A NURSE'S

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GUIDE TO

TRANSITIONING TO AN ACADEMIC ROLE

STRATEGIES TO JUMPSTART YOUR CAREER IN EDUCATION AND RESEARCH

MERCY NGOSA MUMBA

US $39.95

Starting any new professional endeavor can be as challenging and overwhelming as it is exciting. Moving from practice to education can further amplify the uncertainty. Academia is a whole different world, which means a unique new culture, different priorities, and a complete change in your day-to-day work life. Lucky for your soon-to-be students, you already know what it takes to be a strong, competent clinician. You just need to transfer that knowledge to future nursing professionals.

A Nurse's Step-by-Step Guide to Transitioning to an Academic Role gives you a detailed road map for a successful transition to academia. Using a conversational tone and highly practical tools, author Mercy Ngosa Mumba explains how to:

- Understand different types of academic appointments
- Connect with colleagues and students
- Juggle various academic responsibilities
- Manage your time and stress
- Contribute to a more equitable institutional culture

This book will help you draw upon your strengths to create a successful and satisfying academic career that supports the nursing profession. It offers crucial guidance in learning how to balance competing priorities and avoid burnout. You will learn to not just survive but *thrive* in academia!

> *"The academic environment can be daunting to new graduates or practicing nurses. Dr. Mumba has authored a must-read primer for nurses and other healthcare professionals pursuing a career in academia.* A Nurse's Step-by-Step Guide to Transitioning to an Academic Role *provides a window into academia and is bursting with pragmatic information and real-world examples of what to expect and how to navigate a successful and balanced academic career."*
>
> -Richard Ricciardi, PhD, CRNP, FAANP, FAAN
> Professor
> George Washington University
> Past President, Sigma

MERCY NGOSA MUMBA, PhD, RN, CMSRN, FAAN, is an Associate Professor in the Capstone College of Nursing at the University of Alabama and serves as a United Nations liaison for Sigma. An award-winning scientist, philanthropist, and published author, Mumba conducts research focused on substance use disorders, addictive behaviors, and their comorbid mental health conditions, including depression and anxiety.

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Strategies to Jumpstart Your Career in Education and Research

MERCY NGOSA MUMBA, PhD, RN, CMSRN, FAAN

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About the Author

Mercy Ngosa Mumba, PhD, RN, CMSRN, FAAN, is an award-winning scientist and philanthropist. She is a published author in peer-reviewed scientific journals, and her research is widely funded by various agencies, including the National Institutes of Health (NIH). She is an Associate Professor and Founding Director of the Center for Substance Use Research and Related Conditions in the Capstone College of Nursing at the University of Alabama. She is also a Sigma liaison to the United Nations. She graduated with her PhD from the University of Texas at Arlington College of Nursing and Health Innovation in December 2016 and with her honors bachelor of science in nursing in December 2010.

Her research focuses on substance use disorders, addictive behaviors, and their comorbid mental health conditions. She is particularly interested in the impact of social determinants of health and the role of health disparities in preventing, treating, and managing these conditions. Mumba is passionate about improving the human condition through evidence-based initiatives and interventions and is a strong advocate for increasing research productivity, infrastructure, and human capital globally. She is personally involved in many initiatives that improve healthcare outcomes and promote holistic wellness and quality of life among individuals and communities worldwide. Mumba gained tenure and was promoted from Assistant Professor to Tenured Associate Professor in a record-breaking three years. She has $17 million in grant funding and is principal investigator on studies supported by over $9 million of extramural funding, including from the National Institutes of Health.

As an educator, she enjoys transferring knowledge to the next generation of nurse clinicians, nurse educators, nurse leaders, and nurse scientists. She is especially grateful for the opportunity to mentor the next generation of scientists, regardless of discipline and profession. She is an exceptional researcher, and her intraprofessional research lab at the

University of Alabama is home to several undergraduate and graduate honor students from various professions and disciplines, including nursing, medicine, biochemistry, psychology, public health, social work, engineering, and education. She has worked collaboratively with and mentored high-achieving students for almost 10 years. She believes that mentoring has benefits for both the mentor and mentee because it invigorates passion for inquiry and discovery.

Mumba is also a passionate servant leader who believes in the power of advocacy to effect policy changes that result in positive population outcomes. She serves on many boards and committees internationally, nationally, and locally, including the International Organization of African Nurses, the American Psychiatric Nurses Association, the Southern Nursing Research Society, and Sigma Theta Tau International's Epsilon Omega Chapter. She believes in giving back to the profession of nursing through service, scholarship, and mentorship. Professional engagements and service make Mumba's work worthwhile and allow her the opportunity to interact with people from all walks of life from around the world. She considers herself a global citizen, and her worldview is informed by diverse perspectives from interactions with individuals around the globe.

Every summer, Mumba takes a group of nursing students on medical mission trips to Zambia, Africa, where she was born and raised. They set up mobile clinics in rural areas, providing free healthcare services to some of the most vulnerable and disadvantaged communities in Zambia. She is especially passionate about this work because it is her way of giving back to the communities she grew up in. She also works collaboratively with the University of Zambia School of Nursing and Lusaka Apex Medical University to provide consultative services related to uptake and implementation of evidence-based nursing in both the nursing school curricula and practice settings. Mumba's long-term goal for Africa is to improve the quality of nursing education in Zambia and other African countries, increase the number of doctorally prepared nurses, and improve patient outcomes through implementation of person-centered healthcare systems and processes.

Contributing Author

Whitnee C. Brown, DNP, CRNP, FNP-C, PMHNP-BC, became a full-time Clinical Assistant Professor at the Capstone College of Nursing (CCN) at The University of Alabama in 2019. Her nursing career began in oncology, where she worked in inpatient oncology, medical oncology, gynecologic oncology, and radiation oncology. She has also worked in other areas of nursing, including medical-surgical, orthopedics, neurology, and neurology–ICU. She has worked as a nurse clinician, supporting the launch of multiple electronic health record programs. Brown has served as a preceptor for ADN-to-BSN programs, BSN programs, and MSN programs for many colleges and universities over the years.

Prior to her transition into academia, she had 10 years of nursing experience, including many leadership roles. Brown has been a family nurse practitioner for four years and continues to maintain her practice by working with a local hospitalist service as well as providing community wellness care. Her clinical expertise focuses on opioid diversion, misuse, and abuse. Brown conducts research addressing the opioid crisis, predominantly focusing on the provider's impact through the use of prescription drug monitoring program (PDMP) technology, specifically in Alabama. Her other research interests include telemedicine, informatics, rural healthcare, healthcare policy, and nurse practitioner entrepreneurship.

Brown is a member of the CCN Caring Fund Committee and Faculty Practice Council at The University of Alabama, Central Alabama Nurse Practitioner Association, Sigma Theta Tau International, Nurse Practitioner Alliance of Alabama, and Alpha Kappa Alpha Sorority. She has presented her research at the local level and at a national research conference.

Table of Contents

About the Author vii
Contributing Author ix
Foreword xv
Introduction xix

I Welcome to Academia 1

1 Becoming an Educator 3
Three Pillars of Higher Education 4
Types of Entry-Level Academic Appointments 6
Choosing the Right Position for You 10
12-Month and 9-Month Appointments: What's the Difference? 13
Let's Talk Distribution of Effort (DOE) 19
Understanding the Role of an Educator 22
Final Thoughts 25

2 Academic Teaching Is an Art 27
Managing Your Workload 29
Beyond Workload Units to Practicality 33
Teaching Assignment Overload 35
Confidence-Building Strategies in the Classroom 36
Evaluating Your Teaching Effectiveness 43
Final Thoughts 46

3 Secrets of Networking and Collaboration in Academia 49
What Is Networking? 50
Networking as an Exchange of Information 53
Strategies for Creating Meaningful Networks and Collaborations 57
Social Media as a Networking Tool 64
Strategic Classifications of Networks and Collaborations 68
Final Thoughts 71

4 Service and Academic Citizenship 73
What Is Academic Citizenship? 74
The Risk of Overcommitment. 86
Prioritizing the Right Type of Service for You 90
Final Thoughts 92

II Choosing the Best Role for You 93

5 So You've Chosen Tenure Track: Finding the Right College for You. 95
History of Tenure Track 96
Factors to Consider When Choosing a College of Nursing . . .99
Falling Behind. 109
Special Considerations for Minority and Foreign-Born Faculty 111
Final Thoughts 114

6 Becoming a Nurse Researcher and Scientist . . .115
Defining Your Program of Research 116
Developing a Strategic Plan. 119
Creating a Research and Scholarship Plan 119
Building Your Research Team. 123
You Don't Have to "Publish or Perish". 126
Seeking Additional Opportunities for Training. 131
Strategies to Maximize Grant Funding 133
Establish Yourself as a Member of Your Scientific Community 137
Evaluating Your Research and Scholarly Productivity 138
Creating a Personal Performance Improvement Plan 139
Final Thoughts 140

7 Considerations for Transitioning to a Clinical Faculty Role 141
What to Consider in Clinical Faculty Roles. 142
What Type of Organizational Environment Do You Prefer?. . .149

Choosing a Collaborative Relationship 151
Core Competencies. 157
Specialty Considerations 159
Engaging in Research and Scholarship as a Clinical Faculty . . .161
Applying for Promotion 164
Final Thoughts 166

III It Starts and Ends With You: Mind, Body, and Soul 167

8 Othering in Academia: An Imperative for Diversity, Equity, and Inclusion 169
Defining Othering 170
A Historical Perspective on Othering. 171
Othering in Academia 172
Intersectionality of Race and Gender 175
Race and Racism in Nursing 177
Manifestations of Othering and Racism 178
The Antidotes for Othering in Academia 190
Organizational-Level Strategies to Counter Othering in Academia 196
Individual-Level Strategies to Counter Othering in Academia 199
Final Thoughts 203

9 Stress Management 101. 205
Sources of Stress in Academia. 206
Managing Stress Related to Interpersonal Dynamics 213
Work-Life Balance to Prevent Burnout 218
Final Thoughts 221

10 Thriving in Academia 223
Resilience: The Glue That Holds Everything Together 224
Grit 231
Imposter Syndrome. 232

Mentoring 233
Formal Resilience Training 239
Final Thoughts 239

A Application Process 251

B Sample Lesson Plan 255

C Service Commitment Contact Hours 259

References 261

Index 273

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Foreword

Early in my nursing career, when I was engrossed in my critical care practice, I returned to graduate school with the goal of becoming an expert clinician. At that time, I did not aspire to, nor envision, a move into nursing education. As I gained experience, I received increasing encouragement and invitations to engage in teaching. It started with orienting and precepting new graduates, then teaching continuing education sessions for coworkers—followed by offers to supervise student clinical rotations and provide guest lectures at local colleges and conferences.

Eventually, I moved into a formal joint appointment role where my time was officially shared between a hospital and a college of nursing. After several years of shared employment, I transitioned into a full-time faculty role. I progressed through the academic ranks from assistant to associate and full professor. From there I moved into academic leadership, first in an endowed professorship, then as an associate dean, and finally to the nursing deanship I have held for nine years.

For me, the move from practice to education was a gradual transition. I progressed through my academic career with trials and errors and eventual successes, rather than following a validated series of recommendations. For many new nurse educators, this shift is more sudden and dramatic. For some, there is an element of reality shock as they discover the significant differences between nursing practice and nursing education. Whether this role change is gradual or sudden, all new nurse educators could benefit from reading a guidebook to success, such as this book.

Over the past 15 years, I have had the opportunity to recruit, hire, and mentor several novice nurse educators. Some of these nurses have adapted quickly, while others have struggled with the role transition. One of the most successful transitions I have observed is that of Dr. Mercy Mumba.

I found Mercy while I was searching LinkedIn for potential faculty prospects. At the time, I was specifically looking for nursing doctoral candidates from underrepresented groups. From my initial review of Mercy's LinkedIn profile, I could tell that she was a vibrant young nurse who was confident and committed to improving nursing practice and advancing her own career. I noticed that she had a passion for research and an uncommon degree of initiative from her list of accomplishments in her first few years as a nurse. I also sensed that she was very confident in her personal beliefs and convictions—comfortable in her own skin.

