# MINORITY NURSE REPRESENTATION IN UPPER-LEVEL MANAGEMENT

Keisha Chaffee

A dissertation submitted to the faculty of the

Joseph and Nancy Fail School of Nursing

in partial fulfillment of the requirements for the

Doctor of Philosophy in Nursing Education and Administration

William Carey University

August, 2019

Approved by Committee:

Susan Hart, Ph.D., Chair

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## ABSTRACT

Keisha Chaffee

Minority Nurse Representation in Upper-Level Management

The advancement of minority nurses to executive and leadership positions, due to their firsthand knowledge to cultural health and lifestyle practices, could assist in ensuring a higher quality of care for an increasing minority population. The purpose of this study was to examine the perceived barriers to minority nurse representation in upper level management. Thematic areas were developed in the research questions to aid in understanding the perceived barriers. Research questions followed concepts derived from the conceptual framework established for this research. To adequately understand these barriers, a qualitative methodology with a purposive and snowball sampling approach was used to gather information from selected minority nurses in various health care facilities. Data was collected by utilizing a structured interview guide and interviews with minority nurses and minority nurse leaders. The findings of this study revealed key themes from four research questions. A majority nurse leadership, racial discrimination, and racial inequality were identified as barriers for minority nurses who seek upper level management positions. The importance of educational experience was recommended in recruiting and promoting minority nurses. Fairness and knowledge of organization were cited as factors in the retention of minority nurses in management. Further exploration of these factors may increase awareness, promote more dialogue, and challenge the nursing profession on the issue of diversity in nursing upper level management.

## ACKNOWLEDGEMENTS

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## LIST OF ABBREVIATIONS


| | | | |
|---|---|---|---|
| 1 | NLN | National League of Nursing | 1 |
| 2 | IOM | Institute of Medicine | 2 |
| 3 | IDHM | Institute for Diversity in Health Management | 34 |

Chapter 1

# INTRODUCTION

The United States (U.S.) population has become extensively diverse in the last century. Racial minority groups comprise about 36% of the population. By 2043, minorities could become the majority, according to the U.S. Census Bureau (2012). The Hispanic and Asian populations will more than double between 2012 and 2060, while the Black/African American population will increase by 50% (U.S. Census Bureau, 2012). Although health indexes such as life expectancy have improved greatly for most Americans, minorities experience a disproportionate weight of preventable disease, death, and disability compared with non-minorities (Walton, 2013). The nursing profession will serve an increasingly diverse patient population and the urgency to increase minority representation is paramount.

As the U.S. racial population rises, minorities continue to be underrepresented in nursing education. The National League for Nursing (NLN, 2016) reported 10.8% of Black/African Americans, 8.1% of Hispanics, 5.5% of Asian/Pacific Islanders, 0.7% of American Indians, and 4.5% of other minority student groups are enrolled in basic registered nurse (RN) programs. Nurses comprise the largest numbers in the healthcare workforce. However, the racial makeup of the nursing workforce does not complement the increasing diverse population. Recruiting and retaining minority nursing students are crucial aspects in appropriately serving various racial groups.

Data from the NLN 2015 Faculty Census Survey indicate 18.1% of full-time nurse educators belonged to a minority faculty group as compared to 81.9 % of full-time educators in White (non-Hispanic) faculty groups (NLN, 2018). In 2013, the National

Advisory Council on Nurse Education and Practice's (NACNEP) 11th report to Congress indicated a critical shortage in minority faculty groups (NLN, 2016). Racial diversity in nursing education is comparatively lower than other faculty disciplines. The highest underrepresentation of minority students in nursing education programs is in graduate-level education, which is a requirement for nursing faculty positions. Largely, minority nurses with graduate-level degrees choose clinical pathways instead of academic pathways. The healthcare industry and nursing are urged to dialogue about health disparity challenges in minority groups and create ways to improve conditions. Current literature reveals an increase in open discussions and published works on how minority nurse educators and leaders struggle with inequality and isolation. However, the reality of minority representation in nursing education, particularly leadership, has not changed much (Banks, Ong-Flaherty, & Sharifi, 2016).

According to the Institute of Medicine (IOM, 2010), bridge programs (Licensed Practical Nurse-RN, RN-Baccalaureate Science in Nursing) offer opportunities for inclusively expanding the diversity of nursing education programs and nursing faculty. While the nursing student body has increased minority enrollment, diversity is still a challenge. Increased diversity in the nursing workforce builds greater relationships in minority communities and populations who receive care (NLN, 2016). Nursing programs must design effective strategies to attract more individuals from various racial backgrounds.

## Statement of the Problem and Significance

Diversity characterizes individual traits and the uniqueness of people (NLN, 2016). Distinctions in culture foster character and personality. However, as health

disparities in the United States increase and become more complicated amongst diverse populations, the current lack of diversity in the student body, nursing workforce, and faculty hinders the nursing profession from achieving quality care for all people. To address the needs of culturally diverse populations, the NLN (2016) believes "diversity and quality health care create a path to increased access, improved health, and can eliminate health disparities." (p. 186).

Within the 21st century, the rising numbers of health disparities have presented the need for the reevaluation of the healthcare system. A culturally diverse nursing workforce is crucial to meeting the healthcare needs of the nation's population. Minority nurses are critical to the provision of healthcare services and influential in the development of models of care that deal with the needs of these unique populations (Dawson, 2013).

According to the 2008 National Sample Survey of Registered Nurses, minority nurses were more likely to hold staff nurse positions than White, non-Hispanic nurses (NACNEP, 2008). The influence of minority nursing on quality of care outcomes within the walls of organizations and community health must be explored. There is a need to promote and support more initiatives in recruitment and retention for underrepresented minority nursing groups (Phillips & Malone, 2014).

Underrepresented minority nurses in upper level management effectuates yet another dilemma in reducing health disparities (Phillips & Malone, 2014). Health care disparities continue to exist for diverse populations. Recent studies conducted by the American Medical Association show gradual improvements in the health of U.S. citizens. Nonetheless, minorities endure low quality health care services and experience high

morbidity and mortality rates (Dawson, 2013). Nurse leaders and nurses from all backgrounds must be prepared to lobby for their peers and assist in alleviating racial disparities in nursing. Minority nursing will continue to struggle to attain positions of leadership unless racial disparities are addressed and possible methods of change are implemented. The nursing profession would benefit from embracing efficient ideas and practices from the cultural diversity of its workforce. The health of nurses and consumers in the United States is dependent upon the continual rise in diversity of educators and leaders (Dawson, 2013).

Nurse administrators are expected to understand how race is viewed in the practice environment. Phillips, Dumas, and Rothbard, (2018), discuss how minorities display discomfort in "opening up" at their place of employment (p. 2). Lack of socialization in the workplace may play a role in minorities being passed over for promotions. Many minority groups feel that disclosing personal information, connecting to colleagues, and forming deeper relationships would count against them in the future (Phillips et al., 2018). Different commonalities and distrust among colleagues may cause strain in building cohesive relationships in the work environment. Attending workplace social events can also be uncomfortable for many minorities and deepen the disconnection with co-workers. Organizations that seek to increase diversity and promote the careers of minorities must acknowledge these impediments and strive to create comfort in the environment (Phillips et al., 2018). Health care organizations need to be more creative in developing strategies for the recruitment and preferment of minority nurses (Dawson, 2013).

Phillips and Malone (2014) offered the following recommendations to stimulate more discussion about health disparities in diverse populations and help create a plan for future action. The authors suggested funding nurse-led efforts aimed at eliminating health disparities in academic, clinical, and community-based settings and creating and disseminating evaluation measures and metrics that assess the contributions of a diverse workforce toward eliminating health disparities. Agencies should establish stronger linkages between nursing practice and the social determinants of health in nursing education and clinical practice and expand service-learning activities focused on reducing health disparities and achieving health equity in nursing programs at the graduate and undergraduate levels. Creating special fellowships or additional training opportunities to support a concentration in health equity and health disparities for advanced practice nurses would help aid future programs (Phillips & Malone, 2014). The authors recommended supporting more inter-professional centers of excellence with shared responsibilities and required opportunities for minority nurse leadership and involvement. Lastly, the authors suggested supporting a national repository to collect nurse-led activities and nurse-collaborative efforts devoted to eliminating health disparities and ensuring health equity and intensifying efforts to establish core competencies relative to reducing health disparities and achieving health equity for nursing's involvement in the practice, education, and policy arena (Phillips & Malone, 2014).

Race continues to be a barrier in nursing for minorities, even for those who hold graduate degrees. Institutional prejudice in nursing may be grounded in maintaining the profession as White and female (Dawson, 2013). Nonetheless, culture connects all fields of healthcare, such as promotion, education, prevention, and treatment. The minority

nurse, particularly the African American nurse, struggles in achieving administrative positions in many of the conditions mentioned above. The research literature is insufficient in addressing the barriers bridging minority nursing and leadership. For example, African American nurses compose 9.9% of the RN workforce, and 13.8% hold management positions, which is higher than any other minority racial group (Dawson, 2013). However, the management percentage (13.8%) was drawn from a small number of nurses. With the increasing complexity of healthcare practice environments and impending nurse leader retirements, the development of future diverse nurse leaders is of great significance. The lack of minority nurses in leadership roles also has financial effects for the future due to the nursing shortage. As the result of an aging population, declining birthrate and legislation designed to increase healthcare access, the demand for nurses is greater than the supply (Robert Wood Johnson Foundation (RWJF, 2011). Facilities will need to hire qualified nurses from all backgrounds to alleviate the shortfall of RNs, which is expected to reach 1.2 million by 2022 (RWJF, 2011). Therefore, when nursing programs fail to retain minority students, the gap between supply and demand widens at an alarming rate. Minority nurse diversification in education, the workforce, and leadership could influence allocation in funding/resources and devise policies on the local and national level for the nursing profession and the growing racial disparities in health (Phillip & Malone, 2014). The advancement of minority nurses to executive and leadership positions, due to their firsthand knowledge of cultural health and lifestyle practices, could help ensure a higher quality of care for the diverse patient (Dawson, 2013).

## Purpose of Study

The purpose of this study was to examine the perceived barriers of minority nurse representation in upper level management. The possible implications for nursing from this study will increase dialogue and communication in the nursing profession concerning minorities in upper level management. The anticipated results could create more discussion, increase communication and establish new strategies and solutions for this issue in the nursing community.

## Research Questions

There were four research questions:

1. What are the perceived barriers for minority nurses who seek positions in upper level management?
2. What factors do minority nurses view as significant in recruiting them for positions in upper level management?
3. What factors do minority nurses view as significant in promoting them to positions in upper level management?
4. What factors do minority nurses view as significant in retaining them in their positions in upper level management?

## Conceptual Framework

The conceptual framework utilized for this dissertation was from Madeleine Leininger's transcultural nursing theory. Leininger created the theory through personal nursing experiences, values, and visionary thinking with a concentration on culture and care (Leininger, 1995). The chief premise of the theory was to examine culturally based and diverse concepts that impact a person's well-being, health, illness, or death.

Leininger explored cultural competence, religion, and culture and the concepts' significance in healthcare. The goal of the theory involved using research to provide culturally congruent, competent, safe, and meaningful care to clients of different racial/ethnic backgrounds (Leininger, 1995; Nursing Theories, 2016).

The theory designed the practice of transcultural nursing, which focuses on nurse-client relationships and guides nursing decisions and actions. Leininger emphasized that individuals and groups can be diverse but have shared commonalities and universal attributes (Leininiger 2006). Some primary concepts from her theory involve culture care preservation, culture care accommodation, and culture care restructuring (Leininger, 1988). Cultural care preservation, culture care accommodation, and culture care restructuring include supporting and facilitating actions and decisions for a particular culture (Leininger, 1991). Cultural care preservation assists individuals in retaining care values. These values help maintain their well-being and recover from illness. Cultural care accommodation, also known as negotiation, helps people to adapt to or negotiate with others for a beneficial or satisfying health outcome with health care professionals (Leininger, 1991). Cultural care restructuring, also known as repatterning, assists clients in reorganizing or modifying their life practices for a more beneficial health care pattern. Health care providers maintain respect for the client's cultural values during the process of change (Leininger, 1991). Leininger believed these identified tenets are necessary to provide expressive, sufficient culturally based care. Currently, the focus on health care costs, human rights, and diverse populations has magnified. There is an increased awareness for inclusive, holistic, and quality-based care for all cultures and people.

Effective intercultural communication must be integrated to properly care for a client with a different ethnic background (Ruschel, Azzolin, & Rabelo, 2012). Persons of racial/ethnic backgrounds desire to be personally valued. However, when patients have language barriers or experience negative interactions with a host culture, they may be unwilling to seek assistance or guidance. As a profession, nursing must challenge its own biases, perceptions, and ignorance while caring for other cultures. Nurses must be aware of how they communicate with diverse patients and address the perceptions that may arise. Increasing intercultural competence and communication skills would support nurses in achieving quality care for their culturally, diverse patients (Ruschel et al, 2012).

The nursing profession is also recognizing the importance of transcultural nursing and qualitative research modalities. Leininger's theoretical concepts are broadly defined and useful in the study of all cultures. The theory of transcultural nursing is central in delivering culture-specific care. Leininger's vision paves the way for advancement in the nursing profession and for the application of transcultural nursing knowledge in nursing education, practice, research, and clinical debate globally (Alligood, 2014).

## Definition of Terms

For clarity of the terms used throughout this research study, the following definitions are provided below:

- *Diversity*: For the purpose of this study, diversity will be described as the inclusion of individuals from different racial backgrounds and in all aspects of health care professions.
- *Minority*: For the purpose of this study, minority will be described as a nurse or nurse leader who self-identifies as Black/African-American, Hispanic,

Asian/Pacific Islander, American Indian/Alaskan Native, Western or Eastern Indian, or multiracial.

- *Upper Level Management*: For the purpose of this study, upper level management will be described as an individual or group who handles and directs the day-to-day operations of companies and corporations, specifically health care facilities and nursing units (i.e. nursing managers, directors, chief nursing officers, etc).

## Assumption

The researcher pinpointed the following assumption:

- Participants gave truthful responses and information about their perceived barriers to upper level management.

