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## The Impact of Client Microaggressions on Emotional Exhaustion and Well-being of the Worker

Patrícia Isabel Gomes da Silva Pedro

Masters in Hospitality and Tourism Management

Advisor:

Doctor Ana Junça Silva, Auxiliar Professor,  
Marketing, Operations and General Management Department  
ISCTE-Business School

September, 2023



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## Resumo

Micro-agressões são declarações sutis, muitas vezes involuntárias, comportamentos que transmitem preconceitos ou estereótipos em relação a uma minoria social específica. Embora se tenha descoberto que as micro-agressões afetam negativamente o comportamento dos funcionários, até ao momento os estudos centraram-se apenas nas micro-agressões contra minorias. Apoiando-nos na teoria dos eventos afetivos, argumentamos assim que as micro-agressões são um conjunto de eventos afetivos que desencadeiam afetos negativos e prejudicam a saúde mental dos colaboradores. Além disso, também sugerimos que o neuroticismo – um traço ligado a altos níveis de ansiedade, preocupação e sensibilidade emocional – moderará a relação indireta entre micro-agressões e saúde (vitalidade e saúde mental) através de experiências de afeto negativo. Com isto, foi realizado um estudo diário durante cinco dias úteis consecutivos ( $N = 147 * 5 = 735$  observações diárias). As descobertas multiníveis evidenciaram que as micro-agressões desencadeiam afetos negativos que, por sua vez, prejudicam tanto a vitalidade como a saúde mental; não obstante, esta relação foi amplificada pelo neuroticismo de tal forma que níveis mais elevados de neuroticismo tornaram mais forte a relação indireta entre micro-agressões e saúde através do afeto negativo. Este estudo aumenta a consciência sobre a ocorrência de micro-agressões no trabalho e que estas podem acontecer a todos os colaboradores em geral e causar lesões afetivas e de saúde significativas. Além disso, este estudo avança no conhecimento do papel que o neuroticismo desempenha no que diz respeito à sua influência na percepção e vivência de micro-agressões no contexto organizacional.

**Classificação JEL:** J71, J81.

**Palavras-chave:** Micro-agressões, Neuroticismo, Saúde, Saúde Mental, Afeto Negativo; Estudo Diário









## Abstract

Microaggressions are subtle statements, often involuntary, behaviors that convey prejudice or stereotypes towards a specific social group. Even though microaggressions have been found to negatively affect employees' behaviors, the investigation has only focused on microaggressions towards minorities. Relying on the affective events theory, we thereby argue that microaggressions are a set of affective events that trigger negative affect and impair employees' mental health. Further, we also suggest that neuroticism - a trait linked to high levels of anxiety, worry, and emotional sensitivity - will moderate the indirect relationship between microaggressions and health (vitality and mental health) via experiences of negative affect. To do so, a daily diary study was conducted over five consecutive working days ( $N = 147 * 5 = 735$  daily observations). The multilevel findings evidenced that microaggressions trigger negative affect that, in turn, impair both vitality and mental health; notwithstanding, this relationship was amplified by neuroticism such that higher levels of neuroticism (versus lower levels of neuroticism) made the indirect relationship between microaggressions and health via negative affect stronger. This study raises awareness about how microaggressions occur at work and that these affective events not only happen to minorities; instead, microaggressions may happen to all employees in general and have significant affective and health-related injuries. Moreover, this study advances knowledge of neuroticism's role in influencing the perception and experience of microaggressions in the organizational context.

**JEL Classification System:** J71, J81.

**Keywords:** Microaggressions, Neuroticism, Health, Mental Health, Negative Affect; Diary Study.







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# Index of Acronyms

**AET** - Affective Event Theory

**CI** - Confidence Interval

**DNA** - Daily Negative Affect

**ICC** - Intraclass Correlation Coefficient

**JASP** - Jeffrey's Amazing Statistics Program

**MLMed** - Multilevel Mediation

**SD** - Standard Deviation

**SPSS** - IBM Statistical Package for the Social Sciences









# 1. Introduction

The work environment is a space where interpersonal interactions play a crucial role in employee satisfaction, productivity, and well-being. However, microaggressions in the workplace can undermine individuals' mental health and performance, creating a harmful and challenging environment. Neuroticism, as a personality trait, can affect how people perceive and react to these incidents.

The discussion around microaggressions has gained increasing prominence in recent years, with a particular focus on racism and racial superiority (Camara & Orbe, 2010; Minikel-Lacocque, 2012; Nadal, Davidoff, Davis, Wong, Marshall, & McKenzie, 2015). Even though there is an evident link between microaggressions and racism, researchers conceive them as more subtle forms of aggression that are gaining relevance (Sue et al., 2007). The study by Hunt et al. (2014) stated that even reported lawsuits arising from microaggressions in the workplace. Microaggressions are defined as "brief and common daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults towards people of color" (Sue et al., 2007, p. 271). Microaggressions can also be described as "subtle snubs or dismissive looks, gestures, and tones" (Sue et al., 2007, p. 273), and include three types of behaviors: microassaults, microinsults, and microinvalidations. However, much of the existing literature on microaggressions focuses primarily on racial microaggressions, especially in the United States of America.

Prior research has established a strong relationship between microaggressions and several indicators of well-being and health (e.g., Williams et al., 2018). As highlighted by Torino (2017), microaggressions have a negative impact on both mental and physical health. Microaggressions have been compared to the metaphor "death by a thousand cuts" due to their cumulative effects. Furthermore, Hunt et al. (2014) demonstrated that microaggressions lead to increased levels of negative affect defined as the set of negative emotions experienced by an individual (Diener et al., 2020).

Given that microaggressions appear to be clearly related to negative affect (Kim & Meister, 2023), the affective events theory (AET; Weiss & Cropanzano, 1996) emerges as an appropriate theoretical framework to better understand microaggressions. Accordingly, the AET argues that affective events, such as daily micro-events (as microaggressions) trigger affective reactions that, in turn, influence attitudes, states, and behaviors (Fox et al., 2023). Further, the theory highlights the role of individual differences such as personality traits, in moderating this relationship (Weiss & Cropanzano, 1996). These individual traits may attenuate or amplify the effects of microaggressions on affective, attitudinal, and behavioral outcomes (Junça-Silva et al., 2023). Neuroticism - a trait linked to negative affectivity, anxiety, and distress (Junça-Silva & Caetano, 2023) - has been shown to moderate the relationship

between daily micro-events, affective reactions, and mental health (e.g., Junça-Silva & Silva, 2022). Thereby, neuroticism likely amplifies the positive indirect relationship between microaggressions and mental health via negative affect.

Although numerous researchers have investigated microaggressions directed towards diverse minorities or members of socially excluded groups (e.g., Nadal et al., 2011; Okazaki, 2009; Ong et al., 2013), individuals, in general, may experience microaggressions based on their high work ethic, high test scores, or perceived overall intelligence (Hupp, 2017). Furthermore, most studies on microaggressions have used student samples (mostly psychology students; Lilienfeld, 2017) and relied on cross-sectional designs that do not allow to explore within-person fluctuations over time (Lilienfeld, 2020). Hence, although relevant to the field, these studies may have biased conclusions and fail to adequately represent populations of interest (e.g., employees; Shen et al., 2011).

As such, this study focuses on demonstrating that microaggressions are experienced not only by these socially excluded groups or minorities but also by individuals in general, that is, those who do not belong to any specific minority. Further, relying on the affective events theory (Weiss & Cropanzano, 1996), we argue that microaggressions - as an affective event - will likely trigger negative affect in employees, which, in turn, will impair their mental health and vitality. In addition, we also propose that neuroticism – a trait linked to negative affectivity – will strengthen the indirect relationship between microaggressions and health through negative affect.

