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Cover Page Footnote

Eternally grateful for the love and support of my mother: Martha Jewel Gainer-Sykes, keep watch over your girl. In honor of my sister (Big Wade), Valishia (Lisa) Nicole Wade, love wasn't enough to save you, but equitable and culturally competent healthcare could have. To my husband, thank you for supporting me while I chase one dream after the next. To my children, you are your only limitation, so get up and go get it. To my advisors/mentors thank you: Dr. Hemphill, Dr. Slawson, and Dr. Washington.

I'll Just Weight on the Lord: The Lived Experience of Obesity, Spirituality, and Health Behaviors in African American Women

Introduction

The obesity rates in African American women are higher than in any other ethnic group. The current estimate is that four out of five African American women are considered overweight or obese (U.S. Department of Health and Human Services Offices of Minority Health (OMH), 2022). The obesity rates in African American women represent a health disparity that includes a range of factors that impact the ability to combat this health concern. Some of the factors identified through research are socioeconomic status, affordable housing, and quality health education from health professionals (Lofton et al., 2023). All contribute to one's ability to choose healthier options and activities.

Healthcare has often underestimated the impact of spirituality and the African American church's capacity to engage and improve health outcomes in the African American community (Ojukwu et al., 2018; Pew Research Center, 2021). Spirituality is an essential aspect that is a commonality of all humans, but how it is expressed differs between various cultures (de Brito Sena et al., 2021). Spirituality is a consistent variable in the literature linked to African Americans as it pertains to understanding and coping with illnesses, and ultimately in how treatment decisions are made or withheld (Siler et al., 2021). For the African American community, the historical healthcare barriers that were the product of structural racism supported by health care policy, provided entry for faith-based organizations to take the initiative to provide not only faith and spiritual interventions but also health initiatives (Yearby et al., 2022).

Statement of the Problem

The CDC has identified obesity as straining the healthcare system with healthcare costs of approximately \$173 billion in 2019 (Centers for Disease Control, 2022). Obesity has reached epidemic proportions in all races and genders within the U.S., with African American women comprising a majority of those impacted by this chronic health condition. The Centers for Disease Control and Prevention (CDC, 2022) released a report that contained the top ten causes of death in the African American population. Heart disease, stroke, and diabetes are three diseases listed as the causes of death for African Americans, and all are linked to obesity. The health-related impact of obesity is evident in that more than 80 percent of people who have been diagnosed with type 2 diabetes are obese (OMH, 2022).

A lack of relevant literature exists regarding the relationship between spirituality and obesity of African American women. The lack of literature is complicated by the multidimensional, complex nature of the concept of spirituality. The relationship between African American women's spirituality and weight status regarding their involvement with health promotion activities has not been studied. However, numerous studies focus on spirituality and coping with chronic illnesses and health promotion and weight status. In a study by Siler et al., (2021) faith-based organizations have been identified as resources in improving health disparities

but there have been few successful and sustainable practice guidelines or policy changes. Numerous research articles and studies are available that document the risks associated with obesity in African American women. However, a gap exists as it pertains to the role spirituality may play in African American women's unhealthy weight status and their utilization of health promotion activities.

Purpose of the Study

The purpose of this study was to explore and describe the lived experiences of obese African American women with attention and focus on weight, health behaviors, and spirituality. Despite the extra attention and incentives provided towards weight management initiatives, significant gains have not been identified in this population. Numerous research studies have been conducted to assess obesity, African American women's lived experience with obesity, and various health promotion interventions. Research conducted with African American women about health promotion behaviors regarding their beliefs are very few; however, the context of where the interventions occur is within the religious organization.

Obesity in African American women is a pervasive issue that is studied immensely; however, interventions beneficial in shifting the course have not been identified. Spirituality is such a complex topic in that it is multidimensional and often used interchangeably with religion. This study addresses multiple preventative health perceptions, barriers, and recommendations to identify gaps in the literature. Findings will facilitate future research studies that work towards interventions to reduce this epidemic health crisis in African American women. This in turn would improve or decrease the various health disparities that also impact this population disproportionately.

