

## Research Article

# Navigating the Tide: Health Science Student and Faculty of Color Academic Experiences

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### ABSTRACT

**Background:** Occupational Therapy as a profession must diversify its workforce to meet the needs of a diverse population. The recruitment and retention of students of color or racial minorities is necessary for a racially diverse workforce. Faculty of color mentors is integral for the retention and success of students of color. This research explored the lived experiences of a recent graduate of color and a faculty of color in a mentoring relationship.

**Method:** Semi-structured interviews were developed to gain insight into the assets, challenges, and environment of the mentee and mentor of color. A phenomenological approach was utilized with a convenience sample of two participants from a health science university in the United States of America. The data was analyzed using the Kawa model as a lens.

**Results:** Four common themes arose from the interviews: (a) racial, cultural, and class backgrounds were strengths, (b) sympathetic supports needed for validation, (c) lack of representation were barriers, and (d) predominantly white institutions may not be inclusive and may also contribute to the maintenance of health disparities.

**Discussion:** The findings of this study focus on the need for quality mentorship, spaces and opportunities to dialogue about race and racism, and institutional structural support for the recruitment, retention, and success of both students and faculty of color in academia.

**Keywords:** Afro Latina; Alumna; Alumni; Mentoring; Non-dominant; People of color

### Introduction

In order to serve a diverse community according to the American Occupational Therapy Association (AOTA) [1], occupational therapy as a profession must prepare its workforce to improve “health, well-being, and quality of life for all people, populations, and communities” [2]. As of 2015, occupational therapy practitioners who identify as people of color or racial minorities number approximately 14% of the profession as a whole in the United States [3]. In California, the state has a “majority-minority” population which makes the case for culturally responsive care even more compelling [4]. The health science university is positioned well to diversify the healthcare practitioner workforce. Statistics have shown health providers of color tend to be committed to serve communities from which they come [5]. Therefore, it is essential that students of color are recruited and retained. Having mentors of color can be integral for the retention and success of mentees of color.

The graduate student experience is fraught with anxiety and stress for most-graduate students of color face additional layers of challenges as discussed by Brunσμα et al. [6]. Having a good mentor can alleviate some of the challenges graduate students encounter; however, some mentors may be reluctant to address race or racism with their mentees. Having a mentor of color can provide an island of refuge for a student of color. Unfortunately, the retention of faculty of color in health sciences is also difficult given the barriers, which impede the academic path for women faculty of color according to Hamilton and Haozous [7]. This research is a case study of a graduate health science student and faculty of color and the student is currently an alumna of the health science university. This study sought to explore the lived experience of a health science student and faculty of color in a

mentoring relationship.

As far back as 1974, underrepresented minorities in sociology were supported to begin a predoctoral program [6]. Quality mentoring has been shown to be a significant factor of successful graduate students as stated by Banister, Bowen-Brady, and Winfrey [8]. Qualities rather than a specific skill set what is necessary for good mentoring [6]. The clarity of the data is evident regarding underrepresented racial minority (URM) students in academia not being recipients of quality mentorship compared to white students according to Maton et al. [6,9]. Students of color reach out to faculty of color who they believe share similar life experiences [10]. Paying it forward, health science graduate students become mentors to empower high school students of color to view success stories from their own communities to enter the health professions as discussed by Ching [11]. In conclusion, structural graduate mentoring supports for graduate students must be in place to graduate successful students [6,12].

Some students are perceived to have Science, Technology, Engineering, Math (STEM) success. Because health science students need to be strong in the math and science coursework [STEM+H(Health)], the Williams, et al. [13] research study of five different trials on racial phenotypes research design is applicable to how students of color may be perceived. Racial phenotypes or how one’s appearance is viewed as typical of one’s racial group with respect to Asian Americans and African Americans specifically with white students used for comparative purposes in STEM success. For those who were perceived to be more stereotypically East Asian, raters perceived them as stronger in Science and Mathematics as opposed to those within Asian groups who were not seen as stereotypically

East Asian. For African Americans, those who appeared more stereotypically African American based on physical appearance of skin color, etc., raters scored them as having poor Science and Mathematics propensity. White students were perceived to have a good ability for STEM. Within group differences need more attention rather than a one-size-fits-all response to target inclusion of students of color in STEM or STEM+H.

