



Academic and Clinical Experiences of Au.D. Students who Identify as Members of Historically Marginalized Racial and Ethnic (HMRE) Groups

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Academic and Clinical Experiences of Au.D. Students who Identify as Members of Historically Marginalized Racial and Ethnic (HMRE) Groups

Abstract

Few qualitative research papers detail the experiential narratives of communication sciences and disorders (CSD) students from historically marginalized racial and ethnic (HMRE) groups, especially Doctor of Audiology (Au.D.) students. This study examined the educational experiences of Au.D. students from HMRE groups. A mixed methods design including a survey ($n = 28$) and journal narratives ($n = 9$) was used. Qualitative analysis of survey questions and journal entries revealed five themes: Wellness Management, Presence of Stressors, Significance of Representation, Discrimination Experiences, and Diversity Initiatives. Participant narratives revealed academic and clinical experiences are often influenced by racial and ethnic identity and the intersection of these and other social identities. This study indicates CSD graduate programs present barriers to the inclusion of HMRE students, who could benefit from inclusive and welcoming learning environments.

Keywords

Doctor of Audiology, Academic experiences, HMRE, Historically Marginalized Racial and Ethnic Groups, Clinical experiences

Cover Page Footnote

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Introduction

Social identity is the way individuals perceive themselves in connection to group membership and within overlapping social identity groups (Deschamps & Devos, 1998). Race and ethnicity are social identities, commonly used for population stratification. For both strata, the United States (U.S.) population has become more diverse. Current census data indicate 58.9% of the population identify as White, non-Hispanic (United States Census Bureau, 2022) with national predictions indicating a decrease to 44.3% by 2060 (Vespa et al., 2020).

To reflect changing demographics, U.S. healthcare professions should reflect increasingly robust representation from historically marginalized racial and ethnic (HMRE) groups. Unfortunately, healthcare workers from HMRE groups tend to be concentrated within low-paying, entry-level positions with little opportunity for upward mobility (Snyder et al., 2018; Weinstein et al., 2017; Wilbur et al., 2020). And while some of the higher-paying professions have seen improvements in workforce diversity, others have not. For example, 72-74% of physicians, pharmacists, and respiratory therapists identify as White (Snyder et al., 2018), but 92% of speech-language pathologists and audiologists identify as White (American Speech-Language-Hearing Association [ASHA], 2022a). The majority White composition of speech-language pathology and audiology has been consistent for many years despite consistent messaging at national levels regarding the importance of diversity, equity, and inclusion (DEI) and availability of resources to support DEI efforts (e.g., ASHA, n.d.; Fuse & Bergen, 2018; Ringgold & Emanuel, 2024). U.S. healthcare overall, and communication sciences and disorders (CSD) professions specifically, cannot expect to see greater diversity until educational institutions recruit and train a more diverse workforce (Weinstein et al., 2017).

To implement successful recruitment initiatives, barriers to entry that disproportionately impact HMRE group members must be addressed (Bouye et al., 2016; Wilbur et al., 2020). Barriers that limit pursuit and completion of healthcare education include lack of role models, inadequate early exposure to healthcare fields (e.g., internships, magnet programs), and inequity in educational resources (Curtis-Boles et al., 2020; Dixon et al., 2021; González, 2006; Ulloa et al., 2018). In addition, programs struggle to recruit and retain diverse students due to the negative experiences of students from HMRE groups. There are many reports of this phenomenon across various fields (Bouye et al., 2016; González, 2006; Leyerzapf & Abma, 2017; Metzger et al., 2020; Schaefer, 2008; Sisco, 2020).

Research focused on the experiences of students who identify as members of HMRE groups within CSD graduate programs is limited, with greater inclusion of speech-language pathology (SLP) students compared to audiology students; still, the findings are concerning for both professions (Abdelaziz et al., 2021; Ebert & Williams, 2023). For example, Ebert and Williams (2023) surveyed 37 SLP students and 9 audiology students to explore perspectives of students from HMRE groups. They found evidence of systemic racism within CSD programs, including reports of poorer educational opportunities for students from HMRE groups compared to White students and exposure to overt racism in both academic and clinical settings. Stories about challenges faced by students belonging to HMRE groups are not limited to reports in the literature; these stories are also told by students like the 1st author of this paper to faculty like the 2nd, 3rd, and 4th authors of this paper.

Student Researcher Commentary from the First Author

Growing up as a first-generation American with Jamaican parents living in New York City, I was surrounded by a rich tapestry of cultures from an early age. Many of my peers, from pre-K through high school, were either first-generation Americans like me or had strong ties to their countries of origin. This provided me with a sense of belonging and acceptance, as I was among people who shared my background, mannerisms, and colloquialisms, allowing me to express myself freely without fear of judgment. The exchange of cultural knowledge was a natural part of our interactions, enriching our understanding of the world. However, when I started my undergraduate CSD studies at a predominately White institution (PWI), I often found myself as one of very few Black students. Navigating these environments exposed me to microaggressions and biases, prompting me to become involved in various multicultural clubs and organizations, such as Club Caribbean, where I served on the executive board. My goal was to educate the campus community about my culture and create a more inclusive environment for students of diverse backgrounds. During this time, I also supported younger undergraduate students from HMRE groups as a Resident Assistant. Many of these students confided in me about their struggles related to race, ethnicity, and nationality, and I often felt helpless in providing them with the support they needed. Witnessing their feelings of isolation, confusion, stress, and frustration deeply affected me, and I recall the tears and pain that accompanied our conversations. When the opportunity arose to choose a thesis topic, I knew that I wanted to delve into the experiences of other HMRE graduate students. Their vulnerability and stories resonated deeply with me. I was eager to shed light on their challenges and triumphs, as they could have easily mirrored my own experiences.

