be verbatim accounts of what transpired in the interview, that is, they should not be edited or otherwise tidied up to make them sound better" (p. 302). As a result, audio conferencing interviews were automatically saved in the Zoom Cloud.

Following each interview, a Zoom Cloud link to the recording was automatically

generated. To ensure that the interview data was not edited during transcription, the Zoom

Cloud link was copied and pasted directly into a speak to text application.

Following each interview, I printed and read each transcript line by line, taking

notes on any thoughts that occurred to me as I considered my interaction with each

participant. I reflected on my original perception of coping responses in Study One while

I wrote notes on each transcript. As indicated in Study One, when I reviewed study's

transcription notes I observed a slight skew in my notes around coping responses. My

view of coping responses leaned toward strategies that resulted in negative affects to

African Americans' well-being. Also, while much study has been conducted on White

Americans' coping responses, there is less research on African Americans (Wilson and

Gentzler, 2021).

However, as mentioned in Study One coping responses can be characterized as

problem focused (i.e., active efforts) or emotion focused (i.e., passive efforts) (Lazarus

and Folkman, 1984). Active efforts reflect behavioral responses to resolve life stressors

(e.g., mediation, exercise); and passive efforts are targeted at posing questions as to adapt

to the stressor with no change to the cause of stress (Hall et al., 2012); "problem-focused

strategies are superior to emotion-focused strategies because they are associated with

more self-confidence and less dysfunction" (Hall et al., 2012, p. 210). Understanding

what participants may perceive as active efforts may propose efficient coping strategies

to lessen African American women's experiences within healthcare companies relative to

perceived injustice. Furthermore, research on coping suggests that a person's perception

of control over the stressor is critical (Lazarus and Folkman, 1984). Thus coping, as a

result, might serve as a protective barrier against a person's perception of procedural justice in the workplace. Conversely, "coping through unhealthy habits, such as poor diet, tobacco, alcohol, and other substance abuse, and risky sexual behaviors, might be associated with negative health outcomes" (Wakeel and Njoku, 2021, p. 7).

Study Two Findings

Participants' backgrounds for Study Two are summarized in Table 9. All participants held advanced degrees. All participants shared lived experiences relative to study's concept and question. Seven participants said they are presently working for or have previously worked for a healthcare company with a climate/culture that they believe does not value/promote diversity. One participant said she is currently working for a healthcare organization that she believes value/promote diversity.

During the coding process, six key themes relating to African American women's perception of procedural justice in relation to diversity management practices were identified. The themes are diversity management practices, chronic stress, perception of procedural justice, physiological effects, coping, and Social Change Movements. The following paragraphs describe each theme and include participant quotes and examples of responses relevant to that theme.

Table 9.
S2 Background Information on Participants

Participant	Healthcare Company Type	Length of Time Employed Full-Time in Healthcare Company	Education
Participant 1 – Nurse, Administrative Position	Hospital	3 years	Master's Degree
Participant 2 – Nurse, Women Services Facilitator	Hospital	2 years	Master's Degree
Participant 3 – Compliance Manager	Medical Equipment and Supplies	7 years	Master's Degree
Participant 4 – Program Director, Strategic Diversity Management	Healthcare Services	15 years	Master's Degree
Participant 5 – Medical Director	Health Insurance	7 years	Medical Doctor Degree
Participant 6 – Nurse Anesthetist	Hospital System	14 years	Master's Degree
Participant 7 – Sr. Account Manager Client Services	Health Insurance	3 years	Bachelor's Degree
Participant 8 – Auditor	Health Insurance	4 years	Master's Degree

Diversity Management Practices

Participants' experiences included what they regarded to be nonadherence to diversity management practices through the lens of procedural justice (Table 10). Participant 1 recounted a year in which she believed her manager harassed her with microaggressions on a regular basis. When Participant 1 brought the harassment to the attention of her manager, it was dismissed as insignificant. Participant 1 then escalated her concerns to her manager's supervisor. Participant 1 was told by the manager's

supervisor that the supporting emails Participant 1 provided in preparation for their meeting had not been read. Additionally, she revealed that she and Participant 1's manager were good friends. Nothing changed after Participant 1 meeting with the supervisor. Thus, Participant 1 resigned. Participant 2 stated that her different paths to promotions in different roles took longer than those of her White counterparts despite having observed non-minority employees at the same organization with lower credentials and work experience receive multiple promotions, including during off-cycle hiring. Similarly, Participant 4 stated that in her present organization, she and other members of the Black and Brown communities are still in roles as a result of being passed over for promotions as others with similar or equal credentials advance up the professional ladder.

