UNCOVERING RACIAL BIAS IN FUNDAMENTAL NURSING TEXTBOOKS:
A CRITICAL HERMENEUTIC ANALYSIS OF THE
PORTRAYAL OF AFRICAN AMERICANS

by

Michelle Marie Byrne

A DISSERTATION

Presented in Partial Fulfillment of Requirements for the Degree of Doctor
of Philosophy in Nursing in the School of Nursing in the
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Georgia State University

Atlanta, Georgia
2000
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ABSTRACT

UNCOVERING RACIAL BIAS IN FUNDAMENTAL NURSING TEXTBOOKS:
A CRITICAL HERMENEUTIC ANALYSIS OF THE PORTRAYAL
OF AFRICAN AMERICANS.

by

Michelle M. Byrne

Racial bias reinforces White Americans as normative, thereby contributing to limiting, slanting, or controlling information to students. Although racial bias has been documented in non-nursing textbooks, racial bias has never been researched in nursing textbooks.

The purpose of this study was to identify and critique selected content areas from three fundamental textbooks for the presence or absence of racial bias. Although textbooks are only one aspect of a curriculum, they are powerful instructional tools. The two research questions were: (1) What is the portrayal of African Americans in fundamental nursing textbooks? and (2) Is there a presence or absence of racial bias in fundamental nursing textbooks?

Critical hermeneutics guided the analysis of content addressing African Americans from three content areas: history, culture, and physical assessment/hygiene. A researcher-developed Framework for Content Analysis was used for collection of text, illustration, linguistic, and reference data. A thematic analysis was performed resulting in eleven themes capturing the portrayal of African Americans. Additionally, an interpretive analysis was done using categories of bias, theoretical, and literary contexts as sensitizing
frameworks to detect racial bias. An expert panel of three nurse educators assisted in assessing the credibility of the findings and helped control researcher bias. Methodological rigor was addressed by using trustworthiness criteria of credibility, transferability, and dependability.

Eleven themes were identified. Important Persons was the single theme that emerged from the historical data. The seven themes that emerged from the content on culture were: Cultural Terms, Minority and Dominant Groups, Origins and Immigration, Health Practices, Biological Variations, Differences, and Social Organization, Family, and Matriarchy. Three themes that emerged from the physical assessment and hygiene data were Assessment and Care of American Hair, Assessment of Dark-Skinned Individuals, and Assessment of Nails, Mouth, and Eyes. Racial bias such as stereotyping, imbalance and selectivity, fragmentation, linguistic bias, unreality, and omissions were uncovered and discussed.

Findings from this study can be used to identify and reduce bias in instructional materials. Recommendations for faculty development, nursing curricula, textbooks, students, and nursing research are provided.
ACCEPTANCE

This dissertation, UNCOVERING RACIAL BIAS IN FUNDAMENTAL NURSING TEXTBOOKS: A CRITICAL HERMENEUTIC ANALYSIS OF THE PORTRAYAL OF AFRICAN AMERICANS by Michelle M. Byrne, was prepared under the direction of the candidate's dissertation committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Nursing in the School of Nursing in the College of Health and Human Sciences, Georgia State University.

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March 22, 2000
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This dissertation meets the format and style requirements established by the College of Health and Human Sciences. It is acceptable for binding, for placement in the University Library and Archives, and for reproduction and distribution to the scholarly and lay community by University Microfilms International.

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My most endearing love and gratitude go to my husband, John; my daughter Carrie, and my son, Devin. This process has been longer and more arduous than was ever anticipated. However, we have grown together and your support was invaluable. Our family has learned about racism and each of us have been activists for anti-racism because of this research. I know I have role modeled the lesson of life-long learning as you explain to your friends that your mom is still in school. I close with the lesson that hard work and endurance will pay off and loved ones around you make it all worth while. Thank you my family, the ones I love the most!
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CHAPTER I

The classroom remains the most radical space of possibility in the academy. . . Urging all of us to open our minds and hearts so that we can know beyond the boundaries of what is acceptable, so that we can think and rethink, so that we can create new visions, I celebrate teaching that enables transgressions—a movement against and beyond boundaries. It is that movement which makes education the practice of freedom. (hooks, [sic] 1994, p. 12)

AIM OF THE STUDY

Focus of Inquiry

Many White Americans are not aware of the established ways of feeling, acting, or thinking that sustain antiblack racism (Feagin & Vera, 1995). In order to maintain a dominant position in society, White Americans may consciously or unconsciously perpetuate stereotypes or exclude and be insensitive to the needs of nondominant groups (Cose, 1993; Hilliard, Payton-Stewart, & Williams, 1990; McKissack, 1990). Educational systems, including nursing education, are institutions that may either contribute to racial tensions or help to eliminate the inequities of racial groups (Allen & Niss, 1990). Feagin and Vera (1995) stated that "realistic education must address both the affective and the intellectual dimensions of racial identity and racist thought and action" (p. 179). A recent monograph, published by The American Academy of Nursing (AAN) (Lenburg et al., 1995) entitled Promoting cultural competence in and through nursing education: A critical review and comprehensive plan for action, identified that educational reform is needed to reduce racial tensions. These nursing leaders stated, "The relationship between
power exercised by the culturally dominant group and behavioral responses to
differentness has major implications for education, professional practice and the
development of cultural competence among practitioners" (Lenburg et al., 1995).

One recommendation for the reduction of racial tension in nursing education is to
decrease Eurocentric bias in nursing curricula (Lenburg et al., 1995). Bias, in general,
may be identified by determining whose interest is being portrayed and whose interest is
excluded (Sadker & Sadker, 1982, 1994a). Eurocentric bias or Eurocentrism, as defined
by The Council on Interracial Books for Children, (1980) is "the consideration of events
and people exclusively from the perspective of whites who came to the United States
from Europe" (p. 5). Further, eurocentric bias is problematic as "Eurocentric language
may teach minority students that they are not we, and white students that we are the norm"
(p. 27). According to hooks (1995) and West (1993) all knowledge and perspectives are
biased; yet exclusions of groups promote further marginalization and invisibility
exacerbating racial tensions. Bias in education has been identified through the
examination of instructional materials. Instructional biases, such as invisibility/omission,
stereotyping, imbalance/selectivity, unreality, fragmentation/isolation, and linguistic bias
have been documented in educational textbooks and literature (Huffman, 1996, 1998;
Sadker & Sadker, 1982, 1994a). Racial bias occurs when textbooks and instructional
materials marginalize a particular ethnic or racial group. The presence of instructional
and/or racial bias contributes to limiting, slanting, or in some way controlling information
presented to students (Council on Interracial Books for Children, 1980).
The educational system may reinforce racial bias through its rules, practices, instructional materials, and textbooks (Bowser, Auletta, & Jones, 1993; Kozol, 1992; Scheurich, 1993; Wilson, 1987). Cameron McCarthy (1990), an advocate for curriculum reform stated, "textbooks themselves embody real lived relations of representation, production, and consumption that tend more or less to suppress minority identities and reproduce inequalities that exist in society" (p. 122). Textbooks are powerful instructional tools (Apple, 1986, 1990, 1991). They convey knowledge to students that is professionally sanctioned. "Textbooks construct impressions and images that later become students' explanations, beliefs, and understanding of the world" (Romanowski, 1993, p. 11). In nursing, textbooks were analyzed by Hiraki (1989) to uncover the way nursing practice was interpreted and portrayed textually. Hiraki found that authoritative aspects of textbooks limited students' possibility for self critique and reflection. One of Hiraki's research implications suggested that nurses examine "their language and its usage in the construction of their social world" (p. 111). An aspect of language that has not been examined in nursing's discourse is racial bias. Although gender and racial bias have been documented in non-nursing textbooks, racial bias has never been explored in nursing textbooks (Bazler & Simonis, 1991; Commeyras & Alvermann, 1994; Council on Interracial Books for Children, 1977, 1980; Glazer & Ueda, 1983; Grant & Grant, 1981; Romanowski, 1993; Sadker & Sadker, 1980, 1982, 1994a, 1994b; Titus, 1993). Hence, this study will focus on racial bias by examining how African Americans are portrayed in fundamental nursing textbooks.
Racial bias may be directed at many marginalized groups in America (Carnes, 1996). However, in this country, the history of White supremacy, slavery, and segregation is foundational to an American view of racism along color lines (Cose, 1993; Feagin & Vera, 1995; Lane, 1993; McKissack, 1990). This history alone is a compelling reason to focus on African Americans in order to expose any obstacles to their success in higher education (Allen, Nunley, & Scott-Warner, 1988; Alvarez & Abriam-Yago, 1993; Brown, 1994). In the United States, racism has excluded African Americans "from full participation in the economy, polity, and society" (Feagin & Vera, 1995, p. i). The educational system, including nursing education, are microcosms of a society that has maligned African Americans throughout its history (Carnegie, 1995; Hine, 1985, 1989; Lerner, 1992; Malveaux & Englander, 1986; Mosley, 1995). Baptiste (1995) suggested that many Black students drop out of nursing due to the issues of identity, stereotyping, and the lack of inclusion in university settings. Therefore, a major aspect of this research was to examine and critique the portrayal of African Americans found in nursing textbooks. Textbooks are considered cultural artifacts reflecting the norms, values, and biases of the discipline, as well as society (Romanowski, 1993).

Statement of Purpose

The purpose of this research was to identify and critique selected content areas from three fundamental nursing textbooks for the presence or absence of racial bias. In this study, the textual content, illustrations, linguistics, and references surrounding the portrayal of African Americans served as the data for the identification of themes as well as for the interpretive analysis of the presence or absence of racial bias. The focus
of this study was on textbooks since they convey authoritative knowledge claims about social matters, values, and arrangements (Cherryholmes, 1988). Textbooks assert, by inclusion or exclusion, what is important and unimportant to study (Apple 1986, 1990, 1991). Fundamental textbooks have been chosen as textual data representing nursing knowledge and practice. Fundamental textbooks are different from specialty nursing textbooks, in that specialty nursing textbooks represent a narrowed focus of content. Fundamental textbooks were defined as generic, non-specialty textbooks. These books are used early in and throughout a nursing curriculum to provide a holistic perspective of the nursing discipline. These textbooks are usually required in a student's initial course of nursing, thereby an early influence on students' perceptions of the discipline.

Research Questions and Methodology

Two research questions were addressed in this study:

1. What is the portrayal of African Americans in fundamental nursing textbooks?
2. Is there a presence or absence of racial bias in the portrayal of African Americans in fundamental nursing textbooks?

The methodology supporting this study was critical hermeneutics. Critical hermeneutics provides a methodology for understanding both language and silences. Allen (1995) defined this methodology succinctly by stating,

Critical hermeneutics focuses on the communicative conditions under which meaning is produced and on the power/justice dimensions of intended and unintended social consequences of interpretations. Critical
hermeneutics has a commitment to both understanding and exposing how power imbalances and systematic misunderstandings constrain and distort interpretations. (p. 180)

This textbook analysis supported an examination of what content was present as well as what content was omitted in the textbooks. A prior critical hermeneutic analysis of introductory nursing textbooks identified that medical authority and dominance over nursing practice was embedded in textbooks (Hiraki, 1989). Hiraki's interpretive method of critical hermeneutics disclosed that nursing process, based upon the scientific method of discovery, was presented in textbooks as the standard for determining what is and is not nursing knowledge. Therefore, critical hermeneutics supports a research method for questioning objective and authoritative knowledge to uncover inclusionary or exclusionary content on African Americans.

Background of the Problem

Racial bias is embedded in the history of this country and its institutions (Carnes, 1996; Hilliard, Payton-Stewart, & Williams, 1990). Just as segregation and subjugation of African Americans was normalized in American culture, it too was normalized in nursing (Carnegie, 1995; Hine, 1989; Mosley, 1995). The next section summarizes the history of nursing and how the pursuit of professionalization for nurses has contributed to racial divisions. This history is followed by identifying current research findings that suggest nursing's discourse may be Eurocentrically biased.
The History of Nursing: Racial Implications

The history of nursing in America parallels the evolution of the hospital-based health care system. In the early and mid 19th century there were few hospitals. Late in the century, hospitals were social institutions used to confine the chronically ill and "unwanted" members of society. After the Civil War, hospitalization became a more frequent need due to more working class families being separated by migration and therefore unable to care for family members in their homes. Training for nurses was introduced in America in 1873. Although Florence Nightingale never came to America, her model for nurse training was certainly adopted here. As Reverby (1987) stated:

The Nightingale model thus emphasized character training and strict discipline, a distinct field of work for nurses separate from physicians and a female hierarchy with deference and loyalty to physician authority. In combining the sexual division of labor, military and religious sisterhood models and sanitary ideals, Nightingale's format for nursing reform linked duty, obligation, and order. Although Nightingale sought to free women from the bonds of familial demands, in her nursing model she rebound them in a new context. It was within these boundaries the nursing reformers sought to implement training in the American context. (p. 43)

What remained silent in Reverby's book on the history of nursing was African American women. Through the omission and invisibility of African Americans' contributions to nursing, a selective, imbalanced view of the history of nursing was
communicated in Reverby's book. However, the historical book *Black Women in White* (Hine, 1989) documented the oppression and racism that Black nurses faced throughout the history of nursing. Racial segregation in American was also embedded in nurse training programs. In 1896, the Supreme Court decision of *Plessy vs. Ferguson* upheld a state statute that required railroads, and all public facilities, to provide equal but separate accommodations for White and "colored races", the term used during that period. Hospitals and nursing schools were segregated. For nearly 60 years, that statute governed public institutions promoting race and class divisions. In response to the civil rights movement in the 1960's and subsequent legislation, hospital personnel departments dropped formal racial barriers for employment.

Another aspect of nursing that was found to support racial stratification of nurses was the pursuit of professionalism. Professionalism is a particularized view of knowledge development serving interests of dominant professions such as law and medicine. Hine (1989) described how "self-conscious elite White nurse leaders heralded nursing as ideal work for middle-class women" (p. xviii). This striving for separation from lower class women, or classism, in nursing was strengthened by the pursuit of the ideology of professionalization. This separation of classes also meant a separation of races since Black women were labeled as lower class. The ideology of professionalization within nursing was researched by Turkowski (1989), who noted that the goal of professionalism has been widely accepted in nursing. A criticism of the concept of professionalism is that it reinforces the separation of nurses. Criteria for professionalism have been developed to judge and impose hierarchical value
judgments of worth. Turkowski (1992) identified two primary assumptions of professionalism. One assumption was that a professional holds a superior position to a nonprofessional. The second assumption was that being recognized as a profession was a desirable goal for nursing. This goal of professionalization for nursing has also maintained racial divisions. Hine (1989) stated,

The professionalization process raised the overall status of nursing, but in so doing it created a number of problems for Black practitioners. Although Black nurses supported the adoption of legislative measures and applauded attempts to elevate standards of education and practice, they quickly discovered that the application of these new laws and requirements erected additional barriers to their own professional advance. Most southern states either barred Black nurses from taking registration examinations or administered to them separate examinations. (p. 92)

Turkowski (1989) analyzed the discourse on professionalism from articles in the American Journal of Nursing from 1900 to 1985. She identified several themes. One theme was the language of hierarchy and status in contrasting professionals from nonprofessionals. Another theme was nursing's pursuit of professionalism with the intent of the maintenance of market protection. It is often assumed that if nursing becomes a legitimate profession, employment will be protected. Yet, Turkowski (1989) pointed out that nursing has been controlled by social and political forces outside itself. For example, law and medicine have more political and economic power to change the
rules governing nursing. A current example is insurance companies changing the landscape of health care while nurses are often found reacting to this change instead of initiating changes. Another theme of professionalization is nursing's acceptance of the values of altruism and service. These "womanly" attributes have been integral in keeping nursing in a subservient position within the health care arena. Another theme was dress as a symbol of professionalism. Nurses are taught that wearing a uniform is professional when in reality many employees who wear uniforms are nonprofessional.

An elite view of political activism was another theme identified by Turkowski (1989). The official voices of nursing have not been supportive of major political action for women. For example, the nursing organizations such as National League for Nursing Education (NLNE) and the American Nurses Association (ANA) did not advocate for women's emancipation. In both the suffrage movement, early in this century, as well as with the introduction of the Equal Rights Amendment, in the 1970s, these nursing organizations failed to officially support these important issues. Nursing as a profession has traveled the safe route, being reactive as opposed to proactive. The issue of racism, as well as sexism and classism, were also identified by Turkowski as themes in the sampled nursing journals.

Just as racism was documented in nursing journals (Turkowski, 1989), so too were discrimination and segregation present in our professional nursing organizations. Historically, Black nurses were not initially permitted membership in ANA and NLNE (Campinha-Bacote, 1988; Hine, 1985, 1989; Mosley, 1995). In response to this segregation, Black nurses formed the National Association of Colored Graduate Nurses
(NACGN) to meet Black nurses' goal for equality in nursing. The NACGN hoped to break down discriminatory barriers and promote leadership among its members (Campinha-Bacote, 1988). World War II brought initiatives to the desegregation of nursing by integrating Black nurses into the Army and Navy Nurse Corps in 1948. This led to the American Nurses Association finally opening its door to Black membership. In response to this desegregation, the National Association of Colored Graduate Nurses was dissolved and merged with the ANA. However, the ANA failed to respond to the needs of Black nurses (Hine, 1985). Twenty years after the dissolution of the NACGN, a new organization, National Black Nurses' Association, was formally organized to focus on the unmet needs of African American nurses and patients.

Embedded in the history of nursing are images, labels, and stereotypes that serve to limit nursing's possibilities by narrowly defining nurses. As Muff, a nurse author stated, "The issues that concern nurses are women's issues (and vice versa)" (1988, p. xix). The intimacy of nursing evokes dichotomous images of angelic mother and evil seductress. Muff outlined six major stereotypes depicted by the media representing nurses. These stereotypes were angel of mercy, handmaiden to the physician, woman in white, sex symbol/idiot, battle-ax, and torturer. It was believed that these stereotypes impact the recruitment and retention of nurses as well as being a constant source of stress for women in nursing. Muff, a White woman generalized these stereotypes for all nurses. Yet, Black women in nursing feel that these stereotypes fail to capture their societal labels. Collins, a prominent Black feminist outlined common stereotypes of Black women in American culture. Collins (1990) stated,
"portraying African American women as stereotypical mammies, matriarchs, welfare recipients, and hot mammas has been essential to the political economy of domination fostering Black women’s oppression" (p. 67). Stereotypical labels perpetuate division and separation limiting the possibilities for the person being stereotyped. Racial inequities in nursing have been minimally explored. This brief description of nursing’s history supports the socio-cultural backdrop for racial inequities and the possibility for the existence of racial bias embedded in nursing. Although there has been no specific study examining racial bias in nursing textbooks, recent research in nursing suggests that this issue is an important topic to be explored.

**Relevant Research in Nursing**

A prior critical hermeneutic study of introductory textbooks was done by Hiraki (1989). She used an interpretive method to investigate the tradition, rationality, and power themes embedded in language used to describe, explain, and interpret the concept of nursing process. Hiraki used Habermas as a theoretical framework to analyze four textbooks that were selected from a list of eleven fundamental nursing textbooks in the Selected List of Nursing Books and Journals, a library guide. Textbooks were found to be dominated by empirical assumptions. Content was presented as absolute and certain, rather than contextual, ambiguous, and conflictual. Her research findings documented the hegemony of the nursing process as a means to knowledge. She also found that the standards of what constitutes healthy and unhealthy actions were presented objectively, value-free, and not culturally bound. Hiraki also identified that textbooks suggested conflict resolution rested with the client’s ability to
adapt to the dominant culture. Hiraki recommended that critical nursing scholarship was necessary to transform the social institutions that oppress personal and social autonomy. Hiraki suggested that critique and dialogue are strategies for transformation of nursing education.

A nursing textbook evaluation instrument for multicultural, nonexist concepts was developed by Sellers and Haag (1993). This instrument was a synthesis of prior textbook evaluation tools with additional integration of multiculturalist perspectives. This instrument identified the necessity of having textbooks free of ethnocentric, sexist, or elitist language patterns. There were no findings reported as to how well nursing textbooks met these recommendations. The authors assumed that the users of this survey were knowledgeable of racist, sexist, and elitist practices and able to critique them. One evaluative criterion in this instrument was for textbooks to promote the values of a democratic society. However, democratic was left undefined. Therefore, the authors assumed that the meaning of a democratic society was universal and knowable to readers. This tool was developed for individual faculty usage for adopting textbooks, not as a tool for textbook critique. This instrument was not sensitive to areas of omissions, imbalance and selectivity, nor an unrealitistic portrayal of African American issues in textbook content.

A content analysis study was done by Morse and English (1986) on seven fundamental nursing textbooks from the early 1980's to determine if cultural content was included. The following cultural concepts were explored for inclusion or omission in the sampled textbooks: pain, skin assessment, hygiene, growth and development,
diet, communication, death and dying, and cultural assessment. The research findings were mixed as differing textbooks included differing cultural concepts. Selective results from Morse and English's study addressing skin assessment, hygiene, and cultural assessment will be documented as these topics were also examined in this research. Morse and English (1986) found that in their sampled textbooks the assessment of jaundice, cyanosis and pallor for dark skinned individuals were included in three of the seven textbooks. Hair care for Black patients was included in five of the seven textbooks. Cultural assessment was discussed in two of the seven textbooks. Ethnocentrism and cultural imposition was discussed in two of the seven textbooks. In summary, these researchers believed that these textbooks were inadequate in communicating cultural content into the fundamental textbooks. These researchers also documented fragmentation in some of the cultural concepts. For example, some of the concepts were not presented along with the congruent topics, but isolated in the chapter on culture.

Nursing research that examined a specific curricular model for evidence of multiculturalism was done by Smith, Colling, Elander, and Latham (1993). This group of faculty examined a myriad of their curricular documents, including textbooks. These authors reported that "many current nursing texts tended to cluster diversity content in one chapter with the major focus on culture and race. Such issues as gender, spirituality, regionalism, ageism, or sexual orientation were not commonly addressed" (p. 206). To improve the cultural sensitivity of nursings' curricular models these researchers recommended the need for more emphasis on faculty development.
Research addressing the experiences of Black women in predominately White schools of nursing was done by Sims (1996) and Baptiste (1995). Baptiste used a critical hermeneutic method to interpret Black nursing students' narratives of their experiences whereas Sims used a phenomenologic method to understand their experiences. Sims identified that some participants expressed loneliness, alienation, and social isolation because of their minority status. Baptiste uncovered that Black nursing students identified that nursing content oftentimes focused exclusively on European Americans, ignoring the cultural or skin color differences of African Americans. A research participant reflected on her experiences of having an educational program ignore the physical assessment of Blacks by stating,

I don't see why we are learning just about how something would be on Caucasian people. So they kept doing it. . . . I didn't feel any type of, I didn't blame the faculty. I kind of blamed the people who wrote the books because they are on top and we are looking at their research and at their studies. (Baptiste, 1995, p. 98)

Another quotation exemplified this student's distress with a curriculum that was not inclusive of African Americans,

And I thought every single time we discussed this, I had to raise my hand and go, "Excuse me, I am not White, that would not look White on me, that may look dark, dark brown . . . that may even look Black on me, it may even be White. . . . We're all different shades [of Black] and you don't learn that when you read in the book. (Baptiste, 1995, p. 95)
These quotations provide evidence that nursing textbooks may not be inclusive of racial/cultural content. Baptiste (1995) suggested that to understand and reduce the attrition of African Americans in nursing, educators must be willing to reexamine their biases. Baptiste proposed "that many Black students drop out when challenged with issues of identity, racial stereotyping, and in short, the lack of an inclusive university setting" (p. 154). Sims (1996) also identified the need for curricula to be inclusive for all students to be involved in the learning process.

Significance to Nursing

Racial and gender bias have been identified in teacher education textbooks, organizational development textbooks, elementary reading books, history, math and science textbooks (Bazler & Simonis, 1991; Commeyras & Alvermann, 1994; Council on Interracial Books for Children, 1977, 1980; Grant & Grant, 1981; Holvino, 1993; Huffman, 1996; Phelps, 1993; Romanowski, 1993; Sadker & Sadker, 1980, 1982, 1994a, 1994b; Titus, 1993). However, nursing textbooks have never been researched for racial bias. Racial bias is evident in content that is presented from an exclusively European American perspective negating the content and experience of African Americans. Tanner (1996), a prominent nurse educator and editor for the Journal of Nursing Education probed the issue of cultural diversity and nursing education by asking the question "How euro-centric is our curriculum?" (p. 292). This research was a beginning toward uncovering Eurocentric bias in fundamental nursing textbooks.

A common assumption is that culturally competent nursing education may promote culturally competent nursing care (Andrew & Boyle, 1995; Giger &
Davidhizar, 1995; Greer, 1995; Lenzburg et al., 1995; Princeton, 1993; Tanner, 1996). Cultural competence, a goal for nurses' practice, was defined by Lenzburg et al. (1995) as

A complex integration of knowledge, attitudes and skills that enhances cross-cultural communication and appropriate/effective interactions with others. It includes at least three perspectives: (1) knowledge of the effects of culture on others' beliefs and behavior, (2) awareness of one's own cultural attributes and biases and their impact on others, and (3) understanding of the impact of the socio-political, environmental and economic context on the specific situation. It also includes an individual's ability to translate these perspectives (knowledge) into communication and interactions with other individuals and groups that integrate respect for cultural variation. (p. 35)

Embedded in that definition is an assumption that an awareness of one's cultural biases will improve communication and understanding of persons from cultures different than one's own.

Supporting this assumption, Yoder (1996) suggested that a major influencing factor for faculty interactions with ethnically diverse students was a process of cultural awareness by the faculty. Yoder found that faculty who exhibited a low degree of cultural awareness resulted in deleterious consequences on student outcomes. These negative consequences experienced by students were invisibility, cultural isolation, unrecognized needs, pressure for conformity, devalued cultural perspectives, increased
responsibility, and unacknowledged barriers (Yoder, 1996). Yoder emphasized that educators must examine their biases and prejudices toward other cultural groups. She suggested that faculty development is a precursor to changing a curriculum to be more inclusive of ethnically diverse students. Yoder’s research contributes to an awareness and consciousness of racial biases that nursing educators may have previously not considered if socialized in a predominately Eurocentric curriculum or practice arena. Her findings support faculty development models or workshops that enhance cultural competence.

Traditionally, nursing has been a middle-class, female profession based on European American life experiences (Yoder, 1996). This Eurocentrism may have limited the information and role models available to African American students in nursing. One criterion for promoting diversity, or cultural competence, in nursing education is positive portrayal and incorporation of African Americans in textbooks (Sims & Baldwin, 1995). Therefore, a major significance of this research was to determine if and how African Americans are presented in fundamental nursing textbooks. Images and representations in textbooks affect the attitudes and viewpoints of teachers and students alike (Apple, 1986, 1990; Cherryholmes, 1988). Therefore, if stereotypes of African Americans are present, they need to be exposed. Once stereotypes are explicitly identified then they can be critically discussed among teachers and students. Ideally stereotypical images should be eliminated from textbooks, as they limit the perceptions and understanding of cultural groups. Another area of investigation was to determine if content on African Americans is omitted or
fragmented from the "mainstream" discourse on nursing. Omissions may be explicitly identified. Faculty, students, and textbook publishers could remedy omissions or fragmentations by including content on African Americans or by changing the language and formatting of textbooks to be more inclusive.

Race has been an integral aspect of American culture. This research attempted to identify the portrayal of African Americans in these sampled textbooks and critique this content for the presence or absence of racial bias. The interpretive method of critical hermeneutics included socio-political, literary, theoretical and historical contexts related to the findings. A goal of this research was to promote culturally competent nursing education through an awareness of racial bias and the transformation of curricular materials.

Personal Narrative

I began this research with a commitment to anti-racism in nursing. As a European American I believed that my cultural socialization was embedded with racist beliefs. Previous to my doctoral program, I believed that education and employment opportunities were fair and equal regardless of skin color. I also believed in an individualist ideology that to get ahead in work and school it just took hard work. I negated and dismissed my White skin privilege. I now know that opportunities are neither fair nor equal. Currently, I believe that individualism can undermine a community and keep people separated. I also believe that White skin brings unearned cultural privileges. This awareness has evolved and has led to my current commitment of bringing antiracist strategies to the discipline of nursing.
My early beginnings

I grew up in a small farming community in Wisconsin made up primarily by European Americans. My parents were not racist as defined by hatred or separatism. I was taught that skin color was not important, the person was. Treating differences by ignoring them or being color-blind was how I was socialized. I currently realize that this is a common belief of dominant groups. This belief supports the notion that people different from you are "good" when they act like you (White).

As a teen and young adult, I had friendships with many African Americans. These friendships occurred through an African American roommate and friends that I met at clubs at a predominately White university. Reflecting on this time, I realize that among African American friends we never discussed our differences of White and Black other than occasional jokes. During that time, I shared birthdays, holidays, celebrations, as well as funerals with persons from a culture and race that was different from my own, yet very familiar as well. At that time, I believed that skin color did not matter in the United States that these friends were "just like me." However, during this time, I began to notice different experiences related to skin color. For example, my Black friends would get followed in stores or stopped by police more than White people I knew.

My early teaching years

In my first position as a nursing educator, my students were primarily White. My recognition of the absence of content or inclusion of African Americans in nursing's knowledge, occurred in 1987. I was teaching a physical assessment course
with one student being a dark-skinned African American. Her lab partner questioned me on how to write up the results of her physical exam, since this student's skin, mucous membranes, and eye fundi were not "pink." Lacking an answer, I resorted to the authority of the course textbook. There was little information in the textbook. Our syllabus, video modules, and textbooks were all Eurocentric. The instructional materials focused on the norms and standards for White skinned individuals. I proceeded to do a literature search and compiled a one page summary entitled, "Physical Assessment for Blacks" (Byrne, 1987). For years to come, this was an addendum to the course syllabus without any further efforts to change the course, videos, or textbooks.

My next teaching position was at Alverno College in Milwaukee. This college had more of an interracial student body than my last teaching position. I often felt inadequate at facilitating the different perspectives in classroom environments. I had White students who had never interacted with Black students before, some making ignorant racist comments. The Black students in my clinical group were always fewer in number than the White students, and often appeared to be isolated from some campus activities. In classroom situations, I did not want the Black students to feel as though they were spokespersons for their race, yet, I wanted the students to participate and feel included. Hence, I struggled with inclusionary instructional practices. I felt constant tension based upon my decisions on when to explicitly identify racial differences or when I should not.
Fortunately, there were many faculty workshops at Alverno College addressing multicultural education. The article that the sociologist, McIntosh (1988), wrote on White privilege was an awakening to me as an educator. For the first time I realized the cultural advantages that White skin provided me. McIntosh outlined 46 conditions associated with White skin privilege that are so taken-for-granted by White people that having these explicitly identified is an extremely powerful stimulus for examining White cultural dominance. Two examples explicated by McIntosh were: "I can be sure that my children will be given curricular materials that testify to the existence of their race", and "I can turn on the television or open to the front page of the paper and see people of my race widely and positively represented" (p. 4). Upon completion of reading this list, the reader has a new awareness of White skin privilege that previously was unnoticed by Whites.

My teaching experiences paralleled theoretical knowledge that African American perspectives were minimal in nursing's knowledge sources. At this time (about 1989 or 1990) I was teaching a maternal child clinical with students at an inner-city hospital with a patient population of primarily unwed Black teen mothers. I experienced a lot of tension feeling that this clinical may be perpetuating stereotypes of "Black welfare moms." I searched for articles or sources that provided insight into the lives of impoverished Black women. I found few sources, none in nursing textbooks. These early teaching experiences are foundational to my research topic - for I found that none of my nursing classes or educational classes had helped to prepare me for teaching students other than White, middle-class heterosexual women who were "just
like me." These earlier teaching experiences served as an impetus for my interest in the topic of racism and nursing educational practices.

My current perspectives

My doctoral education has provided new models for understanding racism and its embeddedness in education. Black feminist scholars such as Patricia Hill Collins (1990) and bell hooks (1984, 1994, 1995), as well as authors such as Cornell West (1993), Derrick Bell (1992), Gerda Lerner (1992), and Nathan McCall (1994) have had a profound effect on my perspectives of racism, teaching, my being White, and my understanding of African American culture. My readings in critical pedagogy have stimulated my interest in promoting an equitable and inclusive curricula (Apple, 1986, 1990, 1991; Giroux, 1991, 1992; Giroux & McLaren, 1992; Sleeter & Grant, 1991, 1994; Sleeter & McLaren, 1995). My friendships with African American women and educators have provided me with opportunities for "dialogues of difference" as well as a renewed commitment to anti-racist scholarship (Baldwin & Nelms, 1993). My experiences with White nurses and educators constantly remind me of the presence of racism and the adamant denial of its existence. My experiences are foundational to this study. Ideally, identification of racial bias will lead to a new consciousness for educators in order to teach students in new ways. It is hoped that this new consciousness will assist in bridging our racial differences rather than widening the rivers that already exist.
Personal and Research Assumptions

The methodology of critical hermeneutics supports the explication of the socio-cultural background of the text as well as the researcher. My personal narrative described my background. Next, I will identify assumptions impacting my work.

(1) Racism is present in American culture, educational institutions, and nursing education.

(2) Black nurses' experiences in nursing education and practice arenas are different from the experiences of White nurses.

(3) Knowledge is normatively based on White experiences. This knowledge is communicated through textbooks.

(4) The biases of invisibility, stereotyping, selectivity, unreality, fragmentation and isolation, as well as linguistic bias, are aspects of racism.

(5) Many White people deny racism and White skin privilege.

(6) Conscious awareness of White privilege and biases embedded in nursing may facilitate different ways of teaching and enacting nursing care.

(7) Social change is possible with individual acts.

(8) No research is value free. The researcher is engaged in the inquiry and integral to the construction of the data sources, interpretation, and representation.
(9) An absolute truth embedded in texts is not possible. There will be a multiplicity of meanings.

(10) An understanding of the world is based on the language that is available to us. Although language has a static appearance, language is always evolving. Therefore, language can limit our understanding or provide possibilities for new understanding.

(11) Not all assumptions can be made explicit.

To facilitate reader critique of my perspective and research lens I have described my background and assumptions. I explicated my assumptions prior to this study, throughout the study, and upon conclusion of this study.