I made a "cold call" contact via email and told her that I was impressed with the work she was doing. Then I asked if she had plans for after graduation. After a brief interaction, I asked if she would consider applying and interviewing for a faculty position at our college.

That first contact was five years ago, and our college has been reaping the benefits ever since. Mercy is the consummate role model of a successful transition from nurse clinician to graduate student to accomplished teacher, scientist, and tenured faculty member. In this book, she shares powerful insights from her recent experiences as a novice educator. She also shares from her vantage point of being a very effective mentor to students, nurse clinicians, and other new educators, as well as her expertise in leading interdisciplinary teams and community service organizations.

Nursing is one of the most noble and rewarding professions, and a career in nursing education provides the perfect opportunity to increase your impact exponentially through the development of future generations of professional nurses. I trust you will find this book to be a helpful road map to a successful career transition into nursing education, and I hope you will truly enjoy this exciting journey.

–Suzanne S. Prevost, PhD, RN, FAAN
Past President, Sigma Theta Tau International Honor Society of Nursing
Nursing Professor and Angelyn Adams Giambalvo Dean
Capstone College of Nursing
The University of Alabama

Introduction

Congratulations for starting this new chapter in your professional career. For many people, this is a significant life change that can be stressful and difficult. But do not fret. In this book, we will explore strategies to help you successfully transition to academia, regardless of your reasons for pursuing an academic role.

Oftentimes, transitioning to academia may feel like starting over; this can be a source of frustration for many people because they are used to being experts in their field, and all of a sudden, they feel like novices once again. As you transition into your academic role, consider Benner's Novice to Expert Model (Benner, 2001), and cut yourself some slack. In a matter of years, you will have transitioned from a novice nurse educator to an expert nurse educator.

We say that in nursing, the possibilities are endless because there is just so much you can do with your career. I like to say that the possibilities in academia are *almost* endless because academia works a little differently. Understanding your role as an educator in your specific college or school of nursing requires understanding the mission, vision, core values, organizational structure, and strategic plan for your institution and college.

While institutions of higher learning are about the business of learning, they thrive only when structure is upheld, and everyone brings their best to the table. Think of yourself as a piece in a well-crafted puzzle. This means that you have a specific role and function, and this role is relevant in the context of the larger puzzle. Therefore, understanding your role will be informed by having a good grasp of all these dynamic aspects of your institution.

Equally important is the understanding of the culture and priorities of your institution. You have to evaluate whether your personal philosophy aligns with the philosophy of the institution prior to joining it. Otherwise, your puzzle piece may not be able to fit in the institutional puzzle, which may lead to feelings of unappreciation and, at worst, job loss. Nonetheless, most institutions of higher learning have three major focus areas: education, service, and research.

Anyone in academia will tell you that these institutions exist to educate future professionals. Therefore, being an educator is a significant responsibility in helping the institution meet its core purpose. There may be a heavy emphasis on research and scholarship depending on your type of institution, but individual expectations will vary based on the type of appointment you receive.

Whether you are coming from clinical practice, industry, the corporate world, community-based practice, or any other type of practice setting, transitioning into academia requires you to stash your proverbial toolbox with the necessary tools for the job to be effective in your new role and to quickly acclimate to this unique environment. Indeed, you may have heard some horror stories. However, this book provides you with a step-by-step guide to transitioning to an academic role. We address all things academia, and nothing is off limits.

This book is divided into three parts.

Part I: Welcome to Academia

Part I of this book is divided into four chapters. In Chapter 1, we address your role as an educator, what this means for different types of appointments, and strategies to increase your chances of success. Chapter 2 explores various aspects of teaching, including measures used to evaluate teaching effectiveness. In Chapter 3, we delve into the secrets of networking and collaboration in academia. This chapter includes a discussion on strategies for creating meaningful collaborations, maximizing your network, and growing collaborations outside of your academic unit or college. In Chapter 4, we explore the concepts of service and academic citizenship. We discuss some strategies on how to prioritize different types of service opportunities, gauge how much service is appropriate for different types of roles, and determine the implications for professional and personal growth.

Part II: Choosing the Best Role for You

Part II is divided into three chapters. Chapter 5 provides strategies and insights to choose the right college for you based on your research and scholarship objectives. From understanding college research infrastructure and support to evaluating the college culture related to research and scholarship, we address it all.

In Chapter 6, we delve into several concepts that are pertinent to your development and success as a nurse scientist, including identifying a mentor, developing a research and scholarship plan, building your team, and evaluating your productivity and the impact of your work.

In Chapter 7, we discuss considerations for clinical faculty transitioning to academia. These include tradeoffs related to salary, time, and work-life balance. We also explore various cultures related to different doctoral degree programs. Furthermore, we explore strategies to negotiate clinical practice time, possibilities for upward mobility, and everything you need to know about collaborative agreements. This chapter also examines various strategies to leverage your clinical expertise in the world of academia. We touch on community-engaged research, translational research, reflective practice, and avenues to support clinical faculty in academia.

Part III: It Starts and Ends With You: Mind, Body, and Soul

You finally made it to the last part of this book. Up to this point, we have discussed your transition to your academic role and what that entails. We have covered important concepts that have hopefully increased your understanding of academia and provided strategies that will make your transition period worthwhile and set you up for success. However, as in life in general, it is easy to get so immersed into professional growth and "making it in life." We all want to one day say, "Mama, I made it!" Right? Of course.

However, as you pursue your professional goals, we want you to always remember that there are other parts of your life that should flourish as well. Making this a reality is a personal choice that should be easier, but that is not always the case. We all have seasons when work seemingly takes over our entire lives—like it is for me right now as I am writing this book. The important thing is to find a balance and learn to intentionally attend to various aspects of your life. This may look different in each season of life. I encourage you to have goals for your personal life just the same way you have goals for your professional life. No one will take care of you for you. It all starts and ends with you.

Chapter 8 explores a very important topic for nursing and academia. We examine the history of othering in society, nursing, and academia. We also discuss the intersectionality of race and gender, and manifestations of othering, including bias, microaggression, and overt racism. Furthermore, we examine white privilege and its role in maintaining structural and systemic racism. Lastly, we provide antidotes for othering in academia, both at the organizational and individual level.

In Chapter 9, we discuss stress in academia and its sources. We also give you some tools to manage your stress and find healthy ways to cope with difficult situations. We further talk about the importance of self-care, its benefits, and falling in love with you again. Lastly, we talk about steady winning the race.

Chapter 10 introduces a number of concepts that will help you not just survive but thrive. We discuss how a change of mindset is important in building resilience and strategies to develop your self-efficacy. Part III of this book is designed to help you remember that you are a human *being*. Moreover, sometimes it is important to just *be*!

Let's Get Started

Throughout the book, you will find a recurring section titled "Mercy's Moments," where I share the many things I have learned on my own journey in academia. I share funny and sometimes even embarrassing stories to illustrate a point or emphasize a concept. I give you a glimpse into my personal triumphs and tragedies of transitioning into an academic role, and that's OK.

MERCY'S MOMENTS

Here I share the many things I have learned on my own journey in academia.

You'll also find "Success Nuggets" as you go along—small tidbits of information that either reinforce important points or offer additional tips.

SUCCESS NUGGET

Here I give you tidbits of information that either reinforce important points or offer additional tips.

So, hang tight, and let us equip you to not only survive academia but also thrive while you're at it. Again, welcome to academia!

–Mercy Ngosa Mumba, PhD, RN, CMSRN, FAAN

8

OTHERING IN ACADEMIA: AN IMPERATIVE FOR DIVERSITY, EQUITY, AND INCLUSION

I thought long and hard about including a chapter on racial equity and inclusion in this book because of the sensitive nature of the topic. I initially opted to only address the issue as a subsection related to my personal experience, but I'm glad that my editors encouraged me to dedicate a chapter to this topic.

This chapter is not an indictment of the nursing profession or of academia. I love being a nurse and an academic—but it is imperative that we have open and honest conversations about othering in nursing and in academia. This is an issue that people do not readily talk about, but it has far-reaching implications for many individuals. Please do not have any trepidation or feel like you need to put on armor as if we are going to war; my hope is that by learning about the factors that contribute to systemic racism, we will be equipped to recognize it and will have strategies and skillsets that allow all of us to be part of the solution.

To provide a multifaceted discussion of othering in academia, a few friends and colleagues who are white contributed their personal experiences and perspectives, which add a certain richness to our conversation. The diversity of perspectives educates all of us by showing that we are more alike than different, and if we choose to focus on the things that truly matter, we can achieve more as a profession.

Defining Othering

Kathryn Minshew says that "a company is only as good as its people. The hard part is actually building the team that will embody your company culture and propel you forward" (Minshew, as cited in Zsurzsan, 2014, para. 7). In the same vein, I say that an organization is only as healthy as its employees (physically, mentally, psychosocially, etc.). On the surface, it may look like the organization is thriving. But if some members of the organization are suffocating because of inequities and inequalities they experience on a regular basis, eventually the organization will stagnate or crumble—whether metaphorically or literally.

Othering is a complex construct that has been defined in several ways. The Macmillan Dictionary (n.d., para. 1) defines *othering* as "treating people from another group as essentially different from and generally inferior to the group you belong to."

Based on this definition, it is not necessarily recognizing differences among groups that poses the most harm, but rather the belief that people who are different from you are generally inferior. Therefore, although it used to be a socially acceptable statement for people to say they are "color blind," we now know that this is inadequate—it is necessary to dig deeper into the historical and social context of racial inequities.

Not doing so stymies the necessary growth and development required to recognize and address the deep-seated prejudices and assumptions (conscious or subconscious) that we may have. These prejudices and assumptions inform individual belief systems that ultimately manifest as bias, discrimination, or racism. Therefore, there is nothing wrong with acknowledging that human beings are uniquely created and can be different in many ways—as long as different does not equal inferior.

Clint Curle (n.d.), a human rights researcher, explains that:

> People are different. We can use our differences as an opportunity to share and learn or we can use our differences as an excuse to build walls between us. When we highlight differences between groups of people to increase suspicion of them, to insult them or to exclude them, we are going down a path known as "othering." (para. 1)

Thus, the problem with othering is that it creates a framework through which systemic and structural inequalities are justified and perpetuated. Moreover, understanding its origins and manifestations is foundational to developing and implementing strategies that counteract the deleterious effects of othering in our society. To achieve this, a deliberate and collective awakening of the consciousness that stands up to injustice and promotes equity at all levels is required. This may seem like an arduous task to take on, but in the words of Nelson Mandela, one of the world's most influential leaders: "It always seems impossible until it's done."

A Historical Perspective on Othering

Our global society has a long history of othering. Unfortunately, that centuries-long history includes tragedies and human rights violations such as the Holocaust, transatlantic slave trade, Rwandan Genocide, displacement of Native Americans in North America, Haiti Massacre, ethnic cleansing of Circassia, apartheid, and many more. Othering is a global problem that has indiscriminately plagued various societies for centuries.

The danger of othering is that it does not always culminate into large-scale, horrific events—it can have subtle consequences that can be easily overlooked by society at large. This often results in the systematic silencing of the oppressed who may want to speak up against the ills perpetrated against them. The idea that if an issue does not affect the majority of the people, then it is not an issue worth addressing is what leads those who choose to speak up against inequalities and inequities to be targeted and labeled as the problem. Consequently, an unhealthy environment of us-versus-them is created—and designed—to keep the status quo and prevent change at all costs, even if it means that organizational outcomes suffer.

> *"No matter how big a nation is, it is no stronger than its weakest people, and as long as you keep a person down, some part of you has to be down there to hold him down, so it means you cannot soar as you might otherwise."*
>
> *–Marian Anderson*

Othering in Academia

The academic environment possesses many of the conditions in which othering can thrive. From power dynamics to the politics of governance and to the intersectionality of race and gender—all these conditions have been shown to contribute to othering in society and specifically in academia. In Chapters 1 and 2, we discussed understanding formal and informal hierarchies in academia and their impact on professional growth and development. However, when you are a faculty member from a minority group, there are additional complexities to consider as you contemplate transitioning into an academic role.

