

ORGANIZATIONAL FACTORS AS BARRIERS TO RACIALLY AND ETHNICALLY
DIVERSE NURSING STUDENTS

By
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A DISSERTATION

Presented to the Faculty of
Clarkson College
In Partial Fulfillment of Requirements
For the Degree of
Doctor of Education in Health Care Education and Leadership

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Abstract

Increasing the nursing profession's diverse make up is thought to improve health disparities. To improve this diversity, it is essential for nursing students from diverse backgrounds to be successful in nursing school. The purpose of this phenomenological study using critical race theory for the framework was to discover racially and ethnically diverse students' perceptions related to organizational factors impacting their success in an undergraduate nursing program. Organizational factors included the policies and practices at the course, department, and institutional levels. The aim of this study was to determine how nurse educators and schools of nursing can increase the diversity among practicing nurses. Participants who were nursing students identifying as racially or ethnically diverse were interviewed to understand their experiences in a nursing program. The findings suggested students require financial and faculty support. Themes related to stress, faculty support, and the Trump administration emerged from the interviews. Implications of the research suggest faculty need education about the unique needs of students from racially and ethnically diverse backgrounds. Additionally, faculty and administrators need to review their policies and general practices through the lens of nursing students from diverse backgrounds to increase the supportive climate of the organization. Recommendations include quantitative study to measure the impact of policies and practices intended to support students. Other recommendations include faculty development to educate faculty about supporting students from racially and ethnically diverse backgrounds.

Keywords: organizational factors, critical race theory, racially and ethnically diverse students, nursing students

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Chapter 1

To best serve the health care needs of the United States' changing population, the nursing profession's racial and ethnic diversity needs to improve. National organizations, such as the National League for Nursing (NLN), Health Resources and Services Administration (HRSA), and the American Nurses Association (ANA), developed programs to increase diversity among nursing professionals. Increasing diversity among nurses is thought to reduce health care disparities (ANA, n.d.; HRSA, 2019; NLN, 2017). Health disparities for racial and ethnic minorities were well documented (AHRQ, 2011, 2015). For example, data from 2011 show that Black and Native American people received more inadequate care than White people for about 40% of the quality measures. The care Hispanic people received was inferior to Whites (non-Hispanic) for about 60% of the core measures. Data from 2015 demonstrated that states may have high levels of health care quality overall; however, they exhibited high racial and ethnic disparities in the quality of health care received. The state of Iowa, for example, was in the highest (best) quartile of states for health care quality; however, Iowa fell in the highest (worst) quartile for racial and ethnic disparities in health care quality (AHRQ, 2015). Minority groups experienced health disparities when more barriers to accessing health care were present compared to Whites, leading to poorer health outcomes—including higher morbidity and mortality rates for minorities who experienced chronic illnesses (Artiga et al., 2016; Egede, 2006).

Phillips and Malone (2014) suggested health disparities can be partially improved by recruiting and retaining registered nurses (RNs) from minority backgrounds who represent the general population's racial and ethnic make-up. These researchers indicated the presence of minority nurses on staff and in leadership positions helped to ensure the needs of minority

groups were represented. In leadership positions, minority nurses could advocate for resources to increase the workforce's diversity and promote policies that address health disparities among different population groups (Phillips & Malone, 2014). Nurses from varied backgrounds can advocate for patients from similar backgrounds. This trend suggests the nursing profession needs to consider ways to increase the number of racially and ethnically diverse nurses who can be recruited and retained to care for the increasingly diverse population.

All nurses begin their training by completing an entry-level program and successfully passing the National Council of State Boards of Nursing (NCSBN) NCLEX-RN exam to become licensed. Increasing diversity among nurses depends on these students completing the education and licensure process. The problem is that students from diverse backgrounds have higher attrition rates in their nursing programs compared to White students (Loftin et al., 2012b; Mooring, 2016). Mitchell (2016) suggests that White nursing school graduates passed the NCLEX more than four times the rate of their minority peers. Higher attrition rates in nursing school and lower success on the NCLEX exam result in fewer licensed nurses from diverse racial and ethnic backgrounds, creating a situation where the demand for diverse nurses cannot be met.

The diversification of nursing professionals is increasing but continues to trail trends in the general population. The American Association of Colleges of Nursing (AACN, 2015) reported that nurses from minority backgrounds are 19% of the nursing workforce. The U.S. Census from 2015 (as cited in NCSBN, 2016) indicated 40% of the U.S. population was from an ethnic minority group, which demonstrated that the nursing workforce's diversity lagged well behind the U.S. population's makeup. Entry-level nurses obtain their education at 2- and 4-year colleges across the United States. The diversity of these entry-level students was increasing; in 2014, 35% were from minority groups compared to 17.6% in 1995 (NLN, 2014). These figures

demonstrate a gap in minority students starting a nursing program compared to those in the nursing profession. Identifying factors creating this gap appears essential to understanding the phenomenon of fewer individuals from minority groups achieving nurse licensure. When patients are cared for by nurses who share similar backgrounds, the ability to provide patient-centered care is thought to improve.

To understand why diversity in nursing is not increasing at a rate similar to the population, in part, we need to understand what contributes to attrition rates for students from diverse backgrounds. However, Loftin et al. (2021b) indicated it is difficult to understand the attrition rates experienced by minority students because of the lack of consistent recording measures used by colleges. These researchers showed attrition rates were anywhere from 15% to 85% for nursing students from diverse backgrounds. In comparison, total graduation rates in nursing schools were reported to be between 80% to 87% (Smith-Wacholz et al., 2019). The lack of consistent attrition measures, leading to ambiguous information, makes it challenging to understand the attrition rate for racial and ethnic minorities.

Additionally, students from varying racial and ethnic backgrounds have significant risk factors for attrition. According to Harris et al. (2014), these factors included feeling isolated, experiencing a lack of support from faculty, language barriers, practicing customs differing from social norms, and a lack of academic preparedness, which led to increased remediation needs. These factors can contribute to challenges in completing traditional nursing programs; experiencing more than one factor may further contribute to attrition. Based on the current literature, if 35% of those entering nursing programs are from racially and ethnically diverse groups, but only 19% make up the workforce, a significant attrition rate exists.

Increasing the number of nursing faculty from racially and ethnically diverse backgrounds may help students from such backgrounds to become licensed nurses. The AACN (2015) and NLN (n.d.) supported the need for more diverse nursing faculty who can serve as resources for students, increasing their success. However, before nurses can become faculty members, they need to be successful in their basic nursing program, emphasizing the importance of improving attrition rates of racially and ethnically diverse students. The presence of faculty who are like students with shared racial, ethnic, and cultural backgrounds provide an opportunity for a supportive relationship, which improves the likelihood of success in a nursing program (Coleman, 2008). Increasing diversity among faculty helped break down stereotypes, provided additional perspectives, and enhanced the learning environment (Williams, 2019). By increasing the number of nurses from diverse backgrounds, the health care community can increase their understanding and address the needs of an increasingly diverse population (NLN, n.d.).

College students generally recognized that institutions are committed to increasing diversity but are not very successful in their goals (Cuba et al., 2011). Organizations may unknowingly maintain barriers to increasing the numbers of diverse nursing students who complete their programs. To increase the number of minority nurses, factors that create obstacles in higher education must be explored. Wesley (2015) described the importance of increasing minority nursing students as a path to developing minority nurse leaders; without minority students, there is no pathway to developing minority nurse leaders. Considering Schyve's (2009) discussion, which indicated that leadership must understand those it serves, it would be necessary for higher education leaders to understand diverse students' perspectives. Understanding these students' perspectives allows for modifications to policies and practices that support admission and retention. Retaining students from diverse backgrounds improves the

number of nurses who can effectively serve the increasingly diverse health care consumer population.

To promote student success, one must explore the organizational factors minority nursing students perceive as barriers to success in nursing programs. By examining these students' perceptions, we can understand the established practices contributing to students' difficulty as they work to become RNs. Student nurses provided insight into these institutional and organizational factors that impeded their success in Ackerman-Barger and Hummel's (2015) research. Students described how they had been dissuaded from pursuing a nursing career, needed to defend themselves, and were not acknowledged as contributors to group projects. The nursing students who experience these challenges are the ones who can assist us in recognizing and understanding their experiences.

To reduce nursing school attrition for students from diverse backgrounds, we must listen to and comprehend these students' perspectives and recognize how Whiteness operates within organizations. Gaining a deeper understanding of practices and beliefs embedded in an organization's White culture, we can begin to make systematic changes that will reduce the barriers faced by racially and ethnically diverse nursing students. This research sought to explore the organizational factors that impact the success of racially and ethnically diverse students from the students' perspectives.

Definitions of Terminology

Race refers explicitly to an individual's physical characteristics with social significance such as skin color or facial features (University of Minnesota Libraries Publishing, 2010).

Ethnicity refers to individual's shared backgrounds derived from their regional or national backgrounds, including social and historical experiences (University of Minnesota Libraries

Publishing, 2010). Race and ethnicity are derived from social constructs and provide individuals with a sense of belonging to one group or another. This sense of belonging can also cause individuals to be excluded from other groups, creating conflict among groups.

The terms minority and diversity have been used in the literature to describe people of color from underrepresented racial and ethnic groups. Racial and ethnic minorities were the focus of this study. For this reason, racial and ethnic minorities, minorities, racially and ethnically diverse students, and similar terms are used to describe those who are the focus of this study (AHRQ, 2011; NLN, n.d.).

White individuals are not typically designated by race in the literature whereas non-White people are (Puzan, 2003). Designations of race or ethnicity other than White commonly used are Black or African American, Hispanic or Latino/a, Asian, Native Hawaiian, Other Pacific Islander, American Indian or Native American, and Alaska Native (National Institutes of Health [NIH], 2015). Most demographic reports on the make-up of nurses divide groups according to race rather than gender or other designations. Nursing, which White women dominate, included approximately 19.5% of RNs from racial and ethnic minority groups (NCSBN, 2016). However, some information suggests about 26% of male nurses were from minority backgrounds compared to about 23% of females (Auerbach et al., 2017). While other disparities and types of discrimination occur related to education, social class, religion, sexual orientation, age, disability, and political beliefs, for example, the discrimination based on race and ethnicity was argued to be the most noticeable (Carr, 2016; U.S. Equal Employment Opportunity Commission, n.d.).

In this study, men were not differentiated; rather, the focus was on an individual's racial and ethnic diversity. As a smaller representative group, men experience challenges in nursing

education, but this phenomenon is outside the scope of this study. Therefore, the perceptions of racial and ethnic minority nursing students were sought to gain insight into the experience of those who were most notably impacted by discrimination.

Background

The Campaign for Action (2015), a combined initiative of the Robert Wood Johnson Foundation and the American Association of Retired Persons (AARP), the NLN (2016), and the AACN (2015) recognized the need to recruit and retain nurses from diverse backgrounds to meet the needs of those seeking care. These organizations suggested increasing diversity will decrease the health care disparities, which have led to poorer health outcomes in people from diverse backgrounds. The Institute of Medicine (IOM, 2011) indicated nurses are in a unique position to meet the comprehensive health needs of the U.S. population; however, the lack of racial and ethnic diversity among nurses is a barrier to equally meeting the needs of all. Smedley et al. (2003) described health care disparities as part of the social and economic inequality present in American life, which is evident in lower-quality schools and lower-paying jobs among racial and ethnically diverse populations. Hart and Williams (2009) described how health care disparities are widening, rather than improving, despite advances in health care. They indicated racism in health care is a key factor, complicated by the predominantly White make-up of health care professionals, including nurses. Williams (2019) described racism that contributes to health disparities as a social construct, further supporting the call for increased diversity in nursing to improve the health care environment for those from diverse backgrounds. Increasing racial and ethnic diversity among nurses can improve the health disparities experienced by those from diverse backgrounds. This improvement can occur when nursing professionals are from varied backgrounds, providing more opportunities for interaction and proximity to mitigate racial bias

(John-Henderson, 2015; Rudman, 2004). Nurses are positioned to impact individuals and communities, particularly when they share the same or similar background as those they serve.

Many factors, distinct to racially and ethnically diverse individuals, affect their success in nursing school environments. Research demonstrated that factors influencing their success include feelings of isolation, responsibilities in the home (such as caretaking roles), fear of failure, and financial issues (Juniors et al., 2010; Shan Choi, 2016). Other factors included academic-specific problems such as difficulty understanding medical terminology, adjusting to academic English, difficulty listening and speaking within the educational and instructional environment, challenges with academic writing and reading, and time constraints created due to the problems of understanding both medical terminology and English (Crawford & Candlin, 2013a; Juniors et al., 2010). Nursing faculty and administrators have an opportunity and a responsibility to support all nursing students, including students from diverse backgrounds. Listening to students' experiences from racially and ethnically diverse backgrounds can help us understand the organizational factors that promote or hinder their success.

Racism persists in society's laws, political actions, school curricula, stories, and myths (Carr, 2016). Racism is found in nursing schools, which reflects society. For example, Byrne (2001) identified several instances of racial bias in fundamental nursing textbooks. These texts, Byrne related, are part of the cultural artifacts of nursing and underrepresent non-Whites or use language that demonstrates racial bias. Onovo (2019) found that English-as-a-second-language (ESL) students in a fundamentals course experienced racism and discrimination from faculty and students, including lack of guidance from faculty. Ackerman-Barger and Hummel (2015) found nursing students described exclusion and racism experiences during their time in school. Markey and Tilki (2007) illustrated racism between students of different backgrounds and other students

and faculty, indicating examples of lecturers responding to similar questions differently based on the student's background and students being frightened of one another. These research studies suggested racism's presence in nursing education comparable to society. This realization that racism is present in nursing education demonstrated the environment needs to improve so nursing students are better supported in their education. Learning about which organizational factors help and which hinder students' success can allow for change and open conversations around the issue.

Puzan (2003) described that racial beliefs shape the world's norms, including the nursing profession. In health care terms, social justice refers to ensuring equal treatment for individuals, regardless of their traits (Habibzadeh et al., 2021). In nursing, to be fully assimilated into the profession, Puzan (2003) indicated that one must "act White" (p. 195), meaning that to be accepted into the nursing profession, one must conform to the norms of the nursing education and practice environments. This expectation disregards the individual characteristics of those not from the dominant White culture and may reduce the number of nursing students from diverse backgrounds who successfully transition to practice (Puzan, 2003). Likewise, applying the norms of White culture to all individuals seeking health care led to health disparities among health care consumers (Hart & Williams, 2009). Applying White standards to nursing training and health care consumers does not recognize social differences important to understanding individuals. Working to understand different individual experiences and realities, and reducing the impact of the dominant White culture, appears to be important in achieving social justice in health care (Carr, 2016).

Based on the literature available, it is critical to explore the experiences diverse students have related to organizational factors, including policies and practices, that may impact their

success. Once we learn about these perspectives, steps can be taken to improve diverse students' educational experience within nursing schools. Learning about student experiences should help identify where Whiteness impacts nursing curricula and the experience of students from varied backgrounds. A better understanding of students' perspectives may help drive institutional changes to improve students' success rates. Recognizing students' perspectives from various viewpoints may assist in bringing those students into the conversation as stakeholders to guide policy and practice change. Faculty and administrators in nursing education can then recognize and address factors hindering minority students' success. Through faculty development, policy, and practice change, the environment for diverse students can improve, and the success rate of nursing students from diverse backgrounds may improve. Increasing the success rate of nursing students from diverse backgrounds may encourage health equity among consumers.

Problem Statement

The population of the United States is increasingly diverse, with people from racial groups growing at rates much higher than Whites from 2000 to 2019. The Asian population grew at 82.2%, and Black or African Americans grew at a rate of 23.1% while the population of Whites grew the least at 9.6% (United States Census Bureau, 2021). Foreign-born people, many of whom become citizens, increased by approximately 1.1 million between 2016 and 2019 (United States Census Bureau, 2021). With the increase in diverse populations, it is logical to infer those seeking health care have also become more diverse. For this reason, there is a need to increase the diversity of the nursing workforce to meet the changing needs of the United States population (IOM, 2011). Students from racially and ethnically diverse backgrounds enter nursing school, but these students' attrition rates were higher than other students (Cantwell et al., 2015; Hansen & Beaver, 2012).

The make-up of nursing faculty in the United States did not reflect the diversity of the current student populations (NLN, 2015b). Factors contributing to decreased graduation rates among minority students included lack of retention efforts, lack of academic support, and lack of an inclusive environment (NLN, 2016). Nursing faculty may not have the knowledge and training needed to meet these students' educational needs (Fuller, 2012). According to several studies, nursing faculty demonstrated a lack of support for students from diverse backgrounds, a lack of awareness for diverse students' learning needs, a lack of understanding of the importance of student support programs, racial bias, and the need for faculty development related to supporting the diverse nursing student (Ackerman-Barger & Hummel, 2015; Markey & Tilki, 2007; Onovo, 2019; White & Fulton, 2015). Therefore, faculty must understand and act on the challenges facing students from diverse backgrounds (Del Fabbro et al., 2015). The factors described represent organizational factors that can impact student success, including practices and policies within schools of nursing. The organizational factors need explored to determine which policies and practices may support nursing students from diverse backgrounds and improve their success rates. However, there is limited research exploring minority nursing students' perspectives on policies and practices that facilitate their progress. This research sought to explore the perceptions of ethnically and racially diverse nursing students regarding the policies and practices within schools of nursing that may impact their ability to complete their nursing programs successfully.