Summary

This chapter presented how racial bias may be embedded in educational systems and textbooks. The methodology of critical hermeneutics was presented as a lens to identify and critique nursing textbook content for the presence or absence of racial biases. The history of nursing, professionalization, and recent research was presented to support the possibility for the existence of racial bias in nursing. I concluded with a narrative of my background and the assumptions that I bring to this research.
CHAPTER II
THE CONTEXT OF THE STUDY

The literary and theoretical contexts for this study are identified in this chapter. The literary context focuses on racism synthesizing scholarship from multicultural education, critical pedagogy, and Black feminist theory. These are mutually informing frameworks that emphasize constructing a pedagogy of transformation and social justice (Campbell, 1996; Sleeter & Grant, 1994; Sleeter & McLaren, 1995). An understanding of racism provides a framework for understanding how racial bias is an aspect of racism found in educational systems (Hilliard, Payton-Stewart, & Williams, 1990). Following the discussion on racism, is the identification of Sadker and Sadker’s categories of bias found in instructional materials. Instructional bias is a broad framework that includes gender, racial, ethnic, sexual orientation, or religious bias that may be found in educational systems (Sadker & Sadker, 1982, 1994a). For this study, the model was narrowed to focus on racial bias found in textbooks. In addition to defining these biases, examples are provided that support an extension on how the six types of bias found in instructional materials may also be reflective of racism. This section is followed by identifying previous textbook research that explored both gender and racial bias. The second major section of this chapter is the theoretical context. A historical overview of hermeneutics is presented. Additionally, the assumptions of critical hermeneutics are
identified to support the theoretical context for this inquiry's critique of nursing's textual knowledge.

The Literary Context

 Perspectives of Racism

The language surrounding racism varies culturally and historically. A common definition of racism is a belief of an inferiority of persons based on race or skin color. This definition assumes that racial characteristics determine a person's capacities and behaviors. Although the origins of racial categories were biologic, the biological basis of race has been abandoned by some scientific communities (Hubbard, 1994; Osborne & Feit, 1992; Thornton, 1995). Biologic markers of precise racial differences are disputed (Tobach & Rosoff, 1994). Historically, biologic aspects of race have been used to separate, differentiate, and stratify persons in this culture (Carnes, 1996). Therefore, it is important for the reader to understand that race is a socially constructed concept, not a biological absolute.

Racial biases in educational systems are examples of racism that is embedded in our culture's institutions or labeled as "institutional racism." Institutional rules, norms, and knowledge may reinforce racial injustice, stratification, and inequality (Dudley, 1991). However, the concept of racism oftentimes remains silent. Frequently code words, such as cultural diversity, are used to keep the perspective on "others" rather than examining one's own racist notions and practices (Culley, 1996; Swartz, 1992). The term, diversity, suggests a plurality of views without acknowledging the embedded power differentials of race, class, and gender (Andersen & Collins, 1995; Tullman, 1992).
Andersen and Collins (1995) advocated analysis and criticism of existing systems rather than a mere knowledge of diverse cultural norms.

Discourse on racism and racial bias has been silent in nursing and curricular reform movements (Alleyne, Papadopoulos, & Tilki, 1994; Beaton, 1977; Tullman, 1992; Vaughan, 1997). As a predominately White profession, nursing has failed to acknowledge the White domination inherent in and perpetuated by its educational, clinical, and research practices (Feagin & Vera, 1995; Greer, 1995; Killion, 1990; Steele, 1995). Barbee (1993) believes that White nurses see themselves as caring individuals and racism as an uncaring phenomenon, therefore white nurses tend to not see themselves as racist. The next sections will identify how White racism, dichotomous thinking, and the metaphor of margin and center convey aspects of racism embedded in American culture.

White Racism

In American culture, racism is often directed at African Americans using skin color as a visible divider (Cose, 1993). When White persons suggest racism is about "others," the examination of self and Whiteness remains silent. The concept of White racism locates the power and domination within European Americans, therefore, the concept suggests that racism is an abuse of power by the dominant White culture (Feagin & Vera, 1995). Feagin and Vera stated

White-on-Black racism is thus a -if not the- crucial paradigmatic case of racism historically and in the present. Other types of White-on-minority racism are very important, and there is a great need to eradicate them all.

Yet we believe that they cannot be adequately understood until we
understand deeply the character and history of White racism as it has targeted African Americans. (1995, p. xii)

For many Whites, racism is a taboo subject for it situates power in their lives. Howard (1993), a White educator, supportive of multicultural and inclusionary curricular models, identified typical reactions White people have towards racism. He identified denial, hostility, deep fear of diversity, and guilt as frequent emotional responses to racism. Whereas, for many Blacks racism is a powerful reminder of emotional pain in their lives (Cose, 1993; hooks, 1995). All people may find it difficult to discuss power, differences, the unknown, or to challenge personal assumptions (Cose, 1993). Therefore, the topics of racism and White racism are "difficult dialogues," yet imperative in raising consciousness and sensitivity among educators and students alike (Baldwin & Nelms, 1993).

The examination of Whiteness is an integral component for understanding racism. White privilege has been implicated as an integral force in maintaining stratification systems (Colin & Preciphs, 1991; Frankenberg, 1993; Giroux, 1992; hooks, 1995; McIntosh, 1988). One study that focused on Whiteness was done by a social feminist, Frankenberg (1993). She interviewed 30 White women of diverse age, class, region, sexuality, family situation, and political orientations to analyze Whiteness and race. Frankenberg described her findings this way:

Whiteness varies spatially and temporally, it is also a relational category, one that is coconstructed with a range of other racial and cultural categories, with class and with gender. This coconstruction is, however,
fundamentally asymmetrical, for the term "Whiteness" signals the production and reproduction of dominance rather than subordination, normativity rather than marginality, and privilege rather than disadvantage. (pp. 236-237)

In nursing education literature, it has been suggested that nursing knowledge reflects a White dominant culture negating the lives of African Americans (Sims & Baldwin, 1995; Tripp-Reimer & Fox, 1990). According to Three Rivers (1991), White persons have been socialized as superior and cultureless, thereby perpetuating racial inequities. This socialization is reflected in exclusionary knowledge reflecting Eurocentric beliefs, knowledge, and values. Sims & Baldwin (1995) stated

If knowledge is presented in a manner that reflects the language and values of the dominant culture, students of nondominant cultures who have not been exposed to the language and values of the dominant culture may feel inferior, rejected, out of place, bored, or perhaps hostile. (p. 319)

Tripp-Reimer and Fox (1990) criticized nursing for not integrating anthropological perspectives in discussions of culture. In a critique of textbooks, they found that the textbooks often contained a listing of characteristics of African Americans, Native Americans, Hispanics, and Asians. However, the characteristics of the culture of Whiteness remained silent, yet so normalized, that "other" cultures were judged upon these standards. These listings of characteristics and categories of difference supported stereotyping, thereby perpetuating alienation. As a consequence of these categories arising from the nurse's culture, these listings were inherently objectifying of "others" by
delineation of categories of difference.

**Dichotomous thinking**

Categories of difference is another aspect of racism that keeps persons separate rather than searching for commonalities. Specifically, the use of either/or thinking results in dichotomous thinking. A criticism and illumination of dichotomous thinking has been explicated by many Black feminists (Collins, 1990; hooks, 1995; Lorde, 1984). Examples are: male/female, White/Black, professional/nonprofessional, objective/subjective, culture/nature, and mind/body. Notice that these words gain meaning by contrasting one with the other. Integral to dichotomous thinking is the objectification and domination of the "other." The "other" is defined and subordinated by a controlling and powerful group. Collins (1990) stated,

because oppositional dichotomies rarely represent different but equal relationships, they are inherently unstable. Tension is resolved by subordinating one half of the dichotomy to the other. Thus Whites rule Blacks, men dominate women, reason is thought superior to emotion in ascertaining truth, facts supersede opinion in evaluating knowledge, and subjects rule objects. The foundations of a complex social hierarchy become grounded in the interwoven concepts of either/or dichotomous thinking, oppositional difference, and objectification. With domination based on difference forming an essential underpinning for this entire system of thought, these concepts invariably imply relationships of superiority and inferiority, hierarchical bonds that mesh with political
economies of race, gender, and class oppression. (p. 70)

Academic institutions are in the business of knowledge generation and transfer. These institutions may perpetuate dichotomous thinking and stereotyping. Professional knowledge is often portrayed as static, value-neutral, and authoritative (Hiraki, 1989; Romanowski, 1993). This powerful and authoritative knowledge often remains unquestioned. However, many groups in our culture have been silenced and marginalized by authoritative knowledge claims (Apple, 1986, 1990, 1991). The result of this invisibility has distorted knowledge claims about experiences of silenced groups as well as persons from the dominant culture. Often, what is deemed legitimate knowledge is the result of power relations within race, class, gender, and religious groups (Apple & Christian-Smith, 1991). Therefore, traditional Eurocentric curricula may perpetuate racial imbalances by normalizing Eurocentric values and norms.

Margin and Center

A popular circular metaphor of Eurocentric dominance is margin and center (Giroux, 1991, 1992; hooks, 1984, 1994). The center or core represents knowledge, values, or beliefs of the dominant culture. White, middle-class lives are portrayed and enacted as normative, average, morally neutral, and the ideal in many academic systems. White persons are at the center of knowledge production making decisions as to what and whose knowledge is sanctioned as professional (Apple, 1986, 1990, 1991; Cherryholmes, 1988). Therefore, the beliefs outside the boundaries of the normative core or center are considered marginal. Culturally diverse persons "differing" from the White norm are perceived as "diverse" and remain on the margins of professional knowledge.
Whites have difficulty envisioning the metaphor of margin and center because they are centered, reflecting the cultural norms. Their viewpoints are gazing outward at "others" or "differences." Persons never fitting the White norm, or are 'looking in,' commonly ascribe to this metaphor. Due to the normative aspect of a White person's culture, many Whites assume a stance of color-blindness. Not seeing skin color, or color-blindness, assumes that all persons are equal and similar as long as they conform to a culture's standard or norm. The ideology of equality upon which our culture is based defends equal opportunities and advantages. Yet, inequalities or biases that reinforce dominance and subordination often remain silent. Eurocentric cultural beliefs are often not labeled as racist, just seen as everyday occurrences.

Often inclusion or exclusion in academic and healthcare systems is based on a normative core reflecting dominant Eurocentric values, norms, and knowledge (Apple, 1986; Giroux, 1991, 1992; Madrid, 1995). This margin and center metaphor provides a lens for questioning knowledge and curricula about who has traditionally been at the center of knowledge production, who has been marginalized, and how can teachers and students cross the borders. Ideally, race needs to be understood as a relational concept with elastic boundaries. In keeping with the metaphor of marginality, Giroux (1992) uses the term, border pedagogy, to situate education in broader cultural and political spaces that define our communities. He related changes in pedagogical practices as sites for redefinition of traditional views of community, as he stated,

Border pedagogy is attentive to developing a democratic public philosophy that respects the notion of difference as part of a common struggle to
extend the quality of public life. It presupposes not merely an acknowledgment of the shifting borders that both undermine and reterritorialize different configurations of culture, power, and knowledge. It also links the notions of schooling and the broader category of education to a more substantive struggle for a radical democratic society. (p. 28)

Issues such as White racism (Feagin & Vera, 1995), dichotomous thinking (Collins, 1990; hooks, 1995), and the metaphor of margin and center (Giroux, 1991, 1992) contribute an understanding of the complex concept of racism. Racism is defined as "any attitude, action, or institutional practice which functions to subordinate a person or group because of their color." [...] The control of institutional power distinguishes racism from individual prejudice" (Council for Interracial Books for Children, 1980, p. 95). The next section addresses curricular implications of racial bias.

Curricular Implications

The previously identified concepts of White racism, dichotomous thinking, and the lens of margin and center are embedded in curricular implications for understanding knowledge in educational systems. The exclusivity of knowledge claims in curricula has been captured in a model of "four errors basic to dominant tradition" by Minnich (1990). Minnich identified the first error as faulty generalization. This occurred when one specific group was represented, yet generalized to all persons. The second error was circular reasoning upon which the norm or ideal was based on an exclusive category, usually defined by a White male perspective. This standard or ideal negated experiences of persons outside the category upon which it was based. The third error was mystified
concepts resulting from the first two errors. These are ideas, notions, and categories that are so embedded in cultural norms they are rarely questioned. As an example, Minnich described the valuing of individualism in this culture and how it is revered. The aspects of individualism that remain silent are how individualism undermines community and interdependence of women and other cultural groups. Finally, the fourth error was partial knowledge, the final result of the first three errors. This partial knowledge supported a part of us without representing the whole or including us all. The historical notion of Columbus discovering America is an example of partial knowledge. It certainly excludes "natives" of this country or explorers from other continents. This partial knowledge captures the notion of exclusionary knowledge claims.

Previous theoretical work in sociology and women's studies have identified curricular models that examined gender inclusion in curricula (Andersen, 1988; McIntosh, 1988; Rosser, 1989; Tetreault, 1985, 1987). Tetreault outlined a feminist phase theory that was an experientially derived model identifying five phases toward reaching a gender inclusive curriculum. The first curricular phase was a male-defined curriculum which was an exclusive presentation of Eurocentric, male-defined knowledge absent of women. The second phase was a contribution curriculum where women were an addition to the curriculum. The third phase was a bifocal curriculum occurring when women's experiences were contrasted to men's. This comparison of men and women supported dichotomization and dualism. The fourth curricular phase was a women-centered curriculum when women were studied and understood on their own terms. An example of this phase might be a separate course in the history of Black American Nurses. The ideal
curriculum, or the fifth phase, was a gender balanced curriculum which was pluralistic and multifocal. This perspective shifts knowledge from being male defined to an inclusive curriculum for all men and women. These five phases have provided a framework for researching and communicating gender inclusion in curricula (Twombly, 1993). No research was found that used Tetrault's model to analyze nursing curricula.

A similar model identified inclusionary models of ethnicity (Banks & Banks, 1993; Banks, 1994). The terms inclusionary curriculum or multicultural curriculum are used interchangeably to reflect inclusion of ethnic and gender content. The first approach to multicultural curriculum reform was the contribution approach. This curriculum focused on heroes and holidays. An example of this is celebrating or even acknowledging African Americans only on Martin Luther King Holiday. The second level was an additive approach. This occurred when content was added to the curriculum without changing the inherent structure or perspectives of the course. An example of this was when I added a one page summary entitled "Physical assessment for Blacks" to the physical assessment course I taught. The course, videos, or lecture content was never revised to be inclusive of African Americans. Rather, a one page summary of African American physical findings was just added on to a Eurocentric curriculum. The third curricular level was a transformation approach. The structure of the curriculum was changed to enable students to view concepts, issues, events, and themes from perspectives of diverse ethnic and cultural groups. The final level was the social action approach. This approach "extends the transformative curriculum by enabling students to pursue projects and activities that allow them to take personal, social, and civic actions.
related to the concepts, problems, and issues they have studied" (Banks, 1994, p. 27).

The feminist phase model identified by Tetrault and Bank's multicultural model strive for inclusionary knowledge in curricula, with a goal for social action and justice. Minnich (1990) and Frankenberg (1993) believed that curricula should be the focus of change. Minnich stated:

[A]s long as we do not engage in critique and correction of the curriculum, the framework of meaning behind particular questions of what to teach to whom will continue to prove inhospitable to all those who have been excluded from knowledge and knowledge-making, and so also from effective participation in understanding and exercising power on a basic cultural level. (p. 11-12)

Most of the theoretical work on inclusive knowledge in curricula has been in the discipline of sociology or education. No research has been found that examined Minnich's, Tetrault's, or Bank's multicultural or gender curricular models in nursing. Curriculum is an extremely broad concept of education that includes students, teachers, administrators, political influences, and instructional materials. Textbooks have been chosen as one example of an instructional material that is reflective of current nursing knowledge, values, and norms.

In a poststructural critique on education, Cherryholmes (1988) summarized the power of the textbook and authoritative knowledge claims. He stated:
They [textbooks] make statements about subject matter, social values and arrangements, what counts as knowledge and what information is more or less important. They assert by inclusion and exclusion what is important and unimportant to study and present the meaning of words as fixed. (p. 51)

The inclusions or exclusions of knowledge and content may be elucidated by the identification of specific categories of bias found in instructional materials (Sadker & Sadker, 1982, 1994a). Instructional biases may include gender, racial, religious, or ethnic exclusion of content. This study will focus on racial biases in textbooks. The next section will define the six types of bias found in instructional materials and extend these concepts to reflect nuances of racism in nursing. After these forms of bias have been explicated, a summary of textbook research will be identified.

**Bias Found in Instructional Materials**

Sadker and Sadker (1982) identified that language reflects the bias of society. In an early study, Sadker and Sadker (1980) used content analysis to research sexism, sex differences, experiences and contributions of women, as well as the total text content accorded to females and to males. Their sample was 24 of the most widely used teacher education textbooks. Their findings indicated an overwhelming lack of information concerning sex equity in education. The instructional biases of imbalance and selectivity, unreality, as well as stereotyping were uncovered in these teacher education textbooks. Sadker and Sadker continue their research on gender bias using classroom observation. The title of their recent book, *Failing at Fairness: How America's Schools Cheat Girls*...
captures their findings (1994b). Although Sadker and Sadker’s research has focused on sex (this term has been replaced with gender) bias, they reported finding racial and ethnic bias with umbrella terms such as “culturally different,” “disadvantaged,” and “low socioeconomic class” used to characterize nonmajority persons, in the sampled textbooks. In a summary of their work, Sadker and Sadker (1982, 1994a) have identified six forms of bias found in instructional materials and have been extended to reflect racial bias as well (Grant & Grant, 1981; Sadker & Sadker, 1980, 1982). Sadker and Sadker (1980, 1982) identified the following types of bias that has been documented in instructional materials: 1) invisibility or omission, 2) stereotyping, 3) imbalance and selectivity, 4) unreality, 5) fragmentation and isolation, and 6) linguistic bias.

**Invisibility/omission**

Invisibility, the first form of bias, occurs when particular groups are omitted or not represented in text and/or illustrations. An example of invisibility and omission was found in a popular historical book entitled, *Ordered to Care: The dilemma of American nursing, 1850–1945*. This book was authored by Susan Reverby (1987), a White woman who omitted the contribution or even presence of African Americans in nursing. One could read this book and not even know that there were Black women in nursing. The title of the book stated “American Nursing,” not “White women in nursing,” hence the title assumed inclusivity, yet its content was exclusive of Black women. However, not only are African Americans invisible in instructional materials, it has been suggested they are invisible within the culture of nursing.
Barbee (1993) concluded that the small number of Black registered nurses and absence of Black nurses' contributions in nursing texts reflect the invisibility of African Americans in the nursing culture. This invisibility is also a lived experience when African Americans in academic or health care institutions are not seen or acknowledged by persons of the dominant culture (Allman, 1992; Banks-Wallace, 1994; Parham-Davis, 1993; Reid, 1994). Parham-Davis (1993) interviewed 10 female, ethnic minority nursing faculty for bicultural stress. She found that one of the themes relating to working in a predominately White setting was "being invisible". Parham-Davis defined this "as a state of being in which one's presence or contributions is not acknowledged by others (majority culture) who occupy the setting with the individual" (p. 97). When invisibility occurs in textbooks, or experientially, it teaches people from non-dominant cultures that they are less important and less significant in our society than are the majority in representation.

Stereotyping

Another common instructional bias is stereotyping. This occurs when there is an untruth or oversimplification about the traits and behaviors common to an entire group of people (The Council on Interracial Books for Children, 1977, 1980; hooks, 1995; Pieterse, 1992; Reid, 1994; Tripp-Reimer & Fox, 1990). Stereotypes can refer to a number of variables such as physical appearance, intellectual attributes, personality characteristics, career roles, domestic roles, social placement, gender, and ethnicity. One example of this bias would be textbook portrayal of African Americans only in roles of servants or domestic workers. Stereotypes of African Americans serve to justify discriminatory treatment of members of vulnerable groups to benefit privileged groups.
(Greene, 1994). In real life when registered nurses of color are assumed by the dominant culture to be nursing assistants or orderlies, stereotypical labeling is enacted. Stereotyping denies the reality of individual differences and inhibits people's understanding of diversity and complexity (Sadker & Sadker, 1982).

**Imbalance and selectivity**

The third form of instructional bias is imbalance and selectivity. Insight into this perspective is examining whose "truth" is being reported. An exclusive and culturally privileged perspective of an issue leads to an imbalanced account of a situation (Council on Interracial Books for Children, 1977, 1980; Sadker & Sadker, 1982, 1994a; White, 1990). Eurocentric hegemony limits students' knowledge of situations. An example of imbalance and selectivity found in history textbooks was the content describing the relations between Native Americans and the federal government in terms of treaties and protection. The broken treaties and progressive government uptake of Native American land by the United States government was found to be absent in textbook content (Council on Interracial Books for Children, 1977). An imbalance occurs with the exclusion of Native American perspectives perpetuating a selective White dominant perspective. A broader healthcare example is the generalization of research findings from White middle class men to persons regardless of their race, class, or gender. The lived experience of African Americans has been largely ignored by the medical and nursing research communities (Banks-Wallace, 1994; Jackson, 1993, 1994; Kaplan & Rogers, 1994; White, 1990). An example of the bias, imbalance, is when a medical or nursing perspective becomes a label negating or ignoring the actual experiences of patients
seeking healthcare. One can see how an imbalanced and selective view would perpetuate only partial knowledge of an issue by negating the complexity from a variety of perspectives.

Unreality

According to Sadker and Sadker (1982) another instructional bias is unreality. This occurs when instructional materials ignore facts that are unpleasant or negative (McCarthy, 1990; Sadker & Sadker, 1982, 1994a). When controversial topics are presented unrealistically, students lack the information to recognize, understand, or change circumstances that plague society. A frequent example is how racism or White supremacy is rarely addressed or even mentioned in textbooks (Feagin & Vera, 1995; Tullman, 1992). Not only is racism not written about, it is rarely an accepted topic for discussion (Baldwin & Nelms, 1993; Barbee, 1993; Reid, 1994). Contemporary racial issues are rarely articulated, therefore denying students the information needed to confront and resolve complex problems.

Fragmentation and isolation

Fragmentation and isolation is the fifth bias documented in instructional materials. Fragmentation occurs when nondominant groups were presented physically or visually separate from mainstream content (Sadker & Sadker, 1982, 1994a). This bias is present when the knowledge of "others" is placed in boxes at the side of the page (for example, Black nurse leaders) or in separate chapters or sections (for example, culture and nursing). When Eurocentrism is dominant, then "other" cultural groups are kept on the fringes of the page or on the fringes of power (Reid, 1994). In nursing, African
Americans have identified their sense of isolation in predominately white academic and health care settings (Banks-Wallace, 1994). The theory of biculturalism also addressed how African Americans experienced fragmentation by living in two cultural worlds (Parham-Davis, 1993). Parham-Davis defined biculturalism as the phenomenon that is experienced when one participates concurrently in two different cultures or, when one moves back and forth between cultures. This phenomenon may require that one assume different patterns of behavior and other indices of conformity to the dominant of the two cultures. (p. 11-12)

Examples of fragmentation and isolation imply that the history, experiences, and contributions of African Americans may be within the margins of nursing's discourse.

**Linguistic bias**

The final category of bias is linguistic bias. Language and metaphors often depict cultural bias (Sadker & Sadker, 1982). When African Americans are presented as "primitive" or "exotic," these meanings serve to dehumanize and define people of color only as they relate to White people (Three Rivers, 1991). Another example of linguistic bias are how words with Black frequently have a negative connotation: black-listed, blackballed, black mark, blackmail, black market, and black sheep (Reid, 1994).

Although a leap from linguistic to the experiential, one example of the lived experience of African Americans in a White dominated field is always being referred to as the Black nurse or the Black administrator. The descriptor of race may act to keep a person labeled as different or outside traditional professional norms.
Research on Textbooks

Prior researchers have analyzed primary and secondary educational textbooks (Bazler & Simonis, 1991; Commeyras & Alvermann, 1994; Council on Interracial Books for Children, 1977, 1980; Grant & Grant, 1981; Romanowski, 1993; Sadker & Sadker, 1980, 1982, 1994a, 1994b; Titus, 1993). Their research findings have documented the presence of racial and gender biases in textbooks. In an early research analysis of textbooks from the 1960s, Grant and Grant (1981) reported that minority group representation was nonexistent in textbooks. Therefore, Grant and Grant (1981) developed an instrument entitled The Multicultural Textbook Survey Evaluation Instrument. This instrument was used to evaluate the multicultural content in elementary textbooks from the 1970s. Grant and Grant documented that the preponderance of textbook content focused on the White majority culture, with stereotypic depiction of minorities. In 1991, Sleeter and Grant expanded this instrument to include race, class, gender, and disability. Sleeter and Grant’s results demonstrated an ongoing inequity among the categories of race, class, gender, and disability. Whiteness and maleness continue to be the dominant discourse in textbooks.

Another study done in the 1970’s (Kane, 1970) examined 45 social studies textbooks for the following topics: textbook treatment of the Jews, textbook treatment of minorities under Nazism, textbook treatment of Black Americans, and textbook treatment of other minorities. Seven criteria were evaluated: inclusion, validity, balance, comprehensiveness, concreteness, unity, and realism. These criteria labels and their definitions are the opposite of the terms used by Sadker and Sadker (1982). These terms
capture the absence of bias, as opposed to the presence of bias. However, even using these criteria, Kane (1970) reported a presence of bias as opposed to an absence of bias. This study was a replication study from a study done in 1949 by the American Council on Education. The study in 1949 concluded that:

A. The black [sic] American's position in contemporary society was ignored by the average textbook.

B. Most references to blacks were to the period before 1876, picturing them as slaves and bewildered freed men and thus perpetuating the stereotype of a childlike, inferior group of people.

C. There was a great lack of scientific data on man and the question of race.

D. Even more inadequate than the written material in these textbooks were the illustrations showing blacks in American life. (Kane, 1970, p. 77)

The findings from the study in 1970 related that although the achievements of living Black Americans were mentioned more frequently than in the earlier study, that the tendency was to treat racial inequity with complacent generalizations and evasions. Kane also found that many historical facts relevant to African Americans continued to be ignored. Another finding was that textbooks no longer portrayed America as an all-white nation, yet illustrations featured outstanding black Americans and did not portray a realistic depiction of Black American life.

Numerous studies have examined racism and sexism in history textbooks (The Council on Interracial Books for Children 1977, 1980; Commeysras & Alvermann, 1994; Romanowski, 1993). A content analysis instrument was used by the Council of Interracial
Books for Children (1977, 1980) to identify racism and sexism as well as the ideology of White supremacy. Textbooks were found to have played a part in legitimizing theories of White supremacy. This document was powerful in its presentation of textbook quotations followed immediately by a critique and identification of assumptions. This document published by the Council of Interracial Books for Children (1977) had examples illustrating myths, stereotypes, characterizations, distortions, omissions, ethnocentrism, eurocentrism, sexism, and racism in high school history textbooks. The examples presented were similar to the instructional biases documented by Sadker and Sadker (1982, 1994a).

To clarify how the findings were presented in the Council's (1977) report, an example is presented here. The first indented paragraph represents a quotation from a history textbook followed by a quotation of critique from the council.

Separate schools were generally the rule in both the North and the South. In the North, Blacks and Whites were separated mainly because of segregated neighborhoods. Children from Black neighborhoods went to schools which were nearly all Black in student population. Children from White neighborhoods went to schools in which nearly all were White. In the South, regardless of neighborhood, Blacks, by law had to go to all-Black schools. (History textbook)

Textbooks do report segregation in housing and schooling but they rarely delve into the interconnected racist practices of all institutions. The entire gamut of institutions—business, unions, education, health, church,
government, media-are controlled by Whites, and function in ways which subordinate third world people. The prejudice of individual Whites-while destructive-plays a secondary role.

It is circuitous to state that segregated schools resulted from segregated neighborhoods, without discussing the practices and policies of real estate agencies, banks, and zoning boards in the maintenance of segregated housing. Even when the causes of segregated housing are analyzed, northern school segregation must also be related to educational practices such as site selection and the setting district boundaries and mechanisms through which northern communities establish and perpetuate segregated schools. (1977, p. 29)

Another example of research on three world history textbooks was done by Commeyras and Alvermann (1994). Using content analysis and reading for subtexts these feminist researchers "went beyond comprehending a literal or inferred text to reading a text of obscure and unconscious meanings" (p. 19). These researchers extended content analysis to an interpretive method for analysis. These feminist researchers purported that reading for subtexts enabled presentation of gender as a problematic area of study as opposed to the "natural order of things" (p. 19). These researchers recommended teaching students to be resistant readers and to challenge the textual authority presented in history textbooks. Their findings documented examples of fragmentation and linguistic bias of the portrayal of women in history textbooks.
One more study of high school history textbooks was done by Romanowski (1993). His research analyzed how textbooks portrayed the internment of Japanese Americans during World War II. He used Habermas' critical social theory with Lyotard's poststructuralist strategy of deconstruction to probe the perspectives of morality and truth. He found that most textbooks presented knowledge in a technical manner, excluding important information, thereby divorcing information from the significant moral issues of justice and equality. His findings were an excellent example of unreality—as the textbooks supported the internment of Japanese without presenting the Japanese perspective of loss of homes and families. Romanowski (1993) echoed Commeyras and Alvermanns' (1994) research implications to teach students to challenge textual authority.

Organizational Development (OD) textbooks were examined for class, race, and gender by Holvino (1993). She synthesized the ideas of feminism and postmodernism to support her stance of critique. Nineteen complex questions were used as a sensitizing framework to analyze the OD textbooks. Holvino's findings were portrayed much like those of the Council on Interracial Books for Children (1977). Passages from textbooks were presented in the left column and researcher critique was presented in the right hand column. This method of presentation style enabled reader critique, understanding, and confirmation of her findings. She found that using race, class, and gender were useful concepts to deconstruct the knowledge of organizational development as presented in OD textbooks. She noted that the discipline of organizational development was a managerial discourse that has distanced itself from social justice issues in organizations. She found textbooks to be full of contradiction as the discourse incorporated the democratic value of
participation and equality while at the same time "reinscribe(ing) unequal economic, political and social relations in organizations" (p. 193). Holvino (1993) claimed that her research facilitated spaces from which the discourse of organizational development could be opened to a new type of praxis that is inclusive of voices from the margins.

Another study that provided insight on race but was not limited to textbook language was Pieterse's (1992) examination of White images of Blacks in media, advertising, and textbooks. Pieterse found that the visual images of Blacks were of subordination not dialogue. This book portrayed vivid stereotypic media displays of Blacks as evil, Blacks as savage, Blacks as servants, and Blacks as hyper-sexual. Pieterse documented historical and current images supporting stereotypes of Blacks as "toms," "coons," "mulattos," "mammies," and "bucks" (p. 152). According to Pieterse (1992), power, hierarchy, control, and domination were evident in White's portrayal of Black images.

A researcher used Sadker and Sadker's categories of instructional bias to identify racial/ethnic bias in the 10 most widely used elementary reading and content reading methods textbooks (Huffman, 1996, 1998). In Huffman's study she documented finding examples of stereotyping, imbalance and selectivity, unreality, invisibility and omissions, and fragmentation and isolation; with the last type of bias being the most prevalent. There were no examples of linguistic bias found in her sampled elementary reading books. Sadker and Sadker (1982) reported that linguistic bias was the easiest form of bias to be changed by publishers.
In summary, previous research examining non-nursing textbooks has documented examples of instructional bias. The focus of inquiry was more often an analysis of gender bias rather than racial or ethnic bias. Oftentimes, the method of content analysis addressed what was found in textbooks but negated a social or historical context or critique on the language usage or omissions in the textbooks. The findings of many studies reported a presence of bias, whereas the absence of bias is unstated. Also, in many of these studies the concepts of race and sex/gender were assumed to be static categories rather than socially constructed concepts.

Language is an important construct of race, class, and gender (Desimone, 1993). Textbooks are language. Language plays an important role in establishing boundaries and categories to coalesce racism or to build solidarity. Persons often deny racism or prejudice because they define it as violent, hateful, or extremist. However, persons are socialized through discourse to normalize racial differences therefore, many concepts are omitted, invisible, or silent. A hermeneutic critique of nursing fundamental textbooks may elicit a new discourse by bringing content and omissions into question.

The Theoretical Context

Hermeneutics

Hermeneutics, a method of textual analysis, emphasizes the sociocultural and historic influences on inquiry. Hermeneutics pertains to the process of exposing hidden meanings (Kisiel, 1985). Hermeneutics has historically been associated with the interpretation of biblical texts. According to Thompson (1990, p. 230), hermeneutics was "derived from the Greek verb, hermeneuein, 'to interpret,' and from the noun, hermeneia,
or 'interpretation.' Hermeneutics is an artful form of understanding (Wiehl, 1990). The evolution of hermeneutics will be discussed, as well as the philosophical orientation supporting this study. This second chapter concludes with a discussion of critical hermeneutics, based on the philosophies of Heidegger and Gadamer.

In the 19th century, hermeneutics moved from an analysis of texts to a perspective oriented to understanding human science. Gadamer (1975/1994) described Schleirnacher, an early hermeneutic philosopher, as searching for a theory to reconstruct literary work in the understanding as it was originally intended. Dilthey, expanded Schleirnacher's work, and "rethought his notion of understanding to mean the ability to reconstruct the same intentionality or symbolism of the agent" (Hiraki, 1989, p. 23). This conceptualization resulted in the notion of intersubjectivity, a common thread of current hermeneutic understanding. Intersubjectivity assumes persons share a common world.

A close link between phenomenology and hermeneutics has resulted in the terms being used interchangeably and universally. Yet, philosophical beliefs differ among phenomenologists and hermeneutic philosophers. Phenomenologists focus on the lived experience of persons eliciting commonalities and shared meanings, whereas hermeneutics refers to an interpretation of language. However, there is no absolute or universal definition of either hermeneutics or phenomenology.

**Husserlian Hermeneutics**

Edmund Husserl was an early phenomenologist philosopher, as well as a mathematician (Spiegelberg, 1982). Mathematics influenced his view of epistemology. He sought a logical method of discovering the experience of consciousness. An idealist,
he believed that all matter was reduced to mental states. Husserl's basis of knowledge or epistemology was actualized by reducing, or bracketing as he called it, our consciousness to ascertain the essences of the phenomena in question (Spiegelberg, 1982). For example, if I wanted to know about water, I would bracket everything I already knew about water. Bracketing would enable me to identify the essences constituting water that were free of my prior experiences with water. Yet, if I carry this concept to the extreme, if I "bracket" even the concept of water, how can I know what my inquiry is about? Bracketing assumes persons can separate their knowledge from their lived experiences (Paley, 1997).