Table 10.	
S2 Example Quotes Diversity Management Practices	
Participant	Example Quotes
Participant 2	• "I believe the hiring practices for a highly desired unit are unjust. Nurses of all races should be allowed to work on the unit, in my opinion."
Participant 3	• They had some of the best talent, yet they would readily pass up promoting people of color.
Participant 4	• "I would get a good raise, maybe a great bonus, but when it was time to give me a promotion to position me to have additional influence or impact, it was kind of like, No, you need to work on it, you need to do more."
Participant 5	• "My manager advised me that I should not apply for the role."
Participant 6	• "I felt like she didn't really care for me. And I felt like it was because I was Black."
Participant 7	• "We were coworkers with the same title. My white female coworker was paid significantly more than I was."
Participant 8	• "I recall speaking with a Human Resource representative who stated that, in terms of affirmative action, they are limiting the number of Black people hired to a particular number. Whatever that quota is, they're going for it. That's the end of it."

Participant 3 perceived her firm to be similar to the Old Boys Network in that diversity and inclusion, as well as the advancement of African Americans to senior positions, were not possibilities. She spoke about the stress of being passed over for promotions in favor of White employees. She also shared a recent encounter in which she was assured she would be the organization's first African American team leader. Then, despite the fact that she was unqualified for the role and that everyone knew it, a White employee was given the position of team leader. Whereas Participant 5's manager expressly instructed her not to apply for a promotion for which she qualified. She afterwards discovered the position was offered to her less qualified White counterpart.

Participant 6 recalls working as a charge nurse without getting compensated at the same rate as her White counterparts for several months. During this time, she regularly voiced concern to her manager, who told her that she would receive it. Participant 6 eventually filed a grievance with Human Resources, but to no avail. She then approached her Union, which eventually assisted her in securing just compensation. Similarly, Participant 7 talked about how she was underpaid compared to a White coworker with the same title with whom she shared office space. And, according to Participant 8, her White coworkers were given priority assignments, while she was regularly sent to clients who were deemed by the department to have fewer resources in terms of billable hours because they were non-profits. Participant 8 also revealed the response she received from an associate in the organization's Human Resources department when she inquired about being the department's single African American. She was told that once the department's quota was satisfied, the department would be in compliance; the human resource associate did not elaborate.

Chronic Stress

Persistent stress leading to chronic stress was a recurring theme across all participants, as it was in Study One. Participant 1 reported experiencing chronic stress after a year of dealing with her supervisor's harassment and her leadership's inability to address her claims. Similarly, Participant 7 believed that workplace harassment and discrimination caused persistent stress, which escalated to chronic stress over time. Participant 2 explained how the continuous stress of being the only African American woman in her department and being passed over for promotions for which she qualified culminated in dread every day she reported to work. Participant 3 reported how chronic stress became an emotional tool in her mind, and how she felt rejected as a result of being passed over for professional achievements in favor of White colleagues with lower qualifications. Participant 3 had recently finished training for a promotion at the time of this interview but was once again passed over in favor of a less credentialed new recruit who was not a minority. Participants 4 and 6 reported that the chronic stress related with their view of procedural justice in regard to nonadherence with diversity management practices while working in a healthcare organization exacerbated their pre-existing health conditions. Participant 4 says that gaslighting, micro-validating, and microaggressions at work exacerbated her chronic stress. Participant 5 discussed her feelings of isolation as the only African American woman on a team and the escalation of stress as a result of being overlooked and consistently passed up for promotions, as well as being advised not to apply for a specific promotion given to a less-experienced White colleague with less tenure. Similarly, Participant 8 discussed the escalating stress of being the only member of her team consistently assigned the lowest profit margins while her White team

members with comparable education and work experience were assigned higher-profile

clients, and her stress regressed into chronic stress, negatively affecting her well-being.

Perception of Procedural Justice

Similarly, to Study 1 all participants shared work experiences that influenced their

view of procedural justice relative to diversity management practices in the healthcare

organization where they currently or previously worked. Participant 1 discussed her

experiences with her perception of not being assigned to a desirable department because

she is an African American woman. And Participants 2 and 3 voiced their concerns at not

getting promoted when non-minority coworkers with lower credentials did. All

participants defined procedural justice as fair and equal opportunities for all.

Physiological Effects

As with Study One, participants discussed the physiological responses they

believed were associated with their lived experiences at their current or previous

healthcare employer in terms of their perceptions of procedural justice in relation to

diversity management policies, which included a variety of health implications. Table 6

summarizes some of the findings. Participant 1 believed that her lived experiences

contributed to her diagnosis of prediabetes and hypertension. Similarly, Participant 7 felt

her lived experiences impacted her diagnosis from her primary care physician of

hypertension and subsequent placement on disability. Participant 2 noted how each day

she reported to work, she felt a sense of dread, a suppressed emotion that led her chest to

feel constricted on occasion, as well as constant fear of a hypertension diagnosis.

