UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

IT'S MORE THAN NURSING: THE EXPERIENCES OF PSYCHOLOGICAL SAFETY OF PRE-LICENSURE NURSING STUDENTS WHO IDENTIFY AS BLACK, INDIGENOUS, AND PEOPLE OF COLOR

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Melissa Marie Anozie

College of Natural and Health Sciences
School of Nursing
Nursing Education

December 2022

This Dissertation by: Melissa Marie Anozie

Entitled: *It's More than Nursing: The Experiences of Psychological Safety of Pre-Licensure Nursing Students Who Identify as Black, Indigenous, and People of Color*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Natural and Health Sciences, in School of Nursing, Program of Nursing Education

Accepted by the Doctoral Committee

_____
Michael D. Aldridge, Ph.D., Research Advisor

_____
Natalie M. Pool, Ph.D., Committee Member

_____
Jeannette A. McNeill, DrPH, Committee Member

_____
Heather Pendleton-Helm, Ph.D., Faculty Representative

Date of Dissertation Defense _____

Accepted by the Graduate School

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

ABSTRACT

Anozie, Melissa Marie. *It's more than nursing: the experiences of psychological safety of pre-licensure nursing students who identify as Black, indigenous, and people of color*. Published Doctor of Philosophy dissertation, University of Northern Colorado, 2022.

The healthcare environment mandates its staff are able to communicate freely and openly to provide high quality patient care leading to positive patient outcomes. As the largest healthcare profession and those who are at the bedside most often with patients, registered nurses play a vital role in ensuring these outcomes. As advocates for the most vulnerable, nurses must communicate often but before doing so, they must feel psychologically safe. Psychological safety is how one perceives the benefits, risks, and consequences of asking a question, sharing an opinion, reporting an error, or revealing one's true self to others. It is a belief that one would not be shamed, punished, or humiliated for speaking up with questions, concerns, or mistakes. Although vital in the profession, psychological safety has been found to be essential to the learning process in nursing education. As the demographic of the United States changes and becomes more diverse, the healthcare workforce has been challenged with mirroring that population including nursing education. The minority experience in nursing school has been studied; what is not known is this population's experiences of psychological safety. The purpose of this unique study was to know the experiences of psychological safety of nursing students who identify as Black, indigenous, and people of color (BIPOC). Eleven BIPOC, pre-licensure, Bachelor of Science in Nursing (BSN) students from across the United States participated in this qualitative, descriptive study. In-depth, semi-structured interviews were conducted, recorded,

and analyzed by the researcher to identify repeated themes. Six themes were identified, giving nursing faculty a preliminary understanding of BIPOC nursing students' experiences: (a) the past informs the present, (b) feeling dismissed, (c) it's just too risky, (d) I will speak up for patients, (e) the learning community is key, and (f) I am needed! The findings revealed nursing faculty must do more to ensure BIPOC students feel included and wanted by enhancing their psychological safety and willingness to participate in class discussions. Furthermore, the discussion provided several recommendations for nursing faculty to create an environment that is not only inclusive of BIPOC students but celebrates the different perspective they bring. Increasing the psychological safety of BIPOC nursing students would benefit all students in learning to care for a highly diverse patient population.

ACKNOWLEDGEMENTS

Nursing has long been thought as an applied profession. It has been said that nurses exist to assist physicians and carry out orders like medication administration and wound care. I have to admit that I believed the same before I entered the field. What an honor and privilege it is to be part of a group of people (registered nurses) that have the unique opportunity to treat the physical symptoms of disease but also see the patient as an individual who is much more than that disease process. Pursuing a Ph.D. was always in my plan and this journey has been so much more than I anticipated. Through the tears, failures, and victories, I am a different person—one who has been shaped and molded to serve the next generation of nurses who will enter the profession and care for the most vulnerable. It has made me a better teacher, wife, and mother. Several people have walked with me on this journey, and I will always be grateful for their love, support, and guidance.

To Teresa Hamilton—my once teacher, service project co-leader, colleague, friend, and now supervisor. You have listened to every complaint and worry during these last four years and have talked me off the ledge when I was ready to quit, pushed me to be better, and encouraged me through it all. Thank you for helping me navigate the pitfalls you faced in your own program. To California Baptist University for the generous tuition assistance that made this degree a reality. To Dr. Mike Aldridge, my dissertation research advisor—thank you for your kind spirit, honest feedback, and expertise as you guided me through this process. Thank you to my dissertation committee: Dr. Natalie Pool, Dr. Jeannette McNeill, and Dr. Heather Pendleton-Helm. Your feedback was vital in my ability to successfully finish this degree and really learn

the research process. To my classmates Esme and Amanda—your encouraging texts during comprehensive exams and throughout this process have truly blessed me. Cheering for you both as you finish.

My personal journey was part of the impetus for this study, and it has changed me as a wife, mother, nurse, and nurse educator. I am a White woman married to a Black man. Together, we have a biracial daughter, and I will never be able to fully grasp his or her experiences in life. This study, however, gave me, and the discipline of nursing, a glimpse into the experiences of people of color and how we as nursing faculty can and must do better. Thank you to the 11 students who chose to participate in this study and trusted me with their stories. While they were not always easy to share, they will make a difference in nursing education. You all are so needed in the profession, and I am so glad you know it! I will take the findings of this study and make changes in my own classroom and hope my colleagues across the nation will as well.

Lastly, to my family. Mahalo Mom, Dad, Jen, Jeff, and Amy for putting up with me talking about my research even if you did not understand one word of nursing theory. To my husband Benjamin, a fellow nurse, with whom I get to share life's ups and downs. It's been a long four years, I know. Daalu for giving me the time I needed to study, listening to my ideas, for the continuous encouragement and belief in me, and for helping me understand your own life experiences more. There's no one I would rather be walking through life with. I love you. Finally, to my daughter Abygale. This study is for all the little girls and boys who look like you, my love. May you always know how beautiful you are, inside and out, and that you deserve to be respected. The sky is the limit, little girl. While Daddy always says, "be a doctor," consider nursing. It is you, and others that look like you, that will change the world.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

While it takes an interdisciplinary team to care for the sick, nurses spend the most time with patients and play a crucial role in ensuring patient safety (Phillips et al., 2021). The majority of their day is consumed with administering medication, giving baths, performing wound care, and continually assessing for changes in condition that warrant a change in care. The American Nurses Association's (ANA, 2015) *Code of Ethics* provision three said, "The nurse promotes, advocates for, and protects the rights, health, and safety of the patient" (p. 9). More specifically, nurses must "be alert to and must take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or bests interests of the patient in jeopardy" (ANA, 2015, p. 12). To fulfill their role as patient advocate, nurses must communicate often with the patient, family, and all members of the team. Before speaking up though, one must feel psychologically safe to do so.

Psychological safety is how one perceives the benefits, risks, and consequences of sharing an opinion, asking a question, reporting an error, or revealing one's true self to others (Edmondson & Lei, 2014). It is a belief that one will not be shamed, punished, or humiliated for speaking up with questions, concerns, or mistakes and is foundational in nurses advocating for patients. It has also been found to be an essential concept in the education of nursing students and is paramount to learning, student success, and identity formation (Chicca & Shellenbarger, 2020; Clark & Fey, 2020; Tremayne & Hunt, 2019; Turner & Harder, 2018). Unfortunately, the

phenomenon is not known by many educators nor students; rather, it is learned on the job and part of a "hidden curriculum" in education (Torralba et al., 2020).

Much has been studied on psychological safety in teams, particularly in the healthcare environment. In nursing education, it has been studied in simulation-based learning activities and also prelicensure students' experiences in the clinical setting. To date, no studies have been published in studying the phenomenon in nursing education with nursing students of color. As the American demographic changes and health care is tasked with mirroring the population, it is important to hear stories of students that identify as Black, indigenous, and people of color (BIPOC). Knowing the experiences of BIPOC nursing students might allow nurse educators to foster a culture of safety, encourage inclusivity, celebrate diversity, and better prepare all students for the demands of practice.

Background

The publishing of *To Err is Human: Building a Safer Health System* (Institute of Medicine, 2000) was the impetus for healthcare facilities to focus on fixing a broken system. The report forced several organizations to direct attention to patient safety barriers and brought forth innovative recommendations by the Agency for Healthcare Research and Quality (AHRQ, 2018), implementation of the National Patient Safety Goals program in 2003 (The Joint Commission [TJC], 2020), and establishment of the Quality and Safety Education for Nurses (2020) program in 2005. While each program addressed several concepts surrounding patient safety, effective communication among the healthcare team and with patients was a common thread (AHRQ, 2018; Quality and Safety Education for Nurses, 2020; TJC, 2020); however, the literature suggested nurses and those in training faced barriers in speaking up.

Speaking Up in Nursing

Acting as a patient advocate, nurses have a duty to use their voice, provide an opinion, or question an order when the patient cannot. “Speaking up” has been defined as confident communication in situations that require immediate action by using questions, voicing personal opinions, and recommending actions until a resolution is met (Schwappach & Gehring, 2014). However, the research suggested that nurses are hesitant owing to individual, organizational, and sociocultural factors. Additionally, nurses choosing to speak up is very much context dependent (Schwappach & Gehring, 2014).

Individual Factors

In their systematic review, Lee et al. (2021) found that personal commitment to patient safety, loyalty to the organization, and personality traits were important factors in nurses choosing to use their voice. Many stayed silent, fearing negative feedback from others or the possibility of being wrong (Edrees et al., 2017; Etchyegaray et al., 2020; Okuyama et al., 2014). In a meta-synthesis of qualitative studies on speaking up behavior, Morrow et al. (2016) noted nurses feared being verbal and physically abused, disrespected, humiliated, or possibly revealing information about a colleague to others. Being labeled the unit “tattle-tale” also prevented nurses from speaking up about another’s actions (Levine et al., 2020).

Organizational Factors

Organizational dynamics also played a part in nurses choosing to speak up or stay silent. The long-standing hierarchical nature of healthcare was highly reported in the literature and a common reason for silence (Lee et al., 2021; Levine et al., 2020; Morrow et al., 2016; Rainer, 2015; Schwappach & Gehring, 2014; Schwappach & Niederhauser, 2019). Schwappach and Gehring (2014) noted that those with supervisory roles were more comfortable speaking up when

compared to those without administrative duties. The fear of being admonished by superiors (Okuyama et al., 2014) and the need to conform to the physician's expectations of the nurse's subservient role (Morrow et al., 2016) were also contributing factors. The role of an organization's leadership was also an important finding in creating a safe climate of reporting. Leadership, particularly nurse managers, played a vital role in setting the tone and expectations for sharing ideas and reporting errors (Lee et al., 2021; Morrow et al., 2016; Rainer, 2015).

Sociocultural Factors

Lastly, several sociocultural factors influence voice behavior of nurses. The choice to speak up is highly dependent on one's ethnic culture and upbringing (Garon, 2012; Lee et al., 2021). Cultures that value group ideas over those of the individual could stifle one's voice when it is considered outside the majority opinion. Additionally, generational differences among nurses and other healthcare staff play a part in voicing opinions (Lee et al., 2021). Rainer (2015) suggested nurses from the Baby Boomer generation were less likely to speak up against someone in position of authority due to differing values. Millennial nurses were more likely to speak up as they viewed physicians and other healthcare staff as peers rather than authority figures.

Speaking Up in Nursing Education

The American Association of Colleges of Nursing (AACN, 2021), in its new *The Essentials: Core Competencies for Professional Nursing Education,* named communication as a crucial component of all aspects of nursing practice and threaded the concept through its educational framework. Additionally, the National Council of State Boards of Nursing (2019) listed communication on the National Council Licensure Exam test plan as a focal point for student preparation. The training to effectively communicate with patients and the healthcare team begins in nursing education and the environment in which students learn these basic but

vital skills is critical to their success of speaking up in school and the ability to transfer that to practice.

Nursing students' experiences with speaking up behaviors has not been widely studied but there have been studies on similar issues in nursing education. Fisher and Kiernan (2019) found organizational culture played a large role in students choosing to point out safety issues. Perceptions of power in the healthcare system, specifically between physicians and nurses, was a barrier to them voicing concerns (Fisher & Kiernan, 2019). Cultural and generational considerations, both in a positive and negative way, were shown to influence nursing students' decisions to voice an opinion (Fagan et al., 2016). Contrary to a professional nurse, nursing students voiced a sense of belonging that was mediated by their relationship with preceptors contributed to their decisions to speak up or stay silent (Fagan et al., 2016; Fisher & Kiernan, 2019).

Psychological Safety is Foundational to Speaking Up

In a national survey on patient safety culture, only 49% of the nearly 450,000 hospital staff who responded to the survey, 36% of whom were nurses, said they felt safe to challenge an authority figure (AHRQ, 2016). Furthermore, only 35% were confident in asking questions when something did not seem right (AHRQ, 2016). To encourage nurses to use their voice, the AHRQ (2016) and TJC (2017) suggested that organizations must create a culture of safety in which all staff feel free to speak up without the fear of retaliation. Importantly, one of the 11 tenets recommended by TJC was that all leadership "adopt and model appropriate behaviors and champion efforts to eradicate intimidating behaviors" (p. 1).

Psychological safety is needed for encouraging behaviors vital to the learning process (Edmondson & Lei, 2014; Frazier et al., 2017). It generates an environment where students feel

safe enough to take risks (Rudolph et al., 2014). Nursing students must first have psychological safety to use their voice, whether it be in a professional setting, classroom environment, or clinical practicum. While this must be fostered in healthcare environments, nurse educators must also cultivate a culture of psychological safety in nursing education to ensure all students feel empowered to ask questions, share an opinion, or voice concerns.

Psychological Safety

Schein and Bennis (1965), management professors at the Massachusetts Institute of Technology (MIT), began the work of psychological safety focusing on organizational change. Their seminal research uncovered employees must embody feelings of confidence and protection to confront and navigate change in the company (Schein & Bennis, 1965). Schein (1993) said:

> [For change to occur], one must feel psychologically safe; that is, they have to see a manageable path forward, a direction that will not be catastrophic. They have to feel that a change will not jeopardize their current sense of identify and wholeness. They must feel that new habits are possible, that they can learn something new. (p. 89)

While it took nearly 25 years, the research on psychological safety within a work environment was revived when Kahn (1990) studied the reasons employees engage or disengage in their work, comparing summer camp counselors and employees from an architecture firm. He defined psychological safety as "feeling able to show and employ oneself without fear of negative consequences to self-image, status, or career" (Kahn, 1990, p. 708). Interpersonal relationships, group dynamics, management style, and organizational culture also influence one's psychological safety (Kahn, 1990).

