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ACADEMIC NURSE EDUCATOR ATTITUDES REGARDING
THEIR ROLE EDUCATING ETHNICALLY AND
RACIALLY DIVERSE NURSING STUDENTS:
A FOCUSED ETHNOGRAPHY

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of the Requirements for the Degree of
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Melissa Lillian Weir

College of Natural and Health Sciences
School of Nursing
Nursing Education

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This Dissertation by: Melissa Lillian Weir

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Accepted by the Doctoral Committee

Darcy A. Copeland, Ph.D., RN, Research Advisor

Katherine L. Sullivan, Ph.D., RN, CTN-A, CNE, Committee Member

Melissa L. M. Henry, Ph.D., RN, FNP-C, Committee Member

Linda L. Black, Ed.D., LPC, Faculty Representative

Date of Dissertation Defense _____

Accepted by the Graduate School

Jeri-Anne Lyons, Ph.D.
Dean of the Graduate School
Associate Vice President for Research

ABSTRACT

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The purpose of this research was to explore academic nurse educator attitudes, specifically beliefs and values, regarding their role educating ethnically and racially diverse students through the lens of culturally relevant pedagogy. Focused ethnography methodology was applied through all phases of this research. Interviews with 14 academic nurse educators provided insight into a subculture of nursing. Themes that emerged from data analysis included strengths perspective, teacher-student relationships, diversity as an asset, crucial or difficult conversations, and ethnicity and race setting the narrative. In addition, assimilation and white privilege were discussed due to compelling and varied responses from participants.

The results of this research might influence nursing education and research. Aside from the information gleaned from the attitudes about the faculty role, the study also added to methodological knowledge on the use of focused ethnography to explore the unique subculture of academic nurse educators.

This exploration of nurse educators' attitudes for the purpose of understanding their beliefs and values regarding their role demonstrated the importance of bringing key stakeholders to the table. This study contributed to the assessment of the state of the nursing academe in achieving the social justice mandate of nursing and, in this way, contributed to educational equity.

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CHAPTER I

INTRODUCTION

Introduction to the Study

Academic nurse educators are called to be in a continual process of critical analysis of educational systems and practices, and this places critical consciousness at the core of every nurse's education (Banks, 2014). Academic nurse educators can exercise critical consciousness by facilitating and supporting ethnically and racially diverse nursing students' transition into the profession. Facilitating and supporting the success of diverse nursing students contribute to ensuring the nursing population mirrors the population of those they serve. This study sought to explore the following questions through the lens of culturally relevant pedagogy: What are academic nurse educators' beliefs about the profession mirroring the ethnic and racial composition of society? What role do academic nurse educators believe they have in this call to critical consciousness?

The methodology used was focused ethnography to explore academic nurse educator attitudes regarding her/his/their role in educating ethnically and racially diverse nursing students. Through the remainder of this document, *their* was used to infer singular *her/his* and plural *their* pronouns. The study was based primarily on interviews of nurse educators to elicit their beliefs and values regarding their role in engaging in culturally relevant pedagogy. Documents were also examined as artifacts used by educators to support their role teaching ethnically and racially diverse students. The first chapter of this dissertation presents the background of the issue leading to problem identification, describes the significance of the study to the discipline, and

presents an overview of the methodology. The chapter concludes with delimitations and operational definitions used in the study. Problem identification and context for this study were determined by assessment of background factors that focused on the importance of ethnic and racial diversity in the nursing profession.

Background

Nurses are the largest group of healthcare providers, yet the racial and cultural diversity of practicing nurses does not proportionally reflect that of the general population of the United States (Loftin et al., 2013). Forty-one percent of the U.S. population and 24.7% of the registered nurse workforce are from minority backgrounds including Latino/Hispanic, Black/African American, Asian, Native American, Hawaiian/Pacific Islander, and those identifying as two or more races (Minority Nurse, 2019; U.S. Census Bureau, 2018). In addition, only 16% of full-time nursing faculty are from minority backgrounds (American Association of Colleges of Nursing [AACN], 2019b). Lack of healthcare worker diversity contributes to health disparities (Byrd & Clayton, 2003/2005). Disparities in health care can be addressed by providing care that acknowledges and incorporates the needs of diverse cultures. As demographics of the U.S. change, the nursing profession needs to become more ethnically and racially diverse to provide culturally responsive health care (Starkey, 2015). Like the low percentages of racial and ethnic minority groups in the nursing workforce, the numbers of ethnic and racial minority individuals enrolled in nursing schools is suboptimal to meet the diversity needs of the future (Phillips & Malone, 2014). Statistics that reflected the disparity of diversity in the nursing workforce compared to that of the general population aligned with statements made by professional organizations regarding the need for diversity in the workforce.

The National League for Nursing (NLN, 2016) has diversity, excellence, caring, and integrity as its core values. In addition, the NLN stated that the lack of diversity in the nurse workforce, student, and faculty populations impedes the ability of the profession to achieve excellent care for all. The provision for excellent care hinges on the ability to provide culturally relevant care that works toward decreasing health disparities and promoting health equity. Similarly, the AACN's (2017a) mission included the importance of embracing diversity and promoting inclusive learning environments. The AACN and the Institute of Medicine (IOM, 2012) both recommended the need to increase diversity in the nursing workforce and in student populations (Starkey, 2015). The NLN (2016), AACN (2017b, 2019b), and the Robert Wood Johnson Foundation with the IOM (2011) recommended building a diverse workforce to reduce health disparities, achieve health equity, and advance the health of the United States and global community. The pathway to achieve these goals is through increasing student diversity and supporting those students through completion of nursing programs. Systemic and organizational structures as well as individual nursing faculty members have a role in this endeavor. Yet Starkey (2015) suggested that lack of nurse faculty diversity might contribute to some educators' failure to recognize additional learning needs and best teaching strategies unique to ethnically and racially diverse students. Therefore, there was value in exploring the perspectives of nurse educators regarding their role in educating ethnically and racially diverse students.

In addition to the stance taken by professional organizations regarding the increased need for diversity, a few studies have explored this topic from the perspective of the academic nurse educator. Culturally relevant pedagogy (CRP) is one theoretical lens that has been used to view the issue and gain more insight into the problem of lack of diversity in the profession. Literature surrounding the issue of nurse faculty members use of culturally relevant pedagogy revealed

there was lack of value and understanding of the importance of addressing cultural diversity in the student body of nursing programs.

One qualitative study that explored nurse educator cultural competence in clinical teaching found a majority of the participants were inflexible related to cultural difference among students, perceived cultural differences to be problematic, or believed it was unfair to accommodate cultural difference (Shin et al., 2016). Specifically, some of the participants of this study found diversity unacceptable, challenging, and interfering with clinical educational experiences (Shin et al., 2016). A quantitative study examined nurse educator preparation to teach underrepresented minorities and use of evidenced-based practices that promoted retention and graduation in those students (Beard, 2014). Findings revealed only 27.3% ($n = 9$) of participants completed a college course that addressed educating ethnically and racially diverse nursing students and less than half (42.4%, $n = 14$) participated in faculty development activities related to the topic (Beard, 2014). These two studies (Beard, 2014; Shin et al., 2016) might reflect faculty value and understanding of the importance of addressing cultural diversity in nursing programs.

Effective and equitable support of students' learning requires educators leverage culture and cross-cultural differences in the learning environment (Bottiani et al., 2018). Qualities and strategies known to comprise CRP allow for the importation of difference and diversity into the learning environment. Despite extensive literature on CRP in primary education and recent literature of CRP in nursing academia, progress toward establishing an evidence base of effective strategies to include faculty training, faculty preparedness, and faculty use of CRP has been slow (Bottiani et al., 2018). A first step to gain a clearer understanding of CRP in nursing academia was to explore how nurse educators perceived their role educating a diverse student population.

Problem Statement

The underrepresentation of minority nurses might continue unless more research that examines the attitudes of faculty regarding their role in educating minority students and capacity of nursing programs to prepare educators to teach ethnically and racially diverse students is undertaken (Beard, 2014). Failure to explore academic nurse educator attitudes, beliefs, and values regarding their role in educating ethnically and racially diverse nursing students might continue to contribute to the underrepresentation of ethnically and racially diverse students in nursing programs (Beard, 2014). Exploring nurse educators' attitudes for the purpose of understanding their beliefs and values regarding their role demonstrates the importance of bringing key stakeholders to the table.

Purpose of the Study

The purpose of this research study was to gain insight into academic nurse educator attitudes, specifically beliefs and values, regarding their role in educating ethnically and racially diverse nursing students. This purpose was explored through the lens of CRP. The use of CRP provided an opportunity to assess the framework in higher education. The framework informs pedagogy surrounding equity, inclusion, and diversity, and could guide exemplary practices to support positive student outcomes (Ladson-Billings, 1994). The constructs of CRP were examined in the context of academic nurse educator attitudes about their role.

Research Questions

The following central research question guided this study:

- Q1 What are the attitudes, specifically beliefs and values, of academic nurse educators regarding their role in educating ethnically and racially diverse nursing students?

The following sub-questions were explored to gain understanding of the central research question:

- Q1a What are the beliefs and values of academic nurse educators regarding their role in educating ethnically and racially diverse nursing students?
- Q1b What are the attitudes of academic nurse educators regarding their role in culturally relevant pedagogy?

Professional Significance

Historically, nursing faculty have focused content delivery on traditional pedagogical approaches and objectivity, both of which have been ingrained in nursing education; yet, those approaches have not met the needs of diverse students (Starkey, 2015). In addition, justifiable focus on the culture of the patient populations served left little room for the consideration of social, cultural, and language differences that existed among students in the classroom (Starkey, 2015). A learning environment that embraces differences might counteract the deficit approach. Ladson-Billings (1994, 2009) describes the deficit approach in teaching as one that expects students from diverse backgrounds to fit into the dominant and normalized culture (Ladson-Billings, 1994, 2009). Additionally, the NLN (2009) called for higher education to reflect on the status quo through dialog and discussion and raise awareness of the need to assess decades of tradition in nursing education (Starkey, 2015). Faculty members have the responsibility for instituting nursing curriculum for student success; therefore, their perceptions and attitudes are valued and need to be explored (Starkey, 2015). Gaining an understanding of nurse educator perspectives about their role might reveal ways in which they were inhibited or uninhibited from working effectively with ethnically and racially diverse students in an emancipatory fashion (Banks, 2014).

This exploration of academic nurse educator perspectives regarding their role provided the groundwork for how to move forward to achieve educational equity and ultimately increase the numbers of ethnically and racially diverse students transitioning into practice. Meaningful

results from this study could be used to advance disciplinary knowledge related to faculty perceptions of their role. Understanding how nurse educators perceive their role served to inform how academic associations and programs articulated the role of nurse educators related to teaching diverse students. Additionally, results revealed faculty beliefs about strategies to promote student well-being. Indirectly, the knowledge gained could be used to determine the need for faculty development around culturally relevant pedagogy. Administrators might use the data to frame an approach to faculty recruitment related to the role faculty play to support diverse students. Aside from the information gleaned from the faculty role, the study also added to methodological knowledge on the use of focused ethnography to explore the unique subculture of academic nurse educators.

Kelly (2014) postulated that to incorporate social justice praxis in education, nursing faculty must first be engaged in the process of its implementation. Gaining faculty perspective is a first step in that implementation. In summary, this study contributed to the assessment of the state of academe in achieving the social mandate of nursing and, in this way, contributed to educational equity.

Overview of Study Design and Methods

This study used a focused ethnography design to explore attitudes of nurse educators. The main purpose of focused ethnography is to describe culture and understand the meaning members of a subculture or group assign to their experiences (Roper & Shapira, 2000; Wall, 2015). The sample population was academic nurse educators who taught in undergraduate nursing programs. A convenience sample of nurse educators known to the researcher was used to initiate requests for participation and facilitate dissemination of the study invitation. Theoretical and snowball recruitment strategies were used to gain access to other potential participants.

Potential participants were contacted via email with an invitation outlining details of the study and a consent form was attached with a request to contact the researcher to schedule a mutually agreed upon time for the online interview. Interviews were video recorded and transcribed verbatim. Data were then analyzed and interpreted for emerging themes. Details of the research perspective and methods are discussed in Chapter III.

Delimitations

The following delimitations are identified as strengths inherent in the theoretical and methodological research design of this study.

1. The research questions were specific to the concept of attitudes and to the theoretical framework of culturally relevant pedagogy. Participants were asked about their beliefs and values regarding their role in teaching ethnically and racially diverse students, setting high expectations for academic success, creating equitable learning environments, and analyzing and evaluating educational support structures.
2. Focused ethnography seeks thick descriptions that reflect participant voices from verbatim transcription of their responses to questions. Verbatim responses mediated by the researcher's interpretations and the theoretical lens allowed conclusions to be drawn about the phenomena and enhance credibility and authenticity (Lincoln & Guba, 1985; Rashid et al., 2019).
3. Use of a virtual setting allowed participants to be in a self-designated location, which might not be the workplace. This contributed to ease of sharing what could be perceived as sensitive personal information about one's work.

Operational Definitions

Acculturation. “The modification of the culture of a group or an individual...as a result of contact with a different culture. This cultural assimilation...moves toward the dominant Anglo-Protestant culture” (Byrd & Clayton, 2003/2005, pp. 521-522). Acculturation refers to changes diverse students make to modify their cultural identity to align and assimilate with the majority or dominant group.

Assimilation. The process of the minority individual or group adopting the values, beliefs, and behaviors of the dominant group while minimizing one’s cultural identity (Al-Omari & Pallikkathayil, 2008).

Attitudes. Ways of thinking or feeling that reflect beliefs that are verifiable thought patterns and values, which are judgements of worth (Communication Institute for Online Scholarship [CIOS], 2015; Price, 2015). Attitudes might or might not predict or predate behavior.

Cultural awareness. The process through which the nurse becomes respectful, appreciative, and sensitive to the values, beliefs, lifeways, practices, and problem-solving strategies of a client's culture (Campinha-Bacote, 2003). This process involves a continual examination of one's own prejudices and biases about other cultures and an in-depth exploration of one's own cultural background (Ume-Nwagbo, 2012).

Culturally relevant pedagogy. “A theoretical framework faculty members use to guide pedagogy to empower students intellectually, socially, emotionally, and politically by using cultural referents to impart knowledge, skills, and attitudes” (Ladson-Billings, 2009, p. 20).

Culturally responsive health care. The capacity to provide patient-centered care to patients despite cultural differences (Illes et al., 2015). High quality, personalized care delivery

considers and respects cultural and linguistic diversity needs and perspectives (Starkey, 2015).

Diversity. Defined as variety in individual or group characteristics such as race, age, sexual orientation, gender identity, family structure, geographic location, national origin, immigrant, and refugee status; language—physical, functional, and learning abilities, religious beliefs, health beliefs and habits; and socioeconomic status (AACN, 2017a). In this study, diversity referred to recognition of differences in the context of ethnicity and race (NLN, 2009).

Equity in education. Fair and just access and distribution of resources or knowledge needed to allow full participation in higher education with the goal of overcoming obstacles to ensure fairness (AACN, 2017a; Shi & Stevens, 2005).

Ethnicity. Self-identified or acquired acknowledgment of shared culture to include ancestry, traditions, language, religion, material, food, and cultural products such as music, literature, and art (Bryce, 2020; Byrd & Clayton, 2003/2005). Hispanic or Latino is designated as ethnicity or cultural identity and could identify as any race (U.S. Census Bureau, 2020).

Inclusion in education. An intentional act that fosters diversity, welcomes differences, and values identification of strengths in groups with varied backgrounds (AACN, 2017a). Assumptions are challenged, perspectives are broadened and socialization across a variety of groups occurs resulting in intellectual and cognitive benefit for all (AACN, 2017a).

Race. A socio-culturally created concept to identify physical and visual characteristics and cues (Bryce, 2020; Byrd & Clayton, 2003/2005). In addition to being associated with labels of

color such as red, yellow, black, white, none of which identify the actual skin color of the person (Byrd & Clayton, 2003/2005), race has been associated with geographic region of origin (U.S. Census Bureau, 2020). Race categories serve the purpose of creating hierarchical, discriminatory, bias producing classifications and cannot be separated by the intersection of stereotypical thinking, discriminatory institutions, power imbalances, unequal social structures, and social myths (Byrd & Clayton, 2003/2005).

Reciprocal learning environment. A learning environment where students and teachers are co-learners, cyclically engaged in teaching and learning, and teachers learn as they teach (Rishel & Zuercher, 2016).

Social justice. An action that facilitates equitable treatment and distribution of resources regardless of economic status, race, ethnicity, age, disability, sexual orientation, and gender identity (AACN, 2008). Accomplishing social justice requires exposing, clarifying, and eliminating societal differences that oppress some while privileging others (Banks, 2014).

The definitions applied to all forms and combination of terms used in this study. Regarding ethnicity and race, it is understood that both terms are abstract, complex, and multidimensional concepts that intersect and create the basis for diversity, division, and privilege. The concepts serve as grounds for social injustices and inequities. Social justice cannot exist where there is inequity and exclusion. Nurse faculty members have a role in advancing social justice by contributing to the development of a workforce that is compassionate and respectful of inherent dignity, worth, and unique attributes of every person (American Nurses Association, 2015). Honoring diversity is another way nurse educators work to achieve social justice because diversity values uniqueness and individual difference, and the focus is on self-

awareness and respect for others who are unlike ourselves (NLN, 2016). This is the context in which the definitions were used in this study.

Conclusion

Considering anticipated diversity of the U.S. population, it is imperative that ethnically and racially diverse nurses continue to enter the profession. Nurse faculty members should be equipped, knowledgeable, and experienced to teach students from diverse backgrounds.

Exploring nurse educator attitudes about their role is a step toward assessing the larger picture of their knowledge and experience educating ethnically and racially diverse students. Upcoming chapters provide a literature review, the theoretical framework that served as the foundation of the study, followed by the methodological specifications, analysis and findings, and conclusion and recommendations.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The literature review is fundamental to the research process as it situates the study by exposing what is known and not known within the discipline, thereby setting the foundation for the gap in literature. The research literature review represents, evaluates, and contextualizes research related to the topic of inquiry (Allen, 2017). It is essential to establish the researcher is up to date and understands the field of study. The purpose of this literature review was to present an analysis of the scholarly literature pertaining to attitudes of the academic nurse educator's role in educating ethnically and racially diverse students.

Salient seminal and current resources are presented to reach the goal of analyzing and synthesizing information critical to understanding the concept to be studied (Roush & Sigma Theta Tau International [STTI], 2015). This chapter explains the search process in reviewing relevant literature and examining theoretical and empirical studies, concluding with the gap in literature that served as the foundation of this study (Allen, 2017). The format of this literature review consists of an introduction, the search strategy focusing the literature review, and analysis of concepts related to the topic of inquiry. Analysis and synthesis of the concepts are formatted into the following sections: concepts defined, theoretical framework, the underrepresentation of minority nurses, nurse faculty training and preparedness to teach, training and preparedness to teach culturally and ethnically diverse students, and experiences with teaching diverse students.

The literature review concludes with the gap in the literature surrounding attitudes of the academic nurse educator's role in educating diverse students.

