 

Review Article

# Microaggressions of Caregiver Employees: What has Social Work Got to Do with It?

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## ABSTRACT

The aging demographics have intensified the demands on caregiver-employees, defined as individuals who are engaged in both paid employment and unpaid care labour. Many of these caregiver-employees are visible minority immigrants working in Canada's small and medium sized town and rural regions that are now experiencing increased migration from visible minority populations. This paper presents limited findings on microaggressions and racism from a larger study that examined the employment experiences of immigrant/refugee caregiver-employees working in the health sector. The study utilized qualitative interviews of thirteen women to capture the experiences of participants in a medium-sized region made up of both urban and rural areas in southern Ontario with a population approximately 237,339. Intersectionality and constructivist grounded theory provided the theoretical and analytical framework for the study. Participants' narratives capture multiple experiences of overt and aversive racism as their everyday reality; however, they continued to work amidst difficult and discriminatory work conditions as they needed their job to support their family in Canada and in their country of origin. Study findings highlight the urgency of social workers to take an active role in combating racism through anti-racist organizing and diversity training.

**Keywords:** Social work; Caregivers; Ethnic minorities; Racism; Rural social work; Qualitative microaggressions

**What is known?**

- Microaggressions negatively impacts health of individuals
- Microaggressions experiences in large cities are studied
- Microaggresions are complex

**What the paper adds?**

It contributes to following areas:

- Microaggressions and social work
- Experiences of individuals experiencing microaggressions outside large urban centres
- Intersectionality theory and microaggressions

## Introduction

First coined by Pierce, MD, in the 1970s, a growing literature on racial microaggressions has contributed to an understanding of its detrimental health effects on persons who are subject to this form of aversive racism[1]. In this paper we adapt Sue et al.'s (2007) definition on microaggressions to refer to them as everyday intentional or unintentional verbal and/or behavioural humiliations resulting from hostile, derogatory, or negative racial insults toward people of color (p. 271)[2]. We suggest that even in democratic and multiculturalism countries like Canada, microaggressions are a form of aversive racism as they are often discreet, subtle and rationalized by the perpetrator. In recent years, evidence in scholarly literature has highlighted the detrimental impact of microaggressions on racial and ethnic minorities' psychological (mental or emotional) selves[3,4] and self-esteem[2]. Unlike overt racism, the complex, invisible, and subtle nature of microaggressions make them problematic for the perpetrator and victim[3]. For example, the question *Where are you from?* appears harmless. [2]Sue et al. (2007) include the above-mentioned question, *Where are you from?* in their list of racial microaggressions. It is possible that the questioner is genuinely interested in knowing about the individual's country of origin. But another person may be using this question to denigrate and other the responder. An ethnic minority participant in Sethi's (2014) study was asked where she was from when applying for a family physician[5]. Even though the physician was accepting patients, the participant interpreted that the denial of service resulted from her response that she was from Africa, particularly since her white colleague who applied for the same doctor at the same time was accepted. This author argues that conceptualizing racial oppression in a democratic, multi-cultural, and multi-ethnic Canadian society is not an easy task. Similarly Huynh (2012) notes: "Ethnic microaggressions are a form of everyday, interpersonal discrimination that are ambiguous

and difficult to recognize as discrimination"(p. 831).

While recent literature on microaggressions has made great contributions in education and counselling, little is known about microaggressions in the context of caregiving work and social work. In the light of growing demands for both informal and formal caregiving due to aging population, such an examination would allow us to understand experiences that are specific to caregivers and inform the design of appropriate interventions. With informal/family caregivers in Canada providing an estimated $25 to $26 billion of unpaid work, the Canadian healthcare system relies on informal/family caregiving to support an aging population. Getz (2012) sheds light on the heavy burdens on today's family caregivers, including: lack of respite care and; meeting monthly financial needs[7,8]. Other scholarship suggests that that there are numerous personal costs, such as negative consequences to the caregiver's physical and mental health. The health burdens of caregiving may be higher for those with added burden of paid employment[9,10]. In study with home care workers in Taiwan, those with dual careers, that is, working simultaneously in paid home care and providing informal care to their family members, had lower scores of overall quality of life and physical health[11]. In a recent quantitative study that examined microaggressions experienced by Latinos, Nadal et al.[12] found that female participants experienced more microaggressions in the workplace or school settings as compared to male participants. The majority of Caregiver-Employees (CEs)-defined as family members and other significant people who provide unpaid care and assistance to individuals living with debilitating physical, mental or cognitive conditions, while also working in paid employment[13]--are women, and their participation in the workforce provides both social and financial support to their unpaid caregiving role. Further, women seem to suffer more from the negative health consequences of caregiving than men[14]. This may be because the majority of informal caregiving is done by women, as they are considered better nurtures than men. Moreover, the caregiving women do is more "hands-on" physical care (such as bathing the care recipient), unlike men who tend to run errands or help with the financial needs of the care recipient[15].