Most recently, Edmondson (1999), a business professor at Harvard, introduced the concept of team psychological safety, changing directions from an individual construct as

defined by Schein and Bennis (1965) and Kahn (1990). Team psychological safety was defined as "a shared belief that the team is safe for interpersonal risk taking" (Edmondson, 1999, p. 354). Members of a team might not speak up due to fear of making an error or appearing incompetent, which might negatively affect their self-image (Edmondson, 1999). Additionally, professional title or status influences employees' perception of the ease or difficulty of speaking up, giving opinions, or asking questions (Nembhard & Edmondson, 2006).

In their systematic review, Newman et al. (2017) reported that psychological safety research has been focused on the antecedents and outcomes of the concept measuring perceptions at individual, group, and organizational levels. Of the 78 studies reviewed, all but four used quantitative research methodologies mostly measuring psychological safety at the team level using Edmondson's (1999) seven-item scale. Furthermore, while several antecedents and outcomes were proposed, their importance in a work environment was not clear (Frazier et al., 2017). Studies measuring perceptions of psychological safety at the individual-level have been measured using author-developed instruments, which causes concern with reliability and validity (Newman et al., 2017). Neither Newman et al. nor Frazier et al. (2017) reviewed any studies using qualitative research methods.

Overview of the Attributes, Antecedents, and Consequences of Psychological Safety

One who has a sense of psychological safety first and foremost takes interpersonal risks in speaking up, asking questions, or offering suggestions because they do not fear consequences (Edmondson, 1999; Kahn, 1990; Schein & Bennis, 1965). The literature suggested supportive leadership behaviors like inclusivity, trust, and integrity of leadership (Edmondson, 2002; Frazier et al., 2017; Newman et al., 2017) were precursors to employees feeling this sense of safety

along with an overall supportive organizational culture (Chen et al., 2014; Newman et al., 2017; Singh et al., 2013). Furthermore, positive peer relationships are foundational to speaking up (Frazier et al., 2017; Lee et al., 2020; Newman et al., 2017).

Several outcomes of psychological safety were mentioned in the literature. Employees who embodied a sense of psychological safety were found to be more engaged, innovative, and creative (Edmondson, 2002; Newman et al., 2017). Also, speaking up behavior was more common when one felt confident that others would not respond negatively (Alingh et al., 2019; Edmondson et al., 2001; Lee et al., 2021). Positive learning behaviors like asking questions, learning from failures, self-reflection, and asking for feedback were also consequences of psychological safety (Carmeli & Gittell, 2009; Edmondson, 1999; Schein & Bennis, 1965). A more comprehensive review of the literature is provided in Chapter II of this study.

Diversity in Nursing Education and the Workforce

The AACN (2017b) projected by the year 2043 that minority populations in the United States would become the majority. According to the 2020 census (as cited Jones et al., 2021), Whites continued as the most populous race at 204.3 million; however, for the first time in history, it decreased by 8.6% since the 2000 census. Importantly, the United States has seen a 276% increase in people identifying as multiracial with 4 out of 10 Americans identifying as a race other than White (Frey, 2020). It is predicted by the year 2030 that the aged will outnumber young people and all minority groups will grow more quickly than Whites (Vespa et al., 2020). These predictions are significant as nursing education attempts, but continues to fall short, in mirroring its population (National Academy of Sciences, Engineering, and Medicine [NASEM], 2021).

While nursing programs have increased their student diversity, the number of White students enrolled in entry-level baccalaureate programs continues to be significantly higher than the number of all minority students combined (see Table 1). Similarly, the *NLN Biennial Survey of Schools of Nursing Academic Year 2019-2020* (National League for Nursing [NLN], 2021) suggested the percentage of minorities enrolled in all pre-licensure programs (associate and baccalaureate degree programs) only rose 0.2% from 2018 to 2020.

Table 1

Race/Ethnicity of Students Enrolled in Entry-Level Baccalaureate Programs, 2019

	Students	
Race/Ethnicity	*n*	%
White	144,204	64.0
Black/African American	23,188	10.3
Hispanic or Latino	29,838	13.2
Asian, Native Hawaiian, or Other Pacific Islander	19,738	8.8
American Indian or Alaskan Native	1,108	0.5
Two or More Races	7,199	3.2
Total	225,275	
Total Minority	81,071	36.0

Source. AACN (2019)

With fewer minority students training to be nurses, there would naturally be less entering the workforce. For every two White nursing students who graduate, only one ethnic minority would complete their nursing degree (see Table 2). It was no surprise the results of the *2020 Nursing Workforce Survey* (Smiley et al., 2021) reflected that statistic. The overwhelming

majority of nurses working in the United States were White (see Table 3), further suggesting the nursing workforce is failing to reflect the nation's changing demographics.

Table 2

Race/Ethnicity of Graduates from Entry-Level Baccalaureate Programs, 2019

	Students	
Race/Ethnicity	*n*	%
White	49,176	66.9
Black/African American	6,701	9.1
Hispanic or Latino	8,669	11.8
Asian, Native Hawaiian, or Other Pacific Islander	6,489	8.8
American Indian or Alaskan Native	346	0.5
Two or More Races	2,157	2.9
Total	73,538	
Total Minority	24,362	33.1

Source. AACN (2019)

Table 3

Race of Registered Nurses, 2020

Race/Ethnicity	Nurses *n*	%
American Indian or Alaskan Native	194.1	0.5
Asian	266,340	7.2
Black/African American	279,799	6.7
Native Hawaiian, or Other Pacific Islander	17,573	0.4
Middle Eastern/North African	8,931	0.2
White/Caucasian	33,595	80.6
Other	9,676	2.3
More than one race	88,195	2.1

Source. Smiley et al. (2021).
Note. *n* = 47,702

Research with BIPOC nursing students revealed several barriers to academic success and professional development. Acts of racism and discrimination were experienced by this population both in explicit and hidden ways by classmates and faculty (Ackerman-Barger & Hummel, 2015; Alicea-Planas, 2017; Ezeonwu, 2019; Graham et al., 2016; Metzger, Dowling et al., 2020; Murray, 2015; Sedgwick et al., 2014; White, 2018; White & Fulton, 2015). Students reported feeling excluded in class as well as the clinical setting. Contrary to their White classmates, some felt as though they constantly had to defend themselves and their opinions (Ackerman-Barger & Hummel, 2015). Others suggested that non-minority students continually reminded them of their differences (Ezeonwu, 2019). To overcome structural racism in nursing

education, Moncrieffe et al. (2019) suggested decolonizing the curriculum and creating a culturally inclusive environment that reflected the diversity of its people.

Problem Statement

Psychological safety is required for nurses be able to communicate effectively and perform their professional role. Patients trust that nurses and the entire healthcare team will provide the highest quality care. A workplace that does not foster an openness of ideas, the ability to share one's opinion, or the courage for nurses to speak up without the fear of embarrassment or retribution puts the patients and students at risk for negative outcomes (Edmondson, 1999; Edmondson & Lei, 2014). While this is a documented problem for working nurses, it is important for nurse educators to understand how this phenomenon is experienced in school as students prepare for professional practice.

The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity (NASEM, 2021) had a clear charge for nursing. Nurses must be ready and able to confront the social determinants of health affecting those they serve and that begins with ensuring a diverse workforce reflective of the nation's diverse demographic. The report stated clearly that the diversity of students enrolled in nursing programs and how they are supported throughout their educational journey is imperative to reducing health disparities and ensuring health equity. This requires schools of nursing to actively recruit BIPOC students but charges educators with ensuring an inclusive learning environment, offering support, and confronting barriers BIPOC students face that differ from their classmates (NASEM, 2021).

At the heart of psychological safety is the feeling that one can focus on learning rather than the protection of self (Schein, 1993). Psychological safety as a concept in organizational learning and team dynamics was well studied. Much has been gleaned about teamwork,

particularly in the healthcare environment where stakes are high and patient safety is a concern. Nurse educators have studied the phenomenon in the educational setting during simulation experiences and in the clinical setting; however, to date, no research has studied psychological safety in nursing education through the lens of BIPOC students.

Purpose Statement

The purpose of this qualitative study was to explore BIPOC pre-licensure nursing students' experiences of psychological safety in nursing school. The analysis of data from semi-structured interviews with participants sought to understand three things. The first aim was to describe BIPOC nursing students' experience of psychological safety. The second aim was to identify the role nurse educators and others in the learning community play in cultivating a safe learning environment. Lastly, the third aim was to understand how the experiences of BIPOC nursing students shaped their view of the profession. This study explored those experiences and gave a voice to the those historically excluded. Findings from this study aided in filling a known gap in the literature, corroborated the need for the learning community in nursing education to be intentional about being inclusive, and identified areas for further research.

Research Questions

This study attempted to know and describe the experiences of psychological safety of BIPOC nursing students. Specifically, the following research questions guided this study:

Q1 What are pre-licensure BIPOC nursing students' experiences of psychological safety in nursing school?

Q2 What role does the learning community play in pre-licensure BIPOC nursing students' experiences of psychological safety?

Q3 How have pre-licensure BIPOC nursing students' experiences of psychological safety shaped their view of the profession of nursing?

Overview of Research Approach and Design

At the heart of qualitative research is a desire to understand or assign meaning to experience (Bloomberg & Volpe, 2019). The data are not numerical; rather, the words are subjective in nature and from the worldview of the participants. I, as the primary instrument of data collection, was highly involved in the process and ultimately attempted to explain or communicate understanding of a phenomenon (Creswell & Poth, 2018). Contrary to quantitative studies, qualitative research most often occurs in a natural setting, various methods are used for data collection, and contextual factors are examined during the process (Creswell & Poth, 2018).

All research studies begin with a problem. Problems that can only be studied by interacting with people and listening to their stories are appropriate for qualitative research design (Creswell & Poth, 2018). Since little was known about the topic and the study aimed to describe the psychological safety experiences of BIPOC nursing students, statistical tests and analyses would provide little insight. Listening to students' stories, understanding their unique perspectives, and describing their experiences to others required the use of a qualitative research method.

A qualitative, descriptive design was used to describe the experiences of psychological safety of BIPOC nursing students for this study. According to Kim et al. (2017), qualitative descriptive studies could be useful when little is known about a phenomenon and a powerful description is required. As the primary instrument of data collection, I became part of the process as I interacted directly with study participants. Additionally, qualitative designs are by nature subjective, assuming each participant has a unique perspective and experience with the phenomenon (Bradshaw et al., 2017). This approach is also helpful when changes of process or interventions are likely (Kim et al., 2017).

The research did not take place at one site but virtually with various participants who met inclusion criteria. Purposeful sampling was required as the participants had completed at least two semesters of their Bachelor of Science in Nursing program as well as identified as BIPOC. Inclusion and exclusion criteria are further discussed in Chapter III. Semi-structured interviews were conducted with the goal of hearing the stories of students and their experiences of psychological safety. Data collection ceased upon saturation. Finally, inductive thematic analysis was performed.

Theoretical Framework

The theory of sense of community was the theoretical framework that guided this study. The key factors to one feeling psychologically safe are one's ability to take interpersonal risk, a sense of trust, a feeling of belonging, and the belief that one's opinion or thoughts matter to the group. The term community is most often used in two ways: (a) a geographical location or (b) speaking to relationships (Gusfield, 1975). This sense of community, as defined by those with a common interest or skill, is the more modern use of the concept. One can define this sense of community as those involved having a sense of belonging to the group, a feeling that each member matters, and shared feelings of commitment to the cause (McMillan, 1976). The four essential traits of being in community are (a) membership, (b) influence, (c) integration and fulfillment of needs, and (d) a shared emotional connection (McMillan & Chavis, 1986). More recently, McMillan (1996) renamed the elements as (a) spirit, (b) trust, (c) trade, and (d) art. Black, indigenous, and people of color nursing students, a community in themselves, must also experience the aforementioned elements to feel psychologically safe.

Rationale and Significance

For years, healthcare organizations have maintained that diversifying the nursing workforce along with nursing education is advantageous to the public and would aid in reducing health disparities (AACN, 2017b; ANA, n.d.; NASEM, 2021). As stated previously, the numbers did not match the population (see Table 1). Furthermore, the number of minority graduates was still lacking (AACN, 2017b), which continues to have a direct effect on the number of minorities that enter the workforce (Smiley et al., 2021). Admitting, training, and graduating a diverse student population could only enhance nursing education as students and faculty alike learn from the experiences and knowledge brought by those different from themselves. Increasing diversity and encouraging inclusivity in academic nursing would advance the quality of education and prepare nursing students for their professional role at the bedside and in future leadership positions (AACN, 2017a).

The process must first begin with hearing their stories of psychological safety during their nursing education. Creating a psychologically safe environment for BIPOC students is a key component to hearing their stories as their experiences and perspectives would not be shared unless they felt it was safe to do so. In the learning environment, students should never feel that asking a question or sharing an opinion came with consequences. Additionally, asking questions in the clinical setting should be encouraged by faculty and nurse preceptors alike. If psychological safety is absent in the educational process, students might not be fully prepared to care for patients in the clinical setting. Furthermore, their voice might be further silenced once in practice.

Researcher Perspectives and Assumptions

My clinical background is in cardiac nursing, primarily in underserved and ethnically diverse populations. The impetus for this study came from my experiences in caring for the BIPOC population, my time in nursing education, and also from a personal connection. I have been a nurse educator, both in the classroom and clinical setting, for eight years and consistently receive feedback from students that I am intimidating. While this description does not fit my perception of my style of teaching and communication, it is their perspective and valid.

Interestingly, I heard this from students of all ethnic backgrounds. Each semester, several students would tell me they did not want to ask questions in class because they were afraid of how I would respond. This was ultimately the problem. If students did not feel able to ask their faculty questions or for clarification, their learning would be stunted, their ability to apply concepts to practice would be affected, it might have self-esteem and self-concept consequences to the student, and would play a role in patient outcomes.

I am also mother to a biracial child, which is one reason for my population of interest. As a child with a White mother and a Black father, my daughter will most likely have very different experiences as she interacts with teachers in the future. While I could listen to her stories, I would never know her experience. I could, however, listen to her stories and implement change with my own students. While the study population in my college of nursing was more diverse than other schools, White female students are still the majority. Furthermore, the faculty are also overwhelming Caucasian.

As I began this study, I had several assumptions and biases:

- Much of the literature focused on psychological safety of nurses and nursing students shared the positive and negative effects of a lack or presence of psychological safety. Few studies shared actual stories and experiences of study participants.
- During a Doctor of Philosophy course, several classmates and I conducted a small, qualitative study on psychological safety in nursing. I interviewed nursing students and faculty as part of that study and heard horrible stories about mistreatment by those in positions of authority. I entered this study with the assumption I would hear similar stories again.
- The hierarchy in nursing and nursing education was likely to lead to a lack of psychological safety in BIPOC nursing students.
- Stories by BIPOC students might be interlaced with instances and experiences of racism.
- Findings from the study would lead to innovation and change in nursing education.
- My daughter being a BIPOC child would influence my perspectives in this study.