This research is relevant for theoretical and practical reasons. First, it will add evidence of the impact that microaggressions have on affective experiences and, consequently, on mental and physical health (i.e., vitality). Second, advancing knowledge in this field and understanding how and when microaggressions may impact employees' affective experiences and health can support managers to better delineate actions that may prevent the occurrence of microaggressions. Lastly, this study addresses the importance of individual differences, especially the personality trait of neuroticism, as a moderator of the relationship between microaggressions and health through experiences of negative affect. This contributes to the development of more accurate assumptions about how people respond to adverse events and how these responses vary based on their personal characteristics, further enriching the theoretical basis of this research.

At last, practically speaking, it is imperative that efforts be developed to better understand microaggressions as well as other forms of discrimination in order to create an inclusive environment for marginalized individuals and plan interventions that may support victims of these micro-events. Therefore, the findings may encourage organizations and institutions to implement prevention policies and educational programs aimed at creating more inclusive and respectful environments. The results

of this study may also influence policy-making in organizations and contribute to legal discussions about the treatment of microaggressions in workplaces and other contexts.







## 2. Theoretical Framework

### 2.1. Microaggressions

In the past decade, the interest in investigating the role of microaggressions at work has increased since it is directly related to the detrimental effects that microaggressions have both for individuals (e.g., health problems) and organizations (e.g., loss of productivity, increased turnover) (Schmidt, 2018).

Microaggressions were initially defined by Chester Pierce in the 1970s to explain slight race-related daily insults experienced by colored individuals in North America. It is an asset that victims of racism and sexism tend to experience several forms of microaggressions, in which the most common ones were oppression and discrimination, which caused them to suffer from stress (Pierce, 1978). These microaggressions could occur both individually and collectively.

Although Pierce first mentioned it with minorities, it was not widely taken until 2007, when Sue and colleagues published a paper promoting microaggressions at work. For Sue et al. (2007), microaggressions share some characteristics of modern, symbolic, and aversive racism – the covertness and secrecy of such aggressions have evolved from an ancient form. While there were flagrant and objective micro-aggressions in the past, nowadays, these events are more ambiguous and nebulous and make them much harder to identify and recognize. Sue's definition of the term is currently the most used, microaggressions are "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (Sue, 2007, p. 271) that can be based on gender, sexual orientation, and religious slights and insults to the target person or minority group. More recently, Lue Quezada 2019 showed that microaggressions were a form of stressor that negatively influenced individuals who belong to marginalized or socially excluded groups and that these events impaired adjustment-related outcomes.

Microaggressions can be "overt or covert, acute or chronic, mental or physical" (Pierce, 1995, p. 277). Some examples of microaggressions include being ignored, marginalized, put aside, and ridiculed based on some individual idiosyncrasy, among others. Even though this is depreciative and the most common daily aggression, most people still do not know what a microaggression is or looks like (Hunt, 2014); furthermore, most people tend to ignore these events, and this may explain why microaggressions tend to be so common at the workplace (Smith & Griffiths, 2022).

Overall, microaggressions include diverse types of interpersonal behaviors that implicitly indicate that the micro aggressor is biased in many ways (sexual orientation, racism, and others). Microaggressions tend to occur when micro aggressors (the person who performs the microaggression)

create an expectation of behavior and attitudes, generally based on empathy for the victim. These assumptions tend to lead to deception, taking into account the reality above expectations, which leads to microaggressions (Sue et al., 2007).

Researchers such as Camara e Orbe (2010), Johnston e Nadal (2010), Ong et al. (2013), and Sue et al. (2007) stated that not all discriminatory behaviors are equal. They identified three categories of microaggressions: microinsults, microinvalidations, and microassaults.

Microassaults are characterized by verbal or nonverbal attacks that are intended to harm the victim. This may include using derogatory words and avoiding or deliberately discriminating against someone. Perpetrators often maintain a level of anonymity, publicly revealing their negative perceptions in moments of loss of control or when they feel relatively safe. What differentiates microassaults from overt discrimination is the possibility of using offensive words unconsciously or unintentionally (Sue et al., 2007). An example that suits microassaults inside a company could be: "Your post had the most engagement this week, who would have guessed?" - towards a person from another ethnic origin. In this case, the comment implies that the person of another ethnic origin is not expected or is not common to be highlighted for their work, which is harmful and discriminatory. Although the comment may seem subtle, it expresses prejudice based on the person's ethnic origin and is considered a form of microaggression because it demeans their accomplishments based on their racial or ethnic identity.

Microinsults involve offensive and insensitive communications that belittle a person based on their identity. These are the ones that the person is aware of the meaning of words, normally messages that convey insults subtly and covertly. The context in which they are used is fundamental, and these messages can be considered aggression by the recipients when they occur frequently. Microinsults are usually verbal but can also be nonverbal (Sue et al., 2007). For instance, there is a vacancy opening inside the company, and a woman applying, receives the following comment: "That's brave!". This type of observation downplays a woman's ability based on gender stereotypes.

Lastly, microinvalidations involve communications that exclude, deny, or invalidate the thoughts, feelings, or life experiences of the people to whom they are directed. Often, when confronted with their acts of microaggression, individuals tend to minimize the situation, believing that the microaggressions are not serious. To illustrate microinvalidations better, a woman shares that she felt discriminated against during a meeting and a colleague responds: "I don't think it was that bad." This type of response nullifies the validity of the experience and feelings, which results in you feeling devalued.

While some individuals deliberately engage in microassault (purposively to hurt or demean the other person), others may unknowingly convey microinsults or microinvalidations. Microinsults englobe negative comments that belittle an individual's background, while microinvalidations dismiss another



person's thoughts or emotions. These categories are generally accepted as they reflect common stereotypes that exist throughout society (Ong et al., 2013).

In addition to these types, Vaccaro and Koob (2018) mention a fourth type of microaggressions, known as environmental microaggressions. Microaggressions are not just limited to interpersonal interactions and social group-based oppression. They also occur at systemic levels, including economic exploitation and organizational and technological dehumanization. This understanding is fundamental to recognize the universality of these experiences (Dover, 2016; Nadal, 2019; Sue et al., 2007). Microaggression in the workplace is a particular type of environmental microaggression (Nadal, 2011). This means that all types of microaggressions may occur there. These microaggressions may imply that someone is inferior by referring to his/her lower-ranking position at work and using microaggressions as a strategy to hurt him/her. A second example is that all people in dominant positions are of the dominant race and minorities hold very few leadership roles, if any (Offermann et al., 2013). For instance, making comments that make the other's habits, values, or preferences seem different and inferior when compared to those from the environment in which they live and work (e.g., commenting on American breakfast food being unhealthy for not including vegetables), or that one does not meet cultural expectations (e.g., Sue et al., 2007).

Regardless of the category of micro-aggression, one common characteristic is its apparent "invisibility," normally happening with unintentional expressions of harming the other (Sue et al., 2007). Furthermore, due to its imperceptibility, some individuals may deny the occurrence of these events, and as such ignore its detrimental effects. This may happen because microaggressions due to their micro nature may seem invisible or unimportant (Smith & Griffiths, 2022), but this may well enhance their continuity in the long run.

During the time, researchers focused on how microaggressions affect people, specifically verbally (internally or externally) or physically. A victim of this act can respond in various ways taking into account the severity of the event. Camara and Orbe (2010) suggested that "an individual might respond by assimilating (i.e., self-censoring), accommodating (i.e., mirroring), or separating (i.e., sabotage)".

Although it is stated that microaggressions can occur at any place, the study of Camara and Orbe (2010) concluded that the highest frequency of microaggressions happened at the workplace, followed by school and public places. It was found that in order for people to maintain their jobs and/or working relationships they tended to pretend not to be affected by the microaggressions they suffered, which led to various scenarios of anxiety and fear of the consequences (Camara & Orbe, 2010).