Understanding the coping mechanism of racial minority caregivers would be useful to design interventions that are culturally competent and culturally sensitive. However, very few studies have explored the coping mechanism that has included culture as one of the variable of investigation (with the exception of Hernandez et al.[4]). These authors stressed the importance of mentoring health professionals of colour to help them navigate the professional terrain. It is equally important to mentor white health care professionals to help them provide culturally responsive services to ethnocultural older adults.

*Why should social work care about immigrant CE's?*

Social work is grounded in social justice epistemology. The Canadian Association of Social Workers[31]' [CASW)] second code of ethics, 'Pursuit of Social Justice', demands that social workers "advocate for equal treatment and protection under the law and challenge injustices, especially injustices that affect the vulnerable and disadvantaged" (2005, p. 5). Given the deleterious caregiver outcomes and negative outcomes of microaggressions, literature is needed to unmask microaggressions experienced by a particular group such as immigrant CEs. Social workers must make efforts to better understand the needs and experiences of visible minority care workers employed in the health care sector, as these individuals are responsible for professional and competent caregiving to others. Given social workers' endeavour to create an equitable society and provide culturally responsive services to the growing immigrant/refugee population, they are well placed to advance caregiving literature. The increasing demand for family caregiving and the heavy burden that family caregivers carry has alerted social workers, to develop best practices that would equip their staff to provide timely and culturally responsive service to support family caregivers. The Council on Social Work Education (CSWE) (http://www.cswe.org) in the United States, for example, responded to the urgency of training its members in gerontology social work so that they have the necessary knowledge and skills to effectively advocate for and support family caregivers by developing the *Advanced Gero Social Work Practice Guide* (2009) guide (see http://www.cswe.org/File.aspx?id=25501). This guide is intended to help social workers gain knowledge about aging from a generalist practice, be able to practice advanced gerontological social work and expand their "awareness of the skills, knowledge, values, methods, and sensitivity needed to work effectively with family caregivers" (National Association of Social Workers (NASW), p. 8).

The development of the *Advanced Gero Social Work Practice Guide* is a positive step in supporting family caregivers. Nevertheless, despite the profession's long-term work commitment to enhance the well-being of marginalized populations, such as immigrants/refugees, social work literature related to immigrants and refugees is lacking. Currently, immigrants represent 20.6% of the total Canadian population, the highest proportion among the G8 countries. Further, is expected that by 2017 one in every five people in Canada will be a visible minority (19.1% of the total Canadian population)[16]. Additionally, there is a wide gap with respect to understanding the employment situation of specific populations, such as immigrant/refugee caregiver-employees (CE's), in the context of their experience with microaggressions.

## Study Background

This paper is part of a larger study that examined the experiences of thirteen (n=13) female immigrant caregiver-employees (CE's) working in the health sector in a medium-sized region made up of urban and rural communities, in Ontario, Canada. As noted earlier, Caregiver-employees are defined as family members and other significant people who provide unpaid care and assistance to individuals living

with debilitating physical, mental or cognitive conditions, while also working in paid employment[13]. Current evidence which illustrates the health benefits and cost-effectiveness of caregiver-friendly workplace policies (CFWPs) is needed if employers are to adopt and integrate CFWPs into their employment practices[13]. Consequently, the authors also interviewed twenty (n=20) managers working in the health care sector in the same region in Ontario, Canada, in order to explore their understandings of workplace policies that can assist CE's to manage their work and caregiving experiences. This paper reports limited findings on immigrant CE's experiences of racism and/or micro aggressions.

## Methodological and Theoretical Framework

This study was conducted in a medium-sized region made up of both urban and rural areas in southern Ontario and is now experiencing increased migration from visible minority populations. Immigrants represent 12% of this community's total population of approximately 237,339. In the last decade that there has been an increased migration to this region from the non-white populations[17,18].