Purpose Statement

The purpose of this phenomenological study was to discover the perceptions of racially and ethnically diverse nursing students regarding which policies and practices impacted their success in the nursing program. This study sought to identify curricular and administrative

policies and practices that can be used to better support students from racially and ethnically diverse backgrounds and improve the attrition rates experienced by these students, thus supporting and increasing diversity in the nursing workforce.

Significance of the Problem

Nurses provide care for those seeking health care in outpatient, inpatient, and community settings 24 hours a day, 7 days a week. In these settings, nurses encounter many people from different backgrounds, cultures, races, and ethnicities. Those from diverse backgrounds experienced inferior health outcomes compared to Whites when accessing health care services (Hart & Williams, 2009; IOM, 2011). Individuals from racially and ethnically diverse backgrounds consistently received lower quality health care services than White Americans even though their attitudes about health care did not differ significantly (Smedley et al., 2003). This discrepancy indicates other factors may be contributing to the disparity in health outcomes. Racially and ethnically diverse individuals have been stigmatized in the health care setting based on their appearance, culture, and language, which leads to lesser quality health care (Derose et al., 2007). Providers who hold a bias against diverse groups may be unaware of the impact of their interactions and may be maintaining stereotypes that can create an environment where lower quality care is given to individuals from racially and ethnically diverse backgrounds (Smedley et al., 2003). This bias contributed to the individuals from diverse backgrounds using health care services less often and was a factor in the disparities experienced (Smedley et al., 2003). Racism and unconscious bias continue to impact the disparities minority groups experience every day (NLN, 2016). Misunderstandings rooted in cultural differences have put patients and their families at risk for receiving lower quality and potentially unsafe care (Almutairi & Rondney, 2013; Wilson-Stronks, 2008). These researchers indicated nurses who

understand cultural differences communicate more effectively with individuals and promote safe care to those from underrepresented backgrounds. Patients have been more likely to seek and follow a plan of care from a health care professional who shares their background (Gilchrest & Rector, 2007). When the nursing workforce is not reflective of the patient population, negative attitudes toward patients and misunderstandings occur and are detrimental to patient outcomes (Almutairi & Rondney, 2013).

According to the NLN (2016), if those from racially and ethnically diverse backgrounds are going to receive quality care comparable to that of White Americans, the nursing workforce's diversity needs to reflect that of the general population. In 2015, the U.S. population included 40% racial and ethnic minorities, and in 2015, 19.5% of RNs in the United States were from racial and ethnic minority groups (Executive Summary, 2015; NCSBN, 2016). To increase the diversity of the nursing workforce, schools of nursing must retain students from diverse backgrounds. The non-White nursing workforce increased from 12.5% in 2000 to 16.8% in 2008 but remained behind the general population, demonstrating a concern that needs to be explored and addressed (HRSA, 2010). If the 35% of nursing students from diverse backgrounds who entered nursing programs in 2014 (NLN, 2014) were successful in their programs, and the trend continued, the nursing profession mix would be improved and more comparable to that of the general population. The NLN (2014) indicated in the 2006-2007 academic year, the 1-year retention rate for BSN students was just under 90%. Unfortunately, this report did not break down the differences in retention of minority groups compared to White students. There is a gap in tracking students' retention rates from racial and ethnic minorities; the attrition rate was reported to be anywhere from 15% to 85% (Gardner, 2005; Johnson-Rowsey, 2014; Loftin et al., 2012b). The range for attrition rates was so large it is difficult to draw any meaningful

conclusions; however, it did demonstrate a need to understand and act on issues that contribute to the attrition rates for students from diverse backgrounds. Student attrition resulted in a lesser ability for programs to fill the need for nurses (Gillis, 2007). Non-traditional students, which included those from diverse backgrounds, were less likely to complete nursing programs due to attrition (Mooring, 2016), which negatively impacted the ability to increase diversity in the nursing profession. Several factors can affect attrition rates, from personnel factors to curricular factors, policy, and practice within schools of nursing. To partially address reasons for higher attrition rates among diverse students, organizational factors, including policies and practices, should be explored. Besides, there could be a difference in what students from diverse backgrounds perceive as barriers and facilitators to their success compared to faculty and administrator perceptions. This study seeks to learn about the possible differences in perspectives.

Interpretive Framework

The framework chosen to guide this study was critical race theory (CRT), which challenges Eurocentric values present in the United States (McCoy & Rodricks, 2015a). CRT studies how the lack of equal and just division of power impacts individuals in relation to political, economic, racial, and gender positions in society. Ladson-Billings (1998) described how CRT is applied to education, even though, as defined by McCoy and Rodricks (2015a), the origins lie in the Civil Rights Movement and a focus on social justice, liberation, and economic empowerment. McCoy and Rodricks (2015b) further described how CRT is used to analyze educational issues and expose White culture dominance in education. These authors described CRT as an interdisciplinary theory that uses sociology, history, ethnic studies, and women's studies to support it. The use of CRT in education became important because class and gender

explanations were not providing the answers to the differences in the success experienced by White students compared to students of color. CRT gives us a framework to evaluate the issues encountered in higher education institutions, including nursing education.

CRT has several key principles described by McCoy and Rodricks (2015a), including the permanence of racism, knowledge and storytelling, interest convergence, intersectionality, Whiteness as property, a critique of liberalism (color-blindness), and a commitment to social justice. The permanence of racism indicates racism is a permanent part of American society. People of color have experiences related to political, social, and economic aspects different from the majority Eurocentric view. Because of the permanence of racism in society, racism is a form of power found in institutions where Whites benefit from having superiority. This racism in institutions is so embedded it often appears natural and is virtually invisible to most people in all domains, including education.

According to McCoy and Rodricks (2015a), knowledge from people of color is often excluded in education, leaving their stories unheard, so others have no context of the racism individuals of color experience routinely. Through storytelling, the perspectives of people of color can be heard and placed in context, providing a voice for marginalized people. Interest convergence suggests people of color do not get their needs met unless there are converging interests between those of color and the dominant White culture. In other words, unless there is something for the White culture to gain from the actions or decisions, people of color will not have their needs met. Intersectionality recognizes people have many different identities; race is not the only identity one holds. For example, a Black person may also be female and disabled, demonstrating the likelihood of oppression from more than one context. These intersecting identities are part of the individual and their lived experiences.

Whiteness is viewed as property through the lens of CRT (McCoy & Rodricks, 2015a). Whiteness is an asset exchanged for goods such as higher-paying careers and living in better neighborhoods. Whiteness as property allows individuals legal protections such as policies that govern college admission and financial support for individuals. By possessing Whiteness, an individual may receive tangible capital. The issue of color-blindness is a critique of liberalism. People who suggest they do not see color and only see humans are referred to as color-blind, implying this ignores race as prevalent in society, preventing it from being addressed. Finally, McCoy and Rodricks (2015a) described the commitment to social justice that CRT promotes. CRT is focused on improving social justice in the United States, including in educational systems.

Ladson-Billings's (1998) approach to applying CRT to education indicated the curriculum in schools is designed to make the experiences of Whites the standard but silences those with different viewpoints. We see this in the discussion by Byrne (2001) who found that nursing fundamentals textbooks demonstrated bias and did not reflect people from diverse backgrounds. Applying Ladson-Billings's views to the textbook bias exhibits efforts to keep the master script from the White viewpoint and ignore the perspectives of those who are different. Ladson-Billings also suggested CRT is applied to instruction and assessment where African American students are presumed to have a deficiency. The intelligence testing used seeks to legitimize this perception of deficiency rather than truly measure intelligence.

The use of CRT to guide this study provided the basis that racism is embedded in the institutional systems, including higher education. One could reasonably conclude organizational racism is present and prevalent in higher education, including nursing education, but it is mostly invisible to people because the White cultural view is dominant to the point it is naturalized. This

means the policies and practices used within an organization likely demonstrate bias, so it is imperative to hear from those marginalized to understand their perspectives and tell their story to place their experiences in context. When we listen to their stories and put their experience in context, we can address the problems present (Ackerman-Barger, 2015). These solutions may include areas suggested by Ladson-Billings (1998), such as curricular changes, instructional strategies, and assessment.

The data collected in this study provided a view from students who have been marginalized; they told their stories. When hearing these students' perspectives about policies and practices that have impacted their nursing school success, we may begin to see which ones are embedded in White culture and are otherwise seen as normal or natural. Recognizing that higher education institutions are embedded in White culture and Eurocentric values allows us to explore the impact policies and practices have on students from diverse backgrounds and how those practices and policies may keep marginalized students oppressed, impacting their success in nursing programs. Through this understanding of the data, combined with CRT, changes may begin to happen, with the interest of oppressed groups placed at the forefront, rather than only addressed when interest convergence occurs.

Research Questions

It is imperative that a diverse nursing workforce is built to provide optimal care to patients using a population of nurses who reflect the population make-up of those seeking health care (IOM, 2011). Building a diverse nursing workforce depends on nursing administration and faculty meeting the diverse student population's needs to improve graduation rates. The literature indicated ethnically and racially diverse nursing students require high levels of support from faculty, including faculty engaging with them outside of class, adjusting lecture delivery style

and instructional approach, and mentoring both in and outside of the clinical setting (Crawford & Candlin, 2013a; Crawford & Candlin, 2013b; Del Fabbro et al., 2015). The added impact of Whiteness in educational institutions increases the support racially and ethnically diverse students need related to policies and practices within the institutions. Nursing faculty and administrations who are prepared to meet diverse students' needs will assist in meeting the nursing profession's needs by reducing these diverse students' attrition and increasing their graduation rates (IOM, 2011; Zheng et al., 2014). The importance of educating racially and ethnically diverse nursing students leads to the research question:

- What perceptions do racially and ethnically diverse nursing students have related to the organizational factors that impact their success in nursing programs?

Additional sub-questions include:

- What experiences do racially and ethnically diverse students have related to the institutional practices during their nursing education?
- What experiences do racially and ethnically diverse students have related to the institutional policies during their nursing education?
- What experiences do racially and ethnically diverse students have related to the classroom or syllabus practices during their nursing education?
- What experiences do racially and ethnically diverse students have related to the classroom or syllabus policies during their nursing education?

Summary

The first chapter in this research dissertation provided an overview of the study, including the problem statement, purpose statement, significance of the problem, and research questions.

This overview of Chapter 1 demonstrates that, as the United States population becomes more

diverse, it is essential to increase the diversity of nurses who care for the people. To promote diversity in nursing, ethnically and racially diverse students' unique needs need to be identified and evaluated. However, the nursing administrators and faculty may not be meeting those needs. These needs may be hidden due to White culture's pervasive dominance, as described by CRT and its principles. Nursing administrators and faculty are in a distinct position to meet the needs of diverse students. Exploring diverse nursing students' perceptions will assist in uncovering the otherwise hidden factors that impact their success and allow for changes to be addressed.

Chapter 2

Review of the Literature

Many issues surround the retention and graduation of racially and ethnically diverse nursing students, which affect the diversity needs of the nursing profession. Exploring the perceptions racially and ethnically diverse students hold about organizational factors that may impact their ability to be successful in a nursing program is important so changes can be made to improve their success. A literature search that encompassed factors linked to diverse nursing students' success was expanded to include racism, organizational racism, Whiteness, minority students, ethnically diverse students, and culturally diverse students. Racism involves actions, attitudes, and beliefs used to discriminate against another based on one's race and feeling of superiority. Organizational racism is racism embedded within organizations or institutions; it is typically unintended or unrealized but serves to maintain the benefit of individuals or groups based on race. Whiteness is a social construct where norms are based on White culture, and all other groups or individuals are measured against this norm; Whiteness represents power and control (Alberta Civil Liberties Research Centre, n.d.). Themes addressed in this literature review include health care disparities; Whiteness, micro-inequities, and racism; institutional racism and racism; student evaluation; student support; specific instructional delivery strategies; and marginalization.

Health Care Disparities

Health care disparities are the presence of diseases and conditions found at a higher rate in racial and ethnic minority groups (Lee et al., 2013). Health disparities are an adverse result of certain population groups having more significant obstacles to health based on their racial or ethnic group (Centers for Disease Control and Prevention, 2016). Healthy People 2030 described

how a racial or ethnic view of disparities is commonly present, but these health disparities can also be related to factors such as sex, age, and socioeconomic status, for example (Office of Disease Prevention and Health Promotion, 2020). Health disparities can also be viewed as differences in access to and use of health care services, including the quality of services available (Boslaugh, 2019). Healthy People 2030 described some factors that impact differences in access and quality of health care services as social determinants (Office of Disease Prevention and Health Promotion, 2020). These social determinants include specific factors such as discrimination, socioeconomic status, racism, and legislative policies. Health disparities are also called health care disparities in the literature; in this research, health care disparities was the term used. Health inequities is a term also used to describe the differences in access to and quality of health care available; this term can be used interchangeably with disparities (Boslaugh, 2019; Klein & Huang, 2010).

The presence of health care disparities occurs for several reasons, including a lack of access to providers, lack of insurance coverage, lack of cultural competence in health care professionals, racially and ethnically diverse groups lacking representation in health care professions, evidence-based practice (EBP) reflecting a lack of research in underrepresented groups, negative racial and ethnic biases, and inequities leading to discrimination in health care (Gonzalez et al., 2000; Hefferman, 2004; Lee et al., 2013; Lillie-Blanton et al., 2008). Health care disparities exist in the health care environment despite adopting EBP in health care practice (Lee et al., 2013). EBP is based on the premise that a patient's individual values and preferences, research, and clinical expertise are included in health care. If health care providers practice according to EBP, one would think that all individuals receive the same level of care; however, this is not the case. John-Henderson (2015) indicated that attitudes leading to inequities can be

seen during interactions with health care consumers from underrepresented groups. For example, the more pro-White attitude a health care professional has, the more dominant their dialogue will be when interacting with someone who is not White, and the perception of the interaction is perceived more negatively by African Americans (John-Henderson, 2015). The NLN (n.d.) stated that "factors such as societal biases and stereotyping, communication barriers, limited cultural sensitivity and competence, and system and organizational determinants contribute to health care inequities" (para. 2). The factors contributing to health disparities outlined in the literature suggest that increasing the number of racially and ethnically diverse nurses could improve the disparities.

As a social construct, Hart and Williams (2009) demonstrated race contributes to environmental and socioeconomic factors that create health disparities. Those who live in substandard housing and suffer malnutrition experience more stress, leading to increases in the prevalence of health conditions. Cooper et al. (2005) further demonstrated the social construct of disparities. According to Cooper et al., blood pressure elevations were not unusually high among Black Americans compared to others around the world. Instead, the researchers identified that environmental factors were not considered due to the focus on genetic differences between Black and White Americans. With the broad impact nursing practice has on key areas identified by the IOM (2011), such as health promotion, disease prevention, and coordination of care combined with increasing diversity, nurses can be positioned to improve health care disparities by impacting the environmental and socioeconomic factors. For example, a nurse can support mothers and children in the WIC (Women, Infants, and Children) program and be a part of the nurse-family partnership program as suggested by Hart and Williams.

Disparities include Blacks and Hispanics in the United States having far more uninsured individuals within their population groups than Whites (DHHS, 2016). The total number of uninsured dropped dramatically in 2014 when the Affordable Care Act initiated its major provisions. However, the number of uninsured individuals in underrepresented groups remained higher than Whites. Another example of health disparity is seen in cancer incidence and mortality. White women had higher breast cancer rates; however, Black women experienced higher mortality from breast cancer (Lee et al., 2013). Disparities are affected, in part, by a lack of diversity in the health care workforce.

Additionally, 24 million adults in the United States had limited English proficiency (DHHS, 2010). For the health care workforce to provide patient-centered care, it must reflect the diversity of the population (DHHS, 2010). Increasing diversity in the health care workforce will provide better access to health care because minority health care professionals tend to live and work in minority communities (Lillie-Blanton et al., 2008). Patients cared for by health care professionals of the same race tend to demonstrate better satisfaction and compliance with the health care regimen (Lillie-Blanton et al., 2008). Improving the cultural and linguistic diversity of the health care workforce is one factor to assist in reducing the health care disparities experienced in the United States.

Whiteness, Micro-Inequities, and Racism

The NLN (2016) indicated several factors impede the development of nurses from diverse backgrounds; among those factors are micro-inequities and racism. Micro-inequities are subtle messages that may not be intentional but occur due to implicit bias and are harmful to the recipient; this harm is small but consistent and has a cumulative effect (NLN, 2016; Silver et al., 2018). People tend to direct micro-inequities at people who have a quality that cannot be altered,

including race, gender, and age (NLN, 2016). Racism is beliefs, attitudes, and actions that cause disadvantage to groups based on racial or ethnic identity; it is the social hierarchy created by racism that leads to unequal treatment across the groups (NLN, 2016; Thurman et al., 2019; Williams, 2019). Micro-inequities and racism impact the health care system both as nurses are developed and as care is provided to those seeking care.

These micro-inequities are usually directed toward a minority group and undermine the person's success. Silver et al. (2018) described how micro-inequities led to a culture where ethics are undermined and the micro-inequities serve to perpetuate myths about the minority groups, lay responsibility on the minority group, and cause continued ignorance about the issue(s). These micro-inequities can persist in any organization, including nursing schools, causing obstacles for minority students to face and overcome. The NLN (2016) described how micro-inequities can influence nursing education and create roadblocks to academic success, demonstrating the need for educators to be aware of their values and beliefs as they work with students.

