



September 2022

Gender Microaggression and Macroaggression Experiences of Women Athletic Trainers

Kara L. Trella

Indiana State University, kltrella95@gmail.com

Kenneth E. Games

Indiana State University, kenneth.games@indstate.edu

Justin P. Young

Indiana State University, jyoung85@sycamores.indstate.edu

Matthew J. Drescher

Indiana State University, mdrescher@sycamores.indstate.edu

Lindsey E. Eberman

Indiana State University, lindsey.eberman@indstate.edu

Follow this and additional works at: <https://nsuworks.nova.edu/ijahsp>



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Trella KL, Games KE, Young JP, Drescher MJ, Eberman LE. Gender Microaggression and Macroaggression Experiences of Women Athletic Trainers. *The Internet Journal of Allied Health Sciences and Practice*. 2022 Sep 26;20(4), Article 19.

This Manuscript is brought to you for free and open access by the College of Health Care Sciences at NSUWorks. It has been accepted for inclusion in *Internet Journal of Allied Health Sciences and Practice* by an authorized editor of NSUWorks. For more information, please contact nsuworks@nova.edu.

Gender Microaggression and Macroaggression Experiences of Women Athletic Trainers

Abstract

Purpose: Although gender disparities and workplace vitality for women has been studied in athletic training, gender discrimination has not been widely studied. The purpose of this study was to describe gender-based aggressions experienced by women athletic trainers (ATs) within their educational and workplace environments. **Methods:** We used a cross-sectional design, and the web-based survey was comprised of demographic questions, the Schedule of Sexism Events (SSE), and questions on incident reporting. The SSE asks participant to rank items on a Likert Scale (1 = the event never happened to 6 = the event happens almost all the time). Items within the SSE are contextualized to either events in the past year or events in their entire life. The survey was distributed to 5,667 women ATs through the National Athletic Training Association (NATA). Five hundred thirty-nine (539) participants accessed the survey (9.5%). Four hundred seventy-eight (478) participants (age=34.2±8.6y [range=23–66y], experience=11.0±8.2y [range=0-40y]) completed the entire instrument (88.6%). We used descriptive statistics to analyze demographic variables, gender-based education- and work- related items of the SSE and incident reporting. **Results:** When asked about unfair treatment while interacting with teachers, professors, or engaging in academics in their lifetime, 89% (n=425) of participants indicated they had experienced unfair treatment. Comparatively, 53% (n=252) of participants experienced unfair treatment from teachers, or professors, or while engaging in academics in the last year. When asked about unfair treatment by an employer, boss, or supervisor, 88% (n=421) of participants experienced unfair treatment in their lifetime, where 55% (n=267) have experienced unfair treatment in the past year. Ninety percent (90%, n=430) indicated they experienced unfair treatment by co-workers, fellow students, or colleagues, in their lifetime compared to 61% (n=292) in the past year. When asked if they had experienced gender-based macroaggressions and microaggressions in the workplace, 41% (n=198) experienced both types of aggressions; 5% (n=22) experienced macroaggressions and 29% (n=137) experienced microaggressions. Only 25% (n=119) of participants have reported aggressions in the workplace. **Conclusion:** Women ATs experience gender-based aggressions in the workplace but they do not typically report these aggressions. All ATs have the responsibility to work towards an inclusive, equitable, and welcoming workplace that directly addresses aggressions.

Author Bio(s)

Kara L. Trella, MAT, LAT, ATC is an athletic trainer in a secondary school in Indiana. She is currently completing her Doctorate in Athletic Training degree at Indiana State University in Terre Haute, Indiana.

Kenneth E. Games, PhD, LAT, ATC is a professor and director of clinical education in the Doctor of Athletic Training program at Indiana State University.

Justin P. Young, DAT, LAT, ATC is a doctoral graduate assistant for the Doctor of Athletic Training program at Indiana State University and is currently completing his PhD in Teaching and Learning at Indiana State University.

Matthew J. Drescher, DAT, LAT, ATC is a doctoral graduate assistant for the Doctor of Athletic Training program at Indiana State University and is currently completing his PhD in Teaching and Learning at Indiana State University.