## Limitation

The limitation for this study included the following:

- Study was limited to the southern region of the United States

## Summary

Chapter I included a discussion of the background and significance of diversity in the nursing profession. A culturally diverse nursing workforce is crucial to meeting the healthcare needs of the nation's population. With the increasing complexity of healthcare practice environments and impending nurse leader retirements, the development of future diverse nurse leaders is of great significance. The advancement of minority nurses to executive and leadership positions, due to their firsthand knowledge of cultural health and lifestyle practices, could help ensure a higher quality of care for the diverse patient. The purpose of this study is to examine the perceived barriers of minority nurse representation in upper level management. Research questions were created, and concepts

derived from the conceptual framework established. The definitions of terms, assumptions, and limitations were introduced. Chapter II will present a review of literature.

Chapter II

# LITERATURE REVIEW

The purpose of this study was to examine the perceived barriers of minority nurse representation in upper level management. Chapter II includes a review of literature concerning cultural diversity in nursing. The literature review will identify factors that affect diversity and impact minority students and nurses in nursing education, practice, and leadership. The literature review supports an approach to enhancing diversity in the nursing profession. Information used in the literature review was gathered through EBSCOhost and CINAHL, from 2010 to 2018. Keywords utilized: *diversity, minority, upper level management.*

## Nursing Programs and Nursing Education

Based on a report by the NLN (2014), 12.2% of Black/African Americans, 8.1% of Hispanics, 5.9% of Asian/Pacific Islanders, 1.5% of American Indians, and 7.5% of other/unknown ethnic groups were enrolled in basic RN programs. The percentage of Hispanic students enrolled climbed steadily from 3.5% in 1995, but the percentage for Black/African American students had a decrease by 0.7% in 2014.

Although the statistics are encouraging, diversity in the U.S. population is still outgrowing diversity in the nursing workforce. Nursing programs are not providing an adequate number of minority nurse graduates to keep pace with population changes. Recruiting and retaining underrepresented minority groups continues to be a challenge (NACNEP, 2008).

Diefenbeck, Michalec, and Alexander, (2015) examined the lived experiences of underrepresented minority nursing students enrolled in a White majority university. The

authors highlighted the obstacles and elements within nursing education and their impact on student recruitment and retention. A conceptual or theoretical framework was not utilized for the study. A public university with different types of nursing programs was used as the setting for the study. The baccalaureate nursing student (BSN) population (up to 130 admissions) consisted of 92% female; 17% nonwhite with 3.9% African American, 4.5% Latino/Latina, 4.5% Asian/Pacific Islander, and 4.1% multiracial demographics. The faculty was 90% female, 88% non-Hispanic Caucasian, five percent African American and seven percent Asian/Pacific Islander (Diefenbeck et al., 2015).

After approval was granted by the institutional review board at the university, the authors sent invitations via email to junior and senior BSN students who were African American and Latino/Latina to participate in the study. A pool of 40 eligible participants was identified with 12 completing email questionnaires. All participants were female with an age range of 19 to 22 years old; seven were African American and five were Latino/Latina; and three were from other countries (Diefenbeck et al., 2015).

A qualitative, semi-structured, e-questionnaire approach was utilized to gather data. Weekly reminders were sent to the participants for five weeks seeking response to a set of questions relating to different facets of their lived experiences as underrepresented minority students. The open-ended questions pertained to barriers and facilitators to recruitment and retention, racism, feeling visible/welcomed, and perceptions of the cultural competency of curriculum, peers, and faculty. Confidentiality was maintained using a unique study identification code for each participant on the questionnaires. A multistep coding process was used for data analysis. Transcripts were analyzed by each author to distinguish recurring concepts. The authors then met at the beginning and end

of each stage of data analysis to discuss findings and ensure a satisfactory level of reliability. To decrease potential bias, the analysis was led by a non-nursing-school-co-author. Data saturation was reached after new factors were not identified (Diefenbeck et al., 2015).

The analysis yielded key factors from the participants' statements and experiences. Three categories emerged from the findings: family-oriented, school-based, and other sustaining factors (Diefenbeck et al., 2015). Participants described physical and emotional alienation. Social support was frequently received from inside and outside family sources. Six participants mentioned that a family member in the health care profession influenced a choice in nursing as a career. Mental/physical health concerns, family fractures (divorce or death), and being from other countries had a significant impact on the participants' lived experiences. School-based factors frequently mentioned positive and negative interactions/experiences with faculty and peers. The lack of racial and ethnic diversity among faculty and students, lack of formal support organizations, and the absence or presence of diversity-based training were key themes (Diefenbeck et al., 2015).

- Family-oriented (positive<negative): Adequate parental support versus stress derived from no familial support and moving home to save money and pay for school
- School-based (positive<negative with faculty and peers): Recognized as an equal peer and as a knowledgeable student (being Black) versus no recognition or acknowledgement; "*harder to be seen as an equal*" (alienation); *"being mixed up with other Black students"; "last candidate to be chosen for a group"* (p. 42).

- Sustaining Factors (student motivators): "*truly love taking care of people*"; "*nursing is one of the rewarding professions*"; "*the only way to get out of my life of struggle is to graduate college*" (p. 42)

The use of the e-questionnaire limited the authors' ability to expand the depth and additional clarity through follow-up questions. Additionally, only 12 students from one institution participated. The variation in participant backgrounds may have also affected the ability of the authors to generalize the findings. Finally, not all the factors presented in the study could be unique to this group of students and could be experienced by any nursing student (Diefenbeck et al., 2015).

The study added new insight into underrepresented minority recruitment and retention and encouraged expanding the research. The authors recommended advocating for diversity in nursing programs, faculty, staff, and administration. Support in diversity training for students and instructors and adding cultural competency to the curriculum were also suggested by the authors. More recommendations in the area of recruitment and retention include fostering formal support programs for minority student organizations and facilitating family, academic, and financial support. Further exploration would be needed to review how student, faculty, and institutional characteristics compare in the different experiences and how to promote strategies in familial engagement (Diefenbeck et al., 2015).

Murray, Pole, Ciarlo, and Holmes (2016) described a collaborative project designed for the recruitment and retention of students into nursing education from disadvantaged minority backgrounds. The premise of The Nursing Diversity Project was to illuminate how ethnic minorities are disproportionately represented in nursing

education. The racial makeup of the nursing workforce continues to be underrepresented related to the majority population. Enrollment rates for minorities in nursing programs are deficient and unable to address the rapid growth of the diverse population (Phillips & Malone, 2014). Minorities from disadvantaged backgrounds are more likely to serve populations and communities with the same background.

In 2009, the Department of Health and Human Services Health Resources and Services Administration provided funding for the project through a grant called Nursing Workforce Diversity. The grant was used to provide opportunities for individuals from underprivileged backgrounds and racial minorities to enter into the nursing profession. The grant was a three-year program from 2010 to 2013.

After receiving the three-year grant, the Saint Louis University School of Nursing worked on expanding the number of minorities and students from the underrepresented populations who enrolled and graduated from the BSN program. The School of Nursing created a two-tiered approach by (a) establishing a pre-professional educational program for the preparation and recruitment of students for a future in nursing and (b) developing retention strategies that would cultivate graduation and licensure exam success for the target population. The target audience was chosen from a list of criteria required by the grant including individuals who were economically, socially, educationally, and environmentally disadvantaged and who were underrepresented in the RN population. The School of Nursing collaborated with the university's School of Medicine to develop the educational program for high school students, focusing on nursing as a profession. The program's attention was on skills related to academics, transferable life, and career (Murray et al., 2016).

Five high schools were selected to participate in the educational program, which was founded as a health career club. The grant provided resources to establish early connections with the high school students such as scholarships, retention programs, and services. The grant also helped introduce the students to the nursing profession through the health career club. A faculty advisor was chosen at each of the high schools to aid in forming the program and its activities and as a liaison between the high school and the School of Medicine. Students who generated a level of interest were given access to academic enrichment, life skills, and career skills programs (Murray et al., 2016).

Because some of the activities were after school, parents had to grant permission for their children to participate. Students also had to complete goal-directed career plans. A curriculum with modules and a 5-day summer camp were created to prepare the students for college readiness and careers in healthcare. The modules included learning activities in life skills, nutrition, anatomy, and pathology. Students from health profession schools and nursing schools also periodically interacted with the health career club students and discussed their college experiences during the sessions. The university's hands-on anatomy and nursing simulation labs allowed students to participate in human anatomy workshops, dissection experiences, CPR training, first aid, and vital signs. The students were introduced to a variety of nursing roles and the opportunity to shadow different staff nurses. An ACT preparatory course was added to the program to improve ACT test scores and prepare students for admission to the professional schools (Murray et al., 2016).

After the three-year project period, the health career clubs were challenged in the ability to follow the participating freshmen students in the program. The students did not

fully realize the benefit of the preparation due to the 3-year limited period. Three hundred and ninety two minority and/or disadvantaged students attended the health career clubs (Murray et al., 2016). The number of students who desired a career in healthcare or nursing was 310 (79%). Out of the 310, 45 students enrolled in a health-related major in college and 21 students were admitted into a nursing program. Unfortunately, some students could not continue at the university due to tuition costs and transferred to a less costly nursing program. Stakeholders for the program submitted applications for additional funding but were denied. However, the School of Medicine maintained a small component of the program and tracked students enrolled in health career clubs and the School of Medicine (Murray et al., 2016).

After a student was successfully admitted to a nursing school, resources and support for retention and graduation were provided (Murray et al., 2016). Prior to grant funding, individuals were not assigned to retention services. The School of Nursing then created new and refined retention services to meet those needs for the high school students. The funding allowed a full-time specialist to work one-on-one with students to proactively advance retention strategies. The specialist held weekly meetings with the students and worked closely with university personnel to aim students to their tailored resources. The retention specialist also held monthly open meetings to allow the students to socialize, discuss their feelings of stress, isolation, self-efficacy, and other perceptions that could represent a barrier to academic success (Murray et al., 2016). New programs for mentoring, role modeling, and scholarship support was provided by the grant. A total of $100,000 in scholarship funding was awarded to eligible students during the program.

A tracking system was also established to identify underrepresented students and increase academic and social support for the target population of students (Murray et al., 2016).

During the 3-year period, the meetings between the retention specialist and the students of the HCC increased from 69 students in the freshmen year to 303 students in the junior year. The grade point average of the students increased with the specialist from 2.82 in the freshmen year to 3.02 in the junior year. Retention rates for the nursing program students also increased from 84.6 percent to 93.4 percent. Therefore, funding was given to add the retention specialist position to the operational budget (Murray et al., 2016).

Within the 3-year grant period, 185 nursing education students were involved in the retention program. Each project year (PY) included 72 students in year one, 54 students in year two and 59 students in year three. In PY one, 94% (68 of 72) completed the nursing education program; 76% (52 of 68) passed the licensure exam on the first attempt and 19% (13 of 68) passed on a subsequent attempt; three percent (2 of 68) did not pass the exam. In PY two, 89% (48 of 54) completed the nursing education program; 81% passed the licensure exam on the first attempt and 13% passed on a subsequent attempt; two percent (1 of 48) did not pass the exam. In PY three, 76% (45 of 59) completed the nursing education program; 80% passed the licensure exam on the first attempt and 11% passed on a subsequent attempt. Two students in PY three did not pass the exam. There was no licensure exam information on three students and three other students did not take the exam. During the 3-year project period, the progression requirements for the nursing program were more rigorous. Students had to maintain

passing grades with a 77% or above on all exams before other grades were applied to the final grade (Murray et al., 2016).

The project efforts resulted in increased enrollment and retention rates for disadvantaged, minority students and partnered with communities for support and mentorship. The nursing workforce should mirror the rapid growth of minority populations. The benefits of a diverse nursing workforce include expanded research in health care, improved quality in nursing care, enriched cultural competency, and more access to health care for underserved communities (Phillips & Malone, 2014). Improving and developing student retention programs for underrepresented populations can help change the face of the nursing workforce (Murray et al., 2016).

## Cultural Competency in Nursing Education

As the population's diversity increases, there is a need for better minority representation in health care and the presence of culturally competent providers. Reyes, Hadley, and Davenport (2013) conducted a study to determine whether self-perception of cultural competence in baccalaureate nursing students as a result of their education and experiences increased during the nursing program. The rising immigrant population implies that more information is needed in transcultural nursing for culturally competent care. The chosen framework for the study was Leininger's Transcultural Nursing Theory and The 3-Dimensional Puzzle Model of Culturally Congruent Care. The concept of caring can help improve the human condition. Caring and culture are connected. The cultural competence component of the puzzle model was tested quantitatively in the study.

Beginning nursing students (n=46) in the first clinical course and the last clinical course (n=53) in a baccalaureate nursing program were surveyed regarding cultural competency. Students were recruited during the first class meeting of the semester and information was gathered during the first week of classes. A comparative, descriptive design was used. The CCA (Cultural Competence Assessment) tool, a 43-item Likert scale was used to collect data about individual self-perceptions concerning cultural competence. The tool had demonstrated test-retest reliability ($r$=0.85, $p$=.002) in a previously reported study. The tool also consisted of three different subscales (Cultural Awareness and Sensitivity (CAS), Cultural Competence Behavior Subscale (CCB), and Marlowe-Crowne Social Desirability Scale). Demographics included 99 nursing school participants with an age range for beginning nursing students of 19-35 years (M=22.54) and for graduating nursing students 21-65 years (M=27.35). The average age of graduating students was statistically higher than that of beginning students ($t$[df=97]= 3.617, $p$=.000). The racial/ethnic makeup of the beginning students included 24% Hispanic, 61% White, four percent Black, and 11% Asian and of the graduating students four percent Hispanic, 72% White, 19% Black, and four percent Asian (Reyes et al., 2013).

Results indicated that graduating nursing students have greater perceived cultural awareness and sensitivity and understand that they demonstrate more culturally competent behaviors. Findings from the independent $t$-test showed that perceptions of cultural diversity were slightly higher in the graduating students compared to the beginning students. The graduating students had more experience in caring for culturally diverse patients than the beginning students. The graduating nursing students' ages had a

statistically significant difference between the groups. The authors found an older age alone was not a sufficient variable for being culturally competent. No bias was indicated in the study by the authors (Reyes et al., 2013).

Recommendations by the researchers included adding concepts of cultural diversity to nursing education. Nursing faculty at the university could use the information from the study to develop additional culturally based student learning activities. All nursing courses could address cultural competence in educational activities as well as laboratory experiences. A longitudinal study can be utilized throughout all levels of baccalaureate nursing education to measure the progress of cultural competence education. Other schools can use the same assessment tool to collect information about perceptions of cultural competence (Reyes et al., 2013).