Thompson (1990) described three concepts of Husserlian phenomenology subscribed to by researchers using this perspective: "(1) an analysis of the subject and object-as-the-object-appears-through-consciousness, (2) an emphasis on bracketing or epoche as a method for suspending naive realist awareness, and (3) an emphasis on describing the full appearance of the object of inquiry" (p. 233).

Husserlian phenomenology has been used as a theoretical perspective for some nursing studies (Oiler, 1982; Omery, 1983). The term and method of "bracketing" is embedded in Husserlian beliefs yet often applied universally to phenomenology (Grams, 1993, Oiler, 1982; Omery, 1983). However, the assumptions underlying bracketing are not universally accepted by many phenomenologists and researchers (Benner, 1984; Diekelmann, 1992; 1993; Maloney, 1993). A Heideggarean perspective of understanding challenges the assumption of bracketing.
Heideggerian Hermeneutics

Many of Husserl's perspectives were reconceived by his junior colleague, Martin Heidegger. Heidegger emphasized the ontology of Being as opposed to the epistemologic question of knowing (Spiegelberg, 1982). A person, a Being-in-the-World, cannot be separated from the world. Heidegger's philosophy offered an alternate world view from Husserl's belief of a subject-object split. As human-being or Dasien, our meaning is codeveloped through being born human and through our life experiences and background (Spiegelberg, 1982). Heidegger acknowledged our background as "throwness." Persons are "thrown" or born into a particular gender, culture, and history. While throwness prohibits an objective viewpoint, it enables persons to have shared practices and common meanings by virtue of the fact that they share a similar kind of Being. Heidegger did not believe it was possible to "bracket" our assumptions of the world. Yet, through authentic reflection we may be able to become aware of many of our assumptions. Heideggerian hermeneutics can be defined as a way to "interpret the shared meanings and practices that we have for our experiences within a context" (Maloney, 1993; p. 40).

The concept of a hermeneutic circle was introduced by Heidegger as a way to understand our Being-in-the-World. As Koch (1995), a nurse researcher, stated in her article that described the interpretive approaches for nursing research: "For Heidegger, understanding is no longer conceived of as a way of knowing but as a mode of being, as a fundamental characteristic of our 'being' in the world" (p. 831). As a research methodology, hermeneutics assumes meaning making embedded in the process of dialogue between interpreter and narrator. The hermeneutic circle is a way of articulating
and interpreting discourse. This way of understanding assumes dialogue and movement between wholes of texts and parts of texts. Heidegger believed that language was constituent of our Being because language preceded us. Language enables people to identify phenomena. However, language may also be restrictive by limiting our understanding of the world.

**Gadamerian Hermeneutics**

Hans-Georg Gadamer (1994/1975) extended Heidegger's work on hermeneutics by emphasizing the embeddedness of language in our understanding of our world. In 1975, Hans-Georg Gadamer's text, entitled *Truth and Method*, identified the necessity of historical consciousness within hermeneutics. My interpretation of Gadamer's work is that he extends philosophical hermeneutics to critical hermeneutics by stressing the importance of tradition, or background, in our ways of understanding. Gadamer (1994/1975, 1976) asserted that understanding was always a historical, dialectic, and linguistic event. This understanding occurs from interpretations embedded within our linguistic and cultural traditions (Pascoe, 1996).

Prejudice, defined by Gadamer (1976), was prejudgment. Prejudices are our preconceived notions of things, emanating from our past experience and socialization. In the positivist/empirical and Husserlian views of truth, the way to eradicate prejudice was to maintain objectivity by "bracketing" experiences. However, Heidegger and Gadamer believed this was impossible. To understand another we cannot shed our past experience, because it is this past experience that actually facilitates understanding another. Experience is an ongoing examination of status quo. Gadamer (1976) advocated continual
striving to explicate our prejudices. The philosophers Grondin (1990) and Maguire (1991), in their writings of Gadamer, identified the importance of understanding of our prejudices. Grondin (1990) stated,

For whomever pronounces himself or herself free of prejudices is all the more blindly exposed to their power. Prejudices will exercise their underground domination all the more strongly, and potentially distortingly, when denied or repressed. (p. 54)

Maguire (1991) stated,

To be engaged in a conversation with a text is to bring one's prejudices into play. On the basis of one's prejudices' one is able to understand the content of what the text says. The reader is engaged from a definite point of view and is only able to understand the content of the text from this perspective. The very fact that we question the text suggests that we are trying to transcend our own prejudices. (p. 40)

This quote is also reiterated by Koch (1995) who believed that Gadamer's contribution to research methodology is the attention to detail and judgement-making in the research process. The prejudices of the researcher originate from the researcher's historical background. Rather than being an impediment to knowledge making, it is the researcher's values that provide contextual meaning to their consumers. Therefore, one research implication of critical hermeneutics is explicating a lens for analysis. The lens for this proposed textual analysis is the Sadker and Sadker's (1980) categories of bias found in instructional materials. Another research implication is making the researcher's judgment
explicit, which will done by this researcher documenting decisions in a research journal.

Another Gadamerian concept is the metaphor of horizon. Conscious awareness is one definition of horizon. According to Maguire (1991) "having a horizon entails being aware of the limits of one's perspectives" (p. 108). In an article on hermeneutic phenomenology, Annells (1996) described the aim of hermeneutic inquiry as the "fusion of horizons of the interpreter and the text" (p. 707). An outcome for this proposed research is to identify examples of racial bias that were previously invisible in a nursing educator's horizon.

Gadamer (1994/1975, 1976) advocated dialogue or conversation as a way of uncovering knowledge and reducing the embedded political power in our discourse. Gadamer (1976) stressed the importance of reflection and conversation in knowing. Conversation assumes mutuality of question and answer (Gadamer, 1976; Wright, 1990). Gadamer proposed that through conversation with the text or with one another an event of understanding will occur that can not be predicted nor controlled. He believed that true conversation is when persons are open and equally participative and interested in achieving common understanding. Gadamer's perspective of dialogue is congruent with what Henry Giroux (1992) labeled as crossing the borders, minimizing the established boundaries between margin and center. For the study herein, an assumption was that the borders of our perspectives are influenced by our racial backgrounds, historical consciousness, language, and prejudices. A lens of racial bias may assist us in crossing the borders and broadening our horizon that were handed down to us through our cultural upbringing.
Gadamer's hermeneutics supports the mutuality of theory and practice or praxis. The meaning of praxis is a holism of language, knowing, and action. In noting Gadamer's concept of understanding, Grondin (1990) stated,

Gadamer is again inspired by the rhetorical tradition in stressing the role application plays in acquiring an understanding. To understand a text or a meaning is always to know how to apply it to our situation. The application, however, is not a process that begins after understanding. There is not first understanding and only later an application of what is understood to the present. To understand and to apply to one's own situation constitute, according to Gadamer, one and the same hermeneutic event. (pp. 51-52)

The use of critical hermeneutics in this proposed research draws heavily from Gadamer. In examining the language of race, one must acknowledge differences as well as an ongoing examination of our prejudices. This is contrasted with a current cultural belief of ignoring difference or practicing color-blindness in the pursuit of equality. Critical hermeneutics emphasizes an interpretation of language as well as examining omissions. Methodologic implications of Gadamer support a method of interpretive analysis. This is in contrast to the type of content analysis described as manifest by Catanzaro (1988). Catanzaro defined manifest content analysis as one that is replicable with valid inferences gained by statistical and empirical methods to textual material. Assumptions of manifest content analysis are that concepts are operationally defined, acontextual units for analysis. Whereas, interpretive analysis is when the researcher views
each passage of the textual material within the broader context of the text, and in this case the broader context of culture and historical background. However, for this study, critical hermeneutics supports a method for identifying and critiquing language or silence within their socio-cultural traditions. This was done by explicating the researcher's horizon or lens, providing literary support, and documenting textual evidence and expert confirmation of the researcher's interpretations. This research may assist nursing educators to attend more carefully to the language we use and the content we teach. It is a goal that the practice of nursing is culturally competent and racially balanced. The findings from this inquiry may provide a stimulus for challenging the authority of textbook knowledge.

Summary

This chapter presented perspectives of racism that included aspects of White racism, dichotomous thinking, and the metaphor of margin and center. Curricular implications of racism were then addressed. Next, biases found in instructional materials were identified as well as prior textbook research that documented the existence of racial and gender biases. The theoretical context identified the background of hermeneutics and how critical hermeneutics provides a methodology for uncovering racial bias in fundamental nursing textbooks.
CHAPTER III

THE RESEARCH PLAN

This chapter will articulate the proposed research design and data generation strategies. Whereas in Chapter IV the actual implementation of the study is documented. Chapter III will restate the purpose and research questions followed by the process for textbook and content selection. Next, the development of the Framework for Content Analysis and research method will be explicated. The chapter concludes with addressing how the trustworthiness criteria of credibility, transferability, dependability, and confirmability were to be met for methodologic rigor for this interpretive study.

Purpose and Research Questions

The purpose of this research was to identify and critique selected content areas from three fundamental nursing textbooks for the presence or absence of racial biases. Two research questions were addressed in this study:

(1) What is the portrayal of African Americans in fundamental nursing textbooks?

(2) Is there a presence or absence of racial bias in the portrayal of African Americans in fundamental nursing textbooks?

The content (or absence of content) on African Americans was used as the data for this analysis. Biases may be embedded in normative and traditional nursing discourse thereby
remain unnoticed in everyday practices. It is imperative for nursing faculty to gain an awareness of racial bias to reduce individual and institutional bias. This awareness may enhance matriculation of African American students and improve the nursing care of African American patients.

According to Sadker and Sadker (1982) and the Council on Interracial Books for Children (1977, 1980), racial bias may be embedded in textual content, illustrations, linguistics, or references that characterize African American culture or persons. Previously, biases have been identified through the identification of omissions in the relaying of history (Commeyras & Alvermann, 1994; Council on Interracial Books for Children, 1977, 1980). Also, biases have become evident when an exclusive Eurocentric perspective was presented as normative, factual, and universal (Baptiste, 1995; Council on Interracial Books for Children, 1977, 1980; Huffman, 1996). Another area in which bias has been identified is through language usage, specifically adjective usage describing African Americans embedded with negative or stereotypic connotations (Council on Interracial Books for Children, 1977, 1980). Lastly, racial bias has been identified in photographs that have stereotyped and references that have excluded African Americans (Council on Interracial Books for Children, 1977, 1980; Kane, 1970; Pieterse, 1992).

Research Design

Critical hermeneutics was the philosophical and methodological foundation for this study. This perspective provides a lens for the critique of language and silences embedded in nursing fundamental textbooks (Hekman, 1986). Gadamer (1976) believed that "prejudices are biases of our openness to the world" (p. 9). Assumptions of critical
hermeneutics include the importance of situating historical and cultural traditions as well as exposing hidden power imbalances (Ford-Gilboe, Campbell, & Berman, 1995). These assumptions pertain to research findings as well as to the method for analysis. Therefore, prior to this study, numerous sources on the history and culture of African Americans and two historical fundamental textbooks were read by the researcher (Campinha-Bacote, 1988; Carnegie, 1995; Carnes, 1996; Greer, 1995; Hampton, 1893; Hine, 1989; Johnson, 1995; Kozier & DuGas, 1967; Lane, 1993; Lassiter, 1994; Lerner, 1992; McKissack, 1990; Mosley, 1995; Parham-Davis, 1995). Through this reading, I have uncovered some of my racial bias, as well as have a new understanding of whiteness and institutional racism. According to the Council on Interracial Books for Children (1980), it is imperative to know historical accuracy in order to identify omitted information in textbooks. In addition, to enhance this researcher's knowledge and credibility, this proposal underwent numerous revisions under the direction of scholars in multicultural education and nursing curricula.

Data Generation Strategies

Textbook Selection

Textbooks were chosen as an example of instructional materials commonly used throughout nursing programs in the United States. Textbooks providing an initial introduction into nursing are fundamental textbooks. Fundamental textbooks are defined as generic, non-specialty textbooks used early and throughout a nursing curriculum that provide a holistic perspective of the discipline. To capture current textual knowledge one criterion for sample inclusion was that textbooks be current (copyright after 1995).
best-selling was another criterion for sample selection to capture the knowledge most often taught via a textbook. Three textbooks were chosen to avoid a comparison of two textbooks and to provide better representation of textual nursing knowledge. This number was also chosen because prior research on textbooks had also used a sample of three (Commeyras & Alvermann, 1994; Holvino, 1993). These three textbooks were also highly visible and commonly known among nurse educators.

The best-selling textbooks were based upon sales numbers, however, the numbers were not provided to the researcher, only a ranking of the textbooks. According to one publisher and confirmed by telephone by another publishing house, the bestselling nursing fundamental textbooks at the time of this inquiry were:


These three textbook publishers were contacted and agreed to donate a complimentary copy of each textbook for this research.

Textbook Content Selection

Each of the three textbooks for this study was approximately 1500 pages long, with over 45 chapters. Only selected chapters and sections that had been linked with
content on African Americans were planned to be addressed in this research study. Sections of the textbook such as the chapters on nursing process, growth and development, perioperative nursing, and psychomotor skills were not planned to be included in this study. Much of this content was either the application of theory from other disciplines or specialty content rather than foundational knowledge. Also, the chapters addressing psychomotor skills such as vital signs, hand washing, infection prevention, and medication administration were not planned to be analyzed as these skills demand uniformity regardless of race. Chapters addressing physiologic content such as oxygenation and elimination were not examined due to the assumption that these areas are not unique to any one ethnic or racial group. Other chapters such as legal issues, ethics, communication, teaching-learning may contain content on African Americans, however they were not addressed in this study.

The focal content areas of history, culture, and physical assessment parameters were chosen due to implications of embedded racial bias as described by many scholars (Banks, 1994; Baptiste, 1995; Brown, 1994; Commeyras & Alvermann, 1994; Council on Interracial Books for Children, 1977, 1980; Feagin & Vera, 1995; Grant & Grant, 1981; Hine, 1989; Holvino, 1993; Huffman, 1996; Jackson, 1993; Killion, 1990; McCarthy, 1990; Morse & English, 1986; Phelps, 1993; Romanowski, 1993; Sims, 1996; White, 1990). Textbook content that was included in this research study were chapters addressing the history of the profession of nursing, its theorists and leaders, and the evolution of nursing organizations. In order to capture content addressing cultural authenticity, the specific textbook chapter on culture and ethnicity was to be analyzed.
Each of these textbooks had a separate chapter on culture and ethnicity that contained sections focusing on African American culture. To explore if these textbooks included racially appropriate physical assessment parameters, chapters addressing physical assessment parameters as well as basic hygiene content on the care of hair, skin, mucous membranes, and nails were to be analyzed. This content was found in two chapters: one entitled physical assessment and one entitled hygiene.

**Development of the Framework for Content Analysis**

For this study, a Framework for Content Analysis (Appendix A) was constructed to collect and analyze data related to the portrayal of African Americans in fundamental textbooks. The framework was to be derived from a synthesis of numerous tools for analyzing textbooks developed by the Council on Interracial Books for Children (1980). The Council on Interracial Books for Children (1980) identified tools for rating children's story books, basal readers, literature anthologies, dictionaries, biographies, math textbooks, career education textbooks, and U.S. history textbooks. A synthesis of these tools and books resulted in a researcher-developed Framework for Content Analysis (see Appendix A). Each section of the framework will incorporate one or more of Sadker and Sadker (1982) biases and contain content-specific questions addressing history, cultural authenticity, or physical assessment parameters.

The researcher-developed framework was planned to consist of three major parts. Part I included questions related to the historical accuracy in fundamental textbooks. Part II included questions related to the cultural authenticity of the content on African Americans. Cultural authenticity was defined as an accurate and genuine description of a
culture through the eyes and life experiences of persons from that group. Finally, Part III included questions related to the physical assessment content used to describe African Americans, including content on basic hygiene as well as care of hair, skin, mucous membranes, and nails. This part was planned to be developed to identify if the chapters on physical assessment and hygiene contained the knowledge for nurses to assess and care for African Americans.

The Framework for Content Analysis underwent numerous revisions incorporating the critique and suggestions provided by an expert in gender bias, Dr. David Sadker (personal communication, 1997), dissertation committee chair, and three nursing educators knowledgeable in multicultural education. These persons were to provide feedback related to clarity and simplicity of use of the framework. This framework was to be used to collect data related to four types of textbook content: text, illustrations, linguistics (word usage), and references. The following outline documents the specific data to be collected and analyzed:

Historical Accuracy, Cultural Authenticity, Physical Assessment Parameters

A. Textual Analysis

1. Highlighting and counting of lines addressing African Americans

2. Interpretive questions

B. Illustration Analysis

1. Photographic Analysis

2. Diagrammatic Sketch Analysis (pictorial representation of persons)

3. Interpretive questions

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C. Linguistic Analysis

1. Adjective documentation

2. Interpretive questions

D. Reference Analysis

Method

This study employed a thematic and interpretive analysis to identify the portrayal of African Americans and to critique the presence or absence of racial bias. To answer research question one a thematic analysis was to be done to classify words and themes in text into a few categories related to their theoretical importance (Burns & Grove, 1993). An inductive, thematic analysis was to be done to capture the portrayal of African Americans in these sampled textbooks based on the strategies recommended by Diekelmann (1992, 1993), Lincoln & Guba (1985) and Catanzaro (1988). The second research question was to be answered using an interpretive analysis based on Gadamer (1976); Diekelmann, Allen and Tanner (1989); and Allen (1995). This interpretive analysis of the portrayal of African Americans was intended to uncover the presence or absence of racial biases in nursing fundamental textbooks. The biases, as identified by Sadker and Sadker (1982, 1994) were invisibility/omission, stereotyping, imbalance/selectivity, unreality, fragmentation/isolation, and linguistic bias. Sadker and Sadker's categories of bias have been documented by prior researchers (Council on Interracial Books for Children, 1980; Huffman, 1996; Sadker & Sadker, 1982). These categories as well as theoretical and literary contexts were planned to be used as sensitizing concepts. Additional findings related to the illustrations, linguistics, and
references were also planned on being reported and discussed.

Procedure

A piloting of the procedure and use of the Framework for Content Analysis was planned to be done. Three nursing educators were to be utilized to assist in data collection and analysis. These three expert reviewers were to be selected to serve functions for validation of findings and researcher bias control. In addition, these experts provided the researcher with differing lenses for conceptualization of findings and interpretations. The criteria for the selection of these educators were diversity (a minimum of two African Americans and one European American), experienced as a baccalaureate educator (minimum of two years with a minimum of a master's degree in nursing), had taught content from a fundamental textbook (within past five years), and had experience working with/teaching African Americans in nursing. These persons were sought through professional and personal network of colleagues. As a token of appreciation for the expert's contribution to this research, these experts were promised a $50 gift certificate from a large national bookstore and an offer to co-author an article following the completion of this study.

After an initial phone conversation to describe the study and seek the experts' agreement to participate in the study, a confirmation letter outlining the purpose of the study and the experts' role expectations was sent (Appendix B). In addition, this initial mailing contained the Framework for Content Analysis with textual, illustration, linguistic, and reference analysis sections for a piloting of the research procedure. A researcher-selected chapter from a fundamental textbook containing illustrations of
African Americans was attached to the abbreviated version of the Framework for Content Analysis. The experts were to complete the Pilot Framework within a specific deadline and return it to the researcher in a prepaid postage envelope. Depending on the expert responses, changes were to be made on the Framework for Content Analysis, the directions for use, or the data collection process.

After the piloting and revising of the Framework for Content Analysis, these educators were to be sent a packet containing a copy of The Framework for Content Analysis and the three content areas from one textbook. Each part of the Framework was attached to the appropriate content area of either history, culture, or physical assessment parameters from one sampled textbook. These experts were asked to answer the questions, code the data, and return the data to the researcher by a specified date. A systematic process was to be followed for all three textbooks by the researcher, and only once (one textbook) for each expert reviewer.

This independent expert content analysis provided an external audit to confirm the researcher's data. Upon receipt of the expert panel's findings, the researcher planned to categorize and synthesize the reviewers' findings, and compare these findings to the researcher's results. During the data analysis and synthesis phase, this researcher planned to possibly engage a peer debriefer, along with the dissertation committee members, to assist in the interpretation of the data. Erlandson, Harris, Skipper, and Allen (1993) defined a peer debriefer as such:

Occasionally, the researcher should step out of the context being studied to review perceptions, insights, and analyses with professionals outside the
context who have enough general understanding of the nature of the study
to debrief the researcher and provide feedback that will refine and,
frequently, redirect the inquiry process. (p. 31)

Concluding data collection, the findings were planned to be summarized
according to the four types of textbook content: text, illustrations, linguistics, and
references; and according to the content areas of history, cultural authenticity, or physical
assessment parameters. After the findings were recorded and summarized, the experts
were planned to be re-contacted and sent the findings for confirmation of the researcher’s
conclusions and interpretations. Following the experts’ review of the researcher’s analysis,
consensual findings were to be reported. For research findings that did not have consensus
between the experts and the researcher, these were intended to be critically examined,
compared to other documented findings in the literature, and reported in the dissertation.

Trustworthiness Criteria for Methodologic Rigor

Methodologic rigor for this interpretive research was planned to be assured by
using trustworthiness criteria as described in this next section. The philosophical
assumptions of multiple ways of knowing and the contextuality of knowledge imply a
congruent research method that reduces the objectification of knowledge. Interpretive
inquiry assumes value ladenness, honors subjectivities, supports emergent design, and
views the researcher as the research instrument. The criteria for trustworthiness in this
study were based on Lincoln and Guba (1985), Guba (1990), Patton (1990), Sandelowski
(1986), and explicated from the practical guidelines proposed by Erlandson, Harris,
Skipper, and Allen (1993). Erlandson, Harris, Skipper, and Allen (1993) introduced the
concept of building trustworthiness by stating:

If intellectual inquiry is to have an impact on human knowledge, either by adding to an overall body of knowledge or by solving a particular problem, it must guarantee some measure of credibility about what it has inquired, must communicate in a manner that will enable application by its intended audience, and must enable its audience to check on its findings and the inquiry process by which the findings were obtained. (p. 28)

Criteria for trustworthiness include credibility, transferability, dependability, and confirmability.

Credibility

My credibility as a researcher is foremost in this research. Contrary to positivist assumptions of personal objectivity, the interpretive researcher's skill and knowledge is integral to the research process and outcomes. My foundational knowledge on racism and the curricular implications have been identified in Chapter I and II. Throughout my analysis I will situate my perspectives, read historical sources on African Americans in nursing, and include supporting literature to substantiate my textual analysis as well as to provide credibility to the findings.

Prior to beginning this study, the Framework for Content Analysis, process for content selection, data interpretation, and rigor were planned to be sent to Dr. David Sadker, a scholar and content expert in gender bias. The Framework for Content Analysis for this interpretive study was a synthesis of Sadker and Sadker's work with the Guidelines for Selecting Bias-free Textbooks and Storybooks (Council on Interracial
Books for Children, 1980). Sadker's suggestions will be incorporated into the final version of the Framework. The suggestions and confirmation by this content expert on bias are intended to enhance the credibility of the study's stages of data analysis and subsequent findings.

In addition, the strategies of prolonged engagement, referential adequacy materials, a team of experts, and possibly a peer debriefer were planned to be used to support the credibility of these findings. In this inquiry I intended to pursue prolonged engagement with the textbooks through multiple readings. I intended to analyze the wholes (content areas) and parts (word usage) of the textbooks, resisting premature labeling of the findings.

Referential materials were planned to be used as another strategy supporting the credibility of these findings. Historical nursing textbooks had been read to provide a historical lens of current nursing practice, knowledge, and traditions. Historical nursing textbooks from 1893 and 1967 had been acquired for this purpose. However, other historical sources were to be added during the data interpretation phase of this research. Books and articles on African Americans had been acquired and were to be re-read during the analysis phase. These referential materials were intended to provide a contextual background for a richer understanding of the findings from this study.

Another strategy for supporting the credibility of the findings was the use of a team of experts that included a minimum of two African American nurse educators. These experts were to provide me with a source of external, independent review that could identify aspects of my White bias. These experts were to independently collect and
analysis textbook content as well as validate subsequent findings and interpretations. The
interactions and dialogue between myself and these persons were to be documented in a
research journal. If any difference of opinion or conflict arose, then these issues were to
be presented to the dissertation committee and discussed analytically in my dissertation.

A peer debriefer was proposed to assist in the data analysis and synthesis stage of
this interpretive study. This person's insights and critique were to provide further
assistance for my emergence of themes. The interactions and feedback from this person
were to be documented in the research journal.

Transferability

The criterion of transferability is the extent to which my findings can be applied in
other contexts. The best-selling, current fundamental textbooks were decided as a data
source to encourage the greatest amount of transferability to nursing programs throughout
North America. The Framework for Content Analysis was divided into three common
content areas of nursing knowledge: history, cultural authenticity, and physical
assessment parameters that may broaden the transferability of the Framework for Content
Analysis.

Another research strategy to support transferability was to provide "thick
descriptions" or quotations from the original textbook passages in the final product of this
research (Lincoln & Guba, 1985). The themes were planned to be supported by actual
textbook citations. The citations of textbook exemplars were intended to provide the
readers of this research to be involved in the confirmation of the findings and transferring
the findings to their specific topics of concern.

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**Dependability and Confirmability**

The criteria of dependability and confirmability were to be met by consistency and auditability. Research decisions were intended to be documented as an audit trail. As Maloney (1993) stated "The auditor, in reviewing the data and the research process, should be able to arrive at conclusions that may be different from but compatible with, not contradictory to, the conclusions of the original researcher" (p. 70). Koch stated, "[S]ignposts indicating research decisions and influences should be present throughout the study and the entire study should function as an inquiry audit" (1994, p. 978). An assumption of critical hermeneutics is that the researcher is an integral whole with the interpretation of text. A decision trail confirms this process. The use of a research journal, all records and forms, and actual textbooks were maintained for auditability by the committee members as well as the team of experts. My committee chairperson was to be regularly informed of my signposts or points of decision-making to provide critique and direction.

**Summary**

This chapter described how a systematic method was to be used to identify and critique selected content areas from three fundamental nursing textbooks for the presence or absence of racial bias. My plan for the selection of three current, best-selling textbooks was presented. The Framework for Content Analysis and the procedure for data collection and analysis were presented. Criteria and strategies for trustworthiness were also identified to assure methodologic rigor for this interpretive inquiry.
CHAPTER IV
RESEARCH PROCESS

The purpose of this research was to identify and critique selected content areas from three fundamental nursing textbooks for the presence or absence of racial bias embedded in the portrayal of African Americans. The content areas analyzed were: history of nursing, cultural content on African Americans, and physical assessment parameters. A researcher-developed framework was used for data collection and analysis of textual language, illustrations, linguistics, and references. In addition, a concurrent expert panel of three nursing educators assisted in confirming the credibility of the findings and providing researcher bias control. In this chapter I describe how the data generation, preparation, and analysis were completed. This chapter will provide an audit trail for the reader to follow the research process. After a brief review of hermeneutics, I will describe data generation strategies, as well as how textbooks and experts were sought. I will briefly describe the pilot study and how the actual study was completed and the data analyzed. I will conclude this chapter by addressing trustworthiness criteria for methodological rigor.

Hermeneutics, a method of textual analysis provided the theoretical perspective for this study. Critical hermeneutics emphasizes the sociocultural and historic influences on language and pertains to the process of exposing hidden meanings. (Allen, 1995;
textual analysis elicits new understanding by bringing content and omissions into
question (Allen, 1995; Gadamer, 1976). The use of critical hermeneutics in this research
drew heavily from Gadamer. In exploring the language of race, one must acknowledge
differences as well as examine our prejudices (Gadamer, 1976). This perspective is
contrasted with a current cultural belief of ignoring difference or practicing color-
blindness in the pursuit of equality (Williams, 1997). Methodological implications of
Gadamer supported a method of interpretive or latent content analysis. Latent content
analysis occurs when the researcher views each passage of the textual material within the
broader context of the text, and in this case the broader context of culture and historical
background (Catanzaro, 1988).

The credibility of this research was addressed through the application of
trustworthiness criteria of credibility, transferability, and confirmability (Erlandson,
Harris, Skipper, and Allen, 1993). This research was systematically and carefully
constructed; however, there can be no claim to a valid, reliable, or unbiased view of racial
bias. It is necessary for readers to use the findings from this research to enhance their own
understanding of bias and how their racial and ethnic background has influenced their
worldview. The findings from this research may be used to assist nursing educators to
attend more carefully to language usage and types of content they teach. It is a goal that
the practice of nursing is culturally competent and racially balanced (Lenburg et al., 1995;
Meleis, Isenberg, Koerner, Lacey, & Stern, 1995). Further, the results from this inquiry
may provide a stimulus for challenging the authority of textbook knowledge (Apple,

Data Generation Strategies

This next section will describe the design of the Framework for Content Analysis, the selection of the fundamental textbooks, and expert recruitment for this study.

Data Collection Tool

To facilitate the identification and reduction of content addressing African Americans and bias, a framework for interpretive content analysis was developed by the researcher. This framework was used as a tool to collect and analyze the data identified in nursing fundamental textbooks. Numerous instruments and tools for analyzing textbooks, cited in the Guidelines for Selecting Bias-Free Textbooks and Storybooks (Council on Interracial Books for Children, 1977, 1980), were synthesized with Sadker and Sadker's (1980, 1982, 1994a) work on gender bias in development of this Framework for Content Analysis. After I completed a draft of this framework and research proposal, both were sent for expert review to Dr. David Sadker (1997), a scholar on instructional and gender bias. Dr. Sadker provided written and verbal feedback. Many of his ideas were integrated into the Framework. This researcher-developed framework addressed the following three content areas: (1) the history of the nursing profession, nursing theorists, and professional organizations, (2) cultural/ethnic authenticity and (3) physical assessment parameters and care of skin, hair and mucous membranes. The framework also addressed the following four types of data: a) textual language, b) illustrations, c) linguistics, and d) references. Interpretive questions related to the type of content that was being analyzed. The following outline is a general outline of the Framework for Content Analysis:
I. Historical Accuracy, II. Cultural Authenticity, III. Physical Assessment Parameters

A. Textual Analysis
   1. Percentage of lines addressing African Americans
   2. Interpretive questions

B. Illustration Analysis
   1. Photographic Analysis
   2. Diagrammatic Sketch Analysis (pictorial representation of persons)
   3. Interpretive questions

C. Linguistic Analysis
   1. Adjective documentation
   2. Interpretive questions

D. Reference Analysis

Protection of Human Subjects

Upon completing the Framework for Content Analysis, the research proposal was classified as exempt by the Institutional Review Board at Georgia State University. This is a study of existing documents that are publicly available. Although not subjects, nursing experts' participation represented implicit consent.

Selection of Nursing Textbooks

Textbooks were chosen as an example of instructional materials commonly used throughout nursing programs in the United States. Fundamental textbooks were defined as generic, non-specialty textbooks used early and throughout a nursing curriculum that
provide a holistic perspective of the nursing discipline. The criteria for sample selection were best-selling and current (copyright after 1995). To determine the best-selling textbooks, an Addison-Wesley publisher was contacted and provided me with a ranked list of the best-selling fundamental textbooks. This publisher did not release sales numbers. After receiving the ranked listing of books, I contacted another publisher who confirmed that the list of best-selling fundamental textbooks were accurate. Therefore, I felt assured that these textbooks met the criterion of best-selling, and were chosen for this study:


In addition, I contacted all three textbook publishers to request complimentary copies of each textbook for this research. Although I was told by education colleagues that publishers probably would not agree to send me a copy, I found this not to be the case with nursing publishers. All three publishers were extremely helpful and friendly. I sent the publishers a mini-proposal of my research and in return, I promptly received a mailed textbook from each publisher. As I was about to embark upon the pilot study, I re-contacted these publishers for permission to photocopy the selected chapters. I received
differing information from the publishers. Two publishers told me that I could make one copy for personal use without infringement of copyright laws. However, one publisher stated that they did not want me to photocopy over 10% of a chapter. Therefore, I purchased an additional copy of that textbook. In anticipation of reporting findings from my study, I requested permission to reproduce illustrations found in the textbooks. This request was denied by all three publishers. The publishers stated that some photograph's copyrights are not held by the publisher and they could not authorize duplication of illustrations.

**Selection of Textbook Content**

During the generation stage of this research, the content areas of history, culture, and physical assessment were chosen as units of analysis based on the review of the literature. I found that racial bias had not been explored in nursing textbooks. However, this bias was frequently found in history sections in elementary and secondary education textbooks (Commeyras & Alvermann, 1994; Council on Interracial Books for Children, 1977, 1980; Kane, 1970; Romanowski, 1993). Therefore, I chose to examine the content addressing history of nursing. The second content area was the chapter on culture because it contained the largest amount of information on African Americans found in nursing fundamental textbooks. The content on physical assessment parameters was chosen due to the research by Sims (1996), Baptiste (1995), and my personal teaching experiences that suggested nursing's textbook knowledge often failed to provide content related to the physical assessment and skin care of African Americans.
Selection of Experts

Three selected nursing educators were utilized to assist in data collection for this study. These three expert reviewers were selected to provide diversity of interpretive lenses, confirmation of findings, and researcher bias control. The criteria for the selection of these educators were racial diversity (two African Americans and one European American), experience as a baccalaureate educator (minimum of 3 years with a minimum of a master's degree in nursing), experience with teaching content from a fundamental textbook (within past 5 years), and experience working with/teaching African Americans in nursing. As a token of appreciation for the expert's contribution to this research, these experts were promised a $50 gift certificate from a large national bookstore and offered to co-author an article following the completion of this study.