For example, in a 2013 study by British Black faculty that examined racial equity in academia, 56% of respondents identifying as Black or from an ethnic minority group reported discrimination, and 73% indicated that their institution's performance in promoting equity was either poor or very poor. This study also found that Black or ethnic minority faculty felt that they were not taken seriously and had numerous experiences with racism and contemptuous treatment (Parr, 2014).

The factors that contribute to these experiences for Black and minority faculty are many and varied. Nonetheless, the evidence is clear and well documented. The experiences of Black and other minority faculty as a result of unfair practices either set them up for failure or are intended to create a hostile environment that forces them to leave academia without realizing their highest potential. Such practices may include lack of mentoring and role modeling, different performance expectations, lack of leadership opportunities, overt and covert bias and discrimination, blatant disrespect, unequal pay, and minimizing or devaluing of Black faculty's personal achievements (Hassouneh et al., 2014; Pololi et al., 2010; Pololi et al., 2013).

It is pivotal as a Black or minority faculty that you explore your institution's policies and procedures related to diversity, equity, and inclusion prior to accepting a position at that institution. I previously mentioned that it is very helpful to consider having meetings and discussions with Black or minority faculty at that institution to explore their experiences as employees. Depending on the environment at the institution (e.g., history of retaliation), you may or may not get an honest answer. At a minimum, you will be able to decipher from the answers presented, the enthusiasm with which the topic is discussed, and perhaps even the body language whether minority faculty are genuinely happy at that institution. I always advise people to pay closer attention to nonverbal cues when discussing this issue than what is actually said.

In 2021, several incidences of Black and minority faculty pushing back on the establishment and confronting racism in academia were reported (Anderson, 2021). These stories represent only a handful of the discriminatory systems and practices that Black and other minority faculty experience consistently in academia. According to Hassouneh et al. (2014), these practices are achieved through systemic and structural patterns of exclusion and control, which consequently force Black and minority faculty into a perpetual state of surviving with occasional breakthroughs of thriving. Thus, for many Black and minority faculty, the ability to survive and ultimately thrive is dependent on the severity of the exclusion and control and access to mentorship. Later in this chapter, we talk more about the importance of a minority faculty having a mentor from a minority background.

Hassouneh et al. (2014) further state that patterns of exclusion and control happen through three main "simultaneous, interrelated, and mutually reinforcing sub-processes" (para. 20): the invalidation of a sense of self, the establishment of unequal standards and access to resources, and othering. Invalidation of the sense of self occurs when individual strengths and characteristics of faculty of color are strategically ignored and are replaced with ongoing personal assaults that have no bearing on the professional knowledge possessed by the faculty member.

For example, faculty from a dominant group may choose to focus on the personal style of a Black professor and attack that image as "unprofessional," while intentionally ignoring all the professional achievements and recognition the faculty member brings to the institution through their teaching, scholarship, and service. This practice intentionally dehumanizes the individual and leads to stereotyping based on negative group characteristics to justify the discriminatory practices being implemented.

Similarly, establishment of unequal standards and access to resources disadvantages minority faculty by limiting their ability to succeed at the same level compared to their white counterparts. This double standard creates disparities in performance that inadvertently portray minority faculty as underperformers compared to their white counterparts. For example, the literature shows that minority faculty receive significantly higher teaching loads, receive poorer performance reviews, and are less likely to be promoted (Abelson et al., 2018; Crayton, 2019; Peterson et al., 2004).

This double standard also creates an atmosphere in which minority faculty cannot afford to be average. They seemingly have to outperform their white counterparts to receive the same and sometimes even less recognition or promotion, which maintains the state of survival for Black and minority faculty. Consequently, minority faculty may exhibit poor mental health (depression, stress, and anxiety) and physical health outcomes. Unequal standards can also contribute to imposter syndrome of Black and minority faculty. These factors combined often result in the faculty member leaving an institution because of feelings of helplessness (Zamudio-Suarez, 2021).

SUCCESS NUGGET

Unfortunately, race-related double standard is a frequently occurring phenomenon, and in organizational cultures where it persists, the turnover rate of Black and minority faculty is often high. If you are a person from a minority group and are thinking about transitioning into an academic role, it is important for you to research retention rates for minority faculty at your institution. It might also be helpful to compare average length of employment for Black and minority faculty compared to white faculty. This might be a good indicator of the experiences of Black faculty at your institution and a proxy for job satisfaction.

Intersectionality of Race and Gender

Although our discussion in this chapter focuses on racial and ethnic minorities, othering is often experienced by many individuals from other marginalized groups, including sexual and gender minorities

(SGM). Understanding the intersectionality of identities in academia and the corresponding compounded effects of othering in this subset of individuals is equally important. Additional supports and resources are essential in mitigating the impacts of othering in these populations. This is particularly important in academia, where a historically patriarchal, white, and heterosexual male hierarchy has been maintained for centuries (Ajil & Blount-Hill, 2020; Phiri, 2018).

Disparities related to women in general and minority women in particular are staggering. For instance, although the majority of non-tenure lecturers are women, women make up only 44% of tenure-track faculty, 36% of full professors, and 30% of college presidents. Additionally, female faculty members still make less than their male counterparts with comparable experience at every academic rank. Interestingly, only 5% of college presidents identify as female and a member of a racial or ethnic minority group (American Association of University Women, n.d.; Bichsel & McChesney, 2017).

Although nurses are predominantly female, understanding these issues is critical as colleges of nursing do not operate in silos. Nursing faculty must be aware of these dynamics and disparities as they collaborate with colleagues from other colleges or academic units. This is especially true for women of color. To counteract these effects, McKinsey & Company (2021) recommends implementation of allyship to support women of color in the workplace. We delve into allyship later in this chapter.

> *"No country can ever truly flourish if it stifles the potential of its women and deprives itself of the contributions of half of its citizens."*
>
> *–Michelle Obama*

Race and Racism in Nursing

When I first started nursing school, I began hearing that “nurses eat their young.” The more I learned what this meant, the more disturbing the phrase became to me. In a caring profession that has consistently been ranked as the most trusted profession for 20 consecutive years (Saad, 2022), I just couldn’t fathom how it was possible for nurses to eat their young. The same was true as I started learning about race and experiencing racism in nursing.

Earlier in the book, I mentioned that I was born and raised in Zambia, Africa. When I was growing up, I never experienced racism, and in fact, people who looked like me were the majority. I often kid and say that I actually did not realize that I was Black until I moved to the United States. For 18 years of my life, I thought I was just a human being. And for the first time in my life, I was forced to check a box and identify with a certain group—I was instantly boxed into certain stereotypical expectations for what was possible for “someone who looks like me.”

As I’ve talked to several Black and minority nurses over the years, I’ve learned that experiences of racism are not unique to me. Furthermore, the literature clearly shows that we have a problem in nursing that transcends area of practice—from acute care to long term care, from academia to industry, and from community-based nursing to executive leadership (National Commission to Address Racism in Nursing, 2021). We have to do something about this issue, and we have to do it now.

Black nurses consistently report feeling professionally invisible and cannot find legitimate reasons for their inability to advance professionally (Wilson, 2007). Additionally, fewer Black nurses advance into leadership positions, pursue doctoral degrees, or transition into academic roles, which inadvertently negatively impacts minority students because they do not have enough role models to inspire them to purse desired career trajectories (Brinkert, 2010; Cortisman, 2008).

Black faculty often report patterns of communication by their white colleagues that are perceived as racist (Robinson, 2013). Moreover, Black faculty often fear being poorly evaluated by their students when they bring up issues of race in the classroom (Hassouneh, 2006). Lastly, Black nursing students also report that white students are uncomfortable talking about race and racism (Sue et al., 2009). Sometimes nonverbal cues of disagreements such as rolling of eyes and avoiding eye contact are exhibited. Similarly, when student discussions about race and racism arise, Black students have reported unhelpful responses from their teachers, who dismiss the issues raised as unimportant or expect racial minority students to be experts on topics of race and racism (Hall & Fields, 2012).

Manifestations of Othering and Racism

There are three major factors that contribute to the systemic perpetuation of othering and racism in academic (and other) institutions.

Bias

Bias is "a tendency to believe that some people, ideas, etc., are better than others that usually results in treating some people unfairly" (Merriam-Webster, n.d.-a, para. 1). There are different types of biases, including confirmation bias, affinity bias, priming, anchoring bias, and value attribution. Work in this area has also been expanded to address *implicit bias*, which is the area we will be focusing on for the purposes of this discussion. But first, below are a few types of biases and their definitions (Burton-Hughes, 2017):

- *Confirmation bias* is the tendency to look for facts that support our ideas or beliefs about certain issues.
- *Affinity bias* happens when we prefer to associate with people who have similar values as this makes us feel safe and relatable.

- *Priming* refers to phenomenon whereby previous experiences or stimuli prime/influence how one unintentionally or unconsciously responds to other stimuli in the future.
- *Anchoring bias* is the tendency to rely more heavily on information that was first available to us, whereby any new information is seen through the lens of the initial information, thereby decreasing objectivity.
- *Value attribution* refers to how we perceive our actions and those of others by assigning them to a particular outcome.

Early work on implicit bias was birthed out of the realization that many people have biases or even covert prejudices that are outside the realm of their consciousness (Greenwald et al., 1998). It is important for all of us to be aware of our implicit biases because they usually precipitate the establishment of unequal standards and inequitable allocation of resources among minority groups. This bias systematically disadvantages individuals who identify with these groups.

It is important to note that we all have biases. The solution is to be aware of our biases and to ensure that they do not inform how we treat people who are different from us. These realizations are critical for nursing because our work extends beyond how we treat each other to how we treat our patients. Addressing implicit bias has the potential to close health equity gaps and improve population outcomes. Faculty need to recognize bias (implicit or explicit) to know when to advocate for themselves or others.

A study by Joseph and Davis (2021) explored whether nursing students are aware of their implicit biases and how they affect their care of individuals from different races and backgrounds. The study found that 80% of student participants were previously not exposed to the concept of implicit bias; they openly acknowledged that how they were raised significantly contributed to their biases and believed that implicit biases affect the quality and equity of care provided to their patients. Similar results were found among practicing nurses, except that in this sample, implicit biases did not impact clinical decision-making (Haider et al., 2015).

Strategies to Combat Implicit Bias

The good news is that biases can be mitigated. Edgoose et al. (2019) propose eight strategies to combat implicit bias:

- Introspection
- Mindfulness practice
- Perspective-taking
- Slowing down
- Individuation
- Checking one's messaging
- Institutionalizing fairness
- Take two

Introspection

Introspection allows each of us to examine our own values, belief systems, and prejudices and how they influence how we treat people from groups that are different from us. Edgoose et al. (2019) also suggest completing implicit bias tests so we can have objective data that might inform our actions to combat implicit bias.

Mindfulness Practice

Practicing mindfulness allows us to be present in a moment in a nonjudgmental context, which can reduce stress and improve self-awareness. Being present in the moment also allows us to only use the information available and within the situated context, which then improves objectivity.

Perspective-Taking

We often refer to perspective-taking as being in someone else's shoes. Oftentimes, when we take the time to understand how the implicit bias negatively affects the stereotyped individual, we are more likely to be empathetic and change behavior accordingly.

Slowing Down

Learning to slow down allows us time to evaluate our biases before interacting with others, thereby diminishing reflexive reactions. This strategy can also help us to be kinder and more considerate in our interactions with other people.

Individuation

Individuation is the process by which people develop unique characteristics that differentiate them from others in society or from a similar group (Merriam-Webster, n.d.-b). In this context, individuation requires that we treat people based on their personal characteristics instead of assigning values based on the groups to which they may be affiliated. This prevents stereotyping and, ultimately, othering.

Checking One's Messaging

Checking one's messaging is important because sometimes we are not even aware of how our actions are being perceived by others. Additionally, taking the time to learn evidence-based language and embracing multiculturism may minimize implicit bias.

Institutionalizing Fairness

Institutionalizing fairness is one of the most important strategies to combat implicit bias in the workplace because it promotes equity in all aspects of organizational operation. When an organization embraces a culture of fairness and does not tolerate discrimination, employees are more likely to address their own biases.