Lindsey E. Eberman, PhD, LAT, ATC is a professor and program director in the Doctor of Athletic Training program at Indiana State University.



The Internet Journal of Allied Health Sciences and Practice

Dedicated to allied health professional practice and education

Vol. 20 No. 4 ISSN 1540-580X

Gender Microaggression and Macroaggression Experiences of Women Athletic Trainers

Kara L. Trella
Kenneth E. Games
Justin Young
Matthew J. Drescher
Lindsey E. Eberman

Indiana State University

United States

ABSTRACT

Purpose: Although gender disparities and workplace vitality for women has been studied in athletic training, gender discrimination has not been widely studied. The purpose of this study was to describe gender-based aggressions experienced by women athletic trainers (ATs) within their educational and workplace environments. **Methods:** We used a cross-sectional design, and the web-based survey was comprised of demographic questions, the Schedule of Sexism Events (SSE), and questions on incident reporting. The SSE asks participant to rank items on a Likert Scale (1 = the event never happened to 6 = the event happens almost all the time). Items within the SSE are contextualized to either events in the past year or events in their entire life. The survey was distributed to 5,667 women ATs through the National Athletic Training Association (NATA). Five hundred thirty-nine (539) participants accessed the survey (9.5%). Four hundred seventy-eight (478) participants (age=34.2±8.6y [range=23–66y], experience=11.0±8.2y [range=0–40y]) completed the entire instrument (88.6%). We used descriptive statistics to analyze demographic variables, gender-based education- and work- related items of the SSE and incident reporting. **Results:** When asked about unfair treatment while interacting with teachers, professors, or engaging in academics in their lifetime, 89% (n=425) of participants indicated they had experienced unfair treatment. Comparatively, 53% (n=252) of participants experienced unfair treatment from teachers, or professors, or while engaging in academics in the last year. When asked about unfair treatment by an employer, boss, or supervisor, 88% (n=421) of participants experienced unfair treatment in their lifetime, where 55% (n=267) have experienced unfair treatment in the past year. Ninety percent (90%, n=430) indicated they experienced unfair treatment by co-workers, fellow students, or colleagues, in their lifetime compared to 61% (n=292) in the past year. When asked if they had experienced gender-based macroaggressions and microaggressions in the workplace, 41% (n=198) experienced both types of aggressions; 5% (n=22) experienced macroaggressions and 29% (n=137) experienced microaggressions. Only 25% (n=119) of participants have reported aggressions in the workplace. **Conclusion:** Women ATs experience gender-based aggressions in the workplace but they do not typically report these aggressions. All ATs have the responsibility to work towards an inclusive, equitable, and welcoming workplace that directly addresses aggressions.

Keywords: women's equality, gender discrimination, professional sustainability

INTRODUCTION

There are more women than men in the profession of athletic training.^{1,2} According to the 2018 NATA Salary Survey, over 55% of all ATs indicated they were female, whereas 45% reported they were male.² The majority of ATs work within the college/university setting, secondary school setting, or in primarily sport-related settings³ that are dominated by males; male NCAA student-athletes account for 56% of the population.⁴ Within Division 1 collegiate settings, the majority (82%) of the leadership roles, such as Head Athletic Trainer, Assistant/Associate AD for Sports Medicine, or Director of Sports Medicine are held by male ATs.⁵ Only 17% of those leadership positions were held by female ATs.⁵ This shows that women leaders are underrepresented in the profession and in popular work settings.^{3,5} Other professions have shown that women who are underrepresented, where men outnumber women, are more likely to experience discrimination in the work place.⁶ Women in the Science, Technology, Engineering and Math (STEM) professions, specifically those working in computer positions and those with advanced degrees, are particularly likely to have concerns about gender equity and 74% have experienced gender discrimination in the workplace.⁶ With a patient load primarily comprised of men and the disparity in positional leadership in athletic training, women ATs may experience unfair treatment and discrimination in the workplace.