Definition of Key Terminology

For this study, the following definitions were used:

BIPOC: An acronym that stands for Black, indigenous, and people of color. The term signifies and separates Black and indigenous individuals as being more severely affected by structural racism (Merriam-Webster, n.d.).

Diversity*:*

> Range of individual, population, and social characteristics, including by not limited to age, sex, race, ethnicity, sexual orientation, gender identify, family structures, geographic locations, national origin, immigrants and refugees, language, physical, functional and learning abilities, religious beliefs, and socioeconomic status. (AACN, 2017b, p. 173)

Inclusivity: "The intentional incorporation of strategies and practices that foster a sense of belonging by promoting meaningful interactions among persons and groups representing different traits, perceptions, and experiences" (Metzger, Dowling et al., 2020, p. 5).

Learning Community*:* A nursing student's learning community includes both the physical places in which learning takes place (classroom, clinical setting, skills laboratory, faculty offices, etc.) but also is inclusive of the student, peers, faculty, clinicians/nurses, the institution as a whole, and family and friends outside of school (Metzger, Dowling et al., 2020).

Psychological Safety*:* How one perceives the benefits, risks, and consequences of sharing an opinion, asking a question, reporting an error, or revealing one's true self to others. It is a belief that one would not be shamed, humiliated, or punished for speaking up with questions, concerns, or mistakes (Edmondson & Lei, 2014).

Sense of Community*:* "A feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs would be met through their commitment to be together" (McMillan & Chavis, 1986, p. 9).

Speaking Up*:* Confident communication in situations that require immediate action by using questions, voicing personal opinions, and recommending actions until a resolution is met (Schwappach & Gehring, 2014).

Summary

As patient care continues to increase in complexity and requires frequent interdisciplinary communication, nurse educators must be cognizant of the psychological safety or lack thereof in their nursing student population. With a changing demographic landscape across the nation and the discipline of nursing is charged with increasing racial diversity in its programs, it is vital to know the experiences of BIPOC students to aid educators in developing and promoting an inclusive and psychologically safe learning environment. When BIPOC students feel free to share openly in class or clinical setting, "assumptions are challenged, perspectives are broadened, and socialization across a variety of groups occurs, resulting in intellectual and cognitive benefits for all learners" (AACN, 2017a, p. 1). Ultimately, patient safety depends on the future of the profession to speak up.

Chapter II presents a literature review focused on what is known about the phenomenon of psychological safety in general and also in nursing education. A more detailed description of the theoretical framework supporting this study is also provided. Finally, with the themes gleaned from the literature review, findings are shared that supported the need to study BIPOC nursing students' experiences of psychological safety in nursing education.

CHAPTER II

LITERATURE REVIEW

The purpose of this study was to explore the experiences of psychological safety in pre-licensure BIPOC nursing students. The previous chapter offered an introduction to this study and provided a brief overview of the phenomenon of psychological safety. Additionally, a glimpse into the diversity of the workforce and nursing education was provided, setting the stage for a study with BIPOC nursing students. This chapter provides a deeper understanding of the theoretical framework guiding this study and a literature review further explaining the defining attributes, antecedents, and outcomes of psychological safety. Finally, this chapter includes a synthesis of research gleaned on psychological safety in nursing education and provides further evidence that a study was warranted focusing on BIPOC nursing students' experiences of psychological safety.

Theory of Sense of Community

The concept of community could be used both to define an environmental location as well as a group of individuals with common interests or goals (Gusfield, 1975). Community (Oxford University Press, n.d.-b) also refers to those sharing a common cultural or racial/ethnic identity, those living in a religious order, individuals that work together, or groups of people that share interests and values different than the majority. No matter how the word is used, it implies a special relationship and commonalities between its members.

Sarason (1974) first theorized the construct of a psychological sense of community, stating that individuals belonged to specific subgroups of larger societies. Sense of community

was characterized by the closeness of the group members and was said to be vital for both personal and societal health. Initially, the idea of community was bound by land; therefore, those who did not embody a sense of community were at risk for isolation, loneliness, and hopelessness with their neighborhoods (Sarason, 1974). More recent studies have focused on the relational aspect of the sense of community.

Expanding on the initial ideas of a sense of community, McMillan and Chavis (1986) defined it as "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together" (p. 9). Their description proposed the following four elements: membership, influence, integration and fulfillment of needs, and shared emotional connection. McMillan (1996) subsequently renamed and rearranged the four elements; they are now labeled Spirit, Trust, Trade, and Art.

Spirit

Originally, the defining principle of a theory of sense of community was membership. Membership alludes to a boundary that includes but also excludes individuals from a group and provides emotional safety (McMillan & Chavis, 1986). While the concept of membership still holds true, the term has been replaced by the word spirit (McMillan, 1996). The idea of Spirit, or the friendships that are formed through a sense of community, points to being connected to others in an arena that one could be the most authentic version of themselves. The community makes its members feel safe to tell the truth and members have faith they belong and feel accepted (McMillan, 1996; McMillan & Chavis, 1986). While acceptance by the group promotes stronger feelings of attraction, this membership comes with rights as well as responsibilities and expectations.

Trust

The second element, formerly named influence, suggests a community must be able to influence its members while the members also influence the community (McMillan & Chavis, 1986). McMillan (1996) renamed this element as Trust, implying that mutual influence established trust and overrode the power structure inherent in the leader and follower hierarchy. Trust in the relationship is vital and requires clear expectations from the group's leadership. Social norms and order are established as bonding begins and group members find those with similar values and ways of thinking where they can be fully open (McMillan, 1996).

Trade

"A community with a life spirit and an authority structure that can be trusted, begins to develop an economy" (McMillan, 1996, p. 320). In short, group members find new ways they can assist each other along with the community as a whole. Named as "fulfillment of needs" in their original work, McMillan and Chavis (1986) posited that community members would benefit each other. McMillan (1996) renamed this component as Trade, comparing it to a social economy. One then finds others in which they can be themselves, safe from humiliation and shame. According to McMillan (1996), protection from negative consequences is one of the most prized rewards of being in a community. While members first only feel free to share positive feelings, they grow to know that with support and trust, they are able to share constructive criticism and the group can grow and learn safely in their social exchanges (McMillan, 1996).

Art

The final element, previously called shared emotional connection (McMillan & Chavis, 1986), was renamed Art (McMillan, 1996). "Spirit with respected authority becomes Trust. In turn, Trust is the basis of creating an economy of social Trade. Together these elements create a

shared history that becomes the community's story symbolized in Art" (McMillan, 1996, p. 322). Art shows the values and beliefs of a community, which is based in quality experiences together and the retelling of stories and experiences (McMillan, 1996). The community selects events to be part of its tradition, which points out its values and leads to symbolic expressions that ultimately circle back to the community's spirit.

Measurement of Sense of Community

Derived from the original theory, two empirical measures were developed. The Sense of Community Index (SCI), developed by Perkins et al. (1990), was a 12-item survey with true/false statements specific to one's geographical community. While the most commonly used measure of one's sense of community, the reliability of the instrument was low (Chavis et al., 2008). Later, the scale was revised into the Sense of Community Index 2 (SCI-2) using a 4-point Likert scale and consisting of 24 items (Chavis et al., 2008).

Attempting to measure and understand a sense of community among nurses, Ditzel (2017) adapted the original SCI and developed the Nurse Sense of Community Index (NSCI). This instrument made three changes to the original scale including changing the community location to "hospital/organization," adopting a 5-point Likert-scale, and all items were worded in a positive way. With a reliability coefficient of .84, Ditzel found no significant differences in sense of community between gender or nursing specialty. More experienced nurses and those who worked in smaller nursing units had higher levels of sense of community (Ditzel, 2017).

While studying nursing students, Foli et al. (2013) conduced a mixed methods study. Measuring sense of community using the SCI-2 and with open-ended questions, Foli et al. found students saw faculty and their classmates as a vital part of building community in nursing school. Students identified in their open-ended responses a sense of belonging (Spirit), which allowed

both faculty and students to influence each other in the presence of trust (Trust). Students reported needs were met within the community (Trade) and a shared emotional connection (Art) was experienced in their clinical group experiences (Foli et al., 2013).

A thorough search across healthcare disciplines revealed no studies that used the theory of sense of community in a qualitative design. One study exploring community in older adults in India found a sense of community was highly associated with culture and was contextual as participants provided descriptions tied to the four elements of the theory (Bahl & Hagen, 2017). The current qualitative study presumed BIPOC nursing students' experiences of psychological safety might be directly related to their feelings of community and belonging. Psychological safety is contingent upon a belief that one would not be criticized for asking a question, offering an opinion, or revealing one's true self (Edmondson, 1999; Kahn, 1990; Schein & Bennis, 1965). For that to occur, the leadership (Edmondson, 2002; Frazier et al., 2017; Newman et al., 2017) and organizational culture (Chen et al., 2014; Newman et al., 2017; Singh et al., 2013) must be supportive and inclusive and a strong peer group is needed (Frazier et al., 2017; Lee et al., 2020; Newman et al., 2017). Framing the phenomenon this way suggested BIPOC nursing students must feel a sense of community, a sense of belonging, with members of their learning community before speaking up and the elements of spirit, trust, trade, and art were revealed in data gleaned.

Review of the Literature

This study sought to understand the experiences of psychological safety from the perspective of BIPOC nursing students. Since it was vital to understand the history of the phenomenon before examining its use in nursing education and with BIPOC nursing students, studies that informed an overall understanding of psychological safety in healthcare were

included and not date limited. All studies were peer reviewed, in full text, and in English. Three seminal studies outside of health care were included (Edmondson, 1999; Kahn, 1990; Schein & Bennis, 1965). The Cumulative Index to Nursing and Allied Health Literature (CINAHL), Google Scholar, Education Complete, and APA Psych Info databases were used to conduct the literature search using the following key words and their Boolean phrases: "psychological safety," "nursing," and "healthcare." Using the aforementioned databases, 338 articles were manually reviewed and 34 met inclusion criteria.

A second review focused on psychological safety specifically in nursing education. The majority of the studies included were conducted in nursing simulation with one study focusing on clinical experiences of nursing students. Using the search words and their Boolean phrases "psychological safety," 'nursing education," "minority experiences," and diversity" returned 256 articles. Interestingly, no studies were found that explored or measured BIPOC nursing students' experiences of psychological safety. That search did, however, yield studies conducted on BIPOC nursing students' experiences in nursing education. Studies included in the literature review were from 2014 to the present, peer reviewed, full text, and in English. Other studies were then included after a thorough review of the included article's references. Seventeen articles were appropriate for inclusion on psychological safety in nursing education and 14 were reviewed concerning BIPOC nursing students' experiences in nursing school.

Defining Psychological Safety

Researchers defined psychological safety as a feeling, a belief, an experience, and/or a perception (Edmondson, 1999; Edmondson & & Lei, 2014; Kahn, 1990; Schein & Bennis, 1965). How one specifically defined psychological safety was determined by the context or environment in which it was used. With that, several definitions were proposed. Schein and

Bennis (1965) suggested, “Creation of a climate of psychological safety concerns the person’s anxiety about being basically acceptable and worthwhile” (p. 279) as they focused on the ability of one to change individual behavior. Kahn (1990) added to that saying it “was experienced as feeling able to show and employ oneself without fear of negative consequences to self-image, status, or career” (p. 708) as he researched engagement at work.

Probably the most cited definition of psychological safety in the literature came from Edmondson and Lei (2014) saying, “Psychological safety describes perceptions of the consequences of taking interpersonal risks in a particular context such as a workplace” (p. 23). In a sense, one engages in an internal process that balances the action with a behavior (Edmondson, 2002). Edmondson (1999) introduced a different take on the phenomenon by placing it in the context of teams defining it as “a shared belief held by members of a team that the team is safe for interpersonal risk taking” (p. 350). Interpersonal risk, then, was the possibility others would disapprove of an individual, or at a greater level was the risk of rejection or humiliation (Sarder, 2015). Environments that encouraged risk taking, without fear of extreme scrutiny or dismissal from teammates, fostered a sense of psychological safety and learning could occur (Edmondson, 1999).

While each definition characterized psychological safety with little nuances, it was clear commonalities existed. The ideas threaded among the various definitions included risk taking, acceptance by others, and freedom to share an idea or opinion without the fear of negative consequences. For the purpose of this study, psychological safety was defined as how one perceived the benefits, risks, and consequences of sharing an opinion, asking a question, reporting an error, or revealing one’s true self to others. Furthermore, it was a belief one would

not be shamed, humiliated, or punished for speaking up with questions, concerns, or pointing out mistakes (Edmondson & Lei, 2014).

Defining Attributes

Interpersonal Risk Taking

One attribute of the phenomenon of psychological safety is taking interpersonal risks (Edmondson, 1999; Kahn, 1990; Schein & Bennis, 1965). Possessing psychological safety, however, reduces that risk. Individuals make a conscious choice to communicate with others with the possibility of the other person thinking less of them (Sarder, 2015). One weighs the benefits against the consequences and takes a chance to risk face. In this, one jeopardizes their status and competence for the chance at contributing to the betterment of others or a group (Edmondson & Lei, 2014) or to gain understanding. Weighing the pros and cons of taking that risk relies on leadership behavior (Carmeli & Gittell, 2009; Edmondson, 2004a; Nembhard & Edmondson, 2006), high quality relationships (Carmeli & Gittell, 2009), and a sense of belonging (Kahn, 1990).

Lacking a Fear of Negative Consequences

A second hallmark characteristic of someone who embodies a sense of psychological safety is a lack of fear of negative consequences like humiliation, retaliation, or embarrassment (Edmondson, 1999). Individuals believed they would be given the benefit of the doubt when sharing, therefore the risk was reduced (Kahn, 1990). As the probability of negative repercussions is removed, employees are more likely to seek help and feedback, speak up, and engage in their work, and learn (Edmondson, 2004b, 2011; Kahn, 1990).

Antecedents of Psychological Safety

Psychological safety has most often been studied as a mediator on influencing employee and workplace outcomes. Supportive leadership actions, a supportive organizational culture, and positive peer networks have a direct effect on individual and team outcomes (Frazier et al., 2017; Newman et al., 2017). The following more closely identified the antecedents of psychological safety at an individual level of measurement.