Participant 3 stated that she was diagnosed with hypertension as a result of the

chronic stress she endured as a result of being passed over for advancements on a

continuous basis in favor of White colleagues with inferior qualifications. Participants 4 and 6 reported that their perceptions of procedural justice relative to nonadherence of diversity management practices while working in a healthcare organization exacerbated pre-existing health issues. Whereas Participant 4 claimed her experiences at work with gaslighting, micro validation, and microaggressions had a detrimental effect on her health. Participant 5 discussed her lived experiences as the only African American woman on a team and being repeatedly overlooked for advancements, as well as the effect this had on her self-esteem and digestive system. And Participate 8 discussed how the stress of being the only member of her team consistently assigned low-profit margin assignments while her White team members with comparable education and work experience were assigned higher-profile clients had a negative effect on her well-being, including hypersomnia.

Table 11.	
S1 Example Quotes and Responses Physiological Effect	
Participant 1	• Prediabetic and hypertension
Participant 2	• "I became more concerned about my blood pressure. My chest sometimes felt constricted."
Participant 3	• "…it takes an emotional mental toll on your psyche."
Participant 4	• "For the previous six years, my Thyrotropin (TSH) levels have been out of balance. And I'm aware that a large part of it is due to my work situation."
Participant 5	• "I feel undervalued. And I'm frequently ill to my stomach before I go to work."
Participant 6	• "Stress exacerbated my knee injury."
Participant 7	• "My blood pressure was skyrocketing to the point where my physician placed me on intermittent disability."
Participant 8	• Hypersomnia

Coping

Coping was a strategy (Table 12) used by all individuals to buffer themselves from exposure to chronic stress, just as it was in Study One. Participants 1 and 7 reported unhealthy eating as a coping mechanism for chronic stress, while Participant 2 grew more reliant on sleep aids as a result of sleeplessness and increased her alcohol consumption. And, although Participant 3 exercised at first to deal with chronic stress, she soon stopped and started to overeat, much like Participant 4, who ate and drank excessively. Active efforts were present in the coping strategies of both Participants 5 and 6. As stated earlier, active efforts refer to actions taken to alleviate life pressures (e.g., mediation, exercise) (Hall et al., 2012). Participant 5 began coaching part-time in order to feel appreciated, and Participant 6 talked with her husband, who has worked in human resources and guided her through the steps she needed to take in order to navigate discussions with leadership about what she perceived to be discriminatory wage practices and harassment. When not working, Participant 8 described sleeping excessively as a coping method.

Table 12.
S2 Example Quotes and Responses Coping

Participant	Example Quotes and Reponses
Participant 1	• Consume a significant amount of junk food.
Participant 2	• "I am more dependent on sleeping aids, and even alcohol."
Participant 3	• "I was doing kickboxing to cope, but it faded, and now I've back to overeating, despite the fact that I'm aware that overeating is only a means or outlet for me to relieve my stress."
Participant 4	• Internalized discrimination • Excessive eating and drinking
Participant 5	• "Part of my way of coping was to demonstrate my worth in other ways and areas. Thus, I started coaching on the side, which was helpful for me in terms of channeling my efforts elsewhere where I believed it would be more appreciated."
Participant 6	• "Talk with my husband, who is a human resource professional."
Participant 7	• Consume a significant amount of junk food.
Participant 8	• Excessive sleeping

Social Change Movements

To gain insight into whether the Social Change Movements (i.e., Black Lives) influenced participants' perception of procedural justice in terms of study's concept and question, the Interview Guide (Appendix C) included questions about how participants' work lives were prior in comparison to present day specific to the Social Change Movements. Participants 1–7 thought that their perception of procedural justice in respect to diversity management practices existed prior to the Social Change Movements. Participant 8 was unable to respond to the Interview Guide question because she was no longer employed in a healthcare organization at the onset of the Social Change Movements mentioned above. Participants 1–7 also shared their thoughts on Social Change Movements in relation to their current or prior healthcare employer. Following the emergent of Social Change Movements, Participants 1 and 2 questioned their organization's commitment to diversity, believing that the organizations were disinterested in Social Change Movements. In addition, Participants 3-6 believed that Social Change Movements had, or eventually would have favorable outcomes. Participant 7, however, shared negative behavioral experiences from White employees in her healthcare company.

Table 13.	
S2 Example Quotes and Responses Social Change Movements	
Participant	Example Quotes and Reponses
Participant 3	• "Social movements encouraged diversity."
Participant 4	• "Yeah, I'll say that in the last year, we've become a lot more intentional about our recruiting."
Participant 5	• "Prior to the movements the only thing I remember is that they had a panel discussion during Black History Month. There's more now, and more people are trying to accept diversity."
Participant 6	• "You began to hear more about diversity."
Participant 7	• "In reaction to societal injustice, our company's newly developed diversity program was widely publicized. It was designed especially for African American coworkers and communities. As a result, many of the employees felt free to direct their frustrations and disagreements directly to me."
Participant 8	• Not applicable. Prior to Social Change Movements, employment in healthcare company was terminated.

