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Original Articles

Workplace Discrimination and Microaggressions in the Child Life Profession

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Objective:
The child life profession in the United States primarily comprises White females. Little is known about the experiences of child life specialists with marginalized identities. This exploratory qualitative study examines the experiences of child life students and specialists with marginalized racial, ethnic, sexual orientation, age, and disability identities.
Method:
Eighteen participants with self-identified marginalized identities took part in a study on navigating the field of child life.
Results:
The authors used thematic analysis to find themes and subthemes in the data. In this manuscript, themes surrounding microaggressions, the perception of being othered, tokenism, and discrimination experienced in the workplace are described.
Conclusion:
These findings have implications for research and practice.
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It is widely known that the child life profession in the United States primarily comprises White females (Association of Child Life Professionals, 2022; Ferrer, 2021; Lookabaugh & Ballard, 2018). Less has been published about the experiences of child life specialists with marginalized racial, ethnic, sexual orientation, age, and disability identities. The extant literature indicates that while increased workforce diversity may reduce racial and ethnic health disparities (Phillips & Malone, 2014), a significant barrier to this diversity is the discriminatory experiences of health care providers with marginalized identities (Sim et al., 2021; Woodhead et al., 2021). Retention of diverse providers depends on a hospital system's ability to provide a safe environment. Given the lack of diversity in the field of child life, this study seeks to explore the experiences of child life specialists with marginalized identities. The findings presented here come from a larger study on the academic and workplace experiences of child life students and child life specialists with marginalized identities.

Literature Review

Definitions

Discrimination refers to the unjust treatment of a person or group of people different from other people or groups (Rivenbark & Ichou, 2020). *Microaggressions* are "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages" (Sue et al., 2007, p. 273) toward people based solely upon their marginalized group membership (Nadal et al., 2021).

Racial microaggressions may include complimenting a Black person on speaking articulately (thus insinuating it is unexpected that they would speak well); presuming they have less economic wealth or stability; implications that Black women are aggressive or abrasive; and denying the discrimination experiences of a person of color (Davis, 2019; Sue et al., 2007). Ethnic microaggressions can include statements that assume someone of Asian or Latinx heritage was born elsewhere (observed in the question "where are you from?") when they were born in the United States

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(Sue et al., 2007). Ethnic microaggressions may also include the denigration of certain cultural styles or communication styles (e.g., expecting people to participate in certain holidays or communicate in specific ways and treating all other holidays, practices, or communication styles as unorthodox) (Sue, 2010). Sexual orientation microaggressions include the assumption that someone is heterosexual, the assumption that someone's partner or spouse is of a different sex, and exotification, which occurs when people treat queer individuals as an idealized or exotic other (Nadal et al., 2016). Age microaggressions include statements that presume an older adult does not have the mental acuity to fulfill their job. Disability microaggressions include statements that indicate that a person is unable to participate in all aspects of daily living or a job due to their disability (Sue, 2010). Additionally, *tokenism* is the practice of making minimal or symbolic efforts to recruit or include someone with a marginalized identity to give the appearance of equality in the workplace (American Psychological Association, 2022).

Health Disparities and Patients' Perceptions

Extensive research has documented the pervasive racial and ethnic disparities in the health care of children (Hillemeier et al., 2013). Black and Latinx children are more likely than White children to be on public health insurance or uninsured, resulting in these children not being screened for chronic conditions or not receiving the care they need to manage such conditions (Flores & The Committee on Pediatric Research, 2010; Kitsantas et al., 2013).

Perceived racism and mistrust of the health care system is a consideration in providing care to marginalized groups. Many Black and Latinx patients do perceive racism in health care, with consequences to their mental health (Chen et al., 2005; Miller & Peck, 2020). This perception of racism and a general mistrust of health care professionals stems from historical mistreatment of those with marginalized racial identities, particularly Black identities, in health care and health care research (White, 2005). However, not all providers acknowledge racism in the health care system or in physician-patient interactions (Sim et al., 2021).