Racism impacts nursing students' ability to succeed in nursing programs (Coleman, 2008). African American nursing students are often educated in predominantly White institutions; they are more likely to experience a lack of support in both academic and social situations, leading to their departure from nursing programs (Coleman, 2008). Racism is engrained in the construct of race where some groups are judged to be superior to others and, as a result, given preferential treatment and access to resources (Thurman et al., 2019, Williams, 2019). Racism encompasses actions, beliefs, attitudes, and structures that benefit the dominant racial group, which in the United States has been Whites. Racism is often thought of as simply having prejudice, bias, or discrimination; however, the phenomenon of racism is more about controlling and exploiting those categorized in racial or ethnic terms (Waite & Nardi, 2019).

When racism occurs within the institution or organization, it is called institutional racism or organizational racism.

It may be a struggle to increase racial and ethnic diversity in nursing programs due to issues of racism. Markey and Tilki (2007) discovered that racism is present at individual and institutional levels in the nursing program they studied. This racism probably isn't unique to the institution these researchers studied. They indicated that nursing faculty may not know what to do when issues of racism arise, making it difficult to support the racially and ethnically diverse student. Carr (2016) indicated, "Educational discussions and positive actions need to recognize that racism and racial ideology are entrenched systematically into society, predominantly through laws but also enhanced and disseminated through other institutions and cultural manifestations" (p. 62).

According to Edwards (2017), institutional racism creates barriers for minority groups yet favors those in power. The pervasive formula in the United States is that Whites and White culture is considered the norm or natural to the extent many don't recognize racism is present, even though it is permanently present in society (Ladson-Billings, 1998). The actions that constitute institutional racism are typically unintentional, and those who benefit may not even be aware of those benefits (Edwards, 2017). In higher education, institutional racism could occur when individuals from a minority background have more difficulty being admitted to colleges than Whites or institutional practices favor those who are White to be successful in completing their curricular requirements, for example (Edwards, 2017; Ladson-Billings, 1998). The individual from a minority background may be evaluated against White standards and must demonstrate higher achievement to be admitted. The White students admitted would have no

awareness of their privilege. The impact of institutional racism may be difficult to see, and therefore individuals are more likely to deny it happens, which complicates the situation.

Institutional racism impacts the ability of racially and ethnically diverse groups to attain education compared to Whites. Racism has a structural component embedded in our institutions, systems, and policies (Williams, 2019). Structural racism is present on college campuses as organizational systems with policies guiding practices on these campuses. Williams (2019) stated that, unfortunately, racism persists on college campuses, and when these instances of racism cannot be resolved, students of color drop out of school. When more students of color drop out of college, this reduces their earning capacity in the labor market, further contributing to disparities; this demonstrates the social construct of racism as discussed by Hart and Williams (2009), McCoy and Rodricks (2015a), O'Hara (2018) and Thurman et al. (2019). Society in the United States values higher education which often provides benefits to the college educated. With a college education, one is more likely to have higher pay, including health and retirement benefits. When people of color leave college due to institutional racism, particularly before completing their undergraduate degree, this decreases their earning potential and reduces their likelihood of health benefits, creating further disparities (Williams, 2019). It would also be compelling to consider how students who prematurely leave their education, whether graduate or undergraduate work, impact the prospect of completing graduate-level work needed for faculty and administrative positions. Williams (2019) further described that institutional racism causes faculty from racially and ethnically diverse backgrounds to leave their jobs. Logical progression then indicated that to reduce disparities, it is essential to reduce student attrition and faculty departure secondary to institutional racism.

The impact of institutional racism appears to go beyond the individual student or faculty member to affect the nursing profession as a whole. Suppose students from racial and ethnic minority groups leave their education due to institutional racism. In that case, they cannot become nurses, which leads to fewer ethnic and racial minority nurses available to serve as faculty or in other leadership positions. According to Thurman et al. (2019), racism impacted the ability of racial and ethnic minority groups to attain education comparable to Whites through institutional racism, and it contributes to health care disparities in the United States. Thurman et al. called for evaluating policies and practices in nursing institutions to allow for restructuring focused on breaking down institutional racism.

Williams (2019) described several aspects of racism that contribute to racially and ethnically diverse student and faculty departures. These aspects include bias in hiring practices, poor advising for students from underrepresented backgrounds, biased teaching evaluations, biased curricular approaches, microaggressions in the institution and between individuals, racial discrimination, and a hostile racial climate. As previously discussed, when White culture dominates and serves as the norm by which all other individuals are measured, student advising practices become biased toward White norms, the expectations of faculty and student performance are biased toward White norms, and hiring practices favor the candidates who demonstrate norms for White culture, for example. In this way, the practices and policies of an institution may be biased against groups and individuals who are racially and ethnically diverse.

"Whiteness" is described as a dimension of racism that minority students may experience in predominantly White institutions, including nursing schools (Carr, 2016; Puzan, 2003; Schroeder & DiAngelo, 2010). These researchers indicated Whiteness is the power and privilege enjoyed by White people compared to that of people of color who experience racism due to the

values entrenched in institutions that favor White people over those of color. Carr (2016) indicated Whiteness is often not recognized by Whites but is a concern in many aspects of society, including educational institutions.

With Whiteness present in educational institutions, nursing schools need to be aware of and sensitive to the impact Whiteness may have on retaining students from diverse backgrounds (Carr, 2016; Coleman, 2008, Puzan, 2003; Schroeder & DiAngelo, 2010). Whiteness defines and enforces rules and regulations guiding nursing and nursing education (Puzan, 2003). For example, basic dietary practices and recommendations for patients are often from the perspective of Whiteness. When "meatloaf" is described in dietary instructions for patients, many people outside White American culture don't know what meatloaf contains. When the nutritional needs of patients are taught and tested in nursing school, those from diverse backgrounds may be at a disadvantage due to a lack of knowledge about the typical American diet, demonstrating the presence of Whiteness. Whiteness also guides nursing through expectations of communication patterns and values that impact health care decisions, which differ in non-White cultures. Because Whiteness has been identified as natural or the background on which power is built, those who are not White are evaluated using White standards, leaving the person of color unable to meet the criteria (Puzan, 2003). For instance, the patient may not wish to rely on pharmacologic methods to manage a condition; however, the patient is perceived as "non-compliant" and may be treated with disdain due to their choice to use a non-pharmacologic method that better matches the patient's values. This patient's choice makes it impossible to meet the standards of Whiteness present in nursing school's perceptions of proper practice. Whiteness, micro-inequities, and racism are persistent and prevalent in institutions of higher education and

health care leading to disadvantages for students from diverse backgrounds. These factors need considered as one seeks to explore the perspectives of students from diverse backgrounds.

Institutional Racism and Racism

Racism is engrained in the construct of race where some groups are judged to be superior to others and, as a result, given preferential treatment and access to resources (Thurman et al., 2019). Racism incorporates actions, beliefs, attitudes, and structures that benefit the dominant racial group, which in the United States is Whites (Thurman et al., 2019; Williams, 2019). Racism is often thought of as simply having prejudice, bias, or discrimination; however, the phenomenon of racism is more about controlling and exploiting those categorized in racial and ethnic terms (Waite & Nardi, 2019). When racism occurs within the institution or organization, it is called institutional or organizational racism; some authors also use the term structural racism; this author used the term institutional racism (Williams, 2019).

Institutional racism created barriers for minority groups yet favors those in power (Edwards, 2019). The actions that constitute institutional racism are typically unintentional, and those who benefit may not even be aware of those benefits (Edwards, 2019). In higher education, this institutional racism could occur when individuals from racial and ethnic minority backgrounds have more difficulty being admitted to colleges than Whites. The individual from a racially and ethnically diverse background may be evaluated against White standards and must demonstrate a higher achievement to be accepted. The White students admitted would not be aware of their privilege. The impact of institutional racism may be difficult to see and, therefore, more likely to deny it happens, which compounds the situation.

Williams (2019) described several features of racism that contribute to minority student attrition and faculty departure, including bias in hiring practices, poor advising for minority

students, bias in teaching evaluations, bias in curricula, environmental and individual microaggressions, racial discrimination, and a negative racial climate. Institutional racism presents itself as fewer minorities hold faculty positions, particularly the higher-level positions such as associate professor and professor (Williams, 2019). Racism also presents itself in practices and policies within institutions, such as with faculty evaluations and student advising practices. Advising practices demonstrated students from diverse cultural backgrounds often have their unique needs ignored or overlooked, leaving students without appropriate qualifications to advance their education to graduate programs (Williams, 2019). Faculty from minority backgrounds often experienced biased evaluation of teaching effectiveness as students often demonstrate bias in the faculty evaluation process (Williams, 2019). Student bias can impact advancement and pay for faculty from minority groups, further creating disparities.

Microaggressions occurred environmentally and individually as part of racism in institutions (Williams, 2019). Hall and Fields (2013) further described microaggressions as commonplace actions that insult individuals or groups. Sue (2010) indicated that microaggressions have replaced outward acts of racism while Hall and Fields suggested microaggressions are more harmful than outward racism because they are more challenging to address. Environmental microaggression can take the form of structures, monuments, or memorials that are offensive to people from diverse backgrounds. An example of environmental microaggressions is the presence of confederate leader statues or memorials. Individual microaggressions include snubs and insults toward minority students (Evans, 2013; Williams, 2019). For example, a student at New York University was not allowed to participate in class discussions because a classmate, who was facilitating the session, felt it was easier without a "Black presence" in the room (Pettit, 2019). Microaggressions can be so subtle as to deny or

discredit one who speaks up against them (Edwards, 2013). When this denial or discrediting occurs, it prevents one from addressing the microaggression and its impact, which compounds the effect (Edwards, 2013).

Racial discrimination occurs on an individual and institutional level (Williams, 2019). As individuals, students from diverse backgrounds may be the recipient of direct comments or actions based on racism. Institutionally, racism occurs in the processes such as how instances of racism are handled by an institution's leadership (Williams, 2019). For example, the Black NYU student who wasn't allowed to participate in a class discussion had previously reported racism, but no action had been taken (Pettit, 2019). The Black student indicated he wished to just go to school, not have to fight for and work to address racism in the institution. Racism within an institution continues to be present despite laws against discrimination. Racism has far-reaching effects on individuals from diverse backgrounds. It will impact the individual and the entire nursing profession as diverse students are more likely to drop out of college due to racism.

Hall and Fields (2013) called on White nurses to talk to one another about racism and how the disparities are perpetuated in nursing. Hall and Fields suggested this conversation can increase awareness about racism, improve nurse-patient relationships, and explore the history of White privilege. Because of the need to reflect on and discuss racism and White privilege, it is important to know what policies and practices students from diverse backgrounds perceive as barriers to their nursing education.

Within health care institutions, racism manifests in zoning policies and the location of facilities (Hall & Fields, 2013). For example, lesser-equipped hospitals are often located in minority-populated areas. It is nursing policies and practices that impact access to and adequacy of care received by minorities. Patients often need to speak to the nurse to access a physician in

the clinic setting. It is possible that nurses who demonstrate prejudice reduce the minority patient's access to the physician or misinterpret a patient's needs as they are relayed to the physician. The impact of bias or racism could negatively impact the health care a patient receives. These policies and practices are part of institutional racism.

Organizational Factors

The NLN (n.d.) indicated that many factors impede the ability to increase the diversity of the nursing workforce. Among these factors are system and organizational factors, including the engrained Whiteness described by Carr (2016), Puzan (2003), and Schroeder and DiAngelo (2010). Engrained Whiteness described by these authors is a social construct where White culture is the norm. All other groups are designated by race and measured against the standard, promoting power and dominance of the White culture. When students from racially and ethnically diverse backgrounds are in an organization dominated by Whiteness, they have less influence. They are judged against norms that do not apply to them, leaving these students at a disadvantage. Organizational systems ingrained in Whiteness, and their predominantly White leadership may be significant barriers to students from racially and ethnically diverse backgrounds in nursing (Lowe, 2013).

One place to look for insights into these barriers is historically Black colleges and universities (HBCUs). These colleges and universities were developed to meet the educational needs of Black students when it was not otherwise available (Office for Civil Rights, 1991). Therefore, HBCUs are engrained in Black culture rather than White culture, suggesting students will be evaluated based on norms of the Black community. HBCUs have provided significant contributions to the success of Black and other underrepresented students by providing specialized services such as personal time with faculty, mentoring, the presence of faculty from

diverse backgrounds, and support for their unique socioeconomic status (Gasman et al., 2020; Office for Civil Rights, 1991). HBCUs created nursing schools to support Black student nurses by providing education when discrimination prevented them from obtaining their education at other colleges and universities (Gasman et al., 2020). HBCUs are credited historically with improving equal education opportunities for students when Blacks were often denied admission to higher education, have demonstrated racially diverse faculty, and may provide more support to students (Office for Civil Rights, 1991). HBCUs overcome organizational factors such as those found in predominantly White colleges and universities by providing environments that nurture the growth and learning of their students (Gasman et al., 2019).

To remain progressive and meet the needs of the changing U.S. population, organizations must confront the factors which contribute to the lack of racially and ethnically diverse individuals in nursing. Organizational factors include policies, practices, the organization's mission or objectives, the organizational structure, and systems. Each organizational factor may be multidimensional. One organizational factor consists of a lack of racially and ethnically diverse individuals in leadership positions who can assist in understanding diverse students' perspectives (Schyve, 2009). Other organizational factors include advising practices, hiring practices, faculty evaluation, promotion processes, teaching approaches, and processes or policies to address conflict. The methods followed by an organization can significantly impact student success (Valenzuela et al., 2012).

Further, Alexander et al. (2017) described how organizational culture is the shared values and beliefs of an organization. It is the prevailing culture that impacts college admission decisions and impedes admissions of racially and ethnically diverse students. The culture of an organization is influenced by the faculty, staff, administration, and mission and values of the

organization. Alexander et al. demonstrated that even when attempts are made to increase diversity, an organization's prevailing culture can inhibit these attempts. Dade et al. (2015) supported the suggestion that simply increasing the number of diverse individuals in an organization does not achieve equality. The predominant policies, practices, and attitudes remain barriers to racially and ethnically diverse individual's success in organizations built on Whiteness. Recognizing the organizational factors that impede the achievement of racially and ethnically diverse students is significant to promoting their success in nursing programs.

Student Evaluation

Unfortunately, attrition was also affected by how students are evaluated in nursing school (Debrew et al., 2014; DeBrew & Lewallen, 2014; Graham et al., 2016). Graham et al. (2016) argued that nursing faculty first need to recognize that nursing education is approached from a Eurocentric perspective that reflects White Americans and, in nursing, primarily female. Clinical evaluation decisions may be based on ambiguous and inconsistent criteria, student characteristics and behaviors, and faculty factors (DeBrew & Lewallen, 2014). Such factors as "poor communication," inability to prioritize, and being "weak" were examples of why students may not pass a clinical course where evaluation was based on broad and abstract criteria that don't effectively reflect clinical behaviors. Unfortunately, the desire to treat everyone equally may have led to students being evaluated according to the norms and customs of White females rather than based on diversity between cultures (DeBrew et al., 2014). For example, instead of evaluating diverse students based on their unique qualities and their ability to function as nurses, faculty tended to assess students' skills based on comparisons to the dominant White culture. Evaluation based on White culture was demonstrated when a faculty member in DeBrew et al.'s (2014) work indicated she failed a student who spoke a language other than English first, despite

having all traditional skills to be a nurse except the ability to communicate clearly using the English language. As the example demonstrates, the approach using norms and customs of White females ignores cultural diversity and is counterproductive to increasing diversity in the nursing profession. Minority students in the study by Graham et al. reported feeling assignments and evaluation in the clinical setting had been unfair for them compared to their White peers. Graham et al. concluded that bias and discrimination were present for minority students, and clinical assignments and clinical evaluations were perceived as unfair by Black students. Some students reported being on the receiving end of racially insulting comments from both faculty and peers. The students also expressed the textbooks and lab lessons did not reflect cultural diversity. In addition to experiencing bias from faculty and peers, some students reported experiencing bias from staff in clinical settings and patients, making their clinical learning experiences more difficult than their White peers. In Fuller and Mott-Smith's (2017) study, culturally and linguistically diverse (CALD) students identified that educators evaluated their writing against native-English-speaking students' standards and felt this was unfair grading. In the same study, educators revealed they felt CALD students should write and speak like native-English American students, which was a barrier to CALD students' communication in the educational setting (Fuller & Mot-Smith, 2017). Students reported bias, discrimination, and racially offensive comments in class and clinical settings from staff, faculty, and patients. These experiences led to negative interactions, which negatively affected their education. When nursing students from diverse backgrounds were evaluated against White cultural norms that didn't match their own and suffered bias in their educational settings, these obstacles made completing their nursing program more challenging.

Retaining students from diverse backgrounds is essential in building a more diverse nursing workforce and supporting equal care for health care consumers. Student evaluation processes may be affecting attrition rates, leading to fewer minority students completing their coursework. Nursing faculty may demonstrate improvement in student evaluations by reflecting on minority students' reported experiences and improving evaluation to reflect considerations for diverse cultures. Nursing faculty can learn about the needs of racially and ethnically diverse students, and faculty need to commit to retaining diverse students by eliminating barriers to graduation (Mooring, 2016).