Discussion

Study Two, like Study One, investigated African American women's perceptions of procedural justice in relation to diversity management practices to see if such experiences suggest weathering is exhibited within healthcare organizations. As previously stated, the weathering concept has primarily been investigated at the societal level in the public health arena, with a focus on early health deterioration owing to recurring stress exposure (Geronimus et al., 2006). According to Geronimus's weathering theory, marginalized populations, such as African Americans, experience chronic stress as a consequence of living in an unjust society (Hartzell, 2022).

The findings of Study Two are similar to those of Study One, suggesting that the weathering concept may be exhibited at the organizational level within healthcare organizations. All of the participants believed there was a lack of procedural justice in regard to diversity management practices inside the healthcare organizations where they had previously or now work, which added to their chronic stress and, over time, had a

negative effect on their wellbeing. Researchers Hall et al., (2012) qualitative study "to explore work-related stressors that affect the lives of African American women" (p. 207) found its participants characterized injustices against color and gender as workplace pressures that harmed their capacity to advance professionally because of preconceived notions held by their employers and colleagues (Hall et al., 2012). Also, dealing with injustice based on color in subtle and overt manifestations were additional stressor (Hall et al., 2012). Researchers Hogh et al., (2012) investigation looked at the association between negative behavior and stress in the workplace with findings suggesting that negative acts including direct harassment and intimidation behavior are linked to psychological stress and a poor physiological stress response (Hogh et al., 2012). Additionally, Din-Dzietham et al., (2004) study examined whether blood pressure results are strongly correlated with stressed racism directed towards African Americans; findings are, "stressful racist/discriminatory encounters at work are associated with increased sitting systolic and diastolic blood pressure and increased likelihood of self-reported hypertension in African Americans when discrimination originates from non-African Americans as well as from other African Americans" (Din-Dzietham et al., 2004, p. 449).

Coping was a stress-reduction strategy used by study's participants. Six participants adopted unhealthy behaviors (e.g., overeating and alcohol consumption) in order to shift negative experiences and lessen perceived stress at work. However, as mentioned in this study's literature review, the findings of Martin et al.,'s (2003) quantitative study with 2,638 African American workers to examine the impact of unfairness on drinking as a stress reliever suggest that staff who have been exposed to unfairness in the workplace are more than likely to support drinking as a risky coping

response for reducing the intensity of direct perceived disparities. Rodriquez et al., (2017) examined, in a longitudinal study, the effect of "unhealthy behaviors and persistent stress on depression symptoms found that participating in unhealthy behaviors enhanced the association between chronic stress and potential symptoms of depression" (p. 810) among some ethnic groups. Two of the eigth participants in Study Two engaged in healthy behaviors to manage job stressors (e.g., sought counsel from a family member and launched a part-time coaching company). Regardless of coping strategy, all participants reported that constant stress had an adverse influence on their well-being in regard to their perception of nonadherence with diversity management practices at their current or former healthcare company employer.

Unexpected findings in Study Two that were not observed in Study One included the observation that, despite the fact that five of the eight participants worked from home as a result of the Stay-At-Home order issued in response to COVID's global pandemic declaration in March 2020, they appeared to carry over the chronic stress that they experienced from the in-person environment to their work from home environment with minimal interruption. Onwuamaegbu (2021) writes, "Black women felt uncomfortable in the workplace long before the pandemic and that according to the General Social Survey from 2014 to 2018, 14 percent of Black people said they faced discrimination at work because of their sex, race or ethnicity — more than other demographics" (p. 2). When Participant 1 began working from home due to pandemic mandates, the majority of her interactions with her manager were via video conferencing, and she continued to experience what she perceived to be harassment from her manager in the form of

microaggressions during calls that occurred more frequently than in-person interactions with her manager.

Participant 5 revealed increasing chronic stress as a result of being constantly ignored when attempting to connect with her manager and non-minority team via conference calls, which were increasingly used in place of in-person meetings. And Participant 7 described how, as the team's only African American woman, she perceived her manager's tone toward her during team calls and one-on-one meetings to be brief and dismissive, in contrast to her communications with the White members of her team. A surprise finding in Study Two concerned the Social Change Movements. Participant 4 reported that she believed her engagement in pushing for procedural justice under the pretense of Black Lives Matter resulted in negative reactions from her White coworkers, including angry calls and social media (e.g., LinkedIn) posts about diversity infringement.

Relative to the Social Change Movements, four of the eight participants believed that its aftermath would contribute to a healthier work environment. However, only one of the four participants reported a positive influence on a diversity management practice; Participant 4 perceived recruiting to be more intentional, with a focus on evaluating candidates based on abilities and credentials. In Study Two, it was surprising to learn that Participant 7 had received backlash from her coworkers as the face of the organization's new diversity program as a result of the Social Change Movements.