Search Strategy

A literature search surrounding the topics of academic nurse educator attitudes and culturally relevant pedagogy commenced in 2019. Searches were performed at varied intervals and in a circuitous manner until the general and specific research problem emerged, purpose of the study was identified, and research questions were formed. The recommendation to search literature published within the last 10 years (Joyner et al., 2013) with exception of seminal works was used for this study. The following terms in various combinations were used in the literature search: academic nurse educator, academic teaching practices, attitudes of nursing faculty, culturally responsive and relevant pedagogy, culturally and linguistically diverse students, diversity in nursing education, educational equity, ethnic and racial diversity in nursing, focused ethnography, registered nurse workforce, and underrepresentation of minorities in nursing. Libraries from the University of Northern Colorado and Howard University were used to search databases, professional websites, and government websites. The university library websites use Summon serial solutions and Ex Libris Discovery, respectively, as discovery services and access to their databases. Databases searched were Cumulative Index to Nursing and Allied Health, Eric B. Stephens Co. (EBSCOhost), Education Resource Information Center (ERIC), Google Scholar, Journal Storage (JSTOR), Medline, Ovid, Springer Link, Proquest Dissertation and Theses, PubMed, Sage journals and research methods, and Wiley online library. Within the databases, types of sources included dissertations, meta-analysis, reports and position papers, research and theoretical journal articles, systematic reviews, scholarly newspapers, and textbooks. Sources were then organized and categorized using various filing systems.

An Excel document was created as a literature synthesis matrix to categorize qualitative and quantitative research and theoretical publications by author, date, title, research design, research methods, and themes explored. Themes were categorized by concepts extrapolated from the research question. The literature synthesis matrix assisted with comparing and contrasting literature by theme. Textbooks were purchased or loaned from the university library while other full-text literature sources retrieved from databases or interlibrary loan were categorized by author and saved to a cloud-based file storage service. A working reference list of all sources was stored in the citation software program, RefWorks[®]. The literature search continued until saturation was achieved as evidenced by recurrent themes and citations of same authors across different sources.

Focusing the Review of Literature

Focusing the process of review of literature started with skimming the source abstract, proceeded to analyzing the source contents and findings, and concluded with synthesizing content from sources (Grove et al., 2013). The following questions were extrapolated from the research question and helped to focus the literature review for this study:

1. How is the concept of attitudes related to beliefs and values defined in the literature?
2. How is culturally relevant pedagogy explained as a theoretical construct?
3. What is the status of diversity in the student body of nursing education programs?
4. How are faculty trained and prepared for teaching undergraduate nursing students?
5. How are faculty trained and prepared for teaching ethnically and racially diverse nursing students?

6. What teaching practices do nurse faculty members use when teaching ethnically and racially diverse students?
7. What experiences have nurse faculty members had with teaching ethnically and racially diverse students?

Inclusion and exclusion criteria for sources in this literature review were organized to reflect the current knowledge about the research problem and concepts from the research question (Grove et al., 2013). Inclusion criteria included primary sources that were original, peer reviewed published research articles, theses and dissertations, and seminal and landmark studies. Inclusion criteria also included secondary sources such as meta-analyses, systematic reviews, statistical reports, and position papers. Citations included in secondary sources were reviewed for inclusion. Studies excluded from this literature review included those that were greater than 10 years old unless seminal or landmark studies, studies limited to student perceptions without inclusion of faculty perspectives, and sources that did not use beliefs and values as defining characteristics of attitudes. Saturation of the literature was reached and a dearth of literature on the topic of nursing faculty attitudes surrounding culturally relevant pedagogy was evident.

Concepts Defined

Attitudes

An exploration of attitudes started with a clear and definitive meaning of the composition of attitudes. Although both a colloquial and formally used term, establishing a concise definition of *attitude* was challenging (Altmann, 2008). A concept analysis of the term attitude related to research on nurses' attitudes toward advancing formal education concluded that definitions of the term were vague (Altmann, 2008), which resulted in scholars defining the term contextually. The

present study focused on attitudes as a reflection of beliefs and values of nurse educators regarding their role in educating ethnically and racially diverse nursing students.

The study of attitudes was well-established in the social sciences; yet, the definition, implications, and effect of attitudes have evolved over the years. Early research focused on attitudes as a guide to information processing and influence on behavior (Bohner & Dickel, 2011; Guyer & Fabrigar, 2015). The attitude-behavior relationship has been presented as a stimulus-response interaction as attitudes are thought to center on a clear object and involve making a judgment call that connects to an evaluative response (Maio & Haddock, 2015; Price, 2015). Early work on attitudes predisposing behaviors was theoretical and based on implicit assumption, not on empirical evidence (Guyer & Fabrigar, 2015). Contrary to that assumption, LaPiere (1934) studied Caucasians' behavior toward Chinese people seeking travel accommodations throughout the United States during a time when attitudes toward Chinese people were not favorable. LaPiere's research on the attitude-behavior link related to racial prejudice revealed attitudes did not predict behavior. Consistent with LaPiere's work, Wicker's (1969) systemic review of attitude-behavior research concluded that attitude was more likely unrelated to behaviors as there was a low relationship between measured attitudes and overt behavior. Challenges to the attitude-behavior link continued as scholars (Ajzen & Fishbein, 1977; Kelman, 1974) presented an increased understanding that multiple variables were associated with the attitude-behavior link such as implicit and explicit attitude assessments, the value labels of positive or negative, magnitude (strength) of the link, and various psychological mechanisms involved in behavior that were manifested (Guyer & Fabrigar, 2015). In addition, the behavioral effect of attitude was indirect; therefore, it was challenging to measure, resulting in an inability to confirm causation of behaviors (Guyer & Fabrigar, 2015). The varied effects of

attitude on behavior were thought to be based on strength and properties of the attitude, intent of behavior, and variation of habit formation (Guyer & Fabrigar, 2015).

Recent nursing research (Calloway, 2019; Starkey, 2015) also confirmed the discord between attitudes and behavior. Calloway (2019) found nurses were able to articulate their attitudes, defined as beliefs and feelings, about the rights to education of people with disabilities. Yet, participants were challenged with the logistics of enacting their beliefs, feelings, and behavioral intentions to accommodate various disabilities (Calloway, 2019). Comparably, in a study of faculty attitudes toward teaching English as a second language nursing students, all participants articulated the importance of adjusting teaching approaches to meet the needs of diverse students (Starkey, 2015). Attitudes, in this study, were defined as beliefs and values. Like the Calloway study, some nursing faculty participants expressed varying levels of difficulty in adjusting teaching approaches (Starkey, 2015). The attitudes held by these participants did not translate to behavior that reflected their attitudes. The overarching conclusions were that people might be predisposed to act in a certain manner based on an attitude but they did not consistently act according to an attitude (Altmann, 2008). The research on attitude as a guide to information processing and influence on behavior was relevant to understanding attitudes. To define the term, an understanding of the cognitive construction of attitudes was needed and varied assumptions existed.

Attitude has been characterized as a cognitive process encompassing a mental state, a belief, value, and feeling (Altmann, 2008) that form an evaluation of an object of thought (Bohner & Dickel, 2011). Attitudes are reported on a continuum and have a valiative description such as positive or favorable and negative or unfavorable (Altmann, 2008; Bohner & Dickel, 2011). Strength of attitudes might be strong, stored in memory, and remain stable over time

(Bohner & Dickel, 2011). Therefore, learning might be impacted through the attitude the teacher develops toward the learner or the learner develops toward the subject. Conversely, strength of attitudes might be weak, formed as temporary judgments constructed as needed, and susceptible to contextual influences (Bohner & Dickel, 2011). I surmised that investigating attitudes of academic nurse educators related to cultural relevancy might contribute to the contextual understanding of diversity in nursing academia. Attitudes are expressed toward or against a phenomenon, idea, a person, group, object, or situation (Altmann, 2008; Bohner & Dickel, 2011). Like the relationship between attitudes and behavior, attitudes are thought to accumulate without conscious consideration (Price, 2015), are latent, and cannot be measured directly (Altmann, 2008). Attitudes might be inferred from what people say because they are not always evident and people share them cautiously. People have been taught to shield attitudes that might reveal biases (Price, 2015). Finally, evaluations that form the basis for attitudes might be activated automatically (implicit) or based on inferences from prior experiences (explicit; Bohner & Dickel, 2011). For example, an implicit association test might demonstrate a person's automatic association of negative terms with images of immigrants, revealing a negative evaluation of immigrants. The negative evaluation might not be socially acceptable as determined from previous experiences and the person would consciously regard that evaluation as inappropriate (Bohner & Dickel, 2011). In summary, varied attributes formed the construct attitudes and those attributes added to the complexity of the term.

The variations of assumptions and beliefs about attitude led one to conclude there was some cognitive dissonance related to the definition of attitudes. There might be multiple attitude representations for the same object (Bohner & Dickel, 2011), even for the term attitudes. Therefore, attitudes must be defined contextually. The definition used for this study was that

attitudes consist of beliefs, that are verifiable thought patterns and values, which are judgements of worth (CIOS, 2015; Price, 2015). Beliefs reflect the cognitive domain and are thought to be based on constructed fact (Altmann, 2008). Values reflect the affective domain and are inferred from the cognitive domain (Altmann, 2008). Beliefs and values work in pairs and characterize attitudes (Price, 2015). In nursing education, attitudes composed of thoughts and feelings of the nursing faculty members might impact students and learning. Beliefs might be augmented through experience, exposure, interactions, and evidence; whereas values are not as malleable but do contribute to the importance one attributes to something or someone (Price, 2015).

In health care, values are intrinsic to the profession, guide what we think should be done, and can be applied to varying situations (Price, 2015). An example provided by Price (2015) was that nurses hold the value that patients should not experience pain unnecessarily. Therefore, a nurse would implement pain management interventions prior to increasing exercises for a patient during the rehabilitation regimen with the understanding that the exercises might induce some discomfort (Price, 2015).

Attitudes cannot be measured directly but can be inferred from gathering data on the attributes of beliefs and values (Altmann, 2008). Therefore, one assumption about attitudes for the present study was that responses received from the participants would reflect their personal beliefs and values regarding their role in educating racially and ethnically diverse students (Altmann, 2008; CIOS, 2015; Price, 2015). The characteristics of attitudes extend to nursing academia and it is believed experience and socialization into practice are how nurses form attitudes about elements of professional practice (Price, 2015). Academic nurse educators play an integral role in constructing experiences and promoting socialization of the nursing student into

the profession. Therefore, there is value in investigating academic nurse educators' attitudes regarding their role in educating ethnically and racially diverse nursing students.

Privilege

Exploring nurse educator attitudes regarding ethnically and racially diverse nursing students requires an understanding of the intersecting concept of ethnic and racial privilege within this subculture of nursing. The consequences of ethnic and racial privilege permeate U.S. society and nursing academia is not immune to those implications. The concept of privilege is explored as a related concept to culturally relevant pedagogy in nursing academia.

Definition

The ethnic and racial majority, currently non-Hispanic White, has set the standard of norms in the United States. The sociopolitical, hierarchical history of the United States related to race relations has allowed for beliefs and behaviors of the majority to be set as the status quo.

Ethnic and racial privilege (in this context, referred to as white privilege) is defined as a special right, authority, entitlement, or advantage that is unmarked, cloaked in invisibility, pervasive yet subtle, granted and not earned, or brought into being by one's effort (Black & Stone, 2005; Hobbs, 2018; Puzan, 2003; Schroeder & Diangelo, 2010). This privilege promotes white norms, beliefs, and behaviors as the status quo and, in this way, reflects White dominance (Puzan, 2003; Schroeder & Diangelo, 2010). Privilege is exercised for the benefit of the recipient and to the exclusion and/or detriment of others (Black & Stone, 2005). For privilege to be established, a categorization and stratification system based on ethnicity and or race must be enforced to maintain sociopolitical domination and control, resulting in unequal distribution of resources (Puzan, 2003). Privilege is accompanied by power and the potential for prejudice. A major mark of white privilege is in its ability to stipulate and validate the rules and regulations of

every concourse and discourse (Puzan, 2003). Finally, privilege, whether conscious or not, is predicated on insensitivity and superiority, which makes it possible to ignore oppression based on race, class, patriarchy, capitalism, and sexism (Puzan, 2003).

Consequences

The consequences of white privilege are varied depending on the perspective taken, the persons with it or those without it, and whether on an individual or institutional level. In addition, the consequences are external and internal, overt, and subtle (Black & Stone, 2005). The privileged individual's personal involvement might not be realized or intended and the privileged person often misperceives he or she has earned the benefits, status, and/or rank that accompanies privilege (Black & Stone, 2005; Hobbs, 2018). Although the elements of invisibility exist, privilege is often clearly visible to those without it (Hall & Fields, 2013). Those who benefit from privilege have the freedom from having to consider that one is being interacted with through the lens of race (Hall & Fields, 2013) unlike those without that same privilege. Since privilege establishes the standard by which others are compared and measured, any person who differs in anyway might experience denial of privilege and the oppression that follows. Oppression is an outcome where privilege is unchecked and unchallenged. Characteristics that do not align with the majority paradigm are viewed as negative, as opposed to a valued difference, and in the case of faculty and student, the conclusion is made that the minority student cannot assimilate and might not fit in (Puzan, 2003).

The privileged person might experience a distorted self-reality and the invisibility of privilege allows people to avoid personal responsibility for subsequent racism (Black & Stone, 2005; Hobbs, 2018). Diversity threatens maintenance of white privilege as the status quo and acknowledging and being accountable for personal privilege suggests one is prepared to forego

benefits and entitlements to which he or she has become accustomed (Black & Stone, 2005). Inaccurate and stereotypical assumptions about a non-White individual's role or identity is often made (Puzan, 2003). For example, the person who does not have the benefit of privilege might experience prejudice, microaggressions, unequitable treatment, be viewed as less competent, and have less confidence (Black & Stone, 2005), all of which could impact a student's academic success.

When white privilege sets the status quo, it creates a normalization of Whiteness. In health care, this has the consequence of projecting values and providing services that meet the needs of the majority while not fully recognizing the needs of the minority (Hobbs, 2018). This transfers to the academic environment and contributes to the silencing of ethnic and racial minority nursing students. White privilege is a structural and interpersonal source of disparity (Hall & Fields, 2013). White nurses benefit from privilege as the authority of their voices and narratives is set and a stratification system in nursing is created (Hall & Fields, 2013). White nurses may also experience shame, guilt, fear, and anger as a result of the perceived benefits of and blame for privilege (Hall & Fields, 2013).

Institutionally, the collective of the privileged status quo is promoted (Hobbs, 2018). This results in the absence of critical perspectives as people within the institution subscribe to colorblindness (Bell, 2020; Hobbs, 2018). Again, this failure to acknowledge color is a denial of diversity and implicit reinforcement of the status quo. In a qualitative phenomenological study of 10 white faculty members, Holland (2015) concluded that the Whiteness of institutions, curricula, and students obscured race, racism, and antiracism and participants' understanding and teaching of topics of race were also obscured. The same study revealed white nursing faculty were not well prepared to teach about race and racism (Holland, 2015). In the environment of

white privilege, crucial conversations of race and racism are avoided and this also contributes to silencing of racialized students (Bell, 2020). Avoiding crucial conversations might be intentional to not aggravate existing racial tension (Puzan, 2003). This could be especially problematic in the nursing classroom if social issues were occurring in real time, such as the racial unrest of the summer of 2020, that might affect a student's focus, engagement, and performance.

Implications in Nursing Academia and Call to Action

The persistence and pervasiveness of White dominance in nursing and the lack of antiracist competence in White educators merits a shift toward the deconstruction of socialized white supremacy and enactments of White privilege in nurse educators (Bell, 2020; Holland, 2015). A literature review (Bell, 2020) of 46 works related to race, racism, race-related pedagogy, and colorblindness in nurse educators demonstrated a stark need for personal and professional development toward effectively delivering anti-racist pedagogy and a deconstruction of White normality and dominance amongst White faculty. An emancipatory interventional project (Schroeder & Diangelo, 2010) designed to assess and address the climate of Whiteness in academic nursing environment concluded faculty participants overwhelmingly did not address race issues in their classrooms and had the luxury of not addressing it due to their position and privilege. In addition, it was reported that nurses might transfer issues surrounding lack of advantage to the individual as opposed to acknowledging structural and systemic causes of inequity (Schroeder & Diangelo, 2010). Both works (Bell, 2020; Schroeder & Diangelo, 2010) suggested nursing academia must go beyond the goal of increasing diversity by addressing the climate produced by whiteness and there should be a focus on diversity to include supports of culture identity for students, respecting language, and class of otherness. Otherness refers to feeling or being different from the established norm.

An exploratory descriptive study of racial climate and faculty retention revealed that although nursing faculty often discussed disadvantage and underrepresentation, their corollaries, privilege, and overrepresentation were not often mentioned (Jayakumar et al., 2009). Similarly, Schroeder and Diangelo (2010) stated that historically, nursing had focused on cultural competence, learning about, and understanding different cultures; yet, addressing difference without addressing the power structure and privilege that accompanied otherness was problematic. Holland (2015) also identified that faculty appeared to care immensely about culture, race, and equitable health care but were not immune to pervasive cultural forces that defined race and shaped racial experience in the United States and their Whiteness obscured the teaching on those topics. If social justice and emancipatory practices that seek to value diversity are to be achieved, all aspects of representation must be addressed. Jayakumar et al. (2009) concluded that not only did negative racial climate impede job satisfaction for faculty of color but, conversely, a negative racial climate was associated with greater retention of white faculty. This study demonstrated an acknowledgement of the presence of white privilege and potential harm of that privilege in nursing education. Contrary to the studies that focused on nursing faculty views and practices (Holland, 2015; Jayakumar et al., 2009; Schroeder & Diangelo, 2010), one study (Puzan, 2003) focused on nursing faculty perceptions of African American nursing students. Puzan (2003) described how African American students were negatively viewed as excessively demanding, outspoken, and confrontational compared to their classmates. Faculty in this study also viewed the students' objections as challenges to their authority and suggested the students were requesting special treatment (Puzan, 2003). The findings of these studies all aligned with Hobbs's (2018) conclusion that privilege created an environment of

inequity that did not match with the nursing social justice mandate of equal treatment and colorblind ideology.

Nursing participated in, reproduced, and resisted the detrimental practices associated with white cultural privilege (Puzan, 2003) in various ways. Personal narratives prompted self-reflection, which was an important, if only preliminary, developmental step in confronting, undermining, and resisting racism (Puzan, 2003). Exploring the attitudes of academic nurse educators regarding their role educating ethnic and racial minority students is one strategy to deconstruct how those students are situated within the context of White dominance in the student body. Altruism is a value of the nursing profession, which might be contrary to the effects of privilege; by raising consciousness on the propagation of subtle racism including White privilege, nursing could progress faster in eliminating health disparities (Hall & Fields, 2013).