## Nursing Faculty

Salvucci and Lawless (2016) explored barriers and perceptions on recruitment, hiring, and retention for minority nursing faculty. After reviewing the literature, the researchers identified a lack of research in obstacles faced by minority nursing faculty. Black/African American and Latino/a nursing faculty are underrepresented compared to their Caucasian and Asian counterparts. Previous studies revealed distinctive characteristics between White and minority ethnic groups as a whole but none specifically as they related to nursing faculty in baccalaureate and master's programs. In the literature, the authors found that hiring practices for faculty in underrepresented groups occurred when one of three conditions were met: (a) the job description in hiring engaged diversity for that job, (b) a particular hire strategy was used that could include a waiver of a search, target of opportunity hire, and (c) the search committee was

ethnically/racially diverse. Although the data showed hiring faculty from African American and Latino/a groups increased over a small margin, Caucasian faculty still were in the hired majority. Factors that influence the hiring process were identified from each group. Language and culture are significant themes and could create a negative impression. The increase in diverse students elevates the need for more minority faculty. The authors used the framework and concepts of Kotter's transformational change and Kanter's structural empowerment to develop their instrument. Some of those concepts included transforming to a more diverse nursing faculty and requiring work environments to have resources, support, and information for development and learning.

A descriptive, comparative research design was selected for this study (Salvucci and Lawless, 2016). A 32-item Faculty Race & Ethnicity Diversity survey was developed by the authors, focusing on nursing faculty perceptions of two underrepresented minority faculty groups. The survey was critiqued by eight ethnically diverse, masters-prepared/doctoral-prepared nurses for clarity and validity. Content validity was calculated using the scale content validity index average (S-CVI/Ave). The overall validity index average was 90%. The survey included three sections: Section one-demographics, Section two-recruitment and hiring issues and perceived barriers, and Section three-retention of underrepresented minority nursing faculty. Four questions were formulated to address these themes. The random selection of nursing faculty working in baccalaureate and graduate nursing programs in the United States was done through a multi-stage sampling method. Survey Monkey was used to send out emails to the nursing faculty. Five hundred forty-six faculty were emailed the survey. Due to low response, 117 nursing faculty were randomly selected, resulting in 103 usable surveys.

SPSS version 21 software was used for data analysis. The level of significance (two-tailed) was set at .05. Mann-Whitney, Chi-square, Wilcoxon W, and Kruskal-Wallis were used to analyze survey responses. Of the 103 participants, the majority were female, 50 years or older, worked full-time, with 1-10 years of experience, doctorally-prepared, and held the rank of Assistant Professor. Responses to the race/ethnic question indicated: White ($n$=65, 63.1%), Black/African American ($n$=16, 15.5%), and Latino/a ($n$=14, 13.6%). Data identified by the authors included: (a) The majority of Black/African American had master's degrees ($n$=10, 62.5%), (b) The Latino/a faculty were younger ($n$=5, 62.5%, <50 years of age), and (c) All eight Latino/a nurse faculty had <10 years of teaching experience (Salvucci & Lawless, 2016).

The research findings identified from Salvucci and Lawless's (2016) study include: (a) barriers to recruitment and hiring: lower academic rank and the attainment of <than a doctorate for Black/African American nurse faculty, a presence of bias in hiring, lack of financial assistance and lack of mentors or support staff; (b) physical appearance (Black/African American (agree, $n$=6, disagree, $n$=10); Latino/a (agree, $n$=3, disagree, $n$=5), and speech pattern (Black/African American (agree, $n$=4, disagree, $n$=12); Latino/a (agree, $n$=4, disagree, $n$=4) had an influence on retention, and (c) support (Black/African American, $n$=8; Latino/a, $n$=3), education (Black/African American, $n$=5; Latino/a, $n$=7), and money/salary (Black/African American, $n$=4; Latino/a, $n$=4) were of most importance to both minority groups. The implications for nursing also included the focus on barriers to diversity of faculty and the challenge and the need for increasing the ethnic representation of nursing students and nurses. The need to attract and to provide incentives that support minority candidates while in college and within the faculty role

was a revelatory factor. Nursing programs should increase funding to support minority student enrollment in baccalaureate, master's, and doctoral programs and mentor master's and doctoral students for faculty positions.

Salvucci and Lawless (2016) highlighted the need for nursing to address the barriers of diverse faculty in education. The significance in increasing the number of minority faculty is warranted to educate the diverse population of nursing students. The authors reinforced and modernized the issues in the hiring, recruitment, and retention practices of minority nursing faculty. Since this area of research is limited in the literature, the authors recommended a larger study to continue to examine the barriers faced by the two underrepresented minority nursing faculty groups and the strategies that may be more supportive in achieving a greater presence of minority nursing.

### Reducing Health Disparities with a Diverse Workforce

As the various minority populations increase in the near future, nursing will continue the challenges of diversifying its workforce. According to the Health Resources and Services Administration (2016), the minority RN workforce consists of 9.9% Black or African American (non-Hispanic); 8.3% Asian; 4.8% Hispanic or Latino; 1.3% that categorize themselves as two or more races; and 0.4% American Indian or Alaskan Native. Black/African Americans and Latinos are grossly underrepresented in the RN ranks when compared to the Caucasian population (NLN, 2016).

The rapid growth of minority populations also characterizes the increase in health disparities for these groups. Racial/ethnic communities and economically deprived groups experience limited access to health care and lower health-care equity compared to the majority population (Phillips & Malone, 2014). As the largest health care profession,

nursing will be accountable for diversifying the profession and reducing health disparities.

Ferrell, DeCrane, Edwards, Foli, and Tennant (2016) explored factors that contribute to the success of minority students enrolled in nursing programs. The authors determined more research was needed in exploring variables that contributed to the decreased numbers of minorities in health care. Previous research concentrated on recruitment and retention of minority nursing students, rather than program enrollment/completion and cultural competency (American Nurses Association, 2013). The authors chose the Tinto Model of Academic Integration for the conceptual framework. The model measured students of higher education in relation to failure instead of success (Ferrell et al., 2016). Concepts from the model included familial involvement, education and skills background, and outside obligations, which intertwined with educational aspects, involving faculty and peers. The decision by the student to remain in higher education or depart the program was evident in the presence or absence of the overlapping concepts. The authors utilized the model for the description and explanation of educational success in minority nursing students (Ferrell et al., 2016).

The authors used a mixed-methods descriptive research design in paper/pencil form. Two private and religious institutions in the Midwest were approached for participation (Ferrell et al., 2016). Each institution offered a BSN degree in nursing (traditional and accelerated programs). One other nursing program at a publicly-funded, state community college participated and offered an associate degree (ADN) in nursing. IRB approval was granted at all three institutions. Participants self-reported their "minority" status. Inclusion criteria included (a) completion of high school or GED, (b)

18 years of age, (c) English proficiency for college admission, and (d) availability for the summer months of 2010 (Ferrell et al., 2016). The minority student program directors from the two participating campuses solicited students for a research study about educational success. Information about the study was given to 120 minority students and 38 students expressed interest. Finally, 31 students qualified for the study per the inclusion criteria. The participating students were given the email address and phone number of the researcher and completed a questionnaire which confirmed consent (Ferrell et al., 2016).

The authors used a questionnaire developed by Tucker-Allen called The Minority Student Nurse Questionnaire and permission for use was granted by the author of the tool (Ferrell et al., 2016). The original instrument was created from nursing faculty experiences in graduate education and previous research. Over time, the tool was modified due to recommendations by minority nursing students from an urban School of Nursing and adjusted for current nursing academia (Ferrell et al., 2016). The Minority Student Nursing Questionnaire contained four sections with 24 statements: (a) Demographic Data, (b) Feelings About Your Educational Program (24-items), (c) Nursing Courses, and (d) Suggestions. The questionnaire also used a 7-point Likert scale (7=*strongly agree*, 6-*moderately agree*, 5=*slightly agree*, 4=*neither agree nor disagree*, 3=*slightly disagree*, 2=*moderately disagree*, 1=*strongly disagree*; Ferrell et al., 2016).

Demographic data was documented from the 31 participating students. The mean age was 26.55, slightly older than the traditional age of college students (18-22 years old). The ethnic makeup of participants consisted of 77% Black/African American, 13% American Indian, 10% Asian, six percent Hispanic/Latino, six percent Hawaiian, and

19% of other minority groups. More demographics included: (a) 81% of students were single, (b) 53% had an income >25,000 dollars, (c) 61% lived in a house, and (d) 39% lived along parents or children (32%). Over half the students had family members who attended college (61; Ferrell et al., 2016). There were more BSN students (19) than ADN (12). The students had a mean grade point average of 3.06 and the majority had not repeated a course (68%) or received a grade of "D" (74%) (Ferrell et al., 2016). Factors relating to the extent of time in the program were personal (68%), academic (52%), and financial (65%). The students commented on reasons for delayed graduation as "stress"; "health"; "program organization"; and "hospitalization" (Ferrell et al., 2016, p. 6).

Although 84% of students had access to free tutoring services, only 32% used the services due to "schedule conflicts" (Ferrell et al., 2016, p. 7). Thirty-three percent of students also had access to mentoring services with five percent confirming use. But 55% of the students utilized the minority group organizations. Financially, students used several support systems, which included scholarships (65%), federal loans (74%), grants (45%), and personal funding (42%). Seventy-four percent of students were employed, mostly as nursing aides, patient care assistants, or technicians (Ferrell et al., 2016).

Based on the 7-point Likert scale questionnaire, the most agreed to item among the students was "knowing the difference between diploma, associate, baccalaureate, and accelerated baccalaureate programs" with a mean score of 6.23 (Ferrell et al., 2016, p. 7). The most disagreed to item on the questionnaire was "the number of minorities in this program is representative of the number of minorities in their state" with a mean score of 3.00 (Ferrell et al., 2016, p. 7). More statements with high ratings included comments

about the friendliness of non-minority students, the fairness of faculty and the care plans, and the pride of attending the program (Ferrell et al., 2016).

Students expressed the need for a pre-admission program prior to the start of nursing courses. Supplemental academic services, such as campus life programs or tutoring may also be helpful. However, 26% of the students were not certain that the services would be of assistance. Eight students (27%) used student programs and 19 students (63%) were not aware the programs were available (Ferrell et al., 2016).

The authors disclosed the non-traditional minority college student as slightly older and not living on campus. Some students were second-generation college students and may have gained support and guidance for educational success. The majority of the students had not used the free services offered on both campuses. Students also suggested better approaches by faculty in guiding students to the appropriate resources, such as individual counseling (Ferrell et al., 2016). Positively, almost 40% of minority students lived with their parents. Parental support and encouragement could have contributed to students' success in the program. Also, students who lived with other family members may have responsibilities outside of academics and not part of dormitory life. The authors suggested further research in examining similarities and differences among students with family obligations that could also be used as additional resources (Ferrell et al., 2016).

One limitation from the study was small sample size, which caused difficulty in interpreting data. Minorities were analyzed as one group, limiting the possibility of noting differences unique to a particular ethnic group. There was not a choice for "multiracial" (six participants chose "other") and information was not obtained from these persons. Two urban campuses were used from the same geographical area, limiting

generalizations. Another limitation of the study was the inclusion of only successful students. There were no unsuccessful students available. Therefore, some bias was formed because the findings only reflected experiences by successful students. The study concentrated on racial and cultural diversity. More research could be done to explore other groups, such as gay, lesbian, transgender, or the physically challenged (Ferrell et al., 2016).

The nursing profession has gained awareness for the need to attract minorities to the field. Strategies for recruitment along with appropriate resources to a career in nursing is essential for success. The IOM (2010) concluded that the goal of increasing minority representation as both students and faculty is anticipated to contribute in a reduction in health disparities. Nursing has acknowledged inequalities in the healthcare system, and a diversified workforce will be the answer for the nation's future (Ferrell et al., 2016).

## Clinical Nursing Leadership/Management

Successful planning in identifying and developing future nurse leaders is now accepted as a crucial business blueprint for organizations. Cultivating nursing leadership to resemble today's minority population will aid in improving nursing care and higher satisfaction among patients (Carter, Powell, Derouin, & Cusatis, 2015). Dyess, Sherman, Pratt, and Chiang-Hanisko (2016) reported on a focus group study with Generation Y (born in 1980-2000) nurses prior to their coursework in a master's degree program created to support the development of emerging nurse leaders.

The study focused on the challenge of recruiting and retaining Generation Y nurses in leadership and their fear of failure. A conceptual framework was not discussed

in the article. Qualitative findings in the study were documented from a larger action research design and part of a 3-year funded project. For 3 years (2012, 2013, and 2014), a focus group was conducted with cohort members prior to the beginning of their coursework in a master's degree program for Nursing Administration and Financial leadership (Dyess et al., 2016). Seven questions were developed to ask each group. The topics included their perceptions about nursing leadership, the practice environment, healthcare challenges, and the future of healthcare. The cohort groups were audio-taped and transcribed verbatim. A qualitative research experience was chosen using a conventional content analysis. Three nurse researchers independently coded the transcripts. After an initial review, consensus was determined on the categories. Member checking and an audit trail were utilized to ensure trustworthiness of the data, efforts of qualitative rigor, peer debriefing, thick description, and ongoing reflective commentary (Dyess et al., 2016).

The sample size included 44 students who were enrolled in an Emerging Nurse Leader master's degree program. Students participated in a focus group with other members of their program cohort. The majority of the participants (54%) had been practicing for 3 years or less and 86% of them were in practice for 6 years or less. The cohorts were predominantly female (96%). More than half (55%) of the students identified themselves as a member of an ethnic minority. The Generation Y cohort dominated the sample with an age range of 23 to 53. A mean age of 31 years was identified. The majority of participants also worked in in-hospital facilities (84%). Prior to being admitted into the program, some of the participants served in charge or relief

charge positions. Very few (eight percent) held formal leadership roles; and those who did were in the equivalent of an assistant nurse manager role (Dyess et al., 2016).

Data analysis revealed three major thematic categories. The categories identified were as follows: idealistic expectations of leaders, leading in a challenging practice environment, and cautious but optimistic outlook about their own leadership and future. Responses from the focus groups to the seven questions demonstrated that future nurse leaders have extremely high expectations of their existing leaders. Qualities mentioned include flexibility, clinical expertise, and administrative capability. Leaders are expected to be available, present on the unit to assist with patient care, and answer the phone when needed. The emerging nurse leaders also ideally want leaders to know their staff members thoroughly. Therefore, the participants disapproved if they perceived their existing nurse leaders were unable to meet their clinical expectations. Overall, this category of idealistic expectations for nurse leaders was consistent across the three cohort groups and prominent in their voiced responses and in their non-verbal agreement to what was articulated (Dyess et al., 2016).