METHODOLOGY

The intent of this qualitative, phenomenological study was to describe the lived experiences of obese African American women. This study's epistemological assumption was that the participants, obese African American women, have beneficial information regarding their lived experiences, health behaviors, and spirituality's effect on their experiences. This epistemological perspective and the limited research regarding spirituality and obesity for African American women, directed this study's methodology in the direction of a phenomenological, naturalistic inquiry. The gaps identified in the literature regarding the motivating factors for African American women as it pertains to health behaviors and how it is perceived by this population further assisted the research design of this study. By examining the lived experience of obese African American women, this study could provide valuable insight into alternative methods and interventions that may spark change for this population.

Research Questions

The purpose of this study was to explore and describe the lived experiences of obese African American women and the role that spirituality plays regarding their health behaviors.

The specific research questions that guided the study were obtained from identified gaps in the literature. Throughout this study, the following questions were explored:

1. What is the lived experience of obese African American women?
 - a. What are obese African American women's perceptions of spirituality?
 - b. What are obese African American women's perceptions of weight status (obesity) and its impact on health?
 - c. What are obese African American women's perceptions of health behaviors?

Study Concepts

Obesity. For this study, weight was classified utilizing the Body Mass Index (BMI) categories. BMI is the most utilized mathematical calculating system that involves using the individual's height and weight, without taking any other weight metrics into consideration. Regardless of the BMI tool's specificity, research documents are available to support the validity of an elevated BMI in association with increased morbidity and mortality (Gadde et al., 2018, p. 72).

Spirituality. Spirituality is a psychological need that was extensively identified in the literature with varying definitions. For this study, spirituality was defined as a sacred human experience encompassing all three levels: religious, theistic, and existential spirituality. Religious spirituality, changed to ritualistic, "was conceptualized as a structured, ritualistic connection with deity" (Webb et al., 2013, p. 973). Theistic spirituality was defined as "a non-structured connection with deity, including little to no affiliation with organized religion (Webb et al., 2013, p. 973). Existential spirituality was described as "a non-theistic search for meaning and purpose" (Webb et al., 2013, p. 973). This study did not attempt to differentiate between the three levels of spirituality.

Health Behaviors. Health behaviors are "the desired behavioral endpoint or outcome of health decision-making and preparation for action" (Pender, 1996). Pender lists six health behaviors: health responsibility, physical activity, nutrition, interpersonal relations, spiritual growth, and stress management. All except for spiritual growth will be viewed through a holistic lens encompassing the singular concept of health behaviors without expounding upon each behavior. The study needed a more thorough definition of spirituality; therefore, Webb's three levels were integrated into this study.

Participants

Study Population

This study's population of interest was African American women between 18 and 64 years, located in the southern, middle Tennessee area. This study must make distinctions between the black American ethnic groups. Literature indicates a significant difference regarding nutrition, health, and wellness among Black American immigrants that is distinctly unique and

different than African Americans. The specifically sought-out population was African American women whose lineage is identified with slavery and the civil rights movement in America.

Research approval was obtained from the East Tennessee State University Institutional Review Board and recruitment of participants began from two African American churches, one hair salon, and two predominately African American social clubs in three south central Tennessee counties. Over a twelve-month period, several women stated interest in contributing to this research study of which fifteen were screened for eligibility with each woman giving consent to participate in the study. Four participants were recruited from the churches, two participants were recruited from the beauty salon, and three participants were recruited from the social clubs. Additionally, six women were recruited to participate in the research study through snowball sampling as previous research participants referred eligible friends and family members to be in the study.

A total of fifteen participants were enrolled to ensure diversity of thought and to ensure data saturation was obtained. All the participants met the research inclusion criteria, with all of the participants being identified as either obese or morbidly obese based on the participant's self-reported weight, and subsequently the researcher-calculated BMI. The sample consisted of five participants under the age of thirty-five, six participants between the ages of thirty-six to forty-five, and four participants over the age of forty-six. The relationship status of the participants was nine single or divorced and six married. Lastly, thirteen of the fifteen participants worked full-time with all participants having at least a high school degree, and ten having a degree from a college or university. Other ethnic groups demonstrate a decrease in weight when there is an increased educational and income level, but the same is not true for African American women.