With respect to sexual orientation, young adult queer patients may not disclose their identities to providers due to internalized stigma and fear of discrimination (Rossman et al., 2017). This is problematic since providers' medical recommendations may be more appropriate depending on knowledge about patients' identities and sexual orientation.

Health Care Providers' Experiences of Discrimination

Diversity in the health care workforce has been identified as a tool in eliminating health care disparities (LaVeist & Pierre, 2014; Morrison & Grbic, 2015). At the same time, health care providers with racial and ethnic identities underrepresented in the field have reported experiences of microaggressions and discrimination (Filut et al., 2020; Iheduru-Anderson & Wahi, 2021). In one study, 85% of providers reported racial and/or ethnic discrimination in the previous year (Hennein et al., 2021). These experiences may come from patients and patients' families as well as providers' colleagues and supervisors (Snyder & Schwartz, 2019). Racial trauma among health care providers is often overlooked by their White colleagues and supervisors (Mollica & Fernando, 2020).

Purpose of the Study

Given the notable racial, ethnic, and sexual orientation health disparities in the United States, as well as the fact that diversity in the health care workforce may help eliminate some disparities, it is important to consider the experiences of health care providers. Though much has been published on discrimination and microaggressions against physicians and nurses with marginalized identities, less is known about the experiences of child life specialists. This study seeks to understand more about their perspectives.

Research Questions

1. How do child life specialists with marginalized identities describe workplace microaggressions?
2. How do child life specialists with marginalized identities describe workplace discrimination?
3. What meaning have child life specialists constructed from these experiences?

Method

Recruitment and Eligibility

Eligibility criteria included being 18 years or older and a child life student or having been certified as a child life specialist in the last ten years. Participants needed to hold any racial, ethnic, gender, sexual orientation, age, or disability identity they considered to be underrepresented in the child life field. Participants were recruited via purposive and snowball sampling, through child life online forums, and through direct contact with child life academic program directors at universities across the United States. Towson University IRB granted approval for this study.

Data Collection

After providing written consent, participants (n = 18) took part in one-on-one phone interviews with the first and third authors that lasted approximately 60 minutes. The interviewers asked questions from a semi-structured interview guide, beginning with grand tour questions and then using prompts and probing questions as needed. Questions were asked about the participants' academic and professional experiences as they pertained to microaggressions, maintaining boundaries, and enlisting support.

Data Analysis

Through qualitative thematic analysis (Braun & Clarke, 2006), the authors identified prevalent themes among the varying experiences of child life specialists and students navigating the child life profession while holding margin-

alized identities. Scrutiny techniques such as word repetition, indigenous typologies, and missing language (Ryan & Bernard, 2003) helped authors find themes and subthemes. After the authors independently read the interview transcripts, they met to discuss their largely congruent themes. A second meeting was held to refine the list of themes and subthemes.

Trustworthiness

The authors met to discuss how their identities (both marginalized and privileged) shaped their response to the data. To achieve credibility, the first and third authors established rapport with participants prior to their interviews. Interpretive member checking took place during the interviews: after participants described their experiences, the interviewers reframed their statements to ensure that they were accurately depicting participants' experiences, perceptions, and concerns. At that point, participants either confirmed the accuracy of the interviewer's statement or provided additional clarification. This process enabled participants and researchers to co-construct the meaning of descriptions. All authors practiced researcher reflexivity by independently noting their experiences and thoughts throughout the collection and analysis of the data (Morrow, 2005).

Results

Eighteen individuals participated in this study. Sixteen identified as female and two identified as male. Participants' ages ranged from 24 to 50 years. Four participants identified as Black or African American, one identified as mixed race, one identified as Native American, four identified as Latinx, two identified as Asian American, and six identified as White. Two participants self-identified as having a disability. Additionally, three identified as lesbian, and one identified as queer. Through qualitative analysis, the authors identified themes of microaggressions, the perception of being othered, tokenism, and discrimination. Themes pertaining to academic and career barriers and support systems, as well as maintaining boundaries, are discussed in a separate manuscript currently in preparation.

Microaggressions

Sixteen out of 18 participants with marginalized identities stated that they experienced interactions in the workplace that they categorized as microaggressions. Participants' experiences of microaggressions were organized into two subthemes: comments by colleagues and comments by patients.