This study used maximum variation purposive sampling to recruit participants (female=13) characterized as immigrant/refugee CEs from diverse backgrounds (immigrant/refugee group, educational, socio-economic, religious, etc.). The category of analysis was all female. Key informants from diverse ethno-cultural groups, such as religious leaders, assisted in recruiting immigrant/refugee CEs. Recruitment fliers were posted in laundromats, ethnic stores, grocery stores and other such places frequented by visible minority immigrant/refugee CEs. Additionally, research information was e-mailed to local community agencies, hospitals, and nursing homes. Every effort was made to recruit male participants by following the above stated recruitment strategies; however, it was very challenging to find male immigrants that fit the inclusion criteria for this study being (1) an immigrant or refugee, (2) working in a health care related field and (3) providing informal care. This may be due to the issue of self-identification and due to the small number.

Qualitative design was used to elicit required data. This method allowed the researcher to access participants' unique perspectives and complex multiple lived realities[19,20]. Face-to-face conversational style interviews were conducted with the participants using a semi-structure interview guide with open-ended questions. Participants were asked to pick their choice of interview location (their home, library, coffee shop, etc.) to help them feel safe and comfortable with their social environment. The interviews lasted between 45 to 90 min. All interviews were digitally recorded and transcribed verbatim. Grounded Theory as described by Charmaz[21] and Cole[22], was used to develop initial codes, focus codes and preliminary themes. Intersectional theory as described by Cole[22] was used to develop final themes and reveal the simultaneous intersections of social categories, such as race, class, gender, immigrant status, age, etc. within the participants' narratives. The participants selected their pseudo names for the study to maintain confidentiality.

"Ethical approval for this project was given by (McMaster University Research Ethics Board, Hamilton, Ontario, Canada) [(Project No 2014 120)]."

## Research findings

### Participants

Thirteen immigrant CEs participated in the larger study that examined the employment experiences of immigrant CEs working in local health care sectors. Of these, three were European immigrants and ten were visible minorities representing diverse countries of origin: Zimbabwe, Serbia, Portugal, India, Philippines, Singapore, Jamaica, England, Yugoslavia, and Puerto Rico. Similarly, there was great diversity in their mother tongue. They spoke a variety of languages in addition to English: Shona, Serbian, Cavacano, Portuguese, Spanish, and Punjabi. With regards to their ages, four (n=4) were aged 35-44; six (n=6) were aged 45-54 and three (n=3) were aged 55-64. With respect to immigration status, ten were Canadian citizens (n=10); 2 were Landed Immigrants or Permanent Residents (n=2) and one had a Work Visa (n=1). One participant was a newcomer to Canada (having lived in Canada for less than five years); five resided in Canada for 10-15 years (n=5), and the remaining seven had been living in Canada for over 15 years (n=7). Most participants (n=8) were married and five were divorced or separated. The three European participants and one minority participant who reported mixed ethnic origins and who had grown up in England did not report any incident of racism or microaggressions.

### Major themes

The following three main themes related to microaggressions were developed from *nine visible minority participants' narratives* – (1) Labour Market Microaggression, (2) Workplace Microaggressions, and (3) Response to Microaggressions. These themes are discussed below.

**Theme one: Labour market microaggressions:** The visible minority participants who were older than 50 years of age highlighted the subtle discrimination due to their age. Carmen states:

I've a personal feeling that more attention is focused on the younger workers that are going to be able to be developed and brought along maybe than some of the older workers. It's almost like, you're 55 so you must want to retire soon and it's so subtle…They want you to leave. I've, on more than one occasion I had to say "No I have between 10 and 12 more years of work I'm going to need to do.

'Janavi worked as a Human Resource (HR) specialist in Singapore. Post migration she struggled to find work as her HR certificate was not recognized in Canada. Even after obtaining HR certification in Canada she experiences

discrimination based on the intersecting social categories of race, immigrant status and gender:

"Because, we are immigrants, I think employers tend to ignore or abuse employment policies when it comes to immigrant employees. It's surprising, because with all the laws and legislation and everything in place, you can still see biases by employers. Outright blatant biases, gender, culture, so many biases, wage discrimination, there is no equitable process".