According to Murray-García, et al. [14] the focus of multicultural education for health professionals has often been on increasing cultural knowledge of the practitioners by extracting information from patients rather than on the crucial concept of the health professional being skilled at having a dialogue about race and racism. The skilled dialogue on race and racism is integral to contributing to the health and wellness of the patient along with the development of a health care professional [15]. The evidence from social psychology includes implicit bias, explicit bias, and aversive racism as key concepts to recognizing how to reduce health disparities.

Not only must practitioners be able to have a dialogue on race and racism, as there must faculty of color in health sciences to make those contributions in education and research to foster that practice. Hamilton and Haozous [7] published a systematic review of 25 nursing articles regarding retention and promotion of Faculty of Color (FOC) in Schools of Nursing (SON). The contributions of FOC are numerous including educators and researchers who understand and reflect the students and communities they serve. FOC leave their academic posts for numerous reasons with the primary reason being that they earn lower academic salaries than higher clinical salaries when they are employed as practitioners or administrators. Unwelcoming workplaces and the prevalence of promoting white faculty over FOC were other rationale for FOC attrition. Furthermore, FOC experience isolation, lack of mentors, and hardships borne out of charged workplace situations involving race [7]. In addition, FOC are often overburdened with community service and student issues as opposed to scholastic endeavors as stated by Hassouneh and Lutz [16]. Qualities mentoring as well as creating inclusive environments are a few of the remedies for retention of FOC. FOC need to initiate attaining formal and informal mentors as well as developing underrepresented students for the nursing pipeline to inspire alumni to enter academia in order to have a nursing professor pipeline.

Building one's own community as a FOC proved instrumental in the use of a "duoethnography" by Monzo and SooHoo [17] as a way to capture non-dominant voices in academia, specifically faculty women of color (p. 155). One professor identified as a Latina and the other as an Asian American. The first author was a junior faculty while the other professor was tenured; thus, the first author was utilizing the publication strategically as part of her scholarship to attain tenure. Both supported each other through "allyship" [17] and by creating opportunities and spaces through dialogue on critical race theory to overcome obstacles at primarily white institutions (PWI) of academia as discussed

by Turner and Gonzalez [18].

The brief literature review illuminated some similar challenges that both students and faculty of color endure. Feelings of isolation, lack of quality mentoring, and implicit bias at primarily white institutions of academia were some of the obstacles. Strategies to alleviate some of the stressors include identifying formal and informal mentors, finding spaces and opportunities to dialogue with critical race theory, and institutional structural support for the recruitment and retention of both students and faculty of color.

## Method

This research study obtained ethical approval from the Institutional Review Board at the health science university prior to the start of this project. This study used a phenomenological approach utilizing semi-structured interviews [19]. The convenience sample of two participants was taken from a health science university in the United States.

### Study design

This study involves the mentoring relationship between an occupational therapy faculty of color and an occupational therapy [former] student of color interviewing each other. The mentoring relationship has continued after the student graduated in 2017 and is employed full-time as an occupational therapist. The alumna expressed interest in collaborating with the principal investigator, and the principal investigator suggested writing about mutual experiences of the mentor and mentee roles. The faculty member developed five questions to ask the alumna; the alumna developed five questions to ask the faculty member. The two interviews will be utilized to highlight building resilience in both parties. This is a phenomenological qualitative study of a mentoring relationship between a health science faculty of color and a health science graduate student of color [19-22].

The study is descriptive and non-experimental. The authors want to explore the lived experiences of a graduate health science student [former] and faculty of color. What resources help build resilience for success in academia and beyond?

### Participants

The study gathered the responses of the five interview questions which the faculty member and the alumna asked each other, respectively. The sample size was two participants (**Table 1**).

Participants were the mentor and mentee who planned to document their experiences in spring and summer 2019. The principal and co-investigator voluntarily agreed to be subjects.

### Data collection

Participants were asked to develop five questions to ask each other regarding their respective relationships as mentor and mentee (**Table 2**). The semi-structured questions are listed

**Table 1:** Demographics.

Participant	Setting	Years of Practice	Race/Ethnicity	Gender
Participant 1	Outpatient	2	Afro Latina	Female
Participant 2	Higher Education	34	Asian American	Female

**Table 2:** Semi-Structured Interview Questions.

<b>Faculty to Student:</b>
1 What is difficult about being a graduate health science student of color?
2 What do you want others to know about you and your personal story?
3 What do you never want to see or witness again from your journey as a student of color?
4 What issues are unique to being a student of color in a health science university?
5 What resources provided support for your academic career?
<b>Student to Faculty:</b>
1 Do you feel obligated to reach out to students (as a mentor), or do you prefer to be approached by students seeking support?
2 How do you feel taking on the role of mentor? (Does it feel like work or pleasure?)
3 What qualities do you feel individuals in academia should have to be a useful mentor to students of color?
4 Do you feel faculty should be expected to take on “mentor” roles?
5 How do you best support students with navigating racial inequalities/discrimination during their academic career (graduate program)?