Study Two, which was done within organizations and was comparable to Study One, suggests that participants' opinion of procedural justice as a result of nonadherence with diversity management practices may have a negative effect on their well-being. This

study is similar to prior societal-level research findings on weathering, which indicate weathering "evokes a sense of erosion by constant stress" (Demby, 2018, p. 2).

Limitations

There are some limitations to this investigation that reduce the significance of its' findings. According to Adu (2019), the researcher must be aware that participants perceive a phenomenon differently, that their history influences how they communicate about their lived experiences, and that the researcher's biases influence how they interpret participants' narratives (Adu, 2019). Given this constraint, I was able to discover a bias through self-evaluation and interactions with participants. As previously indicated, my predisposition to focus more on participants' coping strategies when reading transcripts that resulted in adverse health effects stemmed from my individual experiences. It was easy to undertake a more thorough examination after recognizing this bias and identifying all coping methods without prejudice. Generalization was a limitation, as this study focused exclusively on the healthcare industry, without regard for other industries. Additionally, there is a potential for longitudinal research in which beginning data are collected, data are collected mid-study, and data are collected at the conclusion of the study. Despite the limitations mentioned, the literature research, methods, and analysis for this study were all thoroughly done.

CHAPTER 5

DISCUSSION

It is critical for healthcare companies to investigate the effects of African

American women's perception of procedural justice relative to diversity management

practices. Chronic stress is one of these effects, and it is widely recognized within

businesses as a significant workplace threat, contributing to employee dissatisfaction,

decreased productivity, absenteeism, attrition, and, in some cases, illness (Choi et al.,

2013). To assess whether the participants' workplaces were primary source of chronic

stress, the Interview Guide (Appendix C) included an open-ended question in which

participants were invited to speak about their work experiences. Each participant

provided thorough accounts of their lived experiences with what they perceived to be the

source of prolonged stress (i.e., chronic stress) that was detrimental to their wellbeing. An

additional open ended question asked participants if they wanted to share anything else;

responses included reiterating how work-related chronic stress impacted their personal

lives. Concentrating on African American women's perception of procedural justice

relative to diversity management practices make sense as "African American women

have the greatest risk of having high allostatic load scores compared to their male or

White counterparts" (Geronimus et al., 2006, p. 826). As previously stated, allostatic load

scores are used to quantify stress and are based on data regarding a person's physiological

system's response to stress; a response (i.e., fight or flight) that may increase the risk of

illness. And, while everyone's chronic stress reactions may differ, African American

women may be especially vulnerable to such stress owing to their view of procedural justice as a result of gender and racial unfairness (Geronimus, et al., 2006).

Furthermore, despite the fact that healthcare organizations have implemented diversity management practices to promote procedural justice and equality (Kim and Park, 2017), as well as Title VII, "which prohibits unfairness on the basis of race and gender, a lack of procedural justice continues to be a source of chronic stress for African American women" (Hall et al., 2012, p. 209), affecting their professional development, income, and benefits received (Hall et al., 2012). In fact, McKinsey (2019) reported in 2019 that in the healthcare industry "86 percent of African American women perceived race as a major barrier to career advancement" (p. 8). Also. according to Din-Dzietham et al., (2004), "reported stress related to unfairness in the workplace has been linked to hypertension among African–Americans" (p. 449).

Thus Study One was conducted to investigate African American women's perception of procedural justice in relation to diversity management practices in healthcare companies in order to identify based on participant's sharing of their lived experiences whether such experiences have a weathering effect on them by addressing the primary question, Do African American women's perception of procedural justice relative to diversity management practices in healthcare companies have a weathering effect on them? Five key themes were identified in Study One in regard to African American women's perception of procedural justice in relation to diversity management practices. The themes were diversity management practices, chronic stress, perception of procedural justice, physiological response, and coping.

Participants' perception of procedural justice in relation to diversity management practices were mostly influenced by their perception of nonadherence to such practices. Participants' perceptions of procedural injustice with respect to diversity management practices were aligned by participants with the Equal Employment Opportunity Commission of the United States's (EEOC) prohibited employment policies and practices. Participants used EEOC standards to validate their lived experiences and, in some instances, as a foundation for their legal investigation into EEOC noncompliance related to their lived experiences. Again, participants associated ill wellbeing to continuous exposure to what they perceived as nonadherence with diversity management practices. All of the participants talked about work experiences they perceived exacerbated chronic stress and influenced their perceptions of procedural justice in relation to diversity management practices at the healthcare organization where they currently or previously worked. Participants discussed the physiological repercussions of their perceptions of procedural justice, which included a variety of negative health impacts. An additional theme included a range of coping behaviors including consumption of foods and beverages that were high in salt, sugar, and fat. However, given the limited number of Study One's participants, I extended Study One's research to include additional participants. As noted earlier, Smith et al., (2009) suggest "that in IPA research, there is no right answer to the question of…sample size" (p. 56). Moreover, Noon (2018) contend that in IPA research that a single-person study may be acceptable if an especially rich or convincing argument can be made. However, Noon (2018) also writes "4-10 participants are advised for professional doctorates" (p. 76).