Tonderai was marginalized at the intersection of age, immigrant status and race:

"At my age you know it is hard to find job. I try so many jobs but I cannot find job. Back home I was the assistant to the executive director. But now I can only do this job to provide bathing, cleaning to white old people. But the white people, that are old they do not like Black people".

Women's experiences of microaggressions did not end in the labour market. It continued in their workplaces.

**Theme two: Workplace microaggressions:** This theme represents the microaggressions expressed by managers, coworkers, and or clients at the participant's workplace. Nine out of eleven visible minority participants noted that they experienced either overt and/or aversive racism at their current or past work due to their race and/or immigrant status, or the intersection of race and immigrant status from their coworkers, clients and/or managers. Ena describes her experience of microaggression:

Yeah, so sometimes, at least for me, when I'm experiencing racism, I can feel it in the body. I cannot really pin point what it is...You can look at the person, how they look at you, how they talk to you, and you feel it. Nobody's saying I'm doing it because you're brown or black or a visible minority, but you know it, right? You know it in your gut.

Similarly, in Dealers' quote below, it is clear that she is unsure of why none of her coworkers would not speak to her:

I remember when I just started, because I used to greet people. That's how I grew up doing – greeting people. And here, I found people; they were not greeting me and not talking to me. And when you go in the break table to have your lunch and no one is having a conversation with you, but now I think people know as they get used to you, they start to talk to you. I'm not sure what that was…I cannot… Because some of them, I think it's that they are not used to talking to people, like immigrants or anything to open up to any other kind of people or something.

Even though participants sometimes were unsure that what they had experienced was indeed racism, they were clear that their experiences at work were different than their white immigrant counterparts. Below, Ena highlights this issue of white and black bodies:

I think we struggle a lot compared to white immigrants when it comes to colour or darker skin. And I don't see the reason why. We're all the same. Just the colour of our skin, the pigmentation of our skin. Another thing…they think, okay, well, that person is coming. They are a dark-skinned person, I have got to move my purse, I have got to move my bag.

In a similar vein, Tonderai's experiences suggest that she is 'Othered' by her coworkers due to her black skin; some of her coworkers were white immigrants:

My coworkers and managers...they are mostly white. Even some of them have come to Canada long, long time ago. I remember one white worker saying, 'Oh, you are immigrant. You are from Africa…there are very poor people. You all live in a bamboo houses...' And she is an immigrant herself.

It was not just the coworkers but even her manager who victimized her. One morning, following the nursing home rules, Tonderai was washing her hands when she experienced the following situation:

One of my bosses said 'your colour when you wash your hand, your colour will not change no matter if you wash for more than 2 min, how many times you wash your hands your colour will remain the same'…I felt so bad. And she laughed. And the other girls were there and they were laughing also. I felt like I was nothing. I was crying because I was humiliated. My coworkers were laughing. She was laughing.

As minority black immigrants in white nursing or retirement homes, participants had to endure overt racism or were victims of racial microaggression from the older clients who were all white. Here Susan describes her experience with a client:

At the time, because she just had a stroke. Yeah. And that lady, she never, never, never wanted black people. She would tell it to your face: 'I don't like black people.' And I would tell her that 'it is not my colour who takes care of you, it's not my colour who will take care of you.'

Susan was constantly afraid that she may lose her job if a client complained just because the individual did not like her due to her race and immigrant status, "…the client can ruin your certificate. The client can ruin your certificate. You can deal with the colleagues even if it is more stressful but the client can ruin your certificate if they don't like because you are Black immigrant." When asked how such experiences impacted her she replied, "I feel bad because to me, I am seen as a black person but black person or white person there is no difference."

**Theme 3: Responses to microaggressions**

Participants agreed that the experience of racism/ microaggressions made it difficult to work. Susan volunteered for night shifts as she did not have to deal much with the clients but she constantly feared going to work and wondering who she would be working with:

Even at work, because you accumulate stress at work and you accumulate stress at home. It is more difficult because when you are waking up and going to work at night, night is

better with the clients, not the coworkers. You think, 'Who I will be with?' you know, it's already stress with the colleague, with who? You do not know with who you will be working, you do not know if she will work with you, you know?