Data Analysis

The analysis method for this study was the qualitative content analysis process. This research study applied the conventional inductive approach due to the phenomenon of interest and the lack of data available to adequately conceptualize obesity and spirituality and how African American women experience it. During the interview process, field notes captured the environment, interactions, and what was not said by the participant to understand the information being disclosed (Allen, 2017). Words, phrases, and responses were jotted down to stay engaged with the interview process. The coding frame was developed as interviews were completed and analyzed. The main category selected was subjective data, which was identified from the data for each question or topic before breaking down the information into subcategories. NVivo 12 Pro's was utilized by the researcher to assist with data organization, sorting, and storage after codes and categories were identified.

RESULTS

The analysis procedures resulted in the identification of three central themes: *who I am*, *the weight I carry*, and *double mindedness*. Each of the three central themes was further divided into two to three sub-themes that will be discussed.

Themes Identified

To identify what motivated their actions and behaviors, this study provided the women with the opportunity to voice their perspectives and experiences on issues that have a huge impact on their future well-being. The three themes identified from the data analysis are *who I am, the weight I carry, and the power struggle identified as double mindedness*. Each theme has two to three sub-themes which provides a clearer description of the participants' lived experiences.

Who I Am

Who I am, encompasses the most frequently described attributes of how these women see themselves, who they are, and why they do what they do. These attributes are represented in the three subthemes of: *spiritual and religious guidance, shaped by my family and history, and cultural and environmental influences* which are responsible for shaping these women into who they are. The historical experiences of African American women can be seen generationally through the decisions and actions made not only by the participants but their parents and family members.

Spiritual and Religious Guidance. The women in general described themselves as believers in a higher power and because of that belief there were certain 'religious or spiritual' actions expected of them. The women believed that God required certain things from them such as prayer, attending church, tithing, providing service to others, self-sacrifice, and having faith. The participant's spiritual identity is the core of who they identified themselves as and all participants regardless of their age or experiences identified their relationship with God as being the greatest motivator for their behaviors.

Shaped by my Family and History. How these women defined themselves and how they related to their environment seemed to stem from how their families perceived them. Dependent upon their family's beliefs and ideals about health, spirituality, and weight, was often imitated in the life of these participants. In most cases, what the women believed, and their daily practices were passed down through their families. The women saw themselves repeating the same patterns and making the same life decisions as their mothers, sisters, aunts, or grandmothers. The phrase, "Superwoman role", was defined by Woods-Giscombé (2010) when describing the attributes of African American women. African American women displayed characteristics such as "obligation to manifest strength, emotional suppression, resistance to vulnerability and dependence, determination to succeed, and obligation to help others" (p. 678- 679). The pressures and stresses experienced by these women was the direct result of the collateral damage for the opportunity of being an African American woman today. "Superwoman" has recently been defined as the "Strong Black Woman" (SBW) schema (Parks & Hayman, 2024).

Cultural and Environmental Influences. The cultural impacts were centered on what defines beauty for the African American woman. Health and beauty are not words used simultaneously. Beauty defined in the African American culture is centered on appearance such as clothing and hair styles. Cultural influences come from a variety of television shows,

commercials, African American stars, and even reality television. There is a lot of emphasis placed on whether the African American woman's hair is aesthetically pleasing, thereby creating a level of shame and vulnerability when their hair is considered unkempt and undone (Rowe, K. 2019, p. 22). This vain pursuit is a major hindrance with encouraging physical activity in African American women. Pursuing a health stance was a challenge against the norms for a few of the participants because there was little to no support from the collective African American community.

The Weight I Carry

The weight I carry is represented as the consequences of *who I am*. The consequences include the struggles, the problems, and the disappointments experienced by these women. All of which are consequences of the decisions made by the women. The decisions made by the women not only impact them but also their families. Difficult decisions are made when considering one's health and well-being against one's family's needs. For the participants, self-care was nearly non-existent because the family's needs usually superseded their individual needs, and self-care became a luxury instead of a necessity. The *weight I carry* was broken down into two subthemes, *the burden on my life and burden on my family*. Even though many of the actions by the women were passed down, the women now carried the burden of how their choices impacted their families. The families that the participants would give, offer, or dedicate themselves to are also instrumental in some of the poor health behaviors and choices experienced by the participants.