Comments by Colleagues

Some microaggressions from colleagues were pointedly directed at the participant, some about social issues related to the participant's identity, and others presented as comments made about patients who shared the participant's identity. One Latinx participant experienced a frequent microaggression when they were an intern and as a new specialist in which the interdisciplinary team repeatedly mistook them for an interpreter. They articulated this experience in the following quote:

> I went from entering a room with my supervisor to provide procedural support for a patient to be automatically thought of as being an interpreter. You know, the assumptions along with what a child life specialist looks like very much follows throughout the entire hospital. Because I couldn't have possibly been a student, I was most likely to become an interpreter than I was to be pursuing a field like this…That was also really hard for me to…continue to move past that because it was an everyday thing…I would walk down the hallway with my supervisor and every single day somebody would say "hey actually I need you in bed two to help me interpret for this patient"…I would have to turn around and say "That's not my role"…but I don't think people realize the impact that it has on the person, you know.

Many participants described the frustration of hearing insensitive comments about other cultures. A Native American participant shared a frequent microaggression they heard from coworkers when referencing Native patients: "They'll say, 'that patient's from the 'Rez,' which means nothing. There's so many reservations in [state]. It's like saying a kid's from Europe. I'm like, 'Yes, but do they speak German or Italian?'" Similarly, a Latinx participant described an example of overhearing a colleague talking about a Spanish-speaking patient and family:

> The nurse said something like, "If they're going to come here, they should come with their own person to translate" like, you know, "not my fault if they don't understand," something like that. And I was just sitting right there just charting and they were talking right behind me. I didn't say anything. I'm not gonna make it a big deal.

Whether to Address Microaggressions from Colleagues. The decision whether to directly address a microaggression made by a colleague was a common discussion throughout the interviews. One Black participant spoke about a comment by a nurse that they were able to call out in the moment. They shared that shortly after the circulation of the George Floyd video in May 2020, their hospital facilitated a moment of silence over the intercom. One of the nurses on their unit commented that she "thought it was ridiculous." The participant expressed feeling very upset by this comment and chose to say something to the nurse in the moment "very firmly."

A lesbian participant described microaggressions by a colleague that she was still contemplating whether to call out. The participant shared that after a physician on her unit learned about her sexual orientation, he attempted to relate to her by making "crude jokes" about women and starting to "push the limits" and make her uncomfortable. Her thought process around calling out this physician is described in the following quote:

> I'm kind of waiting for the time where I'm going to have to be like "okay, you need to stop"… I've known

> him long enough, and I can tell what he's doing, and I just hope it doesn't get to the point where I have to say "Hey, like, not cool" but it's definitely something where I can just sense that that's coming.

Support from Supervisors. Sometimes when participants chose to speak out, they had positive experiences related to their leadership's response. An Asian American participant discussed the anti-Asian rhetoric that emerged at the start of the COVID-19 pandemic. In the following quote, this participant shared how they brought this issue to their supervisor's attention and the support they received:

> [My manager] sent an email out, just talking about how due to COVID the numbers are drastically different… A lot of Black Americans, a lot of the Latino population…and Native Americans are getting affected by COVID at significantly higher rates, right? And it was a very important conversation to have. But [my coworker] and I were saying, but we never really talked about Asians…and the fact that Asians were getting attacked. She and I were very nervous, but we wanted to say something. So, we drafted this email together… and we sent it to our manager… She answered within ten minutes… and she says, "I am so sorry… I am going to email everybody again, add this information and thank you for making me a better citizen." And she did, she sends this email out and then… around Asian and Pacific Islander Heritage Month, she nominated us for an award because of what we did.

The Latinx participant who was repeatedly mistaken for an interpreter also described a positive experience of supervisor support. When this microaggression became a pattern for the participant, their supervisors made efforts that made them feel supported and "like I had a lot of people rooting for me." They shared that moving forward their supervisors made sure to introduce them as a child life student when entering a room. Additionally, one supervisor initiated a conversation to check in about how these experiences were impacting them and provided space for them to talk about it.