Additionally, researchers have examined the influence of minority status on job satisfaction and performance. Green (2003) examined two minority groups (African American men and women) in the

workplace and discovered that, when surrounded by Caucasian coworkers, both felt that their group participation was overlooked due to their race and that they were not given proper credit. According to research conducted by Green (2003), employees are less likely to take initiative and more likely to "ride it out" when their job satisfaction is low. Those who engage in more passive coping strategies have been shown by Museus, Sariana, and Ryan (2015) to experience lower levels of job satisfaction while working in an academic setting.

According to Dover (2016), social injustice triggers and perpetuates incidents of microaggressions. When addressing social injustice, Dover (2016) identified three fundamental phenomena: oppression, exploitation, and dehumanization. Ann Cudd's theory of oppression (2006) suggested that oppression has two distinct effects, the first being directly related to inequality resulting from the domination of one social group over another. This often involves objectifying and humiliating the oppressed group which aligns with the concept of micro attacks developed by Sue et al. (2007). On the other hand, exploitation differs from oppression because, in exploitation, the person does not necessarily benefit from exploitative practices. Microaggressions associated with exploitation arise from the supervisory position that individuals from the dominant group assume on a daily basis, maintaining control even if they do not obtain individual gains from it (Cudd, 2006; Dover, 2016). Finally, dehumanization involves attributing animalistic or mechanical characteristics to the social group considered inferior. This process occurs when it is believed that certain people do not possess typical human characteristics, such as moral sensitivity, logic, cognitive openness, and agency. Consequently, they can be seen as immoral, irrational, inflexible, or passive (Haslam, 2006) and have significant effects on employees' health (Smith & Griffiths, 2022).

### **2.1.1. The relationship between microaggressions and health**

Numerous studies have been dedicated to investigating the low levels of mental health observed in populations who have experienced microaggressions. A notable example is the research of Meyer (2003), who introduced the Minority Stress Model. This model links microaggressions experienced by minority groups with higher levels of psychological distress (Breslow et al., 2015), which in turn is correlated with increased levels of heterosexism and decreased self-acceptance (Woodford et al., 2014). Those affected by microaggressions report that these experiences have negative impacts on their identity development, influencing their needs for privacy and acceptance. Furthermore, the prevalence of these microaggressions contributes to increased psychological distress and reduced self-acceptance among victims (Woodford et al., 2014).

Furthermore, previous studies have suggested that microaggressions experienced by marginalized groups are associated with worse mental health indicators; these include lower levels of self-esteem

(Nadal, Wong et al., 2014), higher levels of depression (Nadal, Griffin et al., 2014), more pronounced manifestations of anxiety (Blume et al., 2012; Nadal, Griffin, et al., 2014), higher prevalence of negative emotions (Nadal, Griffin, et al., 2014), difficulties in behavioral control (Nadal, Griffin, et al., 2014), lower general well-being (Nadal et al., 2015) and increased addictive behaviors, such as alcohol consumption, caffeine, and drugs (Blume et al., 2012).

Microaggressions can have profound psychological effects on those who experience them (Nadal, 2019). Sometimes, individuals exposed to microaggressions experience feelings of uncertainty because they cannot comprehend what has occurred and because it challenges their self-concept and comfort zone (Sue et al., 2007). Microaggressions may take subtle forms like avoiding eye contact or making assumptions that still negatively affect health outcomes even if no overt aggression is involved (Sue et al., 2007).

When it comes to the working settings, microaggressions experienced can have detrimental effects on an employee's mental and physical well-being and behavioral outcomes, such as job efficiency and performance (Nadal, 2011). Research has indicated that microaggressions may contribute to increased levels of depression and trauma, even when they occur in the workplace (Nadal, 2019). One study identified depressive symptoms as a mediator in the relationship between microaggressions and suicidal ideation (Liu et al., 2013). Additionally, a recent study showed that individuals who experienced microaggressions were more likely to report having experienced heart attacks, depressive symptoms, or hospitalization in the prior year (LaVeist, 2018). Microaggressions not only cause mental and physical harm, but they can also erode trust in others - family, coworkers, or managers. Other studies revealed that microaggressions impaired health and, in the long run, led to negative behavioral and attitudinal outcomes (Perez, 2019).

Although microaggressions may seem inconsequential, when added up, they can substantially negatively impact someone's mental and physical well-being. Solorzano et al. (2000) conducted a study that examined the effect of racial microaggressions on Chicano/Latino employee's performance and mental health; results indicated that experiences of microaggressions were negatively associated with performance and positively associated with depression and anxiety symptoms; furthermore, this suggested a cumulative effect in terms of mental health - because as whom by the authors, repeated microaggressions can have long-lasting negative repercussions. Richards and Hewstone (2001) conducted a study that examined the effects of subtle and overt forms of discrimination on self-esteem and psychological well-being. Results revealed that both types of discrimination were associated with lower self-worth levels and greater psychological distress. Furthermore, subtle forms of discrimination, such as microaggressions, could be just as harmful as overt acts like hate crimes.

In conclusion, microaggressions can occur in a variety of social contexts and be directed at anyone; however, studies have been mostly focused on socially excluded and marginalized individuals (Smith & Griffiths, 2022).

## 2.2. The mediating role of negative affect

The AET (Affective Event Theory) helps to explain how microaggressions occur and which effects they may have on employees (Weiss & Cropanzano, 1996). Accordingly, the theory states that affective events or daily micro-events – as microaggressions are – trigger negative affect – the set of negative emotional experiences (e.g., sadness, fear, tension; Diener et al., 2020) - that influence attitudes and behaviors (Weiss & Cropanzano, 1996). Further, individual differences, such as personality traits (e.g., neuroticism) may buffer or intensify the effects of microaggressions (e.g., Junça-Silva et al., 2023). Thus, the AET may be a suitable framework that explains how and when microaggressions impact employees' effective reactions and other personal outcomes, such as health.

Health is composed of two relevant dimensions: physical (or defined by the vitality and the degree of stamina each one owns to face daily life, including daily adversities and daily microaggressions (Deng et al., 2015) and mental health (defined as a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society (Galderisi et al., 2017).

Researchers showed that individuals experience diverse emotional reactions to a microaggression (e.g., Camara & Orbe, 2010; Mellor, 2004; Nadal et al., 2014; Sue et al., 2007). Frustration was the most frequently reported emotional reaction (McCabe, 2009; Sue et al., 2007; Wang, Leu, & Shoda, 2011). For example, a study conducted by Torres, Driscoll, and Burrow (2010) found that individuals experienced frustration when trying to maintain high-quality performance due to the pressures resulting from the stereotypes weighing on them. Furthermore, according to Sue et al. (2007), it is argued that microaggressions can generate more frustration than more overt forms of racism. Part of this frustration seems to stem from a reluctance to have to repeatedly explain why certain comments are damaging to one's identity, while another part stems from a feeling that openly expressing one's feelings is futile in deconstructing these stereotypes. Therefore, instead of going through this repetitive process, victims often internalize this feeling of frustration instead of expressing it to the aggressor.

Another common emotional reaction is isolation. Nadal et al. (2011) explained that individuals who face microaggressions more often are more likely to experience different forms of isolation. Camara and Orbe (2010) also identified that, in the context of the workplace, microaggressions often resulted in assimilation behaviors, in which people pretended not to be affected in order to keep their jobs or preserve their professional relationships. This often triggered reactions that included anxiety, fear of possible reprisal, and considerations about reporting microaggressions to human resources.

The connection between negative affect and health is notable and well-established, as is the relationship between microaggressions and negative affect and health (e.g., Williams et al., 2018). For example, several studies have indicated that microaggressions are associated with the experience of negative affect, consequently resulting in increasing psychological distress, including an increase in levels of anxiety and depression, as well as a decrease in self-esteem (Nadal et al., 2014). Furthermore, microaggressions have been shown to induce hypervigilance, in which individuals become increasingly alert to potential incidents of discrimination, resulting in increased stress levels and poorer health indicators (Cokley et al., 2012). Other research has also highlighted that microaggressions have impacts on physical health, including increased heart rate, blood pressure, and cortisol levels, which can ultimately contribute to chronic health problems such as cardiovascular disease or diabetes (Lewis et al., 2017). This reinforces the understanding of the complex relationship between microaggressions, negative affective experiences, and the global health of affected individuals. Hence, the following hypotheses were defined based on the AET and the literature review.