Supportive Leadership Behaviors

Leadership behaviors like inclusiveness, support, trustworthiness, and integrity have had a positive effect on one's perception of psychological safety and encouraged employees to speak up (Edmondson, 2002; Frazier et al., 2017; Newman et al., 2017). In a longitudinal study that surveyed 405 nurses, leaders with "open door policies," high availability, and those who were easily accessible enhanced feelings of psychological safety among employees (Ahmed et al., 2020). Providers seen as the team leader fostered a greater sense of psychological safety in their lower-status team members (nurses and respiratory therapists) by inviting them into the conversation on patient care (Nembhard & Edmondson, 2006). Lastly, leadership integrity was also found to enhance psychological safety and error reporting. Following a survey of 580 nurses, Leroy et al. (2012) found that if the charge nurse followed through on their stated values about patient safety, nurses were more likely to self-report errors.

Organizational leadership plays a large role in setting the stage for psychological safety (ANA, 2015; Edmondson, 2004a; Schein, 1993). Leader inclusiveness, defined as, "words and deeds by a leader or leaders that indicate an invitation and appreciation for others' contributions" (Nembhard & Edmondson, 2006, p. 947) is a precursor to healthcare workers feeling psychologically safe to speak up and share ideas. Employees who perceived trust from their

managers were more likely to speak up on issues or present an idea as well (Kahn, 1990). Engaging leadership styles like servant, transformational, and shared leadership are linked to increased employee voice behavior and individual and team learning (Newman et al., 2017). Nurses were more fearful of reporting a medication error to their nurse managers who led with a more authoritarian style when compared to another unit's manager who encouraged the mistakes as a learning tool (Edmondson, 2004a).

Supportive Organizational Culture

Workplaces that foster a supportive network, mentoring programs, and diversity also had positive effects on employees' psychological safety (Newman et al., 2017). Chen et al. (2014) studied employees' attitudes in the work environment after a formal mentoring program and its relationship to psychological safety. Over 200 mentor-mentee relationships were studied via a questionnaire and they found that mentoring was positively related to perceptions of psychological safety. More recently, Moore and Wang (2017) studied the effect of mentoring organizational leaders and psychological safety and the findings that mentoring had a positive relationship to psychological safety were confirmed. Lastly, racial inclusivity, or a workplace that encouraged diversity, also increased employees' perceptions that it was safe to speak up. A supportive diversity atmosphere encourages minorities in particular to feel safe to share their true identifies with colleagues (Singh et al., 2013).

Positive Peer Relationships

Relationship networks, both with leadership and peers, is necessary for one to feel psychologically safe (Frazier et al., 2017; Lee et al., 2020; Newman et al., 2017; Soares & Lopes, 2020). The quality of coworker connections is foundational for a positive and productive work environment (Dutton, 2003). Positive interpersonal relationships allow for engagement and

investment in one's work and the willingness to share ideas without the fear of repercussions (Kahn, 1990). In studying organizational learning from individual or system failures, Carmeli and Gittell (2009) focused on high-quality relationships between employees rather than the errors themselves. Their study found that shared goals, shared knowledge, and mutual respect empowered colleagues to speak up in the face of failure. Trust and respect between people enabled one to believe they would be given the "benefit of the doubt" (Edmondson, 2004b, p. 18).

Outcomes of Psychological Safety

Engagement, Innovation, and Creativity

An outcome of feeling psychologically safe is the ability to engage in one's work, leading to innovation and creativity by enabling the risk taking (Edmondson, 2002; Newman et al., 2017). Those who are not fearful of embarrassment for offering an idea are more likely to connect to their work, invest in the cause, and learning can occur (Kahn, 1990). Administrators who invite participation and respond to concerns and ideas productively empower employees to make changes, seek news ways to get the job done, and promote leadership within increase performance outcomes (Edmondson, 2019). Engagement or presence at work, school, or any other environment has been shown to lead to creativity (Kark & Carmelli, 2009), confidence (Siemsen et al., 2009), and productivity (Edmondson, 1999).

Communication Behavior

Speaking up on behalf of safety or concern is also an outcome of psychological safety. Edmondson et al. (2001), in a study of 16 hospitals implementing new technology in cardiac surgery, found support staff, with leader inclusion, chose to speak up more often than those without. The idea of speaking up, or voicing one's opinion, asking questions, or seeking

clarification happens when one feels confident that others' responses would not target their self-esteem or produce embarrassment. Two other studies found team psychological safety was correlated with nurse's willingness to speak up on behalf of patient safety (Alingh et al., 2019; Lee et al., 2021). Embodying a sense of psychological safety was also known to encourage employees to offer recommendations to improve workflow, policies, and cohesiveness of the work environment as well as challenge the status quo (Frazier et al., 2017).

Learning Behavior

Learning behaviors, both individual and group learning, are another outcome of psychological safety (Carmeli & Gittell, 2009; Edmondson, 1999; Schein & Bennis, 1965). Learning behaviors include self-reflection, seeking feedback, offering personal insight, asking for help, recommending new ways of learning, and reflection of overall results (Edmondson, 1999; Rudolph et al., 2014). When employees trust their coworkers, are invited to participate by leadership, and feel a sense of belonging, they are more like to ask questions and seek help when something is unclear (Edmondson (2004b, 2011). In a study with 51 teams in a manufacturing plant, Edmondson (1999) found the level of psychological safety expressed within the team predicted the number of questions asked and the feedback received. Feedback, like asking for help, continues to be an important part of job performance and learning (Clark & Fey, 2020; Edmondson, 1999). In the same study, those who asked for help were found to be more productive at work than the other work team (Edmondson, 1999).

Barriers to Psychological Safety

Professional Hierarchy

It has been well recorded that a social and professional hierarchy is present in healthcare (Cosby & Croskerry, 2004; Rosenbaum, 2019). Physicians are perceived to be of great authority

while residents, interns, nurses, respiratory therapists, and the like are considered of lower status due to educational level, earning potential, and professional position. A lack of psychological safety due to a real or perceived power distance is directly related to less error reporting (Appelbaum et al., 2016). In studying the frequency of error reporting among oncology employees, Schwappach and Gehring (2014) found 70% of the respondents chose to remain silent when concerns arose, citing power distance as one factor.

Edmondson (1999) focused much of her research on healthcare teams and medication errors. Hospital units with better relationships with leadership reported more errors, concluding that the lines of communication and the climate of safety created allowed employees to speak up about errors (Edmondson, 1999). Status differences among team members stifled the level of communication unless the team leader created a safe environment (Jain et al., 2016).

Oppressive Organizational Culture

Organizational culture is most notedly defined as a common belief that speaks to the values and mission of the organization. Organizational culture in healthcare not only affects employees but ultimately patient care (Levine et al., 2020). Leadership's interaction with subordinates creates this culture, which has been shown to encourage or discourage speaking up behavior. Brown and McCormack (2016), using focus groups of healthcare workers, explored ways the team could enhance patient care. A lack of psychological safety among the team emerged as a theme, citing insufficient support, oppressive behaviors, and weak leadership as barriers (Brown & McCormack, 2016). Central to their decision not to speak up, healthcare workers cited the perception of "less than" work, a unit culture of blame, and a disregard for patient safety from leadership (Brown & McCormack, 2016). Furthermore, a lack of support

from leadership for years caused the belief their voices did not matter (Brown & McCormack, 2016; Schwappach, 2018).

Lyman et al. (2017) interviewed 43 workers in a cardiac intensive care unit including surgeons, nurses, clerks, administrators, nursing assistants, pharmacists, respiratory therapists, and clerical staff, aiming to understand the circumstances that led to successful teamwork and patient outcomes. The findings suggested that developing a sense of psychological safety started with identity, ownership, respect, a passionate leader, accountability, and support (Lyman et al., 2017). Healthcare culture must encourage teams to learn from failures rather than assign blame (Edmondson, 2004a). The literature suggests the organization itself and its culture is responsible for creating a psychologically safe space for learning (Schwappach & Gehring, 2015).

Psychological Safety in Nursing Education

Much of the literature on psychological safety in nursing education focused on simulation-based learning activities and the learning environment (Daniels et al., 2021; Fey et al., 2014; Kang & Bae, 2017; Kang & Min, 2019; Ko & Choi, 2020; Kolbe et al., 2020; Kostovich et al., 2020; Mohamed et al., 2021; Park & Kim, 2021; Reierson et al., 2017; Roh et al., 2018, 2020; Rudolph et al., 2014; Stephen et al., 2020; Turner & Harder, 2018) while one study sought to understand prelicensure nursing students' experiences of psychological safety in the clinical environment (Lyman & Mendon, 2021). Psychological safety in simulation is vital as it allows learners to be completely engaged in the learning activity, openly share their thoughts and feelings, and learn not only about caring for people but about themselves and their peers (Daniels et al., 2021; Newman et al., 2017; Stephen et al., 2020). Rudolph et al. (2014) called this environment a safe container for learning in that it allowed learners to feel safe enough while acknowledging feeling uncomfortable. While much of this section focused on simulation

learning, similar themes were gleaned from Lyman and Mendon (2021) and added to the overall understanding of psychological safety in nursing education.

Turner and Harder (2018) found three defining characteristics describing a psychologically safe environment, specifically in nursing simulation. These psychologically safe environments embodied the ability to make mistakes without penalties, shared specific characteristics of the facilitator, and included foundational, orientation-focused activities (Turner & Harder, 2018). Similarly, in the 13 studies that focused on psychological safety in simulation-based learning activities, two common themes added to learner's psychological safety: the faculty or instructor's role and pre-briefing and debriefing activities. Finally, several studies reported similar findings in feelings, attitudes, and behaviors of students that resulted from the presence or absence of psychological safety in simulation.

Facilitator's Role

The facilitator's role in simulation could have a positive or negative effect on students' psychological safety. In fact, the qualities of the facilitator are known to be the most significant attribute of establishing a psychologically safe environment in nursing education simulation (Turner & Harder, 2018) and clinical learning environments (Lyman & Mendon, 2021). Facilitator's attitudes, demeanor, and any communication offered to students before, during, and after simulation is a vital aspect of psychological safety during simulation-based activities (Fey et al., 2014; Ko & Choi, 2020; Mohamed et al., 2021; Park & Kim, 2021; Reierson et al., 2017; Roh et al., 2018; Rudolph et al., 2014; Stephen et al., 2020). A presence of psychological safety in simulation aids the learner with confidence and removes the fear of mockery (Rudolph et al., 2014). Additionally, the leadership coordinating the simulation, whether it be a nursing faculty or staff member, must recognize that creating an environment of psychological safety boosts

student engagement and promotes positive learning behaviors like asking questions as well as admitting and learning from mistakes (Rudolph et al., 2014; Stephen et al., 2020).

Positive Behaviors

More than any other variable, affirming behaviors from simulation facilitators encourage psychological safety in nursing students (Roh et al., 2020; Turner & Harder, 2018). In their narrative review of psychological safety in simulation-based learning, Daniels et al. (2021) reported that both overt and covert actions by facilitators could support a psychologically safe environment for learners, thereby reducing anxiety and increasing engagement. These actions included transparency in communication, ensuring confidentiality, and clarifying roles with the simulation (Daniels et al., 2021). The more covert actions included non-verbal behaviors offered by facilitators such as keeping eye contact, tone of voice, and engaging body language (Daniels et al., 2021). A supportive facilitator empowers, includes, and inspires learning (Fey et al., 2014).

The facilitator's ability to explain concepts, relay clear objectives and expectations, and allow ample time to answer student questions enhance the learner's psychological safety (Fey et al., 2014; Mohamed et al., 2021; Roh et al., 2018; Stephen et al., 2020). Those who shared the positive observations made during the simulation first, rather than solely pointing out wrong doings, allowed students the safety to contribute to group discussions without fear (Reierson et al., 2017; Stephen et al., 2020). Within these discussions, students shared that when the facilitator sat with them, rather than standing over them, it reduced the perceived power distance and allowed them to share freely (Ko & Choi, 2020; Stephen et al., 2020).

Positive attitudes of facilitators toward learners during all aspects of a simulation is also associated with increased psychological safety in students (Park & Kim, 2021; Roh et al., 2020). Facilitators who acknowledged students' fears while still encouraging risk taking enhanced

psychological safety (Fey et al., 2014; Rudolph et al., 2014). Showing respect toward learners also created an environment in which students felt safe enough to risk speaking up or asking questions (Park & Kim, 2021). Using reassuring statements like “this is simulation” or “we understand this is a stressful environment” helped set the stage for students as well (Reierson et al., 2017). Finally, Stephen et al. (2020) found that students who were given some control during the simulation experience like choosing their role, the ability to stop the activity and ask questions, and to offer opinions rather than being forced to speak had a greater sense of psychological safety.

Negative Behaviors

While most studies highlighted the positive behaviors of facilitators that enhanced psychological safety, some brought attention to actions that prevented students from engaging in learning behaviors. The above section shared the helpful behaviors of facilitators so it was safe to assume the opposite actions would lead to a lack of psychological safety in learners. Three qualitative studies on the experiences of nursing students stated that when facilitators did not distinctly outline expectations and simulation objectives, students experienced anxiety (Park & Kim, 2021; Roh et al., 2020; Rudolph et al., 2014). Furthermore, authoritative attitudes of facilitators were known to decrease psychological safety in nursing simulation (Park & Kim, 2021). Non-constructive critical comments and pointing out students’ performance rather than encouraging mistakes as a learning opportunity caused humiliation and embarrassment and prevented students from sharing during debriefing activities (Park & Kim, 2021).

Foundational Activities

Turner and Harder (2018), in their concept analysis of a psychologically safe environment in nursing simulation, described foundational activities as a defining attribute. The

literature concurred, suggesting a structured and standardized pre-brief before the experience and debrief following the activity promoted psychological safety (Fey et al., 2014; Kolbe et al., 2020; Kostovich et al., 2020; Mohamed et al., 2021; Reierson et al., 2017; Roh et al., 2018, 2020; Rudolph et al., 2014; Turner & Harder, 2018). These activities fostered confidence (Daniels et al., 2021), preparedness (Turner & Harder, 2018), reduced stress (Mohamed et al., 2021), reflection (Mohamed et al., 2021), exploration (Reierson et al., 2017), and learning (Fey et al., 2014).

Pre-Briefing

Learner-centered activities in a planned time before a simulation constitutes "pre-briefing" in simulation-based learning. In a study of faculty perceptions of establishing psychological safety in simulation, Kostovich et al. (2020) reported faculty believed it was their responsibility to "set the stage" in preparation for the event. This time is vital in preparing learners for the simulation by stating clear expectations, boundaries, and goals, thereby managing and alleviating stress and enhancing psychological safety (Kostovich et al., 2020; Roh et al., 2018; Rudolph et al., 2014; Stephen et al., 2020). The pre-brief begins the process of creating a psychologically safe environment in which learners can accept feedback, be pushed outside their comfort zone, navigate uncertainty, and learn from mistakes (Rudolph et al., 2014). During the pre-brief, conveying mutual respect, reassuring students that simulation is for learning, and encouraging questions encourages creates this safe learning environment (Daniels et al., 2021).