For the Black participant who addressed a nurse's comments about a hospital-wide moment of silence, support from their supervisor looked like listening when the participant advocated for themself. They shared:

> I went directly to my manager's office and told her the situation, and I told her I was leaving. And you know, she was very upset that that had happened and very apologetic… she told me to take the time that I needed… and that it would be handled.

Comments by Patients and Families

Participants' descriptions of microaggressions were not limited to colleagues and supervisors. When experiences of microaggressions came from patients and families, participants were presented with an added challenge when deciding whether to call them out. The following two quotes demonstrate how participants reached different conclusions about whether to call out a patient or family member's comments.

An Asian American participant described their thought process after a parent of a patient asked them several questions about where they were from:

> It was just this weird passing comment, and then I just thought about going back to say something, but also, I felt weird to be like, his kid's having surgery like I don't feel comfortable to call him out, just not right now.

A lesbian participant shared an experience where she was able to discuss a microaggression when a patient did not know her sexual orientation and expressed his discomfort with another gay staff member:

> I've had a patient saying that they don't want to work with someone who is gay. And he was referring to one of our playroom assistants who has never come out to this patient, but this patient observed him and identified him as that…And I kind of dug a little deeper and just…kind of had an open dialogue about that.

In the former situation, the participant concluded that the timing (the son's surgery) precluded the participant from questioning the parent. In the latter situation, the participant decided that it would be possible to have a thoughtful conversation with the patient.

The Perception of Being Othered

When asked about experiences of microaggressions, many participants struggled to articulate specific examples of microaggressions but expressed the feeling that they have been treated differently by their colleagues. Fourteen out of eighteen participants reported feeling othered at some point in their career. One participant expressed this in the following quote:

> I'm one of two people in this department working as a child life specialist. My counterpart is identifying as White/Caucasian, and I'm identifying as Latinx. And we've spent pretty much… the exact same amount of time on the unit. And the staff has, I think, very much gravitated towards her and her services and her personality way more than they have to mine. For example, they've all become like Facebook and Instagram friends… and I literally haven't gotten to that point with anybody on the unit… I think it is definitely a little bit more difficult for me to get on the exact same page as my counterpart when it comes to building rapport with staff, especially a staff that has historically… like older Caucasian people.

A lesbian participant shared a similar feeling about some of the people on her child life team being "judgmental." When asked to share examples of microaggressions from these colleagues, the participant said:

> It's hard to explain, and it's one of those things that being out as long as I have, I know when someone's tone and general perception of me is changing based off of the information I'm giving, and it's always revolved around my homosexuality.

Tokenism

Eight out of 18 participants shared examples of being tokenized in the workplace. When discussing tokenism, participants described a mixture of complex feelings. One participant reflected on getting asked to be photographed for child life department brochures:

> I think it is something my manager is aware of… "Is this to benefit the team or is it because I'm the only diverse person on this team that I need to be shown on this brochure?" And if it helps our program diversify and other people feel attracted to want to apply for internships here that's something I want to partake in. But it's an ongoing conversation with my manager.

Tokenism was also evident in the common assumption that participants' successes were in some way due to their marginalized identity making them "stand out." Participants described coming to terms with the notion that they were hired as a token person to diversify their team. One participant's internal reckoning with this is quoted below:

> I do stick out because I am biracial, and it's in my favor now that I've made it through the educational portion. It was in my favor for internship: they were looking for someone who was much more diverse, yeah. But it also felt like I had a checkbox versus did I earn this? And was I the best fit?

When applying for internships and jobs, a participant of color shared that he had been told several times by his peers that he would "be fine" because of having multiple underrepresented identities. This participant shared his feelings about these comments in the following quote:

> I wanted to earn that specific position based on my personal skill sets, and my efforts, and this program of becoming a specialist. [If people] think things were handed to me based off my…ethnicity or based off my gender, that would make me want to work and prove myself harder.