Burden on my Life. *The burden on my life* reveals a decreased quality of life. The women report that the decisions and choices made create many of the situations and health concerns with which they now struggle. Various chronic health diseases were listed by the participants such as heart disease, hypertension, high cholesterol, diabetes, aneurysm, arthritis and joint pains, and kidney failure. The consequences of the participant's lived experiences not only impact them, but it also impacts their families.

Burden on my Family. This impacts their ability to be fully engaged and involved in events and activities with their families. The women also provide a glimpse into the lives of their parents and grandparents, and it appears that the struggles these women deal with were struggles for their parents also. It appears the women express the ability to witness and experience a vicious cycle of repeated events, with the same script and a different cast within the lives of the family unit.

Power Struggles: Double mindedness

Power struggle is defined as the disagreement between situations and concepts be it in thought, word, or behavior stemming from the same individual. In this study, the overarching power struggle identified was *double mindedness*. This theme of *double mindedness* was evaluated from two points of view: a secular viewpoint and a religious viewpoint. Dualism is defined by the Oxford dictionary (2020) as, "the division of something conceptually into two opposed or contrasted aspects, or the state of being divided." What makes this so intriguing within the realms of this study is that the division is occurring internally. Within one individual

resides two identities that are needed to successfully be accepted in the mainstream American culture.

Because of implicit biases, stereotypes, and unmerited perceptions, African Americans must maintain two identities so that they are not alienated from their cultural heritage or the mainstream culture. Depending on where they are and who they are interacting with, they must be able to transition between these two cultures. The struggle between these identities was identified within the themes as a power struggle experienced by the participants. In this study, there were numerous themes identified that demonstrate *double mindedness*. There was a contrast with how the themes started with statements of confidence in what God can and will do, the participants abilities, and what healthcare providers are capable of doing for the women. Within the same interview, the participants would cast an air of doubt as they are actively experiencing conflicts with certain beliefs, their abilities, and healthcare issues.

Intrinsic Factors. The participants started off strong discussing their spirituality and religiosity regarding their faith behaviors and God’s ability to intervene for them. Their experiences, life choices, and consequences impact the struggles that the participants are going through.

Extrinsic Factors. Health promotion behaviors like exercise and nutrition, are often performed because of the expected rewards or outcomes of the action. A crossroads exists as it pertains to health behaviors and cultural beauty standards for African American women. A significant barrier identified was the impact of health behaviors on hair care for African American women. African American women with a lower economic status believed health promotion behaviors were too costly significantly when it impacted their cultural identity. The cultural beauty standards tend to win out over the proven benefits of health promotion behaviors.

Health Care Experiences. African American women describe sensing and experiencing discrimination or disrespect could potentially explain why these obese women have lost confidence in healthcare professionals and are not as likely to pursue health care services (Cuffee et al., 2020; Hamed et al., 2022). The problem that minority groups experience regarding inequality in healthcare is further complicated when there is no representation available from healthcare providers that resemble the group that is currently experiencing the inequality. Past traumas must be acknowledged, and cultural perceptions and differences must be addressed to restore African Americans' trust in healthcare professionals.

RECOMMENDATIONS

Implications for Practice

This study is significant because it identified relevant, motivating factors and barriers for African American women to change the obesity epidemic trajectory. One of the first implications for practice would be to diversify healthcare providers (Wilbur et al., 2020). The second implication for practice is to improve direct community interactions. Research studies, interventions, and education should all occur at the community level with buy-in from

community partners because there is a different level of understanding and credibility (Kaida et al., 2019). African Americans tend to participate in activities as a community, therefore, interventions that target the group as a whole tend to be more successful. The final implication for practice is to encourage focus groups to identify any knowledge gaps that may exist with this population. Their motivation is built around the ability to meet their daily needs by maintaining their mobility and by having the energy and strength to be present with and for their families (Turner-McGrievy et. al., 2020, p. 57). Often assumptions are made that people all have the same aspirations and goals, but we must first provide people with the opportunity to decide what's best for them and also provide education in the process.

Implications for Policy

To effectively address price manipulation, policies should be passed nationwide to provide incentives to cut prices of healthier food options. Another recommendation for policy would be to extend government provided health insurance to also cover behavioral activities. This will provide the participants with the opportunity to participate in health promoting activities without the added barrier of not being able to afford the gym memberships. The final policy recommendation is to provide rural areas with wider roads and sidewalks. Safety is not only important in urban areas but also rural communities. Outside walking is not optimal because the environment is not conducive to safe walking environments. If health care professionals are going to encourage increased levels of activity, then there needs to be an intentional push to provide those in need an opportunity to meet those expectations.