Participants responded differently to experiences of overt and/or aversive racism; responses included: taking action and speaking up, quitting the job, or accepting it as everyday reality. For example, even though Tonderai experienced overt and aversive racism, she did not quit her job and was ultimately awarded the 'Employee of the Year' award for her infectious smile and endearing attitude. She approached her manager about the insults hurled at her when she was washing her hands:

And at the end of the day, that is in the morning as it was night shift, when morning came I told her (manager) that I wasn't happy. And I did not understand what she was saying: 'You think your skin is going to change if you wash your hands more time, take more time washing your hands.' I told her perhaps it was because English is my second language. Can we go (to) upper management and you explain to me what you meant. And she apologized so much (Tonderai).

Dealer stopped greeting her coworkers in the morning and, after a few weeks of staying silent at work; her coworkers confronted her on her silence. When she explained why she had stopped greeting coworkers in the morning, her coworkers realized that they had been ignoring her even though they did not perceive that behaviour as racism. Dealer indicated that the confrontation led to things improving at her workplace. In addition, With respect to her experience with clients, Dealer described an experience of racial microagression and her response to it:

Some, they don't say it that they don't want you because you are black but the way they treat you or acting at you, it shows (laughs). Like, the way they act, they show that they don't want you here. So, what I have to say is, like, I talk to my supervisor that can you please change me, I need to go to another client because of this situation.

Susan, a PSW, was distrustful of her coworkers and pessimistic about any possible changes. She quit her first job and when she experienced a similar racism at her new workplace, she decided to accept it as her everyday reality. Krishna also quit her earlier job and found work as a private aesthetician where she did not experience much racism and had flexibility in choosing her clients and the place where she provided care. Sophie's response was to forgive the perpetrators (her elderly white clients) of racial microaggressions. She has hope for the new generation. She notes:

They are older generation…And I kind of forgive them. Because that is how they are brought up, these old folks. It is this new generation coming up that can accept all and everything. That's how they (clients) were raised so you can't blame them. Some of them were not even exposed to us (Black people)…to them it is like a shock (laughter). Sophie stayed at her work and never reported the racism to her manager. She was afraid to lose her job and she needed the money to support her family in Canada and back home. Regardless of the participants' differing responses, they (participants who worked with older clients such as PSW's) agreed that no matter which nursing or retirement home they go to, there will always be a client who will not like them because of the intersecting social categories of immigrant status, social class and race. Further, microaggressions are very difficult to prove. Participants needed to work and accepted microaggressions as their everyday reality. Many participants responded to their experiences of racism by *laughing*, knowing that they had little power or agency in changing people's unfathomably ill-conceived perceptions.

It is noteworthy that management responses to racism were diverse. While some managers chose to do nothing about their employees experiences of racism by stating "oh these persons are mentally not capable or cognitively impaired" (Ena), others met with the clients families and were assertive that such discrimination cannot continue (as in case of Tonderai), or spoke to the client that such behaviour would not be tolerated (as in case on Dealer). Dealer beautifully articulates her feelings when she is supported and not supported by her manager in relation to the experiences of racism: "When I'm supported, I feel so good, because that means these people will know that we are also human and we have feelings too".

## Discussion

The present study found that microaggressions was a common and negative facet of participants lives in the health care sector. Intersectionality analysis and Charmaz's analytical approach highlighted the issues of racism and shed light on CEs' experiences of microaggressions in an urban/rural region in Ontario, thus addressing a critical gap in caregiving and social work literature. This study identified two broad categoes of microagressions: *Labour Market microaggressions* and *Workplace Microaggressions*, thus contributing to literature on microaggressions in health care. Participants were denied entry into Canada's skilled occupations as a result of their education and skills being rendered inferior to those of Canadians. Such racism or "racism by consequence, operates at the macro level of society" and is reflected in differential eduacational and economic opportunities between whites and non-whites (p. 651)[23]. Review of current literature suggests that visible minority immigrants' education and employment skills gained in their country of origin are not recognized in Canada[5,24]. As a result they are forced to take whaterver work they get to meet their financial needs[5]. Similar to Constantine and Sue et al.[2] results, we found that white supervisors had racial stereotypes about their Black staff. Workplace microaggressions that participants experienced by their coworkers, managers, and/or clients represent a form of *attitudinal racism*[25] that refers to "attitudes and beliefs that denigrate individuals or groups because of phenotypic characteristics or ethnic group affliation"(p. 805)[26]. Such forms of "ractism by intent" largely operates at the micro level or level of the individual (p. 651)[23]. However, we contend that sometimes there is no clear natural border between racial microaggressions at the

micro and macro level. For example participants' narratives about being discriminated due to their skin colour (being black) by managers, clients or coworkers occur at the level of individual (forms of attitutdinal racism). However, as these incidents are not addressed at the institutional level, they are also a form of *institutional* racism. Even though in the case of microaggressions, the situation gets so murky that it is hard to pinpoint at what level racism begins and ends, our study supports other research that race plays an important role in people's experiences of microaggressions[30]. Bannerji (1996) eloquently notes that colour of the skin is considered a signifier of inferiority: "All white people, no matter when they immigrate to Canada or as carriers of which European ethnicity, become invisible and hold a dual membership in Canada, while others remain immigrants generations later" ( p. 112).