Theoretical Framework: Culturally Relevant Pedagogy

A theoretical framework that guides pedagogy surrounding equity, inclusion, and diversity in nursing academia might be applied when exploring academic nurse educators' attitudes regarding their role in educating ethnically and racially diverse nursing students. Culturally relevant pedagogy (Ladson-Billings, 1995) framed this study. The original work that developed into CRP was based on a grounded theory study in which ethnographic methods were used to capture the practices of highly effective teachers of African American elementary school-aged students (Ladson-Billings, 1994). The premise of Ladson-Billings' (1994) study was teachers could explain and define exemplary practices they used that supported positive student outcomes (Ladson-Billings, 2009). What emerged was a theory of "pedagogy that empowers students intellectually, socially, emotionally, and politically by using cultural referents to impart knowledge, skills, and attitudes" (Ladson-Billings, 2009, p. 20). The constructs of CRP included

conceptions of self and others, social relations, conceptions of knowledge, cultural competence, and sociopolitical awareness (Ladson-Billings, 1994).

Conceptions of self and others are based on the premise that teachers who practice CRP do not work from a deficit perspective; instead, they focus on what students are capable of and believe all students are capable of academic success (Ladson-Billings, 1994, 1995). Social relations are valued in CRP and include equitable and reciprocal teacher-student relationships (Ladson-Billings, 1994, 1995). The focus is on development of a community of learners through collaborative and collective learning (Ladson-Billings, 1995). Teachers' conceptions of knowledge in CRP describe the acquisition of information as an action in which knowledge is dynamic, viewed critically, concepts are scaffolded and bridged, and assessments are multifaceted (Ladson-Billings, 1995). Cultural competence and sociopolitical awareness are concepts woven through each facet of planning in building the curriculum and supporting structures and in student engagement in learning and assessment. Cultural diversity is viewed as an asset to knowledge acquisition and sociopolitical awareness is needed to critically assess each of the constructs. There are many types of comparable theories and concepts for CRP.

Research has evolved to feature perspectives of culturally responsive teaching (Gay, 2018) and culturally sustaining pedagogy (Paris, 2012) with the focus remaining on primary education. Constructs of CRP have also been incorporated into research in higher education, specifically in nursing academia (Beard, 2014; Cain, 2003; Fuller & Mott-Smith, 2017; Holland, 2015; Shin et al., 2016; Ume-Nwagbo, 2012). Some of these nursing studies (Beard, 2014; Cain, 2003) explicitly cited CRP as a theoretical lens while others (Fuller & Mott-Smith, 2017; Holland, 2015; Shin et al., 2016; Ume-Nwagbo, 2012) used constructs from CRP contextually

and implicitly. The constructs of CRP framed this study within the context of academic nursing studies and focused on faculty and students from culturally diverse backgrounds.

Conception of Self and Others

Teachers should consider their view of culturally diverse students' potential and recognize the importance of teacher self-evaluation to gain an understanding of the construct conception of self and others. Teachers who practice CRP do not work from a deficit perspective and believe all students are capable of academic success (Ladson-Billings, 1995). The focus is not to highlight what students cannot do. Instead, the focus is on high academic standards where students are expected and pushed to work at high intellectual levels (Ladson-Billings, 1995). Teachers view pedagogy as art as they are risk takers willing to evolve in their practice (Ladson-Billings, 1995). Teachers self-evaluate practices to determine shortcomings they need to overcome to facilitate student success (Ladson-Billings, 1995). Teachers also make a conscious effort to be part of the community from which their students come (Ladson-Billings, 1995). In higher education, faculty members' focus, views, and practices might be exemplified by faculty learning about and incorporating the culture of the students and the surrounding community into the educational milieu. Teachers view teaching as a form of service to the community in CRP (Ladson-Billings, 1995). In nursing academia, faculty members' service to the professional community might be exemplified by facilitating the increase in the number of culturally diverse healthcare providers. Multiple qualitative, quantitative, and mixed-method nursing studies (Beard, 2014; Cain, 2003; Fuller & Mott-Smith, 2017; Ume-Nwagbo, 2012) illuminated the CRP construct, conception of self and others, in their research surrounding the education of ethnically and racially diverse nursing students.

The primary and foundational premise that emerged from the seminal work on CRP was the view of students as capable and teachers not working from a deficit perspective. A mixed-method parallel faculty-student study (Fuller & Mott-Smith, 2017) that investigated factors influencing culturally and linguistically diverse (CALD) students' success found a paradox between faculty views of students as capable and identified perceived barriers to student learning. The faculty participants in this study felt CALD students have the potential to be successful; yet, they were concerned about time being a barrier to students reading and preparing for class because CALD students took more time to read (Fuller & Mott-Smith, 2017). In addition, the faculty members viewed CALD students' language barrier as a primary challenge; whereas student participants de-emphasized the impact of language barrier as a problem (Fuller & Mott-Smith, 2017). The barriers and challenges reported by Fuller and Mott-Smith (2017) were significant findings in that a priority goal of nursing education practice is to achieve diversity and meaningful inclusion by placing high value on ethnic and cultural diversity (NLN, 2016). The path to valuing diversity is to negate the deficit perspective and support the perspective that diversity in the classroom is beneficial for all learners (Ladson-Billings, 1994).

One quantitative pilot study of academic nurse educators (Beard, 2014) was situated around multiple aspects of the conception of self and others' construct of CRP. The researcher sought to determine the extent to which faculty used practices that promoted the academic success of African American and Hispanic nursing students (Beard, 2014). The convenience sample of 34 nursing faculty members were asked to self-evaluate their preparedness to educate this group of culturally diverse nursing students (Beard, 2014). Few educators (27.3%) reported taking a college-level course that addressed ethnically and culturally diverse students and less than half (42.4%) of the participants attended staff development on the topic (Beard, 2014).

Similarly, Fuller and Mott-Smith (2017) revealed that nurse educators reported not receiving any formal education regarding teaching CALD students and they voiced concern over perceived lack of institutional support. Conversely, over half (53.1%) of the participants in the Beard (2014) study felt college level courses helped them feel prepared to teach ethnically and culturally diverse students.

Another component of the conception of self and others' construct of CRP includes teacher identification with their profession and teachers being cognizant of themselves as political beings in the academic process (Ladson-Billings, 1994). Cain (2003) used a constructivist paradigm to determine nursing faculty meaning, assumptions, and values that underscored their teaching practices when implementing cultural and diversity focused curricula. Six nursing faculty members who had implemented curriculum practices directed at cultural diversity were interviewed and the findings revealed the educators were committed to making a difference in teaching diversity and that commitment was driven by their own personal and professional life experiences (Cain, 2003). By the same token, Holland (2015) in a qualitative phenomenological study of educators' thoughts and beliefs about teaching issues surrounding race and racism reported the importance of experiential learning through human relationships to create attitudinal change. The participants in the study used their own personal and professional interactions with people of varied ethnicities and cultures to share with students and form the discussions on race, racism, and antiracism (Holland, 2015). This self-evaluative perspective and acknowledgement of life experiences contributing to their views were significant as nurse faculty members brought those views to the academic setting. The views obtained from nursing faculty could then impact learning and nursing student identification with the profession. Teachers' views of teaching are on a continuum of teacher identification with the profession.

Pedagogy as art and teaching as a form of service to the community were identified as highly valued views held by teachers who used CRP (Ladson-Billings, 1995). The concept of pedagogy as art in nursing education was exemplified when faculty members maintained flexibility in teaching approaches to meet the varied needs of ethnically and culturally diverse nursing students. Cain (2003) observed an array of teaching practices used by nursing faculty to meet the varied needs of ethnically and culturally diverse nursing students. Three levels of engagement in teaching approaches included straightforward delivery of information, direct encounters, and complete immersion experiences (Cain, 2003). Content delivery included specific information and common artifacts of diverse cultures; encounters with diverse people and experiences occurred using various types of learning activities and long-term repeated immersion with people of various cultures were pursued (Cain, 2003). Similarly, Ume-Nwagbo (2012) demonstrated the concept of teaching as a form of service in a quantitative, descriptive study that revealed a statistically significant correlation between the number of nurse faculty members who had high mean cultural competence scores and the percentage of minority graduates from the nursing programs included in the study. Seventy-six nurse educators from nine baccalaureate programs in one southern state (Ume-Nwagbo, 2012) completed the Cultural Diversity Questionnaire for Nurse Educators (Sealey, 2003) and were found to have high-moderate to high cultural competence mean scores. Although causality could not be confirmed by this study, the high level of cultural competence demonstrated by the nurse faculty participants could not be muted and should be considered as having a possible impact on minority student retention and success. Direct service to the professional community was reflected in this study (Ume-Nwagbo, 2012) as an increased number of minority graduates contributed to the increased number of ethnically and culturally diverse nurses entering the

profession. A connection to social relations might be inferred as an increase in minority graduates entering the profession and the mechanism to achieve service to the professional community.

Social Relations

The second construct of CRP described by Ladson-Billings (1994) was termed social relations and involved the views of equitable and reciprocal student-teacher relationships, community, and collaboration. Equitable and reciprocal student-teacher relationships included identifying student expertise and creating opportunities for students to share that expertise through teaching (Ladson-Billings, 1994). Teachers made explicit the expectation that all students were expected to excel at something. In a nursing program, this could be accomplished by nursing faculty members identifying students who are strong in a skill or have a unique way of understanding a concept. Those students would then demonstrate the skill to other students, provide feedback during practice of a skill, or explain a concept to the other students. Mentor-mentee connections are another way reciprocal student-teacher relationships are formed and activities used to form those connections might extend beyond the classroom to communities and professional organizations.

In CRP, a community of learners is focused on cooperative learning. Emphasis is placed on success of the group as opposed to competitive individual achievement (Ladson-Billings, 1994). Learning activities are structured to foster formal and informal collaborative arrangements. Teachers stress group performance and successes and pedagogical strategies are deliberately used to foster collective responsibility and collective rewards (Ladson-Billings, 2009). Collective responsibility might include teachers transparently sharing what they have learned with students. This is a common practice in nursing academia as faculty members share

with students the real-life patient care experiences that exemplify content being taught. The use of intra- and interprofessional team dynamics as part of the socialization process to professional norms is another example of collaboration. Several nursing studies (Beard, 2014; Fuller & Mott-Smith, 2017; Holland, 2015; Shin et al., 2016) described elements of the social relations theme to stress the importance of the concept when educating ethnically and racially diverse nursing students.

Two nursing studies (Beard, 2014; Fuller & Mott-Smith, 2017) revealed analogous views of the value and importance of equitable and reciprocal student-teacher relationships. Fuller and Mott-Smith (2017) uncovered a disconnect between student and faculty perceptions of connecting to each other. Most nursing faculty in the study reported being available for CALD students and students viewed a relationship with faculty as important (Fuller & Mott-Smith, 2017). Yet, student participants felt it was difficult to connect with faculty and faculty participants took a passive role in being available to students by having an open-door policy and encouraging students to visit (Fuller & Mott-Smith, 2017). Beard (2014) revealed that most nursing faculty participants intervened when minority students faced academic difficulty by requesting a meeting, encouraging students to ask questions, or referring students to outside sources. Yet, few faculty participants developed corrective plans or facilitated weekly interactions with students who were not performing well (Beard, 2014). Both studies acknowledged that faculty availability, advisement, and frequent interactions were crucial to supporting the academic success of minority students but no active, intentional mentoring plan was reported in either study. Although Beard and Fuller and Mott-Smith demonstrated the disconnect between valuing student-teacher relationships and actively facilitating flexible, equitable, and reciprocal relationships, other nursing studies (Holland, 2015; Shin et al., 2016)

revealed or recommended the importance of connectiveness and collaboration from the social relations theme of CRP.

Facilitating open lines of communication and strengthening personal relationships to transform pedagogical values are important constructs in the social relations theme of CRP and were reported in multiple nursing academic studies (Fuller & Mott-Smith, 2017; Holland, 2015; Shin et al., 2016). Holland (2015) concluded in her phenomenological study that affective methods of *learning with* nursing students through sharing of personal interactions were valued over cognitive methods of *learning about* concepts related to varied ethnicities and culture. Nursing faculty participants described sharing their personal stories of interactions with various ethnicities and cultures and what they learned from those experiences when teaching about race (Holland, 2015). In contrast, Shin et al. (2016) indicated that half of the nurse faculty participants in their qualitative descriptive study reported that sharing about diversity interfered in clinical educational experiences. In addition, faculty failed to accommodate students' cultural needs while favoring professionalism and non-negotiable attitudes over personal values (Shin et al., 2016). Based on these findings, maintenance of open channels of communication between students and faculty was recommended (Shin et al., 2016). The goal of the recommendation was to foster a supportive learning environment by creating opportunities to explore context and real-life situations related to diversity, potentially revealing cultural conflicts. Similarly, Fuller and Mott-Smith (2017) recommended building nursing faculty and student relationships via open lines of communication because these relationships play a role in helping diverse students overcome hindrances to success. Initiating, building, and maintaining relationships is fundamental in the nursing profession. The social relations construct of CRP revealed by Fuller

and Mott-Smith, Holland, and Shin et al. (2016) are related to the conceptions of knowledge construct as pedagogical values are transformed.

Conceptions of Knowledge

The final construct described in CRP was conceptions of knowledge and involved teachers view of knowledge as flexible and critically contestable (Ladson-Billings, 1994). Critical analysis and evaluation of curriculum and supporting structures surrounding education are required to extend students' thinking and abilities (Ladson-Billings, 1994). Teachers who engage in CRP maintain flexibility in their approach to teaching, critically examine knowledge structures, and foster deep learning in students, which supports deep understanding. A number of nursing studies (Beard, 2014; Cain, 2003; Fuller & Mott-Smith, 2017; Hall & Fields, 2013; Holland, 2015; Jean-Baptiste, 2019; O'Reilly & Milner, 2015; Shin et al., 2016; Thurman et al., 2019) explicated the conceptions of knowledge construct of CRP related to educating ethnically and racially diverse nursing students.

Maintenance of flexibility in teaching and analysis and evaluation of curriculum involve use of multiple innovative teaching strategies. Cain (2003) and Fuller and Mott-Smith (2017) described direct teaching and communication strategies that facilitated indoctrinating nursing students into the profession. Teaching practices and levels of engagement included straight forward delivery of content, direct encounters with various cultures, complete immersion in nursing experiences, explicit use of nursing language during teaching, and faculty members' avoidance of idioms or colloquial expressions when teaching (Cain, 2003; Fuller & Mott-Smith, 2017). Continuing with innovation in teaching strategies, a study (O'Reilly & Milner, 2015) that convened focus groups of CALD health science and social work students and their clinical

supervisors revealed value for student-centered strategies on the impact of difference in the curriculum.

In CRP, teachers recognize the combination of student status, race, and structural inequities that could contribute to educational failure (Ladson-Billings, 1994). One way to facilitate educational success with ethnic and racially diverse students is to use practices that support educational structures. Beard (2014) described practices used by nurse educators that although not direct teaching strategies were support actions used for African American and Hispanic students who faced academic difficulty. Educators facilitated advisement and frequent interactions with students by requesting meetings and encouraging students to ask questions during instruction (Beard, 2014). In addition, there was convergence of nursing faculty (Beard, 2014) and nursing student (Jean-Baptiste, 2019) perspectives noting the importance of referral to on and off campus academic support systems as a method to facilitate African American student success. Academic support systems included the use of writing and technology resources and addressed the financial burden many students face as a barrier to education. Like the Beard and Jean-Baptiste (2019) studies, which described practices that supported educational structures, O'Reilly and Milner (2015) identified diversity training for all stakeholders involved in student clinical placements as an important action to support learning. In addition to analysis and evaluation of academic support structures, CRP applied the same scrutiny of curriculum and knowledge structures to extend student thinking.

A systemic review of curriculum and supporting structures including 29 articles on cultural content and institutionalized racism in nursing revealed 10 articles that included suggestions for academic settings (Thurman et al., 2019). The systematic review explicitly searched for strategies beyond cultural competence content or a single course. Only one article

(Hall & Fields, 2013) from the review specifically recommended evaluating nursing curricula to determine if cultural content was included in a single course instead of woven throughout the curriculum, which was a more effective strategy to deliver cultural content. Moreover, Holland (2015) extended the recommendation beyond cultural content to specify that nursing curricula be revised to include information about power, privilege, and systemic racism to broaden the nursing student's knowledge of institutional structures contributing to racism in health care. Shin et al. (2016) suggested similar reviews of nursing academic curricula, policies, and standards when their study revealed nurse faculty members showed limited flexibility in considering the student's cultural beliefs into clinical practice. Providing nurse educators with consistent guidance for decision-making related to culturally challenging situations might decrease uncertainty and frustration among educators and students (Shin et al., 2016). Critical evaluation of curricula and policies could reveal inconsistencies and serve as the springboard to development of clearly documented policies and standards.

Underrepresentation of Minority Nurses

A variety of changing demographics in the United States are contributing to increased diversity and the need for a focus on inclusion. The United States is becoming a majority-minority country as evidenced by increasing numbers of minorities in various sectors of society. The U.S. Census Bureau (2015) reported 50.2% of children under five years of age are minorities (Wazwaz, 2015). This was the beginning of a shift to the United States becoming a plurality nation. No racial group will hold majority position as the U.S. population is expected to become majority-minority by 2044 (U.S. Census Bureau, 2015; Wazwaz, 2015). Despite the changing demographic in the United States, the racial and ethnic composition of the general population was not mirrored in the composition of nurses. The lack of minority healthcare providers

augmented the persistent racial and ethnic health disparities that have long existed (Byrd & Clayton, 2003/2005; Sullivan Commission, 2004). As a result, multiple nursing and healthcare organizations (AACN, 2017a, 2017b, 2019a, 2019b; IOM, 2011, 2012; NLN, 2016) recommended building a diverse workforce to reduce health disparities, achieve health equity, and advance the health of the United States and the global community. The diversity needed to reduce health disparities is currently not reflected in the nursing workforce.

The disparity between the general population and the registered nurse (RN) population is significant for all racial and ethnic groups. For example, data from the 2017 National Council State Board of Nursing and the National Forum of State Nursing Workforce Centers study (cited in Smiley et al., 2018) indicated disparity between the general population and RN population for White/Caucasians, Hispanics, and Black/African Americans. The White/Caucasian general population was recorded as 77.7% compared to an 80.8% White/Caucasian RN population (NLN, 2016; Smiley et al., 2018). The Hispanic general population was recorded as 17.1% compared to a 5.3% Hispanic RN population (NLN, 2016; Smiley et al., 2018). The Black/African American general population was recorded as 13.2% compared to a 6.2% Black/African American RN population (NLN, 2016; Smiley et al., 2018). Similar disparity existed between the baccalaureate nursing student population and RN population. For example, student and RN population data revealed 10.5% of students were Hispanic compared to a 5.3% Hispanic RN population and 10.6% of students were Black/African American compared to a 6.2% Black/African American RN population (AACN, 2017b; NLN, 2016). This disparity indicated significant attrition during nursing school or failure of minority student nurse graduates to transition to professional nurses upon graduation from nursing programs. Despite this disparity, RNs from minority backgrounds were more likely than their White counterparts to

pursue baccalaureate and higher degrees in nursing (AACN, 2019b), indicating another element that supported the importance of inclusion and support of nursing students from underrepresented groups.