Although I feared difficulty seeking three persons to volunteer for this research, the selection and confirmation of experts took less than 2 weeks. Nurse educator colleagues were contacted by telephone or electronic mail and given an overview of my study and criteria for experts. These colleagues were requested to contact teaching associates (I targeted African American educators), who were unknown to me, to ask their permission if I could contact them and discuss the study. After receiving the names of four potential experts, I contacted each person by telephone and three agreed to serve as experts. The expert who did not agree to participate in this research believed that the textbook coding was too extensive a commitment.
Portrait of Experts

Three nurse educator experts contributed to this research by completing a Framework for Content Analysis on one textbook as well as providing confirmation of the findings. A summary of their backgrounds is presented to provide a portrait of their socio-cultural horizon. Horizon was defined by Gadamer (1976) as our world view. Allen (1995) commenting on hermeneutics, stated "The horizon any nurse researcher brings to a text is relevant to understanding the meaning generated from interacting with the text" (p. 178).

Expert #1 is a Professor of Nursing at a University in the Southeast. She is an African American woman who has taught nursing since 1972 at a variety of colleges in the Southeast. Her Bachelor of Science in Nursing was obtained at Tuskegee University. She has a Master of Science degree in Nursing Administration and Supervision and a Doctorate in Administration and Higher Education. She has developed and taught courses and workshops in cultural diversity. She also serves on university multicultural and diversity committees, as well as area coordinator for National Association of African American studies and is Assistant to the President for Minority Affairs. In addition, she has taught physical assessment and content from fundamental and medical/surgical textbooks and has vast experience in teaching, advising, and directing clinicals with African Americans. In her written narrative she concluded with the statement, "I have the experience and educational preparation that will provide expertise with research analysis and interpretation."
Expert #2 is an Assistant Professor at a school of nursing in the Southeast. She received her nursing diploma from a southern school of nursing in the late 1950's, her Bachelor of Science in Nursing in the early 1970's, and her Master of Science in Community Mental Health Psychiatric Nursing with coursework in Middle Management and Adult Education in the mid-1980's. She has taught undergraduate nursing for over 25 years in eight different schools, both private and public. This expert is a European American woman with an ethnic background of Norwegian and Irish/American. Her experiences include living and teaching in a large southern city, with an African American population of over 50%. She describes her family as large and extended with multicultural family members from Japanese, African American, and Hispanic backgrounds. She has taught Transcultural Nursing and recently taught content from fundamental textbooks. She concluded that her multicultural background "adds to the richness of my values and viewpoints which I hope would assist in this project."

Expert #3 is an Assistant Professor at a University in the Midwest. She has held a variety of teaching positions and clinical positions. She received a Nursing diploma in the early 1960's, completed a Bachelor of Science in Nursing in the mid-1970's, received a Master of Science in Community Health Nursing with a mental health focus, and an earned Doctorate in Nursing (1996). This African American nurse educator was born and raised on a farm in rural Mississippi and attended a segregated public elementary school and a private high school. She matriculated to a large midwestern city and had remained there for most of her career. She has been involved in several Black nursing and community organizations and has work experiences both in caring for Black clients and
in teaching African American students. She has done research in nursing history, and she has taught fundamental skills of nursing and cultural diversity. This expert's final statement in her narrative read, "I consider my own rich black socio-cultural-historical experiences and education as key background factors that I have to draw upon in making the research interpretations in this study."

Pilot Study

The data collection procedure was piloted prior to implementing the research protocol. This piloting was done for the purpose of clarifying and refining the Framework for Content Analysis and its use among three experts and the researcher. However, consistency of responses among the experts and researchers differs from the research term, "interrater reliability", which originated from behaviorism. Interrater reliability means to insure the repeatability and consistency of the findings between multiple persons (Washington & Moss, 1988). For this interpretive study an assumption was made that African American educators may have a different lens of interpretation than this European American researcher. This assumption was congruent with Gadamer's philosophy that understanding is always a historic, linguistic, and cultural event (Pascoe, 1996). Diversity of view was sought rather than a researcher imposed objectivity of viewpoints. Hence for this research, a similar type of reply, not the exact same response, was sought through the experts' interpretive lenses.

Following the initial telephone conversation describing the study and obtaining the experts' agreement to participate in the study, a pilot study was begun. The initial mailing contained a confirmation letter outlining the purpose of the study and the role
expectations of the experts (Appendix B). In addition, this mailing contained a Framework for Content Analysis containing textual, illustration, linguistic, and reference analysis sections for a piloting of the research procedure. Although my first inclination was to randomly choose a chapter outside the study's content areas, my random choices failed to contain any content or illustrations addressing African Americans. Therefore, a researcher-selected chapter from a fundamental textbook containing illustrations of African Americans was attached to the pilot version of the Framework for Content Analysis. The illustrations were necessary for assessing the feasibility of coding of persons in the photographic tables. The pilot mailing also included a highlighting pen, a reading pacing card, a researcher curriculum vita, and a tea bag. The experts were asked to complete the questions and coding of data on the pilot framework within one month and return it to the researcher in a prepaid postage envelope.

Upon analysis of the researcher and expert findings, minor changes were made for clarification and for consistency of the questions. The changes included: enumerating the Directions for Use; changing the order of the questions; rewriting some questions to be consistent across the content areas of history, culture, and physical assessment; ensuring the expert's used numbers rather than tally marks in their coding of illustrations; using bold headings for emphasis; and differentiating the interpretive questions for the illustration and textual analysis.

Procedure

Upon completion of the pilot study and revising the Framework for Content Analysis, I enumerated the textual lines, illustration, and references for all the content to
be analyzed. Upon completion of number lines, the photocopying was done of the two textbooks. Whereas, line counts had to be done a second time for the textbook that could not be photocopied. A packet containing a Framework for Content Analysis attached to the three content areas from one textbook was sent to each expert. Each expert was given the following directions:

**Directions:**

- First, read the Framework for Content Analysis to gain an understanding of its focus.
- Skim the textbook excerpts separated by content area. The textbook excerpts have been photocopied (colored copied if necessary) with the textual lines, photographs (P), diagrammatic sketches (DS), and references enumerated.
- Begin your analysis by reading the textbook excerpts on History (Part I) and respond to the Framework. Next respond to Cultural Authenticity (Part II) and then Physical Assessment Parameters (Part III).
- As you read,
  1) Highlight areas addressing African Americans (a highlighting pen has been included for your use).
  2) List the adjectives used to describe African American persons (it is suggested that you underline adjectives as you are reading and highlighting the text).

Experts were given eight weeks to complete the Framework. The researcher completed concurrent data collection on all three textbooks during the same period of
time. The expert packets were received within the 8 weeks, although the researcher took approximately 10 weeks to complete all three textbook reviews. A reflexive research journal was kept by the researcher throughout the pilot study and the actual study.

Data Summary and Analysis

The four types of data found in fundamental nursing textbooks: (1) textual language, (2) illustrations, (3) linguistics and (4) references were initially summarized and entered onto a computer file to facilitate data analysis. A large template of findings was created that contained both the expert and researcher findings with noted areas of agreement, uniqueness, as well as a citation of textbook examples. These summaries were written in a narrative format to facilitate a contextual and more holistic description of the textbook content. Textual quotations were integrated in this summary to facilitate thematic analysis and provide for interpretation. Areas of needed literature review were also identified at this stage of analysis. Catanzaro (1988) and Sandelowski (1995, 1998) recommended summary documents as a strategy for data reduction and preparation for thematic analysis.

These summaries facilitated the thematic analysis that reflected the portrayal of African Americans in these sampled textbooks. The researcher looked for common patterns and themes of the content addressing African Americans using the strategies suggested by Diekelmann (1992); Catanzaro (1988); Lincoln and Guba (1985); and Van Manen (1990). Van Manen stated "Making something of a text or a lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery or disclosure-grasping and formulating a thematic understanding is not a rule-bound process
but a free act of 'seeing' meaning" (p. 79). The researcher generated themes, which provided a description on how African Americans were portrayed in the history, culture, and physical assessment content. This thematic analysis addressed the first research question, "What is the portrayal of African Americans in nursing fundamental textbooks?"

The second part of data analysis used the sensitizing concepts of Sadker's and Sadker's (1982) six types of bias as an interpretive lens to explore and discuss the presence or absence of racial bias. This second phase addressed the second research question, Is there a presence or absence of racial bias in nursing fundamental textbooks? Confirming evidence from literary and theoretical contexts were integrated in the findings and discussion. This interpretive work evolved over eight months. The dissertation committee chairperson was actively involved in this process by confirming and/or challenging the findings as well as language usage in creating a systematic and focused product.

Additional analysis was done on the illustrations, linguistic findings, and references. The photographic images of persons were labeled for race and gender. Those images labeled as African American were further categorized according to action level, role, and placement in the photograph. In addition to photographs, the diagrammatic sketches were labeled according to the skin shading of light, medium, or dark coloring of persons. This labeling of skin shading was intended to reveal if African Americans were or were not integrated in the illustrations.
The linguistic analysis included a listing and examination of the adjectives and words used as descriptors or associated with content about African Americans. These words were compared and contrasted with adjectives used to describe European Americans. The linguistic analysis was used to assist in examining language usage for stereotypes and or for subtle forms of racial bias embedded in word usage and placement.

Finally, the reference analysis requested responses to the following: (1) State the number of highlighted references that most likely (African American or Black contained in the title) contain content on African American persons/issues; and (2) State the number of highlighted references that may possibly contain content on African American persons/issues. The number of citations were totaled and comparison was done to the total number of references through a derived percentage addressing the amount of inclusionary references addressing African Americans.

The final stage of data analysis was confirmation of the findings by the experts. The experts were sent a draft of the findings and asked to comment on areas of agreement and disagreement. This draft of the findings was assumed to be in a stage of negotiated meaning. Gadamer believed there is no objectively correct position and all interpretations remain open to re-interpretation (Annells, 1996; Hekman, 1986). The researcher findings, based on all three textbooks, did not mirror each individual expert's responses recorded on the Framework for Content Analysis which were based upon one textbook. However, there was overall expert agreement with researcher's findings. The interpretations of the researcher were confirmed by the experts for coherence and credibility of the findings. The data analysis included multiple levels and lenses of interpretation to detect
inconsistencies, contradictions, and researcher racial bias (Baptiste, 1995; Diekelmann, 1992). The comments and responses of the experts were documented and are available for an external review or audit. Minor additions and editorial clarifications based on expert feedback were included in the findings.

**Trustworthiness Criteria for Methodological Rigor**

Methodological rigor for this interpretive research was assured by using trustworthiness criteria as described in the next section. The philosophical assumptions of multiple ways of knowing and the contextuality of knowledge imply a congruent research method that reduces the objectification of knowledge. One purpose of this research is to inform and challenge the status quo (Ford-Gilboe, Campbell, and Berman, 1995; Morse, 1997). Interpretive inquiry assumes value ladenness, honors subjectivities, supports emergent design, and views the researcher as the research instrument. The criteria for trustworthiness in this study were based on Lincoln and Guba (1985), Guba (1990), Patton (1990), Sandelowski (1986), and explicated from the practical guidelines proposed by Erlandson, Harris, Skipper, and Allen (1993) who stated:

> If intellectual inquiry is to have an impact on human knowledge, either by adding to an overall body of knowledge or by solving a particular problem it must guarantee some measure of credibility about what it has inquired, must communicate in a manner that will enable application by its intended audience, and must enable its audience to check on its findings and the inquiry process by which the findings were obtained. (p. 28)
Criteria for trustworthiness include credibility, transferability, dependability, and confirmability.

**Credibility**

My credibility as a researcher is foremost in this research. Contrary to positivist assumptions of personal objectivity, the interpretive researcher's skill and knowledge is integral to the research process and outcomes. My foundational knowledge on racism and the curricular implications have been identified in Chapter I and II. Throughout my analysis I situated and critiqued my perspectives and documented decisions in my research journal. Throughout this research I have continued to read sources informing me about African American history and issues. My findings include supporting literature to substantiate my thematic analysis and discussion of bias, as well as to provide credibility for the reader.

Another strategy to support the credibility of this study was the use of a content expert. Prior to beginning this study, the Framework for Content Analysis and research proposal were sent to Dr. David Sadker, a scholar and content expert in gender and instructional bias. The Framework for Content Analysis for this interpretive study was a synthesis of Sadker and Sadker's work with the Guidelines for Selecting Bias-free Textbooks and Storybooks (Council on Interracial Books for Children, 1977, 1980). His suggestions were incorporated into the final version of the Framework. The suggestions and confirmation by this content expert on bias will enhance the credibility of the study's stages of data analysis and findings.
In addition, the strategies of prolonged engagement, referential adequacy materials, and a team of experts have been used to support the credibility of these findings (Erlandson, Harris, Skipper, and Allen, 1993). In this inquiry, the researcher had prolonged engagement with the textbooks through multiple readings, a lengthy time of data preparation and analysis of the findings by examining the wholes (content areas and summary documents) and parts (textbook formatting and word usage). The researcher resisted premature labeling of the themes and the dissertation committee chairperson was actively involved in this process.

Referential materials were used as another strategy supporting the credibility of these findings. Historical nursing textbooks (Hampton, Isabel Adams; 1893; Kozier and Du Gas, 1967) were read to provide a historical lens of current nursing practice, knowledge, and traditions. Additional historical sources were read during the data interpretation phase of this research (Campinha-Bacote, 1988; Hine, 1985, 1989; Lane, 1993; Lerner, 1992 and Mosley, 1995). Books and articles on and written by African Americans were acquired, read, and re-read during the research process (Banks-Wallace, 1994; Baptiste, 1995; Barbee, 1993; Brown, 1994; Collins, 1990; Ferguson, 1997; hooks, 1995, 1994, 1984; Lorde, 1984; McCall, 1994; Sims, 1996; Sims and Baldwin, 1995; Steele, 1995; Three Rivers, 1991; West, 1993, White, 1990; Williams, 1997). These referential materials provided the researcher with a contextual background for gaining a deeper understanding of content included or omitted in current textbooks.

Another strategy for supporting the credibility of the findings was the use of a team of three experts. These experts provided me with a source of an external,
intersubjective review. The experts provided an independent analysis of the content and were involved in the confirmation of themes and discussion of bias, supporting the credibility of these findings. The interactions and dialogue between myself and these persons were documented in a research journal and copies of all communication were kept for an audit trail.

Transferability

The criterion of transferability is the extent to which these findings can be applied in other contexts. Erlandson, Harris, Skipper, and Allen (1993) suggested purposive sampling as one strategy to facilitate transferability. Best-selling, current fundamental textbooks were decided as a data source to encourage the greatest amount of transferability to nursing programs throughout North America. The Framework for Content Analysis was divided into three common contexts of nursing knowledge: history, cultural authenticity, and physical assessment parameters to facilitate transferability for each.

Another research strategy to support transferability involved providing "thick descriptions" or quotations from the original textbook passages in the final product of this research (Erlandson, Harris, Skipper, and Allen 1993; Lincoln & Guba, 1985). Thematic and interpretive findings are supported by actual textbook citations as well as connected to other theoretical and literary contexts. These citations of textbook exemplars provide the readers of this research to be involved in the confirmation of the findings and transferring the findings to their specific topics of concern. It is assumed that other instructional materials may have shared characteristics of the data that was analyzed for
this study.

**Dependability and Confirmability**

The criteria of dependability and confirmability were met by consistency and auditability. Research decisions were documented in a research journal and many are documented in this chapter four to serve as an audit trail. As Maloney (1993) stated "The auditor, in reviewing the data and the research process, should be able to arrive at conclusions that may be different from but compatible with, not contradictory to, the conclusions of the original researcher" (p. 70). For additional confirmation, the experts followed the same systematic process as the researcher. An assumption of critical hermeneutics is that the researcher is an integral whole with the interpretation of the text. A decision trail confirms this process and has been outlined in this chapter. The research journal, all records and computer files, all revisions, and actual textbooks have been maintained for potential auditability by the committee members as well as the team of experts. Koch stated, "Signposts indicating research decisions and influences should be present throughout the study and the entire study should function as an inquiry audit" (1994, p. 978). Research decisions were shared with the committee chair throughout the data collection and analysis as well as documented in the research journal, and reported in this chapter.

**Summary**

This chapter contained the data generation strategies of developing and piloting the Framework for Content Analysis as well as how the experts and textbooks were
selected. The systematic process of data analysis was outlined and the trustworthiness criteria for methodological rigor concluded this chapter.
CHAPTER V

FINDINGS AND DISCUSSION

The purpose of this study was to identify and critique selected content areas from three fundamental nursing textbooks for the presence or absence of racial bias embedded in the portrayal of African Americans. The analyzed content areas were as follows: history of nursing, cultural content, and physical assessment and hygiene parameters. A researcher-developed Framework for Content Analysis was used to collect the textual, illustration, linguistic, and reference data in the three content areas. In this chapter, I begin with a portrait of the sampled textbook's content, followed by a report of the findings related to each research question. The first research question addresses the portrayal of African Americans. Whereas, the second research question is a critical discussion addressing the presence or absence of racial bias using Sadker and Sadker's (1982) categories of bias, critical hermeneutics, and literary texts.

Portrait of the Sampled Textbooks

The three best-selling nursing fundamental textbooks were selected to generate data for analyzing selected content areas for the presence or absence of racial bias embedded in the portrayal of African Americans. The sampled textbooks ranged from 1,424 to 1,540 total pages. To narrow the focus of this study, the content areas of history, culture, and physical assessment/hygiene were chosen based on a review of the literature.
(Banks & Banks, 1993; Baptiste, 1995; Barbee, 1993; Council on Interracial Books for Children, 1977, 1980; Sadker & Sadker, 1982). To provide confirming evidence that the selected content areas included the majority of the content addressing African Americans, the researcher compared each textbook's index citation listing of "African Americans" to the actual content that was analyzed. In two of three textbooks, all index citations were captured in the analysis of history, culture, and physical assessment/hygiene. However, in the Taylor, Lillis, & LeMone (1997) textbook, two index citations that addressed drug actions and nutrition in African Americans were not included in this analysis, as they fell outside the selected content areas. The total analyzed content contained between 161 and 212 pages for each book. The derived percentage of content analyzed in this study was 11-15% of the total number of pages from each book.

**Textbook Textual Content**

The content areas that were analyzed were history, culture, and physical assessment/hygiene. For each content area, four types of data were analyzed: textual, illustration, linguistic, and chapter reference citations. The textual data were the basis for the thematic and interpretive analysis. The initial content area that was analyzed under the heading of "History" included the history of nursing, nursing organizations, professionalism, nurse theorists, and theories of nursing. This content area contained between 24 and 42 pages per textbook.

The specific textbook chapter on culture and ethnicity was analyzed as it contained topics focusing on African Americans. Each textbook contained an exclusive chapter focusing on culture and the three chapter titles were "Ethnicity and Culture,"

The textbook content on physical assessment and hygiene contained the largest number of pages for analysis. The sections that were analyzed included between 111 and 170 pages per textbook. The analyzed content was very similar across all three texts. However, for congruency of content, the topic of bedmaking was deemed not culturally sensitive and deleted from the analysis. In addition, to maintain a consistency of topics across all three textbooks, the researcher deleted the content on history-taking from analysis since it was found in only one of the three textbooks.

**Textbook Illustration, Linguistic, and Reference Content**

In addition, illustrations were analyzed by examining the photographs (n=328) in the content areas of history (n=67), culture (n=15), and physical assessment (n=246). The amount of inclusion of African Americans in the photographs varied among textbooks. Each photograph was examined according to gender and ethnicity of persons. Further analysis was done of the photographed persons labeled as African American of their action level, placement in photographs (foreground or background), and their portrayal as
either a health care recipient or health care provider. The greatest number of illustrations was found in the content area of physical assessment and hygiene. This analyzed content contained two types of illustrations, photographs and diagrammatic sketches. Diagrammatic sketches, pictorial drawings with skin color shading, were identified and labeled as light, medium, or dark shading of skin color. A few photographs in the section on physical assessment were of anatomic body parts and therefore difficult to code for gender.

The linguistic analysis reflected a listing and examination of the adjectives and words used as descriptors or associated with content about African Americans. These words were compared and contrasted with adjectives used to describe European Americans. Some findings were captured and embedded in the thematic analysis, while other findings will be reported separately.

The end of chapter reference analysis resulted from the responses to the following: (1) State the number of highlighted references that most likely contain content on African American persons//issues (African American or Black contained in the title); and, (2) State the number of highlighted references that may possibly contain content on African American persons/issues. The numbers of citations were totaled and comparison was done to the total number of references through a derived percentage addressing the amount of inclusionary references addressing African Americans.
Findings Related to Research Questions

Research Question #1: What is the Portrayal of African Americans in Fundamental Nursing Textbooks?

To uncover the portrayal of African Americans in these sampled textbooks, a thematic analysis was performed on data that were collected by the experts and researcher. Themes were derived from the data collected on the Frameworks for Content Analysis using strategies recommended by Catanzaro (1988); Diekelmann (1992); Lincoln and Guba (1985); and Van Manen (1990). Eleven themes emerged from this analysis of textual data from the three content areas. The language of the themes was consistent with the language found in the data. In the content area of history, only one theme emerged from the data analysis. This theme was labeled as Important Persons. Whereas in the content area of culture there were seven themes. These themes were: Cultural Terms, Minority and Dominant Groups, Origins and Immigration, Health Practices, Biologic Variations, Differences; and finally Social Organization, Family, and Matriarchy. The content on physical assessment and hygiene divulged the final three themes, which were Assessment and Care of African American Hair, Assessment of Dark-Skinned Individuals, and Assessment of Nails, Mouth, and Eyes. The themes will be reported and supported by textbook quotations. These thematic findings have been confirmed by all three nursing educator experts.

Theme Related to History

A single theme that consistently emerged from the textual data to describe African Americans in content on history was Important Persons. Although persons other than
African Americans were documented in the textbooks, just African Americans are presented here.

**Important Persons**

Two textbooks solely included historical persons (Tubman, Mahoney, and Truth). Yet, one textbook also included contemporary African American leaders (Sams and Johnson). The single African American person included in all three textbooks was Harriet Tubman. The statements that addressed Tubman were the following:

Harriet Tubman was active in the Underground Railroad movement and assisted in leading over 300 slaves to freedom (Potter & Perry, 1997, p. 209).

Table citation: "Harriet Tubman: A nurse and an abolitionist, she was active in the underground railroad movement before joining the Union Army during the Civil War" (Taylor, Lillis, & LeMone, 1997, p. 8)

Harriet Tubman and Sojourner Truth provided care and safety to slaves fleeing to the North on the 'Underground Railroad' (Kozier et al., 1995, p. 8).

Harriet Tubman (1820-1913) was known as 'The Moses of her People' for her work with the Underground Railroad. During the Civil War, she nursed the sick and suffering of her own race (Photo included) (Kozier et al., 1995, p. 8).

It was noted that only in the last statement is it inferred that Harriet Tubman is African American, although a photograph confirmed her racial background. In the first two statements the textbooks omitted that she was African American.

In two out of three textbooks, the historical persons, Mary Eliza Mahoney and Sojourner Truth were presented. The following information was presented on these
important persons:

America's first trained black nurse was Mary Mahoney. She trained at the same hospital as Linda Richards and graduated in 1879. (Kozier et al., 1995, p. 9)

Caption under photograph of Mary Mahoney reads, "Mary Mahoney (1819-1882) [sic] became America's first trained black nurse when she graduated from New England Hospital for Women and Children training school for nurses." (Kozier et al., 1995; p. 11)

Table citation: "Mary Elizabeth [sic] Mahoney. Graduated from the New England Hospital for Women and Children in 1879 as America's first black nurse." (Taylor, Lillis, & LeMone, 1997, p. 8)

Table citation: "Sojourner Truth A nurse who not only provided care to soldiers during the Civil War, but also worked for the women's movement." (Taylor, Lillis, & LeMone, 1997, p. 8)

Caption under photograph: "Sojourner Truth (1797-1883), abolitionist, underground railroad agent, preacher, and women's rights advocate, was a nurse for over four years during the Civil War and worked as a nurse/counselor for the Freedmen's Relief Association after the war." (Kozier et al., 1995; p. 9)

One textbook included contemporary African American leaders, Dr. Lauranne Sams and Eddie Bernice Johnson. Dr. Sams was only cited under her photograph in the timeline, whereas Ms. Johnson was cited in the body of the text as well as in the timeline. The statements were as follows:

Dr. Sam's photograph was in the timeline with the caption, "The NBNA Dr. Lauranne Sams served as first president of the National Black Nurses Association." (Kozier et al., 1995, p. 17)

In 1992, Eddie Bernice Johnson from Texas became the first nurse elected to the United States House of Representatives. (Kozier et al., 1995, p. 11)

Ms. Johnson's photograph was in the timeline with the caption, "The U. S. House of Representatives Eddie Bernice Johnson of Texas became the first nurse to be elected to the United States House of Representatives." (Kozier
et al., 1995, p. 18)

The final two quotations addressing Ms. Johnson omitted race; however the inclusion of the photograph communicated that she was African American. One textbook had the Important Persons described in the body of the text with accompanying photographs in a historical timeline. However, in the timeline presentation of Dr. Sams and Ms. Johnson, the academic and professional credentials were omitted. Dr. Sams has the academic credential of PhD (Hines, 2000) and Ms. Johnson has obtained a MPA from Southern Methodist University in Dallas, TX (Carnegie, 1995). It was noted by Expert #1 (1998) and confirmed by the researcher that credentials were included for European American and Hispanic nurse leaders, whereas omitted for these two African American leaders.

Themes Related to Culture

Seven themes emerged from the textual data that described or linked African Americans to the content on culture. These themes were Cultural Terms; Minority and Dominant Groups; Origins and Immigration; Health Practices; Biologic Variations; Differences; and finally Social Organization, Family, and Matriarchy.

Cultural Terms

The theme, Cultural Terms, captured how all three textbooks emphasized terminology and concepts around culture. African Americans were one of five or six separate racial or ethnic groups presented in the sampled chapters on culture. Many terms were linked to culture: culture universals, culture specifics, culture shock, transcultural nursing, cultural awareness, cultural sensitivity, cultural competence, material culture, cultural blindness, cultural imposition, cultural assimilation, culture conflict, and
subculture. These terms could be applied to all cultural groups. Examples that reflect the emphasis on culture were as follows:

Cultural blindness occurs when one ignores differences and proceeds as though they do not exist. This is a common practice in the healthcare system, especially in regard to what are considered nontraditional methods of care. Cultural imposition is the belief that everyone should conform to the majority belief system. When this does not happen, the person may experience culture conflict and ridicule the beliefs and traditions of others in an effort to make his or her own values more secure. (Andrews & Boyle, 1995; as cited in Taylor, Lillis, & LeMone, 1997, p. 35)

Culture is a universal experience, but no two cultures are exactly alike. Two important terms identify the differences and similarities among peoples of different cultures. Culture-universals are the commonalities of values, norms of behavior, and life patterns that are similar among different cultures. Culture-specifics are those values, beliefs, and patterns of behavior that tend to be unique to a designated culture and do not tend to be shared with members of other cultures. (Leininger 1978, p. 491; as cited in Kozier et al., 1995, p. 294)

Cultural awareness and cultural sensitivity are prerequisite to the provision of culturally competent nursing care. (Kozier, et al., 1995, p. 295)

Cultural imposition, described by Leininger (1991, as cited in Taylor, Lillis, & LeMone, 1997) as 'one of the most serious problems in the health field' (p. 36), is the tendency for health personnel to impose their beliefs, practices, and values on people of other cultures because they believe that their ideas are superior to those of another person or group. When health professionals assume that they have the right to make choices and decisions for clients, clients respond in the same way that minority cultures respond to dominant cultures: by becoming passive, resistive, angry, or noncompliant.

Closely related to cultural imposition is ethnocentrism, the belief that one's own ideas, beliefs, and practices are the best, superior, or most preferred to other lifeways (Leininger, 1978 as cited in Taylor, Lillis, & LeMone, 1997). To overcome this practice, the nurse must carefully and critically examine his or her own values and beliefs and be willing to understand health and illness from the cultural viewpoint of the client receiving care. (Taylor, Lillis, & LeMone, 1997, p. 44)
The above textbook quotation related cultural imposition to ethnocentrism.

Ethnocentrism and stereotyping were other terms that textbooks used to describe cultural groups. One textbook documented:

Ethnocentrism is the belief that one's own culture is superior to all others. This belief is expressed in the comparison of the values and behavior of other cultures to those of one's own culture, using one's own culture as the standard. Although all people are subject to ethnocentrism, it is important for nurses to be aware of ethnic and cultural differences and to accept these as appropriate. These differences should not be viewed as good or bad. Many immigrants to the United States and Canada maintain their ethnic and cultural identities in terms of their dress, language, customs, and rituals; accepting these is basic to accepting the client as an individual. (Kozier et al., 1995, p. 293)

Stereotyping that is unrelated to reality may be either positive or negative and is frequently an outcome of racism or discrimination. Banks and Banks (1989, p. 327) defined discrimination as 'the differential treatment of individuals or groups based on categories such as race, ethnicity, gender, social class, or exceptionality'. (Kozier et al., 1995, p. 293)

A variety of factors may negatively affect culturally sensitive care. When one assumes that all members of a culture or ethnic group act alike, stereotyping is at work. Common stereotypical beliefs are that all Italians are emotional, that all Germans are stoic, that men never cry, and that the elderly are senile. Stereotyping may be positive or negative. Negative stereotyping includes racism, ageism, and sexism. These are beliefs that certain races, ages, or genders are inherently superior to others, leading to discrimination against those considered inferior. Stereotyping is done by members of the dominant group about the minority group in a culture. (Taylor, Lillis, & LeMone, 1997, p. 34-35)

The theme, Cultural Terms, captured the many terms and concepts cited in these textbooks to provide nurses with information on caring for diverse cultural groups. These terms could be used for all cultural groups, not solely for African Americans.
Minority and Dominant Groups

Another theme that emerged from the data was Minority and Dominant Groups. In these textbooks, the concepts of minority and dominant were used to explain group differences. Other concepts such as assimilation and acculturation were also associated with minority groups and used to explain group dynamics.

Cultures have dominant groups and minority groups. A dominant group is the group within the culture that has the authority to control the value system and determine the rewards of the system. The dominant group usually is (but does not have to be) the largest group in a society (for example, white middle-class people are the dominant group in North America). A minority group usually has some physical or cultural characteristic (such as race, religious beliefs, or occupation) that identifies the people within it as different. (Taylor, Lemone, Lillis, 1997, p. 33)

Because minority groups live within the dominant group many of their members lose the cultural characteristics that made them different. This process is called cultural assimilation or acculturation. Assimilation occurs when one value is dropped and a value of the dominant culture is picked up. When people immigrate, their values are on one end of the spectrum and the values of the dominant culture are on the other end. As immigrants work, go to school, move out of the community, and learn the dominant language, they move closer to the dominant culture. The process and the rate of assimilation are individualized. Because the degree of assimilation is so variable, nurses cannot assume characteristics based on ethnic groups. (Taylor, Lillis, & LeMone, 1997, p. 34)

A minority group or minority is a group distinguished by its religious, political, racial, or other characteristics from the larger group or society of which it forms a part. The larger group is usually referred to as the dominant group because of its greater control within the society. Spector (1991, p. 16 as cited in Kozier et al., 1995) states that minority status is often an issue of power rather than numbers. In North America, the customs, societal codes of behavior, laws and regulations are based on documents and legislation written for the most part by men of European descent. Health beliefs and practices have evolved from the science of male physicians and scientists. Thus the societal values and the values of the health system are strongly rooted in a European-American male dominance. Only recently have minorities of race and gender influenced
the greater society of North America through the civil rights and feminist movements. Not uncommonly, people of a minority group often assume the attitudes, values, and beliefs of the dominant or host society. This process is referred to as cultural assimilation or acculturation. (Kozier et al., 1995, p. 293).

One way of analyzing belief systems is through the melting-pot theory, in which people assume the characteristics of the dominant culture (acculturation) via schools, television, radio, and motion pictures. Another theory is heritage consistency, which looks at acculturation on a continuum. [...] Using this theory, the degree to which people identify with dominant and traditional cultures is assessed. It is possible to assess health beliefs by determining people's ties to traditional beliefs and their stage of acculturation. A relationship exists between strong personal identities and heritage or level of acculturation and health beliefs. (Potter & Perry, 1997, p. 353)

The cited textbook quotations never directly stated that African Americans were a minority group, but instead cited race as one characteristic of a minority group. The textbook content did communicate that the dominant group was white, middle class. The concepts of assimilation and acculturation were not differentiated and assumed to be the primary mode of differentiating dominant and minority groups.

**Origins and Immigration**

A third theme that emerged from the data analysis of the cultural content was information on the Origins and Immigration for various racial and ethnic groups. The following quotations document inclusionary content addressing the origins and immigration for African Americans.

Most black or African origin Americans were brought to the United States as slaves between 1619 and 1860 from the west coast of Africa. Today, many have also immigrated to the United States from black or African origin countries, the West Indies, the Dominican Republic, Haiti, and Jamaica. The 1990 black or African origin population was 29,986,000 or 11.7% of the total population of the United States. (Potter & Perry, 1997,
African Americans may have their origins in Africa, the Caribbean, or other nations where Africans migrated either as forced slaves or as free persons. Beliefs may vary according to origin and acculturation. (Kozier et al., 1995, p. 296)

African Americans came to the New World both as free persons from Europe, and in the holds of slave ships from Africa. Slaves were imported to work the plantations of America and the Caribbean. Today immigrants of African and European descent migrate from the Caribbean to the United States and Canada in pursuit of education, employment, and a better way of life. (Kozier et al., 1995, p. 292)

The population of the United States consists largely of the descendants of immigrants. The only truly Native Americans are the American Indians, Aleuts, and Eskimos because they settled here thousand of years before the Europeans, Asians, and Africans. People came from every nation of the world and they continue to immigrate. (Potter & Perry, 1997, p. 352)

These cited quotations referred to immigration or migration as a method for considered inclusion in an American or United States dominant cultural group. Further slavery was mentioned as one way that African Americans entered this country.

**Health Practices**

Another theme that emerged from that data was Health Practices of African Americans. Health Practices reflect definitions and philosophies of health and illness. There was an emphasis on magico-religious practices found in the content from all three textbooks. The first quotation was found in the Potter and Perry (1997) textbook. This textbook had separate sections for various ethnic groups. The following quotation represents the information relating to African Americans.
The traditional definition of health stems from the black or African origin belief about life and the nature of being. Life is a process rather than a state, and the nature of a person is viewed in terms of an energy force rather than matter. When healthy, a person is in harmony with nature. Illness is seen as a disharmony of the mind, body, and spirit or as a disharmony between man and nature. Researchers and epidemiologists have noted chronic illnesses and illness patterns that are associated with cultural and ethnic groups. Berg and Berg (1989 as cited in Potter & Perry, 1997) describe the correlation between psychological stress and hypertension found in black or African origin Americans.