Another common experience of tokenism described by participants was the assumption that the participant would automatically be able to relate to or understand a patient if they shared their marginalized identity. This brought up conflicting feelings for some participants because although there might have been truth to this assumption, it did not always feel good to be called upon for every patient that shared their identity. One Black participant describes this assumption in the following quote:

> If I'm working with a patient that's Black, that somehow… the care is different or, or the assumption like there's a Black patient that somehow I'll automatically know what's going on or how to take care of them differently… like automatically, I haven't even met them, right?

Another Black participant described the impact of being repetitively called upon to de-escalate Black patients on their unit in the following quote:

> "This 17-year-old Black boy is in the room cursing and yelling and screaming, can you go in and talk to him?" I go in and de-escalate him in a way that I do for any other patients that I've encountered in my work here. I come out of the room. "Well, what did you say to him?" I say, "I treated him like a human!" Those types of situations are never-ending, it seems like, unfortunately… I've had breakdowns on the job. I've had moments where I've had to go in a conference room to have a debriefing with our chaplain because, you know, you feel like you're only being reached out to at times because your personalized identity… People just assume because… you can identify with someone that way that they could pass the buck off for you to do that work.

Discrimination

Seven out of 18 participants shared stories about interpersonal harm in the workplace that were categorized as discrimination. Examples of discrimination were organized into subthemes of race and ethnicity, sexual orientation, age, and disability.

Racial and Ethnic Identities

For participants with marginalized racial and ethnic identities, discrimination sometimes appeared in the form of a common microaggression seeping into the department's impression of the participant, threatening to impact their employment. The following is an example of this shared by a Black participant:

> I had a coworker at my previous job… she told the department that I was abrasive, hard to get along with, and it was either my way or the highway… and I found out recently that, actually a part of… the decision making of bringing me here, people didn't want me to come because they questioned my professionalism.

The same participant also shared that another colleague once told her, "You need to get it together because they only hired you because you're Black."

Discrimination was also sometimes perpetrated by patients and families. Another Black participant shared an example of racism they experienced from a patient's parent during their practicum and the subsequent lack of support they received from their supervisor:

> We were preparing his kid for surgery and the gentleman had on a Rebel Flag on his shirt, which is a common thing in [state]. But, um, this gentleman in particular… it made me very uncomfortable. He gave me, like, a death stare and would not break eye contact the entire prep. He never looked at the other specialist that was providing service the entire time. And I looked back at him to…kind of give him, like, a… "Hey I can see you looking at me," but he did not stop staring at all. And it wasn't just a natural stare… it seemed pretty painful, I'll admit. But I brought it to my practicum supervisor and got completely shut down. She completely got very defensive and told me that I was making assumptions and this was a good learning opportunity for me to understand, just because someone looks at me

> or has a Rebel Flag on their shirt doesn't mean that they're racist. … My feelings were not validated.

Sexual Orientation

Participants with marginalized sexual orientations often described an underlying fear of discrimination when deciding whether to disclose that part of their identity. One lesbian participant explained:

> Just because of the gay thing… It doesn't take much for you to get fired for those kind of things. And not necessarily that they would say that that's what it was for, but it's easy to be discriminated against for those things… and so it was me trying to figure out what I would be like and how open I would be in the job.

While the above participant expressed concern about whether to disclose her sexual orientation, another participant felt that their identity–once disclosed to others without her consent–in fact kept her from getting hired sooner. This participant described her experience of being outed by a coworker during her internship:

> Somebody found out… through, like, somebody they knew, knew me and shared that with the team… and that's why I feel like it was a process, and I wasn't hired right away like a lot of the other interns before me and right after me were. Because they typically hire their interns when a position is available and there were two positions available that I interviewed for, and I wasn't hired for them.

She elaborated that she believed her manager was uncomfortable with her lesbian identity, and it took her colleagues advocating that she would be "an asset to the team" before she was eventually hired.

Age

Participants who began their child life careers later in life than the average person entering the field faced the challenge of having colleagues and supervisors much younger than them. In some cases, they experienced discrimination based on this age difference. One participant attributed their struggle with getting hired in part to their age. They said:

> This could have also been one of the reasons why it took a while for me to get hired, that some of the team felt that… they wanted somebody younger, who was closer to their age… to hang out and do things together.