### **Hypothesis 1**

- (a) Daily negative affect mediates the relationship between daily microaggressions and daily mental health.
- (b) Daily negative affect mediates the relationship between daily microaggressions and daily vitality.

### **2.3. The moderating role of neuroticism.**

Pierce (1995) emphasized that the experience of microaggressions depends on how the victim perceives the microaggression. Consequently, the individual's context and personality will affect a person's evaluation of what has occurred. This is also emphasized by the AET – which emphasizes the role of individual differences as a moderator of the relationship between microaggressions and affective, attitudinal, and behavioral reactions (Junça-Silva et al., 2023; Weiss & Cropanzano, 1996). When individuals appraise microaggressions negatively, it tends to intensify the detrimental effects on their health (Kim & Meister, 2023).

Even though microaggressions are generally subtle, individuals, when experiencing microaggressions tend to feel threatened in some way. The perceived threat can be intrapersonal, leading to negative thoughts about him/herself (Okazaki, 2009; Sue et al., 2007; Ward, Okura, Kennedy, & Kojima, 1998). This may even be strengthened for individuals who are high on neuroticism traits.

Neuroticism is a personality dimension characterized by high levels of anxiety, worry, and emotional sensitivity (Costa & McCrae, 1980). This trait has been the subject of extensive investigation in the

context of workplace interactions, including microaggressions (e.g., Junça-Silva & Vilela, 2023). Individuals with neurotic traits tend to interpret situations negatively and react with greater emotional intensity than those with lower neuroticism levels (Junça-Silva & Silva, 2022; McCrae & Costa, 1983).

The heightened emotional sensitivity associated with neuroticism plays a crucial role in the perception and interpretation of microaggressions in the workplace. Studies indicated that individuals with high levels of neuroticism may be more likely to interpret neutral or ambiguous behaviors as microaggressions due to their tendency to attribute negative meanings to events and interactions (Barlow et al., 2014).

Additionally, the emotional reaction of people with neuroticism traits to these situations may be more intense. They are more susceptible to experiencing heightened levels of stress, anxiety, and even depression in response to perceived microaggressions (Smith et al., 2018). This amplified emotional response not only impacts negatively well-being in the workplace but can also have implications for individuals' overall mental health (Junça-Silva & Silva, 2022). Therefore, understanding the complex interplay between neuroticism and microaggressions is fundamental to a comprehensive understanding of how different personality characteristics can influence how individuals are affected by these experiences in the professional environment. This highlights the importance of developing appropriate support strategies and interventions to promote a healthy and inclusive work environment for all employees, regardless of their personality characteristics (Barlow et al., 2014; Smith et al., 2018).

The trait-activation theory (Tett & Burnett, 2003) argues that personality traits can influence states and behavior by providing trait-relevant situational cues. Inversely, a constraint or stressful situation can damage inner states or trait-relevant behavioral expression by limiting situational cues. That is, specific behaviors or states (such as vitality, for instance) related to some traits (in this case, neuroticism) are activated based on the appraisal of the microaggressions that employees experience. In this case, neurotic individuals may activate their tendency to negatively appraise what happens and react more negatively to microaggressions.

Moreover, the behavioral congruence model (Côté & Moskowitz, 1998) may also support the enhanced effect of microaggressions on employees' health through the negative affect of individuals high on neuroticism. Accordingly, individuals should experience greater negative affect in situations or events (microaggressions) that are congruent with their personality characteristics (neuroticism). Hence, it is likely that individuals high on their neuroticism trait react more negatively to microaggressions when compared to individuals low on neuroticism (Junça-Silva & Vilela, 2023).

Neuroticism can intensify the negative effects of microaggressions in several ways. Due to the sensitive and anxious nature of people with high levels of this personality trait, neurotically inclined individuals have a greater tendency to interpret situations in a negative way (Junça-Silva & Silva, 2022;

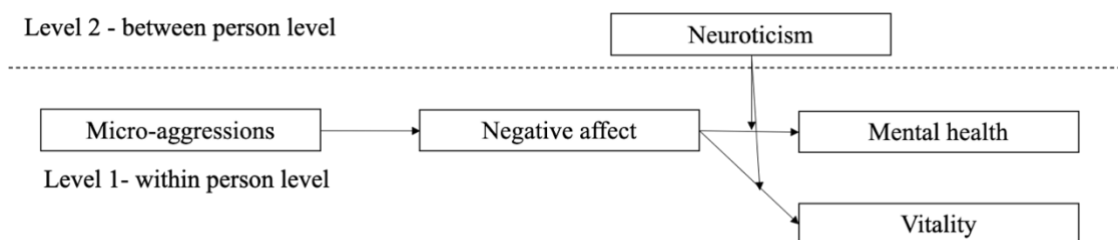
Junça-Silva & Vilela, 2023). When they experience microaggressions, they may interpret these behaviors in a more hostile way than people with lower levels of neuroticism. This amplifies the perception of threat and harm caused by microaggressions (Smith et al., 2018). Emotional intensity is one of the consequences of people with a high level of neuroticism. Thus, for these individuals - high on neuroticism trait - microaggressions can be a source of significant stress, leading to intense emotional responses such as anxiety, anger, and sadness. Neurotically inclined individuals have a greater tendency toward rumination, which is the obsessive repetition of negative thoughts. After experiencing microaggressions, they may become trapped in negative thoughts and rumination about the microaggression, prolonging emotional distress or other negative affective reactions (Costa & McCrae, 1980). Neuroticism is also associated with lower levels of self-esteem and self-confidence (Stokes, 2019). When these individuals face microaggressions, their already weakened sense of self-esteem can be further damaged, leading to a negative image of themselves, and increasing their chronic stress, which is particularly harmful for people high on neuroticism (Junça-Silva & Vilela, 2023). This can lead to mental health problems such as depression and anxiety. In summary, neuroticism can intensify the negative effect of microaggressions due to the negative interpretation, intense emotional response, persistent rumination, impact on self-esteem, and increased chronic stress.

Thus, relying on the AET and the Trait Activation Theory, the following hypotheses were defined.

## Hypothesis 2

(a) Neuroticism would moderate the indirect association between micro-aggressions and daily mental health via daily negative affect, such that the negative affect-mental health pathway would be more vital for higher levels of neuroticism (versus lower levels).

(b) Neuroticism would moderate the indirect association between micro-aggressions and daily vitality via daily negative affect, such that the negative affect-vitality pathway would be more vital for higher levels of neuroticism (versus lower levels) (see Figure 1).



**Figure 1.** Conceptual model.









## 3. Method

### 3.1. Participants and Procedure

Given the purpose of the study and the research hypotheses, a correlational study was chosen based on a daily quantitative methodology. Diary or longitudinal studies are viable in studies on emotional states because they offer new ways of obtaining information and creating variables (Roczniewska et al., 2020). Daily or longitudinal studies allow, in addition to monitoring existing changes over a period of time in specific individuals, to avoid memory biases in them, collecting data during exposure to certain events.

This study used a diary design that included a general questionnaire and a diary answered over five consecutive working days (from Monday to Friday for one week). The questionnaires were published on Qualtrics to record the date and time participants responded. Each survey contained questions consisting of codes so that results could be matched and questions of a sociodemographic nature. Data collection lasted approximately two months between November 2022 and January 2023, with the confidentiality and anonymity of respondents guaranteed to all participants.