Sexual harassment and abuse have been a growing issue within the sports industry. Typically perpetrators of sexual harassment and abuse in sport come from those in positions of power.⁷ Gender stereotypes, including hostile and benevolent sexism are displayed in the health care industry.⁸ Negative effects of gender discrimination, specifically microaggressions, on healthcare providers have been shown to result in low quality of life and job dissatisfaction, which can lead to suboptimal care, medical errors, and decreased patient satisfaction.⁹ In recent years there have been multiple incidents in which women have reported behaviors of sexual harassment, with the workplace being the second most reported location.⁵ Since ATs can be a part of both sport industry and healthcare, they may feel the negative effects associated with both environments.

Gender discrimination can be categorized into two types: microaggressions and macroaggressions. Microaggressions are defined as intentional or non-intentional, subtle verbal exchanges that communicate hostile, derogatory, or negative insults to a marginalized population.¹⁰ Macroaggressions, on the other hand, are overt statements, behaviors, or actions made with the intention of discriminating against others.¹¹ Although macroaggressions are overt and intentional, microaggressions are just as dangerous, especially in healthcare.⁸ Microaggressions experienced by healthcare providers could impact patient care by influencing a provider's medical decisions when working with specific people or groups of people, leading to negative health consequences for the patients.⁹ Gender discrimination has not yet been studied in athletic training. Therefore, the purpose of this study was to explore gender microaggressions, macroaggressions, and gender discrimination experiences in women ATs.

METHODS

Design

We used a cross-sectional research design with a web-based survey (Qualtrics International Inc, Provo, UT). The Indiana State University Institutional Review Board deemed this study exempt. Contemporary language around gender and sex uses the terms women and female. Historical literature may interchange gender identity and sex and likely excludes transgender women. In this study that we focused on persons that identify as a woman.

Participants and Settings

We surveyed 5,667 women ATs, in good standing with the NATA, and currently working clinically. Almost 10% of the potential participants (n=539, 9.6%) accessed the survey and 478 participants (age = 34.2 ± 8.63 years [range = 23–66 years], years of experience = 10.95 ± 8.2 years [range= 0-40 years]) completed the entire instrument (88.6% completion rate) (Table 1). The women ATs typically worked in the secondary setting (37% n=177) and college/university (31% n=148) (Table 2), representative of the NATA demographic characteristics.

Table 1. Demographics

Variables	Mean	Std Dev.	Range
Age (years)	34.2	8.6	23-66
Experience (years)	10.9	8.2	0-40

Table 2. Work Setting

	Number (%)
Amateur/Rec/Youth	12 (2.5)
Clinic	42 (8.0)
College/University	148 (31.0)
Business/Sales/Marketing	3 (0.6)
Health/Fitness Clubs	6 (1.3)
Hospital	22 (4.6)
Independent Contractor	12 (2.5)
Occupational Health	13 (2.7)
Military/Government/Law Enforcement	14 (2.9)
Pro Sports	10 (2.1)
Secondary School	177 (37.0)
Retired	1 (0.2)
Performing Arts	8 (1.7)
Academia/Research	9 (1.9)
Other	1 (0.2)

Instrumentation and Procedures

The survey included demographic questions, the Schedule of Sexist Events (SSE) instrument, and specific questions about experiencing gender-based macro and microaggressions in athletic training. The SSE is a valid and reliable self-report inventory consisting of 20 items that asks questions related to lifetime and recent gender discrimination.¹² SSE items were rated on a 6-point Likert scale with 1 representing that the event never happened and 6 representing that the event happens almost all the time. Participants chose from the following options: 1) yes, they have experienced microaggressions in the workplace; 2) yes, they have experienced macroaggressions in the workplace; 3) no, they have not experienced gender-based aggressions in the workplace; or 4) I have experienced both micro and macroaggressions in the workplace. Reporting was also assessed by asking participants to select one of the following: 1) yes; I have reported gender-based macroaggressions in the workplace; 2) yes, I have reported microaggressions in the workplace; or 3) no, I have not reported gender-based macro or microaggressions in the workplace. The instrument was sent out for external review by two athletic trainers who have extensive experience with survey development and gender-based research in athletic training. Surveys were distributed by the NATA Survey Research Service weekly for four weeks. Participants indicated consent prior to responding to the questions.