Recommendations for Future Research

Future practice recommendations were identified from the various research articles' limitations and anticipated continuation plans for their prospective research studies. The development of community-based research was recommended to allow for the community leaders and members to take control and maintain the interventions to ensure sustainability for their communities. There is not a one-size-fits-all approach to preventative health. The approach should be dependent upon the population and the expected goals and outcomes of the participants. Public health initiatives that focus on the community and the individual are needed to create a multifaceted approach to combating obesity in this population (Kaida et al., 2019). Information provided should cross all language barriers or deficiencies that exist to ensure that the intended message is relayed, and healthier options become the societal norm and not an unreachable or unaffordable option.

Corporations understand the impact that television plays on this population. There needs to be an investment in public service announcements that shed light on African American women's epidemic. The impact of hair maintenance and its power to prevent preventative health activities should be investigated further. The development of partnerships with hair salons could prove beneficial, especially since African American women invest a lot of time and money towards their outward appearance. Lastly, there should be a consideration for taking preventative health activities back to faith-based organizations due to past success of screening for disorders such as hypertension and breast cancer and by providing educational programs, especially in

southern states where trust issues tend to impact one's likelihood of seeking additional health or adhering to the medical regimen.

Conclusion

In summary, it has been universally recognized that obesity is a health issue of epic proportions for all races, nationalities, and genders across the United States. The increased focus and intense incentives directed towards obesity stems from the increased morbidity, mortality, and health care costs associated with this utterly preventable health issue. This study identified major factors that need to be considered when providing care or educating African American women. One factor identified was the need to clarify medical terminology, because what healthcare providers mean by certain terms does not always convey the same meaning for African American women. The second factor identified was the need to determine what the goals for weight are for African American women. A heavier, curvy appearance is the preferred look therefore, finding a middle ground where both health and a voluptuous appearance can co-exist is needed. The third factor identified is the need to develop initiatives that are community focused instead of individually. The final factor discovered was the need to increase community participatory research. In the African American community there must be buy-in from key stakeholders if one hopes to get access to this population with the intent to bring for information, education, and hopefully change. The information obtained in this study will facilitate conversations amongst health care professionals and develop new ideas from the lived experience of obese African American women.

REFERENCES

- Allen, M. (2017). *The Sage encyclopedia of communication research methods* (Vols. 1-4). Thousand Oaks, CA: SAGE Publications, Inc doi: 10.4135/9781483381411
- Centers for Disease Control and Prevention. (2022). Adult Obesity Facts. Retrieved from <https://www.cdc.gov/obesity/php/data-research/adult-obesity-facts.html>
- Centers for Disease Control and Prevention. (2022). Overweight & Obesity: Data & Statistics. Retrieved from <https://www.cdc.gov/obesity/index.html>
- Cuffee, Y. L., Hargraves, L., Rosal, M., Briesacher, B. A., Allison, J. J., & Hullett, S. (2020). An examination of John Henryism, trust, and medication adherence among African Americans with hypertension. *Health Education & Behavior*, 47(1), 162–169. <https://doi.org/10.1177/1090198119878778>
- de Brito Sena, M. A., Damiano, R. F., Lucchetti, G., & Peres, M. F. P. (2021). Defining spirituality in healthcare: A systematic review and conceptual framework. *Frontiers in Psychology*, 12, 756080. <https://doi.org/10.3389/fpsyg.2021.756080>
- Gadde, K. M., Martin, C. K., Berthoud, H. R., & Heymsfield, S. B. (2018). Obesity: pathophysiology and management. *Journal of the American College of Cardiology*, 71(1), 69–84. <http://doi.org/10.1016/j.jacc.2017.11.011>
- Hamed, S., Bradby, H., Ahlberg, B. M., & Thapar-Björkert, S. (2022). Racism in healthcare: A scoping review. *BMC Public Health*, 22(1), 988. <https://doi.org/10.1186/s12889-022-13122-y>
- Kaida, A., Carter, A., Nicholson, V., Lemay, J., O'Brien, N., Greene, S., Tharao, W., Proulx-Boucher, K., Gormley, R., Benoit, A., Bernier, M., Thomas-Pavanel, J., Lewis, J., de Pokomandy, A., & Loutfy, M. (2019). Hiring, training, and supporting peer research associates: Operationalizing community-based research principles within epidemiological studies by, with, and for women living with HIV. *Harm Reduction Journal*, 16(1), 47. <https://doi.org/10.1186/s12954-019-0309-3>
- Lofton, H., Ard, J. D., Hunt, R. R., & Knight, M. G. (2023). Obesity among African American people in the United States: A review. *Obesity (Silver Spring, Md.)*, 31(2), 306–315. <https://doi.org/10.1002/oby.23640>
- Ojukwu, E., Powell, L.R., Person, S.D., Rosal, M.C., Lemon, S.C., & Allison, J. (2018). Spirituality and willingness to participate in health-related research among African Americans. *Journal of Health Care for the Poor and Underserved* 29(1), 400-414. <doi:10.1353/hpu.2018.0027>