Another participant shared the following story of not passing their first internship:

> I'd already done my internship project and written it up. I had done everything that they had asked me to do… I was told at that point that I lacked the basic skills of people coming out of college and that they should have picked somebody younger. And that due to my age, [my supervisor] felt uncomfortable working with me and that no matter how long I stay they would never pass me.

Disability

Participants who identified as having a disability also shared examples of discrimination throughout their careers. One participant described an experience during their practicum in which they were encouraged not to continue to pursue the profession:

> A child life specialist at the hospital had a meeting with me and flat out told me I wasn't going to be able to get into the field, and it wasn't a good field for me. Which, I was quite capable. Yeah. I walk with a limp. I have difficulty with my right arm. And over the course of practicum, internship, and employment, I've had what I would say, and I think my bosses would agree, I'd say minor accommodations.

This participant then shared that when they brought this to their practicum advisor at their university, they "received zero support and it caused a lot of stress and anxiety and ultimately went unsolved."

Another participant who uses a wheelchair had a similar experience when they were told, "You need to pick a different career because your chair can't fit in the playroom." The participant provided several more examples of not being welcomed into spaces due to their wheelchair, including the operating room and phlebotomy lab. This type of discrimination also presented as colleagues doubting their ability to perform their job. They shared the example of infants on their unit who need to be held in order to support their development but receiving pushback from nurses due to their identity. The participant reflected:

> I have asked repeatedly, "Can I hold the baby?" I have this special pillow that they can kind of lean in and the nurses are like… "No, you might drop them"… I'm sitting in one spot, I'm not going to drop them… I can't physically pick them up but after somebody hands me the babies, it's fine.

The same participant also utilizes a service dog to help with "picking up objects and opening doors" as well as being trained as a therapy dog for patients. They shared a series of incidents with a nursing colleague who had an issue with their service dog being on the unit. The participant described the nurse's behavior as "verbally abusive" and in one incident kicked an object into the dog. The participant described their thought process around ultimately deciding not to file a human resources complaint:

> I really do regret that I didn't file an HR complaint… but like I said, because I wasn't a full-time employee, I was afraid. And my supervisor asked me not to… That made me extremely upset and… afraid to challenge it because I didn't want to lose my job over that.

Discussion

A thematic analysis of in-depth interviews with child life students and specialists with marginalized identities was conducted to learn how they described their experiences in the field of child life. The concepts of microaggressions, tokenism, the perception of being othered, and discrimina-

tion framed the development of the research questions and the interview protocol.

The first two research questions were *how do child life specialists with marginalized identities describe workplace microaggressions?* and *how do child life specialists with marginalized identities describe workplace discrimination?* The findings from this study can be connected to previous literature on the microaggressions and discrimination experiences of health care professionals. Participants described subtle and explicit examples of feeling othered by their colleagues, supervisors, patients, and patients' families. Many such examples, such as the presumption that a Black woman is aggressive or that someone with Latinx or Asian heritage was born elsewhere, or objectifying women to lesbians and other queer women, have previously been reported in research (Davis, 2019; Nadal et al., 2016; Sue, 2010; Sue et al., 2007).

The insidious nature of microaggressions and some forms of discrimination is that it was sometimes difficult to prove that something problematic was said or took place. Participants described situations that left them uncomfortable, but they had been unable to convey to colleagues and supervisors why a particular statement or question was inappropriate. In deciding whether to name the microaggression, participants acknowledged not wanting to "make it a big deal" or said, "I don't feel comfortable to call him out." The challenge of calling out a vague yet inappropriate comment has been reported previously (Kay et al., 2022). Even when participants experienced overt discrimination, they often felt hesitant to report these experiences, citing fear of retaliation, job insecurity, and not wanting to "rock the boat."

When the choice was made to bring an issue to a supervisor, participants described a range of responses: some supervisors were actively supportive while others dismissed participants' concerns. Still others committed microaggressions as well. Supervisors making racial and LGBTQ-based microaggressions has been reported across a variety of disciplines (Galupo & Resnick, 2016; Snyder & Schwartz, 2019). Less is known about supervisor support in moderating the relationship between workplace discrimination and stress (Xu & Chopik, 2020).