The participants perceived the current practice environment as challenging on many levels. The participants communicated their perception that excessive focus was on achieving high scores on satisfaction surveys and performance measures and captured more attention than other initiatives. The emerging leaders expressed frustration from the environmental challenges and did not acknowledge the demands on leadership regarding certain initiatives. The comments highlight the expectation of leading conspicuously in a challenging practice environment. Teamwork was an important aspect to emerging leaders in Generation Y (Dyess et al., 2016).

Despite challenges noted, future Generation Y leaders are enthusiastic about leadership roles because of the potential to change their environments. Excitement was noted in their own abilities to lead differently. The responses identified confidence in new leadership to change healthcare. Yet as the focus groups conversations advanced, the talks concentrated on a fear of failure as nurse leaders or the fear of termination. Leaders in their environments were disengaged to the sensitivity of their staff along with losing their positions. The business side of leadership overshadowed the ideas of nursing staff for improvements (Dyess et al., 2016).

The study presented a call to action for existing nurse leaders. There is a need for leadership to efficiently communicate the leader's roles and responsibilities to staff and foster more cohesive relationships. Research from the study revealed an interest in nursing leadership by Generation Y nurses and an eagerness to change their practice environments (Dyess et al., 2016). Mentorship and structured leadership programs were recommended to reduce concerns of failure.

The existing nursing workforce does not reflect the current racial population. Nurses may not desire to be emerging nurse leaders, based on observations in present nursing practice environments. However, nurses are beginning to emerge in leadership roles to potentially change this outlook. The focus group findings reiterated the gaps in communication and role understanding that often exist between nurse leaders and their staff environments (Dyess et al., 2016). The findings could identify and expand more research in encouraging and growing more minority leaders.

## Minority Leadership Representation in Healthcare Organizations

Although the racial population in the United States is increasing rapidly, minorities are underrepresented in organizational healthcare leadership roles. Data from the Institute for Diversity in Health Management (IDHM, 2012), an affiliate of the American Hospital Association, indicate minorities represent approximately 14% of organizational leadership (C-suite) positions compared to 86% of Whites representing C-suite positions. Asians were equally represented in patient population and leadership positions. The percentage has risen from nine percent in the previous year and from two percent in the association's first benchmark survey in 1994. However, this percentage is still low compared to the high number of Whites in C-suite positions. The deficient representation presents the potential for organizations to implement change in policies and values to reflect the rising racial patient population.

Altheimer (2015) conducted a study about successful methods for the recruitment of minorities in leadership roles in healthcare organizations. The author determined that the healthcare industry is failing in the goal to recruit diverse leaders. The study included interviews with health resources personnel at top-performing healthcare organizations to determine whether their facilities engaged in minority recruitment practices with barriers and successes. The author concentrated on institutional minority underrepresentation and the root causes of disparities, such as the lack of quality education in math and sciences for minority students provided by primary and secondary public schools and barriers at the socioeconomic and political levels. Altheimer's (2015) study focused on three principles: (a) changing the culture in health professions programs to increase diversity, (b) creating non-traditional pathways to careers in health professions, and (c) demanding

commitments from governmental and private sector entities. Other recommendations included offering educational assistance to minority students and establishing policies and programs for minority recruitment and retention. The author also determined that the underrepresentation could be stemmed from discrimination. For instance, minorities represented ten percent of the U.S. population in the 1950s, while only two percent were in medical schools.

By the 2000s, policy changes, affirmative action, and civil rights laws contributed to the moderate increase in minority admissions to medical schools. The IDHM (2012) presented data from a 2011 benchmark study. One hundred and eighty-two U.S. hospitals were surveyed on minority representation in patient, workforce, and leadership populations. The findings included percentages of each group. Minorities made up 28% of the patient and workforce populations. However, only nine percent of minorities were in leadership positions and 17% were on executive boards (IDHM, 2012). The findings revealed that Black/African Americans were the least represented in these leadership roles. A conceptual framework was not formally discussed by the author. Instead, theoretical, ethic, and legal assumptions from the research literature were extracted: (a) what are the causes of minority underrepresentation in healthcare leadership, and (b) what are the consequences from the minority underrepresentation. The percentage differences among racial groups in leadership positions and decreased opportunities for minorities in organizations also pose ethical dilemmas (Altheimer, 2015). The author of this study described the gap in literature on minority inclusion as a social justice ideology and continues as a growing standard in healthcare arenas.

Altheimer (2015) chose qualitative and quantitative methods to gather data. Quantitative data sets from studies done by the IDHM were utilized. The author examined the perspectives of individuals who experienced barriers in recruitment and retention of minorities in leadership roles by using interviews. Human resources managers (HRMs) and chief diversity officers (CDOs), who rated best in class in diversity management, diversity leadership, and on authority by the IDHM, were chosen for participation. Executives and CDOs were also selected to participate from seven other hospitals in excellent standing. The author contacted each subject and requested participation (Altheimer, 2015). IRB approval was not discussed. The author did not state if permission was granted for any part of the dissertation. The following research questions were created from the author's literature review and included hospitals rated best in class: (a) "What methods are used by HRMs in healthcare organizations to recruit and retain minority executives?", (b) "What barriers to recruiting minority executives are identified by HRMs?", and (c) "What solutions to address barriers to recruiting minority executives are identified by the subjects?" (Altheimer, 2015, p. 60).

Quantitative data from the IDHM was used by the author to further explore the benchmark studies previously completed by the IDHM. Questionnaires about diversity and disparities were sent to over 5,700 organizations in the United States to capture the first survey sample (IDHM, 2012). Nine hundred twenty-four hospitals responded to the questionnaire. Out of the 924 hospitals, seven hospitals were selected as top-performing organizations (Altheimer, 2015). The 7 hospitals were recognized as high performing in diversity management and the improvement of recruitment, retention, and promotion methods for minority individuals in the workforce (IDHM, 2012). Also, HRMs were

interviewed from the other seven organizations in excellent standing. The author used a representative at the IDHM to aid in securing contacts and letters of recommendation for the participating facilities and individual participants (Altheimer, 2015).

A questionnaire containing open-and closed-ended questions was distributed to CDOs and HRMs by email. Phone and face-to-face interviews via videoconferencing and/or Skype were used to gather information (Altheimer, 2015). Follow-up questions were used to expound on the responses. The potential for bias was discussed. The author remained consciously aware of the responses from the follow-up questions and maintained objectivity to any perceived ideological bias (Altheimer, 2015).

A list of questions for interviews and confidentiality/privacy statements were formulated by the author for the participants. Demographic information was also provided. The author followed up with the participants through email, phone, instant messaging, video conference, and face-to-face. The participants were acquaintances of the author and any ethical concerns were addressed by phone at that time. Data from the each participant's questionnaire was collected with the data from the conversations. The author concluded interviews with 13 HR executives from healthcare facilities in the United States. The interviewees were asked specifically about their organizational experience with minority recruitment and retention. The author also held a panel discussion with nine HRMs from executive recruitment firms, a professional organization, and other healthcare organizations. The panel of HRMs was asked about their personal and organizational experiences with minority recruitment and general impressions. After results were presented from the interviews and panel discussion, the author analyzed the data from seven survey questions and the IDHM benchmark studies

(Altheimer, 2015). Content analysis (coding) was used to extract themes, similarities, differences, and main points of interest. Three levels of coding were used: (a) level one involved note taking, comment highlights, and note writing, (b) level two examined the similarities and differences among the participants, and (c) level three triangulated the individual and population synopses with the literature findings. The HRM interviews were conducted, recorded, and transcribed. Common themes were identified to understand what were the successful recruitment and hiring practices in these organizations. After the interviews were completed, further analysis by the author occurred with the thematic data and the resolution of the research questions (Altheimer, 2015).

The interview and panel discussion transcripts for all three research questions were analyzed by the author. There were formal and informal processes used for minority recruitment. Four (30.76%) of the participants reported no formal process, while nine (69.23%) participants reported a formal process for minority recruitment. Three (23.07%) participants reported that informal processes existed for those organizations with no formal processes and revealed sufficient executive-level minority recruitment. Of the three participants, one (7.69%) reported adequate minority recruitment at the executive level, and one (7.69%) reported sufficient director-level minority recruitment. Some organizations used several methods for formal minority recruitment including ethnic composition requirements for applicants (two participants, 15.38%), internal minority leadership programs (three participants, 23.07%), affirmation action (six participants, 41.15%), and collaboration with minority professional organizations (three participants, 23.07%). One participant (8.3%) reported partnering with a minority fellowship program

and six (46.15%) participants revealed using job fairs at minority institutions for recruitment practices (Altheimer, 2015).

During the panel discussion, participants identified effective methods for recruiting and retaining minorities. Three (16.6%) participants reported partnering with minority professional entities to recruit through formal policies and programs. Grooming existing minority personnel in the organization for executive positions was another method reported by two participants. Other methods were recommended by the panel participants: (a) creating an attractive organizational culture, (b) offering financial incentives to qualified minority candidates and support to minority students, (c) developing internship programs to maintain minority talent for leadership positions, and (d) maintaining a higher pool of minority applicants (Altheimer, 2015).

Participants reported a lack of local diversity and minority candidates for executive positions due to competitiveness among other institutions as principal barriers (33.33%). More barriers were given: (a) lack of coordination between HR and leadership, (b) leadership's lack of knowledge about the benefits of recruiting minorities, (c) senior leadership's inconsistency in recruiting minorities, (d) long history of disparities in the healthcare industry, (e) inadequate resources for the retention of minorities, and (f) a homogenous social network of senior leadership (Altheimer, 2015).

Findings included documented organizational action plans for minorities in leadership positions. Facilities encompassed diversity-related goals into strategic plans, such as in dashboards or scoreboards. The top-performing hospitals also used the following: (a) promotional or recruitment plans, (b) collaborations with other organizations to increase workforce training and educational programs, (c) orientation

training to address cultural and language factors that affected diverse populations, (d) the hiring process to attain managers who desired diversity, and (e) required diversity training for employees. The author reported important implications related to the practical considerations of the healthcare realm. Healthcare disparities may also be causative and socioeconomically marginalized. Organizations do not understand the individual needs and interests of the minority population like minority leaders. White, male senior leadership are indifferent to the philosophical necessity for diversifying the executive suite (69.23%).

Altheimer (2015) offered recommendations from the data analysis: (a) creating minority recruitment programs and policies and (b) formulating strategies in minority recruitment methods that are multifaceted. The causative factors contributing to barriers in minority recruitment must be explored and overcome. Identifying goals for current and future minority representation in leadership must be devised and set. The results support that organizational commitment in minority recruitment and retention must occur. Human resources managers must develop, implement, and evaluate proactive and detailed recruitment strategies. Hospitals must align and provide resources to aid in formalizing these efforts (Altheimer, 2015).

Altheimer (2015) utilized data from the IDHM to support and conduct this study. The author may have needed to produce her own data from facilities in the surrounding area. Another limitation was the underrepresentation of many other healthcare organizations who engaged in minority recruitment and those that did not. Also, all participants reported utilizing some form of minority recruitment method, whether formal or informal. The data collection methodology showed that participants lacked an

understanding of minority recruitment barriers and methods. Although limited resources may have been the catalyst to the lack of knowledge on recruitment barriers and methods. The author needed more time with the panel and interviewees.

Altheimer (2015) offered suggestions for further research. Minority recruitment methods must be created to overcome multiple barriers causing minority underrepresentation. The full scope of the issues in this study must also be reviewed and carefully considered, starting with the underachievement of minority students in primary and secondary schools. The author's literature review did not address the issue of minority group differences of representation in healthcare and governance, but characterizes the minority experience as universal. Asian Americans have risen in the ranks as healthcare executives more than any other minority group. Future studies should examine the socioeconomic differences between underachieving Black/African Americans and top-performing low-income Asian Americans. Variations in immigration, discrimination, and racism may be factors in the success of Asian Americans, compared to Black/African Americans. Further research should explore factors that lead to unqualified applicants (educational experience, resources) and factors that may overlook qualified applicants (recruitment, resources). The most important finding in this study reported major minority recruitment methods existed in organizations, but disparities still remain. The current social, political, and financial structures appeared to be causative factors in minority underrepresentation in executive suites (Altheimer, 2015).

Altheimer's (2015) study examined barriers and methods concerning minority recruitment in healthcare organizations. Even though the patient and staff population is increasingly diverse, minorities are underrepresented in healthcare organizations. This

study offered insight into factors that may cause the same issues and concerns specifically for the nursing profession. The results of the study showed improvement is needed in the area of minority recruitment for leadership positions (Altheimer, 2015). Best practices for diversifying the nursing workforce and upper level management is imperative in caring for increasing minority populations.

## Summary

Chapter II focused on research studies and literature surrounding diversity in nursing education, nursing practice, and nursing leadership. The literature supported factors linked to decreased diversity and its impact on healthcare for racial populations. The purpose of this study was to examine the perceived barriers of minority nurse representation in upper level management. The projected outcomes may provide new knowledge and solutions in increasing diversity in nursing leadership and the nursing profession overall. The implications for nursing from this study will increase dialogue and communication in nursing concerning minority nurse leadership. Chapter III will discuss the methodology of this study.

Chapter III

# METHODOLOGY

The methodology of the research study will be discussed in this chapter. Levels of the methodology include research purpose and research design, sample, sampling methods, setting, and research methods. Data collection, data analysis, and other descriptors will also be described in this chapter.

## Purpose of the Study and Research Questions

Nursing research produces evidence on significant issues in nursing education, practice, and administration (Polit & Beck, 2017). Nursing professionals use the research evidence to improve nursing practice and the quality care of patients. The purpose of this study was to examine the perceived barriers of minority nurse representation in upper level management. Four research questions were formed and utilized by the investigator:

1. What are the perceived barriers for minority nurses who seek positions in upper level management?
2. What factors do minority nurses view as significant in recruiting them for positions in upper level management?
3. What factors do minority nurses view as significant in promoting them to positions in upper level management?
4. What factors do minority nurses view as significant in retaining them in their positions in upper level management?

## Research Design

The research design chosen for this study was a qualitative process with concepts from the grounded theory approach. Historically, qualitative research derived from

disciplines such as humanities, sociology, anthropology, and evaluation (Creswell, 2014). Qualitative research is used for a topic which may not have been explored extensively or fully comprehended due to the lack of research. Qualitative studies are conducted about phenomena that occur in context (Datt, 2014). Qualitative researchers may use collected data in conjunction with quantitative analysis or independently. Applicable qualitative approaches can include evaluation processes, policy and action research, the development, correction, or confirmation of theories, and future research. This researcher hoped to identify factors and barriers, create more discussion and communication, and establish new strategies and solutions concerning minority representation in upper level management.