Student Support

Student support was important for success in nursing programs. Racially and ethnically diverse nursing students had specific needs related to their financial situation, English proficiency, perceptions of discrimination, and cultural tensions (Duerksen, 2013). Other authors identified that emotional/social and academic support were important for diverse students' success in nursing programs (Brooks Carthon et al., 2015; Degazon & Mancha, 2012; Ferrell & DeCrane, 2016; Flateland et al., 2019; Ingraham et al., 2018; Lee, 2018; Loftin et al., 2012a; Murray, 2015; Talley et al., 2016; Torregosa & Morin, 2012). Some of these authors also noted financial support as critical to the success of nursing students from diverse backgrounds (Brooks Carthon et al., 2015; Degazon & Mancha, 2012; Ferrell & DeCrane, 2016; Loftin et al., 2012a; Talley et al., 2016; Torregosa & Morin, 2012). When students received financial, emotional/social, and academic support during their nursing education, they were more likely to overcome these barriers and be successful in their program. This section discusses the types of support from which students may benefit.

Financial Support

Financially, students from diverse backgrounds may be the primary wage earner in the household and have family role expectations that conflict with their student role and the demands of a nursing program. Undergraduate nursing programs require clinical education in the health care setting and regular courses taught in the classroom setting. These additional demands of clinical instruction were time-consuming, making it harder for students to work outside their course requirements or meet their role expectations in the family. Loftin et al. (2012a) indicated that students from varied cultural backgrounds often needed to work during their education to pay for school expenses in addition to living expenses for themselves and their families. Torregosa and Morin (2012) and Ferrel and DeCrane (2016) described students needing additional aid to assist in funding their education which came as stipends and scholarships. However, Loftin et al. indicated students from diverse backgrounds often didn't feel they were informed about scholarships and grants available to them. Torregosa and Morin described some difficulty in getting additional funding for students due to impacts on their federal student aid. The students may have benefited from the financial assistance provided, which reduced the need to work outside of school. However, as Torregosa and Morin described, it wasn't easy to directly measure the impact that financial assistance had on student success because it was often only one factor of many that were applied to students. Logically, it would be reasonable to conclude that if students didn't have to work or work as much outside of their school responsibilities, it would benefit them by freeing up time for study.

Researchers described varied financial support strategies, including the use of stipend payments, paid internships, scholarships, and providing educational technologies such as computers, software, and internet access to assist students from diverse backgrounds (Loftin et al., 2013; Melillo et al., 2013; Relf, 2016; Tranter et al., 2018). Scholarship and stipend programs

do not typically require additional workload expectations for the student, freeing the individual to focus on learning instead of focusing on financial concerns or stressors. A paid internship program such as the Gateway to Success Minority Nursing Scholarship at Clarkson College is a prime example of assisting students. The Minority Nursing Scholarship includes working over the summer months to earn additional funds and gain experience in the health care setting (Clarkson College, n.d.). This scholarship program requires time in the workplace, an average of 20 hours per week for 12 weeks and does not allow the student to take a clinical nursing course during the summer semester. This time in the workplace enables the student to socialize to the health care setting, which is essential to these students (Talley et al., 2013) while gaining experience and supporting their financial needs. Programs such as these can be crucial in assisting students in meeting their financial needs while attaining a nursing degree.

Emotional Support

Emotional support for students is imperative as they navigate the stressors of a nursing education curriculum. Students from racially and ethnically diverse backgrounds indicated unique stressors related to exclusion, anti-immigrant policies, discrimination and bias from faculty, some peers, nurses, and patients (Ackerman-Barger & Hummel, 2015; Duerksen, 2013; Graham et al., 2016; Onovo, 2019; Tranter et al., 2017; White & Fulton, 2015). Students needed support from faculty but also through institutional programs that encouraged individual success. These programs included individual counseling (Melillo et al., 2013), the presence of approachable and caring faculty, and faculty or peer mentoring or coaching (Ackerman-Barger & Hummel, 2015; Duerksen, 2013; Gasman et al., 2020; Loftin et al., 2013; Muronda, 2016; Onovo, 2019; Smith-Wacholz et al., 2019; Tranter, 2017; White & Fulton, 2016). Mentoring or

coaching programs focused on assisting students to overcome obstacles, make goals, and provide positive support for varied needs as students progressed through the nursing program.

Academic Support

Academic support for students included adjusting teaching strategies to make the learning environment more engaging for diverse students, such as culturally relevant case studies and simulation scenarios and the use of multi-media (Brown & Marshall, 2008; Melillo et al., 2013; Smith-Wacholz et al. 2019). Additional academic support included that for essential skills such as study skills, time management, test-taking skills, and critical thinking or problem-solving skills (Brown & Marshall, 2008; Harris et al., 2014; Loftin et al. 2013; Melillo et al., 2013; Onovo, 2019; Tranter et al., 2018). Supplemental instruction strategies were used to support students (Loftin et al., 2013; Smith-Wacholz et al., 2019). Supplemental instruction strategies provided additional instruction outside of the regular class meeting times led by faculty or tutors to enhance student learning. Supplemental instruction may be a formal program or informally offered by the instructor.

Harris et al. (2014) described approaches to improve attrition rates for diverse students, including faculty development to learn about teaching strategies and creating a culturally sensitive classroom that would provide the academic support needed. The teaching strategies were directed toward engaging students from diverse backgrounds, and a culturally sensitive classroom to address the bias students felt was present in the learning environment. Graham et al. (2016) pointed out that bias and discrimination create barriers to student success due to their application when grading student work or performance. The application of bias and discrimination when grading suggested that faculty may need additional education to become aware of their bias and take steps to reduce it in their grading practices. Bias education was

supported by Duerksen (2013) and Loftin et al. (2013) who described training needed to assist faculty in examining their bias. One student in Onovo's (2019) study indicated the most severe racism was perpetrated by faculty. By learning teaching and evaluation strategies to support the students from diverse backgrounds and creating a culturally sensitive classroom, teachers can provide the academic and emotional/social support students need.

An additional approach to academic support could include adopting an anti-racist pedagogy. According to Kishimoto (2018), an anti-racist pedagogy involved five components that could be applied to any classroom or topic. These components included encouraging students' critical thinking skills through questioning the origins of the knowledge presented. The second component included recognizing students' social positions. Students placed themselves in the context of the course content, and their experiences were validated. This allowed White students and students of color to each explore their social positions without centering on one or the other. Third, power in the classroom was decentralized and shared. This shared power involved students in planning assignments and learning processes that engaged students to take responsibility for their learning. Fourth, students were empowered through engagement that encouraged them to apply theory to their practice. Real-life stories and examples were used to engage students and promote thinking. Finally, the classroom became a community where trust was established between students and students and faculty, so collaboration and learning became the focus. For the anti-racist pedagogy to be effective, Kishimoto indicated faculty must remain humble and critically reflect on their positions while remaining committed to change and progress toward tearing down racial constructs present in the classroom.

Schroeder and DiAngelo (2010) discussed how anti-racist educators work to understand and transform education to reduce racism and keep White power in check. Despite efforts to

change the institutional systems of nursing education, which continue White dominance, there has been little progress. These researchers indicated that instead of tackling the organizational factors to promote educating racially and ethnically diverse groups in nursing, the emphasis was placed on teaching cultural competence. When cultural competence was taught, rather than addressing the systemic organizational factors that disadvantage racially and ethnically diverse student groups, there is no change in the impact of Whiteness. The differences in underrepresented nursing student attrition compared to Whites was not improved.

The caring pedagogy is another approach faculty can use to support student success. The caring pedagogy has similarities to the anti-racist pedagogy in that both seek to empower students (Harvey et al., 2013). However, the caring pedagogy achieves this empowerment through mentoring and guidance. Harvey et al. (2013) described using the caring pedagogy to support nursing students from culturally and linguistically diverse backgrounds, contributing to their success. The application of the caring pedagogy includes mentoring and guidance to strengthen relationships between students and faculty which further promotes student success in nursing. The caring and anti-racist pedagogies are approaches faculty can use to support students from diverse backgrounds, improving their success in nursing education.

Institutional Support

Institutional approaches to providing student support include reviewing and revising admission policies. Relf (2016) described that admission policies could be developed into “holistic” admissions processes. The holistic admission process goes beyond reviewing more than a student’s grade point average (GPA) and standardized test scores to include four principles. First, selection criteria are based on the college’s mission and goals. Second, the selection process evaluated one’s experiences and attributes along with academic scores. Third,

the applicant was considered based on contributions the applicant has made to the learning environment and profession, if applicable. Finally, characteristics such as race, gender, ethnicity, first-generation college student, and similar factors were considered. Relf described those institutions using the holistic admission process as having increased diversity in their classes while maintaining or improving elements such as graduation rates and GPA averages of cohorts. Bleich et al. (2015) related how standardized tests and GPA-based admissions tended to favor White students and suggest these processes could be improved. These authors suggested evaluating students for admission based on resilience, service to others, positivity, and tolerance to ambiguity, for example. By revising admission policies, students from diverse backgrounds can be supported to enter nursing programs where they may have otherwise been rejected based on standardized testing and GPA policies.

Additional Approaches

Other approaches to support minority student admissions included using pipeline-type programs to attract and retain students from diverse backgrounds. Melillo et al. (2013) described a program used to increase student awareness and interest in nursing and improve retention once students enter the nursing program. Their efforts began by introducing elementary and middle school students to nursing and providing education about the profession. This program helped guide students to take math and science courses in high school, prepared for standardized tests such as the ACT, and maintained a strong GPA. Recruiters from the community were then used to help with outreach to students. Relf (2016) also discussed the importance of pipeline programs that used strategic interventions to help overcome obstacles to accessing nursing programs. These programs could go so far as to provide significant scholarship funds and guaranteed employment post-graduation. Regardless of the depth of intensity of pipeline-type programs,

their common feature would be to help overcome obstacles to diverse individuals entering nursing.

Support for students from diverse backgrounds can take on several forms and come from a variety of viewpoints. Students from diverse backgrounds continued to demonstrate varied needs and potential barriers to success. While the support strategies mentioned here may have been helpful to students, not all students from diverse backgrounds needed all possible tactics applied; it was worthwhile to assess the individual's needs (Brooks Carthan et al., 2015). It is interesting to note that many of these studies addressing strategies to support students are qualitative approaches. Little evidence is available to quantify the success of the support strategies recommended to improve retaining students from diverse backgrounds. Several of the studies discussed here used a multifactorial approach to supporting students. However, it isn't easy to know which combination of strategies was most effective, which further suggests the need to assess and address the individual needs of each student.

Specific Instructional Delivery Strategies

Support for diverse students included specific teaching methodologies used in the classroom and clinical settings, peer and faculty mentoring, adjusting lecture delivery style and speed, engaging personally with students, and providing lecture notes ahead of class time (Fuller, 2012; Juniors et al., 2010; Shan Choi, 2014). These factors could be addressed; however, looking through the lens of White culture, it might have been difficult to address each factor effectively.

There are specific instructional approaches that may have been helpful to reduce attrition and support students from diverse backgrounds. Nursing faculty can adjust content delivery to support diverse students academically and needed to be explored as faculty considered individual impacts they may have on student success (Mooring, 2016). Nursing faculty may have assisted

students with learning medical terminology, addressed study skills, provided lectures before class, provided audiotaped lectures, provided flexibility in teaching methods, provided help with testing skills, and provided practice questions (Mooring, 2016; Olson, 2012).

Fuller (2013) identified evidence-based instructional strategies for CALD students, including courses to develop medical and nursing vocabulary and small-group work mixing CALD students with native English speakers. Using a consistent classroom approach where faculty spoke slowly, avoided slang and metaphors, and provided students time to process and formulate answers was thought to be helpful to minority students (Fuller, 2013; Fuller & Mott-Smith, 2017; Mulready-Shick, 2013). Racially and ethnically diverse students can also be given audio-taped lectures and lecture notes ahead of class, providing time for preparation before class (Fuller, 2013).

Additional faculty practices included course materials, including exams, being developed with less complicated language, clear directions, and expectations clearly communicated (Donnelly et al., 2009; Fuller, 2013; Fuller & Mott-Smith, 2017; Hansen & Beaver, 2012). Ethnically and culturally diverse students who speak languages other than English found difficulty in test-taking due to language challenges (Hansen & Beaver, 2012; Starr, 2009). Nursing faculty could assist these students with language challenges by using less complicated language for exam questions, avoiding wordiness, slang, or cultural bias (Hansen & Beaver, 2012; Mulready-Shick, 2013; Starr, 2009). Further recommendations for test-taking included allowing extra time for students who spoke English as an additional language, particularly in the early portions of their nursing program (Caputi et al., 2006; Hansen & Beaver, 2012). Test-taking is the means to evaluate students' knowledge and must avoid bias that makes test-taking a measurement of English language competency.

The nursing literature provided many suggestions for nursing faculty to assist racially and ethnically diverse students. However, this literature is mostly qualitative, thus more difficult to generalize. As nursing faculty work to improve the diversity of the nursing profession, it is essential to become familiar with the strategies that may assist in enhancing retention while awaiting the research to demonstrate which strategies are most effective at retaining nursing students. It is interesting to note that even non-minority and English language students could benefit from the techniques used to assist minority students. Any student would benefit from clear language and expectations, and receiving lecture materials ahead of class would allow students to be better prepared for class. As nursing faculty consider approaches to assist students from diverse backgrounds, it would be helpful to contemplate how these practices may improve the success of all students, which can impact the nursing shortage. Improving the success of racially and ethnically diverse students depends on implementing various support strategies. When students from diverse backgrounds are well-supported and successful in their program, it can enhance the diversity of practicing nurses and affect health disparities.

Marginalization

Several practices in nursing programs intended to support students may hinder students' progress. Labeling students as "at-risk" and encouraging student participation in programs to assist at-risk students can end up marginalizing and stereotyping students, preventing their success (Reed et al., 2013). As Harris et al. (2014) described, certain qualities place non-traditional students in these at-risk groups with a higher risk of attrition in nursing programs. These qualities include being older, ethnically diverse (which would logically include those who speak English as an additional language), and those who have varied readiness for college.

Unfortunately, by simply being a student from an ethnically diverse background, students may be marginalized and immediately face barriers that hinder their success.

Further, student advising processes may lack the quality needed to encourage student progress. For example, when advisors are assigned based on alphabetical order or randomly, the student and advisor are not matched, thus reducing the effectiveness of the relationship (Reed et al., 2013). Sometimes advisors are trained staff with little understanding of nursing education or the profession (Reed et al., 2013), which prevents the advisor from effectively guiding the student to maximize their education. It is not likely that minority students will have advisors from similar backgrounds due to the lack of full-time minority nursing faculty compared to the number of students who enter programs. The few minority faculty members in nursing programs can't advise all minority students.

Several issues were presented in the literature supporting the need for nurse educators to be prepared to work with and retain minority nursing students. Reducing health care disparities will depend, in part, on increasing the diversity in the nursing workforce. Nurses care for patients 24 hours a day, 7 days a week, 365 days a year, demonstrating the nursing workforce's significant impact on health care disparities. Nurse educators can impact these health care disparities by being informed and aware of the unique needs of minority nursing students and applying policies and practices within an organization to assist nursing students in being successful. The recommendations to assist in educating minority students from the education literature are similar to the recommendations from the nursing literature. Interestingly, the nursing literature does not refer to the education literature for guidance or background on assisting minority students.

The literature review demonstrates the importance of having nurse educators and administrators across the United States who are aware of and implement strategies to support minority nursing students to be successful. It is also apparent that nurse educators, individually and as a discipline, need to reflect upon the standards on which student evaluations are based. This reflective practice may assist in helping nurse educators to identify critical areas within their programs where change can begin to assist minority students in graduating nursing programs at a higher rate, leading to more nurses who come from diverse backgrounds.

Chapter 3

Design

Improving health disparities experienced by people from racially and ethnically diverse backgrounds could be improved by increasing the number of licensed nurses from these diverse backgrounds (ANA, n.d.; HRSA, 2019; NLN, 2017). Nursing students from racially and ethnically diverse backgrounds tend to experience higher attrition rates, making it more challenging to increase the number of nurses from these backgrounds (Loftin et al., 2012b; Mooring, 2016). The concern for increasing the success of nursing students from diverse backgrounds led to this research exploring the organizational factors that affected students' success, including policies and practices across all levels in an organization.

Phenomenology

The design chosen for this qualitative study was phenomenology. By definition, phenomenology allows the researcher to discover the lived experiences of individuals based on the description provided by participants (Creswell, 2014). Phenomenology is based on the work of Edmund Husserl, who described phenomena as the substance of one's consciousness and indicated that the actual realities are those phenomena (Groenewald, 2004). It is through the study of phenomenology that we can understand the realities experienced by individuals. The phenomenological approach was chosen for this study to allow the researcher to explore the realities minority students experience in nursing school. Phenomenology allowed the participants to speak for themselves and provide insight for the researcher to understand the experience of racially and ethnically diverse students.

Phenomenology is used in nursing research to understand the lived experiences of nurses and nursing students from minority backgrounds. Phenomenology has been used to discover

Black/African American nursing students' experiences when attending HBCUs (Medley, 2017). Phenomenology has also been used to discover the experience of Black African refugees who attend nursing school in the United States (Smith, 2014). Doutrich et al. (2005) used phenomenology to explore the experience of Hispanic nurses in the Pacific Northwest, which gave the researchers insight into the cultural values that impacted the nurse and nursing student. Stanley (2006) felt it essential to listen to faculty of color in higher education to learn from their experiences and impact change in organizations; it would be logical to apply the same perspective to students from racially and ethnically diverse backgrounds. Phenomenology is an effective tool to learn about the experiences of minority nursing students where cultural aspects create a unique reality for the student.