Illness cause and prevention:
Illness (disharmony) is often attributed to demons and evil spirits. Several methods are used as protection from these forces, including the ancient belief and practice of voodoo. Voodoo is believed to cause, as well as prevent, the action of malevolent forces. 'White' magic protects against these forces, and 'black' magic directs their energy to a specific person or body area. The extent of the belief in this magic is unknown. Traditional beliefs about prevention of illness focus on avoiding people believed to carry evil spirits. Prayer and a well-balanced diet are considered helpful.

Remedies:
The following examples are a few traditional remedies used to prevent or treat ailments among black or African origin Americans.
Bangles are silver-bracelets worn by people originating from the West Indies. They overlap but are open to let out evil and closed to prevent evil from entering the body. They are worn from infancy and are replaced as the person grows. These bracelets tarnish and leave a black ring on the skin when a person is becoming ill. The black ring serves as a signal to rest, improve the diet, and take any other needed precautions. Some people wear many bangles, believing that their sound frightens away evil spirits. Many people believe that they are extremely vulnerable to evil, even to death, when the bangles are removed, so removal of these bracelets can cause a great deal of anxiety. Talismans protect the wearer from all sickness and are worn on a string around the waist or carried in a pocket or in a purse. Asafoetida is foul-smelling, gummy substance worn to ward off colds and evil. It is known as the incense of the devil. Voodoo candles have a peculiar spiritualistic character and are used for sacred rituals and rites. Colors also have significance. For example, pink means love; white means peace, and blue means success and protection from harm (Spector, 1991; as cited in Potter & Perry, 1997, p. 362)
The other two textbooks presented similar type of content, however, it was presented in
Tables. The next two quotations are from the other two sampled books.

Table 3-1: Cultural Factors that Affect Nursing Care
Folk and Traditional Health Care:
Varies extensively and may include spiritualists, herb doctors, root
doctors, conjurers, skilled elder family members, voodoo, faith healing.
(Taylor, Lillis, & LeMone, 1997, p. 46)

Table 15-1: Comparison of Health-Related Beliefs and Characteristics of
Selected Cultures
Definition of Health: Harmony with nature; no separation of body, mind or
spirit.
Cause of Illness-Is Prevention Possible: If so, How?: A state of
disharmony that may be caused by spirits or demons. Illness can be
prevented by eating three nutritious meals a day, rest, and a clean
environment. Laxatives are used to clean out the system. Asafetida is worn
around the neck, cod-liver oil ingested, and sulfur and molasses solution
rubbed on the back are preventive treatments. Copper and silver bracelets
may be worn by women to prevent illness.
Name of Healer, Healing Practices: Traditional healers are usually women
who use herbs and roots in the treatment of illness. Some belief in voodoo
is still present; religious healing through prayer and the laying on of hands
may be practiced. Community-based folk healers are respected for healing
powers.
Considerations During Entry to Health Care System: May consult folk
healer or religious leader first. May avoid the health care system because
of experiences of humiliation and disrespect from health care workers.
Poverty and poor access through limited availability of public health or
indigent care are additional factors. (Kozier et al., 1995, p. 296-297)

All three textbooks emphasized magico-religious practices of African Americans.

Biological Variations

The theme, Biologic Variations, captured genetic variations and disease processes
associated with African Americans. All three textbooks presented
biological/physiological content in a table format. One textbook introduced this topic by
stating:
Just as there are differences in social and psychologic beliefs and values of different cultures, there are also biologic variations. Differences in skin color, eye color, hair color, facial characteristics, amount of body hair, body size, and body shape can all be observed in peoples of different cultures. Because of genetic and life-style influences, some ethnic and cultural groups are more susceptible to certain diseases than other cultural groups. Genetic makeup, enzyme function, electrocardiographic pattern, and nutritional preferences and deficiencies can also reflect ethnic variations. Unfortunately, most medical norms are based on studies of European Americans. Few studies have investigated normal variations related to cultural differences (Kozier et al., 1995, p. 304-305).

The textbooks also included content in the body of the text with varying amounts of emphasis. The first sets of quotations are Table citations that addressed biological content related to ethnic and racial variations.

Table: Biological Variations:

Table: Common Variations and Increased Susceptibility to Disease in Ethnic/Racial Groups. African Americans: Keloid formation, Hypertension, Sickle-cell disease, lactose intolerance, Diabetes Mellitus. (Kozier et al., 1995, p. 305)

Table: Common health problems.
Hypertension (precise cause unknown, may be related to diet)
Sickle cell anemia
Skin disorders; inflammation of hair follicles, various types of dermatitis, and excessive growth of scar tissue (keloids)
Lactose enzyme deficiency resulting in poor toleration of milk products
Higher rate of tuberculosis
Diabetes mellitus
Higher infant mortality rate than in the white population (Taylor, Lillis, & LeMone, 1997, p. 46).

Table formatting was used in all three textbooks. Additional quotations were found in the body of the text and related to biological variations such as skin color, diseases specific to African Americans, genetic variations, and pharmacologic implications.
Skin color. There are variations in tone, texture, healing abilities, and hair follicles. (Potter & Perry, 1997, p. 355)

People of African heritage are much more likely to develop keloids. Rather than healing level with the surrounding skin tissue, the wound of a person with a tendency toward keloid formation heals with a rough, lumpy, or elevated scar. (Taylor, Lillis, & LeMone, 1997, p. 39)

More than 50% of Asians, Africans, and Mexican Americans have lactose intolerance. European Americans, by contrast, have a low incidence of lactose intolerance. Overfield (1985) suggests that the American value for drinking milk and eating milk products may be considered ethnocentric. (Kozierek et al., 1995)

Chinn (1993, p. 54, as cited in Kozierek et al.) states that "health in the American populations is tragically skewed with high correlations between illness and race, gender, and economic status." There are higher incidences of diabetes mellitus in African Americans, Native Americans, Mexican Americans, Filipino, and Jewish Americans than in European Americans. The incidence of hypertension is far more prevalent among African Americans and Native Americans than among European Americans (Smeltzer & Bare 1992, p. 621 as cited in Kozierek et al.). Sickle Cell anemia and thalassemia are related blood disorders that are more common in Africans, African Americans, and people from Mediterranean and Middle Eastern countries. (Kozierek et al., 1995)

African Americans appear to need higher doses of propanolol to control high blood pressure than do European Americans, while Chinese men need about half as much as European Americans. (Kozierek et al., 1995, p. 305)

Susceptibility to disease. Many diseases have higher morbidity rates within certain groups [...] and hypertension, which is higher in black or African origin Americans. (Potter & Perry, 1997, p. 355)

Nutritional variations. That of lactose intolerance, found among black or African origin (Potter & Perry, 1997, p. 355)

The high incidence of AIDS in the black or African origin and Hispanic origin communities is an emerging public health concern. As of August 1994, there were a total of 349,971 AIDS cases reported in the United States; 32% of these cases were among black or African origin Americans, who compose 12.1% of the population. (Potter & Perry, 1997, p. 355)
Sickle cell anemia. Sickle cell anemia is most common in people with African or Mediterranean ethnic backgrounds. The sickle cell trait originally served as a protective mechanism against malaria. People with sickle cell anemia have sickle-shaped red blood cells (RBCs) that break down more rapidly than normal shaped RBCs. The sickle shape also prevents the RBCs from moving easily through the smaller vessels in the body. This factor can lead to the smaller vessels being clogged by the RBCs, which can cause many potentially serious problems. Sickle cell carriers can be identified by a blood test. (Taylor, Lillis, & Lemone, 1997, p. 39)

G6PD Deficiency. Glucose-6-phosphate dehydrogenase is an enzyme normally found in RBCs. G6PD deficiency affects about 10% of the African American population. The deficiency is sex-linked and carried on the X female chromosome. (Taylor, Lillis, & Lemone, 1997, p. 39)

Thalassemia. Thalassemia, a genetic disorder, affects the hemoglobin in the RBCs. The production of the alpha or beta globin chains is defective, and disrupts RBC function. This disorder is most commonly found in people of Mediterranean, Asian (especially Chinese), and African origin. (Taylor, Lillis, & Lemone, 1997, p. 39)

Sarcoidosis. Much more prevalent in the African American population, sarcoidosis involves the formation of multiple tubercles or nodules on various parts of the body, most commonly the lymph nodes, liver, spleen, lungs, skin, eyes, and small bones of the feet and hands. (Taylor, Lillis, & Lemone, 1997, p. 40)

These above quotations document how biological variations were presented. Across all three textbooks, the researcher identified the common inclusion of three biologic variations of sickle cell anemia, hypertension, and lactose intolerance affecting African Americans.

Differences

Another theme reflecting the portrayal of African Americans was found in briefly stated content presented frequently as examples of difference. The theme, Differences, captured various topics such as time, space, communication, and nutrition that were
addressed in these sampled textbooks. To illustrate this theme, textbook exemplars specifically addressing African Americans are cited. These quotations were found in tables, figures, boxes, and within the body of the text.

Heading: Language and Communication: Some African Americans may roll their eyes at what are considered to be ridiculous questions. (Taylor, Lillis, & LeMone, 1997, p. 36)

Giger and Davidhizar (1991, p. 97) state that when caring for clients who are 'present-oriented,' such as some African Americans, some Puerto Ricans, some Mexican Americans and some traditional Chinese Americans, it is important to avoid fixed schedules. (Kozier et al., 1995, p. 302)

Heading: Orientation to space and time: As examples, people of Arabic and African origin commonly sit and stand close to one another when talking, whereas people of Asian and European descent are more comfortable talking with some distance between themselves and others. (Taylor, Lillis, & LeMone, 1997, p. 37)

Time: Some black or African origin, Hispanic origin, and Southern European Americans are oriented more to the present than the future. These clients may not share a future-oriented nurse's attitude toward matters related to time. (Potter & Perry, 1997, p. 358)

Facial expression can also vary between cultures. Giger and Davidhizar (1991, p. 20 as cited in Kozier et al.) state that Italian, Jewish, African-American, and Latino or Hispanic persons are more likely to smile readily and use facial expression to communicate feelings, whereas Irish, English, and northern European persons tend to have less facial expression and are less open in their response, especially to strangers. (Kozier et al., 1995, p. 299)

Communication: For instance, when black or African origin American youths say 'That's bad' and mean 'That's good,' European adults might be confused. The youths are speaking in an argot, or a special linguistic code of their cultural group. (Potter & Perry, 1997, p. 357)

Heading: Food and Nutrition: Rural southern African Americans often eat large amounts of food on weekends and less food at meals during the week. (Taylor, Lillis, & LeMone, 1997, p. 37)

African American cultural characteristics were used to describe unique characteristics with regard to food, communication, time, and space. These characteristics were
examples of differences oftentimes compared to white, middle class cultural norms.

**Social Organization, Family, and Matriarchy**

The final theme that emerged from the cultural content is Social Organization, Family, and Matriarchy. All sampled textbooks had content that provided information on African American family structure. The textbook quotations were:

Native American clans and African-American families are matriarchal; that is, the mother or grandmother is viewed as the leader of the family and is usually the decision maker. (Kozier et al., 1995, p. 301).

Table that states, “Social Organization: More than 50% of African American families have a female head of household. Large family networks or community groups such as churches provide support during times of crisis and illness. There is a high incidence of adolescents pregnancy, high school dropout, and unemployment among African Americans”. (Kozier et al., 1995, p. 297).

Table that states “Social Organization: Family: many female, single parent; Large, extended family networks, Strong church affiliation within community, Community social organizations.” (Potter & Perry, 1997, p. 356)

A statement under the heading, Black or African origin Americans, the textbook reads “The family is often composed of a matriarchal structure and there are many single parent households headed by females; there are strong and large extended family networks.” (Potter & Perry, 1997, p. 362)

In African-American families, however, as well as in many Caucasian families, the female often is dominant.” (Taylor, Lillis, & LeMone, 1997, p. 35)

Table that states “Cultural Factors that Affect Nursing Care: Family:
  • Close and supportive extended-family relationships
  • Develop strong kinship ties with nonblood relatives from church or organizational and social groups
  • Family unity, loyalty, and cooperation are important
  • Usually matriarchal” (Taylor, Lillis and LeMone, 1997, p. 46)
All three textbooks portrayed African Americans families as matriarchal. It was also noted that the majority of the content addressing social organizations and family was formatted in textbook tables.

There were seven themes that emerged from the textual content on culture. These were: Cultural Terms, Minority and Dominant Groups, Origins and Immigration, Health Practices, Biologic Variations, Differences, and Social Organization, Family, and Matriarchy.

**Themes Related to Physical Assessment/Hygiene**

The next three themes reflected the portrayal of African Americans from content on physical assessment and hygiene. These were Assessment and Care of African American Hair, Assessment of Dark-Skinned Individuals, and Assessment of Nails, Mouth, and Eyes.

**Assessment and Care of African American Hair**

In all three textbooks, there was a large amount of content addressing African American hair care. This content was found primarily in the chapters addressing hygiene, although some was identified in the chapters on physical assessment. The following quotations provide thick descriptions of the textual content identified from all three fundamental textbooks.

Dark-skinned people often have thicker, drier, curlier hair than light-skinned people. Spiraled or very curly hair may stand out from the scalp. Although the shafts of spiraled hair look strong and wiry, they have less strength than straight hair shafts and can break easily. Some African-Americans have their spiraled hair straightened. Even if straightened, the hair tends to tangle and mat easily, especially at the back and the sides if the client is confined to bed. Other African-Americans style their hair in
small braids. (Figure 29-19). These braids do not have to be unbraided for shampooing and washing. The nurse should obtain the client’s permission before any such unbraiding. Some African-American clients need to oil their hair daily because it tends to be dry. Oil also prevents strands from breaking and the scalp from becoming too dry. (Kozier et al., 1995, p. 765)

Table: Physiological Development of Hair Growth
Childhood: Scalp hair is lustrous, silky strong, and elastic. Hair of black-skinned child is curlier and coarser. (Potter & Perry, 1997, p. 1055)

Normally the hair is clean, shiny, and untangled, and the scalp is clear of lesions. The hair of black-skinned clients is usually thicker, drier, and curlier than the hair of lighter skinned clients. (Potter & Perry, 1997, p. 1053)

African-American clients have thick, coarse, hair, which often becomes very dry and brittle. Because the hair and scalp have a tendency to be dry, daily combing, gentle brushing, and an application of a moisture product may be necessary. (Andrews & Boyle, 1995 as cited in Potter & Perry, 1997). Thus the nurse should caution against the use of hair care practices that can damage hair. To braid daily is more damaging than to cornrow. The tight braids may cause balding patches. The use of a hot comb for straightening hair may cause chronic inflammation and permanent scarring of the scalp. Application of hair straighteners with alkaline chemicals may cause the hair to become brittle. (Potter & Perry, 1997, p. 1056)

Because the hair of African Americans has a natural tendency to be dry, daily shampooing is unnecessary. The nurse asks the client how often shampooing is preferred. Normally, it is necessary for African Americans to shampoo their hair only once or twice a week, or only once a month. A client with cornrows can have their hair shampooed without undoing the braids. (Andrews & Boyle, 1995 as cited in Potter & Perry, 1997). Water shampoos tend to make their hair curlier and harder to comb. A mild shampoo is preferred if they have had their hair straightened. (Potter & Perry, 1997, p. 1056, 1059)

Grooming the Hair: There are many cultural overtones associated with hair; moreover, styles also change within a culture from decade to decade. The nurse shows consideration when hair is groomed in the style preferred by the client. Daily brushing of the hair helps to keep it clean and distributes oil along the shaft of each hair. Brushing also stimulates the circulation of blood in the scalp. Hair that becomes entangled is difficult to comb. Combing of tiny sections of hair at a time may be necessary if a
The care of a person with kinky hair usually requires special attention. The hair is normally dry, curly, and becomes easily matted and tangled. The comb used for arranging the hair should have widely spaced teeth and is worked through the hair from the neckline upward toward the forehead. (Taylor, Lillis, & LeMone, 1997, p. 956)

Some individuals may choose to have their hair straightened. Even after this process, it may be difficult to untangle hair of a person who is confined to bed. African Americans may opt to style their hair in small braids. The braids are not undone for shampooing and may need to have a lubricant or oil applied daily to prevent hair strands from breaking. (Taylor, Lillis, & LeMone, 1997, p. 956)

Dry shampoo or powders are not recommended for people with kinky hair because of their normally dry hair and scalp. (Taylor, Lillis, & LeMone, 1997, p. 957)

In addition to the above quotations, one textbook included a full page procedure that explicated "Providing Hair Care for African-American Clients (Kozier et al., 1995, p. 766)." This procedure identified four bulleted purposes and then listed the needed equipment as a large, open-toothed or long-toothed comb (a pick) and lubricant (optional). Next it listed four interventions: 1. Position and prepare the client appropriately. 2. Comb the hair. 3. Remove tangles gradually. 4. Document Assessments and special nursing interventions. On this procedure page, there were two black and white photographs of an African American woman having her hair combed. This page identified four steps in caring for African American hair.

The Assessment and Care of African American Hair was addressed in these three textbooks. The content was found embedded in the textual body, in procedures, tables, as well as illustrations.
Assessment of Dark-Skinned Individuals

Another theme that emerged from the data analysis in physical assessment content was information on skin assessment. The terminology of dark-skinned individuals was used more frequently than the term African American. The books consistently instructed the reader to assess for color. One chapter objective stated, "Describe variations in the appearance of the skin, nails, and mucous membranes of light-skinned and dark-skinned clients" (Kozier et al., 1995, p. 729). However, the depth of content varied among the three textbooks. The following quotations represent content addressing skin assessment.

Pallor may be difficult to determine in clients with dark skin. It is usually characterized by the absence of underlying red tones in the skin and may be most readily seen in the buccal mucosa. In brown-skinned clients, pallor may appear as a yellowish brown tinge; in black-skinned clients, the skin may appear ashen gray. Pallor in people with light skins may also be evident in the face, the conjunctiva of the eyes, and the nails. Cyanosis (a bluish tinge) is most evident in the nail beds, lips, and buccal mucosa. In dark-skinned clients, close inspection of the palpebral conjunctiva (the lining of the eyelids) and palms and soles may also show evidence of cyanosis. Jaundice (a yellowish tinge) may first be evident in the sclera of the eyes and then in the mucous membranes and the skin. Nurses should take care not to confuse jaundice with the normal yellow pigmentation in the sclera of a dark-skinned or black client. In these clients, the best place to inspect is the part of the sclera that is observable when the eye is open. If jaundice is suspected, the posterior part of the hard palate should also be inspected for a yellowish color tone. (Kozier et al., 1995, p. 474).

The nurse focuses inspection on sites where abnormalities are more easily identified. For example, pallor is more easily seen in the face, buccal (mouth) mucosa, conjunctiva, and nail beds. Cyanosis (bluish discoloration) is best observed in the lips, nail beds, palpebral conjunctivae, and palms. The best site to inspect for jaundice (yellow-orange discoloration) is the client's sclera. Normal reactive hyperemia or redness, is most often seen in regions exposed to pressure such as the sacrum, heels, and greater trochanter. (Potter & Perry, 1997, p. 657)
Dark-skinned clients have areas of lighter pigmentation, such as the palms, lips and nail beds. Localized areas of hyperpigmentation (increased pigmentation) and hypopigmentation (decreased pigmentation) may also occur as a result of changes in the distribution of melanin (the dark pigment) or in the function of the melanocytes in the epidermis. An example of hyperpigmentation in a defined area is a birthmark; an example of hypopigmentation is vitiligo. Vitiligo, seen as patches of hypopigmented skin, is caused by the destruction of melanocytes in the area. (Kozier et al., 1995, p. 474).

The changes in skin color that may be assessed include flushing, cyanosis, jaundice, and pallor. These color changes are much easier to assess in light-skinned people. Flushing is redness of the skin, as in sunburn. It is often associated with an elevated body temperature, and is more often seen in the face and the neck. Cyanosis is a dusky, bluish color in people with light skin color. In dark-skinned people, cyanosis may be detected in the conjunctiva and inside the mouth. Jaundice is a yellow color of the skin, usually first observed in the sclera of the eyes and then in the skin and mucous membranes. Jaundice in dark-skinned people is more difficult to observe because the sclera often has a normal yellowish color. Pallor is paleness of the skin, often resulting from an inadequate amount of circulating blood or hemoglobin, both of which cause inadequate oxygenation of the body tissues. Depending on severity, pallor may be visible over the entire skin surface or only in the lips, nailbeds, mucous membranes, and conjunctiva. Pallor is more difficult to assess in dark-skinned people. (Taylor, Lillis, & LeMone, 1997, p. 483).

Procedure 22-2 Assessing the Skin
Inspect skin color (best assessed under natural light and on areas not exposed to the sun). Normal Findings: Varies from light to deep brown; from ruddy pink to light pink; from yellow overtones to olive.
Inspect uniformity of skin color. Normal Findings: Generally uniform except in areas exposed to the sun; areas of lighter pigmentation (palms, lips, nail beds) in dark-skinned people. (Kozier et al., 1995, p. 476)

BOX: The Elderly: Physical Changes of the skin
Aging changes in white skin occur at an earlier age than in black skin. The skin appears yellow-white (like parchment), thin, and translucent because of loss of dermis and subcutaneous fat. Atrophy of the epidermal structures results from degeneration of collagen and elastin. (Kozier et al., 1995, p. 477)
BOX: Normal Skin Characteristics
Skin color varies from body part to body part, ranging from deep brown to ruddy pink to light pink. (Potter & Perry, 1997, p. 1021)

Exposure to sunlight causes melanocytes to produce melanin, which gives some people a tan. Darker skinned races have more active melanocytes, which produce more melanin. The distribution of pigmentation in dark-skinned people varies widely. (Potter & Perry, 1997, p. 1018)

The assessment of color first involves areas of the skin not exposed to the sun, such as the palms of the hands. The nurse notes if the skin is unusually pale or dark. Areas exposed to the sun, such as the face and arms, will be darker. It is more difficult to note changes such as pallor or cyanosis in clients with dark skin. Usually color hues are best seen in the palms, soles of feet, lips, tongue, and nail beds. Areas of increased color (hyperpigmentation) and decreased color (hypopigmentation) are common. (Potter & Perry, 1997, p. 657)

Skin-Inspection-Color. The skin color varies among races and among individuals. Normally, skin color ranges from a pinkish white to various shades of brown, depending on the person's race. The skin areas that are normally exposed, such as the face and hands, may have a somewhat different color than areas that are usually covered by clothing, but generally the color is relatively constant. (Taylor, Lillis, & LeMone, 1997, p. 482)

Special care must be taken to detect color changes in dark-skinned people, such as African Americans, Hispanics, Native Americans, people of Mediterranean descent, and Caucasian who are deeply suntanned. Some body areas of dark-skinned people, such as the palms of the hands and the soles of the feet, normally have less pigmentation than other areas of the body. (Taylor, Lillis, & LeMone, 1997, p. 482)

There was a large amount of content addressing assessment of dark-skinned individuals.

Some common topic areas were assessment for pallor, cyanosis, jaundice, and skin color variations.
Assessment of Nails, Mouth, and Eyes

The final theme surrounding the textual portrayal of African Americans in content on physical assessment and hygiene was Assessment of Nails, Mouth, and Eyes. The content identified is as follows:

Nails

The nail bed is highly vascular, a characteristic that accounts for its pink color in white people. In blacks, brown or black pigmentation in longitudinal streaks or along the edge of the nail bed may normally be present. (Kozier et al., p. 479)

Procedure 22-4 Assessing the Nails: Inspect nail bed color. Normal Findings: Highly vascular and pink in light skinned clients; dark-skinned clients may have brown or black pigmentation in longitudinal streaks. (Kozier et al., 1995, p. 479)

A normal, healthy nail is transparent, smooth, and convex with pink nail beds and translucent white tips. In African Americans, a brown or black pigmentation is normally present between the nail and nail base. (Potter & Perry, 1997, p. 1039)

A blanch test can be carried out to test the capillary refill, that is, peripheral circulation. Normal nail bed capillaries blanche when pressed but quickly turn pink (in light-skinned people) or their usual color when pressure is released. In dark-skinned people, the rate of return of nail bed color may be more significant that the color (Kozier et al., 1995, p. 479).

Mouth

Some receding of the gums and a brownish pigmentation of the gums occur with age. (Kozier et al., 1995, p. 750)

Healthy gums are pink, smooth, and moist with a tight margin at each tooth. African Americans may have patchy pigmentation. (Potter & Perry, 1997, p. 679)

Normal findings for buccal mucosa and inner lips: Uniform pink color (freckled brown pigmentation in dark-skinned clients) (Kozier et al., 1995, p. 499).
Normal findings for outer lips: Uniform pink color (darker, e.g. bluish hue, in Mediterranean groups and dark-skinned clients). (Kozier et al., 1995, p. 499)

Normal findings of gums: Pink gums (bluish or dark patches in dark-skinned clients). (Kozier et al., 1995, p. 499)

Normal findings of tongue: Pink color (some brown pigmentation on tongue borders in dark-skinned clients); moist; slightly rough; thin whitish coating. (Kozier et al., 1995, p. 501)

Because of the significant increase in the numbers of older adults and minorities, dental practice is facing new challenges. Data show a pattern of untreated dental caries in African Americans and Mexican Americans and a prevalence of gingivitis in Spanish Americans. (Ismail, Szpunar, 1990; as cited in Potter & Perry, 1997, p. 1044)

Normal mucosa is glistening, pink, soft moist, and smooth. An increase in color or hyperpigmentation is normal in 10% of whites after age 50 and up to 90% of African Americans by the same age. (Potter & Perry, 1997, p. 678)

Eyes

Normal findings for bulbar conjunctiva: Transparent; capillaries sometimes evident; sclera appears white (yellowish in dark-skinned clients). (Kozier et al., 1995, p. 484)

The sclera is seen under the bulbar conjunctiva and normally has the color of white porcelain in whites and light yellow in African Americans. (Potter & Perry, 1997, p. 668)

Reddish-pink retina (whites) or darkened retina (African Americans). (Potter & Perry, 1997, p. 670)

The textual thematic findings related to physical assessment and hygiene contained three themes. These were Assessment and Care of African American Hair, Assessment of Dark-Skinned Individuals, and Assessment of Nails, Mouth, and Eyes.
Additional Findings

To further explore research question one, data were analyzed by examining the illustration, linguistic, and reference sections in each content area. Therefore, the next section will describe additional findings related to the illustration, linguistic, and reference analysis under the content areas of history, culture, and physical assessment/hygiene.

History

The analyzed photographs in the content area of history documented that most photographed African Americans were female, presented in the foreground, passively portrayed, and represented both health care recipients and health care providers. The textbook with the most photographic inclusion of African Americans was the same textbook that included contemporary nursing leaders. This textbook had a total of seven photographs of African Americans with portraits of the five important persons of Tubman, Truth, Mahoney, Sams, and Johnson.

The analyzed linguistics in the content on history uncovered one term, first being linked to African American important persons. This finding was also confirmed by two experts. The examples were as follows:

America's first trained black nurse was Mary Mahoney. (Kozier et al., 1995, p. 9)

Mary Mahoney (1819-1882) [sic] became America's first trained black nurse when she graduated from New England Hospital for Women and Children training school for nurses. (Kozier et al., 1995, p. 11)

In 1992, Eddie Bernice Johnson from Texas became the first nurse elected to the United States House of Representatives. (Kozier et al., 1995, p. 11)
The NBNA Dr. Lauranne Sams served as first president of the National Black Nurses Association. (Kozier et al., 1995, p. 17)

The U. S. House of Representatives Eddie Bernice Johnson of Texas became the first nurse to be elected to the United States House of Representatives (Kozier et al., 1995, p. 18).

Mary Elizabeth [sic] Mahoney Graduated from the New England Hospital for Women and Children in 1879 as America's first black nurse (Taylor, Lillis, & LeMone, 1997, p. 8).

The linkage of the term first with the theme of Important Persons is that first may be a determinant for textbook inclusion as an important person.

The analyzed reference section revealed a total (all three textbooks) of 291 cited references in the content area of history's final pages. The researcher identified five possible references pertaining to African Americans for an inclusionary percentage of 1.72% (Appendix C).

Culture

While the majority of the themes arose from the textual content on culture, there were limited photographs. Overall, there were a total of fifteen photographs that were analyzed with three containing portrayals of African Americans. One textbook had no photographs of African Americans. The other two textbooks had a limited number of African Americans who were female, placed in the foreground and represented both health care recipients and health care providers.

The linguistic analysis in the content on culture revealed numerous words that were inextricably tied to the thematic analysis. The researcher and experts documented many terms associated with African Americans such as: subculture, minority, immigrants,
slaves, biologic variations, matriarchal, female head of household, rural, African origin, close and supportive, highly respected, and extended family. Some terms were labeled as having negative or positive inferences, although no commonalities were found across the textbooks. Many linguistic terms and adjectives can be found in the earlier quotations supporting the thematic findings. These quotations provided the context of terms linked with African Americans.

There were a total of 119 references cited in all three textbook chapters on culture. The number of references that were interpreted as addressing or possibly addressing African Americans resulted in an inclusionary percentage of 32.61%-60.71% (see Appendix C). The range of percentage varied according to textbook and interpreter (researcher vs. expert). In the three content areas that were analyzed, cultural content contained the largest percentage of inclusion. However, most of the reference titles contained terminology of culture, rather than African American or Black. Many of these references contained chapters or sections on African Americans. It was impossible to note African American authors or contributors with the design of this study.

**Physical Assessment/Hygiene**

The content on physical assessment and hygiene had the largest number of photographs (n=246). The interpretive coding was problematic for labeling some of the photographs for gender or ethnicity as some photographs were of anatomic body parts. However, the data analysis identified that photographed African Americans were almost always placed in the foreground. African Americans were more frequently portrayed as health care recipients than providers. Many health care providers could not be
differentiated as professional registered nurses, nursing assistants, or other health care providers. Some of the photographic findings were unique in each of the three textbooks and therefore will be discussed separately (Appendix C).

One textbook had three photographs (out of 67) that were found exclusively in the section on hair care. An assumption was that these women were health care recipients, passively portrayed, but placed in the foreground of the photographs. The researcher noted that these inclusionary photographs were black and white, whereas many other photos in this chapter were colored.

Another textbook had over 30 photographs (out of a total of 73) of a young African American male as a health care recipient. These photographs had a European American female nurse performing a physical assessment on this African American model. This contributed to a high inclusionary percentage of over 50% photographs including an African American. This model was more passively portrayed, than active, but frequently placed in the foreground.

The third textbook had 106 photographs with 17 containing an African American for an inclusionary percentage of 16%. This textbook had the most variety of inclusion of African American models and situations. Some of the photographic scenes included biological variations such as nail beds, eye fundus, and mucous membranes; hygiene such as recipient of a backrub and oral care; and health care provider of washing a client’s hair. There were differing models portrayed in many of these scenes as well.

The researcher also documented that two textbooks contained photographic scenes of an African American woman washing hair. One textbook had an African
American woman washing a European American man's hair and the other textbook had an African American woman washing a European American woman's hair. In both these scenarios, the African American woman was dressed as a health care provider, however one could not discern if she was a registered nurse or nursing assistant. One textbook had four photographs of this scenario and another textbook had six photographs of this scenario. This scene coincides with the large amount of content and theme addressing hair care. However, in the textual data, African Americans were health care recipients, whereas in the illustration data, African Americans were health care providers.

Diagrammatic sketches were found exclusively in the content area of physical assessment/hygiene. These pictorial representations of persons with skin shading were analyzed by coding for light, medium, and dark shading. Although this study was designed as an interpretive one, to categorize shading of coloring into light, medium, or dark was ambiguous and differed according to textbook, lighting used to illuminate the pages, and varying judgments between light and medium shading. Therefore, the coding of diagrammatic sketches lacked stability in the coding process. Catanzaro (1988) defined stability as the "degree to which a process is constant or unchanging" (p. 454). Hence, these findings should be interpreted as a general overview. One textbook had a great deal of shading variability and the inclusionary percentage of darkly pigmented skin was assessed at 18.7% (researcher) and 23% (expert). The other two textbooks had fewer darkly pigmented diagrammatic sketches (less than 10% inclusion according to expert and researcher coding). These percentages represent a general overview of inclusion due to the variability in interpretation and coding. In summary, the number and types of
photographs and diagrammatic sketches varied among content areas and textbooks.

The linguistic analysis of the physical assessment/hygiene content area revealed the four adjectives of *special, difficult, easier, and normal* associated with African or European American assessment. The researcher noted the following three examples of when the term *special* was associated with either the assessment or care of African Americans.

*Special* care must be taken to detect color changes in dark-skinned people, such as African Americans, Hispanics, Native Americans, people of Mediterranean descent, and Caucasian who are deeply suntanned. (Taylor, LeMone, and Lillis, 1997, p. 482)

The care of a person with kinky hair usually requires *special* attention. (Taylor, LeMone, and Lillis, 1997, p. 956)

The final example was a chapter highlight bullet in the Kozier et al. (1995) textbook that read "African American clients' hair may require *special care*" (p. 783).

Another linguistic finding was that the usage and placement of the terms *difficult* and *easier*. The textual evidence is found in the following quotations. "Pallor may be *difficult* to determine in clients with dark skin" (Kozier et al., 1995, p. 474) and "It is more *difficult* to note changes such as pallor or cyanosis in clients with dark skin" (Potter & Perry, 1997, p. 657). Another quotation is as follows:

The changes in skin color that may be assessed include flushing, cyanosis, jaundice, and pallor. These color changes are much *easier* to assess in light-skinned people. Flushing is redness of the skin, as in sunburn. It is often associated with an elevated body temperature, and is more often seen in the face and the neck. Cyanosis is a dusky, bluish color in people with light skin color. In dark-skinned people, cyanosis may be detected in the conjunctiva and inside the mouth. Jaundice is a yellow color of the skin, usually first observed in the sclera of the eyes and then in the skin and mucous membranes. Jaundice in dark-skinned people is *more difficult* to
observe because the sclera often has a normal yellowish color. Pallor is paleness of the skin, often resulting from an inadequate amount of circulating blood or hemoglobin, both of which cause inadequate oxygenation of the body tissues. Depending on severity, pallor may be visible over the entire skin surface or only in the lips, nailbeds, mucous membranes, and conjunctiva. Pallor is more difficult to assess in dark-skinned people (Taylor, LeMone, and Lillis, 1997, p. 483).