Glaser and Strauss (1967) discovered a "major need within the social sciences for more research aimed at the generation of theory" (p. 2). The authors described this method as grounded theory. Grounded theory is "the conversion of hard-core data research to theory" (p. 3). Although this theory is significant for studies in sociology, social psychology, and social anthropology, this approach is also important in the study of phenomena in nursing. The individual or investigator generates a theory from the research of the established process, problem, or action. More concepts from grounded theory include (a) the prediction and explanation of behavior leading to researcher control of situations and understanding of behaviors (b) advancement of theory in disciplines, such as sociology, (c) practical application, (d) perspectives on behaviors, and (e) guidance for research in unique areas of behaviors (Glaser & Strauss, 1967). Researchers who use grounded theory extrapolate behaviors, occurrences, or cultural aspects and clarify the meanings and experiences. The purpose of this study was to examine the

perceived barriers of minority nurse representation in upper level management. Data analysis may identify social, cultural, and psychological factors contributing to the possible cause of decreased diversity in the higher ranks of nursing management.

Research questions or hypotheses are formed in the beginning and conceptualized during the research process (Glaser & Strauss, 1967). Steps in the process of grounded theory involve: (a) choosing a research problem, (b) shaping the research problem, collecting data, analyzing and coding data, and (c) generating theory (Glaser & Strauss, 1967; Bitsch, 2005). During this process, grounded theory may take several forms. Although a literature review is significant in the research process, it is not a crucial factor in grounded theory. The professional and personal experiences of the investigator, chosen methods/materials, and the specifications of data analysis are more critical than past literature. The process of generating theory "can be presented either as a well-codified set of propositions or in a running theoretical discussion, using conceptual categories and their properties" (Glaser & Strauss, 1967, p. 31). In grounded theory, research questions may also be answered by understanding a core process as opposed to concentrating on a group socially and culturally. However, this study focused primarily on a culturally-specific group of individuals.

The researcher allowed participants to express views on the significance of recruitment, retention, and the promotion of minorities and barriers to upper level management in nursing. Data was gathered from the participants and the data analysis was initiated by using an open coding process. Staging was utilized to generate concepts and themes. Mozdzierz, Peluso and Lisiecki (2014) describe the linear and nonlinear forms of "listening, responding and interviewing" and interpreting information through

body language or voice inferences (p. 101). Linear and nonlinear forms involve listening and reacting to content and information, as well as using assessment methods. Significant questions must be asked and structured categories of topics and information must be reviewed to extract key concepts and themes (Mozdzierz et al., 2014).

The use of qualitative research and studies may have limitations and drawbacks. Qualitative data analysis can be a time-consuming and labor-intensive process (Polit & Beck, 2017). An enormous amount of data must be strategically arranged and interpreted sensibly for readers. Data collection could be exhaustive and topics can deviate from the original discussion (Chetty, 2016). Also, potential problems could go unnoticed in the data analysis. Another challenge of qualitative research is limited interpretations. The researcher's personal experiences and ideas could sway the interpretations or conclusions of the study (Chetty, 2016).

## Setting

As the study was based in the southern region of the United States, the participants worked in various roles and in various settings throughout the southeast portion of the United States. Data was collected in locations convenient to the participants. It is the responsibility of the researcher to prepare participants for the research and maintain comfortableness within the setting (Polit & Beck, 2017).

## Inclusion and Exclusion Criteria

Specific criteria must be defined for eligibility or exclusion in population samples (Polit & Beck, 2017). Participant inclusion criteria for the study included (a) minority RNs; (b) RN roles in various settings; including upper level management; (c) BSN or higher degrees; (d) full-time or part-time positions; and (e) English as a primary

language. Exclusion criteria included those participants who do not fit in the inclusion criteria above.

## Sampling Methods

The researcher utilized purposive sampling and specific inclusion criteria. Typically, qualitative investigators may use this type of sampling to increase the quality of the data (Polit & Beck, 2017). Purposive sampling and the inclusion criteria aided in the selection of a representative sample. The researcher sent emails to solicit participation from the target population. Potential participants were identified through professional and social relationships with the researcher. The professional and social connections with the researcher served as a catalyst for participants to aid in the study.

A password-protected email address was utilized. After participants responded with expressed interest, possible dates for participant availability and consent form (Appendix D) were sent via email. If participants communicate efficiently and provide meaningful information, a small sample size is sufficient (Polit & Beck, 2017). The target population for the study was chosen and consisted of minority RNs in various positions and organizations, including upper level management. All responding participants were accepted per the inclusion criteria and consented to the requirements of the criteria. The researcher did not receive any more interest from email correspondence or social media networking. Six minority nurse participants consented to interviews. During the interviews, data saturation was achieved from similar responses received from the participants. The researcher noted a replication of themes during the data analysis. Frequent assessments of the audio recordings, transcripts, and researcher memos assisted in verifying data saturation.

## Instrumentation

According to Polit and Beck, (2017), a major goal for researchers is deciding the kind and amount of data to gather for their study. Data should be free from errors, of value, and reliable. The researcher utilized an interview guide (Appendix C), researcher memos, and personal notes as the primary methods of instrumentation and data collection. The researcher's choice of instrumentation and data collection strategies are described below.

### Interview Guide

Typically, face-to-face interviews are conducted by the researcher and participants can offer meaningful information. However, for this study, the researcher utilized telephone conferencing as the primary method for the interviews. This method was chosen for convenience of the participants. The researcher begins by asking questions to start the conversation (Polit & Beck, 2017). In the grounded theory approach, interviews are initially unstructured and intend to attain opinions from participants (Creswell, 2014). For data collection, more subsequent questions arose from responses given by the participants.

To prepare for the interviews, the researcher created an interview guide to elicit dialogue about minority nurse representation in upper level management. The interview guide was given to a selected group of peers for content validity. Five RN constituents of the researcher were given the interview guide for review. The five reviewers were randomly selected due to their collegial and working relationships with the researcher. All reviewers were minorities and worked in various facilities in the surrounding southern region of the U.S. Three of the reviewers had more than 20 years of nursing experience,

one had 10 years of nursing experience, and one had almost a year of nursing experience. All reviewers had a BSN degree or higher. The researcher received feedback within two weeks from the reviewers. One reviewer shared the interview guide with two other minority nurses in an organization. Positive feedback was given after the review. The five nurses, including the two additional nurses, approved of the four research questions. The panel indicated that the questions were thought-provoking and specific to the topic. One reviewer reported emotional responses to some of the questions, especially about experiences within organizations. The panel of RNs approved the interview guide without any additional feedback.

**Memos**

The researcher preserved thoughts, ideas, and themes throughout each interview with memos. Memos were used to conserve reflections that may prove to be valuable in the data analysis (Polit & Beck, 2017). The researcher utilized the memos to document thoughts and ideas from themes captured during interviews. The memos were used for reflecting on the data collection process and reporting the findings of the study. The memos were adjusted due to interjections, voice changes, interruptions, pauses, and distractions. The written notes were used as the contextual findings and interpretations of the participants' responses and views. Modifications occurred in the memos as understanding arises (Polit & Beck, 2017).

**Personal Notes**

The researcher started a personal journal to evaluate values and beliefs and possibly remove any bias associated with the study. The notes ensured the researcher would not interject any bias throughout the study and responses are not altered to flatter

the study. The notes were also used to affirm the study's validity and trustworthiness and preserve the" quality of evidence" (Polit & Beck, 2017, p. 161). The researcher embraced a stance of neutrality during the data collection process. The researcher also ensured the participants understood the questions and avoided soliciting particular responses. The researcher avoided general terms, maintained precision, and documented the facts during interviews.

## Data Collection Procedure

Stages of data collection were used to capture data richness from the participants. Data collection occurred along with data analysis. The researcher describes each stage below.

### Participant Contact

A web-based training course on human participant protection (Appendix B) was completed by the researcher. The researcher obtained permission (Appendix A) from the William Carey University Institutional Review Board (WCU IRB) to conduct the research study. After approval was granted from the WCU IRB, the researcher sought possible study participants who lived and worked throughout the southeast portion of the United States. The researcher utilized social and professional relationships to recruit potential participants. The researcher then solicited participants through email and social media networking for possible interest in the study. The study details were sent by email and/or social media messaging for participant review. The email address was password-protected and only accessed by the researcher.

After confirming participation via email, each participant was provided a dependable telephone number and convenient day and time to be contacted by the

researcher. Participants who met the inclusion criteria were contacted via email by the researcher. The email described the study details, study protocols, confirmed participation, and dates for interviews. If questions and/or concerns arose during email correspondence, the researcher contacted the participant and addressed each concern by phone at that time. The researcher then sent a consent form and confirmed interview dates and times by email. The consent form consisted of (a) the purpose of the study, (b) the data procedures, (c) study commitment from the participant, (d) participant withdrawal from the study if requested, (e) participant permission for audio recording by the researcher, and (f) pertinent contact information. The signed consent form and interview confirmation were returned by email from each participant.

**Interviews**

Each interview was conducted during the participants' confirmed dates and times. Telephone conferencing was the method for all interviews. Confidentiality and comfort was maintained throughout the telephone conferences/interviews. Each interview was conducted in an environment free of noise and distractions.

Time constraints were not applied to the interviews. The interviews ranged from 45 to 60 minutes. If necessary and requested by the participant, the researcher was allowed more time. The researcher also allowed the participant to facilitate the interview to evoke more questions and expound on any possible emerging themes.

The researcher introduced the study and its details at the beginning of the interview. The researcher reminded the participants of their rights to decline participation in the study at any time. The participants were informed of the audio recording and analysis process throughout the interviews. After comfortability was established, the

researcher began with the interview questions. During the interview, the researcher encouraged each participant to express any concerns and to ask questions.

After the interviews, the researcher sent a post interview email to confirm interview transcripts. The participants were also asked to respond with any possible questions or concerns not addressed during the interview or upon completion of the interview. The email correspondences permitted the participants and researcher to reflect on the interview and possibly enhance responses given (Polit & Beck, 2017).

**Non-Verbal Communication**

During the interviews, the researcher noted any altered communication and patterned variations, including participant voice changes. Also, any questions, ideas, or concerns by the researcher and participant were written down and addressed.

**Human Participants Protection**

The identity of each participant was kept strictly confidential. Information about the study, the participants, and data was secured in a locked box located at the researcher's home. Only the researcher, the dissertation committee, and the transcriptionist had access to the study and interview materials. All email and other personal correspondences were kept completely confidential by password-protected email. The researcher logged in and out of the email after each incidence. Correspondences were saved by email and will be destroyed 5 years after the completion of the study.

**Ethical Considerations**

The researcher reminded the participants of their rights to decline participation in the study at any time. The participants were informed of the audio recording and analysis

process throughout the interview. The researcher also reiterated that the interview process could be terminated by the participant at any time. After confirming participation, each interview took place.

**Confidentiality**

For the security of study participants, the researcher never publicly disclosed data (Polit & Beck, 2017). All documents were saved in the password-protected email and the locked box at the researcher's home. The transcriptionist signed a confidentiality statement (Appendix E) to maintain the participants' confidentiality and privacy.

**Eliminating Participant Risk**

Prior to the interviews, the researcher informed participants about the foreseeable risks related to the study. The potential psychological and physical risks were discussed. The psychological risks included emotional distress from describing adversarial experiences and divulging negative feelings about certain events or people. To minimize the psychological risks, the researcher informed participants to confirm comfort with the topic before consenting to participation. The researcher also kept all participant identifiers confidential.

**Data Security**

The researcher protected the integrity of the data by appropriately representing the participants' responses. For confirmation of responses, the researcher sent each participant a copy of the individual transcript per email. Two critical factors of qualitative research are existentialism and veracity (Creswell, 2014). Four criterion by Lincoln and Guba (1985) were identified for creating trustworthiness of qualitative investigation: credibility, confirmability, dependability, and transferability. The criteria were used

meticulously throughout data collection and data analysis. Each component is described in the next paragraphs:

**Credibility**

Credibility pertains to the data truthfulness and the researcher's confidence in its interpretations (Polit & Beck, 2017). The researcher reviewed the data throughout the study and rectified any misinterpretations. Member checking was a significant element used by the researcher. The researcher repeated the participants' responses for accuracy, clarity, and confirmation of meaning. Member checking gave participants the opportunity to participate in the final analysis and product accounts (Creswell, 2014). The researcher confirmed that the initial data analysis was free of errors and accurate.

**Confirmability**

Confirmability refers to the best representation of the participants' information and researcher interpretations (Polit & Beck, 2017). The researcher utilized an audit trail (trustworthiness of data) and audited the transcriptionist's work. The researcher preserved a log of all research activities, created memos, and documented all data collection and analysis procedures throughout the study. Personal notes served as a resource to ensure data will be free of bias.

**Dependability**

Dependability surmises that data will maintain integrity over time (Polit & Beck, 2017). The researcher evaluated the data processes, data analysis, transcriptions, member checking, and the audit trail. Adjustments and corrections were made by the researcher.

### Transferability

Transferability indicates whether the data analysis can be utilized in other disciplines or conditions (Polit & Beck, 2017). The researcher continuously assessed the data for richness and accuracy. The researcher also thoroughly defined the research findings through thick description to ensure appropriate transferability.

## Data Analysis

Data was analyzed by the researcher, using concepts described in the grounded theory approach. Upon completion of interviews, a transcriptionist was utilized to transcribe the audio recordings. The transcribed data was received by the researcher and reviewed for accuracy against the original recordings.

Each transcription was thoroughly analyzed by the researcher. The researcher also carefully listened to each audio recording, repeatedly reading the written text along with the recordings and used open coding to interpret the data. The researcher utilized open coding to capture the richness of the interviews. Open coding provided a structure for categorizing significant themes and definitions of themes. The researcher also used memos during and after the interviews. The memos assisted the researcher in preserving ideas during the coding process. The memos were also utilized in comparison to additional ideas or notes and deepened the data analysis. The researcher used personal notes to enhance credibility and reflected on feelings or behaviors that arose during the interview process. After establishing the open codes, the researcher placed emerging themes into categories. Each research question was categorized separately. Clues, common words, and phrases were grouped for each research question and in the researcher's memos. During the coding process, the researcher assessed for additions,

subtractions, or revisions. The researcher continually documented ideas and reactions that emerged from the interviews. The researcher created a column table for each research question. Each column contained the research question and number, the participant's identification code and the response or narrative text. The transcripts and audio recordings were reassessed for patterns. The researcher used additional notes to fill in gaps from responses.