Data Analysis

We calculated descriptive statistics for participant demographic variables, education-related experiences, and work-related experiences. Demographic variables of interest included age, years of experience as an athletic trainer, and current practice setting. All statistical analyses completed were frequencies using a commercially available statistical analysis software program (IBM SPSS Version 27, IBM Corp, Chicago, IL).

RESULTS

When asked about unfair treatment while interacting with teachers, professors, or engaging in academics, 89% (n=425) of participants indicated they experienced unfair treatment in their lifetime due to their gender identity (Table 3). Comparatively, 53% (n=252) women ATs experienced unfair treatment from teachers, professors, or while engaging in academics in the last year due to their gender identity. When asked about unfair treatment by an employer, boss, or supervisor, due to their gender identity, 88% (n = 421) of participants experienced unfair treatment in their lifetime where 55% (n=267) have experienced unfair treatment in the past year. When asked about unfair treatment by co-workers, fellow students, or colleagues, 90% (n=430) indicated they experienced unfair treatment in their lifetime compared to 61% (n=292) in the past year. When asked if they had experienced gender-based macroaggressions and microaggressions in the workplace, 41% (n=198) experienced both types of aggressions, 5% (n=22) experienced macroaggressions, and 29% (n=137) experienced microaggressions (Table 4). Only 25% (n=119) of participants have reported aggressions in the workplace (Table 5).

Table 3. SSE Responses

Teachers, Professors, or Engaging in Academics	Entire Life Number (%)	Past Year Number (%)
Never	53 (11.1)	225 (47.1)
Once in a while (<10% of the time)	161 (33.7)	159 (33.3)
Sometimes (10-25% of the time)	172 (36.0)	63 (13.2)
A Lot (26%-49% of the time)	75 (15.7)	24 (5.0)
Most of the time (50-70% of the time)	14 (2.90)	3 (0.60)
Almost all the time (70% or more of the time)	3 (0.60)	3 (0.60)
Employer, Boss, or Supervisors at Work	Entire Life Number (%)	Past Year Number (%)
Never	57 (11.9)	210 (43.9)
Once in a while (<10% of the time)	126 (26.4)	148 (31.0)
Sometimes (10-25% of the time)	164 (34.3)	65 (13.6)
A Lot (26%-49% of the time)	95 (19.9)	29 (6.10)
Most of the time (50-70% of the time)	27 (5.60)	14 (2.90)
Almost all the time (70% or more of the time)	9 (1.90)	11 (2.30)
Co-workers, Fellow Students or Colleagues	Entire Life Number (%)	Past Year Number (%)
Never	46 (9.6)	184 (38.5)
Once in a while (<10% of the time)	152 (31.8)	177 (37)
Sometimes (10-25% of the time)	162 (33.9)	72 (15.1)
A Lot (26%-49% of the time)	93 (19.5)	27 (5.6)
Most of the time (50-70% of the time)	16 (3.3)	12 (2.5)
Almost all the time (70% or more of the time)	7 (1.5)	4 (0.8)

Table 4. Experiences in the Workplace

	Number (%)
Yes- Macroaggressions	22 (4.60)
Yes- Microaggressions	137 (28.7)
None	71 (14.9)
Both	198 (41.4)

Table 5. Reporting in the Workplace

	Number (%)
Yes- Macroaggressions	64 (13.4)
Yes- Microaggressions	55 (11.5)
Have not reported	270 (56.5)

DISCUSSION

Though there has been research defining gender discrimination against women, little research has been done specifically looking at the impact of gender discrimination and its occurrence within the athletic training profession. A majority of participants experienced some form of gender-based discrimination within their workplace and only quarter of them indicated they reported that discrimination. Though we could confirm previous findings of discrimination within the sports and healthcare industries,^{7,8,9} this study differs from prior studies in that we focused on the athletic training profession specifically.