We asked 222 Portuguese working adults to participate in this study. At this stage, 181 completed the overall survey (response rate: 81.5%), 153 completed at least one daily survey (response rate: 68.9%), and 147 completed all five daily questionnaires (response rate: 66.2%, occasions of measurement = 735). This sample size was considered adequate because, as suggested by Maas and Hox (2005), when the objective is to perform cross-level interactions (i.e., the inter-individual moderator in an intra-individual relationship), level 2 variables (i.e., neuroticism at the inter-individual level) must have at least 30 respondents in a multilevel structure in order to result in an accurate estimate of standard errors. Thus, the sample of 147 participants had satisfactory power and precision, as it exceeded the minimum sampling requirements (Maas & Hox, 2005).

In general, 65.3% were female, 69.4% had a bachelor's/degree, and 30.6% had a master's degree or higher. Participants were, on average, 38.77 years old ( $SD=10.33$ ) and had an average length of service of 15.16 years ( $SD=12.40$ ). They reported working an average of 41 hours per week ( $SD=5.20$ ) and working in various occupational sectors, including department heads (37.4%), administrative technicians (42.2%), and operational technicians (20.4%).

Regarding statistical observation, factor analyses were carried out using Jeffrey's Amazing Statistics Program (JASP) software, and hypothesis testing was carried out using the IBM Statistical Package for the Social Sciences (SPSS) 28<sup>®</sup> software, with the MIMed macro (Rockwood, 2020).

## 3.2. Instruments

### General questionnaire

A general survey was used to collect sociodemographic data (i.e., gender, age, employment, and educational level) and the inter-individual variable: neuroticism. This questionnaire was collected once. Neuroticism was measured using four items from the Mini-IPIP scales (Donnellan et al., 2006). Responses were given on a 5-point Likert scale (1 - *very inaccurate*; 5 - *very accurate*) (e.g., "I have frequent mood swings" ( $\alpha = 0.81$ )).

### Daily questionnaire

We followed the recommended procedure for daily recording methods (e.g., Ohly et al., 2010); therefore, to reinforce the daily nature of the study, all items included the word "today" and used the past tense in each item. To improve reliability and reduce participant dropout rates, short scales were used. The daily questionnaire included daily measures of daily microaggressions, negative affect, and mental health.

### Workplace micro-aggression

We used the scale developed by Hupp (2017), based on previous work by Nadal. This demonstrated how the respondent's opinion or behavior is accepted by colleagues and/or clients. It included seven items, and participants were asked to evaluate them on a 5-point Likert scale, ranging from 1 (*totally disagree*) to 5 (*totally agree*). Examples of items included: "Today, a customer was hostile or rude to me"; "Today, a customer told me that I did not work as hard as many of my coworkers" ( $\alpha = 0.87$ ).

### Negative affect

To measure negative affect, the Multi-Affect Indicator, developed by Warr et al. (2014) was used. Participants were asked to rate the eight items (e.g., "anxious", "tense") on a 5-point Likert scale, ranging from 1 (*never/almost never*) to 5 (*always/almost always*). The question asked was: "Please tell me how often you felt the following emotions today." Cronbach's alpha was 0.92, which denoted excellent reliability.

### Health

We used six items from the SF-36v2 Health Survey (Ware et al., 2007) to measure daily mental health: "Today, how much of the time have you felt calm and peaceful?", and vitality: "Today, how much of the time have you felt full of life". Items were rated on a 5-point scale ranging from 1 (*none of the time*) to 5 (*all of the time*). Multilevel reliability indices were good ( $\alpha_{\text{mental health}} = 0.85$ ;  $\alpha_{\text{vitality}} = 0.90$ ).

### **Control variables**

We used time (level 1) and sex (level 2) as controls because each one has been proven to affect health-related outcomes (Junça-Silva & Silva, 2022).

### **3.3. Data analyses**

This study used multi-level analysis with nested data to examine the underlying model. First, we calculated the analysis of variance components. We found significant variance in daily microaggressions (ICC = .72), daily negative affect (ICC = .87), daily mental health and vitality (ICC = .84, ICC = .81). This evidence shows that these variables have significant variation both at the within and between-person level. Thus, we could proceed with the multilevel analysis.

Our hypotheses were tested through the macro–Multilevel Mediation (MLMed) in SPSS (Rockwood, 2017). This macro appears to deliver similar results in estimating model parameters to what other software alternatives do (e.g., Mplus). This macro appears to be particularly useful for models that include level-2 moderators (Rockwood, 2017). Therefore, MLM is a suitable macro to test the 1-1-1 multilevel and moderated mediation models.









## 4. Results

### 4.1. Multilevel Confirmatory Factor Analysis

We ran a multilevel confirmatory factor analysis to test for common method bias. The results showed that the four-factor model (daily microaggressions, daily negative affect, and daily mental health and vitality) fitted the data well (at both within-and-between-person level: RMSEA = .08, CFI = .85 TLI = .82, SRMR<sub>within</sub> = .06, SRMR<sub>between</sub> = .07). On the other hand, the single factor-model (at both within-and-between-person level) showed an unacceptable fit to the data (RMSEA = .11, CFI = .61 TLI = .58, SRMR<sub>within</sub> = .09, SRMR<sub>between</sub> = .10). Thus, these results showed additional evidence for the validity of our measures.

### 4.2. Descriptive Statistical Analysis

The descriptive statistics and correlations are presented in Table 1.

**Table 1.** Means, Standard Deviations, and Between-and Within-Person Level Correlations

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Micro-aggressions	2.21	1.04	-	.28**	-.18**	-.34**	.07*	-.11**	-.00
2. Negative affect	2.15	.82	.30**	-	-.55**	-.54**	.31**	.04	-.01
3. Mental health	3.54	.92	-.20**	-.35**	-	.62**	-.27**	-.00	.00
4. Vitality	3.40	1.01	-.18**	-.31**	.54**	-	-.22**	.06*	-.06*
5. Neuroticism	2.78	1.02	.20**	.28**	-.27**	-.18**	-	-.02	.19**
6. Time	-	-	-.10*	-.03	-.02	.02	.01	-	.02
7. Sex	-	-	.01	.04	.03	.00	.17*	.03	-

*Note.* Correlations below the diagonal are between-person levels. Correlations above the diagonal are within-person level.  $N_{\text{(observations)}} = 735$ ;  $n_{\text{(participants)}} = 147$ . \*\*\*,  $p < .001$ , \*\*  $p < .01$ , \* $p < .05$ .

### 4.3. Hypotheses Testing

As we mentioned before, to test our hypotheses, we considered the hierarchical structure of the data, in which daily data was nested within individuals. As shown in Table 2, after controlling for the time of data collection and sex, the results at the individual level are as follows.

### The indirect effect of daily microaggressions on health via negative affect

With 20,000 Monte Carlo replications, the results indicated a negative indirect effect of daily microaggressions on mental health via negative affect (indirect effect within=-0.05, 95% bias-corrected bootstrap CI [-0.07, -0.003]); moreover, the results also showed a negative indirect effect of daily microaggressions on vitality via negative affect (indirect effect within=-0.06, 95% bias-corrected bootstrap CI [-0.08, -.04]); which supports our first hypotheses, a and b (see Table 2).

**Table 2.** Parameter estimates for 1-1-1 multilevel mediation model.

	Outcome					
	Daily negative affect			Daily mental health		
	Ŷ	SE	95% CI	Ŷ	SE	95% CI
<b>Direct effect</b>						
Daily micro-aggressions	.11*	.02	(.07, .15)	-.03	.02	(-.07, .01)
DNA	-	-	-	-.46***	.03	(-.52, -.39)
Time	.03***	.01	[.01, .05]	.00	.01	[-.02, .03]
Sex	.00	.07	[-.13, .15]	-.14*	.07	[-.28, -.01]
<b>Indirect effect</b>						
Daily micro-aggressions (via DNA)	-	-		-.05*	.01	(-.07, -.03)
-2LL	6671.73					
AIC	6679.73					
BIC	6703.98					

Note. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ,  $N_{(observations)} = 735$ ;  $n_{(participants)} = 147$ . CI: confidence interval. DNA = Daily negative affect.