## Summary

The purpose of this study was to examine the perceived barriers of minority nurse representation in upper level management. Chapter III described the methodology of the research study. Research purpose, research design, sample, sampling methods, setting, and research methods were discussed. Data collection, data analysis, and other descriptors were also mentioned in this chapter.

Chapter IV

# PRESENTATION AND ANALYSIS OF DATA

After WCU IRB approval, the researcher utilized a qualitative research design methodology to examine the perceived barriers of minority nurse representation in upper level management. Chapter IV includes a presentation and analysis of data gathered from in-depth interviews with six participants. A description of the participants will also be included. The study findings are formatted by the four research questions and responses from the participants.

## Descriptive Characteristics of the Participants

The researcher sought study participants who lived and worked in the southeast region of the United States. The researcher utilized social and professional relationships to identify a target population and to recruit potential participants. The researcher then solicited participants through email and social networking for possible interest in the study. A password-protected email address was utilized. Six participants emailed signed consent forms and scheduled interviews with the researcher. Interviews were conducted through telephone conversations. The researcher utilized an audio recorder to tape the interviews.

The researcher conducted interviews during the period of December 2018 through January 2019. Data was collected from six minority nurse participants who work in various hospital settings, such as for-profit and non-profit healthcare communities. The selected participants were chosen by the researcher's inclusion criteria. The inclusion criteria included: (a) minority RNs; (b) RN roles in various settings, including upper level management; (c) BSN or higher degrees; (d) full-time or part-time positions; and (e)

English as a primary language. Consequently, participants were primarily hospital nurses with specialties and certifications in their area of practice. All participants were African American and female with an age range from 39 to 54 (mean age of 46). Four participants had a BSN degree, one had an MSN degree, and one had an MBA with a MSN degree in nursing administration. Three of the participants were also enrolled in nurse practitioner programs.

The range in years of nursing experience for the participants spans from 10 years to 30 years. Previous and current nursing experiences of the participants include: (a) critical care (CC), (b) operating room, (c) unit-specific (CC) education, (d) medical-surgical units, (e) vascular access, (f) rapid response, (g) float pool, (h) home health, and (i) oncology. Two participants were certified in CC and one participant was certified in vascular access. One participant had previously been an assistant nurse manager for a period of 1 year and a nursing supervisor. One participant worked in three nursing managerial positions and currently worked in a non-nursing managerial position. Most of the participants have served in their positions for more than 5 years.

Upon completion of interviews, a transcriptionist was utilized to transcribe the audio recordings. The transcribed data was received by the researcher and reviewed for accuracy against the original recordings. Themes emerged from the responses given by the six participants. Specific responses by the participants will accompany each theme. Each participant is identified by an alphabetic code for confidentiality purposes.

## Research Questions and Findings

The researcher asked a series of background questions prior to the four research questions. Participants described organizational and nursing experiences throughout the interviews.

### Research Question 1: "What are the perceived barriers for minority nurses who seek positions in upper level management?"

Participants provided responses about barriers associated with seeking upper level management positions. Data analysis revealed three key themes: (a) majority nurse leadership, (b) racial discrimination, and (c) racial inequality. Participants describe the leadership structure on their units and in their facilities. Participants also describe how minority nurses are represented in their organizations.

#### Majority nurse leadership.

Participants consistently referred to majority nurse leadership as a perceived barrier. Most of the participants used words and phrases, such as the *same leadership* and *same people.*

Participant A: "Well, yes, there are obstacles because the people that are working for upper level management in this organization are mostly the majority. The minority representation in upper management is lacking."

Participant B: "When you see the organizational chart, the layout, none of the pictures have been of minorities."

Participant C: "I don't think it's going to change and I hate to be a glass that's half empty type of nurse; however, I'm simply going by my experience from the last eight years. And I don't think it's going to change because we have the same leadership that they were managers when I first got there."

Participant D: "But I think the factors that are preventing a nurse from being an administrative type of nurse like a CEO or CFO, any of those things, because the same people continue to hold positions. They may move around a little bit but it's the same people."

Participant E: "I mean, this is an institution. The way it is and the way it's structured, I mean, and this would take years to undo the way people think and the way things are."

Participant F: "It's the same people and the type of leadership. I mean, no one has basically, in my opinion, has held them accountable. So they've kind of grown in that culture together, from those working at the bedside together and now they're in leadership together and so they have grown in that culture together."

**Racial discrimination.**

Some participants revealed racial discrimination as another perceived barrier. Words and phrases such as *color of your skin*, *bias*, and *limitations* were referenced in some participant responses.

Participant A: "Because even though you may have that great resume and you may have, you know, great recommendation and everything looks good, but your skin color is not what looks good to the majority when it comes time for the upper level job position."

Participant B: "Working at this institution has shown me you can only do what they want you to do. And certain positions are not for you and pretty much – know your place."

Participant C: "It may be – unfortunately, it may be something that minorities can't change if it's the color of your skin. It could be many things." "I mean, I don't know why they don't want me; I don't know why, but I feel like the color of my skin has something to do with it."

Participant D: "Well, I think that they think that we have a hard time separating professionalism with being – I hate to say it this way, but being ghetto or professional when they see us as a black person. They don't know if we will represent ourselves well or represent them in the right light. So I think that is a bias from my perspective that I think they feel for a black person."

Participant E: I think that without seeing someone, without hearing them speak, maybe we would have shots, but once we're seen, once we've appeared, they know who we are, it places limitations on us.

**Racial inequality.**

During the interviews, participants talked about higher workloads and unequal levels of opportunities and treatment. Participants used phrases like *the minority nurse works harder, very few minority nurses in the intensive care unit,* and *not given the same opportunities.* Participants mentioned majority nurses were oriented in some job positions and responsibilities over minority nurses who were equally at the same level.

Participant A: "And it seems like the minority nurse has to work three times harder than the majority nurse would. Why is that, I don't know; but even on the floors, you know, when you got the med/surg nurse up there, the majority nurse really doesn't do a lot because there's really not that many of them there. But the minority nurse, they're working their butts off."

Participant B: "As a minority nurse, when I was hired as a critical care nurse, I was the only African-American hired straight out of nursing school into critical care. And it was three other new grads that were hired at the same time to the unit that I went to. It was

three new grads hired at that time, and I was one of three new hires, the only African-American in the entire critical care new hires, one of three in that unit."

Participant C: "Some of them (minority nurses) have even applied for these positions; like I said, highly qualified. No reason, there's no reason why they should not have gotten the position, these leadership positions, but they're just not given a chance – we are just not given a chance. I am a minority nurse. We're just not given a chance at that facility."

Participant D: "Very rarely do – well, no, recently they're starting to cross over a little bit. I've seen a few floor nurses come into the ICU that are African-American. So that's new for the facility because mostly the facility had been more Caucasian-based."

Participant E: "The perceived barriers, first of all, we're not given the same level of opportunity. We have to prove ourselves like ten times over. And then if an infraction occurs or if something negative occurs, what happens to us is out of proportion to what would happen to a Caucasian. Those are the perceptions for the African-American nurse I would say in terms of what you can shoot for, what you can aim for. And then when you get there you're going to have different expectations placed upon you, even as a nurse at the bedside. So you can be ten times as good and you wouldn't get half the recognition that your Caucasian colleague would get. And so, those are the things because I've spoken to and mentored several black nurses and this is what they tell me and this is what their parents have told them, you know, what we have to do. We have to prove ourselves over and over and over and over again to get half the recognition that some of our Caucasian colleagues get."

One participant talked about conflicts of interests, in regards to personal relationships with leadership.

Participant F: "And I don't want to make an accusation, but it was an obvious by certain departments that were closing you would see an influx of other employees into management positions that weren't even qualified where you have nurses on the floor that have doctorates and were not even presented with an opportunity to be a manager on that particular unit, and you have someone come in without a bachelor's degree in risk management when your whole goal for the organization is to have a bachelor prepared manager. So you saw a lot of that, relationships built off of conflicts of interest. That was the biggest thing that I've seen at a previous organization."

**Research Question 2: What factors do minority nurses view as significant in recruiting them for positions in upper level management?**

**Consideration of educational qualifications.**

Greater than 50% of the participants talked about the consideration of educational qualifications as a major factor and theme. *Seek person who is qualified* and *giving them a chance with education* were phrases used by the participants. Two participants talked about *promotion of education,* and *fear of rejection.*

Participant A: "That's hard to say. What would be significant is that they would look at that person's resume and see if that person is qualified for that position and seek out somebody that is qualified for that position."

Participant B: "The recruitment part for African-Americans is just not there. And there are more and more African-Americans going back to get advance practice degrees even obtaining doctorates, Ph.Ds. But when you know you're in an organization that is not going to promote your education, I think people tend not to put themselves in a position

to be rejected, so I don't even think they apply. I don't even think many of them apply. And if they do, it's very far and few in between at this organization

Participant D: "I couldn't see them – well, what factors would be significant. Actually giving them (minority nurses) a chance with education and making them feel comfortable in their environment." "I think they would look at my education and they would weigh their pros and cons, but I just don't see it being given a serious chance."

One participant described an experience when applying for a nurse supervisor position.

Participant C: "But when they hired the guy with the ADN, I felt like I should have been hired before him, not just because I have a BSN, because the position requires a BSN, but they hired him." The researcher then inquired about the ethnicity of the newly hired nurse supervisor. Participant C: "He was Caucasian. They both were. They were two Caucasian males and myself."

One participant talked about creating policies as an important factor.

Participant C: "So as a leader I would be able to do that or even as upper management I would be able to do that and then we can make policies and rules that's there for everybody, you know, not for one or two people, but for everybody."

Two participants used the phrase *good ol' boy* in their responses.

Participant B: "Choose the best applicant and not a good ol' boy system, you know."

Participant C: "The good ol' boy -- and I'm not sure if you've ever heard of that phrase before, but it's been known down south and you see it. You see it all the time; not just at this facility but at others as well, and that mentality is just going to have to be done away with."

**Research Question 3: What factors do minority nurses view as significant in promoting them to positions in upper level management?**

**Disillusionment.**

Disillusionment with upper level management was a recurring theme with participants. Three participants used phrases, such as *who you know, handpick who they want,* and *they know who they want* pertaining to this research question. Some participants talked about how minority nurses could only reach a managerial level and did not have an opportunity to progress in their careers to director levels or beyond. One participant indicated that some experienced and qualified minority nurses were never considered for promotions, while their less experienced, under qualified majority counterparts often progressed to upper level management positions within a shorter period of working in the organization.

Participant A: "Well, it goes back to the saying of "it's not what you know, it's who you know." And it seems that most of the time that the people in upper management are reaching back and getting people that they know to help them advance. And they may know a minority person but they are more likely to, you know, recommend a majority person than they would a minority person."

Participant B: "Management positions, upper level positions, directors and leadership, organizational part, because what I've seen within this organization is – this organization handpick who they want and grooming them for certain positions. And that's what I've seen." "Hire people for things that they've done, things that they've accomplished and the strength that they can bring and being an asset to the organization, not because you've known this nurse for a couple of years and you go out and go to her Christmas Party.

But, you know, hire the best applicant for the job, not because you promised -- you groomed them or you let them shine. Hire the best applicant for the job."

Participant C: "Well, it means to me that that facility really is not for – and when I say is not for -- that facility doesn't focus on promoting minorities." "And if you're trying to get into a position, a facility that you think may be a little bit bias, you need to be very prepared in regards to the position."

Participant D: "Well, if they're in the same mindset and they're a clique or they know who they want to have in their environment that's more comfortable for them, then I don't see them decorating another nurse that's not someone that they're familiar with or either they're comfortable with being around even if she has a lot of education."

One participant talked about *know the job*, referring to minority nurses seeking promotions.

Participant C: "You really need to know the job that you're applying for. You need to know – just like anybody else, you need to know the facility. I feel like you need to know the history of the facility. You need to know the history of the position that you're applying for. So I feel like the factors would be to know what you want for your career moving forward."

**Research Question 4: What factors do minority nurses view as significant in retaining them in their positions in upper level management?**

**Fairness.**

Fairness and being knowledgeable were significant themes with participants. *Fair* and *transparent* were words used by some of the participants.

Overwhelmingly, over half the participants mentioned the significance of fairness and transparency of leadership with minority nurses.

Participant A: "Being fair, being honest, being truthful and staying on top of your job."

Participant B: "being fair.

Participant C: "And, like I said, so they're going to have to change their heart first and look at a person for what they can contribute to this facility." "I don't want to be anywhere that I'm not wanted because they won't utilize me like they should where I can give."

Participant E: "I'm hopeful that one day we will be judged by what we can do and not what we look like or what they think we cannot do or what we will do, you know…."

Participant F: "You need to be straight and narrow because that is what you're adverting to the public, so you need to be transparent." "But it has to start from the top. The culture has to change. It would have to be open and transparent."

**Knowledge of organizations.**

Participants mentioned the importance of existing minority nurse leaders having an understanding of their jobs. The participants also expressed how minority applicants need to know information about the job before applying.

Participant A: "But learning from that particular role that I took then, before I take another role, I would research a little bit more and just really dig deep into it to see what it's all about and maybe see if, you know, what the real picture looks like."

Participant C: "Well, I feel like you have to be very knowledgeable. I feel like you need to be knowledgeable because if you're not -- and you have to know twice as much, work twice as hard, you can't make any mistakes."

Participant F: "Because at this point when you're (upper level management) this far in this type of environment, you need to have a more objective approach to be able to assess

the situation in a way where the nurses are comfortable with verbalizing their concerns and expressions about how they feel that minorities do not represent certain aspects or all aspects of the organization."

Some participants talked about *being irrelevant* and how *your opinion doesn't matter.*

Participant C: "As a black nurse, you know and it's been proven too that you really don't get any leadership position or your opinion doesn't matter."

Participant D: "They don't talk down to you, but they make you seem as if you're irrelevant, you know. That's just my perspective, but it makes it seem that you're irrelevant. If you continue to bring the problems to them and they're not being solved or they don't hear your complaints or you may have a solution to something and still not heard, then that would seem as if they're not listening to you and your solutions and acting on them."