As Davis (2019) noted, "[racial] microaggressions are only as real or as serious as White people allow them to be" (p. 134). This quote can be expanded to encompass other dominant groups. If child life is a largely homogeneous field, and one's colleagues and supervisors are primarily White (or some other dominant identity), specialists with marginalized identities may feel their concerns are diminished (another form of microaggression [Sue et al., 2007]) or that they cannot go to them for support.

The third research question was *what meaning have child life specialists constructed from these experiences?* While some participants used negative experiences in the workplace as motivation to prove themselves, others reported feeling discouraged and disillusioned at times. The experiences of microaggressions, othering, tokenism, and discrimination often differed based on the visibility of the identity held by the participant. Participants with more visible identities, like race and ethnicity, often did not have the privilege of deciding when and whether to disclose their marginalized identity.

Queer participants described being able to keep their marginalized identity to themselves. They therefore tended to experience microaggressions in the form of colleagues or patients talking about others who held a similar identity, rather than microaggressions directly addressing them. These participants also described the notion that they could protect themselves from discrimination by not disclosing their queer identity. The literature states that those with invisible identities tend to experience significant feelings of isolation in the workplace (Beatty & Kirby, 2006). The discrepancy between visible and invisible identities also applies to people with disabilities, as those with less visible disabilities experience different types of microaggressions than those with more visible disabilities (Olkin et al., 2019).

Limitations

While several marginalized identities are represented in this study, others are not, including people that are transgender, genderqueer, and non-binary. Additionally, several participants noted concern about colleagues or supervisors learning that these stories were being told. While the authors took great caution to remove identifying information, it suggests that there may be others who did not participate due to fear of employer retaliation. This is more a limitation of the system than the study but may be an instance of selection bias: people who participated felt safer telling their stories than those who did not. Additionally, many participants held multiple intersecting marginalized identities that contributed to the nuance of their experience within the field of child life. Due to the size and homogeneity of the child life profession and the need to protect confidentiality, intersectionality was not discussed at length, potentially simplifying the experiences of some participants.

Implications

Microaggressions and tokenism, often more subtle than outright discrimination, reinforce systemic inequality in the workplace (Resnick & Galupo, 2019; Woodhead et al., 2021). Many participants suggested that more diversity within the child life profession would improve their own experience in the workplace and potentially mitigate their experiences of microaggressions, othering, tokenism, and discrimination. Other health care fields have made significant efforts to increase their workforce diversity (LaVeist & Pierre, 2014; Phillips & Malone, 2014) that may be applied to the child life profession. However, as one participant noted about being a person of color in the field, "Along with that comes a lot of burden." As efforts are made to increase diversity in the child life workforce, it is paramount that hospital systems create safer environments to recruit and retain more diverse candidates and employees. This can be done in several ways, including trainings on microaggressions and discrimination; developing not only a diverse staff but also diverse committees and meetings; ensuring

(and reassessing) whether racial equity is part of the hospital's corporate strategy; and cultivating an atmosphere that respects employees' boundaries (Johnson, 2020). Additional action items include creating supervisor trainings about supporting staff members with marginalized identities in navigating experiences of microaggressions and discrimination and how their identity impacts their work. Furthermore, supervisors and academic advisors may benefit from training about how to provide practical information to child life students and specialists about the challenges of entering a homogeneous field without discouraging those individuals.

Further research is needed to better understand the experiences of child life specialists and students with marginalized identities and how to better support and retain them. The eligibility criteria of this present exploratory study were broad. Studies that concentrate on specific identities and how to best support them within the child life profession are recommended.

Conclusion

Since the child life field is largely homogeneous, it is necessary to explore what it is like to work in this field with a marginalized identity. This study's participants described a range of problematic and harmful interactions with colleagues, supervisors, and patients' families. To not only retain but also support child life specialists, a vital part of the pediatric health care system, it is crucial that hospital administrators educate staff and enact policies and procedures that protect those with marginalized identities.

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