Use of Inclusive Language and Terminology

Our language systems are intricate, yet they often fall short in capturing the nuanced differences necessary to accurately represent the complexities of social and racial identities (Whitfield, 2023). As society advances toward increased inclusivity and ideal parity, the terminology used to describe historically marginalized groups undergoes continuous change. Terms that once seemed appropriate may acquire negative connotations over time, leading to their eventual obsolescence. To illustrate this dynamic, we will outline a few terms commonly used to classify racial and ethnic identities within higher education and explain the rationale behind our chosen terminology.

In the initial study plan (e.g., IRB application, recruitment materials), the term Black, Indigenous, and People of Color (BIPOC) was used consistently to denote individuals racialized as non-White. The use of BIPOC aimed to recognize the exclusion faced by non-White individuals. However, BIPOC has increasingly come to emphasize the oppression experienced by Black and Indigenous communities, who are disproportionately affected by systemic racism and discrimination (Ringgold & Emanuel, 2024; Whitfield, 2023). When applied indiscriminately, this term risks blurring the distinctions between various racialized groups included under the BIPOC label (Frey & Young, 2020; Whitfield, 2023). Consequently, BIPOC may inadequately represent other groups that have endured unique forms of racism, marginalization, and exclusion, particularly within the U.S. (Frey & Young, 2020). Though imperfect and problematic for some of the same reasons described above, we have chosen to use the term historically marginalized racial and ethnic (HMRE) groups in this context. This term more effectively highlights how the underrepresentation

of these groups within U.S. society, and more specifically CSD graduate programs, is shaped by historical, systemic, and institutional discrimination, racism, and bias (Ringgold & Emanuel, 2024; Whitfield, 2023). In this text, HMRE groups refer to Black, Asian, multiracial or multiethnic, Hispanic/Latino/a/e, Pacific Islander, Middle Eastern, and American Indian.

Study Purpose

The goal of the current study is to add to the extant literature for audiology, using a narrative approach. Experiential narratives help researchers gain insight into the lives of those who identify as a part of specific groups (Chabon & Lee-Wilkerson, 2006; Greenhalgh, 2016; Lowell et al., 2018). For example, Lowell et al. (2018) conducted semi-structured interviews with three clinicians from culturally and linguistically diverse backgrounds in CSD professions to explore their cultural proficiency journey. Despite the small sample size, they demonstrated narrative inquiry was an effective method for documenting the process of progressing towards cultural competence. Narrative approaches have also been used to collect student reflections on academic, clinical, and cultural competencies (Chabon & Lee-Wilkerson, 2006; Greenhalgh, 2016; Lowell et al., 2018; Thompson & Kreuter, 2014). There has not been a study focused exclusively on Doctor of Audiology (Au.D.) students from HMRE groups using narrative inquiry. Therefore, the purpose of this study was to improve our understanding of the lived experience of Au.D. students from HMRE groups with a mixed-methods approach to gather survey and narrative data. The goal was to provide insights for Au.D. program directors and faculty to assist in their retention efforts by improving the student experience of members of HMRE groups.

Method

The Institutional Review Board (IRB) at Towson University approved this study. Participants were students enrolled in residential Au.D. programs, self-identifying as part of a HMRE group. Recruitment materials were distributed via postings to audiology-specific social media groups, emails to multicultural constituency groups (National Black Association for Speech-Language Hearing [NBASLH], Asian Indian Caucus), and emails to Au.D. program directors. Materials included a brief description of the study and a link to the informed consent process and survey. At the end of the survey, participants could elect to participate in the journaling portion. Participants who submitted at least 12 journal entries received a \$30 eGift card incentive.

Materials and Procedure. This study used mixed methods (concurrent triangulation) design with overlapping data collection periods for the survey and journaling portions of the study. Authors 1 and 2 drafted the survey and journal questions. Authors 3 and 4 contributed feedback resulting in the final version. The survey instrument was pilot tested with graduate students from the target population ($n = 2$). Survey questions (SQs) included 11 questions that asked participants to provide demographic data, including 10 multiple-choice questions and 1 question that asked participants to enter their age. Multiple choice questions asked participants about graduate program status, racial, ethnic, and gender identity, languages spoken, and U.S. region. Participants were asked to answer two critical open-set questions to provide data about their experiences: (SQ1) In what ways

have any of your identities (BIPOC¹, gender, etc.), or the intersection of your identities (e.g., Black AND woman), shaped your academic and clinical experiences during your Au.D. program? And (SQ2) In what ways does your Au.D. program provide opportunities for learning about cultural competency and cultural humility? The survey was intended to gather data from a larger sample than we anticipated being able to recruit for a journaling study. The survey also served as a recruitment tool for the journaling portion of the study and as a tool to collect demographic data for both portions of the study. For the journaling portion of the study, to optimize daily journal completion rate over the three-week period, journal prompts were limited to three questions (JQs) intended to collect participant commentary on their overall lived experiences by prompting them to reflect on both positive and negative aspects of their day. Journal participants received the same prompt and reflection questions each day. The prompt was: “Consider your academic and clinical experiences today and answer these three questions.” (JQ1) What do you think is one of the positive highlights of your day? (JQ2) What was challenging for you today? And (JQ3) What experiences do you feel may be related to your identity?

Both survey and journaling portions of the study were conducted using the Qualtrics platform. For the journaling portion, each participant received an email with a link to the Qualtrics journal for the day. Emails were sent to participants every weekday (Monday through Friday) for three consecutive weeks, for a total of 15 possible journal entries. Each participant had 24 hours to add to, edit, and complete each journal entry. Data were collected between February 2022 and March 2022, with the three-week journal period staggered as participants were recruited.