Take Two

Take two is a concept that requires practicing cultural humility and engagement in lifelong learning that produces self-awareness. We'll talk more about cultural humility when we discuss antidotes for othering and racism.

Microaggressions

The term microaggression was first coined in 1978 by Chester Pierce, an African American Professor and psychiatrist at Harvard. He defined *microaggressions* as "subtle, stunning, often automatic, and nonverbal exchanges which are 'putdowns'" (Pierce et al., 1978, p. 66). This definition has since been expounded to the idea that microaggressions cause harm to the target, whether intentionally or unintentionally, and are not just "putdowns" (Sue, 2010). According to Sue and Spanierman (2020), microaggressions represent the complex interaction of microinteractions and macrostructures, which manifest as systemic inequities at the societal level.

Therefore, while occasional microaggressions may be harmless, the long-term subjugation to such experiences can have detrimental effects. It is also important to note that the microinteractions are happening within the context of macrosystems that often provide the environments and conditions in which these microaggressions proliferate. Sue (2010) and Sue et al. (2007) have classified microaggressions into microassaults, microinsults, and microinvalidations.

- *Microassault* is "an explicit racial derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions" (Sue et al., 2007, p. 274).
- *Microinsult* comprises rudeness and insults that are conveyed through everyday conversations and are intended to demean the cultural heritage of the targeted person.
- *Microinvalidation* comprises communications that is often unconscious that is intended to exclude, invalidate, or nullify a person's thoughts or feelings.

As can be seen from these characteristics, microassaults, microinsults, and microinvalidations are not only aimed at attacking the inherent value of the individual—they often lead to denial that othering and racism even exist. These acts also place the burden of proving the discrimination and prejudice on the victim. The mental burden associated with experiencing microaggression can have physiological effects and increase depression, anxiety, and stress—and can even exacerbate imposter syndrome. We talk more about imposter syndrome in Chapter 10.

Therefore, Spanierman et al. (2021) caution against the misrepresentation and underestimation of the dangerous effects of microaggressions as "micro" in nature. The term *micro* is only used to reference the fact that these egregious acts are at the interpersonal level, not necessarily the impact of the actions.

SUCCESS NUGGET

If you are a member of a minority group, I want you to remember that your experiences are valid. I cannot tell you how many times I have heard people question whether they are overthinking an issue or overreacting based on how someone else treated them. I just want you to know that if you do experience these things, you are not going crazy, and you are not overreacting. You need to take steps to identify these issues and engage in healthy strategies to protect yourself and your mental health.

According to Harrison and Tanner (2018), no one solution is effective at addressing microaggressions. Nonetheless, several strategies are provided that might be useful in dealing with microaggressions, whether you are the target or a bystander. These include:

- Acknowledging the microaggression and increasing awareness of potential harms
- Acknowledging the resulting negative feelings and assisting the affected individual by lessening the cognitive load associated with evaluating whether their feelings are valid
- Confronting the microaggression and making sure that the perpetrator understands that this behavior is unacceptable in the workplace
- Making oneself available to and supportive of people experiencing microaggressions
- Meeting with and coaching individuals who are engaging in microaggression to provide an opportunity to correct their behavior without embarrassing them

> *"Prejudice is a burden that confuses the past, threatens the future, and renders the present inaccessible."*
>
> *–Maya Angelou*

Despite the overwhelming evidence, often I run into colleagues who deny that racism is an issue in nursing. Their reasons for thinking so include:

- They believe they have never personally treated anyone poorly based on the color of their skin or their belonging to a different group.

- The example I provided to describe racism or discrimination is something they personally do not think is a problem or cannot identify with.
- They have never viewed a particular situation as racist or discriminatory and therefore do not consider it a valid example.

To get over this hump, I often suggest a conversation on a somewhat controversial topic—white privilege.

SHIRLEY'S LIFE LESSON

> "You cannot dismantle what you cannot see. You cannot challenge what you do not understand."
>
> –Layla F. Saad

Awareness of my own privilege as a white person appears in front of me slowly, like swatches of color from a paintbrush on a large mural. Gradually, the painters create a very different view of the world from what was painted for me by my ancestors. Sometimes I add my own strokes of color as I seek to fill in gaps by doing my own inner work. I realize that I choose to engage with this mural or not; in my white privilege, I have the choice of which world, which reality I will engage in.

No one uttered the term *white privilege* in my presence or wrote about race-related privilege in school textbooks that I read growing up. The term received more attention in the press around the time I graduated from college in 1988, when McIntosh (1989) described both white and male privilege. However, I did not encounter the term until years later.

White privilege was not in my consciousness as a small child. I spent most of my formative years in an all-white, middle-class bubble in Waco and later Arlington, Texas. My relatives held a mix of views on race. I was an eager learner, sitting quietly, listening to the grownups talk around me. They lovingly created the safe white landscape for me. Despite some good examples by individual members, I feel generational shame as I recall comments made and beliefs held by relatives on both sides of my family.

The colorful mural of life emerged for me in elementary school when Waco Independent School District integrated in 1972. I recall playing as equals on the playground with Black children from across town. My third-grade self painted an angry picture of a Black friend who had been a math whiz but stopped performing well in school. I believed that she did not want to stand out from her Black peers. In fourth grade, I watched the television series "Roots" with horror, filling in a large portion of my mental mural.

I spent most of my growing-up years in almost all white schools and churches, never stepping out of my white privilege comfort zone until early adulthood. I added more brush strokes to my life-mural in nursing school and during work as a nurse. Graduate school restructured my worldview, setting the stage for a new level of awareness. There, I learned about social structures that promoted health disparities. Work in academia and later as a nurse scientist has given me opportunities for rich discussions with intelligent minds from diverse walks.

This long-term visual restructuring project causes me anguish as I grapple with awareness of white privilege. I am reexamining deeply held beliefs, looking at beloved family members with fresh eyes, and contemplating my actions. I continue to receive this awareness slowly, across time. I have gained skills along the way that have helped me have compassion for myself and others in this process. Mindfulness meditation practices help me to stay grounded and see my inner thoughts and feelings. Discussions with other nurses and diverse professionals help me grasp a bigger view of the world. Reading fiction and nonfiction works on topics that deal with racism and give voice to persons of color has helped me grow. Through all of this, I have benefited from a practice of self-compassion to cope with the emotional pain of white privilege awareness and sort through appropriate actions. I wonder what this beautiful mural will reveal next.

Understanding White Privilege

The Oxford English Dictionary defines *white privilege* as "inherent advantages possessed by a white person on the basis of their race in a society characterized by racial inequality and injustice" (n.d.-d).

This term sometimes evokes certain defensive emotions and behaviors because it is perceived to imply that the advantages enjoyed by our white colleagues automatically forfeit or diminish their effort, skills, or expertise. But this could not be further from the truth.

In her book *Witnessing Whiteness*, Shelly Tochluk (2010) recounts why conversations about white privilege are inherently difficult. She acknowledges that:

> It is highly disconcerting and offensive to be told that you are unconscious of what influences your attitudes and beliefs about the world. The insinuation that unrecognized socialization was largely responsible for my thinking and actions … but unfortunately, as offensive as an idea might sound, it still may be true. (p. xiii)

In one of the seminal works on white privilege, Peggy McIntosh (1989) provides what I believe is a rationale for extending grace when having conversations about white privilege. According to her, most white people are unconsciously and systematically socialized to deny white privilege. She argues that this intentional denial is reinforced because to accept this reality is to become "newly accountable" (para. 4). And once people are accountable, they must take responsibility for their actions.

The most important conversation to be had regarding privilege is that most of us are socialized to hold certain belief systems without even realizing it. Additionally, none of us can choose the families or societies in which we are born. We just tend to show up, right? Therefore, speaking about privilege should not be perceived as a personal attack. I often encourage people to enter these conversations with grace and not condemnation. In Chapter 8 of her book, Tochluk (2010) provides various strategies that can be utilized to bring people to the table so that these important conversations can take place.

These include:

- Building knowledge about race and racism and their relationship to whiteness through examining one's own life, diversifying informational sources and outlets, and seeking new experiences
- Building skills, including speaking up and naming the problem, practicing responses to racism, and inviting dialogue that centers on diversity
- Building capacity by creating strong and healthy sense of self, depersonalizing appropriately, and appreciating the intimacy that comes with conflict
- Creating a community of people who are purposeful and intentional in their desire to promote racial equity

KRISTEN'S LIFE LESSON

In May 2020, an African nurse whom I work closely with here in the U.S. contacted me. She was deeply troubled by the murder of George Floyd and the events that followed. I asked about her experience with racism in America. At the time, I naively believed that a first-generation African immigrant would have a different experience from an African American. I was shocked by her responses and struck by the absolute vacuum of discrimination I have experienced as a white middle-class woman.

I have never had the experience of a patient taking one look at me and refusing my care. My Black colleagues have this experience regularly and handle it with grace and professionalism. I was deeply troubled to learn that my African friends never experienced racism until they came to this country. When I am among African friends, it rarely occurs to me that I am the only white person there. I am not treated with racism; I am treated as a valued guest.

> I am absolutely guilty of not reflecting on my white privilege, and worse, of not teaching my children. I have long been aware of and troubled by the severe racial disparities in maternal and infant mortality and morbidity, but I hadn't let the profound impact of systemic racism really sink into my understanding. Now I make deliberate efforts to better understand the experience of being Black in America and to share what I learn with my students. My current students are the future of nursing. I want them to understand the impact of privilege and systemic racism sooner than I did. I want them to explore their own attitudes and values around race, to become aware of their own implicit biases, and to go forth and change this country into a place that sees and values every human being.

Although I'm not the friend in Kristen's story, I too have experienced countless incidents where a patient has refused to receive my care because of the color of my skin. Kristen actually has quite a unique background—her mother is white, and her father is Cherokee. She and I have had many conversations about race, discrimination, and privilege. What has facilitated these conversations is open and honest dialogue that is housed in a nonjudgmental and safe environment. We both choose to create that environment with the people we encounter every day.

I encourage all of us to have these conversations because that is where the solutions lie—the wherewithal to develop an inviting and nonthreatening atmosphere in which we can pursue equity collectively and passionately for all human beings. So where do we go from here, and how do we ensure more of such conversations are taking place in our profession? Following is a discussion of the antidotes for othering and racism in academia as well as the profession of nursing.

"We rise by lifting others."

–Robert Ingersoll

The Antidotes for Othering in Academia

The antidotes for othering in academia are multifaceted, multilevel strategies that are aimed not only at dismantling both structural and systemic frameworks (macro level) that have contributed to othering but also individual-level interventions that affect interpersonal outcomes (micro level). These strategies include:

- Increasing diversity in the workforce
- Creating inclusive work environments
- Implementing equitable practices
- Adopting a mindset of cultural humility
- Developing allyship with faculty from minority groups

Increasing Diversity in the Workforce and Among Students

Right now, diversity, equity, and inclusion seem like global buzzwords, but let's move from the superficial application of these concepts toward a more practical and sustainable incorporation at every level of the organizational structures. This vision is in line with the American Association of Colleges of Nursing (AACN; 2021) diversity, equity, and inclusion position statement. To achieve this, AACN identifies three imperatives for academic nursing:

1. Improving the quality of education by promoting learning from individuals representing different life experiences, backgrounds, and perspectives

2. Addressing pervasive health inequalities by ensuring that the nursing workforce can meet the needs of diverse patient populations

3. Enhancing the civic readiness and engagement of nursing students who will be the future leaders of our profession and society

We often say that representation matters. But what does this even mean? Minority faculty are used to being the "first" or "only" in many settings. While this spells progress at many levels, this reality often gives birth to what is now termed the invisible labor of minority faculty (June, 2015; Troung, 2021). This refers to the reality that when minority faculty end up the first or only in different circumstances, there is a commensurate burden to represent one's group well, the pressure to be the voice of the group you identify with, and the unseen weight of mentorship for a significant number of students who may look up to you as a role model for what is possible.