Another linguistic finding was the usage and placement of the term normal. The placement and context of the word normal varied among these quotations.

The sclera is seen under the bulbar conjunctiva and normally has the color of white porcelain in whites and light yellow in African Americans. (Potter & Perry, 1997, p. 668)

Normal skin pigmentation ranges in tone from ivory or light pink to ruddy pink in white skin; light to deep brown or olive in dark skin. (Potter & Perry, 1997, p. 657)

A normal, healthy nail is transparent, smooth, and convex with pink nail beds and translucent white tips. In African Americans a brown or black pigmentation is normally present between the nail and nail base. (Potter & Perry, 1997, p. 1039)

Hair Care: Normally the hair is clean, shiny, and untangled, and the scalp is clear of lesions. The hair of black-skinned clients is usually thicker, drier, and curlier than the hair of lighter skinned clients. (Potter & Perry, 1997, p. 1053)

The skin color varies among races and among individuals. Normally, skin color ranges from a pinkish white to various shades of brown, depending on the person's race. The skin areas that are normally exposed, such as the face and hands, may have a somewhat different color than areas that are usually covered by clothing, but generally the color is relatively constant. (Taylor, LeMone, and Lillis, 1997, p. 482)

The four adjectives of special, difficult, easier, and normal were identified surrounding some information presented on physical assessment and hygiene parameters associated with the portrayal of African Americans.
Data analysis of chapter references addressing African Americans in the content on physical assessment and hygiene identified a difference of inclusion for each textbook (Appendix C). The researcher documented two references explicitly addressing African Americans in one textbook. These sources were both on hair care and published in 1977 and 1972. These two references were out of 58 total citations for 3.45% inclusion. Another textbook had possibly six references addressing African Americans out of 122 for 4.92% inclusion. Whereas the final textbook had a higher representation with a possible of five to ten references addressing African Americans out of 45 for a derived inclusion of 11.11-22.22%.

Summary of the Findings of the Portrayal of African Americans

This chapter began with a portrait of the textbooks and content areas that were analyzed. Eleven themes were identified that resulted from a thematic analysis. The theme Important Persons was identified in the content surrounding history. In the content on culture there were seven themes: Cultural Terms; Minority and Dominant Groups; Origins and Immigration; Health Practices; Biologic Variations; Differences, and Social Organization, Family, and Matriarchy. The three themes that emerged from the textual findings related to physical assessment and hygiene were: Assessment and Care of African American Hair, Assessment of Dark-Skinned Individuals, and Assessment of Nails, Mouth, and Eyes. Additional illustration, linguistic, and reference findings were also presented for each content area.

Additional findings, related to the illustrations in the history content documented that most photographed African Americans were female, presented in the foreground,
passively portrayed, and represented both health care recipients and health care providers. The linguistic analysis revealed the term "first" associated with Important Person theme in the content area of history. The reference analysis exposed minimal references relating to African American persons or issues in this content area.

Culture content contained minimal photographs, however; African Americans were presented in the foreground, female, and portrayed as both health care recipients and providers. The many linguistic terms associated with African Americans in the content on culture were linked to the thematic analysis. Further, this analysis identified many references that were interpreted as inclusionary of African Americans, usually subsumed under the umbrella of "culture."

The additional illustration findings from the physical assessment and hygiene content areas were unique in each of the three textbooks. However, photographed African Americans were almost always placed in the foreground. The portrayal of African Americans was represented in a greater number of health care recipients than providers. Further, persons were both actively and passively portrayed. Interestingly, many health care providers could not be labeled as either professional registered nurses or nursing assistants. The linguistic findings in this content area elucidated the terms special, difficult, easier, and normal. The inclusionary percentage of end of chapter references possibly addressing African Americans ranged from 3.45% to 22.22% of total references. The numbers varied among the three textbooks, as well as between experts’ and researcher’s.
Research Question #2: Is there a Presence or Absence of Racial Bias in the Portrayal of African Americans in Fundamental Nursing Textbooks?

To evaluate the data for the presence or absence of racial bias in these sampled textbooks, Sadker & Sadker's (1982) six categories of bias were used as a sensitizing lens to analyze the themes identified in research question one. Sensitizing concepts are "concepts that the analyst brings to the data" (Patton, 1990, p. 391). Prior research and scholarship done by the Council on Interracial Books for Children (1977; 1980); Huffman (1996, 1998); and Sadker & Sadker (1982) all used categories of bias for their textbook analysis studies. These concepts provided the researcher with a general sense of reference. Other theoretical (Allen, 1995; Gadamer, 1994, 1976; Hekman, 1986) and literary contexts (Collins, 1990; hooks, 1994, 1995; Semmes, 1996) were also used to provide insight into the critique and understanding of these findings. Sadker and Sadker's (1982) categories of bias are as follow:

**Invisibility or omission** occurs when particular groups are omitted or not represented in text and/or illustrations. The interpreter should examine for inclusion or exclusion of African Americans in textual content, illustrations, diagrammatic sketches, and references. A common standard to use to identify inclusion or exclusion is 12%, as the United States population is 12% African American (Council on Interracial Books for Children, 1977, 1980; Morris & Wykle, 1994).

**Stereotyping** occurs when there is an untruth or oversimplification about the traits and behaviors common to an entire group of people. Stereotypes can refer to a number of variables such as physical appearance, intellectual attributes, personality characteristics,
career roles, domestic roles, social placement, gender, and ethnicity. Intragroup variability assists in dispelling stereotypes. The interpreter should examine photos, case studies, and content to uncover oversimplifications (Sadker & Sadker, 1982).

Imbalance and selectivity is a bias that is uncovered by examining whose "truth" is being reported. An exclusive and culturally privileged perspective of an issue leads to an imbalanced account of a situation leads to only partial knowledge of an issue by negating the complexity from a variety of perspectives. To uncover this bias, one can look at complex issues and identify and report if multiple perspectives or only a dominant perspective is addressed (Sadker & Sadker, 1982).

Unreality occurs when instructional materials ignore facts that are unpleasant or indicate negative positions or actions by individual leaders, groups, or institutions. When controversial topics are presented unrealistically, students lack the information to recognize, understand, or change circumstances that plague society. Instructional materials often ignore the existence of prejudice, racism, discrimination, exploitation, oppression, sexism and intergroup conflict. This bias is uncovered by examining how, or even if, the above concepts are defined and addressed in textbook content. (Sadker & Sadker, 1982)

Fragmentation and isolation occur when nondominant groups are presented physically or visually separate from "mainstream" content. This bias is present when the knowledge of "others" is placed in boxes at the side of the page such as "Black nurse leaders" or in separate chapters or sections, for example "culture and nursing." When Eurocentrism is dominant then "other" cultural groups are kept on the fringes of the page
or on the fringes of power. This bias is determined by noting the placement and location of textual and illustrative content on African Americans. If content is fragmented it is found in separate sections, boxes, highlights, figures, or pages. The examiner can also note whether content is fully integrated with the rest of similar content. (Sadker & Sadker, 1982)

Linguistic bias is embedded in language and is a powerful conveyer of bias both blatantly and in subtle forms. To uncover this bias, one must examine adjectives and word usage surrounding the content and descriptors focusing on African Americans, as well as the same for European Americans. One example of a linguistic bias is words with Black having a negative connotation such as black-listed, blackballed, black mark, blackmail, black market, and black sheep. Another example of this bias is use of loaded or superlative adjectives associated with African Americans (Sadker & Sadker, 1982).

These six types of bias provided a lens to capture the presence of racial bias embedded in the thematic portrayal of African Americans identified from the content areas of history, culture, and physical assessment/hygiene. This discussion of bias includes literary and theoretical perspectives grounded in Gadamer's (1976) philosophy to support the findings with extant research and scholarship. Diekelmann, Allen, & Tanner (1989) stated "Critical hermeneutics involves subjecting the explicated meanings to an analysis that uncovers or makes more conscious some of the contradictions and hidden power relations that are embedded in the text" (p. 21).

The discussion of bias goes beyond a descriptive interpretation and moves to critical theory by providing a context from which one may ask how social, historical, political,
economic, racial, or cultural factors interact to influence nursing textbook knowledge (Ford-Gilboe, Campbell, & Berman, 1995). Gadamer suggested that questioning provides a means to see things differently in a way that enlarges our common perspective (Maguire, 1991). In the next section, each theme will be presented again and in relation to the category(s) of bias. These interpretive findings have been confirmed by all three nursing experts (Experts#1, #2, #3; Confirmation of the Findings, 1999).

**History**

**Important Persons**

As previously mentioned, the theme, Important Persons, emerged from the data on history. This thematic finding of Important Persons is similar to the findings labeled by other scholars as "inclusion of 'greats'" (Banks, 1994, Council on Interracial Books for Children, 1980, and Scott, 1994). In these sampled textbooks, select African Americans were presented as ethnic "stars."

Although these textbooks identified some important African American persons, the researcher noted omissions in the content area of history. Sadker and Sadker (1982) identified invisibility or omission as a bias when information is omitted or not represented. History can be told from many different perspectives. It is important to note which sides of the story are told and which sides are left untold (Rothenberg, 1998). Gadamer reminded us that "the unsaid refers to the question or interests which lie behind each assertion" (Maguire, 1991, p. 143). For this content area, three general omissions were identified.
First, an omission of academic credentials for two African American leaders was noted (Expert #1, Framework for Content Analysis, 1998). It was observed that the African Americans', Lauranne Sams, RN, PhD; and Eddie Bernice Johnson, RN, MPA; had their academic and professional credentials omitted, whereas other nurse leaders had them listed. For example, in a historical timeline, one textbook listed academic and professional credentials after the following names: Virginia Trotter Betts JD, RN, MSN; Margretta Styles, RN, EdD, Fay Bower RN, DNSe, FAAN; Ada Sue Hinshaw, PhD, RN, FAAN; Chief Nurse Officer, Rear Admiral Julia Plotnick, RN, BSN, MPH; and Dr. Ildaura Murillo-Rohde, JMR, PhD, ND, FAAN. The omission of these credentials renders these African American leaders' achievements invisible, and can contribute to a portrayal of "less than" European American or Hispanic colleagues.

Secondly, the researcher observed that the documentation of the ethnic/racial make-up and the underrepresentation of African American registered nurses in nursing were absent or mis-represented in this content. According to Buerhaus and Auerbach (1999), Blacks represent only 4.2% of all nurses, whereas African Americans represent 12-13% of the general population. Morris and Wykle (1994) stated "Minority participation in the nursing profession has been inextricably bound to the history of racism, segregation, and civil rights in the United States" (p. 175). However, no sampled textbooks cited the ethnic/racial composition of the profession. Further, two textbooks perpetuated a myth of inclusion of African Americans in nursing. One textbook stated: 

The timeline running throughout this chapter highlights selected people and events in nursing's history, demonstrating that nursing is a profession for and influenced by women and men of all cultural backgrounds and all
socioeconomic levels (Kozier et al., 1995, p. 11).

A second citation was


The phrases "all cultural backgrounds" and "diversity of its nurses" contradicts the reality that African Americans represent 4.2% of registered nurses and "minorities" represent 9.7% of registered nurses (Buerhaus & Auerbach, 1999). This percentage remains well below the fraction (27%) of minorities in the overall United States population (Buerhaus & Auerbach, 1999). The analyzed textbook content reflected a bias of unreality, which Sadker and Sadker (1982) stated occurs when instructional materials ignore facts that are unpleasant or negative. These textbook examples perpetuated an unrealistic portrayal of African American inclusion and diversity in nursing (Brennan, 1997; Buerhaus & Auerbach, 1999; Ferguson, 1997; Morris & Wykle, 1994).

The third area of omission that was noted surrounded African American leadership roles in combating segregation, discrimination, and racism in nursing employment, organizations, and educational settings. The history and goals behind the inception of the National Association of Colored Graduate Nurses (NACGN) and National Black Nurses Association (NBNA) were omitted in textbook content. Whereas, all three textbooks highlighted the nursing organizations, the American Nurses Association (ANA) and The National League for Nursing (NLN). One textbook quotation was identified addressing an African American nursing organization. A textbook stated, "In 1908, the National Association of Colored Graduate Nurses was founded by a group
of nurses who felt such an association could further not only the nursing cause but also their own interests" (Kozier et al., 1995, p. 9). The researcher noted that the use of wording such as "their own interests" minimized the history of conflict between European and African American nurses (Hine, 1989). The researcher recognized that this citation omitted information on the history, leaders, and goals of the inception of this organization. Further, the sampled textbooks did not include that prior to World War II the American Nurses Association and many worksites were segregated, restricting access to African Americans (Hine, 1989).

Although Campinha-Bacote (1988), Carnegie (1995), Hine (1989), and Mosley (1995) have provided rich documentation about African American nurses' struggles of segregation and racial conflict in organizations, practice, and education; the sampled textbooks in this study did not present, include, or cite these references in this content area. Further, when these sampled textbooks were compared to other textbooks and articles, the contributions of the African American scholars and leaders such as: Carnegie, Staupers, Andrews, Massey Riddle Osborne, and Harvey were omitted (Campinha-Bacote, 1988; Carnegie, 1995; Hine, 1989; Mosley, 1995). Hence, many important African American leaders, in nursing, were not included in the sampled textbooks.

In addition to the above findings for the study herein, the researcher also observed two erroneous facts in the textbook content. The first error was that Mary Eliza Mahoney's middle name was stated as "Elizabeth" (Taylor, Lillis, and LeMone, 1997, p. 8). The second error was the dates of the life of Mary Mahoney. She lived from 1845 to
1926; whereas one fundamental textbook (Kozier et al., 1995) documented the erroneous dates 1819 to 1882 (Carnegie, 1995; Hine, 1989).

The data analysis of textual content on nursing history, the profession of nursing, nursing theory, and nursing theorists revealed several omissions. Other evidence for omissions was that the percentage for inclusionary textual lines addressing African Americans was less than 2% for any of the three textbooks in the history content area (Appendix C). Gadamer (1976) addressed language as a vehicle of concealment and stated, "Nothing that is said has its truth simply in itself, but refers instead backward and forward to what is unsaid" (p. 67). Due to the identified omissions, racial conflict embedded in the history of the profession of nursing remained silent. Apple (1975a, 1975b), a critical curricular theorist, identified that conflict is minimized in curricula, of which textbooks are a part. Apple (1975b) stated "A basic assumption seems to be that conflict among groups of people is inherently and fundamentally bad and we should strive to eliminate it within the established framework of institutions" (p. 99). Giroux and McLaren (1992), critical theorists and pedagogues stated:

Language stamps the world with a social presence that is never neutral or unproblematic. Language does not reflect an unmarred image of reality 'out there'; whatever image or object or event it attempts to render, it does so through refraction and distortion. This amounts to saying not that knowledge is always false but rather that it is never complete. We can say, therefore, that language produces particular understanding of the world; i.e. particular meanings (p. 12).

Further, Giroux and McLaren (1992) go on to state "School texts are, for the most part, the products of the interests that inform dominant social and cultural groups" (p. 24).

Although African Americans were portrayed in these textbooks through selective
Important Persons, the content on history and the profession of nursing revealed several biases through omission of data and ignoring facts.

Additional findings

Further analysis of the history data included an exploration of the presence or absence of racial bias in the illustrations, linguistics, as well as end of chapter references. A critical discussion related to these data will be presented in this next section of additional findings.

In the content area of history, African Americans were portrayed as health care providers as well as recipients. The photographed persons were actively and passively portrayed and usually placed in the foreground. No racial biases were identified.

The linguistic analysis resulted in an exclusive finding in the content on history. This finding was the use and label of the word first. The researcher recognized that this term was often used as an indicator for inclusion of an important person. This linguistic finding of first was not necessarily indicative of bias. A linguistic bias was defined by Sadker and Sadker (1982) as language that conveys subtle or blatant positive or negative meanings. Nevertheless, an expert documented, "The use of the adjective "first" is often used when African Americans cross the color barrier into the 'white world'" (Expert #3, Framework for Content Analysis, 1998). This expert noted that although the word "first" is also associated with white women, when the word "first" is associated with African Americans, it is more commonly allied with overcoming racial discrimination.
The chapter reference analysis documented a small number of citations (inclusionary percentage of 1.72%; see Appendix C) that referred to African Americans. The researcher discerned that the classical works on African American nursing history by scholars and authors, Campinha-Bacote (1988), Carnegie (1995), Hine (1989), and Mosley (1995) were not included in any of these three textbooks' reference listing in the content area of history. This observation may reflect an omission of data related to the inclusion and use of African American scholars' work in the textual content on history.

Summary: History

The content analysis of nursing history in three fundamental textbooks, revealed omissions of data. These omissions included academic credentials of scholars, the documentation of the ethnic/racial composition of registered nurses, and the history of some African American nursing organizations and leaders. The theme, Important Persons captured the inclusionary content of African Americans, although the amount and depth of this content varied among the three textbooks. The inclusionary photographs varied among the textbooks and no overt biases were identified. The linguistic term "first" was associated with African Americans and appeared to be an indicator for inclusion of an important person. The chapter references that were inclusive of African Americans were minimal.

Culture

The analysis of the chapters addressing culture and ethnicity resulted in seven themes addressing the portrayal of African Americans. These themes were Cultural Terms; Minority and Dominant Groups; Origins and Immigration; Health Practices;
Biologic Variations; Differences; and Social Organization, Family, and Matriarchy. Once again, these findings were confirmed by all three experts. Next, these themes will be discussed addressing the presence or absence of racial bias. This is followed by a critical analysis of illustration, linguistic, and reference finding related to the content on culture in these three sampled textbooks.

**Cultural Terms**

The theme, Cultural Terms, captured the numerous terms linked to the concept of culture in all three fundamental textbooks. Examples of these terms were transcultural, culture universals, culture shock, cultural awareness, cultural assimilation, cultural imposition, and subculture. Although a great amount of content addressed culture-related terms, the researcher noted that content in this area minimized the concept of racism. This finding was also noted by all three experts. Instructional materials that ignore facts that are unpleasant or indicate negative positions are reflective of a bias of unreality (Sadker & Sadker, 1982). This finding of bias is similar to those of Kane (1970), Romanowski (1993) Sadker and Sadker (1980), and VanDijk (1987) who found that textbooks often ignore the existence of prejudice, racism, discrimination, exploitation, oppression, sexism, and intergroup conflict.

In this study, two textbook examples were identified that used the term racism. These statements were: "Negative stereotyping includes racism, ageism, and sexism" (Taylor, Lillis, & LeMone, 1997, p. 34) and "Stereotyping that is unrelated to reality may be either positive or negative and is frequently an outcome of racism or discrimination" (Kozier et al., 1995, p. 293). These statements relate racism to stereotypes, but otherwise
did not define racism. Racism, according to Ture and Hamilton (1967/1992) is "the predication of decisions and policies or considerations of race for the purposes of subordinating a racial group and maintaining control over that group" (p. 3).

These sampled textbooks emphasized issues of culture and heritage as a framework for understanding groups, but not as a framework for understanding racism. The Council on Interracial Books for Children (1980) also found the avoidance of racism common in children's books. The Council stated, "By ignoring the reality of racism and its economic origins, such books are deceitful and do nothing to prepare children of any color for the society around them" (p. 11).

Nursing's denial of racism and emphasis on cultural diversity has been posited by Alleyne, Papadopoulos, and Tilki (1994); Barbee (1993); Outlaw (1997); Tullmann (1992); and Vaughan (1997). According to Andersen and Collins (1995):

Analyzing race, class, and gender is more than appreciating cultural diversity. It requires analysis and criticism of existing systems of power and privilege; otherwise, understanding diversity becomes just one more privilege for those with the most access to education-something that has always been a mark of the elite class. Analyzing race, class, and gender as they shape different groups' experiences is also about power, privilege, and equity. This means more than just knowing the culture of an array of human groups. It means recognizing and analyzing the hierarchies and systems of domination that permeate society and that systematically exploit and control people. (p. xiii)

Outlaw (1997) and Barbee (1993) suggested that the culturalist agenda dominates nursing literature. Outlaw (1997) stated, "[T]he notion that institutional racism is the greatest influence on how care is delivered is usually ignored" (p. 76). The findings from this study identified that the sampled textbooks addressed ethnocentrism as opposed to
racism. Rothenburg (1998) suggested that concepts such as racism and oppression capture the comprehensive, systemic nature of the phenomena, whereas the terms' ethnocentrism and discrimination are more narrowly defined. This perspective is elaborated on by Barbee (1993) who stated:

In nursing, the denial of racism is enacted in several ways. Both historically and currently, problems of racism are avoided by simply not using the term.... As the issue of race is subsumed under cultural diversity, racism becomes reduced to ethnocentrism. When the central problems in the area of diversity is defined as ethnocentrism, nursing can avoid the challenge of confronting racism. One consequence of reducing racism to ethnocentrism is the deflection of emphasis away from structural issues, like the roles of government, economics, business and education in creating and maintaining inequities between Blacks and Euro-Americans in this society. Furthermore, the notion of ethnocentrism implies that the problem is one of cultural bias, resulting from ignorance, and to be overcome through the presentation of cultural knowledge (p. 350-351).

The textbook information minimized racism while addressing ethnocentrism, cultural diversity, and transcultural nursing. The textbook content surrounding the theme, cultural terms, supports a bias of unreality, or avoidance of racism.

**Minority and Dominant Groups**

In analyzing the theme Minority and Dominant Groups, the researcher noted that the textbooks' discussion was from a dominant group's position. It was observed that the complexity of group dynamics from the viewpoint of "minorities" was lacking in these textbooks. The information in the sampled textbooks communicated race as one type of characteristic of a minority group and that dominant groups have the authority to control value systems in American culture and healthcare. According to Sadker and Sadker (1982), when the view of only the dominant culture is expressed, a bias of imbalance and
selectivity exists. An exclusive and culturally privileged perspective of an issue leads to partial knowledge by negating complexity from a variety of perspectives.

In addition, the researcher observed that textbook content emphasized "minority" assimilation to the dominant group. An example is as follows:

Because minority groups live within the dominant group many of their members lose the cultural characteristics that made them different. This process is called cultural assimilation or acculturation. Assimilation occurs when one value is dropped and a value of the dominant culture is picked up. When people immigrate, their values are on one end of the spectrum and the values of the dominant culture are on the other end. As immigrants work, go to school, move out of the community, and learn the dominant language, they move closer to the dominant culture. The process and the rate of assimilation are individualized. Because the degree of assimilation is so variable, nurses cannot assume characteristics based on ethnic groups. (Taylor, Lillis, & LeMone, 1997, p. 34)

Further, textbook content emphasized assimilation and acculturation as the primary modes of resolving differences between dominant and minority groups. This finding is congruent with a melting pot perspective rather than a valuing of individual multicultural differences (Lawrence, 1997). This finding parallels Sims (1996) perspective who found that nursing education emphasized assimilation rather than pluralism and valuing multicultural differences. Andersen and Collins (1995) also support this notion. They believe racial assimilation is unlike ethnic assimilation, as one cannot shed skin color.

In addition, one expert commented that the dominant culture was referred to as 'white middle-class people,' with an assumption that whites must learn to deal with 'those' cultures different from their own. She also added that "other" cultures just deal with white middle class people as if it were a natural response (Expert #3, Framework for Content Analysis, 1998).
Although minority and dominant groups are common concepts found in the literature, the terminology of minority has been challenged by scholars (Anderson and Collins 1995; Miller, 1998). Anderson and Collins (1995) stated, "The term minority, for example marginalizes groups, making them seem somehow outside the mainstream or majority culture" (p. xviii). These scholars recommended that this term should be eliminated in the description of groups to transform language to be more inclusive.

The sampled textbooks' discussion of minority groups reflected a selective and imbalanced account of group dynamics which may limit a student's understanding of the actual lived experiences of being outside a dominant group. By perpetuating a melting pot perspective or assimilation, textbook examples may minimize multicultural attributes and subtly devalue diversity. The terms, minority or dominant, was consistently used in these sampled textbooks. The emphasis on minorities assimilating to the dominant culture suggests an imbalanced and selective view of this phenomenon.

**Origins and Immigration**

The theme, Origins and Immigration was identified in sampled textbook content. Two biases were identified from this interpretive analysis. First, the researcher found that although slavery was mentioned in the textual content, it was minimized. This minimization suggests a bias of unreality by ignoring facts that are unpleasant or indicate negative positions (Sadker and Sadker's, 1982). Second, the concept of immigration for all cultural groups was emphasized, leading to partial knowledge of the origins of groups. Partial knowledge captures the Sadker and Sadker (1982) bias of imbalance and selectivity. To provide evidence for these biases, the researcher will restate the textbook
quotations then explicate specific word usage and interpretations.

Most black or African origin Americans were brought to the United States as slaves between 1619 and 1860 from the west coast of Africa. Today, many have also immigrated to the United States from black or African origin countries, the West Indies, the Dominican Republic, Haiti, and Jamaica. The 1990 black or African origin population was 29,986,000 or 11.7% of the total population of the United States. (Potter & Perry, 1997, p. 362)

African Americans may have their origins in Africa, the Caribbean, or other nations where Africans migrated either as forced slaves or as free persons. Beliefs may vary according to origin and acculturation. (Koziar et al., 1995, p. 296)

African Americans came to the New World both as free persons from Europe, and in the holds of slave ships from Africa. Slaves were imported to work the plantations of America and the Caribbean. Today immigrants of African and European descent migrate from the Caribbean to the United States and Canada in pursuit of education, employment, and a better way of life. (Koziar et al., 1995, p. 292)

The population of the United States consists largely of the descendants of immigrants. The only truly Native Americans are the American Indians, Aleuts, and Eskimos because they settled here thousand of years before the Europeans, Asians, and Africans. People came from every nation of the world and they continue to immigrate. (Potter & Perry, 1997, p. 352)

The researcher noted that in two quoted passages, the statements: "migrated either as forced slaves or as free person" and "came both as free persons and in the holds as slave ships" were presented as though both ways were equally used. The term "imported" also minimized how Africans were treated and transported to the America's. One line in the textbooks stated that African people "were brought" to this country. Moore (1998) criticized this language in his chapter on "Racism in the English Language." Moore used the example "slaves were brought to America" to demonstrate how language surrounding African Americans has frequently been hidden in the passive voice, a subordinate clause,
or the understood subject. Moore believed that this language omits the destruction of African societies and families while ignoring the role northern merchants had in the profitable trade of human beings.

The researcher contrasted the fundamental textbooks' passages with the following statement identified in a book addressing racism and its impact on African American health. This book stated "After they [African Americans] were kidnapped from Africa and exploited as a cheap source of labor, their European oppressors found that the systematic disruption and destabilization of African cultures was the most efficient and effective way to control the captive population" (Semmes, 1996, p. 12). This prior statement clearly articulates the horrors of slavery, as well as naming oppressors as Europeans. Whereas the content in the sampled fundamental textbooks did not address this important information. Brevity and an unrealistic presentation of slavery prohibit nurses from an adequate understanding of the experience of being African American in the United States. Semmes' (1996) entire book has linked the history of slavery, oppression, and racism with the current health status of African Americans. The Council on Interracial Books for Children (1980) stated, "Without an accurate understanding of the historical roots of racial oppression and exploitation, an understanding of the present is impossible" (p. 39).

The second finding of bias reflects the sampled textbooks from this study emphasized this country as a land of immigrants which is a partial and selective perspective. This finding is congruent with Rothenburg's (1998) position, who stated:
to refer to the United States as a land of immigrants ignores or obscures two important facts of history: that this land was inhabited by numerous Indian tribes before the European 'immigrants' began to arrive, and (2) that the large number of Africans who came to this country did not choose to immigrate but were brought here against their will. Referring to 'us' as a nation of immigrants manages both to render invisible the Native Americans and the genocidal policies carried out against them, and to implicitly deny the reality of the slave trade and the economic importance of slave labor in building the nation. (p. 81)

Rothenburg goes on to state that "the land of immigrants" is a myth that continues to perpetuate native Americans and African Americans being relegated to the margins of United States history and culture. Hence, the theme, Origins and Immigration, reflects two categories of bias: unreality as well as imbalanced and selective information.

**Health Practices**

The theme, Health Practices, was consistently found in the sampled textbooks. However, all three textbook's strongly associated magico-religious traditions to African American health practice. The researcher and experts interpreted this information as overgeneralized and oversimplified. According to Sadker and Sadker (1982), an oversimplification suggests all African Americans hold these beliefs and is a form of stereotyping. Further, the bias of imbalance and selectivity was evident by the presentation of only partial knowledge of an issue. For example, the following quotation discusses voodoo and black magic as related to illness and African Americans.
Illness (disharmony) is often attributed to demons and evil spirits. Several methods are used as protection from these forces, including the ancient belief and practice of voodoo. Voodoo is believed to cause, as well as prevent, the action of malevolent forces. 'White' magic protects against these forces, and 'black' magic directs their energy to a specific person or body area. The extent of the belief in this magic is unknown. Traditional beliefs about prevention of illness focus on avoiding people believed to carry evil spirits. Prayer and a well-balanced diet are considered helpful. (Potter & Perry, 1997, p. 362)

Semmes (1996) confirmed the prevalence of magico-religious practices in the following statements:

Eurocentric scholarship tends to emphasize the magico-religious components of African and African-American medical traditions. As a consequence, we may form the erroneous conclusion that only magico-religious medical traditions properly belong to African Americans. We may also fallaciously infer that empirical and physical approaches to health care properly belong to so-called White medical traditions. Moreover, distortions and misconceptions about the relationship between magico-religious elements and the physical components of African medical traditions are common. Similarly, there is a tendency to ignore how African medicine has influenced modern professional medical practices and European and Asian medical traditions. (p. 67)

Further, The Council on Interracial Books for Children (1980) stated that to examine for cultural authenticity one should ask: "Are minority cultures and customs distorted or trivialized? Are a few customs, which appear strange or exotic to EuroAmericans, emphasized as though there were no greater depth and meaning to the culture as a whole?" (p. 45). The theme, Health Practices, reflects predominately magico-religious practices that present an imbalanced and selective view of African American practices related to health and illness. This imbalanced perspective was overgeneralized which can lead to stereotyping the health practices of African Americans.
Biological Variations

The theme, Biological Variations, captured content on genetic variations and disease processes related to African Americans. The researcher identified that the textbooks' formatting for many of these biological variations were fragmented (table or boxed format). The following examples were all located and embedded in a table.

Biological Variations:
Sickle cell disease,
Hypertension,
Cancer of esophagus,
Stomach cancer,
Coccidioidomycosis,
Lactose intolerance. (Potter & Perry, 1997, p. 356)

Common Variations and Increased Susceptibility to Disease in Ethnic/Racial Groups.
African Americans:
Keloid formation,
Hypertension,
Sickle-cell disease,
Lactose intolerance,
Diabetes Mellitus. (Kozier et al., 1995, p. 305)

Common health problems.
Hypertension (precise cause unknown, may be related to diet)
Sickle cell anemia
Skin disorders; inflammation of hair follicles, various types of dermatitis, and excessive growth of scar tissue (keloids)
Lactose enzyme deficiency resulting in poor toleration of milk products
Higher rate of tuberculosis
Diabetes mellitus
Higher infant mortality rate than in the white population. (Taylor, Lillis, LeMone, 1997)

Fragmentation occurs when nondonominant groups are presented separately (boxes, tables, figures) from "mainstream" content (Sadker and Sadker, 1982). Additional evidence for fragmentation is that the majority of the textual content addressing African Americans
was solely in the separate chapters on culture in these three textbooks. For example, information on keloids (hypertrophied scars) or Mongolian Spots (hyperpigmentation) was sometimes found in the chapters on culture, but omitted in the content on skin assessment.

The researcher also recognized that although biological variations have socio-cultural implications, this aspect was minimized in the textbook content. When information is communicated through partial lenses, then a bias of imbalance and selectivity exists (Sadker & Sadker, 1982) The following examples emphasize prevalence or physiology but lack socio-cultural implications of AIDS or sickle cell anemia.

The high incidence of AIDS in the black or African origin and Hispanic origin communities is an emerging public health concern. As of August 1994, there were a total of 349,971 AIDS cases reported in the United States; 32% of these cases were among black or African origin Americans, who compose 12.1% of the population. (Potter & Perry, 1997, p. 355)

Sickle cell anemia. Sickle cell anemia is most common in people with African or Mediterranean ethnic backgrounds. The sickle cell trait originally served as a protective mechanism against malaria. People with sickle cell anemia have sickle-shaped red blood cells (RBCs) that break down more rapidly than normal shaped RBCs. The sickle shape also prevents the RBCs from moving easily through the smaller vessels in the body. This factor can lead to the smaller vessels being clogged by the RBCs, which can cause many potentially serious problems. Sickle cell carriers can be identified by a blood test. (Taylor, Lillis, & LeMone, 1997, p. 39)

Frequently "normal" in medicine has been based on Eurocentric standards and norms (Jackson, 1993; Overfield, 1995). In these sampled textbooks biological variations were frequently compared to European Americans. Two examples are as follows:

Higher infant mortality rate than in the white population. (Taylor, Lillis, & LeMone, 1997, p. 46)
There are higher incidences of diabetes mellitus in African Americans, Native Americans, Mexican Americans, Filipino, and Jewish Americans than in European Americans." (Kozier et al., 1995, p. 305)

This information presents an isolated listing of difference compared to European Americans, rather than additional context or knowledge of the disease process. This finding is similar to Tripp-Reimer and Foxs' (1990) perspective that criticized nursing of stripping cultural theory and being left with atheoretical components and culture lists.

They stated "This designation by category emphasizes differences and promotes a separation from the patient" (p. 544). Although this researcher identified a fair amount of textual content that addressed biological variations, much of the content was fragmented in tables or presented acontextually. The sampled textbooks' formatting and decontextualizing of biological variations may represent an imbalanced and selective perspective of these biological variations.