Data Analysis. Qualtrics data were transferred to Microsoft Excel for analysis. Open-set survey questions and journal narratives were examined using qualitative analysis (Butina, 2015; Riessman, 2008). Types of codes included descriptive coding (i.e., summary of passage with code word or phrase to describe content), in-vivo coding (i.e., word or phrase from the actual text to represent content), simultaneous coding (i.e., multiple codes representing a single passage), and process coding (i.e., code describing an observable activity or action; Saldaña, 2013). Once codes were created, relationships between codes were considered and themes were identified by considering how groups of codes could be considered as part of larger categories, and logical sub-themes that existed within each theme (Saldaña, 2013). Author 1 engaged in on-going mentored meetings with author 2, to reach consensus on coding and themes. The credibility of themes was achieved through subsequent collaborations with author 3.

Results

Demographics. Sixty people entered the survey portal; five were excluded from analysis because they were not current students and 27 were excluded because they completed only demographics questions. Eleven people volunteered for the journaling portion; however, two withdrew prior to submitting any data. Table 1 provides a summary of demographic data for participants who completed the survey ($n = 28$) and journaling ($n = 9$). This indicates the largest group of participants for both survey and journaling, relative to age, were between the ages of 18 and 24, relative to race identified as Black (39.3% and 33.3%, respectively), relative to gender identified

¹ Note that we originally used the term BIPOC (Black, Indigenous, and People of Color) as the terminology for the study, but terminology is dynamic and we have chosen to shift to a more inclusive term, HMRE as our descriptor. BIPOC is listed here in the methods section as it was the terminology provided to participants during data collection.

as women (89.3% and 77.8%, respectively), relative to U.S. region indicated they were in the mid-west (32.1% and 55.6%, respectively), and relative to geographic community indicated they were located within an urban area (50% and 44.4%, respectively). Participants for the journaling portion had a greater proportion of participants who identified their ethnicity as Hispanic, Spanish, or Latino/a (55.6%) and spoke Spanish (44.5%) compared with the survey (35.7% and 21.4%, respectively). Students from the first three years of the Au.D. program were well represented; fourth year students were the smallest group (7.1% and 0%, respectively).

Themes and Subthemes. Of the 28 participants who completed the survey, 26 (93%) answered the open-ended question about how their identities shaped their academic and clinical program and 27 (96%) answered the question about opportunities to learn about cultural competency and cultural humility. For the journaling portion of the study, there were 405 possible narrative segments (3 questions x 5 entries/week x 3 weeks x 9 participants). A total of 273 narrative segments were collected, representing a 67.4% completion rate. Five major themes emerged from the data, as illustrated in Figure 1. The themes were the following: Managing Wellness, Presence of Stressors, The Significance of Representation by Members of HMRE Groups, Experiencing Discrimination, and Diversity Initiatives. Although survey and journal entries were examined together during thematic analysis, the nature of commentary and relative contribution to themes were also considered separately. All quotes provided for support are identified by source (survey or journal), participant (P) number, and question (Q) number following the question order provided in the methods section.

Table 2 summarizes the source (survey or journal) of narrative data relative to themes that emerged from the overall dataset. Examination of this table reveals that the journaling portion of the study provided unique insights into two of the five themes (Managing Wellness and Presence of Stressors), compared with survey data. Compared with journal entries, survey entries tended to provide observations with more of a fact-based reporting style. For example:

I think my intersection of identities as a woman of color has helped shape my confidence and my confidence to do well in school/clinic. I strive to do well not just for myself but also for those who have similar identities to me (Survey, Q1, P27).

The nature of this observer reporting style was the tendency for participants, even when describing events that impacted them and/or other students of color, to note or list emotions but not to overly personalize the description of the impact. For example, “During the BLM protests for George Floyd, it was a very difficult time to have to attend classes. For other students, it was mostly just another day, but for us - we had fear, trauma, and anxiety...lack of trust” (Survey, Q1, P25). When personal impact was described, the most used term was “uncomfortable,” but commentary also included terms like “unsupported” and “discouraged.” In contrast, the journals had more of an informal, daily journal, self-reflection style, shifting over the 3-week journal period from more surface-level commentary to more personal self-reflection. In addition to differences in the depth of self-reflection for the journal commentary compared with survey commentary, positive perspectives on the intersection between identity and experience were far more common within the journaling data, although they did exist in the survey data. For example, “During clinical experiences, I am able to connect more to a wider variety of cultures and create a better bond and understanding of what my patients are going through” (Survey, P1, Q1). Each theme is described in detail below, with supportive quotes.