In order to replicate, validate, or bring different perspectives to Study One's findings, Study Two included 8 different participants. Including more participants with sufficient knowledge in the study's phenomena ensures that the fullest understanding of the phenomena is captured and may improve theoretical validity; theoretical validity assesses linkages among concepts in relation to the phenomena by asking, "Has the researcher produced an accurate explanation of the phenomena?" (Thomson, 2011). Additionally, recruiting new participants while maintaining a sufficient sample size to allow for in-depth interviews and analysis increased the study's credibility by demonstrating through saturation of a larger pool of participants that data collection and analysis are sufficiently thorough and relevant for this phenomenological study.

In Study Two, themes such as diversity management practices, chronic stress, perception of procedural justice, physiological response, coping and Social Change Movements were identified. The themes generated in Study Two were quite similar to those generated in Study One, with the addition of Social Change. The inclusion of the Social Change Movements theme may be attributed to the addition of a question in the Interview Guide in Study Two to assess whether the Social Change Movements (i.e., Black Lives Matter) influenced participants' opinion of procedural justice in terms of the study's concept and question. It was a dual-part open ended question centered on the recent Social Change Movements (e.g., Black Lives Matter). The question was, "How was work life prior to the George Floyd, Breonna Taylor, and Black Lives Matter Social Change Movements; How is work life in the aftermath?" The majority of participants said that their perception of procedural justice in connection to their current or former employer's diversity management practices remained consistent with their perception

post-Social Change Movements. Furthermore, while they have witnessed a positive shift in direction, there are still opportunities for improvement. I probed participants about COVID throughout the semi-structured interviews, using the Interview Guide as a tool, in the hope of eliciting any COVID experiences that may have altered their perception and/or affected the effects of weathering.

All participants, as a result of COVID federal, state, and organizational mandates, worked from home or in a hybrid environment (e.g., a combination of home and in office). Those participants who perceived workplace harassment as a problem prior to the COVID mandates, shared the harassment appeared to diminish in severity or transform into what they perceived as microaggressions on regularly scheduled conference calls. As mentioned earlier, Togioka et al., (2021) writes than "in areas where overt discrimination has declined, awareness of microaggressions has increased" (p. 2). Ehie et al. (2021) write that microaggressions may add to the continued discriminations that African American women face in healthcare companies; and that even if diversity management practices in the workplace support Title VII of the Civil Rights Act, African American women employees may be vulnerable to microaggressions, which may not be covered by traditional diversity management practices.

Both studies elicited information about the participant's connection to their race to see if the association suggests an effect on their perception of procedural justice. For instance, if one participant has a higher identification with their race than another, will the participant with the stronger identity perceive a heightened sense of procedural justice, potentially exaberating the effects of weathering. According to Lucas et al., (2016) "prior research on racial identity suggests that being strongly identified as a

member of one's race or ethnicity may either protect against or exacerbate negative

health effects of perceived discrimination" (p. 3). All participants stated that they strongly

associated with their racial identity when they were not at work, but not while they were

at work because they wanted to fit in. Future study could investigate whether this reaction

is connected with code-switching, "where African Americans engage in a range of

behaviors to avoid stereotyping" (McCluney et al., 2021, p. 1), and, if so, whether there is

an association with weathering.

     Because the weathering concept recognizes that " the cumulative health and stress

disparities that African American women experience throughout their lives result in

negative health outcomes that accelerate aging" (Warren-Findlow, 2006, p. 221) a

question in both studies' Interview Guide inquired about participant's prior health

concerns as pre-existing illnesses may indicate an exacerbation of the weathering effect.

Both studies had participants who reported they had pre-existing health conditions that

they believed were exacerbated as effect of chronic stress related to their current or prior

health company employer's perceived lack of adherence to diversity management

practices. In Study Two, participants were probed to see if they perceived a link between

their lack of chronic stress and good diversity management practices, or the contrary, by

asking, "Tell me why you think it affects you this way?' followed by the Interview Guide

questions, "How does working for your organization effect you? Your body? Your

thoughts? Your feelings? Your behavior?" As previously stated, chronic stress was a

recurrent theme among all participants, just as it was in Study One, with all participants

associating chronic stress with their perception of procedural justice relative to diversity

management practices. Participants in Study Two perceived increased attrition,

absenteeism, and health claims as expenses to healthcare organizations resulting from weathering.