It might seem radical, but Kimberly Truong (2021), the Chief Equity Officer at MGH Institute of Health Professions at Harvard University, actually proposed and implemented, with university support, a reduced workload requirement for faculty of color at her institution that takes into account the invisible labor hours that minority faculty put into supporting students and helping their institutions succeed.

Representation matters among college leadership, faculty, students, and staff to ensure that we are decreasing the invisible labor of faculty of color so that they are not drowning from workload that nonminority faculty may not even know exists. Your institution may not be able to implement such a significant change; however, what we are advocating for is an acknowledgement of this invisible labor and the appropriate readjustment of other duties and responsibilities as necessary.

A PERVASIVE MISCONCEPTION: DIVERSITY DECREASES QUALITY

In my experience, it is not that people don't want to increase diversity in academia or other settings. What I have found is that people have a fear that increasing diversity negatively impacts the quality of the nursing program. For example, I have often heard people ask, "Will we be affecting the quality of the program if we implement the holistic admission process?" And while such statements may be viewed as benign by the faculty from dominant groups, it is actually quite offensive because it insinuates that people of color or minorities (whether students, faculty, or others) are inferior, and their inclusion will result in plummeting of educational standards at that institution.

This perception leads to othering of minority students and unfair grading practices (Fyfe et al., 2022). The unconscious biases and the imputed inferiority of minority students lead to harsher grading so that the faculty member can feel justified in their prejudice when minority students underperform compared to their white counterparts. These practices create a vicious cycle that hinders matriculation and progress of minority students, resulting in high attrition rates estimated at anywhere from 15–85% (Loftin et al., 2012). Additionally, students of color often feel discriminated against by white students who may be socialized to believe that their counterparts from minority groups are not as intelligent as they.

MERCY'S MOMENTS

I remember this like it was yesterday. It was my very first class at the university after I moved to the United States, a U.S. government course. One of the very first assignments in that course was a group assignment. The class was divided into groups of five. We were instructed to meet as a group after class to decide how to divide up the assignment and to establish preliminary due dates for the group. On the first day of class, the professor had asked us to introduce ourselves. Of course, I went on to tell the class that this was my first time in the U.S. and my first college course, but I was excited to be here and to learn.

As we started reintroducing ourselves, one of the girls in the group looked at me and asked, "You are the girl from Africa, right?" I said, "Yes I am. My name is

Mercy." She then said, "Well, I will have to ask the professor how he thinks this will work for our group since we technically only have four people on our team, and other groups have five." At first, it didn't dawn on me what she meant. During the next class period, she asked our professor about it and was told that I counted as a student and would be expected to contribute my fair share.

I was surprised that this girl automatically concluded that I could not positively contribute to the assignment because I was from Africa. But I don't blame her. All she probably knew about Africa were the stories she saw on TV about war-torn areas with children starving to death. And while that may be the case in some parts of Africa, making an assumption about someone before you even have the opportunity to get to know them is why we need exposure to more diverse groups of people at all levels of society.

Representation in academic leadership is equally important. While individuals can make a difference at micro levels, academic leadership buy-in is required to make the type of systemic and structural changes required to promote a culture—and the infrastructure necessary to support the implementation of equitable, inclusive, and accessible environments in which all faculty can thrive. Therefore, the onus is on our academic leaders to commit to this important work and to allocate the necessary resources to ensure sustainability of such environments within the academic setting.

Creating an Inclusive Workplace and Implementing Equitable Practices

The AACN (2021) defines *inclusion* as representing "environmental and organizational cultures in which faculty, students, staff, and administrators with diverse characteristics thrive" (para. 9). It is important to pay attention to the word *thrive* in this definition. Earlier in the chapter, I mentioned that the organization is only as healthy as its members. Therefore, inclusive environments that allow everyone to thrive are fostered through intentional embracing of differing perspectives, experiences, and cultures.

Inclusive environments are facilitated by mutual respect and not simply tolerance of one another. Inclusive workplaces are a byproduct of equitable practices that afford all faculty, staff, and students access to the same resources and supports. This includes equitable pay, teaching assignments, and recognition. Although it is everyone's responsibility to create and uphold inclusive work environments, it really starts from the top; therefore, academic administrators have the responsibility to ensure that minority faculty in their academic units feel valued and acknowledged and are treated as integral parts of the organization.

Creating inclusive workplaces also requires promotion of belonging. Belonging is cultivated through a shared mission and vision as well as through building community, which result in feelings of connectedness. The Center for Creative Leadership (2022) warns against unintended consequences of diversity, equity, and inclusion initiatives when they are not done correctly:

- Tokenism happens when diverse individuals are hired only for the sake of meeting certain quotas without genuine regard for the person. This is a poor approach to increasing diversity because it does not promote true representation. This sentiment is also echoed by Iheduru-Anderson et al. (2022).
- Assimilation happens when individuals from the minority group try to fit into the organizational culture. The danger of assimilation is that it diminishes diversity of thought and perspective and is counterproductive to the heart of true diversity, equity, and inclusion initiatives.
- Dehumanization happens when someone is not treated with the same respect as other members of the team and is made to feel less intelligent or capable compared to their colleagues from the dominant group.

Academic leaders and faculty should understand that truly inclusive workplaces are a byproduct of equitable practices that allow all members of the team to thrive regardless of whether they are in the minority or majority group. True inclusivity is modeled from the top down, and leaders should set these expectations for their employees.

Practice Cultural Humility

Cultural humility entails a lifelong commitment to self-evaluation, introspection, and reflective discernment of one's biases and privileges that may influence power imbalances with people from other groups (Tervalon & Murray-Garcia, 1998). Cultural humility is important because it provides the avenue for developing mutually beneficial partnerships that preserve and celebrate the cultural uniqueness of people from different groups (AACN, 2021). To effectively practice cultural humility, one must be dedicated to lifelong learning.

Pursue Allyship

Allyship is a relatively new concept, but one that I believe has been practiced for centuries to address the inequities experienced by minoritized groups. Nicole Asong Nfonoyim-Hara defines *allyship* as "when a person of privilege works in solidarity and partnership with a marginalized group of people to help take down the systems that challenge that group's basic rights, equal access, and ability to thrive in our society" (as cited in Dickenson, 2021, para. 2). For allyship to be effective, allies must be in positions of influence and should have power to effect change.

Nonetheless, anyone can be an ally. The most important traits of allies are unconditional support and advocacy for minoritized groups. Allies should also keep an open mind; they shouldn't assume that they know the answer to identified problems but should instead work collaboratively with the individuals they support to come up with solutions that are mutually acceptable.

While allyship is a great start, some scholars argue that we need to move beyond allyship to antiracism (Smith, 2021). I believe this is a pragmatic and necessary step to ensure that people do not simply end at allyship. Smith also suggests moving toward *emotional maturity*, which is the notion that we need to "'grow up and grow out' of racist ways of thinking, being, and doing." I agree that we have the capacity to do more, and we should admonish people to go the extra mile. In fact, the National Commission to Address Racism in Nursing report (2021) also provides a list of 10 ways to be antiracist in nursing. These include becoming story catchers, being genuine, managing ourselves, maximizing curiosity and minimizing certainty, distributing power, preserving the dignity of others, exposing unwritten rules, stopping labeling of others, supporting authenticity, and managing perceptions.

In my experience, for many people who are new to this movement, this may be a significant jump from their comfort zone. Perhaps by starting with becoming an ally, these experiences may provide the knowledge, skills, and resources to address racism later, directly through antiracism initiatives. Therefore, as the Chinese proverb says: A journey of a thousand miles begins with a single step. So, we should encourage people to take the first step, with the hope that they too will one day be antiracist.

> *"If you are neutral in situations of injustice, you have chosen the side of the oppressor."*
>
> *–Desmond Tutu, winner of the 1984 Nobel Prize for Peace*

Organizational-Level Strategies to Counter Othering in Academia

In addition to the strategies discussed previously, the National League for Nursing Diversity and Inclusion Toolkit (NLN, 2017) offers recommendations to counter othering and racism at the organizational level. These include requiring DEI training for organizational leadership as well as employees, developing and implementing a DEI strategic plan, incorporating diversity practices in the hiring process, and providing individualized resources and supports for minority faculty.

An organization should have a clear mission and vision that incorporate diversity and inclusivity as priority areas because the mission and vision will inform the DEI strategic planning and implementation.

I would like to draw our attention to incorporating diversity practices in our hiring processes. This will ultimately increase diversity in the workplace and serve as a springboard for all the other strategies and initiatives we have discussed.

Incorporating Diversity Practices in the Hiring Process

Historically, the intent of diversity hiring was to provide opportunities for individuals from marginalized and minoritized groups to have equal chances at advancement by reducing bias in the hiring process (Mondal, 2020). However, diversity hiring has been misconstrued to now mean that minorities and individuals from other marginalized groups are offered positions for which they do not qualify. This perception leads to animosity and treatment of affected individuals as inferior, which inadvertently leads to othering.

Education at all levels of the organizational structure is needed to understand that incorporating diversity practices in the hiring process does not spell out disenfranchisement of the dominant group. Rather, diversity practices level the playing field for all qualified candidates to receive equal consideration and access to opportunities and resources that are necessary for professional growth and development.

MERCY'S MOMENTS

I had just started my new position as a tenure-track assistant professor and was enjoying getting to know my new colleagues. One day, a colleague and I started talking about how difficult tenure-track positions are to come by these days. It was during this conversation that my colleague said to me, "Well, you probably didn't have to worry about getting a job since you are Black, and now all the universities are trying to increase their diversity numbers."

I was surprised by this comment because it implied that Black people and other minorities are not hired based on merit but because of a combination of factors that are independent of their qualification for the position—one of them being to increase the diversity profile of the organization. While some institutions do this, to simply assume that someone was hired only to meet a certain benchmark for the institution is both biased and demeaning.

Unfortunately, I'm not the only minority faculty who has ever been considered a "diversity hire" in its negative connotation by a colleague or two. This perception, if not corrected, has the potential to predispose the faculty member who is considered a diversity hire to maltreatment and passive-aggressive behaviors that are aimed at making them feel inferior.

AACN (2021) argues that when it comes to diversity, equity, and inclusion, simply having a policy is not enough. More needs to be done to ensure that the day-to-day practices and operations of the organization reflect attention to and prioritization of DEI initiatives. Relatedly, Rebecca Knight (2018) suggests seven practical ways to reduce bias in the hiring process:

- Seek to understand the hiring prejudices that are inherent in your organization's hiring processes.
- Rework your job descriptions by eliminating biased language and emphasizing collaborative and cooperative language.

- Go blind for the resume review to remove implicit bias in the process. Research has shown that people with mainstream names receive more callback for job opportunities compared to individuals with unique names (Bertrand & Mullainathan, 2003; Kline, Rose, & Walters, 2021).
- Give a work sample test as this is the best indicator for future success.
- Standardize the interview process to minimize bias and promote objective evaluation criteria based on attributes that directly impact work performance.
- Consider how likability is affecting the hiring process. Sometimes it is important to like the people you will be working with; however, likability should not supersede qualifications for the job an individual is applying for. At times, a faculty member of color may not be hired because some people just did not like them.
- Set diversity goals and measurable performance metrics to ensure that your organization is not simply putting policies in place, but actually practicing and incorporating these policies in everyday operations.

Individual-Level Strategies to Counter Othering in Academia

While we may not necessarily have the power or influence to personally change the systems and societal structures that perpetuate othering in academia, there are certain things we can do on an individual level that can counter the effects of othering. We address each of them in the paragraphs that follow. This is by no means an exhaustive list, but it is comprehensive enough to give you some tools to counter othering and thrive in academia.

Maintaining Personal Integrity and Dealing With Personal Insecurities

Dealing with othering in academia as a minority faculty can be difficult and often demoralizing. However, I encourage you to maintain your personal integrity as these situations arise. Two wrongs don't make a right. This is the motto I have lived by when it comes to issues of racism and othering, whether in nursing or in society in general. It takes personal integrity and courage not to fall into the trap of making assumptions about others. Additionally, I encourage people to learn to deal with personal insecurities related to race. Some of these insecurities stem from imposter syndrome, which has been shown to affect minorities at a higher rate compared to their white counterparts (Ahmed et al., 2020). We address imposter syndrome more in Chapter 10. Some coping styles that may help include:

Self-protective coping is a broad concept, but it basically points to a coping mechanism that prioritizes self-care (Spanierman et al., 2021). We delve more into why taking care of yourself is important in Chapter 10. I believe self-protective coping is important because it has the potential to grow psychological capital, which is associated with increased self-care, resilience, optimism, and hope. Domingue (2015) suggests that this type of coping can increase pride in belonging to certain groups and encourages focusing on the strengths of those groups.