## Summary

Chapter IV outlines the data analysis and findings of the study along with the thematic areas. The purpose of this study was to examine the perceived barriers of minority nurse representation in upper level management. Interviews and data analysis revealed major themes that detailed perceived barriers and factors that affect the recruitment, promotion, and retention of minority nurses and minority nurse leaders. Consented participants provided thorough responses to confirm emerging themes.

Racial discrimination, racial inequality, and undiversified leadership structures were some of the identified barriers hindering minority nurses from seeking positions in upper level management. Educational qualification, experience, knowledge of

organizational history and position of interest, and improved infrastructure and policies are some of the significant factors for recruiting and promoting minority nurses at the leadership level. Promoting respect, fairness, and knowledge of organization were the main factors of concern that need to be considered for retaining minority nurses in upper level management.

# Chapter V

## SUMMARY

Chapter V provides a summary of the study and discusses the findings of the study in relation to previous research and conceptual framework. Implications for nursing, limitations, conclusions and recommendations for further research have also been outlined in this chapter. Data analysis revealed major themes that detailed perceived barriers and factors that affect the recruitment, promotion, and retention of minority nurses.

### Summary of the Study

After WCU IRB approval, the researcher utilized a qualitative research design methodology to examine the perceived barriers of minority nurse representation in upper level management. The researcher conducted interviews with six minority nurse participants who work in various hospital settings in the southeastern portion of the United States. All participants met study inclusion criteria. Interviews were conducted by phone correspondence and a researcher-developed interview guide was utilized. Themes emerged from the data to answer four primary research questions.

- What are the perceived barriers for minority nurses who seek positions in upper level management?
    - Majority nurse leadership, racial discrimination, and racial inequality
- What factors do minority nurses view as significant in recruiting them for positions in upper level management?
    - Consideration of educational qualifications

- What factors do minority nurses view as significant in promoting them to positions in upper level management?
    - Disillusionment with upper level management
- What factors do minority nurses view as significant in retaining them in their positions in upper level management?
    - Fairness and knowledge of organizations

**Discussion of Findings**

The U.S. population has become extensively diverse in the last century. The increasing minority population is more likely to have unequal access, receive poorer quality care and have worse health outcomes (Walton, 2013). Minority nurses are critical in reducing these health disparities. The current lack of diversity in the student body, nursing workforce, and faculty hinders the nursing profession from eliminating these disparities and achieving quality care for all people (NLN, 2016; Phillips & Malone, 2014). With the increasing complexity of healthcare practice environments and impending nurse leader retirements, the development of future diverse nurse leaders is of great significance. The research literature is insufficient in addressing the barriers bridging minority nursing and leadership. This study examined perceived barriers and factors affecting minority nurse representation in the areas of recruitment, promotion, and retention for upper level management.

The research questions were formulated from previous literature and the conceptual framework. Nursing attitudes and personal biases are primary barriers to culturally competent care. Persons of racial backgrounds desire to be personally valued. Common denominators for consideration include gaining self- awareness, checking for

personal biases, avoiding the tendency to stereotype, and refraining from discrimination (Rushel et al., 2012). These denominators must be infused throughout nursing education, practice, and leadership. The barriers and factors identified from this study further confirm the persistence of biases and racial issues.

**Research Question 1**

From the study findings, a majority nurse leadership, racial discrimination, and racial inequality were identified factors that deterred minority nurses from seeking leadership positions within their perspective organizations. Other factors include fear of rejection and lack of confidence in leadership structures as well as personal perceptions about minority nurses. The participants in this study revealed leadership structures that are indifferent to diversifying upper level management. The participants reported that they were unequally treated due to the color of their skin and believed upper level management perceived them to have limited or inadequate experience and knowledge to be a nurse leader in the organization.

Kumanyika and Jones (2015) reflected on the evidence showing how unequal treatment in the health care system due to race leads to health disparities. Skin color plays a critical part in how people are viewed, valued, and treated. Racism, both intentional and unintentional, affects the health and well-being of individuals and communities and stifles the opportunity of many to contribute fully to the future and growth of the nation (Kumanyika & Jones, 2015). According to Leininger (1991, 1995) culture is described in part as learned and transmitted values and beliefs of a particular group that guide thinking, decisions, and actions in patterned ways. The perceptions of the minority nurses and leadership may have been attributed to their culture and beliefs in each group.

Authors Bailey (2013) and Brewer (2018), referred to the lack of diversity in advanced nursing and the importance of diversifying advanced practice registered nurses (APRNs) to meet the growing healthcare demands in the United States. The authors determined that the underrepresentation of minority nurses in advanced nursing practice has affected the quality of healthcare services within healthcare facilities. Percentages given by Brewer (2018) of the current racial make-up of APRNs equals that of nursing practice and nursing leadership. Majority nurses compose most of the APRN sector with a percentage of 73.3, while 17.3% of Hispanics, 12.6% of African Americans, 5.2% of Asians, 3.1% of multi-racial groups, 0.8% of American Indian/Alaskan Natives, and 4.8% of other categories compose the remainder of the sector (Brewer, 2018). Ferrell et al., (2016) determined more research was needed in exploring variables that contributed to the decreased numbers of minorities in health care. Further concentration should be on the recruitment and retention of minority nursing students.

The findings further illustrate that upper level management and director positions are reserved for the majority nurses. The participants reported that more authority was given to upper level management (who composed the majority) and limited regard was given to the concerns of the minority staff. According to the study findings, institutional prejudice and racial inequality continues to exist in some facilities in the southern region of the United States.

More inferences can be placed on the continual racial inequality and fear of rejection in applying for these advanced nursing practice positions and for leadership. Majority leadership structures play a role in limiting minority advancement in nursing

practice. Therefore, minority nurses may be reluctant to advance their education and are unable to advance careers.

**Research Question 2**

This study identified factors that may contribute to better recruitment practices of minority nurses to upper level management. One significant factor included the consideration of educational qualifications. According to Dawson (2013), minority nurses continue to become underrepresented in upper level management, despite their efforts to advance their educational qualifications. Through the in-depth interviews, participants indicated that adequate educational qualifications, knowledge of organizational history and position of interest, and improved policies were major aspects in recruiting minority nurses for leadership positions. Consequently, existing policies and regulations were noted to only support the majority with limited emphasis on the benefits for minority nurses. Participants reported that policies should be structured around improving hiring practices and concentrate on an individual's educational qualifications and experience. These responses echoed similar findings by Altheimer (2015). Minority recruitment methods must be created to overcome multiple barriers causing minority underrepresentation. Altheimer (2015) suggested partnering with minority professional entities to recruit through formal policies and programs. Grooming existing minority personnel in the organization for executive positions was another method reported by Altheimer (2015).

Perrine (2009) illustrated participatory decision-making as one of the significant factors that may support the recruitment and retention of minority nurses in upper level management. Wolcott, Llamado, & Mace (2013) and Primeau, Champagne, & Lavoie-

Tremblay (2014) reported findings that included experiences of racism, bullying, and inequality by minority nurses. Minority nurses also faced personal and organizational barriers to adaptation, especially fear, anger, and disappointment (Primeau et al., 2014). The concerns of minority nurses were ignored and not addressed. Participants in this study reported blatant disregard for their concerns and issues. Autocratic approaches tend to demoralize nurses, affect the working relationships, and create feelings of inequality, disrespect, and racial discrimination. Perrine (2009) indicated that shared governance and participatory decision-making increased respect and a greater extent of autonomy in the work environment. Moreover, this approach builds confidence, improves attitudes, and creates more collegial relationships.

Nilufa (2014) credits the importance of policies in health care facilities as a way to improve adequate recruitment of qualified nurses in healthcare organizations. Baptiste (2015) noted increased workload and decreased job satisfaction as factors in negative work experiences and failed recruitment practices. Minority nurses in this study felt that their workload was higher in comparison to that of majority nurses. Policies, power and decision-making are vested in the top level managers of organizations, which are comprised of majority nurses. Leininger (1991) stated the need for health care providers to be flexible in the design of programs, policies, and services to meet the needs and concerns of culturally diverse populations and groups that are possibly encountered. Organizational leaders have an enormous influence in the recruitment of nurses (Oyetunde & Ayen, 2014). Oyetunde and Ayen (2014) confirmed the need for organizations to frequently review their policies, especially those regarding the safety and recruitment of all nurses.

**Research Question 3**

Negative experiences and disillusionment with leadership for the minority nurse participants adversely affected their perceptions of upper level management. Frequent rejection of minority nurse applicants for upper management positions impacted their attitude towards seeking more positions. Some of the participants consistently indicated a lack of confidence in the organizational leadership structure due to the majority make-up. The "*who you know" or "good ol' boy system*" in the leadership structure deterred minority nurses from applying for positions in upper level management. At times, the participants were emotional when they recalled the feeling of being rejected for certain positions.

Within the transcultural nursing theory, Leininger (1995) depicts a state of cultural shock for different cultural groups. Cultural shock is the inability to respond to a different cultural environment because of its sudden unfamiliarity and incompatibility to the stranger's perceptions and expectations. In this instance, minority nurses perceived leadership to promote only individuals of familiarity, which lead to disillusionment. Salvucci and Lawless (2016) study reported a presence of bias in hiring as a barrier in the recruitment and hiring of minority nursing faculty. Salvucci and Lawless recommended focusing on barriers to the diversity of faculty, the challenge, and the need for increasing the ethnic representation of nursing students and nurses.

Most of the participants pointed out that they had lost motivation in seeking management positions within their facilities due to the limited opportunities for advancement. Despite their qualifications, work experiences, and advanced education, minority nurses perceived that upper level management positions were reserved for the

majority nurses. The participants reported that their facilities were not ready to promote minority nurses to higher levels of management. Restricted opportunities for minority nurses to advance beyond a lower level of upper level management were noted through participant responses.

The American College of Healthcare Executives (2015) states that racially/ethnically diverse employees represent a growing percentage of all healthcare employees, but only hold a modest percentage of top healthcare management positions. Studies suggest diversity in healthcare management can enhance quality of care, quality of life in the workplace, community relations and the ability to change community health status. Achieving diversity in management would involve total commitment on all professional levels, including middle managers and senior executives, within organizations through the awareness of diversity and inclusion issues, recruitment and hiring practices that attract diverse staff, development and mentoring in educational programs and organizations, and organization-wide diversity and cultural competency training.

**Research Question 4**

The retention of minority nurse leaders is a significant aspect of ensuring high quality care of the diverse patient. Perrine (2009) reiterated maintaining a deeper level of respect and fairness between leadership and minority nurse staff. The author recommends appropriate implementation of policies that promote an individual's value, dignity and worth as a means of improving respect. Leininger (1991, 1995) suggested developing understanding, respect and appreciation for the individuality and diversity of patient beliefs, values, spirituality and culture regarding illness, its meaning, cause, treatment,

and outcome (Leininger, 1991, 1995). This may lessen the feelings of racial discrimination, inequality, and fear of rejection amongst minority nurses.

Participants also mentioned that minority nurses in leadership positions should seek opportunities in the face of challenges. Hard work and confidence were noted to be significant factors for minority nurses in leadership positions. The participants in a study by Dyess et al. (2016) concentrated on a fear of failure as nurse leaders or the fear of termination. Mentorship and structured leadership programs were recommended to reduce concerns of failure.

Participants indicated persistent good work in spite of the challenges that they face in their work environment. A feeling of confidence contributed to good working relationships with their fellow colleagues and patients. Consequently, knowledge of organizational history and background was important for minority nurses within their facilities. Most of the participants indicated that minority nurse leaders need to have adequate knowledge of organizational background for the purposes of organizational culture and operational procedures. This knowledge would increase understanding of company procedural practices and give minority nurses an opportunity to enhance their work performance. Dyess et al. (2016) indicated a need for leadership to efficiently communicate leader's roles and responsibilities to staff and foster more cohesive relationships.

Along with understanding the organization history, participants reported that minority nurse leaders need to learn more about their current managerial positions as well as previous challenges surrounding the position. This learned knowledge could assist in

understanding how to manage current challenges and issues and grow them as minority nurse leaders.

The participants placed emphasis on the influence of minority nurses in upper level management as motivation for others to seek those positions. However, limited opportunities are given to the minority nurse to participate in leadership programs, or rather hold roles with leadership responsibilities within the participants' organizations. Culture guides behavior into acceptable ways for the people in a specific group as such culture originates and develops within the social structure through interpersonal interactions. For nursing to successfully provide care for a client of a different cultural or ethnic background, effective intercultural communication must occur (Leininger, 1991, 2006). Nursing must also apply these principles within its own entity and use self-evaluation to increase skills for interaction.

Supportive leadership can foster better working relationships, improve motivation through appropriately handling nurses' expectations in terms of promotions, and increased communication. These actions can be achieved through fairness, tolerance, honesty, and equity in the senior management sector. Organizational attributes may counteract de-motivating factors at the staff level and enhance personally motivating factors such as the desire to maintain professional standards for leadership positions (Aluku, 2012).

## Implications for Nursing

Nurses comprise the largest numbers in the healthcare workforce. However, the racial makeup of the nursing workforce does not complement the increasingly diverse population. Population health care has been affected by the decreased diversity in the

nursing workforce (NLN, 2016). Participant comments reflected on an imbalance of minority representation in organizations and leadership. The need to cultivate diversity in nursing education, workforce, and leadership is imperative for the growing minority population. This study carries implications for nursing education, policy, and practice.

**Nursing Education**

Emphasis must be placed on decreasing the barriers in this study to move nursing forward in the coming future. The focus must not only be on cultural competency training, but increasing the goal of minority representation in education, the workforce, and leadership. This importance has been studied in previous literature (Phillips & Malone, 2014, Altheimer, 2015, Dawson, 2013).

The American Association of Colleges and Universities (AACU; 2015), urges higher education to use inclusive excellence as a strategic framework to actively review and evaluate institutional practices and policies. This inclusive excellence features ideas, processes, and challenges connected to diversity and inclusion that moves from discussion and leads to institutional change (NLN, 2016). Using inclusive environments can uncover inadequacies in student success, identify effective educational practices, and develop these practices fundamentally for prolonged institutional change (AACU, 2015).

Integrating project-based learning or experiential learning in higher education could assist in an inclusive environment. For example, students can brainstorm, research social issues, find organizations that address these concerns, and serve in one of these organizations (AACU, 2015). The support for minority representation in nursing programs and for faculty must not be overlooked. Fostering inclusive environments for

students and faculty would help eliminate the disparities and improve quality care for all people.