Methodology

The qualitative in-depth email interview method was used to gather and evaluate data for this study. The purpose of the email interview method was to learn about the racially and ethnically diverse students' experiences with nursing school's policies and practices that hinder and promote their success. This information provides information to help understand policies and practices that impact the success of students from diverse backgrounds.

Interviews have been used in qualitative research methods to study race in higher education, as noted in Varghese (2016) and Nuske (2018). Specifically, email interviews are used to gather written information from participants like Robinson's (2014) study exploring racial issues in nursing faculty. Robinson applied a mixed methods approach where the qualitative aspect included written narrative responses to interview questions. The email interview contained a series of open-ended questions developed by the researcher. These

questions benefitted the researcher in addressing specific items of interest and allowing the researcher more control over the line of questioning (Creswell, 2014).

The in-depth email interview method is described by Creswell (2013) and further described by Fritz and Vandermause (2018) as a reliable and effective means to collect data. As technology has increased in availability and use, qualitative data collection methods have evolved to include using email as an effective means, and it has been used in many studies (Fritz & Vandermause, 2018). Email interviews were beneficial to the respondent by allowing the respondent to participate in the interview in short periods at their convenience rather than setting aside more time during typical working hours (McCoyd & Kerson, 2006). Additionally, the email interview allowed students to remain anonymous from the researcher. Nursing students tend to have busy schedules during regular working hours and have many demands on their time, making a formal, face-to-face interview more challenging to schedule. Some nursing students also have families; to obtain additional childcare or otherwise adjust their plans to complete face-to-face interviews could be too cumbersome and prevent respondent participation. McCoyd and Kerson (2006) found that email interviews still allowed respondents to express emotional content, which was initially feared to be lost in the email interview format. Additional benefits of the email interviews included wide-ranging, longitudinal communication, written responses, and a lack of social pressure which can come with the visual cues that create judgment in face-to-face environments (Fritz & Vandermause, 2018; McCoyd & Kerson, 2006).

Furthermore, some anonymity was achieved with email interview formats compared to face-to-face interviews, leading to more communication from the participant (Fritz & Vandermause, 2018; McCoyd & Kerson, 2006). Maintaining anonymity is highly important when considering the likelihood of interviewing students. The social aspects of face-to-face

interviewing were removed, which may have been helpful to this study. In a face-to-face environment, the social elements may have become a barrier, and participants may not have felt as safe or may have felt stigmatized with a White American researcher; the email interview removed these potential social barriers to obtaining data (Fritz & Vandermause, 2018; McCoyd & Kerson, 2006). With the respondent's written answers, the researcher was less involved with deciphering which verbal irregularities to remove from the transcript and focused more on the content of the data itself (Fritz & Vandermause, 2018; McCoyd & Kerson, 2006). Other advantages of the email interview included the respondent not feeling embarrassed if he or she would become emotional, and participants who may have English as an additional language would have the ability to take the time, think, and write the answers out (McCoyd & Kerson, 2006).

Based on Fritz and Vandermause's (2018) experiences, the emails were constructed to balance research and casual life conversation, which was used to assist in building rapport with participants. As nursing students, participants had access to email and the internet through the college and possibly at their homes. Many people have smartphones with access to email readily available, which may have further improved their participation in the email interview. Additional considerations included the use of numbered questions rather than bullet points and provided participants with several questions that addressed one concept, then subsequent messages asked for expansion on those concepts (Fritz & Vandermause, 2018). However, conducting more than two to three interviews concurrently could have placed a strain on the researcher's resources. Therefore, the number of concurrent interviews had been planned to be limited; however, that did not prove necessary (Fritz & Vandermause, 2018).

Participants

Protection of Participant Rights

The guidelines established by Clarkson College following federal policy on the protection of human subjects were followed throughout the study. The Institutional Review Board (IRB) at Clarkson College reviewed the research proposal before initiating the research. Participants' information associated with the interviews was de-identified by Dr. Ryan Meers, dissertation chairperson, and was stored separately using a password-protected electronic file.

Participants

Participants were obtained through the group email list at a Midwestern nursing school. This email list contained all undergraduate nursing students of which the participants could independently identify their eligibility and respond to participate. To be eligible to participate in the study, the students self-identified as a member of a racially or ethnically diverse group. Students were enrolled in and taking nursing courses at a Midwestern school of nursing. Purposeful sampling was used in this phenomenological study to choose participants who were most effective at assisting the researcher in understanding the phenomenon being explored (Creswell, 2013). The sample size desired was between five and 10 participants, but three participants were considered adequate (Creswell, 2018). Using a qualitative, phenomenological approach allowed the researcher to gather rich descriptions of the experience; therefore, fewer participants were used (Creswell, 2013).

Interview Process

Data collection in qualitative research follows a series of steps, including setting the boundaries for the study, collecting information, and establishing the protocol for recording the information (Creswell, 2014). This study used an interview with participants using an email

interview process. The email interview contained a series of open-ended questions created by the researcher, derived from the research questions. After the participants were informed of the purpose of the study, the participants' rights, a means to contact the researcher for answering questions, and provided consent to participate in the study, the initial set of interview questions were delivered to participants. To maintain anonymity, students provided interview responses through the researcher's committee chairperson, who removed any personally identifying information before relaying interview data to the researcher. After receiving the responses to the initial interview questions, the interviewer followed up with questions to clarify any responses and gain additional insight, again using the dissertation committee chairperson to relay the information confidentially. This process continued until the researcher had completed the interview process with each participant.

Limited demographic data were collected at the end of the interview. The researcher collected and securely stored all personal participant data, including age, racial/ethnic background, and gender. This demographic information was stored separately from interview data in a password-protected file with the researcher.

The interview questions were written in plain English, considering simple terms to promote understanding by students who may speak English as an additional language. The questions were derived from the study's primary research question and sub-questions (Creswell, 2013). Due to the nature of the interview questions being conducted via email, no special recording measures or notes were necessary. All participant information and responses remained in a confidential password-protected electronic file by the researcher.

Data Management Process

Data Analysis

After the interviews were completed, the data were compiled and analyzed by following the recommendations of Creswell (2014), who discusses using data organization, coding, identifying themes, interpreting, and reporting the data. All data were kept in a confidential, password-protected electronic file with the researcher. A backup of the data was maintained on a password-protected USB device in a locked drawer. The personally identifying information was separated from the data before being provided to the primary researcher; therefore, no identifying information was maintained with the data. However, in a small private college with few international and racially or ethnically diverse students, some of the information provided by the participants could lead to their identification. Because of this risk of recognition, only the minimal, relevant demographic information was reported in the data analysis.

Intuiting is the process of the researcher being immersed in the data and remaining open to the meaning of the phenomenon as given by the participants (Polit et al., 2001). Intuiting involves avoiding criticism and evaluation or interjecting opinion into the data as they are being analyzed (Polit et al., 2001) and was used throughout the data analysis process. Initially, the data collected were organized according to interview questions in computer files using a word processing program (Creswell, 2013). The entire interview data were read through to get a sense of the phenomenon as a whole (Creswell, 2013). Next, individual portions of the interview data were read to get a sense of any underlying meanings (Creswell, 2013). From this point, major categories and significant participant statements were identified to describe their experience (Creswell, 2013).

Because only two participants were involved in this study, no software was used to assist in data analysis. All coding and thematic analysis were done by hand, creating notes in the margins, highlighting pertinent statements, developing codes and themes from the notes, and then interpreting themes.

Horizontalization

Creswell (2013) described horizontalization as a process of finding statements that reflect how the participants experience the phenomenon. I looked for statements from the interview analyses that reflected how the participants experience the phenomenon. Each statement was considered of equal value, and non-repetitive comments were listed to allow themes to emerge from the data (Creswell, 2013). These themes were then used to develop clusters of meaning.

Bias

Personal experiences and preconceived ideas of the researcher can create researcher bias. This bias could be influenced by the researcher's experiences and ideas about working with students from racially and ethnically diverse backgrounds, any implicit bias the researcher holds, and personal experiences with people from minority groups. As a nurse educator, the researcher has worked with students from minority backgrounds as well as other diverse backgrounds such as poverty, disability, geography, and sexual orientation. Some of those students have been successful in their nursing programs, and other students have not. The researcher lives in a rural area with little racial and ethnic diversity, reducing the day-to-day interactions with people from such groups, impacting the researcher's bias. The researcher has worked with many individuals from racially and ethnically diverse groups at a professional level, providing nursing care. The researcher continues to explore issues related to racial and ethnic bias in health care and health

care education. Working to implement assignments within courses that assist students in recognizing and exploring racial and ethnic biases in health care is part of the researcher's work.

A more personal experience related to the understanding of diversity and being among the minority occurred when the researcher visited Brownsville, Texas the first time. Brownsville has a mostly Hispanic population in the city. Staying in Brownsville proper, rather than the surrounding areas where more tourists frequent, a trip to the grocery store provided some personal insight. While waiting in line at the checkout, the researcher noted clerks being friendly, smiling and talking to customers in Spanish. Once arriving to the clerk, the clerk changed her tone, speaking in English and not being friendly, not smiling, and not demonstrating the general friendly demeanor as noted with previous and following customers. It became clear that as a White woman who did not speak Spanish, the researcher was not welcomed.

By recognizing implicit biases, personal experiences, the impact of working with minority students, those experiencing other disparities, and recognizing the effect of living in a minimally diverse community could have, the researcher worked to prevent bias from entering the evaluation of the data (Creswell, 2013).

Chapter 4

Data Analysis

This chapter provides the results of the qualitative research study that used email interviews to explore the barriers and facilitators for racially and ethnically diverse undergraduate nursing students. IRB approval was received from the institution where the study was completed (see Appendix A). After four attempts to recruit participants, only two participants ultimately responded to the request. Participants were asked to describe aspects of the organizational processes that both hindered and supported their success. The interviews were conducted via email to ensure participants' anonymity. With this process, students were first asked the same set of questions and follow-up questions based on their responses (see Appendix B). Follow-up questions sought to clarify and expand the answers students provided. This chapter describes the participants, coding process, and themes emerging from the interviews with selected quotes that give insight into the students' perceptions of what facilitated their success and what created barriers.

Participants

Three participants initially responded to the request for participation in this study; however, only two participants completed and returned the interview questionnaire. One participant is a Caucasian international student from a northern European country. This participant was referred to as P1 throughout the data analysis section for ease of discussion. The other participant identified as a Deferred Action for Childhood Arrivals (DACA) recipient and Hispanic/Mexican; this student was identified as P2 throughout the data analysis. A DACA recipient is an individual who came to the United States as a child and is provided work authorization and protection from removal from the country (U.S. Citizenship and Immigration

Services, 2020b). The participants provided additional demographic data, but revealing it may provide enough information to reveal their identity in a smaller college environment and is not relevant to the data analysis.

Four attempts were made July 2020 through October 2020 to recruit participants to this research study. All students were invited three times, and a targeted group of students received two more invitations to participate. To target a group of students, the advisors of the Gateway to Success Minority Nursing Scholarship students sent the invitation to participate in the study to the students in the group; however, no additional participants were recruited. The participants who responded were those who were initially recruited in July; one potential participant responded in October from the targeted group but did not return any responses to the interview questions. It became clear during late October students were experiencing significant stress due to the coronavirus pandemic. In late October, Nebraska and Iowa experienced powerful surges in COVID-19 cases; most students are residents of either state. Because of the surges in COVID-19 cases, those working in area hospitals were required to work additional hours, often overtime, in addition to maintaining their school responsibilities. Some students sought formal accommodations due to impacts from COVID-19. Students from racially and ethnically diverse populations may be more vulnerable to the impacts of COVID-19 due to having fewer resources, causing an increase in the stress and inability to devote time to participating in the interview. This possibility is suggested as one potential participant responded to the second request to participate; however, they did not follow through with submitting the question responses. This potential participant had responded just before the COVID-19 infection rate spiked dramatically in the geographical area.

For these reasons, this researcher stopped data collection and proceeded to data analysis. Having only two participants was not ideal, but it wasn't reasonable to expect more participants could be recruited during the effects of the pandemic and a surge in cases expected to worsen. The lack of participants creates limitations that will be further discussed in the next chapter.

Participants' Stories

Each participant provided insight into their personal stories of undergraduate nursing education through the interview responses provided. This section provides some background for each participant to help place their experience in context.

Participant P1. P1 is an international student from a northern European country. This student participant indicated they came to the United States to become a "proper nurse." P1 has previous experience as a college student, having taken courses at another state college to complete pre-nursing courses. As an international student, they are generally unable to be employed and must have the means to support themselves during their education (U.S. Citizenship and Immigration Services, 2020a). P1 indicated they could not purchase or rent a car, therefore walked to campus most days. P1 indicated they have "had so far only good experiences." P1 indicated they have not had any concerns with racial issues, and they appreciate the non-discrimination portion of Title IX. It is worth noting that P1 identifies as a Caucasian, which places P1 among the majority race in the undergraduate student population, but has a different ethnic background. In the fall of 2020, the ethnicity report identified 393 White students of the 606 total undergraduate students (Clarkson College, personal communication, 2020). The next highest ethnicity was reported as 107 "unknown." The third highest were those identifying as Hispanic at 47.

Participant P2. P2 identified as a DACA recipient and Hispanic/Mexican; this participant did not respond to follow-up questions, so P2's story is based only on the initial responses. P2 stated, "As a first-generation student and a DACA recipient, there are many obstacles and barriers for me." It is important to understand some history of the DACA program to understand some of the obstacles this participant described. DACA was started on June 15, 2012, to provide relief to people who came to the United States as children and to prevent them from being involuntarily removed from the United States back to their country of origin (U.S. Citizenship and Immigration Services, 2020b). Students who are DACA recipients must meet certain criteria, including having arrived in the United States before their 16th birthday and being less than 31 years old at the time of application (U.S. Citizenship and Immigration Services, 2020b). The DACA program does not provide permanent legal status to these individuals but provides temporary relief from deportation and work authorization. The DACA recipients experienced uncertainty when, in 2017, the Trump administration issued a memorandum to eliminate new applications for DACA, decrease renewal time from every two years to every year, and eliminate certain features of the program, including work authorizations (Vidal v. Wolf, 2020). Because of the court case, Vidal v. Wolf (2020), the initial rights for DACA recipients and those applying for DACA status were reinstated. However, the changes that occurred may cause the recipients to experience uncertainty as the federal government undergoes transformations with new administrations and changing policy priorities.

P2 described themselves as an "educated individual with a psychology degree that works as a behavioral specialist in a severe behavior program helping children learn prosocial behaviors." P2 described their everyday environment as one "surrounded by diversity and valuing children and their differences."

Coding Process

Phenomenology was chosen as the approach to study the experiences of racially and ethnically diverse students due to its ability to assist in revealing the reality of these students' experiences (Qutoshi, 2018). When using phenomenology, the researcher simultaneously gathers and evaluates the data (Qutoshi, 2018). This process was used during this study as the researcher read interviews and evaluated data in order to respond with follow-up questions to the participants. While the entire data evaluation did not occur until after all data was collected, a preliminary evaluation had to happen to develop the additional questions. Unfortunately, only one participant (P1) responded to the follow-up questions, limiting the ability to expand on or clarify the information in this study.

An open coding process was used to analyze the data gathered through the email interviews. After receipt of the initial responses, I read through the information and developed follow-up questions to seek expansion and clarity from the participants. This initial read provided the opportunity to get a sense of the participants' general experience. After receiving final responses, the interview transcripts were printed and read through twice to get a general overview of the data. After the read throughs, I completed a third read and began to make handwritten notes in the margins. These notes provided brief summary statements for the different topics addressed under each question. These brief summary statements became preliminary codes.

After developing the preliminary codes for each topic, these statements were transferred to a clean sheet manually. The preliminary codes were then color coded using a highlighter to demonstrate similarities. When a preliminary code appeared similar to more than one set of statements, I went back to the original transcript and determined the set the statement most

closely matched, then color coded the statement as such. This process resulted in four main codes: financial needs, Trump policies, stresses, and support.

Once the main codes were determined, I read through the set of statements in each coded group and named the set based on the content of each set. These names became the themes that emerged from the data.

Essential Themes

The data analysis revealed four essential themes: finances, Trump administration, stress, and faculty. These themes will be described in-depth as the participants expressed them. The themes had somewhat differing contexts for each participant, and these contexts will be described within each theme.

Finances

Both participants described financial concerns concerning their educational goals. P1 was an international student, and P2 was a DACA recipient. It was helpful to understand the different status options for individuals who are not citizens to be in the United States and attending school. Each of these participants had limitations on their available funding. Neither P1 nor P2 were eligible for federal student aid; however, some state aid could have been available to DACA recipients, depending on their state (Federal Student Aid, 2020). The state of Nebraska, for example, provided in-state tuition rates for any undocumented student (ULead Network, 2020). P2 stated, “I am not eligible for most of the scholarships since they require American residency or eligibility for FAFSA, which I am both not due to me holding an F1-Visa.” P2 also demonstrated the financial concerns related to their status as a DACA recipient stating, “I don’t get any sort of funding which means I need to work full-time and attend school part-time in order to afford my education.”

As an international student, P1 received scholarship funds from the college through the Presidential Scholarship and needed to maintain a specific GPA to retain the scholarship. This scholarship requirement demonstrated an overlapping of themes; in this case, where grades and finances were intertwined, P1 needed to maintain their GPA at 3.0 to retain financial assistance via scholarship. P1 demonstrated these financial concerns indicating the Presidential Scholarship was an academic scholarship. P1 stated, “Unfortunately, it does not cover all of my expenses and I still have a lot of side-expenses, especially with rent, food, and tuition.” P1 expressed concern they would not be able to maintain a GPA of 3.0 for the entire program due to classes getting harder each semester. P1 indicated a desire for scholarships for international students or students who do not hold “American residency.”