Collective coping, as proposed by Lewis et al. (2013), requires developing connections and support systems with other minority faculty, friends, and family to foster microaffirmations (Solórzano et al., 2020). *Racial microaffirmations* are "subtle verbal and non-verbal strategies People of Color consciously engage (with other People of Color) that affirm each other's value, integrity, and shared humanity" (Solórzano et al., 2020, p. 185). Furthermore, this type of coping also significantly increases social capital of minority faculty.

Resistance coping focuses on directly addressing microaggressions by confronting perpetrators. Resistance coping requires challenging white normative behaviors (Lewis et al., 2013). My advice for people who choose to utilize this coping mechanism is to understand that they may encounter resistance but need to be resilient and persistent until they see the change they desire.

Engaging in Equity-Minded Learning

The University of Southern California Center for Urban Education (n.d.) defines *equity-mindedness* as a mode of thinking and perspective through which practitioners bring to the forefront patterns of inequities among student populations. This approach is instrumental in helping students identify their own biases. Implementing equity-minded learning in nursing may help to nurture the next generation of nurses who promote and embrace diversity, equity, and inclusivity in the nursing profession and beyond.

It is important for faculty to create a safe and nonjudgmental environment in which this type of learning can occur. Bennett et al. (2019) propose a four-step process with the acronym ARTS (affirmation, reflection, teachable moment, and summary) as a framework for having sensitive racial conversations with students.

Affirmation—affirm students and acknowledge their desire to have these conversations.

Reflection—promote introspection and encourage discussions to explore experiences.

Teachable moment—take advantage of moments to provide feedback and substantiate experiences with the literature.

Summary—always summarize what has been discussed.

Obtaining a Mentor From a Minority Background

Mentorship is important at every stage of career development. In this book, we have explored mentorship in detail in several chapters. But as a minority faculty member, having a mentor who is also from a minority group is important. This person does not necessarily have to be your primary mentor. They don’t even have to be in your specific academic unit—if you have to seek them out from a different department, that is acceptable. Their purpose is to help you navigate the academic environment while providing unique perspectives on issues that are important to you as a minority faculty. I often say that just like you have a need for mentorship, other faculty and students have the same needs. Wherever possible, I encourage minority faculty to look at whom in their life they too can mentor and support.

Be a Power Connector

My last strategy is to encourage you to be a power connector in your own right. We talked about power connectors in Chapter 3, and it seems like a farfetched idea for someone just transitioning into their academic role. But you will be surprised to learn how many people look up to you, even as a new faculty in academia. Having a heart to open doors for others and connect them with resources and networks enriches your personal experiences—but more importantly, it slowly but surely tears down the systemic and structural barriers that have long sustained inequitable practices toward minoritized groups in academia.

SUCCESS NUGGET

Working to become an ally is a lifelong pursuit that requires ongoing education and self-reflection. You don’t need to be perfect! A commitment to being honest with yourself and a willingness to challenge the status quo can make a big difference.

Final Thoughts

Change takes time, but I know that through intentional collective efforts, we can and should advocate for a profession that raises everyone together and leaves no one behind—a profession that allows its members to thrive and not merely survive. We should fight together to dismantle systems of oppression and discrimination that intentionally disqualify certain groups, particularly within the academic setting. We also have to be reminded that to achieve equity, equality alone may not suffice. In the words of Dr. Martin Luther King Jr.: "Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

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INDEX

NOTE: Page references with an *f* are figures; page references with a *t* are tables.

A

AACN (American Association of Colleges of Nursing), 31, 149, 190
AANA (American Association of Nurse Anesthesiology), 154
AAUP (American Association of University Professors), 96, 97
abstracts, 131. *See also* publication(s); writing
academia
  adjunct positions, 10, 146
  administrative positions, 9–10
  application processes, 251–254
  appointments (*see* appointments)
  clinical-track assistant professors, 8–9
  collaboration, 49–50 (*see also* collaboration)
  Distribution of Effort (DOE), 19–22 (*see also* Distribution of Effort [DOE])
  high reliability organizations (HROs), 150–151
  instructor positions, 9
  length of appointments, 13–18
  managing roles, 15
  othering in, 169–170, 172–175 (*see also* othering)

  pillars of, 5–6
  power dynamics in, 210–211
  reasons for leaving, 35
  sources of stress in, 206–213 (*see also* stress management)
  tenure-track assistant professors, 7–8
  transitions to, 142 (*see also* clinical faculty roles)
  types of entry-level appointments, 6–7
academic citizenship, 74–75, 164
  benefits of, 91
  definition of, 74–75
  joining professional organizations, 83, 84–85
  opportunities for, 74
  risk of overcommitment, 79, 86–90
academic roles, 4. *See also* educators
academic teaching, 27–29
  calculating workloads, 31*t*
  confidence-building strategies, 36–43
  evaluating effectiveness, 43–46
  managing workloads, 29–33
  practicality of teaching assignments, 33–34
  teaching assignment overload, 35–36
access to mentors, 105–107
adapting prior instructor's work, 41
adjunct positions, 10, 146
administration, 5–6
administrative positions, 9–10
advanced practice registered nurses (APRNs), 34, 151, 153, 160
adversity, adapting to, 224
affinity bias, 178
agencies, external funding, 105
alliances, choosing, 63–64
allyship, pursuing, 195–196, 202
American Association of Colleges of Nursing (AACN), 31, 149, 190
American Association of Nurse Anesthesiology (AANA), 154
American Association of University Professors (AAUP), 96, 97
American Council on Education, 98
American Psychological Association (APA), 224, 225
analysis, 55–57, 101. *See also* SWOT
anchoring bias, 179
antiracism, 195. *See also* racism
anxiety, 230
apartheid, 172. *See also* othering
  application processes, 251–254
appointments, 6–7
  9-month, 14–18
  12-month, 13–14
  adjunct positions, 10, 146
  administrative positions, 9–10
  clinical-track assistant professors, 8–9
  commitments, 87 (*see also* commitments)
  Distribution of Effort (DOE), 19–22 (*see also* Distribution of Effort [DOE])
  instructor positions, 9
  length of, 13–18
  selecting positions, 10–13

- special considerations of, 18–19
  - tenure-track assistant professors, 7–8
  - types of (*see* entry-level positions)
- APRNs (advanced practice registered nurses), 34, 151, 153, 160
- art, academic teaching as, 27–29. *See also* academic teaching
- ARTS (affirmation, reflection, teachable moment, and summary), 201
- assignments
  - guest lecturing, 41–42
  - practicality of teaching, 33–34
  - teaching assignment overload, 35–36
- assimilation, 194
- Association of American Colleges and Universities, 96
- assumptions, 171
- attitudes, managing, 126

B

- bachelor of science in nursing (BSN), 77
- balance, work-life, 218–221
- Baxley, Susan, 233
- *Becoming* (Obama), 220
- behaviorism, 38
- benchmarks for promotions, 162
- bias, 178–182
  - awareness of, 179
  - language use and, 198
  - strategies to combat implicit, 180–182
  - types of, 178, 179
- *The Black Academic's Guide to Winning Tenure—Without Losing Your Soul* (Rockquemore/Laszloffy), 112
- Black faculty, othering and, 173, 174, 175, 177, 178. *See also* faculty; othering
- Blanchard, Ken, 58
- Bond, Mary Lou, 233
- Boyer, Ernest, 129
- burnout, 32
  - definition of, 218
  - preventing, 218–221
  - teaching assignment overload, 35–36

C

- Canadian Center for Occupational Health and Safety (CCOHS), 219
- candidates, suitable, 249
- careers
  - appointments (*see* appointments)
  - clinical faculty roles, 141–149 (*see also* clinical faculty roles)
  - managing roles, 15
  - selecting positions, 10–13
- Carnegie Classification of Institutions of Higher Education, 99
- Center for Creative Leadership, 194

Center for Research and Scholarship, 106
certification requirements, 152, 158, 160
certified registered nurse anesthetists (CRNAs), 154, 155
certified registered nurse practitioners (CRNPs), 152
Circassia, ethnic cleansing of, 172. *See also* othering
citizenship. *See* academic citizenship
classifications of networking, 68–71
classrooms, confidence-building strategies, 36–43
Clifton, Donald, 229
clinical faculty roles, 141–142
  applying for promotions, 164–166
  calculating dollar value of time, 146–148
  choosing collaborative relationships, 151–157
  collaborative agreements, 151–157
  core competencies, 157–159
  distance to work, 148–149
  incomes, 144
  maintaining clinical expertise, 145
  organizational environments and, 149–151
  overview of, 142–149
  part-time *vs.* full-time, 145–146
  research, 161–164
  scholarship, 161–164
  specialty considerations, 159–161
  workloads and, 142, 144, 147
clinical-track assistant professors, 8–9, 142. *See also* clinical faculty roles
cognitive flexibility, 214–215
cognitivism, 38
collaboration, 49–50. *See also* networking
  building, 123
  choosing collaborative relationships, 151–157
  history of tenure track, 96–98
  negotiations, 154, 155–157
  relationships and, 153–154
  strategic classifications of, 68–71
  strategies, 57–64
collaborative agreements, 151–157
  negotiations, 154
  relationships (*see* relationships)
collective coping, 200
colleges. *See also* education; educators
  access to mentors, 105–107
  courses (*see* courses)
  culture, 103–104
  faculty member research, 103
  institutional research expectations, 99–101
  intramural seed funding, 104–105
  selecting college of nursing, 99–109
  service at the college-level, 75–77
  struggling with teaching and research, 110–111
  support, 101–103
  support from dean of research, 107–109

commitments
  conscientious offloading, 87–88
  contact hours, 89*t*–90*t*
  Distribution of Effort (DOE), 88–90 (*see also* Distribution of Effort [DOE])
Committee on Academic Freedom and Academic Tenure (AUPP), 96
communication
  about white privilege, 185–189
  listening to suggestions, 125
communities, observing, 163–164
community service, 85
competition, peers, 208–209
competitive attitudes, managing, 126
components of educator roles, 24
comrades, 69–70
confidants, 68–69
confidence-building strategies, 36–43
  adapting prior instructor's work, 41
  educational learning theories, 38–39, 40*f*
  guest lecturing, 41–42
  lesson plans, 40–41
  mentors, 42–43
  observing seasoned colleagues, 40
confirmation bias, 178
conflict management, 214–218
  cognitive flexibility, 214–215
  emotional regulation, 215–216
  fit of the person, 217
  self-other focus, 216
conflicts of interest, 86
connections, 51–53, 200. *See also* networking
  power connectors, 70, 202
  resilience and, 225
connectivism, 39
conscientious offloading, 87–88
consistency, 59
constituents, 69
constructivism, 38
consulting, 15
contact time, 87
contracts, 153. *See also* collaborative agreements
contributions to service, 82. *See also* time
control, patterns of, 174
coping. *See also* strategies
  collective, 200
  resistance, 201
  self-protective, 200
core competencies, 157–159
courses
  classifications, 29
  confidence-building strategies, 36–43
  evaluating teaching effectiveness, 43–46
  Fundamentals of Professional Nursing, 77
  loads, 20
COVID-19, 32, 218, 221
Cox, Tasheka, 88
CRNAs (certified registered nurse anesthetists), 154, 155
CRNPs (certified registered nurse practitioners), 152
cultural humility, 195
cultures, 103–104, 149–151

Curle, Clint, 171
curriculum, 23, 104. *See also* education
curriculum vitae, updating, 248
customer reviews, types of, 45