### The Moderating Role of Neuroticism

First, the results evidenced a significant interaction between negative affect and neuroticism in predicting mental health ( $B_{within}=-0.09$ ,  $p < 0.01$ ). These results also demonstrated a significant interaction between negative affect and neuroticism in predicting vitality ( $B_{within}=-0.08$ ,  $p < 0.05$ ).

### The moderated mediation effect

Moreover, to test the hypothesized moderated mediation model, we performed a 20,000 Monte Carlo analysis. The findings revealed that, as expected, neuroticism significantly moderated the indirect effect, indicating a significant moderated mediation model for mental health (Estimate<sub>within</sub> = -0.01, 95% bias-corrected bootstrap CI [-0.02, -0.01]) and for vitality (Estimate<sub>within</sub> = -0.01, 95% bias-corrected bootstrap CI [-0.02, -0.01]). Thus, H2a and H2b were supported (see Figures 2 and 3).

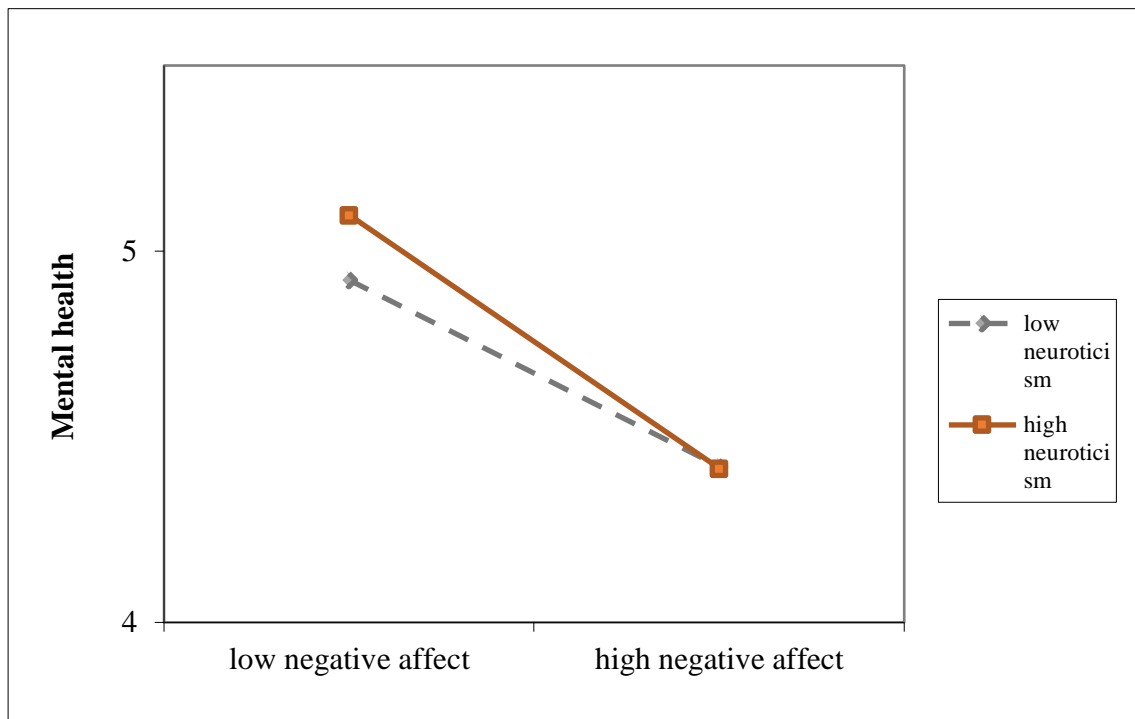


Figure 2. Moderation of neuroticism in the relationship between negative affect and mental health.

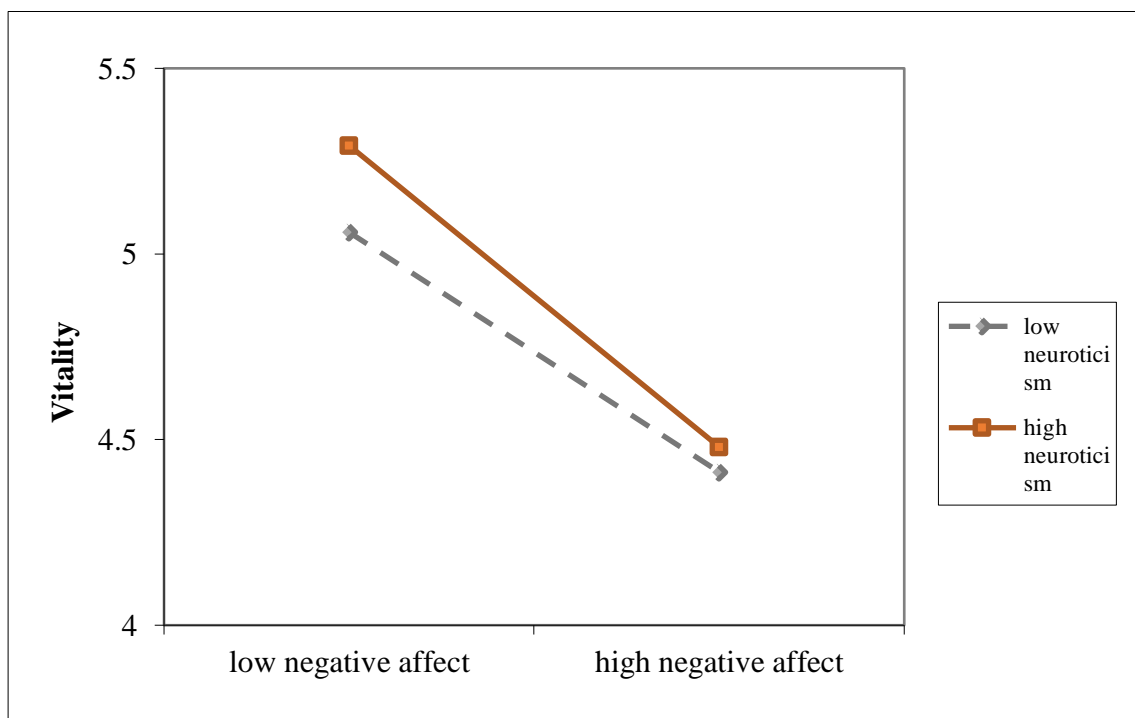


Figure 3. Moderation of neuroticism in the relationship between negative affect and vitality.

A simple slope test showed that negative affect was negatively related to mental health at both lower and higher levels of neuroticism ( $B_{\text{lower}} = -0.25, p < 0.001$ ;  $B_{\text{higher}} = -0.34, p < 0.001$ ); when negative affect increased, daily mental health also increased, in particular for those who showed higher levels of neuroticism.

Plus, the simple slope test also evidenced that negative affect was negatively related to vitality at both lower and higher levels of neuroticism ( $B_{\text{lower}} = -0.32, p < 0.001$ ;  $B_{\text{higher}} = -0.40, p < 0.001$ ); when negative affect increased, daily vitality was higher, in particular for those who showed higher neuroticism.

**Table 3.** Parameter estimates for 1-1-1 multilevel mediation model.

	Outcome					
	Daily negative affect			Daily vitality		
	Ŷ	SE	95% CI	Ŷ	SE	95% CI
<b>Direct effect</b>						
Daily micro-aggressions	.11*	.02	(.07, .15)	-.20***	.03	(-.25, -.15)
DNA	-	-	-	-.53***	.04	(-.60, -.46)
Time	.03***	.01	[.01, .05]	.00	.01	[-.02, .03]
Sex	.00	.07	[-.13, .15]	-.14*	.07	[-.28, -.01]
<b>Indirect effect</b>						
Daily micro-aggressions (via DNA)	-	-		-.06*	.01	(-.08, -.04)
-2LL	6935.69					
AIC	6943.69					
BIC	6967.94					

Note. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ,  $N_{\text{(observations)}} = 735$ ;  $n_{\text{(participants)}} = 147$ . CI: confidence interval. DNA = Daily negative effect.