as the questions were unique to each role and were not the same. Meeting for agreement on the questions was 30 minutes. Interview responses were written on a document which was shared after the literature review was completed (**Table 3**). There were no physical risks and few psychological risks to the participants of this study other than minor frustration with the task. A potential risk to participants was increased anxiety should they inadvertently offend a reader of the manuscript. Each of the two participants encouraged each other to keep reflective journals in order for each of them to have a record if any uncomfortable feelings arose from their participation in viewing data on themselves. The two participants from this research group benefit from reflecting on their respective academic and career pathways which may inspire others. The potential benefit to society is graduates of health science programs, especially occupational therapy, being more prepared to serve diverse communities due to exposure to culturally responsive mentoring prior to their internships. The health science university is positioned well to diversify the healthcare practitioner workforce. In addition, a diverse workforce improves health outcomes for people of color [5]. Culturally responsive care aids in reducing health disparities.

The potential risks to participants in this study are considered to be very low. The faculty member has had a mentoring relationship with the alumna since 2016 and has found her to see challenges as growth experiences. The potential benefit of fostering resilience in graduate health science faculty and students by having the alumna and faculty tell their stories is an opportunity for program improvement and empowerment.

**Data analysis**

After collecting the two interviews, the researchers noted common themes using the Kawa Model and Framework according to Iwama, et al. [23] which is international in scope with its use of imagery. The “*Kawa*” or River Model and Framework describe the metaphor of the flow of water as a life force in a naturalistic setting. “Personal assets and liabilities” are represented by the metaphor of driftwood; “life circumstances and problems” are the rocks [23]. The environment is the river walls and floor according to this model.

**Results**

Four themes emerged from comparing the mentee and mentor interviews (**Table 4**). The four major themes were

following: (a) racial, cultural, and class backgrounds were considered strengths, (b) sympathetic supports in the form of a psychologist, family, culture sharing, and representation in literature and conferences are integral to validation of self, (c) lack of representation, role models, and mentors are barriers to success in the academy, and (d) predominantly white institutions (PWI) which are the majority of health science schools in the U.S., are not always inclusive or diverse, and maintain the hierarchical structures that may contribute to health disparities.

**Discussion**

The environment for students and faculty of color in predominantly white institutions (PWI) may not be inclusive or diverse. Attaining flow in health science career choices comes up against the challenges or rocks of lacking mentors and resources especially if the student is the first one in the family to attend college. The driftwood or personal assets and liabilities would be the economically poor but culturally rich low income areas that experience health disparities but that personal health experience might also provide remedies to achieve health equity. Structural programming to mentor students of color and offering release time for faculty of color would be another piece of driftwood floating to help break up the rocks impeding the way to a potential occupational therapy practitioner serving diverse communities.

There is a dire need for the occupational therapy profession to recruit, retain, and graduate entry-level occupational therapy practitioners of color to serve our diverse communities [24]. Racially and ethnically diverse practitioners are needed to serve our diverse communities of color. However, the diversity of the population in the U.S. is outpacing diversity efforts in the health science workforce [4]. Recent efforts by AOTA [25] to recruit more students of color to the profession have been heartening. As was echoed in the literature review and both student and faculty of color interviews, feelings of isolation, lack of quality mentoring, and implicit bias at PWI are some of the obstacles that follow after the initial recruitment of student and faculty of color. Therefore, for the retention and success of both students and faculty of color, identifying mentors, finding spaces and providing opportunities to dialogue about race and racism, and institutional structural support for the retention of both students and faculty of color are necessary for the success of both groups.