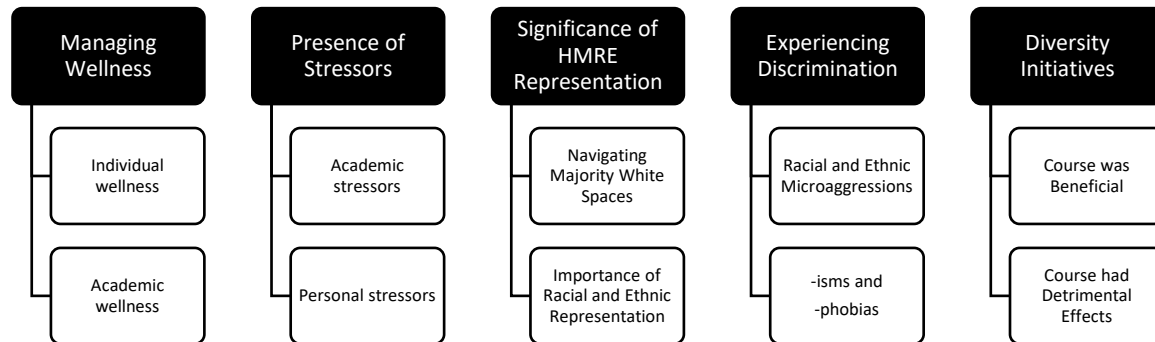
Table 1*Participant Demographics*

Characteristic	Group	Part 1 Survey (<i>n</i> = 28)		Part 2 Journaling (<i>n</i> = 9)	
		<i>n</i>	%	<i>n</i>	%
Age ^a	18-24	15	53.6	7	77.8
	25-34	13	46.4	2	22.2
Race	Black	11	39.3	3	33.3
	Mixed race	5	14.3	2	22.2
	White	5	14.3	0	0
	Asian	4	14.3	1	11.1
	Other/No answer	3	10.7	3	33.3
Ethnicity	Not Hispanic ^b	17	60.7	4	44.4
	Hispanic ^b	10	35.7	5	55.6
	Other/No Answer	1	3.6	0	0
Gender ^c	Woman	25	89.3	7	77.8
	Man	3	10.7	2	22.2
Languages	English only	17	60.7	3	33.3
	English + Spanish	6	21.4	4	44.5
	English + 1 other ^d	4	14.3	2	22.2
	English + 2 or more	1	3.6	0	0
U.S. Region	Mid-West	9	32.1	5	55.6
	South	6	21.4	1	11.1
	Mid-Atlantic	6	21.4	3	33.3
	West	4	14.3	0	0
	South-West	2	7.1	0	0
	Other/No Answer	1	3.6	0	0
Community	Urban	14	50.0	4	44.4
	Rural	8	28.6	3	33.3
	Suburban	6	21.4	2	22.2
Year in Program	1st Year	11	39.3	3	33.3
	2nd Year	6	21.4	3	33.3
	3rd Year	9	32.1	3	33.3
	4th Year	2	7.1	0	0
Program Length	4 years	24	85.7	8	88.9
	3 years	2	7.1	0	0
	Au.D./Ph.D.	2	7.1	1	11.1

Note: ^aFor survey participants, mean age was 24.6 years (*SD* = 2.2). For journal participants, mean age was 24.8 years (*SD* = 2.7). ^bThis response item is abbreviated. As presented to participants, the category was “Hispanic, Spanish, or Latino/a.” ^cThe Gender Identity question also included non-binary and other, but these were not selected. ^dThis group includes all participants who reported English plus one other language besides Spanish.

Figure 1

Themes and Sub-themes Associated with Analysis of Survey and Journal Commentary from Participants

**Table 2**

Summary of the Connection between Data Source (Survey and/or Journal), Questions, and Themes

Source	Themes Managing Wellness	Stressors Present	HMRE Representation	Experiencing Discrimination	Diversity Initiatives
Survey					
Identity-related experiences			X	X	X
Cultural competence learning			X	X	X
Journal					
Daily highlights	X		X		
Daily challenges		X	X	X	
Identity-related experiences		X	X	X	X

Note. Themes and questions are abbreviated.

Theme 1: Managing Wellness. *Managing wellness* emerged as a theme from narrative data associated with the journal prompt that asked participants to describe positive highlights of their day. Within this theme, two subthemes emerged: Individual Wellness and Academic Wellness.

Individual Wellness. This theme refers to the emotional, physical, spiritual, intellectual, social, environmental, and interpersonal well-being of an individual (Henrico et al., 2019; Myers & Sweeney, 2004). Individual wellness was a priority for many of the participants who described ways they supported their well-being during specific times of the day or following stressful events. The commentary reflected an appreciation of the ordinary viewed in a mindful way. For example, “Today I took a break from doing work. I have no exams or assignments due for the next week or so and it was nice to just relax...and watch a show” (Journal, P1, Q1). And, “The highlight of my day was getting home to a warm safe space. After a long day of classes, it's nice to come back to a nice and quiet space where no one bothers me” (Journal, P5, Q1).

Participant commentary also included descriptions of how human connection contributed to individual wellness. Participants described connections with family, friends, and peers and they also described connections with faculty, supervisors, and patients within the academic setting in a way that indicated how human connection within an academic environment was associated with positive emotions such as happiness and satisfaction. For example:

I had a meeting with one of our professors to go over an article for an assignment ... I was really nervous to meet at first because I had a really difficult time understanding the article at first, but the professor sat with me and went over it for about an hour.... I was happy to make progress with that and happy she was willing to help (Journal, P9, Q1).

I had a positive encounter with a patient who was pleased to see me, a Black woman, as a part of their care team. It was nice to be recognized and nice that the patient saw my identity as a positive supplemental factor in their care (Journal, P2, Q1).

Academic Wellness. The phenomenon of academic wellness is described as managing academic workloads via long-term planning, using personal resources to make informed decisions, navigating new academic experiences, and finding ways to meet academic goals in a healthy way (Magano, 2013). Within this sub-theme, participant commentary described ways in which students applied their emerging professional skills (e.g., time management, diagnostic testing). This in turn was expressed as a sense of personal accomplishment that they connected with an emotional response positive enough for them to describe the events in response to the highlight of the day question prompt. For example, “Today at clinic I could tell I was becoming more confident in masking. Seeing how much hands-on experience I am getting at my placement is nice and seeing my skills improve” (Journal, P7, Q1). Another shared, “Today I had externship and one of my goals is to work on my time. I am placed at an ENT office, so it's very important here that we remain on schedule with patients because a lot of the time they will see the ENT after their appointment with us. I was pretty good at staying on time with patients today” (Journal, P9, Q1).

Theme 2: Presence of Stressors. The third theme was Presence of Stressors. Students enrolled in Au.D. programs must meet academic outcomes across myriad areas including classes, clinic, and research, concomitant with non-academic responsibilities. While school and personal life stressors

compete for limited time and energy, stressors described by participants were clearly divided into two distinct sub-themes, Academic Stressors and Personal Stressors.