**Differences**

The theme, Differences, was observed in briefly-stated content that addressed differing topics such as time, space, communication, and nutrition. Some textbook examples are as follows:

**Heading: Language and Communication:** Some African Americans may roll their eyes at what are considered to be ridiculous questions. (Taylor, Lillis, & LeMone, 1997, p. 36)

Giger and Davidhizar (1991, p. 97, as cited in Kozier et al.) state that when caring for clients who are 'present-oriented', such as some African Americans, some Puerto Ricans, some Mexican Americans and some traditional Chinese Americans, it is important to avoid fixed schedules. (Kozier et al., 1995, p. 302)
Heading: Orientation to space and time: As examples, people of Arabic and African origin commonly sit and stand close to one another when talking, whereas people of Asian and European descent are more comfortable talking with some distance between themselves and others. (Taylor, Lillis, & LeMone, 1997, p. 37)

Time: Some black or African origin, Hispanic origin, and Southern European Americans are oriented more to the present than the future. These clients may not share a future-oriented nurse's attitude toward matters related to time. (Potter & Perry, 1997, p. 358)

Heading: Food and Nutrition: Rural southern African Americans often eat large amounts of food on weekends and less food at meals during the week. (Taylor, Lillis, & LeMone, 1997, p. 37)

There was agreement between the researcher and the three experts that this information addressing African Americans was over-generalized and oversimplified. Content that is oversimplified leads to a bias of stereotyping (Sadker and Sadker, 1982). Further, an expert found that some textbook examples failed to have citations documented (Expert #2, Framework for Content Analysis, 1998). Specifically, the statement about rural southern African Americans eating more on the weekends was undocumented and considered inaccurate by the two African American experts who grew up in the South (Expert #3, Framework for Content Analysis, 1998).

Rothenburg (1998) addressed the issue of difference when she stated, "People of color are not merely described as different from white people, but that difference too is understood as deviance from an acceptable norm—even a pathology—and in both cases difference is used to rationalize racism and sexism" (p. 11). Rothenburg (1998) tells us it's not difference that is problematic, but the interpretation of difference. "It is the assigning of a value to a particular difference in a way that discredits an individual or group to the
advantage of another that transforms mere difference into deficiency" (p. 11).

Knowledge of cultural differences is important for nurses, yet the communication
of these differences may be easily stereotyped or overgeneralized. Alleyne, Papadopoulos,
and Tilki (1994) stated that a key point for nurse educators is "where differences exist
there is a need for them to be recognized, understood and valued, and not trivialised or
problematised [sic] (p. 636). The theme, Differences, is supported by textbook quotations
reflecting overgeneralized differences of time, space, communication, and nutrition. This
finding is captured by a quotation cited by Cole (1997), "How much better our world
would be if each of us respected difference until difference doesn't make any more
difference" (p. 26).

Social Organization, Family, and Matriarchy

African Americans were portrayed in these fundamental textbooks through
discussion of social organizations and family. All three sampled textbooks presented a
description of African American families as matriarchal. Further, much of this content
was fragmented and found in table format. Fragmentation occurs when nondominant
groups are presented physically or visually separate from "mainstream" content by
formatting in boxes, tables, or separate sections (Sadker & Sadker, 1982). The first two of
the four textbook examples were found in tables and are as follows:

Social Organization: More than 50% of African American families have a
female head of household. Large family networks or community groups
such as churches provide support during times of crisis and illness. There
is a high incidence of adolescents pregnancy, high school dropout, and
unemployment among African Americans." (Koziier et al., 1995, p. 297)
Social Organization: Family: many female, single parent; Large, extended family networks, Strong church affiliation within community, Community social organizations." (Potter & Perry, 1997, p. 356)

African-American families are matriarchal; that is, the mother or grandmother is viewed as the leader of the family and is usually the decision maker. (Kozier et al., 1995, p. 301)

The family is often composed of a matriarchal structure and there are many single parent households headed by females (Potter & Perry, 1997, p. 362).

In these examples, the researcher observed that the sampled textbooks did not address social-cultural-historical influences on African American families. The citations also reflected a European American lens on families and the issue of matriarchy was oversimplified.

The sampled textbook information was compared to another textbook, Family Nursing (Ross & Cobb, 1990). This comparison textbook did address historical perspectives impacting African American families. Further, this textbook stated, that in relation to slavery, when an African American father was sold, the female member had to assume the responsibility as head of the family unit. This practice has contributed to defining African American families as matriarchal. Yet, even in post-slavery, Ross and Cobb (1990) stated that due to racism and bigotry it has often been easier for Black women to obtain employment than men, also contributing to a matriarchal perspective.

The fundamental textbooks that were analyzed in this study omitted the history of slavery and oppression in relation to characteristics of African American families and social organizations. This finding is congruent with Sadker and Sadker's (1982) bias of imbalance and selectivity that occurs when an exclusive and culturally privileged
perspective of an issue leads to only partial knowledge of an issue. In this case, a
background of history would have enhanced and balanced the discussion of African
American families.

hooks (sic) (1994) also believed that the perspective of Black families has always
been through a Eurocentric lens. hooks (sic) stated, "In the real world of my growing up I
had seen black males in positions of patriarchal authority, exercising forms of male
power, supporting institutionalized sexism" (p. 120). This African American scholar's
experience was one of patriarchy, not matriarchy. In addition, the acontextual textbook
presentation of matriarchy has been challenged by other scholars (Collins, 1990;
Combahee River Collective, 1986; Essed, 1991; Lerner, 1992) who argued that it is one
kind of stereotype perpetuated by European Americans. Collins (1990) stated:

Like the mammy, the image of the matriarch is central to interlocking
systems of race, gender, and class oppression. Portraying African-
American women as matriarchs allow the dominant group to blame Black
women for the success or failure of Black children. Assuming that Black
poverty is passed on intergenerationally via value transmission in families,
an elite white male standpoint suggest that Black children lack the
attention and care allegedly lavished on white, middle-class children and
that this deficiency seriously retards Black children's achievement. Such a
view diverts attention from the political and economic individuality
affecting Black mothers and children and suggests that anyone can rise
from poverty if he or she only received good values at home. Those
African-Americans who remain poor are blamed for their own
victimization. Using Black women's performance as mothers to explain
Black economic subordination links gender ideology to explanations of
class subordination. (p. 74)

Another critique of matriarchy was described by Lerner (1992) who stated, "The
very term is deceptive, for 'matriarchy' implies the exercise of power by women, and
black women have been the most powerless group in our entire society" (p. xxiii).
Matriarchy was presented as an acontextual fact in these sampled textbooks. This may be stereotypic and relate an imbalanced and selective view of the portrayal of African American families. Other acontextual descriptors documented in the textbook quotations were "large family networks," "adolescent pregnancy," "high school dropout," "unemployment," and "single parent". Many of these terms carry a variety of connotations and may portray a stereotypic and imbalanced account of this cultural group.

Additional findings

Further analysis of the culture data included an exploration for the presence or absence of racial bias in the illustrations, linguistics, as well as end of chapter references. Critical discussion related to this data will be presented in this next section of additional findings.

There were minimal photographs in the content area of culture. For all three textbooks there was a total of fifteen photographs (Appendix C). Three out of fifteen photographs included African Americans. In one book there were no photographs of African Americans and may infer a bias of omission and invisibility. However, due to the minimal amount of total photographs, no biases were identified.

The linguistic findings surrounding the content on culture listed many terms and adjectives that were linked with or described African Americans. These terms were reported in response to research question #1. To uncover linguistic bias, the acontextual terms were examined for negative connotations as well as loaded or superlative adjectives. Few linguistic terms were deemed as biased. The sole term, subculture, was used in two of the three textbooks and two experts and the researcher labeled this term as
having negative inferences. The prefix "sub" connotes under, beneath, below, inferior to, or subordinate to (Webster, 1983). Therefore, the use of subculture, when used in conjunction with the White middle class normative culture, may subordinate nondominant cultural groups. Hence, this term was labeled as a linguistic bias carrying negative inferences.

The researcher documented numerous end of chapter references that had the term, culture, in its title and hence assumed to be inclusive of African Americans. There was an inclusionary percentage of 32.61-60.71% of citations assumed to contain information on African Americans, hence no biases were identified with regard to quantity of references (Appendix C).

**Summary: Culture**

An overview of the critical discussion of the presence or absence of bias related to the content on culture is summarized here. Cultural terminology minimized the concept of racism. According to Sadker and Sadker (1982) an absence or minimization of the concept of racism reflects a bias of unreality. Further, the term's "minority" and "dominant" were used to address groups, with an emphasis on assimilation and acculturation for minority groups. Immigration was the language used to discuss the origins of African Americans and this content minimized slavery. Health practices of African Americans were communicated as magico-religious suggestive of an imbalance and selectivity of information, which may lead to stereotyping. The content on biologic variations lacked social-cultural implications and much of the content was fragmented in tables or boxes. Textual examples of differences of African Americans were
communicated by individual statements addressing time, space, communication, and nutrition. Due to the lack of context and the language of difference, stereotyping was identified in this information. The textbooks communicated a myth of matriarchy that may be stereotypic and an imbalanced perspective on African American families. There were minimal photographs. Most of the linguistic findings were interpreted as unbiased. However, the term, subculture, was deemed a linguistic bias as it carried negative inferences. There were numerous references assumed to be inclusive of African Americans, which is a criterion for absence of bias.

Physical Assessment and Hygiene

The data analysis yielded three themes from the content on physical assessment and hygiene. These themes were Assessment and Care of African American Hair, Assessment of Dark Skinned Individuals, and Assessment of Nails, Mouth, and Eyes. Each of these themes was explored for the presence or absence of racial bias and is presented. This is followed by an interpretive analysis of illustration, linguistic, and reference finding related to the physical assessment/hygiene content found in the three sampled textbooks.

Assessment and Care of African American Hair

All three textbooks contained content addressing the theme of Assessment and Care of African American Hair. The researcher observed that some textbook content solely reflected European American norms. This leaning towards European American norms suggests a bias of imbalance and selectivity. A bias of imbalance and selectivity was defined by Sadker and Sadker (1982) as an exclusive and culturally privileged
perspective of an issue that leads to partial knowledge. In this case, the communication of European American norms can lead to partial knowledge of assessing and caring for African American hair. The following data were found to reflect European American norms or practices surrounding hair care.

Box: Procedure 22-3 Assessing the Hair;
Normal findings: Silky resilient hair.
Deviations from Normal: Brittle hair (e.g., in hypothyroidism);
excessively oily or dry hair. (Kozier et al., 1995, p. 478)

Oily hair tends to look stringy and dirty, and it feels unclean to the person. (Kozier et al., 1995, p. 767)

To be healthy, hair needs to be brushed daily. (Kozier et al., 1995, p. 765)

Scalp hair may be coarse or fine, curly or straight, and should be shiny, smooth, and pliant. (Potter & Perry, 1997, p. 660)

Dandruff is a condition characterized by itching and flaking of the scalp that may be further complicated by the embarrassment it causes. Persistent, severe cases usually require medical attention. Daily brushing and shampooing with a medicated shampoo may be all that is needed to keep the scalp free of dandruff. (Taylor, LeMone, & Lillis, 1997, p. 955)

The terms "silky," "resilient," or "smooth and pliant" fail to reflect many hair types of African Americans (Davis, 1977; Draelos, 1997). The statement about oily hair being related to dirtiness negates the practice of oiling some African American hair. In addition, the statements about daily shampooing may reflect a European American norm, as many persons with African American descent cannot shampoo daily due to hair fragility and breakage; nor does daily brushing reflect the practice of braiding (Draelos, 1997). The term "kinky" was found to be insensitive by the two African American experts; however, this adjective was used in the Draelos article as a descriptor of hair morphology. Some
textual examples were identified that reflected European American norms and hence deemed a bias as it communicated an imbalanced and selective view of hair care practices.

**Assessment of Dark-Skinned Individuals**

The theme Assessment of Dark-Skinned Individuals also emerged from the data on physical assessment/hygiene. A large amount of content addressing assessment of skin was documented, although the three textbooks varied on the amount of inclusionary data addressing African Americans (Appendix C). Data analysis documented that some of the textbook content was deemed inaccurate as it represented European American norms. The following example was found in a procedure for assessing the peripheral vascular system. The textbook content stated:

Inspect skin of the hands and feet for color, temperature, edema, and skin changes.
Normal findings: Skin color pink. Deviations from normal: Brown pigmentation around ankles (arterial or chronic venous insufficiency).
(Kozier et al. 1995, p. 526)

In the procedure stated above, the text lists the exclusive norm as "skin color pink" and that brown pigmentation was a deviation from normal caused by arterial or chronic venous insufficiency. This leaning towards European American norms suggests a bias of imbalance and selectivity. A bias of an imbalance and selectivity was defined by Sadker and Sadker (1982) as an exclusive and culturally privileged perspective of an issue that leads to partial knowledge. In this case, the communication of European American norms can lead to partial knowledge of assessing and caring for dark skinned individuals. Other textual examples of an exclusive European American norm is the documented
finding, "Skin is pink, warm, dry, and elastic; no petechie, lesions, or excoriation; multiple moles of small size and regular border and surface" (Taylor, LeMone, and Lillis, 1997, p. 916).

Another imbalanced and selective perspective was identified in an overgeneralization of skin changes in the elderly. The citation was: "The skin appears yellow-white (like parchment), thin, and translucent because of loss of dermis and subcutaneous fat. Atrophy of the epidermal structures results from degeneration of collagen and elastin" (Kozier et al., 1995, p. 477). This statement would reflect a light-skinned individuals' aging process. In addition, the assessment findings related to tanning parlors, sun lamps, tanning pills and overexposure of sun leading to brown skin seemed directed towards light skinned individuals (Expert #2, Framework for Content Analysis, 1998). Additional textbook findings communicated that skin variations were due to suntan or pregnancy and minimized racial variations of skin color.

Omissions were also identified in the content related to assessment of dark skinned individuals. The genetic variations of cerumen color and type were not included in textbook content (Expert #1, Framework for Content Analysis, 1998). Further, the color variation and prevalence of Mongolian Spots in African Americans were omitted in all three textbooks in the content on physical assessment. According to McMichael (1999) the prevalence of Mongolian Spots in African American newborns is extremely common. Overfield (1995) described this color variation as such:

Mongolian Spots are produced by melanocyte leftovers that do not migrate into the epidermis; they remain deeper than usual in the lumbar-sacral region resulting in blue coloration of the skin. Mongolian spots occur
mainly on the buttocks and lower back, and occasionally on the abdomen, thighs, and arms. They occur in 90% of Blacks, 80% of Orientals and Native Americans, and 9 percent of Whites. Persons unfamiliar with Mongolian spots could mistake them for bruises.” (p. 13)

Other noted omissions were skin variations of keloids, hypertrophied scars; and pseudofolliculitis, a type of dermatitis; both conditions common to many African Americans (Bloch & Hunter, 1981; McMichael, 1999). All three sampled textbooks varied on the depth of the content on skin assessment, findings, and techniques and color variations. However, the researcher noted that two textbooks did not include assessment techniques such as palpation to identify reactive hyperemia in dark skinned individuals, as well as enhanced lighting for inspection of darkly pigmented skin. Both techniques are extremely important for accurate skin assessment (Roach, 1977; West, 1999). One textbook identified the necessity for palpation with the quotation "Palpation augments inspection findings, particularly in more highly pigmented people, in whom redness may not be visible" (Kozier et al., 1995). However, this content was fragmented and isolated in a box entitled "Assessing peripheral leg veins for signs of phlebitis."

African American women were omitted in a research brief that was cited in one textbook. This cited study's purpose was to determine breast cancer screening practices of older women with increased risk for breast cancer. This study examined whether education about early detection practices would improve the women's screening behaviors. The sample was predominately Caucasian (94.7%), however the findings were generalized to all older women. This researcher (or textbook synopsis) over-generalized the results and omitted breast screening practices of African American women.
One single statement that addressed breast care and African Americans read, "Inspection: In dark-skinned women the areola is brown before pregnancy" (Potter and Perry, 1997, p. 706). The photographs and diagrammatic sketches in the sections on women's breast care omitted any women of color. In all three textbooks, there were fifteen diagrammatic sketches of either light or medium skin coloring, with no dark shading identified. Further, there were five photographs all of European American women. The findings from this study confirm Baldwin's (1996) belief that "textbooks and other educational materials are not carefully examined to ensure that the content is culturally relevant and that the experiences and perspectives of women and minorities are included" (p. 41). Baldwin (1996) has posited an Afrocentric model for screening and intervention strategies when working with lower income African American women. Baldwin's research has recognized the need for culture-specific models in delivering health care and has implications for future textbook content.

The theme assessment of dark-skinned individuals contained some omissions of topics such as Mongolian Spots, keloids, pseudofolliculitis, cerumen type, techniques of palpation and enhanced lighting, as well as breast care for dark-skinned individuals.

Assessment of Nails, Mouth, and Eyes

The final theme of Assessment of Nails, Mouth, and Eyes reflected inclusionary content addressing African Americans in two out of three textbooks. Some textbooks' findings frequently presented the physical assessment content for European Americans first and then consistently followed with the findings for African Americans. The next two citations are examples of this.
Healthy gums are pink, smooth, and moist with a tight margin at each tooth. African Americans may have patchy pigmentation. (Potter & Perry, 1997, p. 679)

Normal findings for buccal mucosa and inner lips: Uniform pink color (freckled brown pigmentation in dark-skinned clients). (Kozier et al., 1995, p. 499).

One textbook fragmented content by inserting African American findings in parenthesis. According to Sadker (1999) "the parenthesis is a grammatical way of dealing with issues considered less important, a side comment or an exception to the basic rule or point being made." Hence, these parenthetical examples are evidence of fragmentation of content (or visual separation) from content on European Americans. Further, some content was identified that reflected exclusive European American norms. The following examples were found that reflected European American norms.

Healthy nails have a pink color and are convex and evenly curved. (Taylor, Lillis, & LeMone, 1997, p. 958)

Demonstrates optimal oral hygiene, as evidence by: Pink, moist, and intact mucosa, tongue, and lips. (Kozier et al., 1995, p. 754-755). This same outcome criterion was repeated again in lines 5010 and 5011.

Box: Sample nursing care plan for altered oral mucous membranes:
Expected outcomes: Mucosa, tongue, and lips will be pink, moist, and intact. (Potter & Perry, 1997, p. 1047)

The lips should be pink, moist and smooth... The gums should be pink and smooth. (Taylor, Lillis, & LeMone, 1997, p. 492)

These four citations did not mention the hyperpigmentation of mucosa and nailbeds of many African Americans leading to partial knowledge of assessment.
Additional Findings

Further analysis of the physical assessment/hygiene data included an exploration of the presence or absence of racial bias in the illustrations, linguistics, as well as end of chapter references. The critical discussion related to these data will be presented in the next section of additional findings. The illustration analysis in this content area included an examination of the photographs as well as examining diagrammatic sketches.

An absence of bias was identified in most of the photographs. These photographs were of both men and women, and presented diverse African Americans in the foreground of the photograph. Many photographs portrayed African American health care recipients that were passively portrayed. The inclusionary percentage for two out of three textbooks was greater than a minimal 12% population standard (Council on Interracial Books for Children, 1980).

A bias, stereotyping, was inferred in ten photographs depicting scenes of an African American woman washing hair. Two of the three textbooks depicted photographic scenes of an African American woman as a health care provider washing a European American client's hair. Supporting this findings is that in this content area there were 63 photographs that portrayed African Americans with 10 portraying a scene of an African American woman washing hair of White clients. Therefore, 15.87% of photographs in this content area portrayed this scene. In these textbook scenarios, the African American women were dressed as health care providers, however one could not discern if the provider was a registered nurse or nursing assistant. As a result, it was initially interpreted by two experts that this African American female was portrayed in a
subservient role. The researcher suggested and the experts confirmed this scene reflected a mammy stereotype. Collins (1990) describes the mammy as "the faithful, obedient domestic servant" (p. 71). Collins further describes a mammy image as a subordinate who cares for white children and family.

In addition to an analysis of photographs, diagrammatic sketches, pictorial representations of persons with skin shading, were also analyzed for the presence or absence of racial bias. Diagrammatic sketches were found exclusively in the physical assessment data. These sketches were coded for light, medium, and dark shading. Diagrammatic sketches varied on the amount of inclusion of dark skin tone. There was an absence of bias with an identification of inclusionary dark sketches. However, there were some areas of omissions when dark shading was not included in the diagrammatic sketches.

The linguistic analysis uncovered a linkage of the term "special care" and "more difficult" with the assessment of African Americans. Although these findings do not specifically relate positive or negative associations with race, there may be subtle forms of bias that are not captured by Sadker's categories of bias. The word usage of "special" reflected nursing care outside the traditional customs of European descent. This linguistic association of difficult and easier may be unique to the type of content that was analyzed in this study, as similar findings from other studies were not found. If physical assessment techniques are communicated about and by European Americans, then anything different may be labeled "more difficult." Rothenburg (1998) stated, "People of color are not merely described as different from white people, but that difference too is understood as
deviance from an acceptable norm—even a pathology—and in both cases difference is used to rationalize racism and sexism” (p. 11).

The use and placement of the word normal was also examined in this linguistic analysis.

*Normal* skin pigmentation ranges in tone from ivory or light pink to ruddy pink in white skin; light to deep brown or olive in dark skin. (Potter & Perry, 1997, p. 657)

A *normal*, healthy nail is transparent, smooth, and convex with pink nail beds and translucent white tips. In African Americans a brown or black pigmentation is normally present between the nail and nail base. (Potter & Perry, 1997, p. 1039).

Hair Care: *Normally* the hair is clean, shiny, and untangled, and the scalp is clear of lesions. The hair of black-skinned clients is usually thicker, drier, and curlier than the hair of lighter skinned clients. (Potter & Perry, 1997, p. 1053)

The skin color varies among races and among individuals. *Normally*, skin color ranges from a pinkish white to various shades of brown, depending on the person’s race. The skin areas that are normally exposed, such as the face and hands, may have a somewhat different color that areas that are usually covered by clothing, but generally the color is relatively constant. (Taylor, LeMone, and Lillis, 1997, p. 482)

In two examples the term *normal* is placed closer to findings for whites than for African Americans. In another example the term normal is actually located in the sentence addressing European Americans, not addressing African Americans. The placement of the word normal is powerful in conveying knowledge and it may be inadvertently reifying white normative standards. Normal may also be dichotomized with abnormal contributing to limiting the understanding of differences. Dichotomization was addressed in Chapter II as an aspect of racism that keeps persons separate rather than searching for commonalities.
(Collins, 1990; hooks, 1995; Lorde, 1984). Specifically, the use of dichotomous thinking occurs when words gain meaning by contrasting one with the other. The usage of the terms normal and abnormal is a powerful determinant in reinforcing white normative standards of judgment and may be reflective of subtle linguistic bias.

The researcher identified that the number of citations in the physical assessment content varied across the three sampled textbooks. The inclusionary percentages ranged from 3.45 to 22.22 % (Appendix C). The researcher identified some omissions of known references in some of the textbooks. An area that was not specifically explored in this study was the inclusion of sources that had African American authors. This is an area for future research.

**Summary: Physical Assessment/Hygiene**

A summarization of the findings from the interpretive analysis addressing the presence or absence of bias found in the content on physical assessment will conclude this section. One finding in the content on physical assessment and hygiene was a bias of imbalance and selectivity. The researcher identified textual examples that were an exclusive or overgeneralization of European American norms. Examples of this were documenting hair as silky and resilient or normal skin and mucous membranes as pink. It was also documented that European American findings were frequently placed before the findings for African Americans (and fragmented in parentheses in one textbook). Another bias, omission, was documented in missing content on such topics as pseudofolliculitis, keloids, breast care, Mongolian Spots, assessment techniques, and some norms for darkly pigmented persons. Further, an example of stereotyping was inferred from photographic
scenes of an African American woman washing European American's hair. Diagrammatic sketches varied on the amount of inclusionary dark skin shading. The linguistic analysis yielded the identification of the terms "special care" and "more difficult" with the assessment of African Americans and the terms "normal" and "easier" with European Americans. The reference analysis identified a wide range of interpretations regarding references deemed inclusionary of African Americans among the three textbooks as well as between the researcher and experts.

Chapter Summary

This chapter included the presentation of eleven themes surrounding the portrayal of African Americans in three sampled fundamental nursing textbooks. This chapter addressed two research questions by first identifying how African Americans were portrayed and second addressing the presence or absence of racial bias embedded in that portrayal. Textual examples were included as thick descriptions to provide evidence for the themes as well as for the presence or absence of racial bias. These examples enable others to confirm and transfer the findings. Additional illustration, linguistic, and reference findings were also reported.
CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

This chapter contains a brief overview of this study followed by conclusions of the study. Recommendations for faculty development, nursing curricula, textbooks, students, and research are addressed. The chapter concludes with a reflection of my assumptions and the strengths and limitations of the study.

Overview of the Study

The purpose of this research was to identify and critique selected content areas from three fundamental nursing textbooks for the presence or absence of racial bias embedded in the portrayal of African Americans. The content areas that were analyzed were the history of nursing, cultural content, and physical assessment/hygiene parameters. A researcher-developed framework was used for data collection and analysis of textual language, illustrations, linguistics, and references. A thematic analysis was done to elucidate the portrayal of African Americans in these sampled textbooks. An interpretive analysis with a lens of Sadker and Sadker’s categories of bias, along with other literary and theoretical contexts, were used to explore for the presence or absence of racial bias.

Conclusions

This next section presents the conclusions of the study as they relate to the two research questions. The findings have provided knowledge that may assist educators in
challenging the content and norms in nursing fundamental textbooks. As the Council on Interracial Books for Children (1980) stated "Only after such biases are pinpointed and examined can guidelines become an effective tool for detecting and eliminating discrimination in school textbooks" (p. 27).

Research Question #1: What is the portrayal of African Americans in fundamental nursing textbooks?

The first research question was answered by the identification of eleven themes that reflected the portrayal of African Americans. Evidence revealed that African Americans were included in these sampled textbooks. Inclusion is a criterion for absence of bias as well as a necessary element for multicultural content (Kane, 1970; National Council for the Social Studies, 1991). The one theme that reflected the portrayal of African Americans in history was Important Persons. This theme has been labeled "inclusion of greats" by other researchers (Council on Interracial Books for Children, 1980; Kane, 1970).

The researcher noted that seven of the themes focused on differences of African Americans from European Americans. Capturing the essence of racial difference were the themes of Health Practices; Biological Variations; Differences; Social Organization, Family, and Matriarchy; Assessment and Care of African American Hair, Assessment of Dark Skinned Individuals, and Assessment of Nails, Mouth, and Eyes. Racial or ethnic differences are important inclusionary concepts for multicultural curricula (National Council for the Social Studies, 1991). The National Council for the Social Studies (NCSS) stated in their curriculum guidelines for multicultural education that
"Recognition and respect for ethnic and cultural differences enable society to enhance the potential of the individual and the integrity and contributions of ethnic and cultural groups, and so to invigorate the culture" (p. 5).

The final three themes of Cultural Terms, Minority and Dominant Groups, and Origins and Immigration capture how these textbooks communicated content on diversity and group dynamics in our culture. These themes were assumed inclusive of African Americans. However, African Americans were rarely articulated other than race being an aspect of a minority group and African Americans being "brought over" as slaves.

Research Question #2: Is there a presence or absence of racial bias in the portrayal of African Americans in fundamental nursing textbooks?

The second research question was answered by uncovering the presence or absence of racial bias. Reflecting on the first theme of important persons, it was deemed that too few American persons were included in these sampled textbooks. Only one of the three sampled textbooks contained any contemporary leaders. Further, many African American leaders (credentials in one textbook) and references were omitted. The sampled content on the history of nursing reflected the interests and perspectives of the dominant group. The omissions of African American contributions in nursing may be detrimental to African American matriculation in nursing schools (Baptiste, 1995). The NCSS (1991) stated:

The curriculum in the nation's schools, colleges, and universities should reflect all of its citizens. When particular groups feel excluded or victimized by schools and other institutions, conflicts, tensions and power struggles ensue. The pluralist dilemma related to the curriculum canon debate can only be resolved when all groups involved-the Western
traditionalists, the Afrocentrists, and the multiculturalists-share power and engage in genuine dialogue and discussion. Power sharing is a requisite to genuine debate and conflict resolution. When groups and individuals feel victimized by the school and the larger society because of ethnicity, conflict and tension result, and struggles to gain rights occur. (p. 7)

The seven themes surrounding racial differences are important curricular components. Ideally racial and ethnic differences should be treated honestly, realistically, and sensitively (NCSS, 1991). However, this study found racial bias embedded in the content surrounding difference. Stereotyping was apparent in the overgeneralized differences of magico-religious practices; matriarchy; and elements of space, time, and nutrition. The content on biological variations did not provide social-cultural implications and much of the content was fragmented in tables or boxes. Further, differences were often related through an imbalanced or Eurocentrally normative lens. Examples of this are relating that "normal" hair is silky and resilient or that "normal" mucous membranes or skin was pink. Differences from Eurocentric norms were sometimes parenthetically or visually fragmented, or presented acontextually. European American findings were commonly placed in front of findings for African Americans. Further, omissions of difference were documented for such topics as pseudofolliculitis, keloids, breast care, Mongolian Spots, assessment techniques, and some norms for darkly pigmented persons.

The final group of themes reflected a use of cultural terms minimizing the concept of racism. A minimization of racism reflects a bias of unreality limiting students understanding of power dynamics, such as oppression and subordination (Sadker & Sadker, 1982). The NCSS (1991) stated that racism must be an integral concept in a multicultural curriculum. The textual data in these themes did not address racism,
oppression, or relay perspectives from "minority" groups.

Assimilation to the dominant culture and the healthcare system was found to be emphasized. Further, the term's "minority" and "dominant" were utilized in these textbooks to address groups, with an emphasis on assimilation and acculturation for minority groups. Origins of African Americans and immigration was addressed in content, whereas slavery was minimized. Embedded in these themes was an avoidance of conflict. Whereas in reality, conflict is embedded in all aspects of social and academic life including minority and dominant group dynamics, as well as in the immigration of cultural groups in this country (Apple, 1975b). The NCSS (1991) stated,

conflict is unavoidable in ethnically and racially pluralistic societies, such conflict does not necessarily have to be destructive or divisive. Conflict is an intrinsic part of the human condition, especially so in a pluralistic society. Conflict is often a catalyst for social progress. (p. 12)

Recommendations

This next section will address five recommendations resulting from this critical hermeneutic analysis. An intent of this section is to move away from language of criticism but to a language of hope (Giroux, 1992). Integrated in this section are citations from the National Council for Social Studies (1991) that has provided guidelines and recommendations for multicultural education. These guidelines provide a path that nursing may follow as Social Studies' textbooks have effectively reduced racial bias by implementing many of the following recommendations (Armento, 1998). Suggested areas for positive change include the following: faculty development, nursing curricula, textbooks, students, and research.
Recommendation #1: Faculty Development

One recommendation is the utilization of these research findings for faculty development. Tanner (1996) believed that faculty development is probably the single biggest issue in the curriculum reform of the 90's (p. 291). This recommendation is congruent with a NCSS (1991) guideline that stated, "Schools should have systematic, comprehensive, mandatory, and continuing staff development programs" (p. 8). The purpose of this study was to uncover the presence or absence of racial bias. As Tanner (1996) stated in an editorial for Journal of Nursing Education, "We must be willing to confront our taken-for-granted assumptions, get past our politically correct stances, and create opportunities for faculty, students and clients to learn together about shared and diverse cultural practices" (p. 292). Lenberg et al. (1995) suggested that faculty development as a mechanism for faculty to confront their personal biases. The findings from this study may broaden the horizons, or perspectives, of nursing faculty (Gadamer, 1976). Once personal bias is uncovered and reconciled, it is also important for faculty to recognize and reduce racial bias in their instructional practices and materials. Moore (1998) stated:

To recognize the racism in language is an important first step. Consciousness of the influence of language on our perceptions can help to negate much of that influence. But it is not enough to simply become aware of the effects of racism in condoning attitudes. While we may not be able to change the language, we can definitely change our usage of the language. We can avoid using words that degrade people. We can make a conscious effort to use terminology that reflects a progressive perspective, as opposed to a distorting perspective. It is important for educators to provide students with opportunities to explore racism in language and to increase their awareness of it as well as learning terminology that is positive and does not perpetuate negative human values. (p. 474)
Similarly, hooks stated

Despite the contemporary focus on multiculturalism in our society, particularly in education, there is not nearly enough practical discussion of ways classroom settings can be transformed so that the learning experience is inclusive. If the effort to respect and honor the social reality and experiences of groups in this society who are nonwhite is to be reflected in a pedagogical process, then as teachers-on all levels, from elementary to university settings-we must acknowledge that our styles of teaching may need to change. Let's face it: most of us were taught in classrooms where style of teachings reflected the notion of a single norm of thought and experience, which we were encouraged to believe was universal. This has been just as true for nonwhite teachers as for white teachers. (1994, p. 35).

One change faculty may need to address is understanding how difference is taught and learned. Giroux (1992) believed that educators must possess an understanding of the ways in which difference is constructed through textual representation that define, legitimate, marginalize, or exclude the voices of subordinate groups. hooks (1994) stated, "Confronting one another across differences means that we must change ideas about how we learn; rather than fearing conflict we have to find ways to use it as a catalyst for new thinking, for growth" (p. 113). Recommendations for faculty development include first an examination of one's existing beliefs, practices, and ideologies; the identification and reduction of personal and instructional bias; and finally, creating new methods for addressing and teaching differences to our students.

Recommendation #2: Nursing Curricula

The second area of recommendations address reformation of nursing curricula. The findings from this study suggest the need for additional and accurate content addressing the portrayal of African Americans. Since textbook revisions lag behind research findings, supplemental materials could be added to textbooks in use. Supporting
this recommendation are two curriculum guidelines posited by the NCSS (1991) which are "The curriculum should help students understand the totality of the experiences of ethnic and cultural groups in the United States" (p. 10) and "The multicultural curriculum should be comprehensive in scope and sequence, should present holistic views of ethnic and cultural groups, and should be an integral part of the total school curriculum" (p. 13).