Several other activities have been shown to increase psychological safety of students within this pre-briefing period. Creating a fiction contract or an agreement that the facilitator would do what was possible to ensure a real-life simulation while the learner agreed to do what

they could to act as if everything was real increased engagement as well as psychological safety (Kostovich et al., 2020; Rudolph et al., 2014). Additionally, allowing ample preparation time (Stephen et al., 2020), giving an orientation to the simulation environment (Kostovich et al., 2020; Stephen et al., 2020), and creating a confidentiality agreement (Mohamed et al., 2021; Rudolph et al., 2014) were shown to increase safety, thereby enhancing learning behaviors.

In their quasi-experimental study, Roh et al. (2018) compared two groups. While both groups received scenario review, skills practice, and an orientation, the experimental group received a fictional contract and concept mapping activities. Nursing students in the experimental group had significantly higher team psychological safety scores ($p = .008$) than the control group (Roh et al., 2018). Using Pearson correlation coefficients, Roh et al. (2020) reported that an intentional four-hour case study-based pre-brief was a significant predictor of students' perceptions of psychological safety ($p < .001$) and also learning outcomes ($p = .002$). The tone set during the pre-brief was an essential aspect of continuing a psychologically safe environment throughout the simulation experience and into debriefing (Fey et al., 2014).

Debriefing

"Debriefing in simulation is the cornerstone of learning" (Reierson et al., 2017, p. 104). Like pre-briefing, it is planned and structured; however, it takes place after the simulation activity. Psychological safety in debriefing is vital for the learning process as it establishes a culture of safety in which learners feel free to explore emotions like anxiety and fear about the simulation experience (Fey et al., 2014). Psychological safety is encouraged when facilitators guide students in processing those emotions and offer direct but constructive feedback. Furthermore, Fey et al. (2014) found feedback given in the debriefing phase of simulation was critical for learning. Students reported that when faculty shared positive feedback first and then

offered constructive feedback for improvement, their feelings of psychological safety increased (Reierson et al., 2017; Stephen et al., 2020).

To ensure a psychologically safe debriefing environment, it is critical for facilitators to explain the debriefing process and each participant's role. Further, they must invite learners to share and provide appreciation for them doing so (Kolbe et al., 2020). Explicitly expressing respect for different perspectives and experiences and providing reassurance also encourages student engagement and willingness to speak up during debriefing (Kolbe et al., 2020; Reierson et al., 2017; Rudolph et al., 2014; Stephen et al., 2020). Not surprisingly, Stephen et al. (2020) noted that students preferred to be in debriefing sessions with facilitators they knew, which enhanced their feelings of psychological safety.

Learning Behaviors

A key outcome of psychological safety is learning-oriented behaviors like self-reflection, seeking feedback, offering personal insight, asking for help, recommending new ways of learning, and reflection of overall results (Edmondson, 1999; Rudolph et al., 2014). It aids in students being able to reflect on the learning process (Kang & Bae, 2017). Supportive facilitators and offering foundational activities to prepare for and reflect on the simulation experience enhance psychological safety and positive learning outcomes (Turner & Harder, 2018). Students who felt safe shared more during debriefing sessions and considered embracing new behaviors vital to nursing practice (Daniels et al., 2021). Without the threat of embarrassment or humiliation, students became more engaged, motivated, mutual trust increased between student and facilitator, and students experienced less anxiety (Daniels et al., 2021; Fey et al., 2014; Kang & Min, 2019; Stephen et al., 2020).

A lack of psychological safety, or when it was threatened, led to negative learning behaviors including feelings of anxiety and worry that consumed students' attention rather than learning (Kang & Min, 2019). Defensive behaviors like withdrawal, refusal to participate, or passivity are common when a psychologically safe environment is not established early in the simulation experience or is compromised throughout the process (Kang & Min, 2019; Rudolph et al., 2014). Students expressed the need to navigate uncertainty in simulations that were beyond their capabilities, which resulted in disappointment and questioning of their chosen profession (Park & Kim, 2021). Those who felt disrespected by facilitators concentrated their efforts in self-preservation, kept opinions to themselves, and chose silence over voicing questions (Park & Kim, 2021). Being recorded or observed by non-participants led to psychological distress and impeded learning (Park & Kim, 2021; Stephen et al., 2020).

Facilitators need to be cognizant when psychological safety has been compromised as it negatively affects learning outcomes and student engagement. Learners who become suddenly quiet, highlight other student's errors, complain about realism, or argue with peers or facilitators are likely not psychologically safe (Kolbe et al., 2020). Two studies suggest reframing questions, using affirming words towards students, and reminding students often that simulation is a safe place for learning (Kolbe et al., 2020; Kostovich et al., 2020). Facilitators, who are often nursing faculty, must also be aware of the inherent power structure (Park & Kim, 2021) and implement strategies to close the perceived or actual hierarchical gap like sitting together, making eye contact, and sharing personal experiences in practice to identify with students (Kolbe et al., 2020; Kostovich et al., 2020).

Black, Indigenous, and People of Color Nursing Students' Experiences in Nursing Education

The NLN (2016) charged institutional leaders with creating an environment in which all students, particularly those from diverse backgrounds, could thrive. Likewise, the AACN (2017a) noted that inclusion, diversity, and equity are at the forefront of their mission and schools of nursing must align their own missions to aid in developing the future workforce to provide culturally appropriate, high quality, and equitable care to all people. To advance diversity, institutions must change admissions practices to be more holistic in nature but also foster environments that celebrate the backgrounds and experiences of all students (Bleich et al., 2015; Green, 2020).

While progress has been made, the literature suggested that BIPOC students have different experiences than their White counterparts while navigating the challenges of nursing school. Studies showed the majority of BIPOC nursing students had experienced some form of discrimination throughout their nursing school journey (Ackerman-Barger & Hummel, 2015; Alicea-Planas, 2017; Graham et al., 2016; Metzger, Dowling et al., 2020; Murray, 2015; Sedgwick et al., 2014; White, 2018; White & Fulton, 2015). To overcome the obstacle that discrimination plays, BIPOC nursing students often embody several positive personality traits that motivate them on their journey (Diefenbeck et al., 2016; Hill & Albert, 2021; Metzger, Dowling et al., 2020; Metzger, Taggart et al., 2020; Murray, 2015; Sedgwick et al., 2014; White, 2018; Woodley & Lewallen, 2021). Finally, institutions can do more to be inclusive and support BIPOC students' unique journeys (Bleich et al., 2015; Bond et al., 2015; Hill & Albert, 2021, 2016; Metzger, Dowling et al., 2020; Woodley & Lewallen, 2021).

Discrimination

In their scoping review of inclusivity in undergraduate nursing education, Metzger, Dowling et al. (2020) defined discrimination as "any act of exclusion or breaches in inclusivity based on a characteristic of a student who is a member of underrepresented minority group in nursing" (p. 7). Several studies reported that blatant as well as subtle acts of discrimination were a common experience of BIPOC nursing students. From something seemingly as simple as being left out of the conversation to deliberate racist statements, discrimination led to a lack of a sense of belonging as well as negative personal and educational outcomes (Metzger, Dowling et al., 2020; Sedgwick et al., 2014). The offenders are from all areas of the learning community including faculty, clinical instructors, peers, and nurse preceptors at various facilities (Graham et al., 2016; Metzger, Dowling et al., 2020; Sedgwick et al., 2014).

Black, indigenous, and people of color nursing students described the unequal treatment as causing them to feel invisible and unwelcomed (Graham et al., 2016; Metzger, Dowling et al., 2020; Murray, 2015), alienated and isolated (Alicea-Planas, 2017; Murray, 2015; White & Fulton, 2015), and ignored and watched (White, 2018). Repeated offenses led to a lack belonging and students claiming to feel like outsiders, lonely, less than, different, and unaccepted (Ackerman-Barger & Hummel, 2015; Metzger, Dowling et al., 2020; Sedgwick et al., 2014). Both Woodley and Lewallen (2021) and Sedgwick et al. (2014) reported that lack of connections due to real or perceived discrimination contributed to a feeling of not belonging. The overall effect of recurring discriminatory acts led to withdrawal (Metzger, Dowling et al., 2020), silence (Alicea-Planas, 2017; Murray, 20165), and "laying low" (White, 2018). Choices to disengage from all parts of the academic environment made it difficult for BIPOC nursing students to socialize with their classmates and also learn the culture of nursing (White & Fulton, 2015).

Faculty

Discriminatory actions by nursing faculty members have been known to have a profound effect on nursing students' experiences in school (Metzger, Taggart et al., 2020; White, 2018; White & Fulton, 2015). Faculty serve as leaders and role models and should be someone students find refuge in when they feel unwelcomed or mistreated. When exclusion was perpetrated by faculty or the faculty member did not protect or stand up for the BIPOC student amongst discriminatory acts by a clinical preceptor or classmate, students lacked a sense of belonging and feelings of isolation worsened (Metzger, Dowling et al., 2020; Metzger, Taggart et al., 2020; Sedgwick et al., 2014).

While racist comments were sometimes clearly articulated by faculty (Ackerman-Barger & Hummel, 2015), most were more subtle. Students felt ignored (White, 2018), judged (Murray, 2015; Sedgwick et al., 2014), they had to work harder to prove themselves (Sedgwick et al., 2014), and watched (White, 2018). African American students felt purposely segregated from their White classmates when faculty would not help them as readily or referred them to other faculty. These same students perceived inequity in grading and in communication about class and clinical expectations that was further exacerbated by the power gradient in the relationship (White & Fulton, 2015). In the clinical setting, BIPOC students suggested they were more closely monitored by faculty, instilling a feeling of mistrust in their knowledge and ability (Graham et al., 2016; White, 2018).

Peers and Classmates

Feeling connected to a peer group is a vital part of the learning process in nursing education, particularly in a clinical environment. Students suggested trusting their classmates and being treated as part of the team added to their sense of belonging (Sedgwick et al., 2014). In its

absence, students felt alone, hurt, and confused (Sedgwick et al., 2014). White students who would not acknowledge BIPOC students' ideas and opinions, as well as the need to constantly defend themselves, led to feelings of being "othered" (Ackerman-Barger & Hummel, 2015) and being "voiceless" (White & Fulton, 2015). Being chosen last for group activities (Graham et al., 2016), study guides not being shared, and constantly being reminded of differences in their physical characteristics (White, 2018; White & Fulton, 2015) led to feelings of exclusion by BIPOC nursing students.

Registered Nurses

Learning in the clinical environment is also highly influenced by a nursing student's preceptor (Graham et al., 2016; Metzger, Dowling et al., 2020). Clinical preceptors who were perceived to treat BIPOC students differently were called extremely unfriendly and judgmental, decreasing the students' feelings of belonging (Sedgwick et al., 2014). These attitudes by the nurses, then, altered the students' sense of confidence, interfered with the communication process, and negatively affected patient care (Graham et al., 2016; Sedgwick et al., 2014).

Personality Traits Influencing Outcomes

While discrimination negatively affects student outcomes, the literature indicated that individual personality traits positively influenced BIPOC nursing students' persistence to graduation. Determination is the driving force that compels students to finish nursing school (Diefenbeck et al., 2016; Metzger, Dowling et al., 2020; Murray, 2015; White, 2018; Woodley & Lewallen, 2021). Determination as defined by Oxford University Press (n.d.-c) as a fixed, firm direction toward a terminal point, BIPOC students' sheer drive to succeed amidst challenges their counterparts did not encounter has been a key factor in their success thus far (Diefenbeck et al., 2016; Hill & Albert, 2021; White, 2018). Students most often looked within (Woodley &

Lewallen, 2021), citing high self-esteem amidst the systemic challenges, coupled with support from family, friends and faith communities empowered them to progress in their programs (Diefenbeck et al., 2016; Hill & Albert, 2021; White & Fulton, 2015). Students also voiced a strong desire to become nurses, particularly to work with and help their communities (Diefenbeck et al., 2016; Woodley & Lewallen, 2021).

Inclusivity is Key

All parts of a nursing student's learning community either cultivate or inhibit inclusivity and play a role in BIPOC student experiences in nursing education (Alicea-Planas, 2017; Diefenbeck et al., 2016; Metzger, Dowling et al., 2020; Metzger, Taggart et al., 2020). Black, indigenous, and people of color nursing students described inclusive learning environments differently than those in the majority (Metzger, Taggart et al., 2020). Most students defined this space as welcoming, respectful, and comfortable; however, minority nursing students added that was is a place of safety and void of hostility. Furthermore, they could be authentically themselves and were not categorized as a certain race but rather viewed as an individual with unique opinions and insights (Metzger, Taggart et al., 2020).

Exclusive environments, whether real or perceived, cause BIPOC nursing students to be silent (White, 2018), discouraging them from asking questions in class or clinical settings (Alicea-Planas, 2017). Not surprisingly, faculty play a large role in fostering an environment in which all students feel welcomed and encouraged to participate (Metzger, Taggart et al., 2020; White, 2018; White & Fulton, 2015). Inclusivity requires faculty, fellow students, clinical preceptors, and the institution at large to create a culture of acceptance (Alicea-Planas, 2017) and appreciation for other cultures, beliefs, and values. This change in culture requires all those

involved in the learning community to listen, be intentional, and innovative in developing ways to support BIPOC nursing students and their journey throughout nursing school.

Black, indigenous, and people of color nursing students need both academic and emotional support as they navigate the challenges of becoming nurses (Alicea-Planas, 2017; Bleich et al., 2015; Bond et al., 2015; Metzger, Taggart et al., 2020; White & Fulton, 2015; Woodley & Lewallen, 2021). Faculty could assist diverse populations in connecting with their classmates by helping facilitate the formation of diverse study groups (Hill & Albert, 2021; Metzger, Taggart et al., 2020; Woodley & Lewallen, 2021). Also, BIPOC nursing students want to see faculty who reflect their physical characteristics and be mentored by them (Bond et al., 2015; Hill & Albert, 2021; Murray, 2015); however, only 17.3% of nursing faculty come from diverse backgrounds (AACN, 2020). Black, indigenous, and people of color nursing students frequently suggest that a comprehensive orientation session focusing on the difficulties they might encounter in nursing school as well as financial aid opportunities would lessen anxiety and aid in progression through the program (Bond et al., 2015; Woodley & Lewallen, 2021).