D

Declaration of Principles (AUPP [1915]), 96
deficiency needs, 3
degrees. *See* education; educators
dehumanization, 194
DEIB (diversity, equity, inclusion, and belonging), 112, 113, 173–175, 190–191, 194, 198–199, 218
dependability, 59
design, research, 119
determination, 231
Detweiler, Gerri, 66
Developing a Program of Research: An Essential Process for a Successful Research Career (Edwards/Roelofs), 116–117
development, contributing factors to, 115
discrimination, 182. *See also* bias; othering
Distribution of Effort (DOE), 19–22, 28, 29, 31, 33, 162
  calculating, 88–90
  entry-level positions, sample DOE, 23*f*
diversity, 169. *See also* othering
  decreasing quality myth, 192
  goals, 199
  in the hiring process, 197–199
  increasing, 190–193
diversity, equity, inclusion, and belonging (DEIB), 112, 113, 173–175, 190–191, 194, 198–199, 218
doctoral programs, research, 101
doctor of nursing practice (DNP), 8, 9, 29, 149–150
DOE. *See* Distribution of Effort (DOE)
double standards, 175. *See also* othering
Duckworth, Angela, 231
Dweck, Carol, 228

E

Early Career Reviewer Program (NIH), 138
education
  academic teaching, 27–29 (*see also* academic teaching)
  administration, 5–6
  clinical practice and, 141 (*see also* clinical faculty roles)
  diversity and, 170 (*see also* diversity)
  equity-minded learning, 201
  formal resilience training, 239
  research, 5
  roles of, 22–24
  scholarship, 5
  service, 4
  student interactions, 211–213
  teaching, 5
  training opportunities, 131–133
educational learning theories, 38–39, 40*f*
educators, 3–4

  adjunct positions, 10, 146
  administrative positions, 9–10
  clinical-track assistant professors, 8–9
  course loads, 20
  Distribution of Effort (DOE), 19–22 (*see also* Distribution of Effort [DOE])
  evaluating effectiveness, 43–46
  instructor positions, 9
  length of appointments, 13–18
  selecting positions, 10–13
  special considerations of appointments, 18–19
  tenure-track assistant professors, 7–8
  types of entry-level appointments, 6–7
Edwards, Nancy, 116, 119
effectiveness, evaluating, 43–46. *See also* evaluation
  faculty feedback, 45–46
  student opinion of instructor (SOI) scores, 43–45, 212
  student performance, 46
effort, grit and, 231
emotional maturity, 196
emotional regulation, 215–216
emotions, negative, 224
entry-level positions, 6–7, 12*f*
  adjunct positions, 10, 146
  administrative positions, 9–10
  clinical-track assistant professors, 8–9
  instructor positions, 9
  sample DOE for, 23*f*
  selecting positions, 10–13
  tenure-track assistant professors, 7–8
  transition to, 28
environments, inclusive, 193–196
equity, 169, 198. *See also* othering
equity-minded learning, 201
eudemonic well-being, 227
evaluation
  merit evaluations, 162
  performance, 164
  productivity, 138–139
  student interactions, 211–213
exclusion, patterns of, 174
existence, purpose of, 227
expectations
  personal, 209–210
  quantity of, 22
external funding agencies, 105

F

Facebook, 65. *See also* social media
faculty, 7. *See also* educators
  clinical faculty roles, 141–142 (*see also* clinical faculty roles)
  faculty member research, 103
  feedback, 45–46
  minority/foreign-born faculty, 111–113
  othering in, 172 (*see also* othering)
  service at the college level, 75–77 (*see also* service)
  shadowing, 40
  sources of stress, 206 (*see also* stress management)
faculty clinical practices, 155–157
Fahkry, Tony, 116
failure, 228, 229. *See also* success
fairness, institutionalizing, 182

feedback
  faculty, 45–46
  mentors and, 233
  peer review, 45–46, 130, 136, 138
  on writing, 127
fixed mindsets, 228
flexible work arrangements, 219
Floyd, George, 188
focus, 241. *See also* thriving in academia
foreign-born faculty, 111–113
formulas, strengths-based, 229
freedom, tenure and, 97
full time equivalent (FTE), 10, 18, 29, 31
Fundamentals of Professional Nursing, 77
funding
  external funding agencies, 105
  grants, 15, 121, 133–137
  intramural seed, 104–105
  using research funds, 136–137

G

Gale, Porter, 70
gender, intersectionality of race and, 175–176. *See also* othering
Gmelch, Walter, 206, 208
goals
  diversity, 199
  matching alliances with, 63–64
  mindsets and, 228
  providing to teams, 124
  for social media, 66, 67
  unrealistic personal, 209–210
graduate teaching assistants (GTAs), 28, 98, 106
grants, funding, 15, 104–105, 121, 133–137
Grantsmanship (Kraicer), 134–136
Gray, Tara, 126, 127
grit, 231
Grit (Duckworth), 231
growth mindsets, 228–229
growth needs, 3
guidelines for promotions, 162

H

Haiti Massacre, 171. *See also* othering
Hamric's Integrated Model of Advanced Practice, 158, 159*f*
Harvard University, tenure track and, 96
hierarchies
  informal, 63
  power dynamics in workplaces, 210–211
  tenure and, 11
high reliability organizations (HROs), 150–151
hiring process, diversity in, 197–199. *See also* interviews
history
  of othering, 171–172
  of tenure track, 96–98
Holocaust, 171. *See also* othering
humanism, 39
humility, cultural, 195

I

Ibitayo, Kristina, 233
implicit bias, 178
impostor syndrome, 232–233
inclusion, 169. *See also* othering
  policies and, 198
  in the workplace, 193–196
incomes. *See also* salaries
  calculating dollar value of time, 146–148
  clinical faculty roles, 144
  supplemental, 147
independent research, 115. *See also* research
individuation, 181
influencers, 63
informal hierarchies, 63
information, networking as exchange of, 53–57
insecurities, dealing with, 200–201
institutional review board (IRB), 107
instructor positions, 9
integrity, maintaining, 200–201
interactions, purpose of, 50–51
International Classification of Diseases (ICD), 218
interpersonal dynamics
  conflict management, 214–218
  stress management and, 213–218
interviews, 199, 248, 251–254. *See also* careers; hiring process
intramural seed funding, 104–105
introspection, 180–181
inventorying strengths, 54–55
IRB (institutional review board), 107

J

Jakes, T. D., 68
Jane (Journal/Author Name Estimator), 131
joining professional organizations, 83, 84–85
journals, submitting to, 131

K

King, Martin Luther, Jr., 203
Knight, Rebecca, 198
knowledge bases, building, 229
Kohll, Alan, 219
Kraicer, Jacob, 134–136

L

language, bias and, 198
Laszloffy, Tracy, 112
leadership
  lack of opportunities (othering), 173
  micromanaging team members, 126
  mindsets and, 228
  personal performance improvement plan (PIP), 139
  roles, 80, 87
  success and, 123
  teams (*see* teams)
lectures, guest lecturing, 41–42
length of appointments, 13–18
lesson plans, 40–41

licenses
  collaborative agreements and, 153
  state requirements, 151
likability, effect on hiring processes, 199
Likert scale, 44
LinkedIn, 65. *See also* social media
loyalty, 59

M

management
  conflict, 214–218
  stress (*see* stress management)
  time, 20, 21, 22
  workloads, 29–33
Mandela, Nelson, 171
manuscripts, 127. *See also* writing
Maslow's hierarchy, 3
McIntosh, Peggy, 187
meetings, scheduling, 126
memberships to professional organizations, 83, 84–85
mental health, 205. *See also* stress management
Mentoring Today's Nurses: A Global Perspective for Success (Baxley, Ibitayo, Bond), 233
mentors, 42–43, 51–53, 95, 233–238, 241
  access to, 105–107
  finding, 122, 236–238
  lack of (othering), 173
  from minority backgrounds, 202
  qualities of, 233–234
messaging, checking, 181
methods, research, 119. *See also* research
microaffirmations, 200
microaggressions, 182–186
microassaults, 183
microinsults, 183
microinvalidations, 183
micromanaging team members, 126
mindsets
  developing, 116, 126
  fixed, 228
  growth, 228–229
Mindset: The New Psychology of Success (Dweck), 228
minority/foreign-born faculty, 111–113, 173. *See also* othering
Minshew, Kathryn, 170
models, Hamric's Integrated Model of Advanced Practice, 158, 159*f*
motivation, 38

N

National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), 154
National Center on Complementary and Integrative Health (NCCIH), 137
National Commission to Address Racism in Nursing, 177, 196
National Institutes of Health (NIH), 108–109, 138
National League for Nursing Diversity and Inclusion Toolkit, 196

Native Americans, displacement of, 171. *See also* othering
needs
  categories of, 3
  identifying, 59–60
negative adaptation, 224
negotiations
  collaborative agreements, 154
  faculty clinical practices, 155–157
networking, 49–50
  building collaboration, 123
  definition of, 50
  as exchange of information, 53–57
  finding mentors, 122, 236–238
  interactions, 50–51
  inventorying strengths, 54–55
  purpose of, 50, 57
  resilience and, 225
  rules, 71
  social media as tool for, 64–68
  strategic classifications of, 68–71
  strategies, 57–64
  useful connections and, 51–53
Newton's Third Law of Motion, 116
Nfonoyim-Hara, Nicole Asong, 195
NIH (National Institutes of Health), 108–109, 138
normalizing burnout, 32
nurse educators, 23. *See also* educators
nurse researchers, 115–116
  building research teams, 123–126
  creating research/scholarship plans, 119–122
  defining program of research, 116–118
  developing strategic plans, 119
  evaluating productivity, 138–139
  grant funding strategies, 133–137
  as members of the scientific community, 137–138
  personal performance improvement plan (PIP), 139
  publish or perish, 126–131
  time to build teams, 125–126
  training opportunities, 131–133
nurses, shortages of, 80
nursing
  clinical, 141. (*See also* clinical faculty roles)
  curriculum, 23
  Hamric's Integrated Model of Advanced Practice, 158, 159*f*
  othering in, 191 (*see also* othering)
  race/racism in, 177, 178
  selecting college of nursing, 99–109

O

Obama, Michelle, 220
objectives
  mindsets and, 228
  providing to teams, 124
observing seasoned colleagues, 40
Office of Research and Development (ORED), 108
Oore, Gillin, 214, 217

opportunities
  social media and, 67 (*see also* social media)
  SWOT (strengths, weaknesses, opportunities, and threats) analysis, 55–57
opportunity cost, definition of, 64
organizations, service to, 81–83
othering
  in academia, 169–170, 172–175
  antidotes for in academia, 190–196
  bias, 178–182
  cultural humility, 195
  definition of, 170–171, 218
  diversity in hiring processes, 197–199
  historical perspectives on, 171–172
  inclusion in workplaces, 193–196
  intersectionality of race and gender, 175–176
  microaggressions, 182–186
  pursuing allyship, 195–196
  race/racism in nursing, 177, 178
  strategies to counter, 196–202
outputs, quality of, 22
overcommitment, 79
  calculating Distribution of Effort (DOE), 88–90
  conscientious offloading, 87–88
  risks, 86–90

P

paid service opportunities, 85–86
pandemics. *See* COVID-19
parent announcement (PA), 108
partnerships, 53. *See also* collaboration; networking
peer competition, 208–209
peer review, 45–46, 130, 136, 138
People of Color, affirmations for, 200, 202
performance
  measuring self-worth against, 209–210
  minority faculty and, 175
  stress management (*see* stress management)
  success and, 230 (*see also* success)
  teaching, 164
perseverance, 233. *See also* grit; resilience
personal expectations, 209–210
perspective-taking, 181
Pfeifer, Heather, 91
PhD programs, 98, 100, 101, 106, 149–150
philosophies, teaching, 37–40
physicians, collaborative agreements and, 151, 153
pilot work, funding for, 104
planning
  creating research/scholarship plans, 119–122
  developing strategic research plans, 119
  maximizing efforts, 146

  personal performance improvement plan (PIP), 139
  training opportunities, 131–133
  using research funds, 136–137
  writing grants, 133–137
platforms, 67. *See also* social media
policies, diversity in hiring processes, 197–199
positions. *See* faculty; roles; teaching; entry-level positions
Potts, Alicia, 219
power
  connectors, 70, 202
  dynamics (within workplaces), 210–211
practicality of teaching assignments, 33–34
prejudices, 171
presence, social media, 66. *See also* social media
presentations, creating research/scholarship plans, 120–121
preventing burnout, 218–221
priming, 179
productivity
  burnout and, 219
  evaluating, 138–139
  scholarly, 138–139, 207
professional contributions, 164
professional organizations
  joining, 83, 84–85
  service to, 81–83
professional service, 81. *See also* service
professors. *See also* educators
  clinical-track assistant, 8–9, 142 (*see also* clinical faculty roles)
  tenure-track assistant, 7–8
program officer (PO), 108
promotions, applying for, 164–166
publication(s)
  creating research/scholarship plans, 120
  publish or perish, 126–131
  requirements, 109–110
  writing projects in different stages, 130
Publish and Flourish: Become a Prolific Scholar (Gray), 127
purpose
  definition of, 227
  of interactions, 50–51
  of networking, 50, 57
putdowns, 182. *See also* microaggressions