Omission of content was found in all three areas of history, culture, and physical assessment/hygiene. When the bias of omission is uncovered in textbooks or a curriculum, it silences the voices and experiences of people it is meant to teach. "People learn they don't count" (Giroux, 1992, p. 15). For history, the omissions documented in this study reflected a Eurocentric perspective of the nursing discipline (Carnegie, 1995; Carnes, 1996; Hine, 1989; Lerner, 1992). hooks (1995) stated,

That contemporary white folks are ignorant of this history reflects the way the dominant culture seeks to deny, via erasure, a history of race relations that documents their accountability. This denial allows no space for accountability, no space for whites in contemporary culture to know and acknowledge the primary role whites played in the formation of color castes. (p. 120)

Similarly, omissions in history have been documented in non-nursing textbook analysis (Commeyras & Alvermann, 1994; Council on Interracial Books for Children, 1980; Kane, 1970; Huffman, 1998; Romanowski, 1993). Adding perspectives and references from African American historians may reduce or eliminate some of the bias identified in this study. It is important for nurse educators to learn history beyond a European American lens and then teach it to students. An understanding of nursing history as documented by Carnegie (1995) or Hine (1989) would be an initial source for nurses to read to gain
knowledge of African American leaders as well as racial conflict in nursing's history. Further, references addressing the racial/ethnic makeup of Registered Nurses and the underrepresentation of African Americans in nursing should be included in our curricula. This information communicates the need for the recruitment and matriculation of African American nurses (Ferguson, 1997). As nursing educators broaden their perspective of history and the discipline, then an assumption can be made that this knowledge may be passed on to nursing students.

The analyzed content in culture demonstrated some stereotypic or imbalanced information addressing health practices, family, cultural and biological differences. Specific recommendations are to supplement textbooks with additional sources addressing African American health care issues and practices (Baldwin, 1996; Johnson, 1995; Lassiter, 1994; Secundy, 1992; Semmes, 1996; White, 1990). Readings from multiple perspectives could encourage dialogue to illuminate personal and professional biases as well as broaden understanding of nursing care. A balancing of instructional materials can be done by adding Afrocentric perspectives to already documented European American perspectives. A change of language and additional contextual information may assist in dispelling the stereotypes of matriarchy, magico-religious health practices, and cultural differences. A reformatting of textbooks by integrating African American persons, issues, and norms throughout the textbook rather than in the sole chapter on culture, or in separate boxes or tables, may eliminate some of the fragmentation identified in this study.
The omissions in physical assessment could be remedied by adding and including content on African American assessment, findings, and norms (Baldwin, 1996; Draelos, 1997; McMichael, 1999; Overfield, 1995). Further, nurse authors and educators can change word usage, placement, and formatting of language in instructional material to reduce the marginalization of African Americans and centering of European Americans. For example, the communication of assessment norms and findings should not always begin with European American. Sadker (1999) stated that the ordering of groups should be mixed so no group is always listed first or last. Further, the term, normal, should not be linked exclusively with White findings. Racial differences should be thoroughly discussed in their own right and not just compared to European American norms. Instructional materials should have multiculturally diverse textual language as well as photographs and diagrammatic sketches. Illustrations must portray both genders, variations of skin coloring, ages, dress, and include a variety of roles of African Americans. Further, illustrations should refute stereotypes, rather than reinforce them.

Another recommendation is for nursing curricula to include content addressing racism, oppression, group dynamics in our profession as well as in the delivery and disparity of health care among racial groups. The findings of minimization of slavery, racism, minority and dominant group dynamics suggests a bias of unreality by ignoring facts that are unpleasant or indicate negative positions or actions by individual leaders, groups, or institutions (Sadker & Sadker, 1982). Sadker & Sadker (1982) stated that when controversial topics are presented unrealistically, then students lack the information to recognize, understand or change circumstances that plague society.
The emphasis of instructional content revealed in the theme, cultural terms, implies an avoidance of conflict. A NCSS (1991) curriculum guideline is "The multicultural curriculum should help students understand that a conflict between ideals and realities always exists in human societies" (p. 10). Further, the NCSS (1991) stated, "The multiculturalists also believe that the conflict inherent in the West's commitment to democratic ideals and the racism and sexism still practiced in Western societies should be made explicit in the curriculum" (p. 3). Dialogue and articulation about racial bias and racism in nursing could serve as a stimulus to challenge Eurocentric content documented in this study. According to Giroux (1992) and Apple (1986, 1990, 1991) it is important to develop a pedagogy capable of contesting dominant forms of symbolic representation. Dialogue has been advocated by Gadamer (1976), Collins (1990), and hooks (1995) as a way to understand differing viewpoints. This study found nursing's discussion of difference was embedded in the concept of "culture", hence avoiding the discomfort of racism. This finding confirmed Outlaw's (1997) position,

In sum, culture in nursing literature is vague, for the most part, and does not include in its definitions any reference to the political, economic, or social contexts that influence the cultural adaptations of diverse groups (Outlaw, 1997; p. 80).

The sampled textbooks in this study provided minimal content addressing oppression, racism, inequitable treatment and medical care access, and experiences of African Americans. Racism has been documented as an understudied phenomenon in nursing (Barbee, 1993; Brennan, 1997; Outlaw, 1997; Sims & Baldwin, 1995; Vaughan, 1997). This research may assist in dispelling the myth of the nonexistence of racism in nursing.
hooks (1995) stated "After all if we all pretend racism does not exist, that we do not know what it is or how to change it-it never has to go away" (p. 4). An inclusion of the concept of racism in nursing curricula may assist in the understanding of how discrimination and domination are manifest in nursing education as well as the health care arena (Sims & Baldwin, 1995). Issues such as recruitment, matriculation, communication, compliance, as well as access and disparity of healthcare will be more thoroughly understood (Funkhouser & Moser, 1990; Sims & Baldwin, 1995; Tullman, 1992; Vaughan, 1997).

Recommendation #3: Textbooks

Fundamental textbooks were chosen for this study as they are used early in and throughout a nursing curriculum to provide a holistic perspective of the nursing discipline. These textbooks are an early influence on students' perceptions and understandings of nursing. This critical hermeneutic inquiry uncovered knowledge in textbooks that reflected exclusionary and racially biased perspectives. Baptiste (1995) suggested that many African Americans drop out of nursing school due to stereotyping, and lack of inclusion. The findings from this study provide evidence for African American students' feelings of invisibility in curricular materials (Baptiste, 1995). The categories of racial bias provide faculty and students alike with new language to question and improve textbook content.

Two recommendations are suggested for the improvement of textbooks. One recommendation is an immediate need for African American authors, publishers, reviewers, and contributors for nursing textbooks. To insure balanced and realistic content, ethnic groups must be involved in the production of school knowledge in the
textbook industry at every level from writing to editorial and managerial decision-making (Apple & Christian-Smith 1991, McCarthy, 1990). African American and multicultural perspectives may reduce the Eurocentrism found in these sampled textbooks.

Another recommendation addressing textbooks is the use of this research process or examples of these findings for textbook evaluation. Educators and textbook reviewers can transfer examples of findings to their specific context. An assumption is that these findings will change a person's horizon of understanding. Hence, Sadker and Sadker's six types of bias may be a meaningful framework for faculty to evaluate textbooks and instructional materials for racial bias. These findings and examples can be used to assist educators in selecting and creating new textbooks. It is important for textbooks to contain accurate inclusionary content addressing African Americans (Council for Interracial Books for Children, 1980; NCSS, 1991).

Recommendation #4: Students

Another recommendation from this study, closely related to implications for textbooks, is the importance for students to question textbook authority. Textual language is always implicated in power relationships and it is important for students to question content and omissions (Giroux, 1992). Campbell (1996) suggests developing critical literacy among students by teaching students to go beyond reading and writing. It is important for students to be critical of what they read, see, and hear to question common wisdom. A stimulus for critical literacy is multicultural viewpoints. Diversity provides an opportunity for students to understand the socio-cultural embeddedness of knowledge.
Textbooks can contribute to developing students’ critical literacy. However, Cherryholmes (1988) reminded us that teaching/learning and student/teacher interactions are a process, whereas textbooks are mute. He also identified that traditional textbooks are embedded with structuralist assumptions such as objective, fixed, static, and certain knowledge. He posits that curricula, hence textbooks as well, must move from structuralist to poststructural stance; that is full of uncertainties, ambiguities, and criticism. This transformation may assist students in learning that they are involved in knowledge construction rather than passive recipients.

Recommendation #5: Nursing Research

In addition to a call for dialogue about racism, there must also be a call for more anti-racism research in nursing. This researcher’s quest in beginning this research was motivated by an anti-racist perspective in seeking emancipatory nursing curricula. As a White woman, this research has also been a journey of self-exploration. Van Manen (1990) stated, “Writing objectifies thought into print and yet it subjectifies our understanding of something that truly engages us.” The findings from critical hermeneutic inquiry are intended to impact nursing knowledge by making public the implicit exclusionary power of language. Hopefully, this research will stimulate other nurse researchers to inquire about racial bias embedded in our instructional materials.

Another research recommendation is to adapt the Framework for Content Analysis for examination of racial bias for other cultural groups. It is also suggested that nursing textbooks be examined for gender bias, as nurse representation has historically been female. For this study, the Framework was used on fundamental nursing textbooks,
but it could be adapted to examine other types of instructional materials such as syllabi, specialty textbooks, curricular documents, computer software, or possibly even classroom dynamics. In addition, Sadker and Sadker's (1982) sensitizing framework may be appropriate to analyze patient educational materials. An outcome of culturally competent nursing education is to provide culturally competent nursing care (Lenburg et al., 1995). Hence, an uncovering of racial bias in health care practices is also warranted.

Another area for additional research is to explore textbooks in use. This study examined textbook content, but did not explore how teachers and students mediate and use textbooks. Do students and teachers "see" racial bias? Is bias articulated in the learning environment? Do teacher's question textbook authority? These are questions to be asked and answered.

Reflection on Personal and Research Assumptions

This critical hermeneutic study was an inquiry into the written language. A beginning research assumption was "An understanding of the world is based on the language that is available to us. Although language has a static appearance, language is always evolving. Therefore, language can limit our understanding or provide possibilities for new understanding." This assumption was reinforced throughout data collection and analysis. This study was done through language critiquing language. However, as hooks (1994) stated "Like desire, language disrupts, refuses to be contained within boundaries" (p. 167). Therefore, the findings from this interpretive study provide a new language for critique of nursing knowledge and, as Gadamer (1976) asserted, creates new possibilities.
Reflecting on language, I refer back to another beginning assumption that read "Black nurses' experiences in nursing education and practice arenas are different from the experiences of White nurses." I currently believe that assumption was too broad. I entered this study with the assumption that the African American experts would see the world through a different lens. Although there were some differences in the experts' and researcher's findings there were more similarities. For me, this assumption captures a personal exploration. Personally, my educational background has lacked information or strategies in dealing with difference and possible conflict that might arise from that difference. As a white woman, I am beginning to acknowledge how affiliation in the dominant culture has influenced how I deal with difference by negating, minimizing, or stereotyping others. Therefore, although there are racial and ethnic differences, there are also many similarities that cannot be generalized but must be understood through dialogue and commitment for community. Interestingly, Beaton (1977) explicitly addressed racism embedded in clinical teaching and stated "As we try to deal with racial issues in clinical teaching, it may be helpful to conceptualize a continuum. At one end, racial issues are overemphasized; at the other, they are ignored or overlooked. Neither of these extremes will serve the clinical teacher well" (p. 95-96). For me, I struggle with difference and the issue of when and where do I enter the continuum to neither overemphasize nor ignore racial differences.

Another beginning research assumption was "An absolute truth embedded in texts is not possible. There will be a multiplicity of meanings." Gadamer (1976) suggests that human experiences are intersubjective. The findings from this study demonstrated an
intersubjectivity of interpretation between experts and researcher. The search for an absolute truth was never intended.

Two beginning research assumptions of the researcher's were "Conscious awareness of White privilege and biases embedded in nursing may facilitate different ways of teaching and enacting nursing care" and "Social change is possible with individual acts." For me personally, these assumptions are true. My teaching activities have changed and I am more aware of how my whiteness influences my perspectives of the world. Hopefully, the findings from this research may provide a stimulus for these assumptions to be enacted by others. For an outcome of critical hermeneutic research is raising consciousness (Baptiste, 1995).

This researcher's beginning assumptions addressing racism were "Racism is present in American culture, educational institutions, and nursing education" and "Many White people deny racism and White skin privilege." These two assumptions have been reinforced in this study and throughout my experiences as researcher, nurse, and citizen.

Strengths and Limitations

This chapter concludes with a discussion about the strengths and limitations of this research.

Strengths

Gadamer (1976) believed all understanding was self-understanding. Further, an examination of the text is also an examination of self (Gadamer, 1976). Therefore, in knowing others better, we will come to know ourselves better. As a white nursing educator, I began this research to explore the inclusion of African Americans in nursing
curricula, specifically fundamental textbooks. Van Manen (1990) stated that "To write is to exercise self-consciousness" (p. 129). A strength of this research is that my personal understanding of racial bias has been made public through this critical hermeneutic inquiry (Van Manen, 1990).

This research has an emphasis on language and interpretations of language. Critical hermeneutics provided a theoretical context to explore racial bias embedded in nursing's historical and social contexts. There can be no claim to an unbiased or absolute truth of knowledge; our horizons of understanding remain open (Gadamer, 1976).

However, the uncovering of racial bias in this study may help educators see what previously was unseen (Van Manen, 1990). Nursing knowledge has not been previously examined for racial bias. A strength of this research is generating awareness and examination of this issue.

Limitations

A limitation of this research is that it addressed the examination of textbooks removed from their context of use. An assumption was made that the content in textbooks was actually taught and/or learned by students. This may be an inaccurate assumption. Teachers and students may mediate and transform the textbooks they use. In addition, omissions of content that were identified in this study may not be related to racial bias but to restraints or constraints on amount and appropriateness of content for a fundamental nursing textbook.

Criticism could be directed at the number of textbooks analyzed (3) or the selection of content addressed (history, cultural content, and physical assessment
parameters). The textbooks and content were chosen based on previous research findings that suggested African American norms and issues were not addressed in instructional materials specifically history, discussion of culture, and description of physical findings. It was believed by this researcher that if racial bias was to be uncovered that this data would be adequate as a sample of textbook knowledge. However, not all textbook content was analyzed.

There cannot be an absolute or objective interpretation of textbooks. This interpretive method was grounded in the researcher's traditions and prejudices of her experience as a White woman with a horizon of racial bias. As a White woman writing about a culture different than my own, I found myself unknowingly centering whiteness. Although I have attempted to be conscious of this and have edited my work numerous times, I may inadvertently be perpetuating linguistic biases. Further, I have a strong commitment to antiracism in education and curricula, which influences my lens for analysis. My Whiteness may be a limitation of this study. My view is from a White perspective that may or may not be reflective of a Black perspective.

Experts were involved in this research to expose and reduce my bias. However, these experts (two African Americans) have been nurses and educator for many years. Their assimilation into nursing education may limit their horizon of racial bias. Further, the research process and findings are embedded in current temporal-socio-cultural issues and the interpretations reflect such. Another research assumption was that racial bias is contextual, temporal, and historically situated. Therefore racial bias will change over time.
Another limitation of this study, was that the Framework was excessively lengthy and contained redundancies within the questions. The illustration tables were not sensitive to the type of photographs found in the section on physical assessment and need to be reformatted and simplified. The diagrammatic sketch analysis lacked stability in the coding and needs further revisions. The analysis of references was extremely imprecise as interpretations were made on the inclusion of content addressing African Americans based on the reference title.

Another potential limitation of this study was the data set reflected an interpretation or label of textbook content deemed “African American”. However, dark skin does not categorize a person as African American, nor light skin European American, yet in the photo analysis this was done. The researcher strove to not present African American culture or persons as monolithic.

Chapter Summary

This chapter identified conclusions surrounding the two research questions. Recommendations for faculty development, nursing curricula, textbooks, students, and nursing research were provided. The chapter concluded with a reflection of assumptions, followed by the strengths and limitations of this study.
REFERENCES


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Experts #1, #2, #3 (1999). *Confirmation of the findings.*


Lawrence, V. (1997). Multiculturalism, diversity, cultural pluralism...Tell the truth, the whole truth, and nothing but the truth. Journal of Black Studies, 27(3), 318-333.


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APPENDIX A

FRAMEWORK FOR CONTENT ANALYSIS

Purpose: The purpose of this research is to identify and critique selected content areas from three fundamental nursing textbooks for the presence or absence of racial bias. For this study, nursing fundamental textbook content examining African Americans will be the data for the identification and analysis of racial bias.

Overview: This packet contains chapters and sections from three content areas from three fundamental textbooks. These content areas are:
Part I history of the nursing profession, its' theorists, and professional organizations
Part II cultural/ethnic diversity, and
Part III physical assessment parameters/care of skin, hair, mucous membranes.

These three parts of the Framework for Content Analysis were developed to facilitate the examination of the historical accuracy, cultural authenticity, and physical assessment parameters in instructional materials. This framework only addresses the content on African Americans.

The Framework for Content Analysis has four sections that are repeated for each content area.
(A) will facilitate the examination of the textual content.
(B) is analysis of the illustrations. The illustration analysis includes both photographs and diagrammatic sketches.
(C) is a linguistic analysis that examines word usage including the listing of adjectives.
(D) explicates references that reflect resources that focus on African American content and issues.

Directions:
1) First, read this Framework for Content Analysis to gain an understanding of its focus.
2) Skim the textbook excerpts separated by content area. The textbook excerpts have been photocopied (colored copied if necessary) with the textual lines, photographs (P), diagrammatic sketches (DS), and references enumerated.
3) Begin your analysis by reading the textbook excerpts on History (Part I) and respond to the Framework. Next respond to Cultural Authenticity (Part II) and then Physical Assessment Parameters (Part III). Your interpretations are important for this study.
4) As you read,
a) Highlight areas addressing African Americans (a highlighting pen has been included for your use).
b) List the adjectives used to describe African American persons (it is suggested that you underline adjectives as you are reading and highlighting the text).

5) Upon completion of analyzing all three content areas, please return textbook, excerpts, framework, and any notes to the researcher in the pre-paid postage envelope by ________________, 1998.
Part I. Historical Accuracy

A. Textual Analysis (Historical)

1. Please respond to the following:

   1-1 Document African American leaders/scholars that are discussed or included in the text.

   1-2 Note (and document) which racial group(s)' experience the reader learns most about.

   1-3 How is the history of racism and segregation in nursing's education, employment, clinical practice settings, and professional organizations presented in the textbook?

   1-4 Note the placement and location of the textual content (not illustrations) addressing specifically African Americans. Document if it is physically or visually fragmented or isolated. For example, it could be delivered in separate sections, boxes, highlights, figures, or pages. Or, please note if it is fully integrated with the rest of the similar content.

   1-5 Document any noted omissions of content on African Americans.

2. Please document the **NUMBER** of textual lines with highlighted content that explicitly addresses African American persons or issues_________.

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B. Illustration Analysis (Historical)

1. Photographic Analysis

Table a.

- Code all photographs (numbered P1-Px) in the textbook excerpt before moving to Table b.
- Examine the photograph and use your judgment in labeling the race and gender of each individual in the photograph.
- If there is a partial person in the photograph and you are unable to discern the gender put a tally mark in gender uncertain. Do not code for ethnicity.
- The number of tally marks across a row should equal the number of persons in the photograph.
- Use the comment section to explicate any areas of ambiguity or to clarify your labeling. Make a note of each photograph that contains a person assumed to be African American and complete Table b.
Table a. Coding of Persons (Please use numerics or tally marks - not check marks)

<table>
<thead>
<tr>
<th>Photo #</th>
<th>Total # Persons</th>
<th># Gender Uncertain</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td># Asian American</td>
<td># African American</td>
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</tbody>
</table>

Comment(s):
Table b. This table is to gain additional information on the photographs that contain African Americans.

- Only code the photographs that include an African American person
- First, state photograph number and the **NUMBER** of African Americans within that photograph.
- For each African American:
  -- judge if you perceive their action level as either active or passive,
  -- their role as either a health care provider or health care recipient,
  -- and if their placement in the photograph is either foreground or background.
- It may be difficult to judge action level as active or passive. Use the comment section to explicate any areas of ambiguity or to clarify your labeling.
- After completing the coding on all photographs reflect on the individual and collective whole of the photographs, and please respond to questions.

Table b. Coding of African American Persons (Please use numerics or tally marks)

<table>
<thead>
<tr>
<th>Photo #</th>
<th># African Americans</th>
<th># Actively Portrayed</th>
<th># Passively Portrayed</th>
<th># Uncertain</th>
<th># Health Care Provider</th>
<th># Health Care Recipient</th>
<th># Uncertain</th>
<th># Foreground</th>
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Comment(s):

c. Reflect on the individual photographs and the collective whole. The following interpretive questions request your opinion as to these issues:

c-1 Examine photographs that contain African Americans. Document photos that are inaccurate, insensitive, or unauthentic portrayal of African Americans. Document photos that relay an accurate, sensitive, or authentic portrayal of the experiences of African Americans.

c-2 Respond to the above (c-1) and document if you believe that any photograph(s) infer or refute stereotypes of African Americans.

c-3 Note the placement and location of illustrations specifically addressing African Americans. Document if they are physically or visually fragmented or isolated. Determine if the photographs relate to and are integrated with the textual language or placed acontextually.
C. Linguistic (Word) Analysis (Historical)

1. Cite the adjectives explicitly linked to textual language describing African Americans and adjectives explicitly linked to textual language describing European Americans.

   African Americans:  European Americans:

   Use the comment section to explicate any insights or perspectives.

Comment(s):

Please respond to the following: Use "0" if the following biases were absent from the text.

   2-1 Document if any loaded adjectives or action verbs are used in the text when describing African Americans.

Examples of loaded adjectives are those with negative connotations. Examples are: savage, primitive, conniving, lazy, superstitious, treacherous, wily, crazy, inscrutable, docile, backward, dirty.

   2-2 Document if any qualifying adjectives are used to describe African Americans that are superfluous in the text's description of whites. Examples of qualifying adjectives, (often superfluous in the description of whites) are articulate, intelligent, hardworking.

   2-3 Examine the adjectives and word usage. Document examples of the text that reinforce positive or negative associations with black or white colors.

   2-4 Document if an African American group is presented as "different," and if negative value judgments are implied.

   2-5 Document any words used when references are made about African Americans.

   2-6 Document any examples of when full names are used to describe European Americans, but only partial names used for African Americans.
D. Reference Analysis (Historical)

- State the number (R-#) of highlighted references that most likely (African American or Black contained in the title) contain content on African American persons/issues

- And state the number (R#) of highlighted references that may possibly include content on African American persons/issues

Comment(s):

Part II. Cultural Authenticity

A. Textual Analysis (Cultural)

1. Please respond to the following issues:

1-1 Examine how African American families are presented in the textbook. Document how they are presented.

1-2 Identify the definitions and usage of terms such as ethnocentrism, cultural diversity, prejudice, discrimination, oppression, and racism. Document if the concepts of diversity and ethnocentrism are used exclusively, ignoring the issue of racism.

1-3 Examine sections that address the health care issues of African Americans. Document examples that are inaccurate, insensitive, or unauthentic portrayal of the experiences of African Americans. Document examples that relay an accurate, sensitive, or authentic portrayal of the experiences of African Americans.

1-4 Document if the inequity of health care of Black Americans is omitted or included in the textbook.
1-5 Note the placement and location of the textual content (not illustrations) addressing specifically African Americans. Document if it is physically or visually fragmented or isolated. For example, it could be delivered in separate sections, boxes, highlights, figures, or pages. Or, please note if it is fully integrated with the rest of the similar content.

1-6 Document if and how African Americans are defined in the textbook as well as if and how European Americans are defined in the textbooks. Document if a European American perspective is portrayed as normative while an African American perspective is portrayed as a difference?

1-7 Note the usage of "man" or "woman" used in the text. Document if it speaks for only white men and women or if African Americans are included.

1-8 Document examples of the text inferring stereotypes or oversimplification of African American culture as well as text refuting stereotypes or oversimplification.

1-9 Examine case studies, identify if and how African Americans are presented and in what roles. Note the names used in case studies.

2. Please document the **NUMBER** of textual lines with highlighted content that explicitly addresses African American persons or issues __________________
**B. Illustration Analysis (Cultural)**

1. Photographic Analysis

Table a. Coding of Persons (Please use numerics or tally marks - not check marks)

<table>
<thead>
<tr>
<th>Photo #</th>
<th>Total # Persons</th>
<th># Gender Uncertain</th>
<th>Female</th>
<th>Male</th>
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<tr>
<td></td>
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<td># Asian American</td>
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Comment(s):
Table b. Coding of African Americans

<table>
<thead>
<tr>
<th>Photo #</th>
<th># African Americans</th>
<th># Actively Portrayed</th>
<th># Passively Portrayal</th>
<th># Uncertain</th>
<th># Health Care Provider</th>
<th># Health Care Recipient</th>
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</table>

Comment(s):

c. Reflect on the individual photographs and the collective whole. The following interpretive questions request your opinion as to these issues:

c-1   Examine photographs that contain African Americans. Document photos that are inaccurate, insensitive, or unauthentic portrayal of African Americans. Document photos that relay an accurate, sensitive, or authentic portrayal of the experiences of African Americans.

c-2   Respond to the above (c-1) and document if you believe that any photograph(s) infer or refute stereotypes of African Americans.

c-3   Note the placement and location of illustrations specifically addressing African Americans. Document if they are physically or visually fragmented or isolated. Determine if the photographs relate to and are integrated with the textual language or placed acontextually.
C. **Linguistic (Word) Analysis (Cultural)**

1. Cite the adjectives explicitly linked to textual language describing African Americans and adjectives explicitly linked to textual language describing European Americans.

   African Americans:  
   European Americans:

Comment(s):

2-1 Document if any *loaded* adjectives or action verbs are used in the text when describing African Americans.  
*Examples of loaded adjectives are those with negative connotations.*  
*Examples are:* savage, primitive, conniving, lazy, superstitious, treacherous, wily, crazy, inscrutable, docile, backward, dirty.

2-2 Document if any *qualifying* adjectives are used to describe African Americans that are superfluous in the text's description of whites.  
*Examples of qualifying adjectives, (often superfluous in the description of whites) are articulate, intelligent, hardworking.*

2-3 Examine the adjectives and word usage. Document examples of the text that reinforce positive or negative associations with black or white colors.

2-4 Document if an African American group is presented as "different," and if negative value judgments are implied.

2-5 Document any words used when references are made about African Americans.

2-6 Document any examples of when full names are used to describe European Americans, but only partial names used for African Americans.

D. **Reference Analysis (Cultural)**

- State the number (R-#) of highlighted references that most likely (African American or Black contained in the title) contain content on African American persons/issues.
Part III - Physical Assessment Parameters

A. Textual Analysis (Physical Parameters)

1. Please respond to the following:

   1-1 Document if and how assessment of African Americans (or dark skinned individuals) are presented in the text. Document if white skin is normalized and dark skin is only compared/contrasted to white skin.

   1-2 Document textual content that is inaccurate, insensitive or unauthentic portrayal of African Americans. Document content that relays an accurate, sensitive or authentic portrayal of African Americans.

   1-3 Respond to the above (1-2) and document if you believe that any textual content infers or refutes stereotypes of African Americans.

   1-4 Document any accurate or inaccurate descriptors of African American norms.

   1-5 Note the placement and location of the textual content (not illustrations) addressing specifically African Americans. Document if it is physically or visually fragmented or isolated. For example, it could be delivered in separate sections, boxes, highlights, figures, or pages. Or, please note if it is fully integrated with the rest of the similar content.

2. Please document the NUMBER of textual lines with highlighted content that explicitly addresses African American persons or issues.
B. Illustration Analysis (Physical Parameters)
1. Photographic Analysis

Table a. Coding of Persons (Please use numerics or tally marks - not check marks)

<table>
<thead>
<tr>
<th>Photo #</th>
<th>Total # Persons</th>
<th>Gender Uncertain</th>
<th>Female</th>
<th>Male</th>
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<td>Asian American</td>
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Comment(s):
Table b. Coding of African American Persons

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<th>Photo #</th>
<th># African Americans</th>
<th># Actively Portrayed</th>
<th># Passively Portrayal</th>
<th># Uncertain</th>
<th># Health Care Provider</th>
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Comment(s):

c. Reflect on the individual photographs and the collective whole. The following interpretive questions request your opinion as to these issues:

c-1 Examine photographs that contain African Americans. Document photos that are inaccurate, insensitive, or unauthentic portrayal of African Americans. Document photos that relay an accurate, sensitive, or authentic portrayal of the experiences of African Americans.

c-2 Respond to the above (c-1) and document if you believe that any photograph(s) infer or refute stereotypes of African Americans.

c-3 Note the placement and location of illustrations specifically addressing African Americans. Document if they are physically or visually fragmented or isolated. Determine if the photographs relate to and are integrated with the textual language or placed acontextually.

2. Diagrammatic Sketch Analysis
For each enumerated sketch representing a person, code the shading.

Table c.

<table>
<thead>
<tr>
<th>Sketch #</th>
<th># Persons</th>
<th># Light</th>
<th># Medium</th>
<th># Dark</th>
<th># Uncertain</th>
<th># Black &amp; white without shading</th>
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</table>

Comment(s):
C. Linguistic (Word) Analysis (Physical Parameters)

1. Cite the adjectives explicitly linked to textual language describing African Americans and adjectives explicitly linked to textual language describing European Americans.

   **African Americans:**

   Comment(s):

   2-1 Document if any *loaded* adjectives or action verbs are used in the text when describing African Americans.

   *Examples of loaded adjectives are those with negative connotations.*

   *Examples are:* savage, primitive, conniving, lazy, superstitious, treacherous, wily, crazy, inscrutable, docile, backward, dirty.

   2-2 Document if any *qualifying* adjectives are used to describe African Americans that are superfluous in the text's description of whites.

   *Examples of qualifying adjectives, (often superfluous in the description of whites) are articulate, intelligent, hardworking.*

   2-3 Examine the adjectives and word usage. Document examples of the text that reinforce positive or negative associations with black or white colors.

   2-4 Document if an African American group is presented as "different," and if negative value judgments are implied.

   2-5 Document any words used when references are made about African Americans.

   2-6 Document any examples of when full names are used to describe European Americans, but only partial names used for African Americans.

D. Reference Analysis (Physical Parameters)

- State the number (R-#) of highlighted references that most likely (African American or Black contained in the title) contain content on African American persons/issues.
And state the number (R#) of highlighted references that may possibly include content on African American persons/issues ________________________________

______________________________

______________________________

Comment(s):

You may complete this analysis by documenting any conceptualizations, insights, and reflections you have about the framework or your findings.

After the researcher has summarized the findings, you will be contacted again to provide agreement or disagreement with the summarized findings.

Thank you for your time!
APPENDIX B

2/13/98
Dear Expert

Thank you for agreeing to assist in my research entitled "Uncovering racial bias in nursing fundamental textbooks: A critical hermeneutic analysis of the portrayal of African Americans." You have been chosen to provide an independent analysis of selected chapters from a nursing fundamental textbook. The researcher-developed Framework for Content Analysis is a guide to uncover if racial biases are present or absent in selected content areas. Although racial biases may be directed at many ethnic groups, the focus for this study is on the textbook's portrayal or absence of portrayal of African Americans. For this study, your role expectations are:

*First, you will be asked to complete a sample piloting that will assist the researcher in standardizing the process of data collection among the 3 independent reviewers and the researcher. A short, sample chapter will be analyzed that will not be part of the data set of this study. Based on your suggestions, I will make appropriate revisions.

*Second, you will be sent approx. 5 chapters from one fundamental textbook. The content areas to be reviewed are history, cultural authenticity of African Americans, and physical assessment parameters. The Framework for Content Analysis is subdivided into these content areas. You will need to complete all three sections and return to me.

*Third, after I summarize the findings which include an identification of themes, a copy will be sent back to you for your confirmation or disagreement. This final stage verifies that my interpretations are congruent with your findings.

I would like to thank you for your generous contribution to my research. In appreciation for your time and contribution, a gift certificate to a national bookstore will be sent to you upon the receipt of the final summary. In addition, I would like to offer you an opportunity with the other two independent reviewers to co-author an article with me upon completion of this study.

Enclosed in this mailing is the sample chapter and The Framework for Content Analysis for the piloting portion of this research study. Feel free to phone me collect if you need further clarification. I can be reached at [phone number]. The chairperson of my dissertation committee is Dr. Dee Baldwin at Georgia State University and she can be contacted with any concerns. To meet the time deadlines for the completion of this research I would like the enclosed forms, copies, and your analysis by March 1, 1998. I have enclosed postage for the return of materials.

Sincerely,

Michelle Byrne RN, MS, PhD(C)
Georgia State University
email: [email address]
### APPENDIX C

**INCLUSIONARY NUMBERS AND PERCENTAGES**

<table>
<thead>
<tr>
<th># Interpreted as African American / Total # Analyzed = % Inclusion</th>
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#### HISTORY

**Textual Lines**

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<th>Researcher</th>
<th>Expert</th>
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<tbody>
<tr>
<td>Textbook A</td>
<td>60/3119 = 1.92%</td>
<td>37/3119 = 1.19%</td>
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<tr>
<td>Textbook B</td>
<td>6/2397 = 0.25%</td>
<td>2/2397 = 0.08%</td>
</tr>
<tr>
<td>Textbook C</td>
<td>11/2430 = 0.45%</td>
<td>2/2430 = 0.08%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77/7946 = 0.97%</strong></td>
<td><strong>41/7946 = 0.52%</strong></td>
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**Photographs**

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<td>8/48 = 16.67%</td>
<td>6/48 = 12.50%</td>
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<td>1/4 = 25%</td>
<td>1/4 = 25%</td>
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<tr>
<td>Textbook C</td>
<td>1/14 = 7.14%</td>
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<td><strong>Total</strong></td>
<td><strong>10/66 = 15.15%</strong></td>
<td><strong>8/66 = 12.12%</strong></td>
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**References**

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<td>2/102 = 1.96%</td>
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<tr>
<td>Textbook B</td>
<td>2/130 = 1.54%</td>
<td>4/130 = 3.08%</td>
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<td>Textbook C</td>
<td>1/59 = 1.69%</td>
<td>6/59 = 10.17%</td>
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<td><strong>5/291 = 1.72%</strong></td>
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*Calculated with handheld calculator

* Did not complete

** Unable to calculate
## CULTURE

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<td>20/1688 = 1.18%</td>
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<td>150/1495 = 10.03%</td>
<td>93/1495 = 6.22%</td>
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<td>170/1739 = 9.78%</td>
<td>57/1739 = 3.28%</td>
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### Photographs

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<td>0/3 = 0</td>
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<td>27/46 = 58.70%</td>
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## PHYSICAL ASSESSMENT/HYGIENE

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* Did not complete
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