Academic Stressors. For this theme, students described situations in which academic-related demands exceed available adaptive resources (Wilks, 2008). Common academic stressors reported by participants included lack of time and barriers to degree completion. For example:

Today, I took the time to plan out my next few days and the week ahead. It was a bit challenging because my schedule is jam-packed and very busy. I know I'm going to have a difficult time balancing my responsibilities and finding time for myself (Journal, P2, Q2).

I am an international student...When I applied to audiology programs, I was rejected because I didn't have any clinical experiences I also had to take the English proficiency exam and pay a lot of money to validate my transcripts and translate them. Even now as an Au.D. student, it is difficult for me to apply for T30 grants because they only offer it to US citizens only. Being one of the few minorities, there isn't anyone I can seek advice from in terms of careers or opportunities that I can apply for (Journal, P3, Q3).

Personal Stressors. Reports of personal stressors were less common than reports of Academic Stressors, but they were nonetheless important in providing a holistic view of participants' challenges with personal, family, identity, and community issues. Personal stressors included participant descriptions of mental health struggles, fear of failure, imposter syndrome, and challenges associated with existing at the intersection of multiple identities, such as human, student, family member, and community member. For example, "I had therapy today and was referred for a psychiatric evaluation for depression. It is difficult to take the steps but I'm sure the process will help me improve my mental health and overall wellness" (Journal, P2, Q2). Others shared the following:

Currently as a student it's important to stay focused. But as a black woman trying to push healthy habits into those I love is hard. In the black community there is so much trauma and issues that blocks healthy communication. But if my loved ones were able to communicate in a healthy manner that would help me in not being so stressed in an already stressful life and stay focused (Journal, P1, Q2).

Something I continue to struggle with in terms of my identity is feeling like I cannot complain or feel like I am struggling because it is nothing compared to what my parents had to endure. ... My mom ... overcame everything and graduated college and made a life for herself. My dad ... did the same. Here I am, getting my doctorate and being privileged because of my parents' sacrifices. When I feel like life is hard while studying for school, I feel nothing but guilt...I sometimes feel the need to lie to my family on how school is going (Journal, P7, Q3).

Theme 3: The Significance of Representation by Members of HMRE Groups. Significance of Representation by Members of HMRE Groups emerged as a theme based on commentary surrounding the experience of being one of few students from HMRE groups within a program, and the desire to see greater representation. The nature of student commentary resulted in two sub-themes: Navigating Majority White Spaces and Importance of Racial and Ethnic Representation.

Navigating Majority White Spaces is focused on the personal journey of participants through their program and Importance of Racial and Ethnic Representation represents the bigger picture, not just of the individual journeys, but of the need for greater representation across the profession, and the role of students from HMRE groups as part of that representation.

Navigating Majority White Spaces. Many participants described acute awareness of their identity as one of few students from HMRE groups within majority White spaces. Participants described encounters and environments that prompted them to find strategies to navigate spaces in which they were one of few minority students. Most participants described changing at least one aspect of themselves to better navigate majority White spaces, including changes in physical appearance, name, and communication style, to make others feel more *comfortable* and to decrease the likelihood of discriminatory interactions. For example:

Had a talk with a lab member about how we had to change our foreign names a little so Americans can pronounce it easier and change the way we speak to people or on the phone ('faking an American accent') (Journal, P3, Q2).

It's almost like you're a ghost in a moving present. Being the only black student in my class only makes feeling like a ghost even worst. It's like I'm there but am I really present? Will I only be known as the Black girl? The one who barely talked. The quiet voice. Am I quiet because I don't want to be deemed as loud? Are Black women truly viewed as loud? Am I worried about what others think of me? Is that affecting my studies? Answers I don't truly know. I think everyone cares about what others think of you and in a way that shapes you to be who you are (Journal, P1, Q3).

The Importance of Racial and Ethnic Representation. Most participants discussed the importance of racial and ethnic representation within Au.D. programs, and the potential benefits of increased representation. When discussing racially concordant (same race) patient-provider interactions, several participants documented the joy they saw in patients when a member of their care team looked like them. For example:

I had a positive encounter with a patient who was pleased to see me, a Black woman, as a part of their care team. It was nice to be recognized and nice that the patient saw my identity as a positive supplemental factor in their care (Journal, P1, Q1).

In contrast, when participants discussed racial discordant (different race) interactions, there was a shift for students from HMRE groups from being genuinely themselves to modifying their true self to assimilate to the culture expected within White spaces. Within some commentary, it was clear Au.D. program personnel understood the importance of diversity and they were trying to improve in this regard, but some of their strategies were misguided, including acts of tokenism, which is a superficial effort to be inclusive to members of an underrepresented group through the act of displaying diversity (Curtis-Boles et al., 2020). Examples supporting this theme include, "I definitely think that AuD programs need to be more diverse (especially more black students!) in order to create more safe spaces for patients, as well as encourage other POC students to join the field" (Survey, P25, Q1), and "I feel like I was chosen just to add to the diversity. My pictures were used numerous times to promote on the website" (Survey, P18, Q1).

Theme 4: Experiencing Discrimination. Experiencing Discrimination was a robust theme emerging from participant commentary that described microaggressions, racism, sexism, homophobia, and xenophobia. Participants connected lack of representation within their programs to the discriminatory practices and ideologies shared by peers and authority figures such as faculty and clinical supervisors. Participants described specific incidents of *discrimination and the impact of these incidents*. *Two subthemes emerged: Racial and Ethnic Microaggressions, and -isms and -phobias.*

Racial and Ethnic Microaggressions. Reports of verbal and non-verbal microaggressions were pervasive across participant commentary. Some participants expressed resignation in that microaggressions were, unfortunately, something they did not feel would ever go away. Descriptions of microaggressions clearly identified the presence of stereotyping by peers, faculty, and clinical supervisors, which occurred often and as part of formal and informal communication. Whether these events were observed by authority figures or reported by students, authority figures often engaged in gaslighting that served to invalidate student perceptions, resulting in harm that extended beyond the impact of microaggressions. An example that supports this theme includes, “Had a cohort member ask intrusive questions regarding my citizenship status and my family’s (we are all native U.S. citizens)” (Journal, P8, Q2). As well as:

A White clinical faculty member, after experiencing a microaggression in clinic (“Your skin color is so beautiful! I thought you were Italian, at worst Brazilian! Are you one of those troublesome Mexicans from the border? [White clinical faculty member] told me to grow “thicker skin” to comments patients make and not make it a “big deal” (Survey, P20, Q1).