- Oxford University Press. (2020). Dualism. In Oxford English Dictionary. Retrieved March 6, 2020. <https://www.oed.com/search/dictionary/?scope=Entries&q=dualism>
- Parks, A. K., & Hayman, L. L. (2024). Unveiling the Strong Black Woman Schema-evolution and impact: A systematic review. *Clinical Nursing Research*, 33 (5), 395-404. <https://doi.org/10.1177/10547738241234425>
- Pender, N. J. (1996). *Health Promotion in Nursing Practice* (3rd ed.). Connecticut: Appleton & Lange Stanford.
- Pew Research Center. (2021). *Faith among Black Americans*. Retrieved from: <https://www.pewforum.org/2021/02/16/faith-among-black-americans/>
- Rowe, K. (2019). “Nothing else mattered after that wig came off”: Black women, unstyled hair, and scenes of interiority. *Journal of American Culture* (Malden, Mass.), 42(1), 21–36. <https://doi.org/10.1111/jacc.12971>
- Siler, S., Arora, K., Doyon, K., & Fischer, S. M. (2021). Spirituality and the illness experience: Perspectives of African American older adults. *American Journal of Hospice and Palliative Medicine*, 38(6), 618–625. <https://doi.org/10.1177/1049909120988280>
- Turner-McGrievy, G., Wilcox, S., Frongillo, E., Murphy, A., Hutto, B., Williams, K., Crimarco, A., Wilson, M., & Davey, M. (2020). The Nutritious Eating with Soul (NEW Soul) study: Study design and methods of a two-year randomized trial comparing culturally adapted soul food vegan vs. omnivorous diets among African American adults at risk for heart disease. *Contemporary Clinical Trials*, 88, 105897. <https://doi.org/10.1016/j.cct.2019.105897>
- U.S. Department of Health and Human Services Office of Minority Health. (2022). Obesity and African Americans. Retrieved from <https://minorityhealth.hhs.gov/obesity-and-african-americans>
- U.S. Department of Health and Human Services Office of Minority Health. (2021). Obesity and overweight. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
- Webb, J. R., Toussaint, L., & Dula, C. S. (2013). Ritualistic, theistic, and existential spirituality: Initial psychometric qualities of the RiTE Measure of Spirituality. *Journal of Religion and Health*, 53(4), 972–985. <https://doi.org/10.1007/s10943-013-9697-y>
- Wilbur, K., Snyder, C., Essary, A. C., Reddy, S., Will, K. K., & Mary Saxon. (2020). Developing workforce diversity in the health professions: A social justice perspective. *Health Professions Education*, 6(2), 222–229. <https://doi.org/10.1016/j.hpe.2020.01.002>

Woods-Giscombé, C. L. (2010). Superwoman Schema: African American women's views on stress, strength, and health. *Qualitative Health Research*, 20(5), 668–683.

<https://doi.org/10.1177/1049732310361892>

Yearby, R., Clark, B. & Figueroa, J.F. (2022). Structural racism in historical and modern US health care policy. *Health Affairs*, 41 (2). Retrieved from

<https://doi.org/10.1377/hlthaff.2021.01466>