Gap in the Literature

Many studies have been performed focusing on psychological safety and its effect on organizational learning and change. Moreover, several have focused on the phenomenon within the healthcare team as the need for collaboration and communication among healthcare workers increases. Interestingly, very few studies attempted to specifically understand the experiences of nurses. In nursing education, much of the literature describing psychological safety in a simulation environment primarily reported on the facilitator's role and how foundational activities increased students' feeling of psychological safety and enhanced learning outcomes. Outside of simulation, very few studies have been done to understand nursing students'

experiences of psychological safety in the learning environment. Even more, there is no knowledge on the experiences of BIPOC nursing students.

While all nursing students have the potential to reduce health disparities and increase patient outcomes, BIPOC students' insights are vital as they bring a different perspective and varying experiences that mirror that of the population. The literature suggested BIPOC nursing students faced obstacles their White counterparts did not, silencing their voices throughout their nursing education. It is essential that BIPOC students understand the importance of their contribution to nursing and how their voice and experiences challenge perspectives of classmates, faculty, and clinical preceptors. That would not happen, though, if they were unwilling to ask questions, share opinions, or be authentic with their learning community. For that reason, BIPOC nursing students' experiences of psychological safety were explored.

Summary

Chapter II provided a deeper understanding of the theory of sense of community—the theoretical framework that undergirded this study. Also, it provided a comprehensive literature review on psychological safety at large but also synthesized the findings in nursing education. Lastly, due to the lack of research on psychological safety with BIPOC nursing students, this chapter provided an in-depth look at the experiences of this population throughout their nursing education. Chapter III provides a description of the research methodology planned for this study including the design, participant profile, data collection and analysis techniques, and ethical considerations.

CHAPTER III

METHODOLOGY

Chapter I presented the background, research questions, and the rationale and significance for this study of BIPOC nursing students' experiences of psychological safety. Chapter II discussed the theory of sense of community in detail and provided an overall understanding of psychological safety in healthcare. Additionally, it presented a synthesis of the literature on psychological safety in nursing education, which mostly focused on nursing simulation. Due to the fact that no studies were identified regarding the phenomenon with BIPOC nursing students, a thorough description of their experiences in nursing school was provided. This chapter presents an overview of the research methods used in this study. Included are more on the research sample, design, data collection and analysis, the study's trustworthiness, ethical considerations, and limitations and delimitations.

Purpose of the Study

The purpose of this study was to explore and describe BIPOC nursing students' experiences of psychological safety. While there was much literature explaining and measuring the phenomena in healthcare and in nursing education during simulation-based learning activities, little was known about the experiences outside that arena. Furthermore, there was nothing to help nurse educators understand BIPOC nursing students' experiences of psychological safety. To best prepare all nursing students for practice to care for a highly diverse population, pre-licensure BIPOC nursing students' experiences need to be explored and described.

Research Questions

The following research questions guided this qualitative, descriptive study:

Q1 What are pre-licensure BIPOC nursing students' experiences of psychological safety in nursing school?

Q2 What role does the learning community play in pre-licensure BIPOC nursing students' experiences of psychological safety?

Q3 How have pre-licensure BIPOC nursing students' experiences of psychological safety shaped their view of the profession of nursing?

Qualitative Descriptive Research Design

Due to the fact there was no current literature attempting to understand BIPOC nursing students' experiences of psychological safety, a qualitative descriptive study was necessary. This research method is particularly useful when little is known about the topic and rich description is desired directly from the participants (Bradshaw et al., 2017; Sandelowski, 2010). Also, qualitative descriptive approaches could provide a preliminary understanding, which could subsequently be used in larger studies (Doyle et al., 2020). Because the discipline of nursing is concerned most often with the subjective interpretation of phenomena, this qualitative design has historically been extremely useful in nursing research (Doyle et al., 2020). Furthermore, this approach was reasonable when changes of process or interventions were likely (Kim et al., 2017). Qualitative descriptive methodology gives "direct voice to participants" (Doyle et al., 2020, p. 452) and could have an immediate effect in the practice or educational setting.

Numerous studies were conducted on BIPOC nursing students' experiences throughout nursing education. The results of those studies told a story of discrimination and perseverance. Nothing was found in the literature regarding the experiences of psychological safety of BIPOC nursing students; however, their perspective was vastly important for their training and for nurse educators to best create inclusive learning environments. To best grasp their experiences, a

qualitative descriptive design provided a preliminary description nurse educators could use to foster an inclusive, psychologically safe environment to better student as well as patient outcomes.

Research Sample

Participants and Setting

Nonprobability sampling, more precisely a combination of purposeful (criterion), convenience, and snowballing sampling methods were used for the study. Purposeful sampling, which attempts to find participants with information-rich cases, leads to a wealth of knowledge centered on the concept (Patton, 2015). In addition to being purposeful, I selected participants based on the availability of respondents (Merriam & Tisdell, 2016). Since the study attempted to explore the phenomenon of psychological safety in BIPOC nursing students, I did not sample a specific site but rather networked with colleagues locally and across the country to recruit for the study. Finally, after locating participants who met purposeful inclusion criteria, I used a snowballing strategy for referring other nursing students that met criteria. The sample was expanded until data saturation, or continually hearing repeated themes from participants, was met (Creswell & Poth, 2018).

Study participants met the following inclusion criteria: (a) currently enrolled full time nursing student in an entry-level, pre-licensure Bachelor of Science in Nursing (BSN) program; (b) completed at least two semesters of their nursing program; (c) self-identified as Black, indigenous, or a person of color (BIPOC); (d) older than 18 years of age; and (e) willing and able to participate in an audio and possibly video-recorded interview. Exclusion criteria were as follows: (a) not currently enrolled full time in an entry-level, pre-licensure BSN program or enrolled in an associate degree in nursing or second-degree program; (b) students had not

completed two full semesters of their nursing program; (c) students at my home institution; (d) did not self-identify as BIPOC; (e) were younger than 18 years of age; and (f) those who were not willing nor able to participate in an audio and possible video-recorded interview.

Recruitment

Following Institutional Review Board (IRB) approval (see Appendix A), recruitment for the study began by sending an e-mail (see Appendix B) to colleagues who taught in academic institutions with BSN programs across the country. A sample statement they could read to nursing students (see Appendix C) and a recruitment flyer that could be posted in common areas (see Appendix D) were included in the initial e-mail. Of note, academic colleagues were asked to not seek students out who met inclusion criteria but rather to allow participants to respond if they were interested. Also, information about the study was disseminated via the social media sites Facebook and Instagram, and sent to nurse influencers Nurse Blake and NurseLifeRN. Additionally, the recruitment flyer and a short explanation were posted in the following professional organization community groups: Sigma Theta Tau International, American Association of Colleges of Nursing (Diversity, Equity and Inclusion Leadership Network), and the AACN Member Community for additional recruitment opportunities (see Appendix E). Two other universities were contacted and external IRB approval was granted before sending a recruitment email to participant lists provided by the institutions (see Appendix F). Those who responded were screened, ensuring they met all inclusion criteria. Finally, a virtual interview time was scheduled for those that met inclusion criteria.

Ethical Considerations

Informed Consent

Before data collection began, IRB approval was obtained from the University of Northern Colorado. To protect the participants' rights, I also obtained informed consent (see Appendix G) from those who volunteered and continued to watch for any ethical issues that arose throughout the course of the study. Informed consent was e-mailed to each participant who met inclusion criteria and expressed interest in the study. It was then verbally reviewed virtually via Zoom before the interview began. Each participant was asked if they had read the informed consent, if they had any questions, and if they gave verbal consent to be a part of the study. Once informed consent was obtained, the participants verbally completed the demographic questionnaire and the interview questions began. Because their participation was voluntary, participants were offered the option to decline to answer questions or withdraw from the study at any time without retribution.

Confidentiality

In conducting research with human subjects, it was my duty to attempt to maintain confidentiality throughout all phases of the study (Bloomberg & Volpe, 2019). All attempts to ensure confidentiality were explained prior to the interview and were presented in the informed consent. Each participant was asked to choose a pseudonym to be used later when reporting the study findings. This approach minimized the chances the findings would link participant responses to their identities. My research advisor and I had access to the data and audio/video recordings, making complete anonymity impossible (Bloomberg & Volpe, 2019). Transcriptions of interviews were secured on a password protected computer to which I only had access. Of

importance, all interviews took place in a private location, virtually, that offered a comfortable atmosphere where the participants felt free to share their experiences.

Risk of Participation

Participation in this study had no foreseeable risk outside of normal daily activities. Recalling certain experiences might have brought about unforeseen emotional distress; therefore, participants were encouraged to use counseling services at their institution or a national hotline provided in informed consent. Participants who became upset or emotional during the interview were given the option to take breaks as needed or stop the interview all together without penalty. Participants were also given the opportunity to skip questions they did not want to answer. Lastly, other than the time need for the initial and possible follow up interview, there was no cost to the participant.

Benefits of Participation

The most immediate benefit of participation was giving traditionally disenfranchised students a voice. Their stories might help to transform nursing education and the future workforce by giving nursing faculty insight into the actual experiences of psychological safety in BIPOC nursing students. While the findings did not benefit the participants directly, data gleaned had the ability to influence nursing education practices, teaching strategies, institutional policies, and clinical practice. Furthermore, the findings might influence the preparation of nursing students and their transition to practice as they care for a population that becomes more diverse each year. As the future of the profession and as nursing continues to attempt to diversify its workforce, the value of understanding BIPOC nursing students' experiences of psychological safety would be invaluable for the discipline.

Data Collection Methods

The primary method of data collection for this study was a semi-structured virtual, individual interview as it was the best way to elicit a rich description of experiences of psychological safety from the participant's perspective (Bloomberg & Volpe, 2019). Semi-structured interviews were used to assist in exploring a more focused phenomenon and use an interview guide (see Appendix H) of pre-determined questions (Merriam & Tisdell, 2016) while leaving room for me to probe more deeply as needed. Questions for this study were developed based on the literature review, suggesting psychological safety was an experience or a perception (Edmondson, 1999; Kahn, 1990; Schein & Bennis, 1965). The interview guide included open-ended questions that sought to understand the experience from each participant's unique, subjective perspective. As the literature also indicated that relationships with faculty, peers, and preceptors played a role in nursing students' psychological safety, questions were posed asking about the participant's learning community.

Four pilot interviews were conducted with participants who met most but not all of the study's inclusion criteria. This step was vital to ensure the quality of the interview guide as it influenced the findings of the study (Kallio et al., 2016). These interviews aimed to ensure questions were written clearly, were understandable by participants, and they covered content related to the study's research questions. Testing the interview guide prior to beginning data collection allowed me time to refine or rewrite questions (Kallio et al., 2016). Based on the four interviews, changes were made in the wording of questions to avoid leading participants to a certain response, repetitive questions were removed, and questions were added based on findings from the literature.

After ensuring inclusion criteria were met, participants were emailed the informed consent document. With preliminary agreement regarding how their interests would be protected during the entirety of the study, an interview time was scheduled. Finally, participants were emailed the demographic questionnaire (see Appendix I) to review prior to the scheduled interview. After informed consent was verbally obtained, each participant completed the demographic questionnaire. I conducted the interviews in a private room, which ranged from 45 minutes to an hour and 25 minutes, and were video and audio recorded via Zoom for its ability to provide transcription. Notes were taken during the interview to capture data an audio/video recording could not.

At the conclusion of the interview, participants were asked if they would be interested in reviewing the emergent themes, known as member checks, after the data analysis portion of the study to ensure my biases had not influenced the data (Creswell & Poth, 2018). Finally, each participant was e-mailed a $10 gift card to Amazon, provided by the researcher, as a token of appreciation for volunteering for this study. Two follow-up interviews were needed after transcription of the interviews for clarification. One participant asked to meet again to share a more current experience she felt was applicable to the study.

During the week the interview was conducted, I listened to and watched each interview, editing the transcripts from the Zoom platform as needed. The transcripts were transferred into a readable and organized document for ease in reading and data analysis. Finally, all transcripts were stored on a password protected computer to which I only had access. Handwritten notes were stored in a locked file cabinet in my office. Audio/video recordings were then deleted from storage devices.

Data Analysis

Analysis and synthesis of findings in qualitative studies entails organizing, coding, and then making sense of the data (Creswell & Poth, 2018). It brings order and structure to the words shared by participants (Bloomberg & Volpe, 2019). My goal was to transform the raw data into something meaningful that elicited understanding (Bloomberg & Volpe, 2019). Defined as an iterative and recursive process, data analysis began after the first interview and continued throughout the study (Bloomberg & Volpe, 2019). Suggested by Bloomberg and Volpe (2019), data analysis included the following steps:

1. Reviewed and explored all data sources to become familiar with the "whole" of the raw data. Immersed oneself by reading and re-reading aids to make sense of the data.
2. Began to look for themes in the data, commonalities among participants' stories, that aligned with the research questions.
3. Classified the data into codes or short words and/or phrases that captured the meaning of the data. This aided in deeper thinking about the data collected.
4. Re-read and examined the data and revised coding scheme (added, eliminated, or collapsed codes).
5. Prepared finding statements and aligned participant statements/quotations in support.
6. Analyzed and synthesized findings by linking new findings to supporting literature or citing a unique finding.
7. Ensured credibility of findings through members checks with participants.

Nine virtual interviews were conducted, totaling 445 minutes of data. After a preliminary analysis of the data, two additional interviews were conducted. These interviews added 155 more minutes of data to the study and confirmed data saturation had been reached. In all, this study contained 600 minutes of data from participants. After watching and listening to interviews multiple times and ensuring a verbatim transcription of the data, coding was completed manually. With the goal of making sense of the data, transcripts were highlighted first for significant statements, sentences, or phrases that seemed essential or revealing about psychological safety. Then, those statements were categorized into meaningful clusters or big ideas. From those big ideas, narrow themes were generated. Following that, the narrow themes were condensed to develop broader themes that described BIPOC nursing students' experiences with psychological safety. The themes were reviewed with the research advisor. These themes were then e-mailed to each participant for member checking to ensure their credibility. Nine of the 11 participants responded and confirmed the themes represented their experiences.

Issues of Trustworthiness

Credibility

Credibility of a qualitative study is concerned with ensuring what I had written portrayed an accurate account of what the participants shared (Bloomberg & Volpe, 2019). Qualitative researchers should engage in at least two methods to promote credibility of the study results (Creswell & Poth, 2018). I first clarified my assumptions and engaged in reflexivity from the beginning of the study by keeping a journal. I recorded my own understandings, biases, values, and experiences with psychological safety as a nursing student, faculty member, and novice researcher (Merriam & Tisdell, 2016). Using this method, my viewpoint and approach to the data were clarified.

Study participants were also involved in establishing credibility of the results. Merriam and Tisdell (2016) suggested offering participants the opportunity to read through the data, analyses, themes, and conclusions interpreted by the researcher to authenticate them. According to Lincoln and Guba (1985), member checking is "the most critical technique for establishing credibility" (p. 214). Once broad themes were identified, all participants were emailed with a short but detailed explanation of the themes and their descriptions.