-isms and -phobias. The sub-theme -isms and -phobias is based on two applicable suffixes: -ism, meaning “action or result” (e.g., sexism), and -phobia, referring to extreme fears or negative attitudes and feelings towards certain objects, situations, activities, or persons (e.g., xenophobia) (Batironova & Kamoliddin qizi, 2022; Garcia, 2017). The suffixes of -ism and -phobia were pervasive as participants described painful actions towards them because of their race, ethnicity, and other social identities. Here, again, participants described the use of gaslighting by authority figures to invalidate the perceptions of overt racism, xenophobia, and homophobia. In addition, there were descriptions of retaliation from authority figures which resulted in students feeling afraid to report problems. Examples include:

I had a patient use racial slurs after I told him that his hearing aid that he lost was not under warranty and he would have to pay full price. He reported me to my supervisor for being unprofessional. While the complaint went nowhere, it still hurt to see the supervisor empathize with the patient (Journal, P8, Q2).

There have been several instances where faculty have made remarks in regards to my skin color (MUCH darker than my white peers), including... having an academic faculty comment on my admittance into the HIGHLY competitive program was contingent on my skin color/nationality/bilingual status rather than my academic merit... students in the department have criticized my status in the department and access to funding as being solely due to my minority status instead of academic of merit....In situations where an academic faculty member has treated me unfairly, I have felt unsafe to report issues to higher administration in fear of consequences from the University, the faculty, and the

tight-knit audiological professional community... An academic faculty member said he "hated working with bilinguals because he [white, monolingual] has to do twice the work" (Survey, P20, Q1).

Theme 5: Diversity Initiatives. *Participants described program initiatives implemented to promote cultural competency and DEI, some with positive outcomes and others so poorly executed they created a toxic environment. The two sub-themes, Course was Beneficial and Course was Detrimental, represent the juxtaposition of these two polarized perceptions. Note that, in naming the sub-themes, we used the term "course" to represent any type of DEI programming.*

Course was Beneficial. Some participants provided positive commentary about DEI programming, indicating it helped student peer groups improve communication skills with individuals from various social identities. In some cases, participants described overcoming their fear of participating in DEI programs as the only, or one of few, student(s) from HMRE group(s) within a cohort. This commentary reflects the vulnerability of this population to the potential negative impact of DEI programs. This sub-theme emerged from overall positive commentary when DEI programs were executed with care. Examples include:

My Au.D. program has started to incorporate diversity, exclusion, and inclusion events so that all students can better learn how to serve patients of different ethnicities, as well as colleagues of different races and ethnicity. These opportunities provide safe environments for people to open up and share thoughts and experiences, even if we are ignorant or wrong because the whole point is to develop our cultural competency and humility (Survey, P16, Q2).

One of our group projects is for our clinical preceptorship course...My preceptor gave our group a scenario involving racial discrimination. Being the only person of color in my class it made me a little uncomfortable to have to address this with the whole class. At the same time, I'm glad my professor acknowledges that this scenario can happen in our field. It's just challenging to have conflicting feelings and to have to present this in front of the whole class. Having the courage to discuss racial bias to a room full of peers who I thought may not relate was challenging for me today, but I was able to overcome this fear (Journal, P9, Q2).

The Course had Detrimental Effects. Some commentary indicated participants were disappointed with poor quality, too little, or optional status DEI programming. In some instances, programs were described as doing more harm than good, "We have a cultural competency class that is very good but there was pushback from some of my classmates when discussing white privilege and social justice issues" (Survey, P26, Q2). And:

During our first week of orientation, we were asked to watch several short films regarding diversity...Being at a PWI, I was not surprised that the films focused on the "harms" racism poses for white people... After watching the tone-deaf, white knight-esque short films, we were asked to reflect on the films and write a small (anonymous) post... This [post] was filled with hate ... I threatened to quit the program that day due to feeling unsafe with people in my own department (Survey, P20, Q2).

Discussion

This study used a mixed methods approach to explore the academic and clinical experiences of Au.D. students who self-identified as members of HMRE groups. The tendency in this type of research is to ferret out only the negative aspects of the student experience, such as education processes that disadvantage students from HMRE groups. However, we sought to explore the broader nature of the student experience, by asking participants to report daily highlights and challenges. In addition, we chose wording that emphasized experiences that were “shaped by identity” to explore a broad perspective, including positive, negative, and neutral/everyday student experiences. We found five themes that emerged from the data: Managing Wellness, Presence of Stressors, The Significance of Representation by Members of HMRE Groups, Experiencing Discrimination, and Diversity Initiatives.