**Limitations**

This study had some limitations. The major limitation was

**Table 3:** Semi-Structured Interview Questions and Answers.

<b>Faculty to Student:</b>	
1. What is difficult about being a graduate health science student of color?	What I found to be most difficult was navigating my Impostor Syndrome [20], which I did not know was a thing until after my first semester as a graduate student. Internally I felt less than my peers intellectually. I did not discuss this with others for fear that they would not understand and/or play down what I experienced as my reality. It affected my mental health and as a result, frequently struggled with anxiety and panic attacks.
2. What do you want others to know about you and your personal story?	What I want others to know about my story is that although it's not easy to overcome obstacles that seem like a barrier without intent, is that it is possible. Being of mixed heritage, I constantly struggled with my ethnic identity growing up. I was raised by my Salvadorean mother in the Salvadorean culture, however, because I was of mixed race, I also looked African American whereas my siblings did not. Growing up I did not feel Latina enough for the "Latinos", nor did I feel "black" enough. This struggle played out into adulthood where I finally discovered the term "Afro Latina" and began the process of self-acceptance. Not knowing where I fit into society and race set me up to constantly question my place as a first-generation college student. The pressure to succeed and live out the "American Dream" that many migrant parents fight so hard for and the societal norms of America made me feel like I had to work twice as hard. The mental pressure to succeed was overbearing at times, but the will to make something of myself and for my family was even stronger. My cultural and ethnic background added so much value and character to who I am today and it is because of those struggles, that I appreciate my journey even more.
3. What do you never want to see or witness again from your journey as a student of color?	It's hard to think of something never happening again, but if I could I would say I would hope to never witness microaggressions [21] from peers, faculty, and/or students from other programs on campus. These microaggressions have potential to create strains within peer or faculty relationships which can make it challenging for students of color to open up or feel supported.
4. What issues are unique to being a student of color in a health science university?	I think being a student of color in a health science university is an issue unique in itself because we tend to be underrepresented. There also seems to be an underrepresentation of faculty in academia of color, and as a student of color, this can be challenging when you don't see yourself reflected in the profession you are studying for. The literature on history and pioneers of the profession do not always highlight individuals who reflect us as well.
5. What resources provided support for your academic career?	Our university had support programs in place to provide assistance for various needs, one being mental health. One resource I utilized was the university psychologist on campus. I felt it was important to have conversations with someone outside of my program to help provide me with unbiased support and opinions. On the other hand, having a mentor to provide an insider perspective was very helpful so I would frequently reach out to professors who I felt provided a safe space for me to articulate my concerns. Without those resources, I know my journey would have been more challenging.
<b>Student to Faculty:</b>	
1. Do you feel obligated to reach out to students (as a mentor), or do you prefer to be approached by students seeking support?	Here is how I have done it in the past. I codeswitch in order for students of color to know that I am approachable. It is up to them to seek me out. I identify as a third-generation Korean and Chinese American, and I grew up in one of the most racially diverse areas of the U.S. [22]; that is, approximately 25 percent of Vallejo, California, is equally divided amongst African American, Asian American, Latinex, and white populations. I grew up in a low-income, predominantly black neighborhood, and through marriage, half of my family is Mexican American. I feel grateful to be able to travel with my son and husband to Laredo, Texas, twice a year to visit my husband's side of the family at the Texas-Mexico border. When I say, "codeswitch," I mean that there is usually something in my background that historically underrepresented groups (HUGs) at my university can find in common with me if they so desire.
2. How do you feel about taking on the role of a mentor? (Does it feel like work or pleasure?)	"It is a necessary good." When I speak about the need for clinical documentation, I must admit that I remarked that "Documentation is a necessary evil." In other words, I truly believe it is an honor and privilege to mentor; however, the work part comes in because I do not necessarily have release time allotted to do the type of mentoring which mentees derive the most from which is hands-on and spending quality time in activities rather than only advising time in an office.
3. What qualities do you feel individuals in academia should have to be a useful mentor to students of color?	Authenticity is foremost and that means being candid yet professional about one's experience, knowledge, and blindspots. Being a good listener is so important for all mentees; however, for students of color, acknowledging one's truth is integral to building trust and rapport. As I mentioned before, I grew up in the working-class, one-industry, Naval Shipyard town of Vallejo, California, with having a fairly accurate radar for what we would say were people being "fake" or trying too hard to appear a certain way. My understanding is now people name the same phenomena of inauthenticity as someone "trying to do too much." Useful mentors in academia must know that a way of avoiding "doing too much" is by being conscious of one's own limitations and boundaries.
4. Do you feel faculty should be expected to take on "mentor" roles?	Yes, as faculty, we are judged in three areas: teaching, service, and scholarship. Being a mentor definitely is part of service by giving back to our communities of color or communities of learners. Furthermore, being a mentor can be integral to teaching by mentoring students of color to come back and teach and by creating that pipeline to academia. Being a mentor in research is creating that scholarly pipeline which I wish I had as a young health provider. I have purchased books to learn how to navigate academia as I never had an academic mentor until more recently.