Dependability

Dependability of a study implies stability and consistency of the data over time (Bloomberg & Volpe, 2019). Also, findings are deemed dependable if the data answer the study's research questions. In attempting dependability, I ensured the research design answered the research questions by making the methods section clear and easy for another researcher to reproduce. An audit trail was kept on both a password protected computer and in a locked cabinet (handwritten notes). I kept all handwritten notes including observations during interviews so the data could be made available to other researchers for review (Bloomberg & Volpe, 2019).

Confirmability

To further establish trustworthiness of the study, confirmability of the data is also important. Confirmability involves ensuring the outcomes of the study are a true representation of the data (Bloomberg & Volpe, 2019), i.e., any acknowledged bias and own experiences were kept at bay. Lincoln and Guba (1985) suggested the researcher be as neutral as possible by letting the data speak for itself. Importantly, transparency of the researcher was paramount (Bloomberg & Volpe, 2019). Like with dependability, an audit trail was kept of all data collected and continued with a research journey as I reflected on my own experiences and on the stories

the participants shared. Also, as with confirmability, member checks were completed with the participants and none offered correction to the themes presented.

Transferability

While qualitative research does not try to generalize findings to other settings, it does attempt something similar. Transferability concerns itself with being able to "develop context-relevant findings that can be applicable to broader contexts while still maintaining their content-specific richness" (Bloomberg & Volpe, 2019, p. 205). In short, while the findings of this study would not produce the "truth" about BIPOC nursing students' experiences of psychological safety, the implications might be useful to those in another setting. To attempt to establish transferability, an artful and detailed description of the setting, participants, and the data collection process was provided so other researchers had a clear picture of the process. I fully immersed myself in the data and allowed time to create deep, rich, thick descriptions of the findings to help other researchers feel a part of the experience. Doing this permitted readers to identify if the findings were helpful for their own environment (Bloomberg & Volpe, 2019).

Limitations and Delimitations

Limitations

While every researcher aims for perfection in design, sampling, setting, data collection, analysis, and discussing the findings, all studies are flawed in some way (Bloomberg & Volpe, 2019). Limitations in one study, however, could become new avenues for further inquiry. One limitation foreseeable in this study might have been researcher bias as I played the role of the primary instrument of data collection. Three of my colleagues and I conducted a phenomenological study on psychological safety across the nursing continuum as part of a class assignment in 2020. The findings from that study, as I interviewed nursing students, were a large

piece of the impetus for the current study. It was possible their stories, as well as my own experiences in nursing school, precluded my subjectivity of the new findings. Additionally, I had a personal investment in this study as I am the mother of a BIPOC child. Attempts to bracket my own feelings and experiences were needed.

Another potential limitation of this study might have been the openness and transparency of participants as they were interviewed by a White female nursing faculty. Past experiences of discrimination and racism in school by someone who looked like me might have prevented BIPOC nursing students from being honest and sharing their stories fully. Finally, a potential sampling bias might have existed in that those who chose to share their stories might have had different experiences than those who chose not to participate.

Delimitations

Study delimitations are the deliberate and purposeful choices made by me to define and illuminate study boundaries (Bloomberg & Volpe, 2019). One delimitation of this study was the research sample was limited to BIPOC nursing students. The profession of nursing has been charged with diversifying its study body so the future workforce would reflect the overall U.S. demographic (NASEM, 2021). Adding to the knowledge base of BIPOC nursing student experiences was important as nurse educators attempt to create inclusive learning environments and prepare students for practice.

As NASEM (2021) continues to encourage increasing the proportion of nurses with a bachelor's degree, BSN students, rather than associate degree in nursing students, were chosen for this study. To ensure that students had had adequate time in their program to have experiences with psychological safety, I chose to include participants who had completed at least two semesters of their nursing program. Participants were recruited from multiple BSN programs

across the nation to truly explore the phenomenon from various perspectives rather than from one site.

Finally, the use of a qualitative descriptive design rather than another qualitative inquiry was chosen because of its flexibility (Sandelowski, 2010) and very little was known about this phenomenon with this population (Kim et al., 2017). Gaining an underlying understanding of the experiences of psychological safety of BIPOC nursing students was important in giving it meaning to others. This methodology was also used many times when changes in practice or interventions were implemented based on the findings (Kim et al., 2017).

Summary

Chapter III provided an in-depth discussion of the methodology used for this study. It reviewed the purpose of the study along with the research questions answered in using a qualitative descriptive design. Also, this chapter outlined the research sample and setting, data collection and analysis procedures, reviewed ethical considerations, and stated specific strategies to enhance trustworthiness of the findings. The next chapter presents the findings from the study. Specifically, I present the themes and subthemes that emerged and answered the research questions. Finally, with words and phrases directly from the participants' themselves, I attempted to tell a story of their experiences of psychological safety in a way all could understand. This rich description of BIPOC nursing students' experiences of psychological safety might transform nursing education as well as the nursing workforce.

CHAPTER IV

RESULTS

The purpose of this qualitative study was to explore BIPOC pre-licensure nursing students' experiences of psychological safety in nursing school. Knowing their experiences gives nurse educators a glimpse into their lives and will allow the learning community to initiate new ways to ensure BIPOC students feel safe and comfortable to speak up. The following research questions guided this study :

Q1 What are pre-licensure BIPOC nursing students' experiences of psychological safety in nursing school?

Q2 What role does the learning community play in pre-licensure BIPOC nursing students' experiences of psychological safety?

Q3 How have pre-licensure BIPOC nursing students' experiences of psychological safety shaped their view of the profession of nursing?

Eleven semi-structured interviews were conducted via Zoom with participants across the United States. Using this platform allowed me to have a starting point with audio transcripts but to also watch and listen to the interviews several times, ensuring the credibility, dependability, and confirmability of the study. The data were read repeatedly and manually analyzed with the chief goal of learning about the experiences of psychological safety in pre-licensure BIPOC nursing students.

Data Analysis

In qualitative studies, data collection and analysis is a concurrent process (Merriam & Tisdell, 2016). With that in mind, data analysis began after the first interview and continued

throughout the study. With the primary goal of transforming the raw data into something meaningful (Bloomberg & Volpe, 2019; Merriam & Tisdell, 2016), I fully immersed myself in the data by watching and listening to each recorded interview multiple times, ensuring a verbatim transcription of that interview, and then reading those transcripts multiple times by first noting the big ideas pertinent to the research questions (Bloomberg & Volpe, 2019). When necessary, recordings were rewatched for clarity and to interpret non-verbal cues. This process allowed me to get a sense of each participant's story and to begin to see commonalities and differences among participants. All data were manually analyzed.

Before data analysis began, one follow-up interview was completed at my request solely to clarify understanding of a participant's story. The next step in the process was to code the data. Coding, or developing conceptual categories, consisted of looking for relationships among the big ideas (Bloomberg & Volpe, 2019). Saldana (2016) suggested a code is a short phrase or even a single word that provides a snapshot of the essence of the data. First, significant statements, or meaning units, specific to the research questions were highlighted and then copied into a new document focusing on the experiences of the participants and given a code to capture its meaning. Following that, I analyzed the initial codes and collapsed them further, eventually grouping like codes into themes. The themes, or the broader descriptions of several combined codes (Creswell & Poth, 2018), attempted to capture the overarching experiences of the participants. These themes were reviewed with the research advisor. At this point, a participant emailed wanting to meet again to share a more recent experience in her clinical practicum. Her story solidified and added more support to the emergent themes. Finally, the themes and a thorough description were emailed to each participant for member checking. Those who responded (n = 9) agreed their experiences were captured in the themes presented.

Introduction of Participants

Three participants—Anne, Sora, and Byron—identified as Asian in this study. Anne was in her last semester of nursing school and shared she had wanted to be a physician since childhood. She volunteered in the emergency department prior to nursing school and decided to pursue nursing because of the time nurses were able to spend with patients. Sora, a male participant nearing the end of his nursing school journey, said nursing was in his blood as relatives were also nurses. He viewed nursing as a profession with endless opportunities where he could not only impact patient's lives but it would also change his future. Finally, Byron had finished a little over one-third of his nursing program and worked several jobs outside of health care prior to applying to nursing school. He shared he chose nursing to help others.

Five participants—Sasha, Sarah, Denise, Misty-Jones, and Carmen—identified as Black/African American. Sasha began her college career pursuing a degree in medicine but her work as a nursing assistant changed that path to nursing. Another participant, Sarah, had only one quarter left until graduation. She shared she picked nursing to follow in her father's footsteps and felt called to be an advocate for vulnerable populations. Denise, a mother of three and also with one quarter left until graduation, desired to become a nurse because of one nurse who cared for her when she was hospitalized. She shared the nurse was kind and advocated for her, which she wanted to do for others. A fourth participant, Misty-Jones, revealed that since childhood, she wanted to care for others. That career choice was solidified as she cared for family members with chronic health conditions. The final participant to identify as Black/African American was Carmen who stated her choice to pursue a career in nursing was due in part to the wonderful care she received during the birth of her first child.

Lastly, three participants identified as White racially but people of color culturally. Pennie identified as Mexican and entered nursing school with a deep desire to help others through their most vulnerable times. Monica categorized herself as Ecuadorian and witnessed first-hand as a child the compassion nurses have for the sick and wanted to provide that for others. Finally, Nadia identified as Arab and had exactly one year left in nursing school. Having already attained a bachelor's degree in another field and having multiple successful businesses, Nadia chose nursing to care for others.

Findings

This study sought to know the experiences of psychological safety of pre-licensure BIPOC nursing students. Participants answered a demographic survey consisting of questions about their age, race/ethnic background, gender, length of their program, their current semester of enrollment, the estimated diversity of their schools and faculty, and their previous work experience in healthcare (see Table 4).

In addition to the demographic data, six themes and multiple sub-themes surfaced as participants were asked to share their experiences throughout nursing school (see Table 5). During data collection, participants were asked to share stories about the experiences with psychological safety, the role the learning community played in those experiences, and how it had shaped their view of the profession of nursing (see Appendix H). In line with inductive analysis, the themes that emerged were named to convey an overall understanding of the participants' experiences and, at times, using their own words. In-depth descriptions of each theme and supporting quotes from participants served as the structure for this chapter in the sections that follow.

Table 4

Demographic Characteristics of Study Participants

Characteristic	Participants *n*	Participants %
Gender		
Man	2	18.2
Woman	9	81.8
Race		
White (Latinx and Arab)	3	27.3
Black/African American	5	45.4
Asian, Native Hawaiian, or Other Pacific Islander	3	27.3
Percentage of Nursing Program Completion		
0-25%	0	0
25-50%	1	9.0
50-75%	5	45.5
75-99%	5	45.5
Percentage of Diverse Students (Institution as a Whole)		
0-25%	2	18.2
25-50%	3	27.3
50-75%	4	36.3
75-100%	2	18.2
Percentage of Diverse Students (Nursing Program)		
0-25%	4	36.4
25-50%	3	27.3
50-75%	3	27.3
75-100%	1	9.0
Percentage of Diverse Faculty (Nursing Program)		
0-25%	6	54.7
25-50%	4	36.3
50-75%	1	9.0
75-100%	0	0
Percentage of Healthcare Experience (prior to nursing school)		
Yes	7	63.6
No	4	36.4
Percentage of Healthcare Experience (during nursing school)		
Yes	9	81.8
No	2	18.2

Table 5

Themes and Sub-Themes of the Experiences of Nursing Students Who Identify as Black, Indigenous, and People of Color

Theme Number	Theme	Sub-Themes
1	The Past Informs the Present	Personality Culture Stereotypes Language Learning
2	Feeling Dismissed	
3	It's Just Too Risky	Singled Out Program Progression
4	I Will Speak Up for Patients	
5	The Learning Community is Key	Faculty People that "look like me"
6	I Am Needed!	

Themes Identified in This Study

Theme One: The Past Informs the Present

The first theme that emerged from the study was individual past experiences had a profound effect on present day psychological safety. Some participants told stories of their times as children or previous work experiences. Others shared about challenges they faced being associated with stereotypes, which kept them quieter in nursing school. A few linked the past with their personality or cultural upbringing, which played a role in their decision to share or be silent. Those past experiences either encouraged or discouraged their psychological safety. Being able to manage and move past those experiences varied among participants. There were four subthemes within this theme: personality, culture, stereotypes, and language learning.

Personality

Personality (Oxford University Press, n.d.-d) is defined as a collection of qualities that make a person a unique individual. During the interviews it was apparent, by their body language and engagement in the questions, that some were going to be very open about their experiences while others remained quieter so I had to rely on deeper probing questions to obtain the details of their stories. Participants ranged from admittedly having a more proactive personality to those who were more reserved.

Denise and Anne had similar views on how their innate temperament influenced their psychological safety, both growing up and today. Denise, a mother of three and in her last semester of school said, “I’m just the type of person, you know, I don’t like to bring a lot of attention to myself in general. I think that’s just like a personality trait.” Anne, a fifth semester nursing student preparing for graduation, had wanted to be a medical doctor before pursuing nursing and had a similar perspective. When asked about a time when she felt psychologically unsafe, Anne said, “I’m in the honors program…and I was actually afraid to correct the two leaders…the DNPs…that were pronouncing my name incorrectly…I didn’t correct them until this semester, and this is my fifth semester with them.” When asked why she did not speak up, Anne continued, “I didn't want to…. I was never really the kid to ask questions in class either though. Anne admitted, growing up, she used to correct people all the time by saying:

> I think I was prouder of my name [as a child]. And I think it was just, like, easier to get through, you know, attendance and usually by the time you're in middle school and high school, I just said 'here' if they got close…It made me feel like they weren't paying attention to me. That I was not valued, I guess…They still continued to get my name wrong, but now they catch themselves a little bit faster…

Sasha and Byron had always had more outgoing personalities and revealed that most times they felt psychologically safe. Sasha stated it was the perceptions of others, however, that made her question if she was comfortable sharing an opinion or asking a question:

> I feel safe talking in any space. It's just more so, a comfort thing...I do feel like I will possibly offend someone with what I say…but at the same time, due to me being the minority and it's very clear that for the minority, it's just a little different...I just don't always want to say the wrong thing because I just speak. I'm just going to be honest. I'm the type of person in which sometimes I say things and I don't realize the way I come off.

Like Sasha, Byron felt like his voice was important. As an older student nearly halfway through his program, Byron held multiple jobs prior to nursing school that forced him to work with people of all backgrounds. He had been a dispatcher, a supervisor, and had goals and deadlines to meet. Although he stated his greatest obstacle was the English language, that did not deter him from asking questions. Byron said:

> [I will ask questions] any time…I need building myself...I cannot let the fear stop me…keep moving forward…I pay the same amount as the other classmates, you know, they [the school] accept me to study, I deserve to learn…I don't care how many people in there, what the situation, I want to speak for myself…if I don't understand, I'm gonna speak.