Finally, in Studies One and Two, most participants coping with chronic stress as a result of their perception of procedural justice around diversity management practices included unhealthy behaviors like overeating, hypersomnia, and increased consumption of alcohol. Two participant's coping behaviors appeared to utilize "problem-focused strategies which are superior to emotion-focused strategies because they are associated with more self-confidence and less dysfunction" (Hall et al., 2012, p. 210). Of the two, one participant discussed her difficulties with her husband, who was well versed in human resource management and therefore able to assist participant in navigating her organizations polices as she pursued unpaid wages; although participant felt strongly that her husband's help to alleviate her chronic stress, she indicated that there was still significant chronic stress associated with the experience and the harassment she felt had intensified once she approached her leadership for resolution. This Discussion has captured all of the aspects that, when considered together suggest that the weathering concept in regard to African American women's perception of procedural justice relative to diversity management practices is exhibited within healthcare companies (Figure 5).
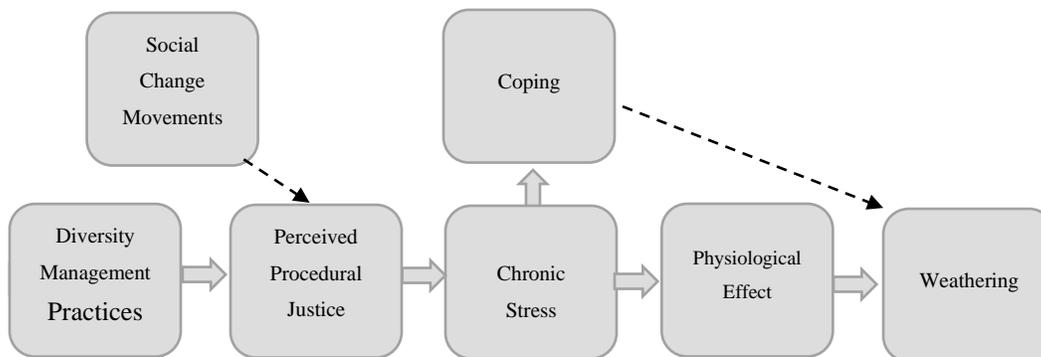
Figure 5. *Weathering Cycle S2*

Future Implications

The study's findings suggest that weathering is exhibited within healthcare companies. The findings contribute to the current body of knowledge by providing content on weathering outside of the current context that has investigated social mechanisms underlying racial disparities in health by investigating organizational mechanisms (i.e., diversity management practices) that may also impact racial disparities in health. These findings may incentivize healthcare organizations to delve deeper into the origins of health disparities affecting their African American female employees and members, particularly those healthcare organizations contracted with a state, for specific products and subjected to the state's obligation to investigate and remedy health disparities specific to African American women. Similar to Geronimus's (1992) study on premature births which generated additional questions about health disparities, such as, "Why are Black-White differences in neonatal mortality larger at older ages than at younger ones?" (p. 210). Additionally, "What clues or information might these descriptions offer us toward understanding the true causes of the persistent Black-White

infant mortality differential?" (Geronimus, 1992, p. 210), healthcare organizations, too, are seeking answers to these questions.

Additionally, internal and external stakeholders are tasking healthcare organizations to implement and/or enhance their employee wellness programs. It is well known that tobacco use is associated with chronic conditions, which may result in increased healthcare costs to healthcare organizations (e.g., employer contributed premiums, absenteeism due to sick leave). According to Geronimus et al., (2010) "smoking can be a behavioral mediator of stress" (p.7). Thus, healthcare organizations that are aware of the consequences of weathering at work can design tobacco cessation wellness programs for African American women that include targeted counseling to address stress (before it becomes chronic stress) related to their perception of procedural justice regarding the organization's diversity management practices. Additionally, these findings may also aid healthcare organizations in monitoring current diversity management practices to ensure that "African American women have equal access" (Sales et al., 2019, p. 357) and opportunities in the workplace. According to Ayaz et al., (2021) the most often used practices in businesses are diversity management practices, which can contribute to improved organizational structure as well as individual effectiveness and efficiency. Thus, this study may also provide opportunities for healthcare companies to research the effects of implemented diversity management practices on various populations at the employee level versus the company level in order to determine the effectiveness of such methods in terms of individual performance.

An additional implication is around chronic stress; chronic stress activates an individual's physiological systems, which can have a negative effect on one's wellbeing

(Geronimus, 2006). Thus, precise measurement and interpreting of allostatic load scores which measure chronic stress may contribute to the creation of targeted health policy initiatives to lower allostatic load potentially enhancing health results among African American women. Furthermore, while weathering has historically focused on the African American women populations specific to health in the public realm, the findings of this investigation advocate for research to expand beyond the societal level to include the unheard lived experiences of African American women employed in other industries. Although weathering research has primarily focused on African American women, Geronimus (2021) acknowledges that, "there is also a growing body of literature illustrating that increased risks of poor health outcomes related to weathering are observed in U.S. Latinx populations" (Geronimus, 2021, p. 424). Thus, this study may serve as a springboard for future research that examines weathering within organizations relative to the Latinx community.