5. How do you best support students with navigating racial inequalities/discrimination during their academic career (graduate program)?

Excellent question and the most challenging in which to engage. Three strategies come to mind: providing a reality check; becoming a supporting bridge; being a role-model as an academic with navigating racial inequalities/discrimination. For me as a faculty of color, using the arts to heal is integral to making myself whole again when I am overwhelmed by the inequitable structures of racism in the dual hierarchies of the academy and of health institutions. I say that being in a health science university is what I term “Hierarchy squared” with full professors being at the top in the academy and medical doctors being at the top in medicine. As an assistant professor woman of color in a health science university, I am situated at the lower end of the academic and medical spectrum. Since health science graduate students of color are situated in a non-dominant position also, I encourage them to use their support systems to help keep a holistic perspective on the trying times of being a student. Culture sharing provides for wellness in the face of adversity—culture can cure and provides structures for navigating the tide of unruly waves or obstacles to meeting our goals toward our destination. In the past, a friend asked if I was still writing poetry, and I, truthfully answered, “No, all I write now are multiple choice questions.” Creative writing is an outlet for me, so I am happy to report that I performed spoken word in the talent showcase of the National Conference on Race and Ethnicity in Higher Education (NCORE) for 2019. Using art, culture, and dance are part of the resilience people of color have in our collective consciousness to combat oppression.

**Table 4:** Refined Themes using the Kawa Model.

Kawa Model (River Model with flow of life imagery)	Mentee	Mentor
Driftwood (Personal Assets and Liabilities)	<ul style="list-style-type: none"> <li>Cultural and ethnic background</li> <li>Psychologist on campus</li> <li>Sympathetic faculty</li> <li>Self-acceptance</li> </ul>	<ul style="list-style-type: none"> <li>Racial and class background</li> <li>Family supports</li> <li>Culture sharing and the Arts</li> <li>Literature and conferences on Race and Ethnicity</li> </ul>
Rocks (Life Circumstances and Problems)	<ul style="list-style-type: none"> <li>Imposter Syndrome with accompanying anxiety and panic attacks</li> <li>Microaggressions from students and faculty</li> <li>Underrepresentation of people of color on health science campus and in the history of the professions, specifically occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>Non-dominant position as an assistant professor woman of color in both academic and health institutions</li> <li>Low academic rank with no release time to provide inclusive excellence to retain students of color</li> <li>Lack of access to mentors or mentoring</li> </ul>
Environment (River Walls and Floors)	<ul style="list-style-type: none"> <li>Predominantly white institutions (PWI) may not always be inclusive of students of color</li> <li>Strained relationships with peers and faculty</li> </ul>	<ul style="list-style-type: none"> <li>Hierarchical structures of the academy and health not always inclusive of faculty of color</li> <li>Systemic racism pervasive resulting in health disparities</li> </ul>

the small sample size. The primary investigator sought an authentic and intimate depiction of a student of color’s lived experience without the student perceiving that there might be retribution in regards to grading, recommendation, or other general support from faculty. Thus, the primary investigator believed that a recent graduate might be more inclined to discuss issues that would require more sensitivity as the alumna had already successfully graduated from the program and was gainfully employed. Another limitation is that both participants identify as women; that is, no participants who identify as men or participants who identify as non-binary were included in this study. This qualitative research study provides insights into an academic mentoring relationship between a mentee who identifies as Afro Latina and a mentor who identifies as Asian American. Future research with the inclusion of a larger sample size is needed.

**Conclusion**

In this qualitative study consisting of duo interviews served as the lived experience of a health science student and faculty of color in a mentoring relationship. The interviews were a case study between a mentee and mentor with a conversational tone as the study participants have known one another since 2016.

There have been calls to action to diversify the profession of occupational therapy. In addition to recruitment, the retention

and success of students of color in occupational therapy requires access to quality mentoring, structural supports like counseling, and role models and representation in the profession.

In order for faculty of color to be retained and successful in academia, quality mentoring, structural supports like release time, and role models and representation for promotion in academia is necessary. Recent efforts by AOTA demonstrate that occupational therapy is on the precipice of making powerful waves to diversity our workforce. Structural supports and resources are integral to ensure the success of both students and faculty of color who are on the front lines of visioning health equity for all.

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**Conflict of Interest Statement**

The authors declare that we have no conflicts of interest. The manuscript has been read and approved by all the authors; the requirements for authorship as stated in the “Author Guidelines” have been met. Each author believes that the manuscript represents honest work.

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