The underrepresentation of ethnically and racially diverse nurses extends to nurse faculty members. Few nurses with advanced degrees engage in a career in nursing academia (Fraher et al., 2015). Analysis of job titles by the National Council State Board of Nursing (2013) noted nurse faculty had the least diversity when compared to staff nurse positions. Similarly, an AACN (2019a) annual survey indicated only 16% of full-time nursing school faculty came from a minority background. A lack of minority nurse educators might send a signal to potential students that nursing does not value diversity or offer career ladder opportunities to advance through the profession (AACN, 2019a).

The lack of diversity in the nurse workforce, student, and faculty populations impedes the ability of the nursing profession to achieve excellent care for all (NLN, 2016). Educational institutions should graduate providers that mirror the national population and that have the capacity to meet the healthcare needs of all communities and individuals. The academic environment is a powerful venue to honor diversity, cultivate justice, and actualize equity (Weir, 2018). Therefore, academic nurse educators should be prepared to facilitate the education of diverse student populations.

Nurse Faculty Training and Preparedness

The NLN (2019) designated nursing education as a specialty area of practice and recognized the complexity of the role. The NLN's Nurse Educator Core Competencies were developed to provide a standard for education of nurse educators and ensured those who served in the role had the requisite knowledge and skill to teach, assist learners, develop curricula,

implement effective evaluation methods, and serve as change agents and leaders in the role (Fitzgerald et al., 2020; NLN, 2019). The master's degree in nursing serves as the minimum standard entry level credential for academic nurse educators. Master's degree programs that specialize in nurse education include concepts related to NLN Nurse Educator Core Competencies such as learning theories, characteristics of the learner, learning styles, instructional design, curriculum design, learner and program assessment, measurement, and evaluation (Bastable, 2014). Of the eight NLN Nurse Educator Core Competencies, one (facilitate learner development and learner socialization) specifically focused on the ability of the nurse educator to adapt teaching to students' needs and diversity, assist students in knowing how they learn, and socialize students to the role of the professional nurse (Fitzgerald et al., 2020; Halstead, 2018). In addition, textbooks about the nurse educator role contained information specific to educating students from diverse ethnic backgrounds and those with disabilities (Bastable, 2014; Cannon & Boswell, 2016; Hunt, 2013). Literature supported standards and professional guidelines surrounding the educational preparation of the nurse educator; yet, there was a disconnect between desired competencies and actual academic preparation.

A qualitative study of the perceptions of 374 academic administrators' expected competencies of entry-level novice educators hired for a full-time teaching position in their nursing program revealed a wide variation in what was expected from novice nurse educators (Poindexter, 2013). The researcher developed the Novice Nurse Educator Competencies survey that addressed nurse educator roles and competencies based on NLN nurse educator task statements and Benner's stages of professional development (Poindexter, 2013). While clinical preparation and area of expertise were expected criteria for most respondents, no conformity was found in expected educator competence or experience (Poindexter, 2013). The variance in

educator competence and preparation was aligned with the type of program represented.

Administrators from community college or liberal arts institutions preferred core knowledge of the nurse educator role and clinical practice expertise whereas those from research-intensive institutions preferred the scholar roles of research and leadership (Poindexter, 2013). Variations in administrator preference within the research-intensive institutions were also evident with nontenure position focus placed on practice and teaching; while with tenure track positions, there was a stronger emphasis on scholar role competencies (Poindexter, 2013). One conclusion consistent with the results of the Poindexter (2013) study was the lack of consensus regarding the educational preparation of nurse educators added to the complexity of this sub-specialty of the discipline (Booth et al., 2016). Evaluation of nurse educator graduate programs' inclusion of the NLN Nurse Educator Core Competencies led to a similar conclusion about variation in educational expectations.

Fitzgerald et al. (2020) conducted a descriptive study of 529 Master of Science in Nursing and Post-Master's Certificate in Nursing programs to determine the representation of the NLN Nurse Educator Core Competencies in those programs. Although four of the eight core competencies were well represented in the sample as evidenced by greater than 85% of the competencies being evident in portions of the programs, four competencies were poorly represented as evidenced by less than 50% of those competencies (Fitzgerald et al., 2020). The NLN Core Competency that addressed diversity, facilitating learner development, and socialization was represented in only 28% of the Master of Science in Nursing programs in this study (Fitzgerald et al., 2020). Comparatively, approximately 12% of academic administrators commented that skills related to diversity, cultural competence, and dealing with diverse student populations were essential for nurse educator competence (Poindexter, 2013). The decreased

representation in the curriculum of the competency reflective of diversity and the administrator opinion about the same indicated continued variation in educational expectations. In conclusion, it was recognized that graduate-level knowledge of evidence-based pedagogical principles and clinical knowledge was valued for the academic nurse educator (Booth et al., 2016). In addition, efforts could be directed toward nurse educator preparation and competence with diverse nursing student populations.

Nurse Faculty Training and Preparedness to Teach Diverse Students

Academic nurse educators play a vital role in preparing a healthcare workforce that mirrors the diversity of society. The NLN (2016) mission statement was to promote excellence in nursing education, to build a diverse nursing workforce, and to advance the health needs of a diverse nation and global community. Consistent with the NLN mission, the AACN (2019b) recommended a built culture of diversity and inclusion in academic nursing. Academic nurse educators could promote excellence in nursing education by being trained and prepared to engage in academic practices that support diversity and inclusion in the academic setting. Literature varied on the type and degree of training and preparation required of nurse faculty members to successfully teach nursing students from ethnically and racially diverse backgrounds.

Nurse educators in one study (Fuller & Mott-Smith, 2017) reported they had not received any formal education about teaching culturally and linguistically diverse students. Similar results were described by Beard (2014) as few nurse educators in the study had completed a college course that addressed educating ethnically and racially diverse students and less than half of the participants had attended staff development activities related to the subject. Despite having not completed a college course specific to the subject, over half of the educators reported the college

courses they did complete helped them feel prepared to teach ethnically and racially diverse students (Beard, 2014). Despite the incongruence in formal coursework and faculty feeling prepared to teach ethnically and racially diverse students, principles of best educational practices had been implemented and studied.

Nurse Faculty Experiences Teaching Diverse Students

The strategies academic nurse educators used when teaching ethnically and racially diverse students might be categorized as communication and instructional related strategies, programmatic initiatives, and academic policies. Research studies (Beard, 2014; Bristol et al., 2020; Brown & Marshall, 2008; Fuller & Mott-Smith, 2017; O'Reilly & Milner, 2015; Slimmer et al., 2009; Yoder, 1996) presented in this section describe communication and instructional related strategies used to facilitate the success of ethnically and racially diverse students. In addition, literature (Beard, 2014; Bristol et al., 2020; Brooks Carthon et al., 2014; Brown & Marshall, 2008; Torregosa & Morin, 2012) that describes initiatives designed to support success of ethnically and racially diverse students is presented.

Communication-Related Strategies

Communication was the focus of multiple academic nursing studies (Bristol et al., 2020; Brown & Marshall, 2008; Fuller & Mott-Smith, 2017; Slimmer et al., 2009) as a contributing factor to the actual or perceived challenges when working with diverse student populations. One innovative program (Slimmer et al., 2009) at a college of nursing in midwestern United States identified communication challenges experienced by students from diverse cultures and created opportunities for student engagement with non-like cultures. Nurse faculty members who participated in the program were reported to have expertise in teaching communication skills with diverse cultures and in the use of cultural immersion (Slimmer et al., 2009). Faculty

development in the topic areas of optimal communication strategies and linguistic cultural bias on exam items were also presented (Slimmer et al., 2009). Communication patterns, styles, and challenges were assessed during the first nursing course and a cultural immersion experience occurred before the first clinical experience (Slimmer et al., 2009). The program was described as a communication program related to culture; yet, competencies in healthcare values clarification, self-assessment of assertiveness, interpersonal relationship styles, and communication role-play were also included in the program (Slimmer et al., 2009). Faculty members and students indicated satisfaction with the program by scoring above average on a Likert scale for specific objectives related to each competency (Slimmer et al., 2009).

Like the focus on communication challenges for nursing students from diverse cultures, Fuller and Mott-Smith (2017) also identified language and communication as barriers for diverse students' success and for nursing faculty to mitigate. Nurse educators surveyed in this study believed all nursing students should write and speak like American-educated students and students' difficulty with communication was a result of their failure to do so (Fuller & Mott-Smith, 2017). In addition to faculty perceived learner characteristics that contributed to challenges with communication, the study identified communication related strategies faculty members used to address the challenges. Nurse faculty avoided the use of idioms and colloquial expressions during teaching, spoke slower and clearer when teaching, created opportunities for student practice of health-related conversations, and paired native English-speaking students with a student from a culturally and language diverse background (Fuller & Mott-Smith, 2017). Other communication-specific strategies deemed important for minority student success included use of various modalities to communicate program-related issues such as newsletter, use of

student associations to disseminate program information, and early and clear communication of expectations (Bristol et al., 2020; Brown & Marshall, 2008).

Instructional-Related Strategies

In addition to communication-related experiences, research has been completed on instructional-related strategies used by nurse educators with diverse nursing student populations. Principles of evidence-based best teaching strategies for all students were also found to be applied in studies addressing teaching strategies for diverse student populations. Cannon and Boswell (2016) identified seven principles of best practice in education that included engaging students through faculty-student contact, collaborative learning projects, use of active learning methods, providing prompt feedback, training on task and time management skills, setting high expectations for achievement, and respecting student diversity.

Commonalities found between approaches used with nursing students from diverse populations included student centered teaching strategies, approaches that appealed to various learning styles, and faculty acceptance of difference in the academic environment. Nurse educators in one seminal grounded theory study (Yoder, 1996) used interactive processes and made intentional efforts to include various cultural perspectives in all aspects of instruction. Nurse educators demonstrated value for cultural differences of nursing students by acknowledging and accommodating barriers to learning and designing instructional strategies that appealed to diverse nursing students (Yoder, 1996). The patterns revealed by nurse educators who took these steps were deemed positively consequential for the culturally diverse nursing students in the study.

Comparative to the iterative and interactive processes used with diverse nursing students in the study by Yoder (1996), nurse educators in other studies (Beard, 2014; Fuller, 2013; Fuller

& Mott-Smith, 2017; O'Reilly & Milner, 2015) used specific teaching and learning strategies to achieve various objectives. Strategies used to complement teaching by providing context to content included multicultural case studies, stories, and scenarios (Fuller & Mott-Smith, 2017; O'Reilly & Milner, 2015). Visual aids such as concept maps and graphic representations were used liberally to assist students with making connections between concepts (Fuller, 2013; O'Reilly & Milner, 2015). To foster inclusion during instruction, students were encouraged to ask questions and time was allotted for active listening and response (Beard, 2014; Fuller, 2013). Nurse educators also focused on adjustments with language by avoiding the use of slang and idioms, and by gradually introducing nursing terminology (Fuller, 2013; Fuller & Mott-Smith, 2017). Learning expectations and instructions for activities were delivered consistently and explicitly via multiple venues (Fuller, 2013; O'Reilly & Milner, 2015). Finally, techniques used for testing and evaluation that were deemed beneficial included providing frequent and informal assessment, frequent feedback, and allowance of additional time during activities and for completion of assignments (Fuller, 2013; Fuller & Mott-Smith, 2017; O'Reilly & Milner, 2015).

Programmatic Initiatives and Academic Policies

Finally, literature described programmatic and policy initiatives that formed the experiences academic nurse educators had with supporting success for ethnically and racially diverse students. Success in some studies (Brooks Carthon et al., 2014; Brown & Marshall, 2008; Torregosa & Morin, 2012) was defined as increased student enrollment, retention, and graduation rates. While other studies (Beard, 2014; Bristol et al., 2020; Brown & Marshall, 2008) included faculty perception of student success and increased post-graduation licensure pass rate. Initiatives found to support success in these studies could be categorized as mentorship, academic support, and financial support measures.

Mentorship

Mentorship mechanisms occurred through formal faculty-student, student-student or peer, and professional-student relationships (Brooks Carthon et al., 2014; Torregosa & Morin, 2012). Two studies described mentoring activities as increased faculty availability and maintenance of frequent interaction between students and administrators (Beard, 2014; Brown & Marshall, 2008). In addition, social networking as a form of mentoring support was cited as the most common programmatic initiative seen in various studies that evaluated success with diverse or minority students (Torregosa & Morin, 2012). Brooks Carthon et al. (2014) and Brown and Marshall (2008) described diversity pipeline programs that included structured mentoring activities comprised of various interventions to improve enrollment and retention of underrepresented minorities in nursing programs. Beard (2014) and Bristol et al. (2020) elicited input from nurse educators regarding their perceptions of mentoring interventions that supported the success of nursing students such as students having access to mentors who look like themselves. Despite the type of mentoring experiences or the nurse educator perceptions about mentoring described in the various studies, all identified mentoring as a key factor in student success.

Academic Support

Academic support included formal nurse faculty guided academic advisement (Beard, 2014; Brown & Marshall, 2008). Faculty guided academic advisement could be distinguished from advisement by academic professionals who were not directly involved in student teaching and learning. Faculty advisors are in a unique position to recommend or offer tutoring and early intervention. Nurse faculty members were also involved in intensive program evaluation and benchmarking plans as described by Brown and Marshall (2008). Additional academic support

included peer led or professional psychosocial counseling to assist with mitigation of stressors and facilitate coping with the rigor of nursing programs (Brooks Carthon et al., 2014; Brown & Marshall, 2008). Finally, social support, to include social networking, was mentioned as an element to support students' success, yet the specifics of those measures were not further explained (Bristol et al., 2020; Torregosa & Morin, 2012).

Financial Support

The final category of initiatives found to contribute to the success of ethnically and racially diverse nursing students was financial support. Pipeline programs described specific operational characteristics of financial support to include referrals to paid internships with community stakeholders (Brooks Carthon et al., 2014; Brown & Marshall, 2008). Other measures included presenting scholarship opportunities to students and supporting their application process with resumé and writing assistance and recommendations. Bristol et al. (2020) and Torregosa and Morin (2012) mentioned financial support as important initiatives, yet specific measures were not described.

In summary, Brown and Marshall (2008) quantitatively reported outcomes of a 20% increase in student enrollment, 25% increase in student retention, and 14% increase in post-graduation licensure exam pass rates related to programmatic initiatives and academic policies. Yet, Torregosa and Morin (2012) clearly explained that despite the positive outcomes reported about programmatic and teaching initiatives across multiple studies, the contribution and impacts of those initiatives toward student's success remained unknown or were inconclusive. This might be attributed to multiple initiatives being implemented in conjunction and not being controlled for during data analysis. Despite the context used to define success and the variations in strategies used, it was clear from the literature that mentorship, academic support, and financial

support were programmatic initiatives that formed the experiences of academic nurse educators' support of ethnically and racially diverse students.

Gap: Attitudes of Academic Nurse Educator's Role in Educating Diverse Students

Lack of healthcare worker diversity has contributed to health disparities (Byrd & Clayton, 2003/2005). Nurses are the largest group of healthcare providers; yet, the racial and cultural diversity of practicing nurses does not proportionally reflect the general population (Loftin et al., 2013). The population of practicing nurses reflects the lack of diversity in graduates from nursing programs. Culturally relevant pedagogy is one theoretical lens that could be used to view the issue and gain more insight into the problem. Literature surrounding the issue of nurse faculty members use of culturally relevant pedagogy revealed a lack of value and understanding of the importance of addressing cultural diversity of the student body in nursing programs.

One qualitative study that explored nurse educator cultural competence in clinical teaching found 52% ($n = 11$) of the participants perceived cultural differences to be problematic or believed it was unfair to accommodate cultural difference (Shin et al., 2016). In addition, some of the participants of this study found diversity unacceptable, challenging, and interfering with clinical educational experiences (Shin et al., 2016). A quantitative study examined nurse educator preparation to teach underrepresented minorities and use of evidenced-based practices that promote retention and graduation in those students (Beard, 2014). Findings revealed only 27.3% ($n = 9$) of participants took a college course that addressed educating ethnically and racially diverse nursing students and less than half (42.4%, $n = 14$) participated in faculty development activities related to the topic (Beard, 2014). These two studies (Beard, 2014; Shin

et al., 2016) reflected faculty value and understanding of the importance of addressing cultural diversity of the student body in nursing programs.

The underrepresentation of minority nurses might continue unless more research that examines the attitudes of faculty regarding their role in educating minority students and capacity of nursing programs to prepare educators to teach ethnically and racially diverse students is undertaken (Beard, 2014). More exploration is required if there is to be a shift in achieving educational equity, more diverse graduates from nursing programs, and, ultimately, a workforce that reflects the racial and ethnic composition of the general population. An exploration of academic nurse educators' perspectives on their role educating ethnically and racially diverse students through the lens of CRP has not been comprehensively examined. The purpose of this research study was to explore academic nurse educator attitudes, defined as beliefs and values, regarding their role in educating ethnically and racially diverse nursing students. A focused ethnography method was used to explore this topic from the perspective of nurse educators and provide deeper understanding of the issue while contributing to the disciplinary knowledge of educating diverse students.

CHAPTER III

METHODOLOGY

Introduction

The experience of this researcher has led to the view that academic nurse educators are viewed as the gatekeepers of the profession. Their role in preparing nurses to enter the workforce is pivotal to sustaining the integrity of the profession. Nurse educators also have a role in ensuring that professionals entering practice are reflective of the ethnic and racial diversity of society. The literature was replete with perspectives from nursing students on value and understanding of cultural diversity in nursing programs but there was a dearth of literature on the perspectives of nursing faculty members regarding the same issue. Gaining a rich, deep understanding of how nurse educators view their role educating diverse students was needed if there is to be a move toward increased representation of diverse students in nursing programs. The focus of this study was to explore and describe the attitudes of this subculture of nursing specialists regarding their role in educating ethnically and racially diverse nursing students. This chapter presents the research approach, design of the study, sample selection, data collection and analysis, potential limitations and delimitations, rigor, and ethical considerations.

Restatement of Research Questions

The purpose of this chapter is to discuss the study approach used to answer the following central research question:

- Q1 What are the attitudes, specifically beliefs and values, of academic nurse educators regarding their role in educating ethnically and racially diverse nursing students?

The following sub-questions were explored to gain understanding of the central research question:

- Q1a What are the beliefs and values of academic nurse educators regarding their role in educating ethnically and racially diverse nursing students?
- Q1b What are the attitudes of academic nurse educators regarding their role in culturally relevant pedagogy?

The goal of this study was to glean shared practices and meaning through the lens of culturally relevant pedagogy and gain composite understanding of academic nurse educators' perspectives about their role in educating a distinct population of students.

Research Design

Qualitative inquiry originated in the fields of anthropology and sociology as a scholarly approach to describing life experiences from the perspective of the persons involved (Merriam & Tisdell, 2016). Descriptions are made by exploring, understanding, and interpreting the meaning individuals and groups ascribe to social or cultural phenomena (Creswell, 2014; Denzin & Lincoln, 2011; Merriam & Tisdell, 2016). Nonnumerical data are used to explore meanings of concepts from the perspective of the subjects of the study (Remler & Van Ryzin, 2011).