Additional financial concerns were related to transportation for P1 who did not have a car. P1 indicated they are within a 12-minute walk to campus from their apartment; however, getting to farther clinical sites was problematic. P1 states, “I was not able to obtain a car so far [because] the car insurance and leasing a car would be too expensive for me now” This inability to have a car made getting to clinical sites farther away from campus a challenge. One of the main hospital clinical sites used by the college was within two blocks of the main college, so walking to this site would not have been a problem. Other clinical sites were not within walking distance and posed a problem for P1; financial obstacles prevented them from getting a car to address these transportation issues.

P2 indicated they had to work full-time and attend college part-time “in order to afford my education.” In addition, “part-time and installment payments make it possible for me to work towards a nursing degree.” Unique to the time this interview was conducted, the CARES Act (Coronavirus Aid, Relief, and Economic Security Act) supported many Americans during the

coronavirus pandemic. The CARES Act provided grant assistance for students in need, including food, housing, childcare, and technology resources, but international students and DACA recipients were among those not eligible for the aid (Clarkson College, 2020). This meant that even though the pandemic may have negatively impacted participants, they could not access grant funding for support. Financial concerns for these students from ethnically and racially diverse backgrounds have unique aspects that may not be present for other student groups. Their undocumented and international status prevented them from accessing forms of aid otherwise available to United States citizens.

Trump Administration

One point of interest is that both participants discussed the Trump administration in relation to policies impacting them personally. I believe that while the participants specifically named the Trump administration, it could have been any administration making decisions that affect these students; it just happened that the Trump administration was in power at the time of the interviews. It is beyond the scope of this research to explore the specific impact the Trump administration had on these students compared to other administrations. However, it was important to consider the impact any administration and the implementation of policies could have on these students.

The Trump administration was in office at the time the interviews were conducted. Both participants mentioned the Trump administration and the policies that had an impact on participants. P2 discussed their frustration with the CARES Act and felt the government was working against them by not allowing access to financial support.

P1 indicated concern with the Trump administration directive “to force students to have in-class lecture classes for the fall, and if not, getting forcefully sent back or deported back to

their home countries” P1 indicated they were “very afraid about my status and residence here” related to this directive which came about as part of the coronavirus pandemic. P1 indicated the college worked to relieve their worries by contacting them and informing P1 that classes would be held in person for the fall. Again, the participant’s status as DACA recipient and international student resulted in impacts from the federal government, specifically the Trump administration, that caused worry or resulted in a lack of economic relief for the students.

P2 stated, “It is disappointing that the current administration [Trump administration] is working against us making it impossible to get any assistance including the CARES act.” The student’s DACA status and decisions by the Trump administration impacted P2’s financial status and their need to continue to work full-time during their education.

Stress

The theme of stress was demonstrated in several ways throughout the interviews. The participants used terms such as *worry, frustration, pressured, struggling, terrifying experience, saddened, upset, ashamed, and feeling guilty*. Each of these emotions expressed suggested there were stressors involved in these students’ stories. Being aware that there could be several sources of stress was helpful to understanding the reality these participants experienced.

P2 expressed stress emotions related to the classroom experience and feeling their education was impeded. When the teacher asked students to find a partner in class, P2 indicated White students acted as if minority students “didn’t exist.” This experience occurred when P2 asked other students to partner with them. Because White students acted like P2 didn’t exist, P2 settled on partnering with other students who were struggling with the language and course content; these were typically the same students throughout the semester. P2 indicated this situation made them feel “saddened and upset.” Then toward the end of the semester, P2 again

tried to pair with someone outside their race, “so I would not have to feel like I was teaching rather than learning for myself.” Because of this experience, P2 stated, “I feel guilty for the way I felt, but I don’t think the teachers ever noticed this division within the classroom.”

P2 also expressed frustration due to witnessing other students suggest they value people from differing backgrounds. P2 felt it was “hypocritical that they [other students] discuss how professional [*sic*] they deal with minority patients at their work but are obvious how unprofessional and disrespectful they can be when they work with interprofessional [*sic*] from other backgrounds.” P2 mentioned the school needed to be aware of this issue happening, suggesting it would be helpful to address this issue to improve the classroom atmosphere.

P2 used the words “difficult time” to describe their family situation when P2’s family experienced COVID-19 infection but did express gratefulness for teachers who worked to provide extensions for the student to complete their work during this time. P2 implied there may have been a stressful situation when they needed to care for their parents and siblings when they were sick due to being the eldest in the family. Keeping in mind P2 worked full-time, went to school part-time, then had the added responsibility of caring for the family during their illness, one would expect this situation to have create additional stressors.

P1 described a “terrifying experience” because every quiz and exam had a specific “due time,” but when attempting to access the quizzes and exams, students were not allowed on due to the server being slow or being “kicked out from the server and have to wait between 2-5 minutes to restart.” This delay in starting a quiz or exam resulted in time lost for completion and possibly not being able to do the quiz resulting in no points. P1 felt “pressured” to maintain the scholarship they held, and therefore the terrifying experience described with the quizzes and exams resulted in stress. P1 indicated their chief concern was the grading and passing policy, and

they were always “worried or frustrated about my end of the semester grade due to this policy.” The grading scale at the college, in the nursing department, was set higher than many other schools, making it more challenging to maintain the higher GPA on which P1’s scholarship award was based.

One worry P1 described was related to their inability to stay in the United States if classes were moved online. The Registrar’s Office at the college relieved this worry, informing P1 that classes would return to the in-person format in the fall. Other struggles P1 described were related to language issues, including grammar, word meaning, and formatting issues when writing papers. P1 stated “Since I am an international student, I am often still struggling with some grammatically, word meaning, or formatting issues.” P1 described the assistance received from support systems to address such stressors stating, “Another thing I appreciate and haven’t encountered at other universities was the tutoring, supplemental instructions (SI), and writing lab opportunities.” Stress originated from several areas that were unique to the student’s status as an international student.

Both participants revealed stressors in their experience. Whether the stressors were related to grades, finances, classroom environments, or federal policies, for example, each participant was dealing with stressors that could impact their ability to succeed in the nursing program. As P1 mentioned, there were support measures to assist them with some of the stressors they experienced. However, as P2 expressed, the college may not have been fully aware of all factors causing significant stress for the students.

Faculty

The theme of faculty and their importance for students became evident through both participants’ stories. Faculty supported students and were seen as a mechanism to improve the

classroom environment. P2 indicated, “Teachers have overall been great”; the teachers worked with the student when the pandemic directly impacted their family and allowed for extensions on exams during the “difficult times.” P2 also described teachers in favorable terms but then stated, “most of my concerns are regarding classroom practices.” The classroom practices P2 described were the experiences of being ignored by White students, which hindered their education. P2 specified the school needed to be aware of these issues. It is not clear if P2 felt the faculty impacted the classroom experiences or thought another part of the organization would be responsible for addressing the negative classroom experiences. However, since classroom management is generally part of the faculty role, at least a portion of the responsibility would be for faculty to address.

P1 indicated similar reactions to faculty, indicating faculty were open to go through questions or observe clinical skills and provide constructive feedback. The faculty also took time to go over quizzes and exams, explained responses, and provided students with additional study resources. On the other hand, P1 described the difficulty of potentially being unable to complete a quiz or exam due to technical problems or being unable to complete a quiz if students arrived late to class but before class had started. These were classroom issues the faculty could have managed and made adjustments to allow for technical problems or other circumstances. It wasn’t clear whether P1 attributed these issues to faculty classroom management factors.

Each of these themes demonstrated both positive and negative impacts on the student experience. While some aspects of the themes were specific to students who may be from ethnically and racially diverse backgrounds, not all aspects of each theme would necessarily be unique to this group. For example, any student could have been impacted by transportation issues or classroom management related to technology issues. However, some unique aspects directly

associated with being from an ethnically or racially diverse background were also described, such as the treatment by White students.

Summary

The data analysis revealed four essential themes: finances, Trump administration, stress, and faculty. Faculty were a significant source of support and encouragement for these students who described dealing with stressors unique to their circumstances. Neither participant in this study had United States citizenship, resulting in some specific concerns related to financial assistance. Federal policies impacted these students and caused additional stress. Unfortunately, P2 described some behavior toward them from other students, resulting in a stressful situation that P2 felt hindered their education. Organizations need to be aware of the factors that could impact their students and provide support to assist them in achieving their goals. It would also be essential to recognize that ethnically and racially diverse students could experience different stressors and have different needs than those not from diverse backgrounds.

Chapter 5

Conclusions, Discussion, and Recommendations

This phenomenological study sought to explore the experiences of nursing students who come from racially and ethnically diverse backgrounds. The results of this study suggest it is essential for faculty and administration to provide support to diverse students and recognize students as individuals with individual needs. While students may have demonstrated similarities in their needs, such as financial needs, it was clear from the data that those specific needs could be varied. It is important for faculty and administrators to be aware of the organizational factors within their nursing programs and the impact each has on students from diverse backgrounds. While some challenges students face come from within an institution, some challenges come from external sources. For instance, external challenges included federal and state-level policies that might impact a student whereas internal challenges came from factors within an organization. These internal organizational factors included general accepted practices and policies made anywhere from the course level to institutional level. An institution needs to be aware of the external sources that created challenges for students, so efforts to mitigate these challenges within the organization can be applied. Using the results of this work, organizational factors, specifically policies and practices, can be reviewed and revised while applying the lens of the racially and ethnically diverse students' experience. This chapter presents the conclusions, discussion, and recommendations related to the study's findings.

Conclusions

This research is relevant to nursing education as the health care industry recognizes the need to increase the number of professionals from diverse backgrounds. This need impacts the work of nursing schools and nurse educators who prepare future nurses. Faculty and

administrators need to be aware of students' experiences while in nursing school. This study revealed that faculty support is essential to racially and ethnically diverse students' success. Additionally, the Trump administration, finances, and stress were important themes.

Faculty Support

The importance of faculty support was demonstrated as one participant (P2) described what appeared to be racial discrimination in the classroom. Specifically, the participant stated, "One of the classroom practices that has hindered my education is the racial division within the classroom." This participant reported White students ignoring their request to pair up for in-class activities. Yet the other participant (P1), who identified as Caucasian, indicated they had not experienced any discrimination. Faculty need to first be aware that students' experiences are individualized, as demonstrated by the different reports related to discrimination. Faculty also need to be aware students were experiencing being left out, possibly due to their race or ethnicity. Finally, learning the best way to recognize and support students in these situations is an essential part of the support faculty could provide.

Administrators can be key in assisting faculty to provide this essential support. Administrations can back programs and educational sessions that support students from diverse backgrounds, whether these sessions are directed at faculty or students. Supporting students can also take the form of educating students from non-minority backgrounds about how to recognize discriminatory behavior and be supportive and inclusive. Professional development sessions related to identifying and managing discrimination in the classroom would be a key element for administration to provide faculty and students.

Racial Division

The participant, P2, who experienced racial division in the classroom environment noted the distress they felt and specifically stated the college needed to be aware students were being treated in this manner by other students. This suggested the individual did not feel the college was aware of such student behaviors. Colleges need to consider doing deep assessments of student experiences in the classroom to reveal potential instances of racial division among students. Colleges may need to face the possibility that such microaggressions are an ingrained part of the organization as an extension of society.

The participant who described racial division also related distress when, in class, peers stated they valued diversity but in practice did not demonstrate such values. Faculty and administrators need to work together to identify and mitigate these microaggressions. The role of faculty support cannot be underestimated in this area as faculty are in close contact with students routinely, whether online or face-to-face.

In describing the racial division, P2 indicated feeling as they were “back in grade school” because students would routinely pair up with the same partners, leaving the minority students without a partner. P2 noted they didn’t feel faculty noticed the division in the classroom. It was impossible to determine if faculty recognized a problem or not in this study; however, the participant pointed out a disconnect important to consider. Faculty had an opportunity to recognize and address racial division in the classroom but appeared to have missed the opportunity. Learning to recognize and mitigate such division may assist faculty members to provide student support when racial division occurs.

If faculty do not provide support to students when racial division occurs, it could be harmful. As the participant notes, this racial division caused self-doubt, guilt, shame, sadness,

and upset. These negative emotions coupled with the feeling that it hindered their education “immensely” demonstrated the potential harm such incidents could cause to a student.

Personal Support

Faculty are essential support for students who are experiencing stressors. One participant described the support faculty provided when they were experiencing difficult times, specifically referring to caring for their family who contracted COVID-19. Generally, students experience other difficult times such as family emergencies, family deaths, child illnesses, and sudden life-threatening conditions among family members. Faculty are more likely to provide the immediate and direct support for students experiencing difficulties due to their proximity to the student, as described by the participant. Because students from diverse backgrounds are less likely to have a network and resources for support, the faculty members may be the key source of support in helping these students navigate their coursework and other responsibilities.

Academic Support

Other types of support were reported by participant P1 who described how faculty were willing to provide feedback on skills performance and to go over exams to assist with learning and understanding. Faculty would be primarily responsible for providing this type of support. Faculty support provided by avoiding rigid practices that unnecessarily impact a student's grade is also important. For example, P1 described the policy that a quiz cannot be taken if a student did not log into the course by a certain time. This policy appeared to measure a student's ability to log on with little or no technical difficulty in a time when high demand for the internet and a learning management system was occurring. The quiz policy described may not initially have been seen as an area to provide student support, but the recognition that technology is not perfect and sometimes suffers functionality issues when in high demand was an important area for

consideration. Faculty support may include reflection on the reason for policies and practices within their classrooms and making appropriate adjustments to ensure a supportive environment.

Trump Administration

Each participant specifically articulated concerns with the Trump administration's policies at the federal level. In this case, specific to the COVID-19 pandemic, the CARES Act provided monetary support to many people living in the United States. However, these students did not qualify for this monetary support because one was a DACA participant, and the other an international student. Both statuses were not part of the group of people living in the United States eligible to receive CARES Act money. Also, the Trump administration indicated international students would have to return to their home country if face-to-face classes did not resume in the fall semester. While the federal student loan program is not specific to the Trump administration, both participants addressed their inability to receive most funding related to their citizenship status. Many scholarships required students to complete the Free Application for Federal Student Aid (FAFSA); these students did not qualify to complete the application therefore could not access this aid.

The participant (P2) who was a DACA recipient specifically noted they experienced "obstacles and barriers" as a first-generation student and a DACA recipient. The participant did not respond to follow-up questions, but knowing the Trump administration made some changes to the DACA program and recognizing the difficulty the student experienced, these policies likely created some of these obstacles and barriers the participant referenced. The external factors were not something a college could control; however, being aware of these factors may have helped the organization to support the participants. For instance, the international student at risk of being forced to leave the United States if classes weren't provided in a face-to-face format

stated they received notification from the college soon after the policy was announced that classes would return face-to-face in the fall. This notification provided reassurance that they would not have to leave the country potentially placing their education in peril.

Finances

To overcome the financial obstacles they faced, one participant received a scholarship based on academic achievement, and the other participant chose to work full-time and attend college part-time. The participant who worked full-time indicated they used the payment plan that allowed them to pay for classes progressively. The participant who received the scholarship to fund their education shared they had to maintain a certain GPA to maintain their scholarship. If the participant would be unable to maintain their GPA, they would lose their source of funding. This created additional stressors as the participant worked to keep their scholarship. Participants found ways to overcome some of the financial obstacles to funding their education, but the means used suggest limited options are available. Loss of their job or ability to work full-time, or a lower GPA may have hindered their ability to continue with their education. Financial concerns are important considerations as these students have few alternatives for other funding sources and they experience the pressure to maintain their limited funding source.

Neither participant could receive CARES Act funding available at the time of data collection. One participant noted they were responsible for providing care to their family when the family contracted COVID-19. This participant likely was unable to work for a period if they contracted the virus personally or if they were directly exposed to family members and required to quarantine. While this participant did not directly report a loss of work hours, they suggested this was likely part of their experience when P2 indicated a need to be home and care for family members. Being unable to work as usual would have directly impacted their financial status.

Generally, college administrators could explore ways to support students in situations where they encounter serious financial struggles. While the pandemic created a unique set of circumstances for participants, students may also encounter financial difficulties in various ways.

Further financial implications were related to the participants' non-citizen status. As a DACA recipient, P2 could work in the United States, but was not eligible for federal financial aid. As an international student, the student's ability to work was significantly limited; however, some on-campus work was possible, if offered. Knowing some students in the college environment did not benefit from the advantages provided to U.S. citizens, administrators can develop on-campus employment opportunities for international students and explore optional ways to complete the nursing program such as the part-time option P2 used.

Stress

According to the participants, stressors originated from several different sources. The participants used several terms to relate stress, including *worry*, *frustration*, *pressure*, *saddened*, *upset*, *afraid*, and *terrifying experience*. The terrifying experience recounted by P1 was the need to log on to the online course in a certain time and having specific times quizzes and tests were due. The inherent unpredictability of being able to sign on without having the server time out, for example, contributed to the stress involved.