Managing Wellness emerged as a theme in response to the highlight of the day journal question. Through their narratives, we saw participants making self-care a priority, creating strategies to survive and thrive despite heavy academic and non-academic demands, and managing academic goals in a healthy way. Many participants discussed purposeful choices made with a mindfulness mentality, as they participated in physical rest, enjoyable activities, social connections, and physical and emotional wellness. They described self-care benefits that align with previous research examining self-care within graduate education. Thus, students who actively practice self-care experience decreased psychological distress and improved life satisfaction (Ayala et al., 2018; Colman et al., 2016). The focus on self-care is an important survival mechanism, as research has indicated doctoral students are at a significantly greater risk of developing mood-based psychiatric disorders (e.g., depression) compared with the general population (Gallea et al., 2021; Levecque et al., 2017). Managing individual and academic wellness is not exclusive to students from HMRE groups; however, this thematic emergence as a descriptor for “the highlight of their day” contributed to our understanding of the nature of their academic and clinical experiences: the best part of a stressful day involves essential self-care.

The second theme, *Presence of Stressors*, yielded parallel sub-themes to the Managing Wellness theme: Personal Issues and Academics Stressors. Time was the most frequently cited academic stressor, which is not surprising given the demands of a doctoral program. Academic stress is a common issue among graduate healthcare students, attributed to high levels of academic rigor, learning to provide patient care, and frequent engagement as research, teaching, and graduate assistants (Bullock et al., 2017; Gallea et al., 2021). When pursuing higher education, if a student is not able to cope with this stress, it may result in psychological, social, and emotional health consequences (e.g., depression; Alsulami, et al., 2018; Bullock et al., 2017; Wilks, 2008). Based on participant responses, most appeared capable of identifying areas of stress within their academic environments and purposefully creating strategies to address them, including pro-active time management.

Sources of academic stress described by participants as connected to their identity were unique barriers to degree completion. This aligns with research documenting barriers to degree completion faced by international students, including requirements to obtain and maintain legal residency documentation, language barriers, English proficiency requirements, lack of mentorship, exclusion from educational and clinical opportunities, and the need to align culture and communication with

the host country (Khanal & Gaulee, 2019; Lee et al., 2021). These additional barriers are associated with documented learning gaps for international students compared with native-born university students across the U.S. (Lee et al., 2021).

Personal stressors included descriptions of challenges faced by students regardless of identity, such as mental health, and intersectionality challenges, such as the intersection of student, family member, and community member- with competing expectations across these identities. For example, participant commentary included descriptions of the additional stressors faced by Au.D. students because of family expectations that align with a specific identity culture (e.g., student from an HMRE group is the first in the family to earn an advanced degree and feels self-imposed pressure to excel, as a child of immigrants). The importance of family dynamics on college student academic achievement has been debated in the literature (Guiffrida, 2005). Tinto (1993) theorized that successful integration into college requires students to break away from their families. In contrast, other researchers (Gonzalez, 2002; Rosas & Hamrick, 2002) suggested a strong predictor of achievement and persistence for students of color who attend PWIs is family support (Guiffrida, 2005). A criticism of Tinto's (1993) study is that it failed to accurately describe the experiences of students belonging to a HMRE group; therefore, other studies (Delgado Bernal, 2001; Gonzalez, 2002; Guiffrida, 2005; Rosas & Hamrick, 2002) have adopted a more holistic approach by focusing on positive (e.g., encouragement, inspiration, healthy connections) and negative (e.g., emotional burdens, additional non-academic responsibilities) impacts. Our question, how identity shaped experiences, prompted student comments on emotional and mental loads associated with the intersection of academic stress and identity, in which participants' unique family structure, culture of community, and immigration status added to the stress of the academic experience.

Over the narrative period (three weeks), the nature of many journal entries shifted from surface-level commentary to deeper self-reflection, as evidenced by progressively longer and more candid responses that revealed less pleasant aspects of academic and clinical experiences. Participants expressed a clear desire for more diversity within Au.D. programs, in part influenced by the reality of being one of few students from HMRE groups within a cohort and navigating majority White spaces. Much of the literature on navigating White spaces focuses on approaching these spaces with care (Anderson, 2015; Moore, 2020; Singer, 2016). Several studies have documented individuals belonging to HMRE groups, specifically Black individuals, reflexively noting the proportion of individuals who come from HMRE groups within a space compared to White individuals or looking for other individuals of similar racial and ethnic backgrounds with whom to connect (Anderson, 2015; Moore, 2020). Not surprisingly, code-switching often occurs in spaces where negative stereotypes about individuals from HMRE groups do not align with the majority perception of what is considered typical behavior for those spaces (Anderson, 2015), which is what we found within our data. Au.D. students from HMRE groups enrolled in Au.D. programs, which are predominately White spaces, reported changing physical appearance, speech, behavior, and sometimes their name, to enhance the *comfort* of others and to avoid reinforcing racial and ethnic stereotypes. Participants described that they made these changes purposefully in exchange for fair treatment and equal opportunity. We were able to see, via participants' candid commentary, thoughts on their true self versus the identity they project to others within White spaces, such as commentary from a participant in which she described feeling "like a ghost in a moving present" who was compelled, as the only Black student, to shape her behaviors based on the perceptions of others.

Participant commentary was replete with descriptions of microaggressions, racism, sexism, homophobia, and xenophobia. Participants felt that lack of representation within their Au.D. programs has produced, and continues to produce, discriminatory practices and ideologies shared by peers and authority figures, including faculty and clinical supervisors. Several participants disclosed that they did not react immediately when they experienced a discriminatory event perpetuated by peers, patients, faculty, and clinical supervisors; however, later, upon reflection, they were able to articulate the negative emotional impact within their narratives. This is not a novel nor surprising finding. Studies have found discriminatory experiences prompt a range of emotions including anger, shock, sadness, and embarrassment, with concomitant physiological responses, which can include increased blood pressure, heart rate, and body temperature (Harrell et al., 2003; Volpe et al., 2019). Beyond this immediate reaction, some participants reported lasting emotional impact including feeling lonely and unsafe within their program and developing feelings of distrust. The presence of distrust in the aftermath of a discriminatory event is a common reaction, which can also manifest as apprehension to report these encounters for fear of retaliation (Goodwin et al., 2016), which we saw in commentary such as this, “I have felt unsafe to report issues to higher administration in fear of consequences.” Previous researchers have also found students who encounter microaggressions, racism, xenophobia, and other forms of discrimination in academic experienced debilitating feelings of depression, anxiety, isolation, chronic stress and even the derailment of a promising career trajectory (Jochman et al., 2019; Scheitle et al., 2021).