Qualitative inquiry is not defined concretely but is a flexible and situated activity that immerses the observer in the world from an interpretive stance (Creswell, 2013). The process is further characterized as flexible, inductive, evolving, and emerging to arrive at a deeper understanding (Creswell, 2013; Merriam & Tisdell, 2016). The interpretive framework reveals a social justice theory that seeks understanding of issues that serve to disadvantage and exclude individuals or cultures (Creswell, 2013). The complexity of a situation is derived from individual meaning and in this way, individuals provide data by which generalizations are made to build on theory (Creswell, 2014; Merriam & Tisdell, 2016). Finally, the interpretive stance assumes value for

multiple perspectives and socially, culturally, and historically constructed reality (Creswell, 2013; Crotty, 2003; Merriam & Tisdell, 2016). This study took the perspectives of nurse educators to interpret the meaning they subscribed to their role educating diverse students.

The purpose of qualitative inquiry is to give significance to the human experience by describing, understanding, and interpreting phenomena (Grove et al., 2013; Merriam & Tisdell, 2016). The goal of qualitative research is to gain a holistic understanding of social phenomena from the perspective of the participants. The focus of qualitative research is on the participant's perspective or emic view and not the outsider's or etic view (Merriam & Tisdell, 2013; Rashid et al., 2019). Although I, as researcher for this study, assumed an etic view, I am a member of the subculture of nurse educators and therefore share an insider view of the educator's role in educating diverse nursing students.

A detailed plan of methods employed is presented; yet, the emerging nature of qualitative research contributed to evolving research questions, modifying data collection strategies, and continued data collection based on what was revealed during analysis (Creswell, 2013). This researcher was the primary instrument of data collection and became fully immersed in the process and in the use of multiple methods of data collection (Creswell, 2013; Merriam & Tisdell, 2016). Data collection and analysis continued circuitously to arrive at pattern recognition, themes, and interpretive conclusions (Creswell, 2014). Through dialog with participants, this researcher became aware of perceptions, feelings, and attitudes and interpreted meanings to adopt the standpoint of others (Grove et al., 2013). The products of qualitative inquiry are richly descriptive statements and interpretive conclusions that contribute to literature by inciting further inquiry or a call for change (Creswell, 2014; Merriam & Tisdell, 2016). This study included the voices of academic nurse educators and reflexivity of this researcher to build

on the theory of culturally relevant pedagogy by determining nurse educators' beliefs and values about this theory in nursing academia. Gaining perspective from this unique subculture required a specific type of qualitative research designed for that goal.

Ethnography

Ethnography is one of the main types of qualitative designs used to gain rich descriptions of people and their ways of life. Ethnography is also one of the oldest forms of qualitative research, originating in anthropology during the 19th century (Wall, 2015). More currently, ethnography is used in sociology, nursing, and education (Cruz & Higginbottom, 2013; Knoblauch, 2005). Ethnography has been deemed a process, a product, a methodology, and a written account describing cultural behavior from the perspective of the members of that culture (Butcon & Chan, 2017). Focused ethnography evolved from ethnography and was the chosen methodology for this study.

Focused Ethnography

Focused ethnography emerged from ethnography and is well situated in highly specialized fields to investigate the professional perspective within a culture specific context (Wall, 2015). Focused ethnography is a pragmatic response to the need to solve disciplinary problems (Rashid et al., 2019; Wall, 2015). It is used to investigate a distinct issue or shared experience in a culture or subculture in specific settings as opposed to entire communities (Cruz & Higginbottom, 2013; Wall, 2015). Additionally, focused ethnography allows for a nuanced understanding of the subculture. It permits comparison or explanation of uniquely situated conditions and professional identities that are paramount to meeting the needs of the group and protecting their interests (Butcon & Chan, 2017; Wall, 2015). The narrow focus inherent in focused ethnography made it a good match for this study as nursing academia is a subculture of

two disciplines: nursing and academia. Focused ethnography is valuable at linking the macro and micro between everyday interactions and wider cultural formations through its emphasis on context (Butcon & Chan, 2017).

The main purpose of focused ethnography is to describe culture and understand the meaning members of a subculture or group assign to their experiences (Roper & Shapira, 2000; Wall, 2015). The goal is to produce research evidence in a timely manner to inform practice and policy-relevant decision-making (Wall, 2015). Wall (2015) argued that focused ethnography is a legitimate and necessary option because of its flexibility in exploring culture in emerging settings of interest. It could also uncover the tacit skills and complexities, revealing how power, control, and inequality are sustained in many work environments (Wall, 2015). Studying the discipline of academic nursing as a cultural phenomenon, where attitudes of the members of that community are explored, met the purpose and goal of focused ethnography. Focused ethnography is not only a design in qualitative research, it is a methodological process.

Focused ethnography methods are utilized throughout the research process. Starting with the theoretical framework chosen for the study, focused ethnography, this should be explicit to help others critically evaluate the research and provide a rationale for the choice of research methods and data analysis strategies (Rashid et al., 2019). Culturally relevant pedagogy was the theoretical framework used for this study. A deep dive into 14 nurse faculty members' attitudes regarding teaching ethnically and racially diverse students provided information on what was known and what was unknown about CRP from these nurse educators teaching in higher education. In this instance, an inductive paradigm was used to explore concepts from patterns to form generalizations (Higginbottom et al., 2013).

In focused ethnography, the research questions have specific characteristics. The research questions might include descriptive, structural, or contrasting probes (Higginbottom et al., 2013). Questions about a phenomenon might ask for descriptions of qualities such as values, beliefs, and practice patterns, and might inquire about explanations of supporting structures of the phenomenon (Higginbottom et al., 2013). The research questions in this study asked participants to identify perceptions of beliefs and values surrounding expectations for academic success and creating equitable learning environments. In addition, participants were asked to explain how curriculum supporting structures specific to teaching ethnically and racially diverse students were analyzed and evaluated.

The sample in a focused ethnography study is typically comprised of a limited number of participants who might not know each other yet have a shared cultural perspective (Wall, 2015). Recruitment occurs until data saturation is reached (Cruz & Higginbottom, 2013; Higginbottom et al., 2013). Details of the sample and recruitment strategies are discussed in the Methods section.

In focused ethnography, data collection strategies could be time intensive and episodic, typically occurring in short, focused sessions as opposed to the extensive immersion that occurs with traditional ethnographic methods (Knoblauch, 2005; Wall, 2015). Multiple methods are used for data collection such as participant observation, formal and informal semi-structured interviews, focus groups, and examination of artifacts (Rashid et al., 2019) such as curriculum documents, policies, and procedures. Additional features of data collection involve the use of audio and video recording devices and rich researcher notes and transcripts. Data collection in this study occurred through videotaped interviews, researcher notes, and supporting documents participants shared with the researcher. Steps of the analysis process included coding, sorting,

identification of themes, creating generalizations, drilling down to details, memoing reflective remarks, and ongoing sequential analysis (Higginbottom et al., 2013). Further details of data collection and analysis are discussed in those respective sections and in the section presenting rigor and quality of this study. In addition to focused ethnography methods permeating all portions of the research process, consideration was given for the unique role of the researcher in this qualitative study.

Role of Researcher

Researchers use focused ethnography to explore issues they are familiar with because it presupposes an intimate knowledge of the field to be studied and supports an insider view with background knowledge and experience in the field (Cruz & Higginbottom, 2013; Knoblauch, 2005; Wall, 2015). This researcher is an experienced academic nurse educator who has worked in both minority and majority educational environments with students from ethnically and racially diverse backgrounds. The experiences placed me in a unique position of understanding the roles and responsibilities of academic nurse educators related to CRP and the nuances of varied attitudes from colleagues who comprised this subculture of nurses. In addition, acknowledging my experiential and historical perspective surrounding this research topic helped reveal my biases and interest in the topic. Disclosing researcher bias is an important part of establishing validity (Creswell, 2014) and is discussed in the Methods section. In my role as faculty member, I have used specific techniques, which were previously presented, that appealed to and supported the success of ethnic and racial minority nursing students. Furthermore, I am an African American woman who has been an undergraduate and graduate nursing student enrolled in both historically black colleges and universities (HBCUs) and a majority university. Those experiences made me aware of teaching strategies and approaches from faculty members who

supported my academic success. In this study, as is common in a focused ethnography study, I transitioned from participant to field observer (Butcon & Chan, 2017).

Methods

Data Collection Procedures

Creswell (2014) described data collection procedures as identification of the participants, site(s) or setting(s) used, description of the types of data, and the process that accompanied the methods chosen. This section identifies the participants, describes the inclusion and exclusion criteria, explains the sampling and recruitment strategy, and details the setting and procedures for the interviews.

Participant Selection

Fourteen academic nurse educators comprised the convenience sample for this study. Inclusion criteria consisted of tenure track or non-tenure track academic nurse educators currently serving or who have recently served in a full-time or part-time capacity in undergraduate associate or baccalaureate registered nurse programs. The participant nursing faculty member was not limited to an academic rank or years of experience but had to have earned a minimum of a master's degree in nursing. Participants had to have taught didactic, clinical, and lab and/or simulation to undergraduate nursing students. Participants were recruited from pre-licensure nursing programs in the United States. Nursing faculty members would have taught in undergraduate nursing programs housed in universities, community colleges, proprietary, and online schools. During interviews, all participants used a device with webcam and microphone capability, had Wi-Fi connection, and backup cell phone access in case connection issues due to internet bandwidth occurred. Participants were encouraged to use headphones to improve sound quality but this was not a part of the inclusion or exclusion

criteria. Exclusion criteria included nurse educators who had not earned a minimum of a master's degree in nursing, taught solely in non-academic clinical settings, taught in practical/vocational nursing programs, or taught in nurse assistant or other unlicensed assistive personnel programs. Academic nurse educators who were not teaching nursing students and those who functioned solely in administrative, non-teaching roles were excluded from this study.

Sampling Strategy and Recruitment

Purposive, theoretical, and snowball sampling methods were used in this qualitative study. Purposive sampling is the selection of participants who have knowledge unique to the topic of interest and who could provide data to meet the study aims (Grove et al., 2013; Waltz et al., 2010). Nursing faculty who taught undergraduate nursing students were participants whose beliefs and values about their role were needed to answer the research questions.

Institutional Review Board (IRB) granted exempt status approval (see Appendix A). Recruitment ensued shortly after that approval was obtained. A convenience sample of professional affiliates serving in the nurse faculty role and accessible to the researcher was approached. Nurse faculty members initially invited (see Appendix B: Letter of Invitation) were from schools in various geographic regions of the United States (see Appendix C for Initial Invite of Academic Institutions). The initial invitees were asked to disseminate the invitation to their colleagues. After approval from the research advisor, a secondary call for study volunteers was placed on the Facebook® group page, Teachers Transforming Nursing Education. The invitation included a request to contact the researcher and once it was established that inclusion criteria were met, a mutually agreed upon time was set for the interview. The consent form (see Appendix D) was emailed to the participant prior to the interview and verbal consent was obtained at the beginning of the interview.

A form of purposive sampling is theoretical sampling where the researcher makes decisions about continued sampling based on the analytic needs of the study to generate, delimit, and saturate theoretical codes as the data are collected (Grove et al., 2013; Waltz et al., 2010). In this instance, responses from participants were extrapolated and used to verify and challenge core elements of culturally relevant pedagogy. There was no minimum sample size or ideal number of participants; thus, purposive and theoretical sampling guided recruitment for this study as is typical for qualitative studies (Grove et al., 2013; O'Reilly & Parker, 2012). Snowball recruitment procedures were used with sample size expanded through participant referrals until data saturation, defined in this study as transparency in the quest for emergence of themes and patterns leading to richness and depth of data, was achieved (Grove et al., 2013; O'Reilly & Parker, 2012). This research was surrounding attitudes, defined as beliefs and values, which could vary greatly based on many historical and experiential variables. Therefore, data congruence might not be reached but rich, deep descriptions were gained. Input from the research advisor was also used to determine if the sample size was adequate and met the purpose for the research questions.

Setting

Zoom[®] video communications technology was used to conduct interviews, allowing the researcher and participant to remain in their respective geographic locations. One study that sought to determine researcher and participant perceptions of Zoom videoconferencing for qualitative data collection found a majority (69%) of participants preferred the method compared to in-person, telephone, or other videoconferencing platforms (Archibald et al., 2019). Use of this technology allowed for real time interviews to take place while maintaining physical distancing and while geographically and time zone dispersed. Participants chose their desired

location but it was suggested they use a location that offered privacy. Other advantages of using the Zoom platform included the participant's choice of computer, tablet, or phone and the ability for recordings to be stored on a cloud-based storage system without third party software. Only the researcher and her faculty advisor had access to the Zoom recordings. Archibald et al. (2019) suggested rapport building could be facilitated by collaborative problem solving via lengthening the initial bonding period while trouble shooting technology issues. Therefore, a dry-run Zoom meeting was offered to participants who were not familiar with the platform and desired an orientation to the format.

Types of Data

The researcher is the primary instrument of data collection in qualitative studies. Interviews were the primary strategy utilized to capture the perceptions of nurse educators' role in teaching ethnically and racially diverse students. Participants were invited to provide artifacts used in their program or during teaching that demonstrated use of CRP. Examples of artifacts included policies, procedures, syllabi, course outlines, rubrics for assignments, decorative items, and slide or virtual backgrounds. Zoom interviews were set up to allow participants to share the screen and show documents to the researcher and they were invited to forward documents after the interview.

Before the interview began, the researcher answered questions and obtained verbal consent from the participants. The purpose of the research was explained and demographic information was obtained from participants prior to the interview using Qualtrics[®] XM, the University of Northern Colorado supported survey tool platform. The Qualtrics XM demographic survey distribution setting was invitation only and the link was emailed to the participant. The demographic data were collected to determine attributes that might be helpful

for explaining participants' underlying perceptions and to identify trends in data ascertained from interviews. Demographic information (see Appendix E) included gender, age range, ethnicity, highest degree earned, length of time teaching in an academic capacity, geographic location of nursing program, type of undergraduate nursing program, employment status as defined by the institution, and type of teaching assigned such as didactic, clinical, and/or lab/simulation.

Transitioning from verbal consent and demographic data collection, the researcher initiated the interview.

An interview protocol is useful for a novice researcher as it provides guidance and structure for the interview, helps the researcher stay organized, and provides a place to take notes (Creswell, 2013). The interview protocol for this study can be found in Appendix F. Participants were informed they were going to be asked about their experiences, beliefs, and values educating ethnically and racially diverse students. Contextual definitions of terms specific to CRP were included in the interview protocol to add clarity to questions and facilitate consistency with how questions were asked. A semi-structured interview format was used. This format allowed for the interview to be guided by questions about the issue being explored while allowing for some flexibility in the wording and order, and allowed the researcher to probe the emerging worldview of the respondents (Merriam & Tisdell, 2016). A combination of open-ended and closed-ended questions were asked. Follow-up questions were used for clarification of details or to elicit additional information. Interviews lasted between 45 and 60 minutes. At the conclusion of the interview, participants were asked if additional contact could be made if there was a need to clarify information obtained during the interview.

Data Analysis

Immediately after the interview, the researcher documented her own reactions and perceptions in field notes. Recordings of the interviews were initially transcribed via the Otter.ai[®] voice meeting notes management system. The recorded interviews were then reviewed and verbatim transcription conducted. Verbatim transcription included accurate capture of words and utterances on consecutively numbered line entries. Notes of observed nonverbal behaviors and researcher perceptions were also recorded within the interview guide transcripts. All transcribed interview notes, researcher memos, and demographic data were in electronic format and stored on a password protected computer; a back-up copy stored on an external hard drive kept in a locked file cabinet was accessible only by the researcher.

Following data transcription, the iterative process of theme generation occurred using a framework approach. The framework analysis process included becoming intimately familiar with the data, coding, creating descriptive accounts by synthesizing the range and diversity of coded data, creating explanatory accounts by developing associations and patterns, and interpreting meaning (Smith & Firth, 2011). Coding occurred concurrently and iteratively as a form of organizing by bracketing chunks of data (Creswell, 2014). Descriptive word categories were created from summative, salient, essence-capturing, or evocative attributes in the data (Creswell, 2014; Merriam & Tisdell, 2016). When coding in focused ethnography, the researcher examines the data minutely, line by line, to search for the emergence of patterns (O'Reilly, 2009) and that process occurred. Codes emerged from expected phenomena, such as stated beliefs and values, and from unanticipated revelations (Creswell, 2014). During the process of open coding the researcher engaged in focused memoing where the labels assigned to data trends were linked to other ideas and theories (O'Reilly, 2009). The categories used for focused memoing included

codes during transcription, environment, reflections (thoughts, feelings, participants' reactions), and themes. Data were organized manually using the framework approach. Codes formed themes that were defined contextually and were organized by the theoretical concepts of CRP. All transcribed interviews were sent to the research advisor for consultation and intercoder agreement.

The narrative of the analysis for this study was structured around themes that emerged from the data. Analysis also combined literal meanings described by participants, the researcher's interpretations, and comparison of findings with the theoretical constructs (Creswell, 2014) of CRP. Information revealed that ran counter to themes was also included in an effort to lend credibility to the conclusions. This method allowed for findings to confirm or diverge from what was known and or suggested new questions that needed to be asked (Creswell, 2014).

A key aspect of identifying emerging themes was use of teams to oversee the process and validate inferences made. Knoblauch (2005) described 'data sessions' as a key feature of analysis in focused ethnography whereby the data collected by the researcher were presented to the research team or, in this case, the research advisor. Theme generation and conclusions reached were discussed until consensus was attained.

Assumptions

The assumptions of a study situate the context for all aspects of the study. For the purposes of this study, the following assumptions were considered:

1. Focused ethnography was the most appropriate qualitative research design to explore attitudes of academic nurse educators related to the concept of CRP.
2. Participants had a genuine interest in participating in the study and had no hidden motive.

3. Participant responses reflected their personal beliefs and values.
4. Academic nurse educators had views of educational equity and justice.

Limitations and Delimitations

A researcher embarks on a research journey to contribute to disciplinary knowledge. The intent is conclusions from the study would be able to be applied to future research or practice. Joyner et al. (2013) stated that limitations and delimitations have implications for the application and interpretation of the results due to threats to credibility. Limitations and delimitations explain what the study does not intend to accomplish or would not allow and what the study does intend to accomplish (Joyner et al., 2013).

The following limitations were identified as inherent in the theoretical and methodological research design of this study.

1. Culturally relevant pedagogy was developed in and applied to primary education; therefore, it was not known if nurse educators would value constructs related to the theoretical framework. The research questions were phrased to elicit attitudes of the academic nurse educator role and understanding of the constructs of CRP.
2. Focused ethnography might not allow for generalization due to the focus on a specific population within the nursing community. Transparency of the research process and thick descriptions in data analysis might help to promote application of results.
3. Accuracy of data analysis might be limited by the experience of the researcher. Use of a thematic analysis process, member checking, and research advisor oversight are strategies that might have mitigated the effects of limited experience.

4. Not all people are perceptive and able to articulate beliefs and values as a reflection of their attitudes (Creswell, 2014). In addition, when reporting attitudes, participants might have believed their perceptions diverged from the norm, which might have resulted in responses believed to be socially desirable as opposed to actual perceptions. Participant confidentiality was maintained, which might have allowed for increased comfort with providing transparency in responses.
5. Potential for selection bias existed as the convenience sample sought may have resulted in participants who were more comfortable sharing personal attitudes or were more interested in the topic.
6. Technology might have posed a barrier to participants who were not comfortable with the platform being used. Participants were offered an opportunity to complete a dry run with Zoom to increase familiarity with the platform.