P1 also expressed worry and being afraid related to the experience of the coronavirus pandemic, the Trump administration directives, and maintaining their grades. The participant specifically stated they were "very afraid about my status and residence here" when, due to the pandemic, the Trump administration "force[d] students to have in-class lecture classes for the Fall, and if not, getting forcefully sent back or deported back to their home countries." P1 further expressed worry related to the need to maintain their GPA and the grading policy stating, "I

found myself ... to always be either worried or frustrated about my end of the semester grade due to this policy.” The participant also found the grading policy to be “frustrating knowing that at most other schools, this percentage would have been recognized as an A while here, it only makes a B+ as your final grade.” The source of these persistent worries, described by P1, demonstrates how their international status exacerbated the stress they were experiencing.

P2 described “feel[ing] extremely saddened and upset” when students in class would ignore their request to partner for in-class activities, and instead, P2 was constantly paired with another student who was struggling more to understand the subject matter. P2 also described frustration stating, “one of the most frustrating things is seeing students talk as if they actually understand people from diverse backgrounds especially during our cultural competence class.” The combined instances that P2 described as frustrating demonstrated how, as an individual from a diverse background, they were alienated by their classmates, yet those same classmates purported to understand the differences among them. This demonstrated a stressor likely unique to the student from a racially and ethnically diverse background.

The participants encountered several stressors that appeared to impact their experience as nursing students. The stressors described demonstrate unique experiences that appear to be related to their status as racially and ethnically diverse. For example, P2 felt the stressors described were related to their racial background, and P1 experienced stressors associated with their background as an international student. These additional stressors compound the typical stressors associated with nursing school and can create additional obstacles to success in nursing school.

Faculty and administration have a responsibility to be aware of the barriers and obstacles racially and ethnically diverse students could be facing while in nursing school. Becoming aware

of these barriers and obstacles will assist the faculty and administration to consider these students' needs as organizational factors. The organizational factors, specifically new policies and practices, need developed with an eye for these potential obstacles and barriers. The existing policies and practices need routine review to monitor for barriers and obstacles that may be present. The valuable support of faculty and administrators for these students cannot be underestimated.

Discussion

CRT provided the framework for this research study. CRT developed through the Civil Rights Movement, but it has been applied to the education construct and focuses on the principles of racism as a permanent structure, knowledge and storytelling, interest convergence, intersectionality, Whiteness as property, color-blindness, and a commitment to social justice (McCoy & Rodricks, 2015a). The use of CRT as the framework assumes that racism is embedded in institutional systems, including education (Ladson-Billings, 1998). Applying CRT also suggested that organizational racism in institutions is invisible mainly because the White cultural view is the norm. Using the assumptions from the CRT framework encourages us to seek the stories of those who do not belong to the normed White culture, so we might gain an understanding of their needs and implement solutions. Seeking to understand the needs of students from racially and ethnically diverse backgrounds led to the primary research question: What perceptions do racially and ethnically diverse nursing students have related to the organizational factors that impact their success in the nursing program?

The participants in this study described organizational factors that impacted their nursing education experience. These factors could contribute to a lack of success or increased difficulty for racially and ethnically diverse students. Much of the data collected were consistent with

recent literature that described the challenges faced by students from racially and ethnically diverse backgrounds. However, an interesting theme surfaced related to the Trump administration. This theme had not been previously noted in the literature and may be an important consideration for future nursing students. This section will describe similarities to current literature and discuss the theme of the Trump administration as it may impact future nursing education.

This research sought to identify the perceptions racially and ethnically diverse students have related to organizational factors that impact success in their nursing program. While organizational factors can be quite broad, in this case the organizational factors were narrowed to policies and practices at the institutional and classroom or syllabus level. Inquiring about practices within the organization allowed the study to broadly cover elements that could be related to culture and climate, including general practices within the college environment that might not be dictated by formal policy.

This research study resulted in only two respondents who were able to provide insight through email interviews. The impact of the COVID -19 pandemic likely contributed to the lack of respondents, influencing the amount of data collected. However, the data collected were valuable and provided insights into student experiences that need further exploration and may guide future policy development and revisions to existing policies and practices within nursing education systems.

Comparison with Recent Literature

Micro-Inequities, Microaggressions, and Racism

Racism, micro-inequities, and microaggressions are closely related social forces that are distinctly different. All result in an individual or social group using power over another, resulting

in harm. Recent literature supported that nursing students from racially and ethnically diverse backgrounds reported instances of racism and exclusion during their education (Ackerman-Barger & Hummel; Markey & Tiki, 2007; Onovo, 2019). For instance, the presence of Whiteness, microinequities, microaggressions, and institutional racism each contributed to an environment that can be difficult for minority students to navigate (Carr, 2016; Edwards, 2017; NLN, 2016; Puzan, 2003; Schroeder & DiAngelo, 2010; Thurman et al., 2019; Williams, 2019).

Micro-inequities are subtle and persistent messages that generally occur due to implicit bias and cause harm to the individual receiving these messages (NLN, 2016; Silver et al., 2018). Silver (2018) described micro-inequities as myths that persist about under-represented groups and help perpetuate the idea that the group or group member is responsible for any shortcomings. Additionally, micro-inequities often become normalized due to individuals' attitudes or thinking. The problem with micro-inequities is the harm to the individual accumulates over time. Micro-inequities may be difficult to recognize because of their subtle nature for example when one is ignored, singled out, or disregarded.

Microaggressions are similar to micro-inequities. The difference is that microaggressions are a function of racism where the actions are more commonplace and have replaced explicit acts of racism while micro-inequities are often unintentional (Edwards, 2013; Hall & Fields, 2013; Sue, 2010; Williams, 2019). Microaggressions include intentional rejections and insults aimed at individuals. Microaggressions are thought of as brief, everyday, interpersonal acts of racism between individuals (Hall & Fields, 2012). These can be simple statements or gestures; even a lack of action can be considered a microaggression. For example, when a teacher disengages from a student, or a store clerk ignores a customer, microaggressions occur.

Racism is a social construct based on race as a social category. Racism includes actions, beliefs, and cultural structures that result in a power differential that benefits the dominant group which, in the United States is typically Whites (Thurman et al., 2019). Hall and Fields (2012) describe racism as being cultural, individual, and institutional. Racism is generally considered overt, intentional, and may include hate crimes or membership in White supremacy groups (Sue et al., 2008). However, racism may not be as visible in society commonly, every day, as it once was, but Sue et al. (2008) indicated it still exists. Racism today tends to be subtle and difficult to discern and expressed through microaggressions. It should be noted that micro-inequities and microaggressions are expressions of racism, as described by Sue et al. However, not all authors break acts of racism into other components such as microaggressions and micro-inequities; for example, Coleman (2008) and Waite and Nardi (2017) only described racism.

As these forces were revealed in this study, P2 related both microaggressions and micro-inequities they experienced in the classroom, possibly as a result of racism. P2 described how student peers “left out” students from minority backgrounds in the classroom setting, specifically indicating that “belonging to a different background gave people the right to ignore us as an individual.” The other students would disregard a direct question and act as if P2 did not exist. P2 stated, “This hindered my education immensely. This would sometimes make me doubt myself and be ashamed of who I was.” This experience demonstrated microaggressions where peers ignored a direct question and intentionally left P2 and other minority students out of classroom activities. P2 felt being from a different background seemed to give their peers the right to ignore them. This demonstrates the microaggression was based in racism.

Micro-inequity was demonstrated when P2 indicated their education was hindered. In other words, the repeated nature of being left out by their peers was harmful, created obstacles,

and undermined their success. Harm became evident when P2 doubted themselves and felt ashamed. These emotions can be significant, and because these emotions were created by subtle and persistent messages, the harm likely built up over time. As the minority students were persistently left out, they were in a position that created obstacles; for example, they had to overcome being left out so that they could learn the course content. They had to navigate the learning process differently than those who held the power because of racism. While P2 did not share specific measures of undermining their success, they indicated their learning was hindered, suggesting their success had been undermined.

Further, P2 experienced fellow students acting as if they understood those from different backgrounds during other classes, but these fellow students demonstrated a lack of professionalism and disrespect toward those from minority backgrounds in other settings. P2 didn't describe other instances of disrespect outside of the classroom setting, so it wasn't clear if these were the only instances of disrespect. However, even the disrespect shown in the classroom as described is an example of a microaggression. Moreover, the students who acted as if they understood people from different backgrounds appeared to demonstrate micro-inequity where they may have believed they understood others but didn't realize how their underlying bias impacted their actions. These demonstrated microaggressions and micro-inequities caused harm to the individual that experienced such actions.

Regarding racism, P2 revealed they felt they were constantly teaching another student who was struggling instead of enhancing their own education by pairing up with different students periodically. As Waite and Nardi (2019) explained, racism created an imbalance of power where the minority individual was controlled and sometimes exploited. P2 appeared to experience this limitation to their education as the peer students refused to acknowledge them or

pair with them to enhance their education. This experience placed P2 in the role of “expert” during the semester when they desired to learn more, instead hindering their progress. In short, the imbalance of power consistent with racism was demonstrated in P2’s experience.

This imbalance of power is similar to what Ackerman-Barger and Hummel (2015) described in their study. One participant described how a White student had plagiarized from their work, but the participant had not reported the situation to the teacher; a White student reported the cheating. The participant described being made to feel guilty because they had not reported the incident but had chosen not to because they didn’t want to make it harder for others from similar backgrounds by being perceived as troublemakers and not be admitted to the nursing program in the future. The imbalance of power contributed to this student’s experience like P2 experienced the power of White students in their class controlling their learning.

Of particular interest was that P1 indicated they did not experience any discrimination specifically stating, “I did not encounter any racial issues at the school at this moment.” P1 was an international student who expressed some difficulty with the English language but described themselves as Caucasian; racism is based in part on skin color. While it wasn’t known if these participants were in the same cohort, these participants’ different experiences suggest elements of racism contributed to different experiences. As previously discussed, racism in the United States generally places people who are White in the position of power (Thurman et al. 2019). While P1 is from a different ethnic background, their racial background may be a factor protecting them from racism, microaggressions, and micro-inequities. The literature did not demonstrate direct comparisons between students of color and Caucasian students who are from ethnically diverse backgrounds. The finding suggests it may be helpful to explore whether

students who are White but from different ethnicities have different experiences than students of color.

While it isn't possible to measure the extent of harm that the combined racism, microaggressions, and micro-inequities caused, we do know that harm occurred because P2 described their feelings of shame and doubt. Hall and Fields (2012) describe how the persistence of microaggressions cause stress of a chronic nature, and this chronic stress leads to chronic exposure to elevated cortisol that results in long-term health effects such as depression and hypertension. As students are constantly exposed to such stressors, they can have physical and mental health consequences as well as detrimental effects on their learning.

This study contributed to the conversation and understanding of racism and its' related constructs on nursing students' experiences. While many similarities across previous studies were demonstrated, this study also suggested that subtle acts of racism in the form of microaggressions and micro-inequities are commonplace. Gaining a deeper understanding of the ordinary experiences of racism and how racism is displayed subtly everyday will help further the conversation and provide faculty with tools to support students.

Faculty Support

The literature demonstrated the need for faculty support to enhance the student experience for minority groups. Participants demonstrated the importance of faculty support during their education as well. According to several authors, faculty had been essential in providing social/emotional and academic support for students from diverse backgrounds (Brooks Carthon et al., 2015; Degazon & Mancha, 2012; Ferrell & DeCrane, 2016; Flatland et al., 2019; Ingraham et al., 2018; Lee, 2018; Loftin et al., 2012a; Murray, 2015; Talley et al., 2016; Torregosa & Morin, 2012). The participants demonstrated ways faculty provided support for

them through giving extensions on exams and being willing to discuss questions and provide constructive feedback on their performance. While it was not entirely clear what constructive feedback the faculty provided, perhaps this feedback was partly the aspect of socializing to the nursing role since the participant referred to observing clinical skills. Nevertheless, the research findings matched the literature in describing the importance of faculty support.

Organizational Factors

Organizational factors included the policies and practices within an organization, those factors that represented the methods in which an organization approaches their work. Gasman et al. (2019) described how HBCUs overcame organizational factors found in predominantly White institutions, creating environments that nurtured growth and learning. One organizational factor discussed by P1 that created an obstacle was transportation to clinical sites. The participant described how they had to plan to register for classes with a friend who would be willing to give them a ride to a clinical site in case they would be assigned to a site away from the main campus. When registering for classes, students did not know which clinical site they were signing up to attend. P1's dilemma with transportation and signing up for a clinical site was an example of an organizational factor as described by Gasman et al. The process suggested the school assumed all students had transportation sources to more distant clinical sites. Identifying students who need transportation assistance or simply developing practices that don't assume a student has transportation could help overcome these issues and furthers the conversation by Gasman et al. to be sensitive to student needs.

Another organizational factor revolved around P1's discussion of attempting to log on to class in time to be allowed to take a quiz, yet experiencing delays in the system, resulting in a loss of course points. Having strict rules for taking a quiz in a tight timeframe may have reduced

a course grade because of factors beyond students' control. Valenzuela et al. (2012) and Alexander et al. (2017) related that an organization's prevailing culture influence the policies and practices followed, and the prevailing culture may impede student success. The strict timeframe to log into and complete the quiz demonstrated rigid performance expectations. These expectations did not reflect a student's actual learning, suggesting the culture has components of control and inflexibility and perhaps even disconnected from the reality some students experience.

Students from diverse backgrounds were more likely to have less access to high-speed internet (Katz et al., 2017) and up-to-date electronics, which reduced their ability to achieve the tasks desired when online, including online classes. When faculty and students were on campus or in areas where the internet service was fast and reliable, they may have been able to log on more dependably. During the pandemic, students were primarily learning in online formats, requiring an internet connection. When the faculty created an evaluation system that depended on the student's ability to successfully log on at a certain time when their systems were experiencing a heavy demand, students suffered from inappropriate evaluations. These inappropriate evaluations may have decreased course grades and reduced students' ability to succeed in a course or maintain academic-based financial assistance. Faculty who expected all students to log in within strict parameters were demonstrating Whiteness when they used both their power as faculty and their privilege of fast and reliable internet service to create obstacles for students with lesser quality internet service and placed them at risk for a lower course grade.

Dade et al. (2015) further supported the idea that prevailing policies and accompanying attitudes may prevent the success of racially and ethnically diverse students, despite the admission of more students from these groups. When an organization has built their policies and

practices from the perspective of Whiteness, it is critical to reflect on the reason for such policies and evaluate how to accomplish the student assessment without placing artificial obstacles within the system. While the literature didn't speak specifically to issues of internet connectivity related to organizational factors these issues could broadly be considered among other themes provided. For example, Coleman (2008) described coping and survival by African American students who felt they had to work twice as hard and never relax as their White peers were able to. This coping and survival came about because of various obstacles students were forced to overcome. Perhaps the pandemic exacerbated the lack of resources because students were less able to access public resources such as the college internet systems. This research connected obstacles such as internet resources to the perspective of Whiteness based on privilege and power.

The strict policy for logging in and taking a quiz by a certain time was a part of student evaluation. One begins to question whether the faculty intended to evaluate students' knowledge or their ability to log in to class at a specific time. DeBrew and Lewallen (2014) described ambiguous and inconsistent criteria used for clinical evaluation, but one could argue that this inappropriate evaluation could occur in the classroom as well. The evaluation discussed by DeBrew and Lewallen discussed how clinical faculty saw problematic behaviors but had difficulty quantifying such behaviors. This could translate to the classroom, where one could imagine how the conditions of the pandemic created a situation where faculty wanted to ensure students arrived to class on time when online but had difficulty quantifying that measure, leading to rigid expectations and evaluation criteria.

DeBrew and Lewallen's (2014) description of ambiguous and inconsistent evaluations were a demonstration of Whiteness where the faculty member held the power of student evaluation and used their power and privilege to marginalize students by using ambiguous

criteria to fail students in clinical courses. Faculty may have had difficulty evaluating whether students were logging in to class on time so developed such a restrictive expectation without considering the consequences or contributing factors. The findings of this research built on DeBrew and Lewallen's work placing ambiguous evaluations in the classroom setting and demonstrated an example of Whiteness that furthers understanding of how Whiteness may surface for diverse students in nursing programs.

Institutional Racism

Similarly, instances of institutional racism impact individuals from racially or ethnically diverse backgrounds because they are controlled and exploited by the dominant power group, creating barriers for these individuals (Edwards, 2017; Waite & Nardi, 2019). Institutional racism was demonstrated as both participants described how they were impacted financially in paying for college and receiving financial relief due to the pandemic by not being eligible for federal funding sources, creating financial barriers. These specific examples of institutional racism were not likely something their college would be able to address directly, but indirect support may be an option. The main concern for each participant was limited resources to draw upon for funding, even though their issues were different. In this case, the institution was the broader system of federal student aid that included the individual college. Neither participant was eligible for federal student aid, and neither student was eligible for emergency funding available through the federal government during the COVID-19 pandemic. The lack of funding available through the CARES act was an example of institutional racism because P2, in particular, who lived and worked in the United States was unable to receive any assistance despite working full-time.

Institutional racism appeared to be a part of the federal policies related to these participants' status. Thurman et al. (2019) described how institutional racism reduces the ability of racially and ethnically diverse students to complete their education. Thurman et al. also related the importance for nurses to engage in advocacy at the policy level to address institutional racism. For these study participants, both had limited funding options, and each was striving to maintain their minimal funding sources to continue their education. For P1, funding nursing school was heavily dependent on maintaining a GPA of 3.0 to retain their scholarship. For P2, they had to work full-time and attend school part-time to fund their school. Neither participant had a strong source of funding outside their primary funding source. If they were unable to maintain their primary funding source, they may have been unable to continue their education. Neither participant was eligible for federal financial assistance, eliminating them from many scholarships available at their institution. If funding sources were available independent of their citizenship status or eligibility for federal funding, perhaps these participants would have fewer barriers to accessing their education. Nurses within higher education may advocate for policy change or policy development, as Thurman et al. suggested, to provide funding to students who do not qualify for typical federal funding assistance. This study furthered the conversation about ways nurses can engage to impact institutional racism.