**Nursing Practice**

For nursing practice, many opportunities to advocate for change exist. The health care system and nursing must understand the individual needs and interests of minority populations. Factors that lead to unqualified minority applicants (educational experience) and factors that fail to hire qualified minority applicants (recruitment) need to be examined. Nursing can participate in task forces and research to improve hiring and promotion practices. Regular assessments of leadership structures, knowledge development, and mentoring programs would provide assistance to organizations for diversity inclusion. The influence of culture, race & ethnicity on the development of social and emotional relationships and attitudes toward health and people is significant for change (Leininger, 1991).

It is important for nursing leadership and all within the ranks of management to remove biases and strive to formulate an environment that is supportive and collegial for all individuals, regardless of race. The development of models for optimal adaptation into leadership roles and improvement of personal and organizational factors leading to perceived barriers is essential.

**Nursing Policy**

Organizations can create policies that (a) dispel discriminatory practices, (b) improve recruitment processes for diverse leaders, (c) provide opportunities for advancement, and (d) encourage environments that increase the retention and promotion of well-qualified diverse applicants. Participating in lobbying sessions at the local,

regional, and national levels and advocating for better recruitment and diversity policies within organizations could aid in increasing awareness. To broaden engagement, minority nurses need to enhance their involvement in professional and specialty organizations. Minority leaders are significant in securing resources and designing policies that contribute to reducing health disparities in the rising minority populations (Phillip & Malone, 2014).

## Problems Encountered in the Research Process

The researcher's chosen interview method, telephone interviewing, did not allow for significant non-verbal communication. This method limited the researcher to only vocal expressions.

## Recommendations for Further Research

There are still an array of gaps that can be explored to further increase minority nurse representation in upper level management.

Recommendations include:

1. The exploration and expansion of research outside of the southeastern region of the United States.
2. A quantitative aspect to the research design (mixed method); quantify the severity of variables in the nursing community.
3. Research surrounding the inclusion of diversity management teams, tools, or models within the surrounding organizations.

## Conclusion

The purpose of this study was to examine the perceived barriers of minority nurse representation in upper level management. The research questions were created to

generate theoretical discussion about minority representation in upper level management, in lieu of concrete theory in a "well-codified set of propositions" (Glaser & Strauss, 1967). The findings from this study identified perceived barriers and factors that possibly lead to minority underrepresentation in upper level management. The participants in this study perceived that a majority nurse leadership, racial discrimination, and racial inequality were major barriers to minority nurses seeking upper level management positions. The participants also reported perceptions of unequal treatment due to the color of their skin and how upper level management perceived them to have limited experience and/or knowledge as nurse leaders. Educational qualifications were considered a significant factor in the recruitment of minority nurse leaders. Decreased opportunities and disinterest in promoting minority nurses to upper level management were reported factors leading to disillusionment with nursing leadership. Participants revealed that existing minority nurse leaders should acquire more knowledge of their current positions and strive for fairness for retention purposes. The identified themes and projected outcomes from this study may provide new knowledge and solutions in increasing diversity in nursing leadership and the nursing profession overall. The implications for nursing from this study could increase dialogue and communication in nursing concerning minority nurse leadership. Factors from this study and the theoretical discussion can be used as an ever-developing process and a premise for future research and analysis.

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# APPENDIX A

William Carey University Institutional Review Board Approval Letter

WILLIAM CAREY
UNIVERSITY

INSTITUTIONAL REVIEW BOARD
Jalynn Roberts, Ph.D.
Chair

November 29, 2018

**TO: Keisha Chaffee**

**RE: Minority Nurse Representation in Upper Level Management (IRB #2018-106)**

**Keisha Chaffee,**

**This letter serves as official notification of the approval of your project by the Institutional Review Board (IRB) of William Carey University.** It is the IRB's opinion that you have provided adequate safeguards for the rights and welfare of the participants in this study, and that the proposal appears to be in compliance with the Code of Federal Regulations on the Protection of Human Subjects (45 CFR Part 46). **It has been classified as expedited review research under the IRB guidelines.**

You are authorized to implement this study as of the date of final approval, which is November 29, 2018. This approval is valid until is November 28, 2019. If the project continues beyond this date, the IRB will request continuing review and update of the project.

**You are required to notify the IRB immediately if any of the following occur:**

1. **any proposed changes that may affect the status of your project;**
2. **any unanticipated or serious adverse events involving risk to the participants.**

When the above-referenced research project is completed OR if it is discontinued, the WCU IRB must be notified in writing. The IRB Final Report Form will be used for this purpose.

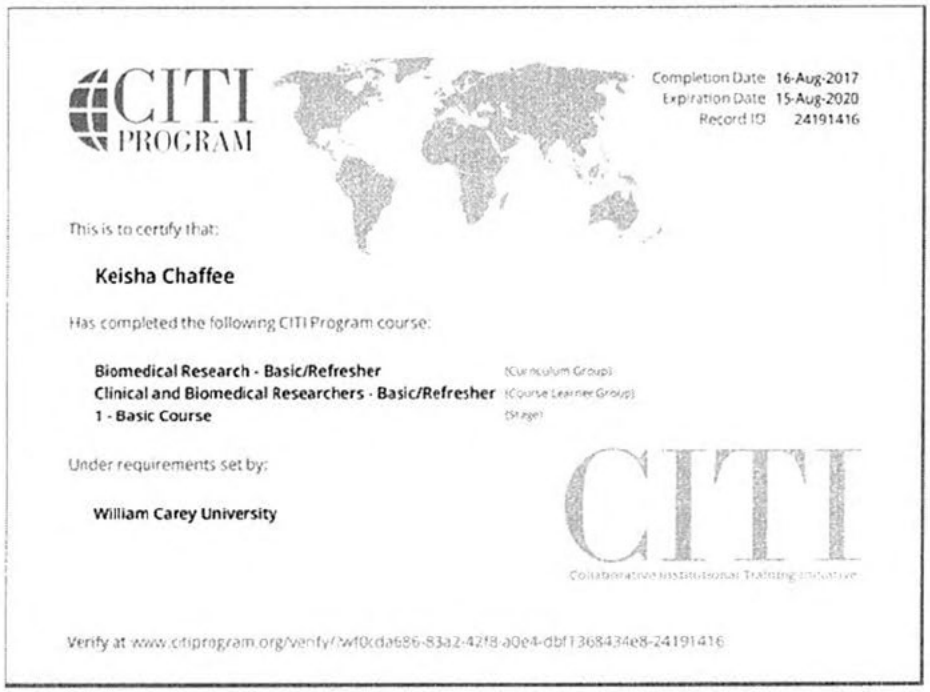
On behalf of the Institutional Review Board,

Jalynn Roberts

Jalynn G. Roberts, Ph.D.
Chair, WCU Institutional Review Board

# APPENDIX B

## Citi Program Training Completion Certificates



CITI PROGRAM

Completion Date 16-Aug-2017
Expiration Date 15-Aug-2020
Record ID 24191416

This is to certify that:

**Keisha Chaffee**

Has completed the following CITI Program course:

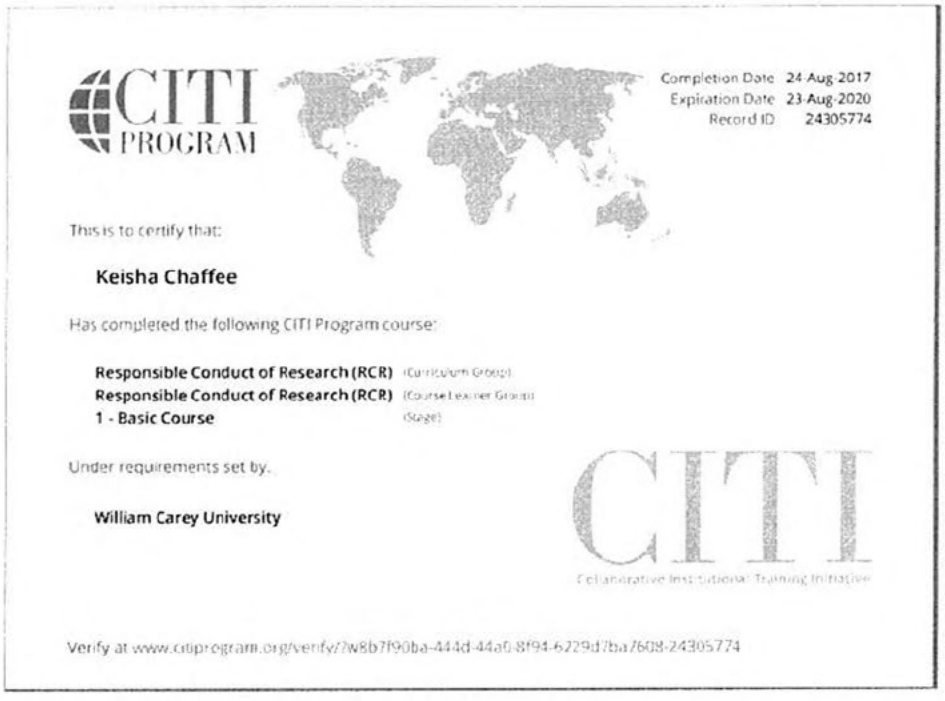
**Biomedical Research - Basic/Refresher** (Curriculum Group)
**Clinical and Biomedical Researchers - Basic/Refresher** (Course Learner Group)
**1 - Basic Course** (Stage)

Under requirements set by:

**William Carey University**

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wf0cda686-83a2-42f8-a0e4-dbf1368434e8-24191416



CITI PROGRAM

Completion Date 24-Aug-2017
Expiration Date 23-Aug-2020
Record ID 24305774

This is to certify that:

**Keisha Chaffee**

Has completed the following CITI Program course:

**Responsible Conduct of Research (RCR)** (Curriculum Group)
**Responsible Conduct of Research (RCR)** (Course Learner Group)
**1 - Basic Course** (Stage)

Under requirements set by:

**William Carey University**

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w8b7f90ba-444d-44a0-8f94-6729d7ba7608-24305774

CITI PROGRAM

Completion Date 17-Aug-2017
Expiration Date 16-Aug-2020
Record ID 24223579

This is to certify that:

**Keisha Chaffee**

Has completed the following CITI Program course:

**Social & Behavioral Research - Basic/Refresher** (Curriculum Group)
**Social-Behavioral-Educational Researchers - Basic/Refresher** (Course Learner Group)
**1 - Basic Course** (Stage)

Under requirements set by:

**William Carey University**

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wdaf64bb6-7254-4bfa-898e-a0c73b8defe6-24223579

CITI PROGRAM

Completion Date 17-Aug-2017
Expiration Date N/A
Record ID 24191417

This is to certify that:

**Keisha Chaffee**

Has completed the following CITI Program course:

**Information Privacy Security (IPS)** (Curriculum Group)
**IPS for Students and Instructors** (Course Learner Group)
**1 - Basic Course** (Stage)

Under requirements set by:

**William Carey University**

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wb2302cb8-3382-43[illegible]ba7a-2f3356cf3193-24191417

# APPENDIX C

Interview Guide

Minority Nurse Representation in Upper Level Management

This interview is being conducted as part of a dissertation for the Doctor of Philosophy in Nursing Administration and Education at William Carey University.

Sample Questions

1. What is your position in this organization?
2. How long have you served in this position?
3. How long have you served in the organization?
4. What previous positions have you held in this organization and/or other organizations?
5. Please describe your current organizational setting.
6. Do your current roles and responsibilities include any involvement in leadership programs or professional organization activities?

Sample Experience Inquiries/Questions

1. Tell me about your experience as a minority nurse in your organization.
2. How are minority nurses represented in your organization's leadership roles?
3. Could you tell me about your career progression? What opportunities have you sought and did not achieve?
4. If not, tell me about this experience….were you given a reason to why you were not hired?
5. Tell me more about your experience with the hiring process/interview process.

6. Could you say more about…..?

7. Could you expound on what you just said….?

8. How did you know that was fair or unfair…..?

9. Having experienced this, what does it mean to you…..?

10. How has this _____experience affected you in applying for other leadership positions or helped you in applying to more…?

******These questions will be introduced after the above information has been established or infused within:

1. What are the perceived barriers for minority nurses who seek positions in upper level management?

2. What factors do minority nurses view as significant in recruiting them for positions in upper level management?

3. What factors do minority nurses view as significant in promoting them to positions in upper level management?

4. What factors do minority nurses view as significant in retaining them in their positions in upper level management?

## APPENDIX D

Consent Form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Minority Nurse Representation in Upper Level Management

Keisha Chaffee, MSN, RN is a doctoral student in the PhD program at William Carey University Joseph and Nancy Fail School of Nursing. Minority nurses who work in various roles and settings are invited to participate in a research study to examine the perceived barriers of minority nurse representation in upper level management. You are asked to participate in an interview by the researcher of the study. There is no cost to participate. Your name will not be used and your identity will not be revealed in connection with the study. The information you provide during the interview will be analyzed and studied in a manner that protects your identity. The information you provide will also be kept safely locked away and utilized by the researcher, transcriptionist, and dissertation committee only. All information will be destroyed upon completion of the study. Participation is entirely voluntary and you can decide not to participate or cancel the interview at any time. If you decide not to participate, your information will be destroyed right away. The benefit to participating in this study will be in knowing you assisted in adding new knowledge and solutions in increasing diversity in nursing leadership and the nursing profession overall. The research study and consent form have been approved by William Carey University Institutional Review Board and ensures that studies involving human subjects follow federal regulations and protect participants'

rights to privacy. If you have any questions about this research study, please contact Keisha Chaffee at kchaffee282975@student.wmcarey.edu.

I have read and understand this form, and consent to participate in the research as it has been explained to me. I have received a copy of this consent form for my records.

| | |
|---|---|
| _____ | _____ |
| Signature of Participant | Date |
| _____ | |
| Name of Participant (Printed) | |
| _____ | _____ |
| Signature of Principal Researcher | Date |

## APPENDIX E

Confidentiality Statement

I, _____, agree to transcribe the audio/digital recordings provided by Keisha Chaffee, MSN, RN for the study entitled "Minority Nurse Representation in Upper Level Management". I understand that I will have access to pertinent information provided by the participants involved in this study. As a member of the dissertation team, I acknowledge that I have an obligation to protect the confidentiality of the participants' information acquired during this study. All audio/digital recordings will be returned to Keisha Chaffee and all study materials will be erased from my hard drive and additional devices upon completion of the study.

My signature below indicates my acceptance of the above obligation. I acknowledge that failure to comply or to fulfill this obligation can lead to removal from the dissertation team.

Signature_____

Date_____