**Table 4.** Parameter estimates for 1-1-1 multilevel moderated mediation model.

	Outcome	
	Daily negative affect	Daily mental health

	Ŷ	SE	95% CI	Ŷ	SE	95% CI
<b>Direct effect</b>						
Daily micro-aggressions	.12***	.02	[.08,.16]	-.04	.03	[-.09, .00]
DNA	-	-	-	-.24**	.10	[-.44, -.05]
Neuroticism	-	-	-	.08	.09	[-.10, .25]
Daily micro-aggressions *Neuroticism	-	-	-	-.09***	.03	[-.15, -.03]
Time	.03***	.01	[.01, .05]	-.02	.01	[-.04, .01]
Sex	.00	.07	[-.13, .15]	-.01	.06	[-.14, .12]
<b>Conditional Indirect Effect</b>				-.02***		[-.02, -.002]
-2LL	5972.62					
AIC	5980.62					
BIC	6004.43					

Note. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ,  $N_{(observations)} = 735$ ;  $n_{(participants)} = 147$ . CI: confidence interval. DNA = Daily negative effect.

**Table 5.** Parameter estimates for 1-1-1 multilevel moderated mediation model.

Outcome						
Daily negative affect			Daily vitality			
Ŷ	SE	95% CI	Ŷ	SE	95% CI	

<b>Direct effect</b>						
Daily micro-aggressions	.12***	.02	[.08, .16]	-.19***	.03	[-.24, -.14]
DNA	-	-	-	-.33**	.11	[-.54, -.12]
Neuroticism	-	-	-	.14	.09	[-.05, .32]
Daily micro-aggressions *Neuroticism	-	-	-	-.08***	.04	[-.15, -.01]
Time	.03***	.01	[.01, .05]	.00	.01	[-.02, .03]
Sex	.00	.07	[-.13, .15]	-.14*	.07	[-.28, -.01]
<b>Conditional Indirect Effect</b>				-.01***		[-.02, -.01]
-2LL	6186.10					
AIC	6194.10					
BIC	6217.90					

Note. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ,  $N_{(observations)} = 735$ ;  $n_{(participants)} = 147$ . CI: confidence interval. DNA = Daily negative affect.

## 5. Discussion

This study relies on the AET to test a model on which microaggressions are conceptualized as micro-affective events that trigger negative affect and, in turn, impair mental and physical health. It also explores the moderating role of neuroticism on the indirect relationship between microaggressions and health through experiences of negative affect.

Overall, the findings show that microaggressions are affective micro-events, and thereby, the AET is a suitable framework to study such events. Moreover, microaggressions seem to be frequent for those who have to deal with customers in their daily lives at work and, as such, are not exclusively experienced by members of minority groups or socially excluded ones. Microaggressions also seem to have significant affective and health-related impacts on employees, and these impacts are enhanced for those who exhibit higher levels of neuroticism.

### 5.1. Theoretical Contributions:

First, this study expands the conceptualization of microaggressions by demonstrating that these micro-events are not limited to minority groups but can be experienced by individuals in general. This enriches microaggression theory, making it more comprehensive and applicable to a variety of social contexts and interpersonal interactions. Moreover, the incorporation of the Affective Events Theory (AET) as a theoretical framework in this study is another valuable contribution. This allows for a better understanding of how everyday affective events, such as microaggressions, influence people's attitudes and behaviors, paving the way for deeper investigations into everyday affective events in broader contexts. As the findings show, microaggressions trigger negative affect and influence health-related outcomes. Hence, microaggressions may be conceived as micro affective events with significant changes in affective daily life of those who experience them.

Plus, even though microaggressions have been consistently associated with negative affect and decreased health (e.g., Kim & Meister, 2023), this study contributes to deepening the understanding and demystifies that microaggressions not only damage those who belong to minorities or socially excluded groups; instead, each employee that work with customers and have to interact with other persons may be victims of microaggressions. For instance, a recent study developed by Parikh and Leschied (2022) started to 'lift the veil' and showed that microaggressions plagued daily interactions with colleagues and patients and impacted deeply work-related daily life. Thus, it is relevant to emphasize that microaggressions, despite their micro-nature, may deeply impact employees' affective lives and worsen their mental and physical health.

Previous studies have consistently pointed to the connection between microaggressions, negative affect, and health. The findings of these studies support the understanding that microaggressions are not mere inconsequential social interactions but rather experiences that have significant impacts on people's mental and physical health (Nadal et al., 2014; Cokley et al., 2012; Williams et al., 2018). For instance, studies conducted by Nadal et al. (2014) and Cokley et al. (2012) showed that people who experience microaggressions report increased anxiety, depression, and stress. These negative affective states are often the result of intense emotional reactions triggered by microaggressions. Moreover, these symptoms can persist and worsen over time, affecting the victims' psychological well-being.

It is essential to highlight that prolonged and chronic negative affect can have serious health implications. Studies, such as those performed by Williams et al. (2018) and Lewis et al. (2017), demonstrated that microaggressions can lead to increased heart rate, high blood pressure, and elevated cortisol levels, which are indicative of a prolonged stress response. These physiological responses to stress can contribute to chronic health problems such as cardiovascular disease and diabetes.

Therefore, these previous studies provide a solid basis for arguing that microaggressions directly impact health, acting as a trigger for negative affect, which, in turn, is related to a range of adverse consequences for mental and physical health. This underscores the importance of understanding and properly addressing microaggressions in work and social contexts to protect the health and well-being of people facing them.

One of the key findings of this study is the confirmation that microaggressions are not limited to affecting only specific groups but also have significant repercussions on a broader spectrum of individuals, regardless of their affiliation with stigmatized groups. Participants in this study reported decreased mental and physical health levels in response to workplace microaggressions. These findings corroborate previous research highlighting the relationship between microaggressions and negative affect, highlighting that microaggressions are disruptive to emotional and physical health (Nadal et al., 2014; Cokley et al., 2012).

Lastly, this study addresses the importance of individual differences, especially the personality trait of neuroticism, as moderators of the relationship between microaggressions and health through experiences of negative affect. The findings here highlight that neuroticism amplifies the detrimental effects of microaggressions on health through negative affect. In other words, individuals high on their neurotic traits appear to be more affected by microaggressions due to their sensitivity to negative events (Junça-Silva & Vilela, 2023). The behavioral congruence model (Côté & Moskowitz, 1998) sustains this finding; accordingly, individuals who experience events (microaggressions) tend to experience affective states (in this case, negative affect) that are congruent with their personality traits (neuroticism). Thus, employees high in neuroticism, by appraising microaggressions as a threat to their



self-concept or self-esteem (Hupp, 2017), and perceiving them more negatively, tend to experience more negative affect and, in turn, have increased symptoms of worse mental health and less vitality; hence, all these factors together make individuals experience a sense of congruency between attitudes, behavior and their personality (Côté & Moskowitz, 1998). Empirically, some studies have already shown that neuroticism amplifies negative reactions to events. For instance, Junça-Silva & Silva (2022) showed that neuroticism enhanced the positive relationship between uncertainty and mental health through negative affect; that is, individuals with neurotic trends tended to have decreased levels of mental health when employees experienced uncertainty-related events. Therefore, neuroticism is a trait that poses a black veil over what happens and thereby biases how individuals experience and react to microaggressions.

In summary, this study aligns with existing research demonstrating that microaggressions have a significant impact on people's negative affect and health. However, this goes further, highlighting that this influence extends to all individuals, regardless of their affiliation with stigmatized groups, and highlights the urgent need to address the issue of micro-aggressions in work contexts in a broader and more inclusive way. All in all, this study contributes to the development of more accurate assumptions about how people respond to microaggressions and how these responses vary based on their personal characteristics, further enriching the theoretical basis of this research. Thus, as proposed by Junça-Silva and Vilela (2023), neuroticism might be understood as the black unicorn effect, once it enhances the blackness of the context and its micro-events posing a threat to how employees experience and react to what happens.