Both students described another type of institutional racism related to federal policies during the pandemic. The CARES act was implemented to provide financial assistance to individuals impacted by the pandemic. Both participants expressed how they felt the Trump administration was working against them because their status made them ineligible for receiving this financial assistance. Despite living in the United States and one participant working full-time, they were unable to receive any funding. To think that, because neither of these individuals

were citizens, they wouldn't have a financial need during the pandemic ignores their status as a person living through the world-wide crisis that occurred. The participants' experiences demonstrated how Whiteness contributed to the obstacles they faced. Colleges may not have been able to directly impact this type of institutional racism due to the federal level of the decision; however, colleges could provide other forms of support.

While the pandemic was an unexpected event not likely to recur on a regular basis, the fact that these students did not qualify for federal aid is likely to be recurring. The ability to recognize students' needs when they don't qualify for federal funding is important to providing students with support. Numerous authors have discussed the importance of financial support for students from diverse backgrounds, including developing additional financial resources (Brooks Carthon et al., 2015; Degazon & Mancha, 2012; Ferrell & DeCrane, 2016; Juniors et al., 2010; Loftin et al., 2012a; Phillips & Malone, 2014; Shan Choi, 2016; Talley et al., 2016; Torreggosa & Morin, 2012). This research was consistent with their recommendations but added the unique perspective that the coronavirus pandemic contributed to their financial needs. Colleges may consider developing financial assistance available despite the inability to qualify for federal funding. Expanding scholarships for students who meet these qualifications may reduce the financial obstacles some students face.

Trump Administration

The Trump administration was a theme that did not present itself in the literature review. While the theme of the Trump administration was specific to then-president Trump, it reflected the broader work of federal level administrations that make decisions impacting individuals, including those who may not be citizens. While the Trump administration made decisions about DACA participants and the CARES act, creating obstacles for the participants, the

administration's impact on CRT from a political standpoint cannot be ignored. These actions may have a broad impact on nursing students; CRT has become politicized, and politicization creates implications for society.

An executive order issued by then-President Trump in September 2020 did not specify CRT; however, the descriptions provided in the order reflected the principles of CRT (Executive Order 13950, 2020). In the executive order, federal agencies, federal contractors, and federal grant recipients, for example, were prohibited from providing training for "divisive concepts" (Executive Order 13950, 2020, p. 60685). These divisive concepts defined in the executive order included the premise that individuals are fundamentally racist or sexist, an individual should feel distress due to their race or sex, the United States is fundamentally racist or sexist, individuals are responsible for the previous actions of others, and qualities such as a hard work ethic are racist or sexist. The executive order came about shortly after a memo from Vought (2020), director of the Office of Management and Budget, stated that "The divisive, false, and demeaning propaganda of the critical race theory movement is contrary to all we stand for as Americans and should have no place in the Federal government." The executive order expanded on the ideas presented in the memo.

There was disagreement about what CRT does for promoting and exploring diversity. The executive order stated the purpose of the order was to prohibit diversity training that promoted the reported divisive concepts, presumably CRT (Executive Order 13950, 2020). The belief behind the executive order was that the concepts taught promote division among differing sexes and races, contributing to a lack of efficiency at the federal level. Proponents of CRT indicated it is a theory used to explore the role of race and racism in American institutions. Using CRT allows us to explore how race and racism have impacted our institutions both historically

and in present-day (McCoy & Rodricks, 2015b). By exploring the impact of race and racism through the lens of CRT, it is thought a greater understanding of one another, and more equality can be reached. This disagreement became politically polarizing in the United States.

Sprunt (2021) reported some legislators view the issue of CRT as a culture war over race and racism. CRT remained in academic circles mostly until the executive order by then-President Trump banned its inclusion in diversity training in September 2020. The fight over CRT continued as President Biden rescinded the executive order, reinstating the ability to use components of CRT in training. Ultimately, this fight moved to the state level.

Several states pushed legislation that restrict how teachers can address race and racism, sexism, and other controversies in their schools (Schwartz, 2021). The movement of these bills into mainstream laws were poised to impact the education students in K-12 and postsecondary education receive related to race, history, and diversity. As the controversy over CRT continues and laws are developed to restrict what teachers can and cannot teach, students will have different experiences. For instance, students in states that restrict and penalize teachers for teaching some components of CRT, or its concepts, may not have the same education as students in states that do not have laws related to what cannot be taught.

It is impossible to predict how the controversy over CRT and educating students will proceed and impact students from racially and ethnically diverse backgrounds. Looking to the future, it will be important for nursing schools to track the progression of laws related to CRT and monitor the effects this controversy has on colleges and students.

This research study was based on the framework of CRT. The results of the study supported tenets of CRT as demonstrated in the participants' stories. The experience of racism was demonstrated by P2 who related the microaggression and micro-inequities by classmates.

CRT indicates racism is an ordinary experience for most people of color in the United States and therefore invisible. P2 indicated faculty did not seem aware of their experiences of racism, further demonstrating the invisibility of racism due to its natural occurrence. CRT indicates those who experience racism can tell their stories, and it is through their stories we can learn their perspectives. Allowing participants to tell their stories provided an opportunity to learn their perspectives. Whiteness as a property is another principle of CRT.

For those who benefit from Whiteness, individuals are colorblind and are unaware of the privilege they have from being White. This was demonstrated in the story of P2 who revealed that their peers appeared to be unaware of the micro-inequities and microaggressions that occurred in the classroom when those same peers ignored their requests and refused to pair with them for classroom activities. It was further exacerbated when these peers suggested they understood people from diverse backgrounds.

Additionally, these participants told of experiences related to privilege and power to which they did not have access. Their financial resources were different than the majority; these participants were not provided with access to grant money and financial relief through the CARES Act related to the coronavirus pandemic. Neither participant could qualify for most educational financial aid because they did not qualify to complete the FAFSA. P1 related the negative impact on their grades, and as a result financial aid, due to the power and privilege demonstrated by the faculty who created rigid expectations for course attendance and evaluations.

Limitations

The qualitative format of this study revealed findings unique to this study, and limitations of this study need to be recognized. The fact that only two participants responded to the

invitation created significant limitations. Additionally, since one participant did not respond to follow-up questions, this created an additional limitation. Determining why these limitations existed are speculative; however, the impact of the COVID-19 pandemic on nursing students and the stress it created must be considered. Students were struggling to meet the regular demands of work and school, to add responses to a study would not have been a priority for students at this time. The very students who were sought to participate are those who were most likely affected by the stressors of the pandemic.

Barrett et al. (2017) sought to identify barriers to African Americans participating in clinical research. These researchers identified barriers such as fear and mistrust, lack of time, financial constraints, difficulty sharing personal information, and family members discouraging their participation. Barrett et al.'s research is consistent with other research findings, suggesting similar significant barriers may have contributed to the difficulty in recruiting participants. The potential participants, students, may not have been comfortable sharing their experiences for fear it could negatively impact their educational experience, for example.

Hughes et al. (2017) found similar barriers to Barrett et al. (2017); both research studies identified approaches to overcoming such barriers including being familiar with the researcher. This possible facilitator to the research may have been a limitation; I was not familiar with the potential participants. I attempted to overcome this limitation through the sponsors of the minority student group sending the invitation to participate; however, this did not result in any additional participants.

Additional limitations include the two participants holding different citizenship status in the United States, and one participant identified as Caucasian where the other participant did not. While these differences allowed the impact of citizenship status to surface, it did not allow for

different perspectives to surface based on race; only one participant's experience related to minority race is revealed. Students are surveyed frequently in college courses, particularly for course and program evaluation. It is possible frequent use of evaluation in college courses created a limitation in that students became fatigued with evaluation, affecting their desire to participate in research. The limitations impacted the data collected and reduced the ability to understand the complete story of the racially and ethnically diverse student.

Recommendations

Research Recommendations

The limitations of this study suggested further studies need to explore the full impact the pandemic had on nursing students and individuals from diverse backgrounds. Additionally, it would be helpful to understand barriers and facilitators for students participating in research studies. Further study could help guide the approach to future research for effective data collection.

As previously noted, a lot of the research related to racially and ethnically diverse students' success in nursing school has been qualitative, exploring the experiences of students. This and previous research exposed issues of racism (Barger & Hummel, 2015; Markey & Tilki, 2007; Onovo, 2019), additional and unique obstacles to completing nursing school (Fuller & Mott-Smith, 2017; Mulready-Shick, 2013), and financial struggles (Ferrel & DeCrane, 2016; Torregosa & Morin, 2012). Because many issues have been revealed through qualitative research, it would be important to follow-up by determining the effect different support measures have for these students using quantitative methods. Studies that demonstrate how the overall attrition rate at individual institutions is affected as well as student licensure rates will help identify the most effective support measures. Measuring the success of varied support measures

in assisting racially and ethnically diverse nursing students could move colleges forward in supporting diversity among nurses as deemed necessary by the ANA (n.d.), HRSA (2019), and NLN (2017).

One difference between the participants in this study was the experience of discriminatory behaviors. To my knowledge, these different aspects have not been explored in the literature. The White international student who reported some difficulty with the English language reported no concerns with discrimination. However, the participant who described themselves as Hispanic related instances of racism. It would be helpful to explore the differences experienced by White students who are from different ethnicities compared to students of color or those from indigenous backgrounds.

Further, studies should seek to identify the extent to which having a diverse nursing workforce reduces disparities in health care among minority populations. Phillips and Malone (2014) indicated there is an assumption that increasing diversity within the nursing workforce will improve health disparities, but little data have provided evidence of a solid link between the two factors. Until the nursing workforce can be further diversified, it may be difficult to fully study its effects on health disparities. Complicating this, until we can fully understand the factors that contribute to retention and attrition, it will be challenging to build diversity among nursing professionals. Essentially, until the nursing workforce is thoroughly diversified, it will be difficult to measure the full extent to which it can affect health disparities.

Keeping in mind the fluid nature of the United States' racial climate, federal level policies related to non-citizens, and the current political strife related to CRT, it will be important to study the impact these changes will have on students from racially and ethnically diverse backgrounds. As policies develop, presidential administrations change, and cultural attitudes

continue to evolve, researchers must understand the impact on nursing students so that support measures to reduce attrition can evolve; what works today may not be effective in the future.

As organizations change policies and practices and implement new approaches to nurse education that support minority students, attrition rates need monitored for success. However, one problem is the inability to compare attrition rates across institutions and how they are measured. As Loftin et al. (2021b) noted, there is no consistent measure of attrition rates; this remains a concern. Before measuring attrition rates, developing a standard definition and measurement of attrition should be addressed. Monitoring attrition rates will be significant; however, also monitoring those who become licensed will be helpful to measure success. Quantitative research can assist in measuring and disseminating such information.

Additional research needs to evaluate the possibility of nursing faculty evaluating students in the classroom based on ambiguous factors. As DeBrew and Lewallen (2014) discussed inconsistent and ambiguous evaluations in the clinical area, it is possible some classroom evaluation was also inconsistent and ambiguous. This possibility was exposed by the rigid expectations of logging on to take a quiz ahead of the online class meeting described by P2.

Practice Recommendations

Understanding the perspectives and experiences of nursing students from racially and ethnically diverse backgrounds can assist nursing faculty and administrators to review and revise their policies and practices and develop new programs to support these students. Resolving the higher attrition rates for diverse students is important; otherwise, it will be especially challenging to increase the diversity of the nursing workforce and improve health disparities. This research added to the body of knowledge that advocated for providing specific support for students from racially and ethnically diverse backgrounds. Based on the research findings demonstrating

policies and practices that negatively impacted diverse students, faculty and administrators can reevaluate the policies and practices at the class, department, and institutional levels. Looking at each policy and practice and reviewing its purpose and attempting to view each from the perspective of students who do not belong to the normed White culture will assist in making programs more inclusive.

Alexander et al. (2017) described how an organization's culture is influenced by faculty, staff, administration, mission, and values of the organization. Policies and practices are an extension of these factors that impact organizational culture, thus contributing to the culture. When students from diverse backgrounds are admitted to nursing programs, the prevailing culture can inhibit or promote their success. For example, rigid policies or practice that assume all students have transportation are reflective of the organizational culture. Because of the potential impact organizational culture could have on student success, it is important to consider how the culture may be impacting the policies and practices used. Reviewing the organizational culture may also be impactful on any organization striving to increase diversity in the nursing profession.

Creating faculty development programs that assist faculty in understanding the needs of racially and ethnically diverse students are recommended. As P2 described, faculty did not seem aware of the microaggressions and micro-inequities occurring among peers in the classroom environment. Bleich et al. (2015) described six strategies an organization can use to improve diversity; each of these strategies would require that faculty are educated for effective implementation. An ongoing effort to educate faculty about how they can best support diverse students and develop an inclusive environment would create change throughout an organization.

As evidenced particularly by P2's experience of subtle everyday racism, faculty development could help create the inclusive environment. If faculty are unaware of the signs or symptoms of microaggressions and micro-inequities, they are likely unable to recognize and intervene to support students. Part of the education faculty will need is how to recognize these subtle acts of racism, how to support the student experiencing these acts, and how to educate other students on the impact of distressing behaviors. Research and practice can continue to evolve in supporting students and faculty alike as the goal to diversify the nursing profession is pursued.

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Appendix A
IRB Approval Letter

101 South 42 St. Omaha, NE 68131-2739 PH 402 552 3100 TF 800 647 5500



June 9, 2020

Dissertation Committee Chair: Ryan Meers, Ph.D.

Student Investigator: Janine Johnson

Clarkson College

Dear Dr. Meers:

Clarkson College's Institutional Review Board has reviewed and approved the application for expedited consideration of the dissertation study "Organizational Factors as Barriers to Racially and Ethnically Diverse Nursing Students' Success."

Please add the words "This research has been approved by the Clarkson College Institutional Review Board as IRB #2020.05.05 to the consent form (as applicable).

Best wishes on the successful completion of this dissertation study. If for some unforeseen reason it extends beyond one year, you will need to complete additional paperwork to the IRB.

Please feel free to contact us if you have any questions regarding the process or need any other assistance from Clarkson College's IRB in the future.

Sincerely,

A handwritten signature in blue ink, which appears to read "Patricia Brennan". The signature is written in a cursive style.

Patricia Brennan, Ph.D.

IRB Chair Clarkson College

Appendix B

Interview Protocol

Interview Protocol

Organizational Factors as Barriers to Racially and Ethnically Diverse Nursing Students

Thank you for taking the time to complete this online interview. If you have any questions about this study or the interview you may contact me at through my Dissertation Chairperson, Dr. Meers at meersryan@clarksoncollege.edu. Your participation in this research is voluntary. If you choose to withdraw from the research, you may do so by not submitting this form or informing Dr. Meers of your wish to withdraw from the study. Your responses will be kept confidential by removing your name and using a numbering system for your responses. After reading the introduction, you will be asked to provide some basic demographic information. The survey consists of 4 questions which should take approximately 20 minutes to complete. However, the time depends on the depth you choose to answer each question. It may take longer if you choose to be more descriptive. The researcher may request additional information after reviewing your responses. The remainder of this introduction describes the purpose of this research project and defines terms used in the study, which will provide you an understanding of the survey questions.

Instructions for completing the interview

The purpose of this research is to understand the experiences nursing students from racially and ethnically diverse backgrounds have related to organizational factors and how these factors impact your success in nursing school. Organizational factors are policies and practices that are used in an organization, in this case, nursing education. These policies and practices can be those at the institutional level and at the department and faculty level. Policies are formal rules about how processes take place. For example, at Clarkson College, the nursing department policy includes that students must

achieve 80% or better on course exams before additional course points are included in the final grade. At the faculty level, a policy might be related to points deductions on assignments that are submitted late. At the institutional level, the Academic Integrity policy outlines rules about cheating and plagiarism. Practices are general ways of functioning or customs, but not necessarily a formal rule. For example, a faculty-level practice might include ways lectures are delivered in the class environment. An example of a college-level practice might include how student appointments are handled in various offices on campus. The interview questions focus on practices and policies at the institutional, department, and faculty level. If you are unsure where to place a policy or practice you would like to share, choose the area you feel most likely matches it and address it under that section.

The following questions can be answered in narrative format by writing out your response in the email. If you have a story that provides an example of the content you are describing, please share the story to provide additional context to the information. When you are finished, please send your responses to Dr Meers at meersryan@clarksoncollege.edu

Demographic questions:

Which racial or ethnic group do you primarily identify with? _____ If you prefer not to respond, please state such.

Please identify your age range by marking an X in the appropriate range.

___ 19-25 years old

___ 26-30 years old

___ 31-35 years old

___ over 35 years old

___ prefer not to say

Please identify your gender _____. If you prefer not to respond, please state such.

Interview questions:

1. Describe experience(s) you have had with institutional practices during your nursing education that have helped or hindered your progress or success.
2. Describe experience(s) you have had with institutional policies during your nursing education that have helped or hindered your progress or success.
3. Describe experience(s) you have had with classroom or syllabus practices during your nursing education that have helped or hindered your progress or success.
4. Describe experience(s) you have had with classroom or syllabus policies during your nursing education that have helped or hindered your progress or success.