Q

qualities of mentors, 233–234. *See also* mentors
quality of outputs, 22
quantity of expectations, 22

R

race, intersectionality of gender and, 175–176. *See also* othering

racial equity, 169, 173. *See also* equity; othering
racial microaffirmations, 200
racism, 188
  bias, 178–182
  microaggressions, 182–186
  in nursing, 177, 178
  strategies to counter, 196
  white privilege, 185–189
ratings, courses, 44. *See also* courses
recertification, 158. *See also* certification requirements
registered nurses (RNs), 10
relationships, 34. *See also* collaboration; networking
  choosing collaborative, 151–157
  collaboration and, 153–154
  mentors, 234, 235 (*see also* mentors)
  resilience and, 225
  rules of networking and, 71
  social media and, 64–68
  strategies, 57, 58
representation, 191
request for application (RFA), 108
research, 5, 164
  academic citizenship, 73 (*see also* academic citizenship)
  building research teams, 123–126
  clinical faculty roles, 161–164
  creating research/scholarship plans, 119–122
  culture, 103–104
  defining program of, 116–118
  design, 119
  determining impact of, 116
  developing strategic plans, 119
  evaluating productivity, 138–139
  faculty member, 103
  finding mentors, 122
  institutional research expectations, 99–101
  nurse researchers, 115–116 (*see also* nurse researchers)
  personal performance improvement plan (PIP), 139
  publish or perish, 126–131
  selecting areas of, 162–163
  submitting to journals, 131
  support, 101–103
  support from dean of, 107–109
  tenure-track assistant professors, 7–8
  time to build teams, 125–126
  training opportunities, 131–133
  types of customer reviews, 45
  using research funds, 136–137
research-intensive institution (R01), 162
resilience, 224–231
  definition of, 224
  formal resilience training, 239
  growth mindsets and, 228–229
  strengths-based psychology, 229–230
resistance coping, 201
resources, othering and, 176
resumes, 199, 248. *See also* careers; hiring process
reviews, minority faculty, 175
risks, overcommitment, 86–90
RNs (registered nurses), 10
Robinett, Judy, 70, 71
Rockquemore, Kerry Ann, 112

Roelofs, Susan, 116, 119
roles
  academic, 7–8 (*see also* educators)
  academic citizenship, 73–74 (*see also* academic citizenship; service)
  assigning based on expertise, 124, 125
  clinical faculty, 141–142 (*see also* clinical faculty roles)
  education, 22–24
  leadership, 80, 87
  service, 77 (*see also* service)
rules, networking and, 71
Rwandan Genocide, 171. *See also* othering

S

salaries
  9-month appointments, 16–18
  clinical faculty roles, 144
scheduling
  increasing writing productivity, 127, 128–129
  team meetings, 126
Scholarly Affairs Committee, 76
scholarly productivity, 7–8, 138–139, 207
scholarship, 5, 164
  clinical faculty roles, 161–164
  creating research/scholarship plans, 119–122
  culture, 103–104
  incorporating in teaching, 129
  productivity, 99
  selecting areas of, 162–163
  tenure track and, 101
science, evaluating, 116
scientists, 115–116, 137–138
scores, Student Opinion of Instructor (SOI), 43–45, 212
searching for mentors, 42–43
security, tenure and, 97
selecting positions, 10–13
self-actualization, 3, 157, 227
self-care, 87, 88, 206. *See also* stress management
self-efficacy, 33
self-other focus, 216
self-protective coping, 200
service, 4, 73–74. *See also* academic citizenship
  calculating Distribution of Effort (DOE), 88–90
  at the college level, 75–77
  commitment contact hours, 89*t*–90*t*
  community, 85
  conscientious offloading, 87–88
  definition of, 73
  joining professional organizations, 83, 84–85
  opportunities for, 74, 75, 78, 79, 82, 83, 86
  paid/unpaid opportunities, 85–86
  to professional organizations, 81–83
  risk of overcommitment, 86–90
  time commitments to, 81, 82
  types of opportunities, 90–91
  to the university, 78–80
Set Boundaries, Find Peace: A Guide to Reclaiming Yourself (Tawwab), 215

sexual and gender minorities (SGMs), 175, 176. *See also* othering
shadowing faculty, 40
skills, acquiring new, 228–229. *See also* mindsets; resilience
slowing down, 181
social media as tool for networking, 64–68
SOI (Student Opinion of Instructor) scores, 43–45, 212
solutions, offering, 60
sources of stress in academia, 206–213
  peer competition, 208–209
  power dynamics (within workplaces), 210–211
  student interactions, 211–213
  teaching assignment overload, 207
  unrealistic personal expectations, 209–210
Southern Nursing Research Society (SNRS), 228
specialty considerations, 159–161
startup funds, availability of, 133. *See also* funding
Statement of Principles of Academic Freedom and Tenure (1940), 97
state requirements
  collaboration and, 159, 160
  licenses, 151
strategies
  to address microagressions, 184
  building resilience, 224–228
  to combat implicit bias, 180–182
  confidence-building, 36–43
  to counter othering, 199–202
  to counter racism, 196
  cultural humility, 195
  to deal with imposter syndrome, 232–233
  developing strategic research plans, 119
  diversity in hiring processes, 197–199
  educational learning theories, 38–39, 40*f*
  for failure, 228, 229
  grant funding, 133–137
  inclusion in workplaces, 193–196
  increasing diversity, 190–193
  interviews, 252–254
  networking, 57–64
  personal performance improvement plan (PIP), 139
  publish or perish, 126–131
  pursuing allyship, 195–196
  submitting to journals, 131
  for success, 115–116
  team building, 125
  writing projects in different stages, 130
strengths
  definition of strength, 229
  inventorying, 54–55
  sharing, 60–61
  SWOT (strengths, weaknesses, opportunities, and threats) analysis, 55–57
strengths-based psychology, 229–230
stress management, 205–206
  adapting to stress, 224 (*see also* resilience)
  conflict management, 214–218

  - interpersonal dynamics and, 213–218
  - peer competition, 208–209
  - power dynamics (within workplaces), 210–211
  - sources of stress in academia, 206–213
  - student interactions, 211–213
  - teaching assignment overload, 207
  - unrealistic personal expectations, 209–210
  - work-life balance (preventing burnout), 218–221
- student interactions, 211–213
- Student Life Committee, 76
- Student Opinion of Instructor (SOI) scores, 43–45, 212
- student performance, 46
- submitting to journals, 131
- success
  - in academia, 223–224 (*see also* thriving in academia)
  - contributing factors to, 115
  - defining program of research, 116–118
  - in interviews, 254
  - leadership capabilities and, 123
  - performance and, 230
  - training opportunities, 131–133
- supplemental incomes, 147. *See also* incomes
- support, 200
  - from dean of research, 107–109
  - othering and, 176, 191
  - tenure track, 101–103
- surveys, 43–45
- SWOT (strengths, weaknesses, opportunities, and threats) analysis, 55–57, 101

T

- take two concept, 182
- talent, 229. *See also* skills
- Tawwab, Nedra Glover, 215
- teaching, 5. *See also* education; educators
  - academic citizenship, 73 (*see also* academic citizenship)
  - academic teaching, 27–29 (*see also* academic teaching)
  - assignment overload, 207 (*see also* stress management)
  - calculating workloads, 31*t*
  - clinical faculty roles, 141–149 (*see also* clinical faculty roles)
  - confidence-building strategies, 36–43
  - evaluating effectiveness, 43–46
  - incomes, 146 (*see also* incomes)
  - incorporating scholarship, 129
  - load practicality, 33*t*
  - managing workloads, 29–33
  - performance, 164
  - philosophies, 37–40
  - practicality of teaching assignments, 33–34
- teams
  - assigning roles based on expertise, 124
  - building research, 123–126
  - micromanaging team members, 126
  - providing goals and objectives, 124
  - scheduling team meetings, 126

  stages of building, 125–126
  writing, 130
tenure
  definition of, 97
  Distribution of Effort (DOE), 21
  hierarchies and, 11
  minority/foreign-born faculty, 111–113
tenure track. *See also* colleges
  access to mentors, 105–107
  culture, 103–104
  faculty member research, 103
  falling behind, 109–111
  history of, 96–98
  institutional research expectations, 99–101
  intramural seed funding, 104–105
  publication requirements, 109–110
  selecting college of nursing, 99–109
  struggling with teaching and research, 110–111
  support, 101–103
  support from dean of research, 107–109
tenure-track assistant professors, 7–8
theories, educational learning, 38–39, 40*f*
threats, 55–57, 224
thriving in academia, 223–224
  definition of thrive, 193, 223, 224
  formal resilience training, 239
  grit, 231
  imposter syndrome, 232–233
  mentors, 233–338
  resilience, 224–231 (*see also* resilience)
  wisdom and advice, 240–249
time
  to build teams, 125–126
  calculating dollar value of, 146–148
  commitments to service, 81, 82 (*see also* service)
  conscientious offloading, 87–88
  contact time, 87
  management, 20, 21, 22
  practicality of teaching assignments, 33–34
  teaching assignment overload, 35–36
  workload management, 29–33
Tochluk, Shelly, 187, 188
tokenism, 194
tools, social media, 64–68. *See also* strategies
tragedy, adapting to, 224
training opportunities, 131–133, 239. *See also* education
transatlantic slave trade, 171. *See also* othering
transitions, 10–13
trauma, adapting to, 224
traveling, distance to work, 148–149
Truong, Kimberly, 191
trust, building, 57–59
Tuckman, Bruce, 125
Twitter, 65. *See also* social media
Type A personalities, 209

U–V

United Kingdom (UK), racial equity in, 173
university. *See also* college
  service to, 78–80
University of Michigan Center for Research on Learning and Teaching, 39
University of Minnesota Center for Education and Innovation, 39
unpaid service opportunities, 85–86
usefulness, definition of, 51
U.S. Preventive Medicine, 228

value
  adding to networks, 70
  attribution, 179
Veterans Affairs Medical Center (VAMC), 106

W

weaknesses
  acknowledging, 62
  focusing on, 230
  SWOT (strengths, weaknesses, opportunities, and threats) analysis, 55–57
well-being, eudemonic, 227
white faculty, 174. *See also* faculty; othering
white privilege, 185–189. *See also* microaggressions; othering
  communication about, 188
  definition of, 186, 187
Witnessing Whiteness (Tochluk), 187
work-life balance, 218–221
workloads
  calculating, 31*t*
  clinical faculty roles, 142, 144, 147
  Distribution of Effort (DOE), 33 (*see also* Distribution of Effort [DOE])
  incomes (*see* incomes)
  practicality of teaching assignments, 33–34
  teaching assignment overload, 35–36
workplaces
  conflict resolution and, 217–218
  flexible work arrangements, 219
  inclusion in, 193–196
  power dynamics within, 210–211
World Health Organization (WHO), 218
writing
  changing focus of, 129–130
  grants, 133–137
  increasing productivity, 127, 128–129
  peer review, 130, 136
  projects in different stages, 130
  publish or perish, 126–131
  submitting to journals, 131
  teams, 130

Y–Z

Your Network Is Your Net Worth (Gale), 70

Ziglar, Zig, 239