The following delimitations were identified as strengths inherent in the theoretical and methodological research design of this study.

1. The research questions asked in this study were specific to the concept of attitudes and to the theoretical framework of CRP. Participants were asked about their beliefs and values surrounding their role in teaching ethnically and racially diverse students, setting high expectations for academic success, creating equitable learning environments, and analyzing and evaluating educational support structures.
2. Focused ethnography sought thick descriptions that reflected participant voices from verbatim transcription of their responses. Verbatim responses mediated by the researcher's interpretations and the theoretical lens allowed conclusions to be drawn

about the phenomena and enhanced credibility and authenticity (Lincoln & Guba, 1985; Rashid et al., 2019).

3. Use of a virtual setting allowed participants to be in a self-designated, comfortable location, which might not have been the workplace. This might have contributed to ease of sharing what could have been perceived as sensitive personal information about one's work.

Rigor and Quality

Methodological rigor and trustworthiness are terms used to describe ethical conduct in qualitative research. Accuracy and quality in the form of rigor and trustworthiness must be evident in conceptualization of the study and should permeate data collection, analysis, interpretation, and the presentation of findings (Creswell, 2014; Merriam & Tisdell, 2016). Rigor and trustworthiness were attained by ensuring credibility, dependability, confirmability, authenticity, transferability, and triangulation and were applied through various steps in the research process (Creswell, 2014; Merriam & Tisdell, 2016).

Credibility

Credibility asks the following question: Given the data collected, are the interpretations plausible and do they lead to deeper understanding (Lincoln & Guba, 1985; Merriam & Tisdell, 2016)? To arrive at a realistic and logical answer to the question, the researcher maintained transparency of processes and phrased research questions to directly address the research problem. In addition, rich, deep descriptions of findings presenting multiple perspectives created a realistic view and added validity to qualitative studies (Creswell, 2014). In this study, the participants' words were used to reach empirical referents that identified their attitudes about their role in educating ethnically and racially diverse students. Describing nurse educators'

beliefs and values in their own words made the data relevant to the person's understanding of the concept. Multiple constructions of nurse faculty attitudes were expected and accepted.

Dependability

Another characteristic of trustworthiness is dependability or consistency. Dependability seeks to evaluate if results are consistent with the data collected (Merriam & Tisdell, 2016). In this study, themes that emerged from the participant interviews were evaluated by the researcher to ensure beliefs and values of the nurse educators' perception of their role educating ethnically and racially diverse nursing students were reflected. Member checks, also referred to as respondent validation, is where participants provide feedback on the preliminary emerging findings (Merriam & Tisdell, 2016). One participant was invited to perform a member check to review conclusions from their respective interview and provide feedback on theme alignment with their responses to research questions.

Confirmability

Like dependability, confirmability also considers the characteristics of results. Confirmability is the degree that results can be confirmed to be based on the research questions and not altered by researcher bias (Given, 2008). Confirmability is attained by ensuring transparency in the data collection, analysis, and revealing researcher bias (Given, 2008). One tool used to achieve confirmability is the audit trail (Lincoln & Guba, 1985). The audit trail is a historical record of the research project and includes descriptions of the data collection process, definitions and descriptions of categories, and explanation of how decisions were made throughout the inquiry (Lincoln & Guba, 1985). Problems, issues, and ideas might also be included in the audit trail. The audit trail and research advisor overview of data analysis were techniques used to promote transparency.

Authenticity

Researcher subjectivity is a core concept that contributes to the authenticity of a study in qualitative inquiry. Researcher subjectivity is the intellectual and emotional position of the researcher (Allen, 2017). It calls for reflection, introspection, and self-monitoring to expose all phases of research to continual questioning and re-evaluation (Merriam & Tisdell, 2016). Reflexivity is the method used to attain subjectivity. Reflexivity entails critical examination of the researcher's role, biases, and assumptions that are engrained and might be implicit and therefore not recognized as impacting the experience (Butcon & Chan, 2017). Disclosing researcher bias is an important part of establishing validity (Creswell, 2014).

This researcher's role and experiences as a faculty member and African American nursing student contributed to potential biases brought to this study. She understood the intricacies of CRP and believed strategies used by faculty members influenced students' academic success. Details of her historical and experiential characteristics were presented under the section heading Role of the Researcher. This researcher understood she might have reacted to the responses of participants, which might have diverged from her own perspective. She tried to remain cognizant of how her interpretations of data might have been shaped by her background, so she used reflexive journaling to capture thoughts, ideas, emotions, and feelings throughout the research process. Like the audit trail, a reflexive journal might also contain problems that arose during the research process. The goal of reflexive journaling was to minimize investigator interference with data collection and analysis, and it helped to explain how the researcher's values influenced behavior during the research process (Creswell, 2014). Reflexive journaling occurred during all phases of the research process.

Transferability

Another characteristic of trustworthiness is transferability and it refers to the extent to which findings could be applied to other situations (Merriam & Tisdell, 2016). Focused ethnography seeks to gain in-depth understanding through richly descriptive data that would make transferability possible should application of results be sought for a different situation. Transferability might be adopted by instilling maximum variation in the sample (Merriam & Tisdell, 2016) and maintenance of explicitly described procedures. Participants in this study were recruited from a variety of undergraduate nursing programs, faculty rank and credentials, and faculty years of experience from novice to expert. Audit trail and reflexive journals were used to document the process. Finally, during data analysis, participant nurse educator attitudes were compared and contrasted to provide a basis for further application of findings to other studies.

Triangulation

Triangulation is yet another strategy used in qualitative inquiry to increase cogency of a study. Merriam and Tisdell (2016) described triangulation as the use of more than one data collection method, multiple sources of data, multiple investigators, or multiple theories. Participants were invited to review conclusions from their respective interviews to offer a confirmatory view. The primary sources of data collection in this study were interviews conducted via synchronous video and audio conferencing. Participants were also invited to provide documents to supplement their responses. In addition to presenting themes that converged with CRP, Creswell (2014) described the importance of including revealed negative or discrepant information that run counter to themes presented. Perspectives that did not coalesce with a given theory injected a sense of reality into the study and supported authenticity (Creswell, 2014). Therefore, all responses were transcribed verbatim to capture congruent and

divergent views. Finally, the research advisor supervised and advised on all portions of data collection and analysis completed by the researcher.

Ethical Considerations

Ethical considerations are required for various phases of the research process. Approval of the research proposal and attaining IRB approval were key aspects to ensure ethical considerations were appropriately applied. Approval by the IRB was obtained prior to initiating contact with potential participants. Data collection commenced after informed consent was obtained. Participants were offered to create their own three letter pseudonym or have the researcher randomly assign a pseudonym to ensure anonymity. Any documents provided to the researcher were deidentified. Confidentiality was maintained by ensuring participant data were only shared with those who needed it for the study such as the research advisor. The interviews took place via Zoom videoconferencing, thereby creating a neutral setting for the participant and researcher. Video recordings and documents were stored on password protected computers. Risk to the participants was minimal as there were no foreseeable permanent physical discomforts or harm anticipated in response to questions (Grove et al., 2013); however, it was possible for unanticipated feelings to emerge when experiences, knowledge, and opinions were shared. Participants were able to withdraw from the study at any time without penalty. Although there was no direct compensation for participation in the study, one form of reciprocity was a \$25 Amazon[®] gift card. Participants had the option of having their name entered into a raffle to be awarded the gift card at the conclusion of the data collection phase of the study. The winner of the raffle was notified via email and given the option of an electronic gift card or supplying their mailing address for a physical gift card.

Rigor and ethics are commensurate characteristics required for credibility of a qualitative research study. Rigor resides in rigorous thinking about all aspects of the research process and ethics occurs on a continuum from institutional review and approval through various aspects of the study. Ethical factors related to the situational context of the study should be considered (Merriam & Tisdell, 2016; Tracy, 2013). The following actions were taken to address ethical considerations specific to methodological processes in this study. This researcher maintained transparency by explicitly communicating the study's intent and procedures to participants. Participants were notified that the study was completed in partial fulfillment of requirements for a doctoral dissertation. Participants were notified that portions of their responses were going to be published verbatim in the dissertation and possibly used for future publication. Finally, participants created pseudonyms and names of respective schools were not used to maintain anonymity. However, the research advisor and dissertation committee might read the detailed accounts of the interviews and, therefore, might be privy to the identity of the participants. In the instance of committee members reviewing transcripts, confidentiality was maintained.

In addition to situational context, ethical factors about the relational context of the researcher were also considered. Consideration of the relational context meant the researcher was aware of her own role and impact on relationships with participants (Merriam & Tisdell, 2016; Tracy, 2013). The researcher informed participants that she is a member of the academic community in similar capacity as participants and, therefore, was interested in the topic as it impacted the academic community. Although the researcher was aware of the typical roles and responsibilities of nurse faculty members, the context of the role during the interview was that of researcher seeking to gain an understanding of the participants' perspectives of their role related to teaching ethnically and racially diverse students. The researcher sought guidance from the

research advisor for unforeseen ethical issues that were uncovered during data collection and analysis.

Conclusion

The nature of qualitative inquiry, specifically focused ethnography, is that of an iterative process of data collection, transcription, analysis, and narrative of findings (Creswell, 2014). The steps of ensuring accuracy and trustworthiness in qualitative inquiry, although defined discretely, are interdependent and complimentary. Ethical considerations permeated all phases of the research process and were considered in this study. Identification of nurse educators' perceptions of their role in educating ethnically and racially diverse students brought additional understanding to how nursing faculty members viewed CRP in higher education. Focused ethnography design was appropriate for exploring beliefs and values of the concept in this specialized population. Understanding nurse faculty members' perspectives can be used to further inform the discipline about CRP in nursing academia, which might contribute to increasing the number of ethnic and racial minorities attending and graduating from nursing programs to join the profession.

CHAPTER IV

ANALYSIS AND FINDINGS

The underrepresentation of minority nurses in the profession is well known and has been presented as a barrier to equitable health care. The trend might continue unless more research that examines the attitudes of faculty regarding their role in educating minority students and capacity of nursing programs to prepare educators to teach ethnically and racially diverse students is undertaken (Beard, 2014). An exploration of academic nurse educators' perspectives on their role educating ethnically and racially diverse students through the lens of CRP has not been comprehensively examined. The purpose of this research study was to explore, through the lens of CRP, academic nurse educator attitudes regarding their role in educating ethnically and racially diverse nursing students. A focused ethnography method was used to interview participants, analyze data, and illustrate the themes that emerged from the analysis using participants' own words.

Participants

Fourteen participants from 12 schools of nursing were interviewed for this study. Academic institutions in all geographic regions were represented except the West Pacific region. Urban, suburban, and rural settings were represented. Academic institutions included teaching and research, and public and private universities. Religiously affiliated schools included one Catholic and one Presbyterian affiliated university. One college was part of the city university system and five were state university affiliated schools. There was a vast range in enrollment for the institutions—from less than 1,500 to greater than 25,000 students and for the nursing

programs—from fewer than 30 students to greater than 800 students. Two of the academic institutions were private for-profit universities. Eleven of the 12 undergraduate nursing programs were accredited by the Commission on Collegiate Nursing Education, and one program held the Accreditation Commission for Education in Nursing designation. All nursing programs represented had Bachelor of Science in Nursing (BSN) degree option and either accelerated second degree BSN or RN to BSN options. One small program in the Southwest also had a Licensed Vocational Nurse program. Eleven of the 12 nursing programs also had graduate degree offerings of Master of Science and Doctor of Nursing Practice with four of the universities offering a Doctor of Philosophy degree option.

Gender, age, and ethnicity/race demographic data for this study were similar to the percentages of those categories in the general nursing population. The demographic properties of the participants can be found in Table 1. All participants except one worked in a full-time capacity and all worked in baccalaureate programs. All participants taught didactic/lecture online or face-to-face. Half of the participants also taught clinical and half taught simulation/lab.

Table 1*Demographic Characteristics of Participants*

	<i>n</i>	%
Gender		
Female	12	85.71
Male	2	14.29
Non-binary	-	-
Age		
> 65yo	1	7.14
45 - 65yo	10	71.43
25 – 44yo	3	21.43
18 – 24yo	-	-
Ethnicity or Race		
White	10	71.43
Black of African American	4	28.57
Hispanic or Latino	-	-
American Indian or Alaska Native	-	-
Asian	-	-
Native Hawaiian or another Pacific Islander	-	-
Two or more races	-	-
Highest Degree Completed		
Ph.D.	5	35.71
Doctorate	4	28.57
Master's	5	35.71
Years as Academic Nurse Educator		
>20yrs	1	7.14
11 – 20yrs	6	42.86
6 – 10yrs	3	21.43
0 – 5yrs	4	28.57
Academic Rank		
Professor	1	7.14
Associate Professor	2	14.29
Assistant Professor	8	57.14
Instructor	3	21.43
Lecturer	-	-
Track		
Tenure	6	42.86
Non-tenure	8	57.14

Note. *n* = 14

Thematic Findings

Themes that emerged from data analysis aligned with the major tenants of CRP and included strengths perspective, teacher-student relationships, diversity as an asset, crucial or difficult conversations, and ethnicity and race setting the narrative. In addition, the topics of assimilation and white privilege that elicited compelling yet varied reactions and opinions from a few participants are presented.

Strengths Perspective

One of the primary concepts in CRP related to student success included faculty members' view of student potential as opposed to their deficits (Ladson-Billings, 1995). The belief that all students are capable of academic success and that success relies upon faculty member focus on students' strengths was key. The following question was asked to open discussion and elicit feedback on this concept: "Can you share some examples of how you set high expectations for academic success for all students?"

All participants stated they had high expectations for students but how those expectations were set and communicated to students varied. All also described that ethnic and racial minority students were capable but might have external challenges that prohibit them from being successful. IGR believed ethnically and racially diverse students were capable but they had a lot of competing issues that got in the way of academic performance: "So, it's not about their ability 90% of the time. It's not about their intellect... But there are a lot of reasons why students don't do well, I find mostly, it's extenuating circumstances."

When talking about Hispanic students in a small class of less than 30 students, NMM stated, "So when we talk about diabetes, not only do they got it themselves, they're living with it (family members).... They understand. So they will engage in conversations during class.... I

can see their brain (thinking), they're creating that image that we have as seasoned nurses.”

NMM valued that those students were bringing their personal experiences to the classroom and applying it to what they were learning and, in that way, picking up on concepts quicker than the students who did not have that experience. Another important strategy NMM valued was utilizing varying types of assessments to appeal to various learning styles. NMM liked to create simulation experiences where the student did not know the outcome and there were times when intentionally incorrect information was put in the scenario to see how the student rose to the occasion and overcame the challenge. The belief was this type of mental gaming kept students on their toes and facilitated student preparation for the learning experience. NMM stated that by clearly explaining verbally and in the syllabus the high expectations students were expected to meet, they would reach those expectations and they typically did.

KDH described a process where the students were encouraged to identify both strengths and areas in which they were not so strong: “It's kind of like speed dating, but it's a form that they have to talk about their, strengths, and some areas that they're not so strong in when it comes to projects and in academics.” The information from this form was then posted in the course learning management system for all to view and students were expected to reach out to their assigned student team member and evaluate those skills sets. In this way, KDH was also creating a collaborative and cooperative learning environment where students learned from each other.

Two participants described student vulnerability as a strength and a form of resiliency. There was a belief that vulnerability helped students build confidence so deep understanding could occur. Multiple participants stated they used Socratic questioning to set high expectations

and foster critical reasoning, and the minority student typically rose to the task once they were aware of the expectation.

Finally, many participants brought up a “make-it or break-it,” “tough-as-nails,” “hard knocks,” “I push very, very hard,” “students just have to do it,” and “tough love” attitude they had about students progressing through the program. Those comments were stated while describing caring acts and the importance of establishing relationships with students while wanting them to succeed. MJS stated students knew she would talk firmly to them but they knew “she means well.” MJS acknowledged that “not everybody responds well, to tough love.” and it was described as a way to get students to rise to the standard and that often, students did.

Teacher-Student Relationships

Identification of students’ strengths was tied to establishing a relationship with students. Thus, there was some overlap between the two themes. NMM described that to identify students’ strengths, faculty members must get to know the students. NMM and JRB described having individual one-to-one meetings with students to hear their story and determine their challenges. The process of identifying students’ competing priorities allowed the faculty member to help them identify their strengths. NMM described how getting to know students allowed him to be “respectful of their struggle”; it let students know they were valued and they were seen. KDH also verbalized value in letting students know she saw them. The example given was a student who did not turn in an assignment by the due date. She reached out to the individual student via email even though she taught multiple large classes and functioned part-time as an administrator. KDH saw value in letting the student know “I’m giving you the benefit of the doubt, because I’m investing in you, I believe in what you bring to the table.” In essence, KDH was letting the

student know they had something to contribute, their contribution was missed, and she wanted to hear their perspective.

NMM described understanding students' struggles, identifying with them, and being transparent with students about his struggle, albeit not related to ethnic racial diversity. NMM talked about the struggles some minority students might have with additional responsibilities compared to the white students in the program. NMM stated, "I'm probably not supposed to...cut them a little slack. ...When I went through my doctoral program and my anesthesia program, I worked full time and had a family...so I understand the struggles."

Multiple participants gave examples of how they viewed connecting and establishing a relationship with students. KDH described the view of a partnership with students while explicitly informing students of their value in the classroom: "I value your feedback as an instructor, your peers, your colleagues in the class, value your feedback, so you need to be here for not just your learning, but for your classmates learning as well as for learning with me. I mean, it's a partnership." MML spoke throughout the interview of intentionality during interactions with students and how important it was to let students know she cared and she had empathy for them and their struggles. Once students felt comfortable, then they could connect and the teacher-student relationship was valued and progressed.

In the rural setting where CHB worked, connecting with students occurred in everyday interactions. Referring to her clinical work, CHB stated, "They are my peers. I see them in the grocery store, I see them at the gym, a couple of them even live in my neighborhood...I have the opportunity to make unique connections because of how we see each other in the community."

IGR discussed multiple techniques used to connect with students, starting with explaining to her colleagues how she identified with them. Faculty colleagues voiced how "ghetto" a

student was, to which IGR responded, “Yeah she’s ghetto. That’s fine, so am I. There isn’t anybody in the building more ghetto than me.” IGR also described infusing humor and identifying with students through music: “I’ve been known to walk into a classroom, and it’s kind of like funk to get in that slump and just like start pumping Eight Mile, (inaudible), and Eminem in the classroom. It works. I think it freaks them out that I know all the words to Nicki Minaj.”

Two participants mentioned student and faculty vulnerability as important, albeit for different reasons. MJS described vulnerability as a way to connect with students because once they became vulnerable, it broke down a barrier and students were able to then get the benefits of the teacher-student relationship. For MJS, connection with students extended to personal connection to their families if the student gave permission and this extension was viewed as caring. CSU described vulnerability related to facilitating learning. When students make themselves vulnerable, this “allows others to see what they do and don’t know” and revealing this “is a way to stay safe.” For these two participants, vulnerability was valued in the teacher-student relationship to facilitate connection and learning.