Many universities promote DEI programs to combat implicit bias, microaggressions, and overt racism (Lewis & Shah, 2021). Thus, it was not surprising that most participants described these types of efforts within their Au.D. programs. Some participants perceived these initiatives as positive, describing initial feelings of discomfort but subsequent feelings of relief. It is important to note that, despite the best of intentions, feelings of uneasiness often originate from what appears to be the student from a HMRE group’s de facto role as a diversity resource within the classroom by nature of their status as one of the few, or the sole, person of color. The role of being a diversity resource, as often seen within the narratives, was well-aligned with the findings of Carter Andrews (2012), who described the concept of racial spotlighting that occurs when a student of color is cast in the role of a racial spokesperson, a role that creates unwanted attention and discomfort for that student.

When study participants described their programs’ cultural competency and humility initiatives negatively, students described facilitators as being “tone deaf” and inadequately trained to teach DEI content effectively and respectfully. When DEI facilitators are not appropriately trained, feelings of distrust and resentment between minority and majority racial and ethnic groups may result (Bezrukova et al., 2012), as documented with previous quotes. The literature is replete with suggested best practices on DEI and cultural competency training (Gebert et al., 2017; Lindsey et al., 2015) and ways to create a more inclusive and welcoming environment (Ringgold & Emanuel, 2024). DEI programming should span multiple sessions for growth of learning, include pairs of facilitators from both majority and minority populations, and create a psychologically safe space for learning and disclosure (Cheng et al., 2019; Gebert et al., 2017; Lindsey et al., 2015). The concept of developing a safe space is important, because it provides an opportunity for the promotion of true learning through self-honesty and discomfort, where participants can examine

their biases and behaviors, and how these biases and behaviors impact others from different racial and ethnic populations (Gebert et al., 2017).

Study Limitations. The sample size for the journaling portion of the study was small overall, and some of the participants did not complete all scheduled journal entries; however, the sample size was consistent with other qualitative studies based on a narrative inquiry approach (Gibbs Grey & Harrison, 2020; Rogers et al., 2019). In addition, journal-based data were enhanced by merging these data with open-set comments from the survey for the analysis, as the survey had a more robust sample size; however, wording differences between survey and journal questions could impact the way students interpret questions. For example, one question asked students to describe learning opportunities in the areas of cultural humility or cultural competency; responses could have been associated with either opportunity. In merging of academic and clinical experiences within one question, students could be responding to academic or clinical experiences or both with their answers, in cases where it was not clear from the answer. Another limitation was the demographic composition of the sample, especially relative to gender. Most participants were women, which is not unexpected given the demographics of the population; however, with only three men participating in the survey and two in the journaling portion, perspectives of men from HMRE groups enrolled in Au.D. programs is limited. Therefore, we present those themes with the caveat that there may be some limitations due to demographics and the wording of the questions (e.g., if they write of learning opportunities, are they responding to cultural humility or cultural competency opportunities?).

Summary. The objective of this mixed methods study was to learn about the academic and clinical experiences of Au.D. students who identify as members of HMRE groups. Participant responses provided insights into the nature of the student experience. Participants appeared to be prioritizing their overall wellness as individuals (personal wellness) and as students (academic wellness) in the face of stressors they faced within and outside of their programs. Participants described the ways in which they navigated spaces as individuals who identify as part of HMRE groups, often expressing a desire to see greater diversity in their peers, which reinforces the need for Au.D. program directors to increase their efforts to recruit and retain diverse students. Participants disclosed their experiences with microaggressions, overt racism, xenophobia, and other forms of discrimination within academic and clinical settings, and yet, despite these experiences, they persevered using various strategies, including changing themselves to survive and thrive within White spaces. Participants described their experiences through candid narratives describing both positive and negative experiences.

Future Directions. To improve the graduate school climate for students from HMRE groups, program directors, chairpersons, faculty, and other authority figures must continuously assess the climate of their programs relative to the experiences of students within HMRE groups, including a critical examination of evidence of microaggressions, overt discrimination, and implicit bias. Cultural competency and cultural humility training within the curriculum is essential (Kristoffersson et al., 2021). Commentary from participants (data collected in 2022) indicates serious weaknesses exist in current approaches to clinical competency training within Au.D. programs. Based on the experiences of our participants, DEI initiatives have significant room for growth to positively improve experiences for students from HMRE groups. In addition to working to create a more welcoming environment, suggestions for improving recruitment of students who

identify with HMRE groups include increasing outreach efforts to HMRE students via college pipeline training programs using strategies such as summer research opportunities, shadowing, and partnerships with minority-serving institutions (Caldwell et al., 2021; Griffin & Muñiz, 2015). In the field of audiology, national organizations such as NBASLH, National Student Speech Language Hearing Association (NSSLHA), and ASHA have implemented various recruitment initiatives to aid in the enrollment and retention of students who belong to HMRE groups, such as ASHA's Minority Student Leadership Program (ASHA, 2022b), mentoring initiatives such as the Building Resources to Increase Diversity in Graduate Education (BRIDGE) project (Maney, 2022) and the Speech and Hearing Sciences (SPHS) Cardinal Careers program (Bellon-Harn & Weinbaum, 2017), and affinity groups and other student support systems (Ringgold & Emanuel, 2024). In summary, potential tactics for recruiting diverse populations into CSD professions are available and should be used as resources to improve recruitment and retention of HMRE students.

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