Aggressions

With athletic training degrees transitioning to the master's level, it is important to address gender discrimination starting in the academic experience. Our study showed most women reported experiencing unfair treatment from teachers, professors, or while engaged in academics at some point in their lifetime. However, when reported lifetime experiences are compared to participant's experiences within the past year, experiences show a decrease.¹³ These findings of discrimination in education are consistent with other medical fields where there is high prevalence of harassment and discrimination among medical trainees that has not declined over time.¹⁴ Accreditation standards require programs improve faculty and preceptor understanding of diversity, equity, inclusion

and social justice and they must implement policies that support a climate of equity and inclusion, free of harassment and discrimination (Standard DEI 1).¹⁵ Literature recommends both drafting policies and promoting cultural change within academic institutions to prevent future abuse.¹⁴ All learners, regardless of gender identity, should be able to identify and actively address microaggressions. Society often teaches women how to defend themselves,¹⁶ but fails to address those that engage in the aggression. Learning environments are the first place we should be ensuring recognition and action are a community responsibility. Men tend to hold the leadership positions within the profession,⁵ and they have an equal responsibility in the solution. Programs have a responsibility to teach about gender discrimination and promote a more just learning environment, but beyond that, these learning environments are also work environments for ATs and patients.

Nationally, sexual harassment commonly occurs in the workplace,¹⁶ and our findings are consistent. Women report being treated unfairly in the form of gender-based aggressions. This can be intentional or unintentional through subtle verbal exchanges that communicate hostile, derogatory, or negative insults, or overt statements, behaviors, or actions.^{10,11} Gender-based aggressions could lead to possible career changes, as seen within practicing physicians, where experiences of workplace discrimination are significantly associated with physician job turnover, career dissatisfaction, and contemplation of career change.¹⁷ It has been established that gender-based discrimination experienced by women in the workplace affects their physical and mental health, as well as their economic opportunities.¹⁸ Career dissatisfaction, negatively affected physical and mental health, and limited economic opportunities as a result of gender-based micro and macro-aggressions may contribute to women's desire to leave the athletic training profession.

Reporting

Although many participants experienced gender discrimination within the workplace, only few reported such instances. In other healthcare professions, the number one reason for not reporting violence in the workplace is uselessness of reporting and perceived insignificance of the event.¹⁹ Among gynecologic oncology physicians, they did not report because they didn't think the incident was important enough, did not think anything would be done about it, and feared reprisal.¹⁹ Since the majority of leadership positions in the athletic training profession are held by men,⁴ it might be more difficult for many women experiencing gender discrimination to report the instances to their supervisors due to perceived uselessness of reporting, especially if the perpetrator of the discrimination also identified as a man. Gender discrimination is unacceptable and may be related to the perceptions society places on those events as well those who do choose to report. More information is needed to determine why women ATs do not report. Supervisors should establish environments in which reporting is meaningful and safe to those experiencing gender-based discrimination and violence.

Limitations

This study is not without its limitations. The project relied on participants to recall events across their lifetime in multiple domains of their life. This could result in errors in the participants' recollection of events. However, we must not dismiss the self-reported experiences of participants. The participants in this study shared their honest experiences with gender discrimination and we must accept their recollection or risk imposing a gender-based micro-aggression on women who are reporting these gender-based aggressions.

CONCLUSION

Overall, women ATs experience gender-based aggressions in the workplace within their lifetime; however, they are not reporting these aggressions. Future research should explore how gender-based aggressions influence athletic trainer retention in specific settings and the profession. Additional research can explore what strategies can be used to mitigate gender discrimination in the athletic training workspace. All ATs have the responsibility to work towards an inclusive, equitable, and welcoming workplace.

References

- 1- Simmons M. Gender Equality in the Athletic Training Profession. Gender equality in the Athletic Training Profession. https://www.bocatac.org/newsroom/gender-equality-in-the-athletic-training-profession?category_key=at. Published May 29, 2019. Accessed March 14, 2022.
- 2- NATA Salary Survey Results. <https://members.nata.org/members1/salariesurvey2018/results2.cfm>. Accessed February 28, 2022.
- 3- Job settings. NATA. <https://www.nata.org/about/athletic-training/job-settings>. Published November 21, 2016. Accessed February 28, 2022.