One participant, MEC, presented the view that in her program, there was no focus on establishing a relationship with students and she found this problematic: “Faculty members talk about how important it is to retain our first-generation students. We don’t talk necessarily about how to engage them.”

Creating Safe Space

An important requirement of facilitating the teacher-student relationship is creating a safe space for students to discuss issues, challenge narratives, and expand on the connection to faculty and their classmates. BHO stated,

I really work on being approachable and creating a safe space, whether it's online, which we're all in now or in person, like I used to do. We work a lot on establishing what the safe space is going to look like. And once you create that safe space in the class, they do want to volunteer and share their cultural experiences with their own family members or a lot of them, maybe their parents have English as a second language and they had to translate for their parent at the doctor's office, those stories start coming out, once you've created that environment, and then it enriches the entire class.

KDH valued having conversations about race and implicit bias. Although uncomfortable, the conversations helped to create a safe space for students to know that discussion related to race would be supported.

MKS provided a very moving example of the importance of a designated safe space and how lack of assimilation could be viewed as a threat by those with privilege. A student from a Middle Eastern country was being dismissed from the program due to clinical performance issues. MKS described that the student was never accepted by some of the 'old regime' faculty even though newer faculty were accepting of his 'otherness' from the status quo and were willing to work with him to succeed. In preparation for the meeting, the administrators

called security and they had security wait outside the office where they were meeting. My heart broke for him. He came to my office and he cried. And he said, "Do you know that they did this to me?" And my heart broke for him because I know why they did that. And they shouldn't have done that. Because this student was perceived as a threat based on his ethnicity. And I have not been in a meeting since or before where that's ever been done.

(MKS)

A safe space was created by MKS prior to this incident so the student felt comfortable coming to her to talk after this event. The student was the recipient of microaggression and discriminatory behavior as he was viewed as a threat without any history of threatening behavior or violence.

Finally, CSU discussed creating safe space in the classroom for divergent opinions to be presented and for students to be wrong, which facilitated problem solving. CSU described his nursing school experience which shaped his belief that students have their ah-ha moments and can learn from their mistakes when there is a safe space to be wrong. In addition, CSU expressed the belief that the student should not be penalized for asking probing questions and making mistakes but should feel safe making those mistakes and allowed space for correction. The problem-centered learning approach described is valued, and creation of a safe space is a prerequisite for it to occur.

Diversity as an Asset

In higher education, faculty members' focus, views, and practices might be exemplified by faculty learning about and incorporating the culture of the students and the surrounding community into the educational milieu (Ladson-Billings, 1995). NMM described minority students who had real-life experiences with disease and illness and since the learning was real and immediately applicable for them, the concepts were more tangible. On valuing diversity becoming normalized, BHO stated:

Diversity in the room and allowing different experiences that we can talk about will enhance the discussion and the lesson much more than some text. And that's why our lack of diversity in nursing programs is so problematic, because then our students are set up to be unprepared in the clinical setting when they graduate.

KCW believed and valued diversity as a benefit in the academic environment and diversity was expanded beyond ethnicity and race to include religion and gender. In reference to working with diverse students, KCW stated, “I have to say, as it's evolved, I find them (ethnic and racial minority students) so rewarding to work with. And it's lovely. It's just a really lovely experience.” KCW also described a global leadership professional program she is involved in where diversity is normalized, and she interacts with nurse academicians and researchers from many countries, cultures, and ethnicities. The experience is viewed as a “great way to expand and bring that (knowledge) back to the classroom.”

JRB described that minority students probably understood more content compared to majority students: “I think that...the minority students are vastly underestimated...as far as her abilities, because she understood more than the majority because she wanted to learn it.” JRB stated the minority students might have deeper understanding because they come in for assistance, ask questions, and have a desire to learn. IGR believed “it's important for us to have those conversations, because I find that students who are diverse have a greater regard for diversity than the students, the white students who do not have that diversity.” In addition, having diverse students in the learning environment helped with recognition of commonalities we have as humans, “We also find that common core as well, you know, what, similar in how we can connect across all the different cultures and racial identities because of some of those similarities as well” (IGR).

CSU valued diversity yet felt it was not valued by some of his colleagues and there was a lack of awareness of their own biases. CSU did not share this lack of awareness because he worked in a very diverse geographic location before settling in his current program: “But when

they (minorities) decide to share their perspectives on things, I think that's gold. I think that's the best things ever, especially if they're from another country.”

Crucial or Difficult Conversations

The events related to racial tensions across the United States during the Summer of 2020 brought to light the importance and challenge of having open dialog about race relations. Nursing academia as a microcosm of the general population was not immune to those challenges. Whether having those crucial conversations or not, there was a recognition that students were affected.

We did have quite a few African American students, as well as other groups. And they did say "I am literally having a difficult time concentrating right now focusing on school because of what's going on socially, culturally, politically right now." They have family members that are impacted. Students are going to protest, etc., etc. And that did come out in some of those conversations, I would say at the peak of kind of the George Floyd situation going on in the spring. (BHO)

BHO described creating a forum called fireside chats to have difficult conversations. Those conversations could be about personal things the student was going through or anything affecting their academic performance; “50% of the time, those fireside chats involve tears. Because, they are dealing with incredible things outside of the classroom, that are impacting their academic performance.” IGR valued having those difficult race related conversations as well. KDH also saw value in having crucial conversations: “We talk about diversity and inclusion, we talk about implicit bias and having those difficult conversations, when you see something, say something.” It was clear KDH was not implying these race-related conversations were easy but

they were necessary, and she was willing to have them because the benefit outweighed the risk of not having those conversations.

CHB described reading students' clinical reflections where she often found out that students experienced microaggressions from clinical staff or explicit acts of discrimination from patients:

I would like to think that things are changing, but I'm constantly surprised when I get some of this feedback from my students. In response she states that "Mama CHB, don't take no BS. So I address that." ...but I'm trying to be mindful of my tone, because when you're having these crucial confrontations if you set the tone off bad, nothing you say after that is going to recover.

On the other hand, there were participants who were not able to have those crucial conversations. MEC acknowledged that having crucial conversations about ethnicity and race were important yet it was too hard to do:

That is something that is, it has proven to be very difficult, because the minute we start talking culture, or race or ethnic background, in today's political climate, it can go down a rabbit hole very quickly. So, I think as faculty, not only is it an easier thing to avoid, I think we are more often than not encouraged to avoid them. Avoid those crucial conversations that we probably should be having in our safe spaces.

Similarly, MKS stated that health disparities related to implicit bias was discussed in her class:

I was a little bit afraid to address that this semester, because I didn't want to do it wrong. And so I will say that was really hard for me in my class, and I heard that from other faculty members in my program. But I know, like I said a few minutes ago, we need to do better. I know we do.

IGR felt that the more those conversations occurred, the more it would normalize race, ethnicity, culture variation, and that those conversations made life richer: “These topics of culture, ethnicity, and race should be embedded in every conversation we have.”

Ethnicity and Race Sets the Narrative

Without solicitation, many of the participants brought up their beliefs and values about their race and the impact it had on their interactions in the academic environment. RBG felt it was important to clarify—“I just want to make it very clear. I identify as a black woman even though I am biracial”—that her race perspective was infused in everything she did including teaching, learning, and research. Another example of the belief that faculty member ethnicity and race was important in their role was expressed by IGR who stated she shared her identity as an Italian white woman because this helped her connect with students.

RBG was very comfortable infusing ethnicity and race-related talk in didactic and clinical learning situations. In addition, she felt it was important for students to self-evaluate their perceptions of ethnicity and race. RBG described having to “fight like hell” to get faculty colleagues to buy into the benefit of having students complete the Implicit Association Test[®] (Project Implicit, 2011) as an assignment. Students “love it because they had no idea and I think it just gives them an idea if they're bringing any biases to the table” (RBG). CHB also stated that students took an unconscious bias training that addressed ethnicity and race.

KDH described the importance of people of her race being seen in certain spaces: “I love working with PWI (predominantly white institution), for the fact that I need them to see me. I need them to recognize that there's representation, not just for the minority students to see me but for the, white students to see me as well.”

MML described how her ethnicity and race as a Nigerian-born American with an easily identifiable accent posed challenges with the minority students. She described how some minority students challenged her while others expected special treatment from her. In addition, some of the students from her country of birth treated her differently, expected favors or special treatment, and this placed an additional burden on her interactions with those students. On the contrary, MML described that white students seemed to display a lot of respect for her and did not challenge her or expect special treatment.

Assimilation and White Privilege

Assimilation required one to assume the identity, beliefs, values and practices of the majority group and by doing so muted one's own identity. Some of the participants viewed assimilation as the minority individual or group being accepted by or getting along with the majority group. MJS discussed noticing a difference in the minority students related to assimilation: "I've noticed that non-Black minority students assimilate with the majority white students at a faster rate than your Black students." The problem with assimilation, or lack of it, was also explained by MKS when she discussed the dismissal of the student of Middle Eastern descent who was the recipient of microaggression and discrimination when administrators veered from normal procedures and called security prior to his dismissal meeting. This incident was an example of what Puzan (2003) described when one's characteristics did not align with the majority paradigm and were viewed as negative as opposed to a valued difference. In the case of faculty and student, the conclusion was made that the minority student could not assimilate and might not fit in. Contrary to the expectation of assimilation, RGB valued retention of individuality and one's identity, yet she did not allow students to use race as an excuse for limited opportunity or for not achieving high academic standards. On the one hand, when talking

about students continuing in school to pursue advanced degrees RGB stated, “You need to go on and get your degree, your doctoral degree, we need more faculty of color.” On the other hand, RGB stated, “I will not let them play the race card” when referring to students presenting excuses for not achieving high academic standards. Regardless of who has privilege and without assimilating, RGB expected her ethnic and racial minority students to pursue higher education. Use of race in one situation as a duty to the profession, while not “playing the race card” in another situation as an excuse to not achieving, demonstrated the duality of race from the standpoint of critical consciousness.

CSU, a white male, conveyed he tried to identify with minorities living in the rural predominantly white geographic location but due to his white privilege feared he was not able to fully identify with their struggle. BHO as a white faculty member aware of privilege also acknowledged her own biases:

the constant assumptions and implicit biases that we all have. And I have them too. It's a constant process. And that's what I teach students. It's constant. It's never ending. And whenever you see stuff like that. You need to pump the brakes. Pause, reconsider it. And you know, and then move forward. assimilation is a dirty word in the Native American world. Um. And I don't like that word either, because it, it calls for uniformity and an erasing of differences and uniqueness. And to me assimilation is in the same vein, I also think that we have a long history in nursing of "Well, this is our curriculum, this is the way we do it. You either fit the mold or you get out."

Summary

The 14 participants in this study provided many exemplars of the themes identified: viewing students from a strength's perspective, the importance of establishing teacher-student

relationships, the belief that diversity is an asset, the challenge of crucial or difficult conversations, and ethnicity and race of faculty as setting the narrative for academic processes. The themes reflected the constructs of CRP: conceptions of self and others, social relations, conceptions of knowledge, cultural competence, and sociopolitical awareness. In addition, the themes illustrated the beliefs and values that made up the attitudes of academic nurse educators regarding their role educating ethnic and racial minority students.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this research study was to gain insight into academic nurse educators' attitudes, specifically beliefs and values, regarding their role in educating ethnically and racially diverse nursing students. This purpose was explored through the lens of CRP. The use of CRP provided an opportunity to assess the framework in higher education. The framework informed pedagogy surrounding equity, inclusion, and diversity, and could guide exemplary practices to support positive student outcomes (Ladson-Billings, 1994). The constructs of CRP were examined in the context of academic nurse educator attitudes about their role.

Research Questions

The following central research question guided this study:

- Q1 What are the attitudes, specifically beliefs and values, of academic nurse educators regarding their role in educating ethnically and racially diverse nursing students?

The following sub-questions were explored to gain understanding of the central research question:

- Q1a What are the beliefs and values of academic nurse educators regarding their role in educating ethnically and racially diverse nursing students?
- Q1b What are the attitudes of academic nurse educators regarding their role in culturally relevant pedagogy?

The interview protocol (see Appendix F) was structured to gain knowledge related to the central research question and sub-questions. Responding to those questions allowed the

participants to share their beliefs and values regarding their role educating ethnically and racially diverse nursing students.

Methodology and Themes Generated

Focused ethnography methodology proved appropriate to explore academic nurse educator attitudes regarding their role in culturally relevant pedagogy. Applying focused ethnography throughout the study allowed for rich descriptions of the attitudes of this subculture and revealed the meanings group members assigned to their experiences.

Fourteen academic nurse educators were interviewed, and data were coded and analyzed to arrive at themes. Themes that emerged provided insight into a subculture of nursing and included a strengths perspective, teacher-student relationships, diversity as an asset, crucial or difficult conversations, and ethnicity and race setting the narrative. The topics of assimilation and white privilege elicited compelling, yet varied reactions and opinions. In addition, participants shared their views of setting high expectations for all students, described the characteristics that minority students brought to the academic environment, shared if they had training or education about teaching ethnically and racially diverse students, how they facilitated success of minority students, and how they contributed to critically analyzing and evaluating academic support-structures required for student success.

Although the participants ranged in age, years of teaching experience, academic rank, and geographic location, there was a convergence of views on the concepts related to CRP. Most participants explicitly or implicitly described viewing and approaching ethnic and racially diverse students from a strengths perspective. Comments included valuing that those students were capable of academic success despite experiencing barriers that impeded their success. Barriers to the students' success included the stress of competing priorities such as work or

family responsibilities, threat of being viewed as different and not assimilating, and financial barriers. Vulnerability was viewed as a strength from multiple participants. Students' resilience and perseverance through the vulnerability and in light of those barriers was acknowledged. Other strengths included ethnic and racially diverse students bringing their experiences into the classroom and having the ability to make real-life and real-time connections to content being taught, thereby achieving deep understanding. Students used their strengths to teach other students, creating a collaborative and cooperative community of learners.

The importance of establishing teacher-student relationships was valued as a way to identify students' strengths and struggles, get to know students on a personal level, let students know they were valued and their perspectives were important, let students know faculty members cared for them, and allowed for students to get to know faculty through transparency. One participant explained that when the focus was only on student retention but not on student engagement, this was problematic and threatened the teacher-student relationship. The importance of creating safe space for teacher and student to have crucial conversations was also seen as a requirement for facilitating teacher-student relationships. Allowing a space for crucial conversations about race-related issues was viewed as important and was acknowledged as impacting student engagement and performance. A few participants stated they did not facilitate those conversations due to the recent increase in racial tensions in the United States and the perceived risk of "not getting it right" or having things "go down a rabbit hole very quickly." One consideration was privilege might have contributed to faculty members' lack of action in exploring those crucial conversations about race despite the belief that this would have been important to do and potentially beneficial for the student and teacher-student relationship. The

conversations were avoided because those faculty members saw avoiding the discomfort of the topic as an option.

The view of diversity as an asset was shared by all the participants. Students and the faculty benefit from a diverse environment. Normalizing diversity is a posture and process whereby diversity is the status quo. Normalizing diversity helps to expand learning as knowledge is shared and alternative narratives are experienced. Normalizing diversity helps to increase tolerance as commonalities are recognized and otherness is minimized. When diversity is lacking in the learning environment, the “students are set up to be unprepared for the clinical setting.” In addition to the benefits of a diverse environment listed here, a learning environment that embraces differences might counteract the deficit approach, thereby tying back into the strengths perspective (Ladson-Billings, 1994, 2009).

The beliefs that participants’ ethnicity and race set the narrative for interactions in the academic environment was evident throughout data analysis. Ethnicity and race intersected all other aspects of who they were and their role as academic nurse educator. Participants found value in students seeing diversity among the faculty. There was a view that sharing one’s ethnic and racial background helped to connect to students. Yet, ethnicity and race could also place a burden on faculty as expectations might be different from majority faculty members and from students within the same identified ethnicity and race group.

There was some disparity in the perceptions of student assimilation. Some participants viewed assimilation as a negative attribute as it muted diversity and, in doing so, reinforced the status quo of the privileged. Others voiced concern that lack of assimilation resulted in students not fitting in or getting along with other students. There was also observation that non-black minority students had an easier transition with assimilation compared to black minority students

and in this way, assimilation was viewed as a positive attribute. An example of the harm of failure to assimilate was also shared by one participant who felt the burden of that student's experience of microaggression and discrimination. Finally, white privilege was identified by most participants as it intersected with assimilation, maintenance of the status quo, and facilitation of biases in the learning environment.

The importance of setting high expectations for all students was universal. The strategies used by participants to set and communicate those expectations varied. Some were more structured through the use of course syllabi, objectives, grade scale, rubrics, and review of assignment guidelines. Others set expectations by mentoring or being an example of high academic and professional standards. Making connections to students and clearly communicating students' strengths was viewed as a strategy to set high expectations. Finally, the use of Socratic questioning as a method to facilitate critical and clinical reasoning and deep understanding was communicated as a method to set high expectations and standards.

All participants presented beliefs and verbalized value for normalizing diversity in the academic environment. The participants described various characteristics minority students brought to the academic environment and some of those were previously shared as they related to their strengths. Diversity helped to enhance the learning environment for all as different perspectives were introduced and considered. Just the presence of the diverse person in the academic environment could help to "open people's minds, preconceptions and assumptions that we all have." Similarly, "having underrepresented students' part of the room changes the climate" so the characteristic of awareness of other was evident when those students were in the classroom. Finally, a real-life application of concepts learned might be made as students share their experiences.

Most participants stated they had no formal or structured training or education about teaching ethnically and racially diverse students. Yet, most had attended some faculty development or participated on diversity, equity, and inclusion committees or activities and learned strategies they could use in the classroom to facilitate student success. Getting to know students, their strengths, and their needs also facilitated success of minority students. Some programs had access to financial support specifically for minority students and access to university student services that provided tangible support such as food. Critically analyzing and evaluating academic support-structures required for student success took place through varied formal and informal processes. Some described review of course syllabi, activities on curriculum committees, and review of course resources to ensure unbiased content.

Limitations

Culturally relevant pedagogy was developed in and applied to primary education; therefore, it was not known if nurse educators would value constructs related to the theoretical framework. The research questions were phrased to elicit attitudes of the academic nurse educator role and understanding of the constructs of CRP. Participants readily provided information that explicitly or implicitly reflected their beliefs and values about their role educating ethnically and racially diverse students. Similarly, elements of CRP as constructed for higher education and the purpose of this study were evident in the participants' responses.

Focused ethnography might not allow for generalization due to the focus on a specific sub-population within the nursing community. Transparency of the research process and thick descriptions in data analysis might help to promote application of results. The interview questions as formatted did result in eliciting responses that addressed the research questions and

sub-questions. Therefore, those questions could be used for future study if replicated to other sample populations within nursing academia.

Accuracy of data analysis was limited by the experience of the researcher. Use of a thematic analysis process, member checking, and research advisor oversight were strategies that might have mitigated the effects of limited researcher experience. Also, strict adherence to applying focused ethnography procedures to all phases of the research process as planned might enhance accuracy of analysis.