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APPENDIX A

FLYER

Volunteer Research Study - Seeking Participants

My name is Sherry Carroll. I am a doctoral student at Temple University Fox School of Business seeking participants who are willing to take part in a volunteer research study.

The purpose of the study is to examine the effect African American women's perception of fairness relative to diversity management practices have on them and their organization.

Participants will be asked open ended questions that draw on their real-life experiences.

As part of participating, you will be asked to engage in a 1-on-1 60 minute recorded Zoom or telephone interview.

This study has been reviewed and approved by the Institutional Review Board (IRB) for the Protection of Human Subjects at Temple University.

You are eligible to participate in this study if you are: 21 years of age or older, self-identify as an African American and/or Black American female, earned a degree from a 4 year college or have at least 9 years work experience, and have been affected by diversity management practices while employed full-time at least one year in a healthcare services and insurance company you perceive has a climate/culture that (1) supports/promotes diversity or, (2) does not support/promote diversity.

If you are interested in participating in this study, please contact Sherry Carroll at sherry.carroll@temple.edu. Please feel free to share this information with anyone you know who may be familiar with this topic. Thank you!

*All the data from this study will be safeguarded. The answers to your questions will not be associated with your name. A list of participant names and their assigned participant codes will be stored on a separate USB drive and maintained in a separate location assuring that no one who may accidently acquire data from the main USB drive will be able to relate the data to individual names. The researcher will protect all private information. All information collected in the data collection process will be stored on a password protected computer that is accessible only to the researcher. When the study is finished, the data will be transferred to a USB drive and stored in a locked file cabinet on the researcher's private property. USB drive will be destroyed no later than 3 years post interview."

APPENDIX B

CERTIFICATION OF APPROVAL

Temple University
Office of the Vice President for Research

Research Integrity & Compliance
Student Faculty Center
3340 N. Broad Street, Suite 304
Philadelphia PA 19140

Institutional Review Board
Phone: (215) 707-3390
Fax: (215) 707-9100
e-mail: irb@temple.edu

Full Accreditation

Approval for a Project Involving Human Subjects Research that is Approved as Exempt

Date: 11-Feb-2021

Protocol Number: 27897
PI: SCHMIDT, STUART
Review Type: EXEMPT
Approved On: 11-Feb-2021
Risk: Minimal risk
Committee: A1
Sponsor: NO EXTERNAL SPONSOR
Project Title: Weathering at Work: Narratives of African American Women's Perception of Procedural Justice Relative to Diversity Management Practices in Healthcare Companies

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The IRB approved the protocol 27897.

The study was approved under Exempt review. The IRB determined that the research **does not require a continuing review**, consequently there is not an IRB approval period.

As this research was approved as Exempt, the IRB will not stamp the consent or assent form(s).

Note that all applicable Institutional approvals must also be secured before study implementation. These approvals include, but are not limited to, Medical Radiation Committee ("MRC"); Radiation Safety Committee ("RSC"); Institutional Biosafety Committee ("IBC"); and Temple University Survey Coordinating Committee ("TUSCC"). Please visit these Committees' websites for further information.

APPENDIX C

INTERVIEW GUIDE

1. Tell me about your professional experience working in a healthcare organization.

2. How is your working environment?

   - How is it like for others?

3. How do you feel when you are at work?

   - How do you think others feel at work?

6. How does working for your organization effect you?

   - Your body?

   - Your thoughts?

   - Your feelings?

   - Your behavior?

7. Tell me why you believe it has this effect on you.

6. If you are willing to share, please tell me if you have ever been concerned about your well-being.

7. Tell me about your promotion related experiences.

   - What have you observed regarding promotions?

8. Tell me about your recruiting related experiences.

   - What have you observed regarding recruiting?

9. Tell me about your retention related experiences.

   - What have you observed regarding retention?

10. Tell me how your job experiences differ from those you had previously.

11. How do you handle change at work?

12. Tell me how you cope with stress

- at work?

- outside of work?

13. Tell me about your organization's diversity practices.

14. What is your concept of procedural justice in the workplace?

15. Tell me about your grievance related experiences.

- What have you observed regarding grievances?

16. Describe, if applicable, the costs incurred by your company as a result of your work-related "weathering" experiences.

17. Prior to the COVID pandemic, how was life at work?

- How is work life today?

18. How was work life prior to the Social Change Movements (i.e., Black Lives Matter)? Movements?

- How is/was work life in the aftermath?

19. Describe your relationship with your race.

20. Is there anything else you would like to share?