- 4- NCAA.org. Number of NCAA college athletes reaches all-time high. NCAA.org. <https://www.ncaa.org/news/2018/10/10/number-of-ncaa-college-athletes-reaches-all-time-high.aspx>. Published December 22, 2021. Accessed March 14, 2022.
- 5- Lewis C, Jin Y, Day C. Distribution of Men and Women Among NCAA Head Team Physicians, Head Athletic Trainers, and Assistant Athletic Trainers. *JAMA Intern Med.* 2020;180(2):324–326. doi:10.1001/jamainternmed.2019.5092
- 6- Funk C, Parker K. Women and Men in STEM Often at Odds Over Workplace Equity Perceived inequities are especially common among women in science, technology, engineering, and math jobs who work mostly with men Washington, DC: Pew Research Center; 2018:55-70.
- 7- Marks S, Mountjoy M, Marcus M. Sexual harassment and abuse in sport: the role of the team doctor. *Br J Sports Med.* 2012;46(13):905-908. doi:10.1136/bjsports-2011-090345
- 8- Mesquita Filho M, Marques TF, Rocha ABC, Oliveira SR, Brito MB, Pereira CCQ. Sexism against women among primary healthcare workers. O preconceito contra a mulher entre trabalhadores da Atenção Primária em Saúde. *Cien Saude Colet.* 2018;23(11):3491-3504. doi:10.1590/1413-812320182311.00132017
- 9- Ehie O, Muse I, Hill L, Bastien A. Professionalism: microaggression in the healthcare setting. *Current Opinion in Anaesthesiology.* 2021;34(2):131-136. doi:10.1097/ACO.0000000000000966
- 10- Ross-Sheriff F. Microaggression, women, and social work. *Affilia: Journal of Women and Social Work.* 2012;27(3):233-236. <https://journals.sagepub.com/doi/full/10.1177/0886109912454366>. doi: 10.1177/0886109912454366.
- 11- Williams KE, Baskin ML, Brito AL, Bae S, Willett LL. Supporting trainees by addressing inappropriate behaviors by patients. *Southern Medical Journal* (Birmingham, Ala.). 2021;114(2):111-115. <https://www.ncbi.nlm.nih.gov/pubmed/33537793>. doi: 10.14423/SMJ.0000000000001205
- 12- Klonoff EA, Landrine H. The schedule of sexist events: A measure of lifetime and recent sexist discrimination in women's lives. *Psychology of Women Quarterly.* 1995;19(4):439-472. doi:10.1111/j.1471-6402.1995.tb00086.x.
- 13- Fnais N, Soobiah C, Chen MH, et al. Harassment and discrimination in medical training: a systematic review and meta-analysis. *Academic Medicine.* 2014;89(5):817-827. doi:10.1097/ACM.0000000000000200
- 14- Kearsal H. The Facts Behind the #metoo Movement: A National Study on Sexual Harassment and Assault. Reston, Virginia: Stop Street Harassment; 2018.
- 15- CAATE Implementation and Guide to the CAATE 2020 Professional Standards. Commission on Accreditation of Athletic Training Education. www.caate.net/wp-content/uploads/2021/08/Pursuing-and-Maintaining-Accreditation_Professional-Programs_August-2021.pdf, Pages 21-22. Published 2021. Accessed March 17, 2022
- 16- Nunez-Smith M, Pilgrim N, Wynia M, et al. Health care workplace discrimination and physician turnover. *J Natl Med Assoc.* 2009;101(12):1274-1282. doi:10.1016/s0027-9684(15)31139-1
- 17- SteelFisher GK, Findling MG, Bleich SN, et al. Gender discrimination in the United States: Experiences of women. *Health Services Research.* 2019;54 Suppl 2(Suppl 2):1442-1453. doi:10.1111/1475-6773.13217
- 18- Hedayati Emam G, Alimohammadi H, Zolfaghari Sadrabad A, Hatamabadi H. Workplace Violence against Residents in Emergency Department and Reasons for not Reporting Them; a Cross Sectional Study. *Emergency* (Tehran, Iran). 2018;6(1):e7.
- 19- Stasenko M, Tarney C, Seier K, Casablanca Y, Brown CL. Sexual harassment and gender discrimination in gynecologic oncology. *Gynecol Oncol.* 2020;159(2):317-321. doi:10.1016/j.ygyno.2020.08.014