## **5.2. Practical implications**

In addition to theoretical contributions, this study has significant practical implications. This study sheds light on the importance of promoting inclusive and micro-aggression-free work environments to protect all employees' mental and physical health. The results raise awareness about microaggressions and their harmful impacts, encouraging organizations and institutions to implement prevention policies and educational programs aimed at creating more inclusive and respectful environments. By understanding how microaggressions affect people and how neuroticism can intensify these effects, this study provides insights for the development of psychological interventions (e.g., through counseling or coaching) and training programs (e.g., training, seminars, and workshops). These interventions can help victims cope more effectively with these situations and promote psychological well-being and health.

Recognizing the importance of providing social and psychological support and resources to those experiencing microaggressions may be a suitable strategy for organizations that want to promote their

employees' health and well-being. The practical contribution of this study. This highlights the need for support and assistance services for individuals facing the adverse consequences of these experiences.

The results of this study may also influence policy-making in organizations and contribute to legal discussions about the treatment of microaggressions in workplaces and other contexts. This has practical implications for promoting fairer and more inclusive workplaces.

### **5.3. Limitations and Future Directions**

This study also adds knowledge of how microaggressions affect people's affective and mental health, providing a solid foundation for future research into the mechanisms underlying these complex relationships. However, it also has some limitations.

It is important to recognize that this study has some limitations that may affect the interpretation of the results. One of the main limitations is the relatively small sample size used in this study. Although significant results were obtained, the small sample size may limit the generalization of the results to the general population. Therefore, considering this limitation, it is important to interpret the results with caution.

Another limitation to be considered is the study dissemination method, which was carried out mainly through an online survey. This method may have limited participation to older people or demographic groups that may not be as familiar or accessible online. This may result in a lack of representation of different age groups and demographic groups in the sample, which may affect the generalizability of the results.

Furthermore, the scarcity of quantitative studies in this area is evident, which highlights the need for future investigations. It is essential to conduct qualitative studies, such as interviews and focus groups, to gain deeper insights into people's experiences of microaggressions in their daily lives and the impact of these experiences on their lives.

It is also crucial to conduct quantitative studies with more representative and meaningful samples to better understand the issues and obstacles people face in their everyday lives. Longitudinal studies are needed to analyze the impact of microaggressions on mental health over time.

Additionally, it is important to explore constructs related to mental health, such as self-esteem and self-concept, among people facing microaggressions. Evaluating the most used coping strategies and identifying more effective strategies is also a promising field of research.

At last, this study provided valuable insights into the phenomenon of microaggressions, but it is important to recognize its limitations, including the sample size and data collection method. The field of microaggressions requires more comprehensive qualitative and quantitative research to address specific questions and contribute to a deeper understanding of the implications of these experiences.

Furthermore, it is essential that the scientific community continues to explore this topic comprehensively, given its relevance to people's physical and psychological health, regardless of their membership in stigmatized groups (Costa et al., 2023).







## 6. Conclusion

In this study, substantial theoretical contributions stand out that significantly expanded our understanding of microaggressions and their intricate relationship with negative affect and their direct influence on individuals' health, with a particular emphasis on the role of neuroticism in the perception and reaction to microaggressions. Furthermore, this work reveals practical implications of notable relevance, providing critical guidelines for effectively dealing with and mitigating the harmful effects of microaggressions in a wide variety of environments and social contexts, opening space for discussions and actions that transcend the traditional limitations of research in this area.

In a conclusive summary, the results of this study present a clear and urgent need to address the issue of microaggressions in a more comprehensive context, which transcends the barriers of minority groups, encompassing all individuals who make up the work scenario. It is crucial to highlight that high emotional sensitivity, intrinsically associated with neuroticism, emerges as a critical factor that intensifies responses to microaggressions, indicating that such negative interactions can potentially affect anyone in the workplace, regardless of their origin, gender, race, or position.

From this deeper understanding, there is a pressing need to implement conflict management strategies and promote a healthy and respectful work environment. This involves adopting inclusive policies and proactive measures that aim to create a work environment that values diversity, promotes empathy, and offers emotional support for all employees.

Another crucial point to be considered is the role of leaders and managers in organizations. They play a key role in creating a culture that is tolerant of differences and fosters mutual respect. Therefore, empowering leaders to recognize, address, and prevent microaggressions is essential to building healthier, more inclusive workplaces.

Thus, this study not only contributes to the theoretical basis of microaggressions but also instigates deep reflections on how to effectively address this phenomenon in our professional lives. It emphasizes the importance of considering not only ethnic and cultural differences but also the complexity of individual psychology in the context of microaggressions. Therefore, awareness and concrete actions to combat microaggressions become an imperative need to build healthier and more equitable workplaces.









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# Anexo A

## Daily Survey

Please enter the following code to pair the questionnaires:

First two letters of your MOTHER's name \_\_\_\_

First two letters of your FATHER's name \_\_\_\_

The last three numbers on your MOBILE PHONE \_\_\_\_

A. Please say how often you felt each of the following emotions TODAY.

Never/Almost never	Rarely	Sometimes	Often	Always/almost always
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Emotions	Anxious	Warr et al (2013), Multi-Affect Indicator
Emotions	Tense	Warr et al (2013), Multi-Affect Indicator
Emotions	Down	Warr et al (2013), Multi-Affect Indicator
Emotions	Discouraged	Warr et al (2013), Multi-Affect Indicator

B. We ask you to indicate, on the respective scale, your degree of agreement with each of the statements presented below.

Never	Rarely	Sometimes	Often	Always
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	Today, how often did you feel calm and relaxed?	
	How often did you feel happy today?	
	How often have you felt very nervous today?	

### C. Workplace Microaggressions (Hupp, 2017)

A customer was hostile or rude to me.
A colleague complained that I was paid more than him/her.
A client told me that I didn't work as hard as many of my coworkers.
I was told I wouldn't understand certain things about the job.
My opinion was ignored in a group discussion.
Someone assumed that my work would be inferior to that of other colleagues.
A client treated me differently than my co-workers.
I've been told I'm not a real professional.

## GENERAL INQUIRY

Please enter the following code to pair the questionnaires:

First two letters of your MOTHER's name \_\_\_\_ \_\_\_\_

First two letters of your FATHER's name \_\_\_\_ \_\_\_\_

The last three numbers on your MOBILE PHONE \_\_\_\_ \_\_\_\_ \_\_\_\_

**A. General characterization data:** This set of questions is intended to collect some data that will only be used to describe the sample of participants in this study.

**Age (years)\*** \_\_\_\_\_.      **Sex\*:**      Feminine:      Masculine:

**What is the highest level of education you have completed?**

- 2nd cycle of basic education (6th year)
- 3rd cycle of basic education (9th year)
- Secondary Education (12th year)
- Bachelor's / Degree
- Master's degree or higher

**Indicate how long have you been working:** \_\_\_\_ years

**What is your current contractual situation?**

- Independent worker (provides services to one or more companies)
- Has an effective contractual link with an organization

- Has a long-term contractual relationship with an organization
- Another situation

Current position/function: \_\_\_\_\_.

Does your company have: \_\_\_\_ Up to 9 workers; \_\_\_\_ From 10 to 49 workers; \_\_\_\_ 50 or more L L  
L workers;

11. On average, how many hours do you work per week? \_\_\_\_\_ hours.

H. To what extent do the following statements apply to you?

I see myself as someone who...	Totally disagree	Disagree	Do not agree nor disagree	Agree	Totally agree
... is reserved					
... is generally confident					
... tends to be lazy					
... is relaxed, handles stress well					
... has few artistic interests					
... is extroverted, sociable					
... try to find fault in/with others?					
... does a complete job					
... gets nervous easily					
... have an active imagination					