As noted in the findings, participants responded differently to experiences of overt and/or aversive racism; responses included: taking action and speaking up, quitting the job, or accepting it as everyday reality. They found it difficult to work. We maintain that microaggressions can be problematic for the victim because even though the victim may have the psychological and physical knowing (feeling it in the body or feeling disembodied from the experience) that the racist behaviour impacted them negatively, they may not be able to clearly identify if, indeed, they were the subject of discrimination[2]. This could create self-doubt and the participants may hesitate in taking legal action against the perpetrators. In Hunter's study[28], for example, "the employees of color have mixed feelings about the benefit of reporting racial microaggressions, and tend to believe that reporting does not change the workplace climate (p. 58)." Furthermore, in cases of aversive racism, it could be difficult to prove that participants were denied a particular employment opportunity, or subjected to inequitable treatment as a result of their age, phenotypic characteristics or cultural or ethnic affiliation to a particular group[25,26]. It is interesting that in Dealer's context, her coworkers did not feel that they were being racist. Sue et al.[2] suggested that often, the perpetrators of microaggressions are unaware that they are engaging in a discriminatory behaviour and are alarmed if confronted, as they consider themselves fair and moral.

## Study Limitations and Strengths

While small sample size and absence of male participants were the weaknesses of the study, Intersectionality analysis & Charmaz's analytical approach highlighted the issues of racism and provided a holistic understanding of participants experiences. Another strength is that the findings were reported rather than swept under the rug, as is the case with most forms of discrimination (they go unnoticed/unreported).

This study has four implications especially related to social work education and practice as the profession prepares to understand the needs of aging baby boomers including aging immigrants and refugees:

1. In their efforts to unmask racism, the social work profession, together with related health care practitioners, must create spaces for open dialogue on racism. Confronting racism that is deeply embedded in institutions requires a "significant shift in the system's policies, practices, and procedures…to address institutional racism and create organizational and institutional change" (p. 381)[29].
2. Social workers can play a vital role in educating the public on the effects of racism to individuals and communities, as well as its relationship to healthcare disparities. They can create opportunities for "anti-racist community organizing", a type of intervention that integrates the core principles of community organizing and anti-racism approaches to get to the root of racism (p. 384)[29]. See an example of anti-racism community organizing workshops at http://www.pisab.org/programs#urcow
3. Curriculum designers must make more effort to include topics on matters of social and economic justice from a micro and macro perspective to equip the new generation of social workers to provide culturally responsive services to ageing immigrant/refugee populations at the individual, group, and community level. Recent efforts have been made in social work education to diversify the curriculum through inclusion of topics on immigrants and racialized minorities. McMaster University, for instance, now offers Social Work: Immigration & Settlement course in their undergraduate program (www.socialwork.mcmaster.ca/undergraduate-program)
4. Social workers can educate employers about the cost of racism on company productivity due to employee absenteeism or retraining as a result of the employee quitting work. Further, they can advocate that employers make deliberate efforts to increase diversity within their organization and offer diversity training to managers.

## Conclusion

Given the deleterious caregiver outcomes and negative outcomes of microaggressions, in addition to the double burden of caregiving, literature is needed to unmask microaggressions experienced by a particular group such as immigrant CEs in urban and rural regions of Canada. It is important that social workers continue the conversation on microaggressions to support the heavy burden that caregivers carry on a day to day basis. In their endeavour to create an equitable society and provide culturally responsive services to the ageing immigrant/refugee population, they must particularly make efforts to better understand the needs and experiences of visible minority caregivers working in a social services and health care sector, as these individuals are responsible for professional and competent caregiving to others. Future intervention studies should examine the efficacy of social work in understanding and intervening in racism and/or discrimination.

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