Not all people are perceptive and able to articulate beliefs and values as a reflection of their attitudes (Creswell, 2014). In addition, when reporting attitudes, participants might have believed their perceptions diverged from the norm, which might have resulted in responses believed to be socially desirable as opposed to actual perceptions. Participant anonymity was maintained, which might have allowed for increased comfort with providing transparency in responses. The assumptions of this study related to the participants were also acknowledged and might have minimized altered or socially desirable responses. It was assumed participants had a genuine interest in participating in the study, had no hidden motive for participating, and their responses reflected their personal beliefs and values.

Potential for selection bias existed as the convenience sample might have resulted in participants who were more comfortable sharing personal attitudes or were more interested in the topic. The invitation was expanded beyond the initial contact list to include a Facebook® group page: Teachers Transforming Nursing Education. Yet, it remained acknowledged that those who agreed to participate might have been more comfortable sharing their views or more interested in the topic. Although it was acknowledged that technology might have posed a barrier to

participation, no known technology challenges were not immediately resolved, allowing for all scheduled interviews to proceed, be recorded, and transcribed as planned.

Researcher Reflection

Discussing ethnicity and race during a time of heightened transparency and awareness of racial tensions, sociopolitical tensions, and a pandemic was a challenging task. It was especially challenging to have those discussions with people I did not know. I remain inspired by the transparency offered and willingness all participants had in approaching this sensitive topic. I was surprised at the visceral and emotional response I experienced to some of the narratives shared and I remain grateful for those who shared. In addition to memoing the experience, specifically the interviews and transcription process, I found it valuable to just talk with mentors while maintaining anonymity about some of the data collected and my responses to it. A few participants also acknowledged the importance of these critical conversations, albeit difficult to approach. Many verbalized having “ah-ha” moments during the interviews and being grateful to have the forum to talk about their challenges with ethnicity and race in their learning environments. It also felt great at the end of a few interviews to share my knowledge of CRP as I saw it reflected in nursing academia and heard feedback from participants on how they applied the constructs in their practice.

Implications

This study focused on academic nurse educator attitudes regarding their role educating ethnically and racially diverse students through the lens of culturally relevant pedagogy. The results of this research might influence nursing education and research. Aside from the information gleaned from the attitudes about the faculty role, this study also added to

methodological knowledge on the use of focused ethnography to explore the unique subculture of academic nurse educators.

Nursing Education

Starkey (2015) suggested that lack of nurse faculty diversity might contribute to some educator's failure to recognize additional learning needs and best teaching strategies unique to ethnically and racially diverse students. Indirectly, the results of this research might serve as a springboard for faculty development on CRP in nursing academia. Themes that aligned with CRP emerged from the data and could be used as an example of CRP in nursing academia. The need for faculty development and institutional support of faculty members to facilitate best practices in teaching and supporting ethnic and racial minority nursing students should be considered.

The NLN (2009) called for higher education to reflect on the status quo through dialog and discussion and raised awareness to the need to assess decades of tradition in nursing education (Starkey, 2015). An expanded discussion on the attributes and effects of cultural assimilation in nursing academia might be warranted as divergent views were revealed in this study. Honoring diversity is one way nurse educators work to achieve social justice because diversity values uniqueness and individual difference and the focus is on self-awareness and respect for others who are unlike ourselves (NLN, 2016). In addition to diversity and assimilation, information on the importance of and how to facilitate crucial conversations in a safe space during uncomfortable sociopolitical times might be warranted for nursing faculty members.

Future Research

This study was the first of its kind conducted; therefore, it is important to replicate considering different sample populations within the nursing academic subculture. The methods used and results of this study could be used to further explore the use of CRP in nursing academia. If repeating this study, one recommendation is to include a demographic question about the ethnic and racial makeup of the student body. This came up in a few interviews as participants explained their perspective about the classroom environment. Future research on CRP in nursing academia could move from exploring attitudes to investigating the connection between beliefs, values, and actions of nursing faculty members related to ethnicity and race in nursing academia. The use of focused ethnography qualitative inquiry was a good fit for studying this sub-culture of nursing and should be continually tested with other concepts, lines of inquiry, and samples within the sub-population.

Summary

The purpose of this research was to explore academic nurse educator attitudes regarding their role educating ethnically and racially diverse students through the lens of culturally relevant pedagogy. Themes that emerged from data analysis of the participants' beliefs and values provided insight into a subculture of nursing and included a strengths perspective, teacher-student relationships, diversity as an asset, crucial or difficult conversations, and ethnicity and race setting the narrative.

This exploration of nurse educator's attitudes for the purpose of understanding their beliefs and values regarding their role demonstrated the importance of bringing key stakeholders to the table and showed great regard for their individual opinions. In closing, the study

contributed to the assessment of the state of nursing academe in achieving the social justice mandate of nursing and, in this way, contributed to educational equity.

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APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



Date: 11/23/2020
 Principal Investigator: Melissa Weir
 Committee Action: **IRB EXEMPT DETERMINATION – New Protocol**
 Action Date: 11/23/2020
 Protocol Number: [2011016292](#)
 Protocol Title: Student researcher
 Expiration Date:

The University of Northern Colorado Institutional Review Board has reviewed your protocol and determined your project to be exempt under 45 CFR 46.104(d)(702) for research involving

Category 2 (2018): EDUCATIONAL TESTS, SURVEYS, INTERVIEWS, OR OBSERVATIONS OF PUBLIC BEHAVIOR. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

You may begin conducting your research as outlined in your protocol. Your study does not require further review from the IRB, unless changes need to be made to your approved protocol.

As the Principal Investigator (PI), you are still responsible for contacting the UNC IRB office if and when:



UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

- You wish to deviate from the described protocol and would like to formally submit a modification request. Prior IRB approval must be obtained before any changes can be implemented (except to eliminate an immediate hazard to research participants).
- You make changes to the research personnel working on this study (add or drop research staff on this protocol).
- At the end of the study or before you leave The University of Northern Colorado and are no longer a student or employee, to request your protocol be closed. *You cannot continue to reference UNC on any documents (including the informed consent form) or conduct the study under the auspices of UNC if you are no longer a student/employee of this university.
- You have received or have been made aware of any complaints, problems, or adverse events that are related or possibly related to participation in the research.

If you have any questions, please contact the Research Compliance Manager, Nicole Morse, at 970-351-1910 or via e-mail at nicole.morse@unco.edu. Additional information concerning the requirements for the protection of human subjects may be found at the Office of Human Research Protection website - <http://hhs.gov/ohrp/> and <https://www.unco.edu/research/research-integrity-and-compliance/institutional-review-board/>.

Sincerely,

Nicole Morse
Research Compliance Manager

University of Northern Colorado: FWA00000784

APPENDIX B
LETTER OF INVITATION TO PARTICIPATE
IN RESEARCH STUDY

Letter of Invitation to Participate in Research Study

A study conducted to explore academic nurse educator attitudes regarding her/his/their role in educating ethnically and racially diverse nursing students

You are being asked to participate in a research study conducted by Melissa L. Weir, MS, BSN, RN, CNE from the Nursing Education PhD program at the University of Northern Colorado. You were selected to participate in this study because you are an academic nurse educator working in an undergraduate nursing program. This study will explore academic nurse educator attitudes regarding her/his/their role in educating ethnically and racially diverse nursing students. Academic nurse educators are called to be in a continual process of critical analysis of educational systems and practices. Critical analysis is needed to effectively facilitate and support ethnically and racially diverse nursing students' transition into the profession. Facilitating and supporting the success of diverse nursing students contributes to ensuring the nursing population mirrors the population of those they serve. Culturally relevant pedagogy is one world view that can be used to facilitate and support the success of diverse nursing students' matriculation through nursing programs. The study will be based primarily on interviews of nurse educators to elicit their beliefs and values regarding their role in engaging in culturally relevant pedagogy. Documents may also be examined as artifacts used by educators to support their role teaching ethnically and racially diverse students. The study is anonymous, and your participation is voluntary.

PURPOSE OF THE STUDY

The purpose of this study is to explore the attitudes of academic nurse educators' regarding her/his/their role in educating ethnically and racially diverse nursing students.

PROCEDURES

If you volunteer to participate in this study, you will be asked to do the following:

1. Contact the doctoral student investigator, Melissa L. Weir, via email or phone to set up an interview: email – weir0339@bears.unco.edu, phone – 757-641-1135.
2. Acknowledge that you have read and understand the study purpose, and what you can expect if you choose to participate.
3. Verbally provide informed consent.
4. Complete a demographic survey using Qualtrics® XM, an electronic survey tool.
5. Complete the interview via web-based videoconferencing which will take approximately one hour.

POTENTIAL RISKS AND DISCOMFORTS

Risk to the participants will be minimal as there are no foreseeable permanent physical discomforts or harm anticipated in response to questions (Grove, Burns, & Gray, 2013). Unanticipated feelings may emerge when experiences, knowledge and opinions are shared. Participants will be able to withdraw from the study at any time without penalty. If you wish to discuss the subject matter further, please contact the doctoral student investigator, Melissa L. Weir, at 757-641-1135.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

The benefit to the nursing profession will be in garnering information about the attitudes of academic nurse educators regarding culturally relevant pedagogy. Exploration of nurse faculty member's

perspectives can then be used to further inform the discipline about culturally relevant pedagogy in nursing academia which may contribute to understanding how to move forward to achieve educational equity with ethnically and racially diverse nursing students.

Participants may opt to have their name entered into a raffle for a \$25 Amazon gift card to be awarded at the conclusion of the data collection phase of the study.

CONFIDENTIALITY

All interviews will be kept confidential. You will be assigned a pseudonym and any identifying information, such as names of academic institutions, will be changed for the protection of your identity. Your decision to participate will not be shared with your employing academic institution.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may discontinue the interview at any time without consequences of any kind.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Melissa L. Weir, doctoral student investigator, at 757-641-1135.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal rights because of your participation in this research study. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Research & Sponsored Programs, University of Northern Colorado, Greeley, CO; 970-351-1910.

APPENDIX C

INITIAL INVITE OF ACADEMIC INSTITUTIONS

Initial Invite of Academic Institutions

Adelphi University – Garden City, New York

California State University – San Marco, California

Catholic University of America – Washington, District of Columbia

Chamberlain University Online Program

Montgomery College – Rockville, Maryland

Nassau Community College – Garden City, New York

New York University – New York City, New York

Northwest College – Powell, Wyoming

Prince George's Community College – Largo, Maryland

Rutgers University – Camden, New Jersey

Schreiner University – Kerrville, Texas

Trinity Washington University – Washington, District of Columbia

University of Northern Colorado – Greeley, Colorado

University of Virginia – Charlottesville, Virginia

University of Washington – Seattle, Washington

University of Wisconsin – Eau Claire, Wisconsin

Utah Valley University – Orem, Utah

APPENDIX D
INFORMED CONSENT



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Academic Nurse Educator Attitudes Regarding Their Role Educating Ethnically and Racially Diverse Nursing Students, A Focused Ethnography

Researcher: Melissa Lillian Weir, MS, BSN, RN, CNE
 Doctoral Student, Nurse Educator PhD Program
 School of Nursing, College of Natural and Health Sciences
 e-mail: weir0339@bears.unco.edu

Advisor: Darcy Copeland, RN, PhD, Associate Professor, Research Advisor
 School of Nursing, College of Natural and Health Sciences
 Greeley, Colorado 80639

Phone Number: (970) 351-1930 e-mail: darcy.copeland@unco.edu

The purpose of this research study is to gain insight into the attitudes of academic nurse educators' regarding their role in educating ethnically and racially diverse nursing students. As a participant in this research, you will be asked to answer interview questions about your role in educating ethnically and racially diverse nursing students. This research may advance disciplinary knowledge of faculty perception of their role and provide the groundwork for understanding how to move forward to achieve educational equity with ethnically and racially diverse nursing students. The initial interview will be recorded, and notes will be taken. The interview will take approximately one hour, and a follow-up interview may be requested to verify data. Demographic information will be gathered using Qualtrics® XM, an electronic survey tool. The interview questions will ask you to describe your thoughts about ethnically and racially diverse nursing students in the learning environment and share your perceptions regarding your role in teaching those students.

All interviews will be kept confidential. You will be assigned a pseudonym and any identifying information, such as the name of your academic institution, will be changed for the protection of your identity.

Only the researcher and the research advisor will examine individual responses to the interview questions. Any documents provided to the researcher for examination will be deidentified. All data will be in electronic format and stored on a password protected computer, with a back-up copy stored on an external hard drive stored in a locked file cabinet accessible only by the researcher. All data will be stored for three years after the study is complete. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but the data will be reported in anonymous form. Your decision to participate will not be shared with your employing academic institution.

Risk to you is minimal, yet unanticipated feelings may emerge when experiences, knowledge and opinions are shared. Participants will be able to withdraw from the study at any time without penalty. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Information gathered in this study will benefit the nursing profession in garnering

information about the attitudes of academic nurse educators regarding culturally relevant pedagogy. Participants may opt to have their name entered into a raffle for a \$25 Amazon gift card to be awarded at the conclusion of the data collection phase of the study.

Participation in this study is voluntary. Your decision to participate or not will be respected. Please take your time to read and thoroughly review this document and decide whether you would like to participate in this research study. If you have any questions you may contact Melissa Lillian Weir, student investigator at 757-641-1135. If you decide to participate, your completion of the research procedures indicates your consent. Please keep or print this form for your records. If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, Office of Research & Sponsored Programs, University of Northern Colorado, Greeley, CO; 970-351-1910 or nicole.morse@unco.edu.

APPENDIX E
DEMOGRAPHIC QUESTIONS

Demographic Questions

Personal attributes:

1. Which gender category do you identify?
 - a. Female
 - b. Male
 - c. Non-binary
 - d. Other

2. What is your age range?
 - a. >65 yo
 - b. 45 - 64yo
 - c. 25 - 44yo
 - d. 18 – 24yo

3. What ethnicity or race do you identify? * (*Choose all that apply*)
 - a. White
 - b. Black or African American
 - c. Hispanic or Latino
 - d. American Indian or Alaska Native
 - e. Asian
 - f. Native Hawaiian or another Pacific Islander
 - g. Two or more races

Academic attributes:

4. What is your highest degree completed?
 - a. PhD
 - i. Discipline:
 - b. Doctorate degree (i.e.: practice doctorate such as DNP / other)
 - i. Discipline:
 - c. Master's degree

5. How many years have you been an academic nurse educator?
 - a. >20 years
 - b. 11-20 years
 - c. 6-10 years
 - d. 0-5 years

6. What capacity do you work at your institution?
 - a. Full-time
 - b. Part-time / Adjunct

7. What is your rank?
 - a. Professor
 - b. Associate Professor (indicate if Clinical)
 - c. Assistant Professor (indicate if Clinical)

- d. Instructor (indicate if Clinical)
- e. Lecturer
- f. Other

8. What track are you on?
- a. Tenure track
 - b. Non-tenure track

Institution attributes where you work:

9. Which geographic region of the U.S. is the academic institution? *
- a. West
 - i. Pacific
 - ii. Mountain
 - b. Midwest (Central)
 - c. South
 - i. Southwest
 - ii. Southeast
 - d. Northeast

10. How would you classify the academic institution? (*Choose all that apply*)
- a. University
 - b. Community college
 - c. Proprietary
 - d. Online

11. What type of undergraduate program do you teach?
- a. Baccalaureate
 - b. Associate

12. How would you describe your teaching environment? (*Choose all that apply*)
- a. Didactic / Lecture – (Online or face-to-face instruction)
 - b. Clinical
 - c. Lab
 - d. Simulation

*Ethnicity, race, geographic location categories based on most recent Census Bureau classifications.

APPENDIX F
SEMI-STRUCTURED INTERVIEW PROTOCOL

Semi-Structured Interview Protocol

Generic prompts may be used if responses are limited or require clarification or further detail.

Formats for the generic prompts will be used:

- What do you mean by _____?
- Can you tell me more about _____?
- Can you give me an example of _____?

Topic	Questions
Introduction and Purpose	<p>Thank you for taking time to talk with me today. I want to speak with you about academic nurse educator (ANE) attitudes related to educating ethnically and racially diverse nursing students. I am interested in understanding ANE beliefs and values about working with ethnic and racial minority students. There are no right or wrong responses. I simply want to know your thoughts.</p>
Verbal Consent	<p>My name is Melissa L. Weir. I am a doctoral student in the Nursing Education PhD program at the University of Northern Colorado and am doing a research study under the direction of my dissertation committee. I want to give you an opportunity to review the informed consent and get your verbal consent to participate in this study before we start. I'd like to ask you a few questions to get your thoughts about ethnic and racial minority nursing students in the learning environment and about your role teaching those students. This should take approximately one hour. A follow-up interview may be requested as the study progresses. Your participation is voluntary, and you may stop at any time. This interview will be recorded. Your responses will be kept confidential. Neither your name, anyone you mention, nor the educational institution you mention in the interview will be named in any presentations, reports, or publications. You and the educational institution will only be referred to using pseudonyms. Recordings and notes of the interview will be stored by that pseudonym on a password protected laptop. If you have any questions regarding your rights as a research participant, you may call the number on your informed consent document.</p> <ul style="list-style-type: none"> • Do you have any questions before we start?
Background Questions	<p>START RECORDING</p> <p><i>The background demographic questions were answered prior to this interview.</i></p> <ul style="list-style-type: none"> • Is there anything you would like to add, delete, or change on the demographic questionnaire?
Main Questions	<p><i>The questions will address your thoughts about ethnic and racial minority students in the learning environment, and your role teaching ethnic and racial minority students.</i></p> <ul style="list-style-type: none"> • Can you share some examples of how you set high expectations for academic success for all students?

- How do you communicate to students that you have high expectations for them to succeed? Can you give me an example?
- Have you received training or education about teaching ethnic and racial minority students? If so, can you tell me more about that?
 - Formal education to become an academic nurse educator
 - Part of in-service training or seminars
- Describe how you elicit participation from all students in the teaching and learning environment.
- Share some examples of how you facilitate and support students to engage with each other.
- Can you think of a time when you connected with students in the learning environment? Tell me about that experience.
- Imagine there is a student or group of students who are not performing well in the course. What are some skills or techniques you would use to foster student success in this situation?
- Can you recall a time when you learned from your students? Can you describe that situation? If that has never happened, can you imagine learning from your students? Why or why not?
- How would you facilitate interaction and support of all group members during a small group activity?
- Describe a time when you referred a student to institutional resources or used institution resources to assist a student?
- What school resources have you used or would you use to assist and support student success?
- Can you describe how you have or would evaluate the curricula and policies for culturally relevant content and concepts?
- Describe the characteristics or qualities that ethnic and racial minority students bring to the learning environment.
- How do you think the learning experience for ethnic and racial minority students differs from students from majority (white) background?
- Describe a few strategies you have used to facilitate the success of ethnic and racial minority students. If you have not had an opportunity to do this, can you imagine what strategies you would use?
- Can you describe a time or situation where ethnic and racial minority students successfully or unsuccessfully assimilated with their classmates? What role did you play in the interaction?
- Can you share your thoughts on ethnic and racial minority students sharing their cultural experiences and perspectives during learning?

**Follow up
Questions**

- Do you have anything else you would like to add?
- Is there anyone else you would recommend that I contact?
- That concludes our interview for today. Do you have any questions?

Thank you

Thank you for your time!

STOP RECORDING