Culture

A second sub-theme focusing on the past was that of one's cultural upbringing. Participants in this study identified as African American/Black, Asian, and White (Latinx and Arab). Almost all participants suggested their audience, whoever was in the room or who they were interacting with, influenced their psychological safety and part of that thought process for

some was based on their cultural upbringing. As a medical scribe in the emergency department prior to choosing her major, Anne had the opportunity to see different healthcare provider roles and said, “A lot of Filipinos are nurses…I know that’s a very comfortable position for me…I know I can do it…I know I will have that family support if I do it.” Knowing she would see others who looked like her increased her desire to pursue nursing; however, the values of Asian culture also had her think twice or even three times before choosing to correct those who continually pronounced her name incorrectly in class:

> I think, I guess, it's still, like, part of the Asian culture for me. It's like, you know, keep quiet, keep the peace, let things run as they should, don't disturb the flow. That's how I was raised so that's how I conduct myself in class. I don't mess with the status quo. I don't interrupt the instructors speaking. It's a respect thing... I know instantaneously when I walk into a room like “Oh, I can just say whatever I want and it's going to be fine”, usually if it's like a younger cohort or whatever...if there's older people and, like professionals, I’m going to conduct myself differently.

Pennie shared a similar story but added that she felt inferior when her audience was mostly White, older professionals while she identified as Latinx. She too attributed her lack of psychological safety to culture:

> When...we're in clinical or in skills lab and there are like visitors... alumni...I’ve seen the majority like will be older, um, they’re older and like well established...I do feel a little like inferior and so I kind of lose a little bit of confidence in speaking up, but I don't know where that comes from...that could be like a cultural thing ...I don't know if that's just my experience growing up...it just stayed with me.

Stereotypes

Being associated with stereotypes (Oxford English Press, n.d.-e) or preconceived, oversimplified, and widely held ideas of a person or thing was found to also influence one's psychological safety. Sora shared there were times he was labeled by patients. He said, "I've had situations where the patients will call me, like Jackie Chan or like other Asian actors." Additionally, Denise, Sarah, and Misty-Jones also disclosed that being categorized based on strongly held societal beliefs negatively influenced their psychological safety in nursing school. Most had prior experiences that kept them from adding to class conversations. Denise was honest, saying:

> There are times, where you do shy away from starting conversations and making certain remarks...because you don't want to come off...as the 'angry black girl' in class...I think there's already a stigma towards a black woman and because the look on your face or because you may not be very open with other students, they just assume that you're mean, or you have an attitude.... I feel like the moment a black woman or black students speak up in comparison to their counterpart...it looks worse coming from a black person ... we can't even say anything.

Denise shared another story about being in her community health class and it being the first time she realized she was different than her classmates. She said:

> We were serving the vulnerable populations in our community and people didn't realize, a lot of the students didn't realize, that some of us came out of these communities...they made some remarks about the neighborhood and the way it looks, and the appearance and stuff and I don't think they realized, it was home for a lot of us.

That day, the class was discussing sex trafficking and while she was not part of that lifestyle herself, she knew of others who were. While she could have added valuable information to the discussion, Denise did not share in class that day. She shared why:

> I think it's more so not having that judgment or that kind of like stereotypical view of where African American woman in [our community] comes from...I'm sitting there, like, I know a lot about this kind of stuff...I don't want to say anything because I don't want them to think that I have any dealings with that lifestyle, you know?

Sarah, in her last semester of nursing school, said that while she felt more comfortable at her school of nursing compared to her previous institutions, she agreed that being categorized would always influence her thoughts. She shared:

> I always have to think about someone judging me, and you know undermining me...I would have to triple think if I really want to ask, because you know, during lecture specifically with a class full of people...quadruple check my question...before asking, yeah, because you know you don't want to look like, you know...not educated...like you don't know you're talking about...a lot of times...people that are minority are looked as like less educated or you don't really know what you're talking about.

Another participant, Misty-Jones, shared similar sentiments with regard to how she too dealt with the perceptions of being BIPOC:

> I am literally... the only African American student in my class...we had three and I'm the only one left...sometimes... I have to talk in a higher octave. I have to do a lot more smiling. I have to seem more cheerful, even if I don't want to, because I have to come off less threatening, whereas other people don't have to do that...I literally can have a bad day

> and then have to come to school ...um... I have to immediately, like put on a face. Put on an act.

Language Learning

Monica and Pennie both agreed encounters they had as children while learning the English language continued to affect their psychological safety today. Monica immigrated to from Central American to the United States as a child and although several of her classmates spoke Spanish, it was still very different then her dialect. Monica said:

> I still remember the anxiety I have being a seven-year-old...I was a tiny little second grader who didn't speak English...everybody was a lot older than me everybody looked different...The people that looked like me...were Mexican and even when I would try to communicate with them in Spanish, they were still lots of words that were different...I feel like that's where my anxiety of speaking kind of started a little.

Pennie concurred sharing, “I definitely experienced this [a lack of psychological safety] as I was growing up. I wasn't really able to speak up...especially because I didn't learn English until I was, maybe, in fourth grade.” If she said something in a very “Mexican way,” Pennie remembers the White teacher getting angry and yelling at her. She added, “For the longest time I did stay quiet, and I wouldn't speak up just because when I would speak up like it would it wasn't actually like perfect English... I kind of just with withdrew myself.”

Nearly halfway through her program in nursing, Pennie’s past experiences continue to make her question whether or not to speak up. She shared, “I will hold my tongue...I feel like I have to speak a certain way...if I’m not as confident in the material.” Admittedly, second guessing her language skills does affect her learning because “I won't be able to speak up and ...I have a lot of questions in my head that aren't being answered...I’m going to be lost.”

Interestingly, Monica shared the following about living in two worlds:

> The majority of the time that I don't feel comfortable it's because I feel like and I always kind of put myself down...it's been 15 years since you've learned this language [English], but in the back of my mind it's still so hard sometimes to raise my hand...there's some days where I feel like I wake up in a Spanish brain and other days I wake up in an English brain...it's just hard for me to remember how to pronounce certain things.

The risk, according to Monica, was appearing weak in front of her peers. To combat that fear, she said, “I always tried to find the best vocabulary terms to use...even though other people can't tell that English is my second language I feel like everybody can...I will practice in my head the question over and over again until I'm called on.”

Theme one (the past informs the present) assisted in answering Research Question 1 related to the experiences of BIPOC pre-licensure students with psychological safety. The findings revealed one’s past informed the present, whether it be innate characteristics like personality or culture or tangible experiences of being associated with stereotypes or the struggle of language learning. While each participant had different reasons for why they chose to speak up or to remain silent, the commonality was psychological safety was contextual and an individual, internal process highly reliant on the past.

Theme Two: Feeling Dismissed

The second theme to emerge from this study was that of feeling dismissed. Participants used words like being ignored, overlooked, or brushed off by nursing faculty, preceptors, and peers. The result of feeling dismissed led to a lack of psychological safety and actions of withdrawal, decreased interest in the class, and choosing silence over speaking up. For some, it affected their ability to learn while Sasha said, “It may just stop me from speak up and asking

questions sometimes…but if I want to future something out, I'm going to figure it out, you know?"

Sora was born in the Philippines and came to the United States with his family years ago. He admitted that having faculty who are diverse increased his psychological safety and said his journey had been hard because he was in two minority categories in nursing education: BIPOC and male. Sora spoke about his experience with a faculty member during his program:

> There was one experience I had, like, this semester, where the faculty was like... "you've never been to Philippines." She assumed that I haven't been to my home country...And that specific class this semester, I don't ask questions at all. I try to avoid asking questions because of that one interaction...the faculty just basically shut me down... I won't share any of my experience. I won't ask questions anymore...I don't want to interact. It made me feel like my experience didn't matter, like everyone else's voice is being heard in the class and like, looking at it through an individual viewpoint I see that I'm a person of color. She just assumed... and that assumption basically took me out of the class.

Pennie also felt dismissed by faculty at times saying, "Even if...they [faculty] claim to be open to questions, but then you notice when you ask a question...they kind of like brush it off or don't really answer it."

While Sora and Pennie had experiences with faculty members, Misty-Jones shared that her struggle had been with both faculty and peers. Compounding her story was that this professor treated another student very differently. Unfortunately, she said, "This isn't anything new, for me. This definitely is not new. This is not my first rodeo, and it won't be my last."

Misty-Jones shared one encounter:

> One time, I had a professor...I was asking her, like...something that I can do, and it was brushed off like "you'll be fine, you'll figure it out" .... but then in that same...week I had another student say, "oh yeah I talked to her, and you know it was a great conversation, and she was so encouraging" and I was like where was that? Where was that and how come I didn't get that?

The internal questioning of why her peer seemed to receive guidance and answers from professors only further confused Misty-Jones when the same feeling of being dismissed began to happen with her classmates. Her story continued when she shared:

> I was in a study group session...and anytime I'll ask a question...I'll get cut off...but it's one of those things where I'm trying to verbalize my concern or my question and it's like "oh don't worry about that that's not anything you need to worry about" or it's like, just dismissed...it's like well, I will never ask the question ... but then, in the same breath, you have someone else asked the same question. I've had this happen so many times, and I'm like is it just me? I have a hard time going because it'll be the same person who will host the study group and I'm like that's…yeah... I feel, I would get embarrassed because of that... it would happen all the time, like, I would have a suggestion, or I would have an idea and it's like, no, no, no, no, no....we're not gonna do that...you know what? Let's ask such as such, because they're so smart and... that person, who is so smart will say the exact same thing I said, and then they're [classmates] like "oh okay yeah, we should do, such as such's idea...like, okay, let me just shut up. Let me not say anything. I can't say anything.

Within the theme of feeling dismissed, particularly with Misty-Jones' experience, was an underlying notion of discrimination by her peers. Misty-Jones continued to try to understand why she was treated in such a different way saying:

> I've been scratching my head like, I do really well on exams. I make an effort. I may not come off as articulate as I may want to, but everything else speaks for itself.....And it's more so "she can't know that", and I've been told "how did you get that grade?"...I don't know if anyone, any other person of color has experienced that, but I've noticed that even with the other students that were the other African American students before they left the program...they were deemed, as like, someone that was always smarter than them...it's like, oh let's not ask this person... or if they have an answer, it's they had to have gotten that from someone else...It didn't come from them....that's kind of degrading for you [classmates] to say something like that.

Interestingly, both Sora and Carmen learned that even you had psychological safety and chose to speak up, you could still be dismissed by faculty and preceptors. As a student near the end of her program, Carmen was also balancing nursing school and a family at home. She said, "I wanted to ask the nurse something, and she just kind of like, rolled her eyes at me and... then you're like, I don't need to bother. Let me just come do my hours and just leave." Carmen also struggled with a clinical instructor during her adult health rotation. As a foreign-born student, Carmen felt she was treated differently during the practicum: "At the end of the clinical rotation, I did ask her, with all due respect, do you have any prejudice feelings against me because of my background? She never really answered me."

In a story previously shared, Sora had been called an Asian actor's name rather than his actual name by one of his patients. He first went to his preceptor for guidance but did not receive

support: “She [my preceptor] told me to avoid the patient, to lessen my interaction...do med passes, just don't talk... just go in there, get out... I stopped asking questions...my learning experience at that that specific moment ended.” After being dismissed by his preceptor, Sora reached out to his clinical faculty for help:

> I did talk about it with her [clinical instructor] ...and the faculty basically kind of said...get used to it. It's going to happen to you... She just said to be tough and that's it...I felt like there was no one to turn to because not only did the preceptor shut me down but my faculty member did also.... it was kind of like a tough pill to swallow.... I still have that experience with patients, but like, I don't voice it to my faculty. I don't voice it to my preceptor because I was told to just get used to it, right?

Theme two, feeling dismissed, served to also answer Research Question 1 pertaining to the experiences of the participants. It discussed the experiences of participants feeling psychologically safe enough to ask questions or share about their experiences; however, faculty, peers, and even preceptors were not receptive. Even more, many from the learning community simply disregarded participants’ attempts. Most participants agreed that being dismissed or discounted caused them to choose silence over speaking up. Furthermore, some participants began to question the possible reasons for the dismissal and equated it with discrimination.

Theme Three: It’s Just Too Risky

The definition of psychological safety used in this study was how one perceived the benefits, risks, and consequences of sharing an opinion, asking a question, reporting an error, or revealing one’s true self to others (Edmondson & Lei, 2014). Embodying psychological safety, then, meant one had determined the benefits were greater than the consequences. When deciding whether or not to share, Denise said, “Lots of times, I don't want to... just kind of like ruffle

feathers or, you know, create an awkward dynamic." A third theme that surfaced from this study was that for these BIPOC students, the consequences were just too risky. Many agreed that choosing to speak up might lead to feeling singled out or might have a negative outcome on their program progression. There were two subthemes in this theme: singled out and program progression.

Singled Out

In an educational degree where nationally the majority of students did not identify as BIPOC (see Table 1), many of the participants in this study suggested the risk of being even further marginalized by their counterparts played a big role in their experiences of psychological safety. Misty-Jones alluded to being further set apart saying, "I consider consequences...um...I think...if I speak up, what is going to happen to me throughout this program...am I going to be now the black sheep?" The sub-theme of being singled out was too great of a risk and per many, it was not worth it. This possibility of being singled out caused participants to feel uncomfortable, awkward, and highlighted their differences rather than similarities. In turn, most participants chose silence over voice. Misty-Jones shared an experience in which her race was drawn attention to and how the perception of others mattered:

> I was taking a class and my teacher was encouraging us to have a debate...my teacher said, "Well does this change if it's a person of color?" This person blurted out "Oh my God. You're seriously making this a race thing?" That terrified me...to say anything from that point on.

In a group of 10 this semester, Sasha was the only African American student. She said, "Everyone else is Caucasian…and they kept asking me 'do you feel comfortable in this group? Do you feel this way and that way'…and I was like 'yeah' but in my head I was thinking [and

didn't say] ‘a lot of the times, I feel extremely uncomfortable. I always feel singled out.” Sasha’s professor gave the class an opportunity to ask questions via an anonymous app and someone brought up issues of racism. This professor then had a conversation about it in class. When that happened, Sasha shared her experience:

> I just sat in my seat and I just shrinked up because it was the most uncomfortable thing I've ever experienced....other students were like, 'why are we having this conversation, this is so dumb’, and I was like [in my head], said 'you guys don't understand what we're going through...you are the majority, so you will never understand, you know, how that feels...it was so uncomfortable and I just did not speak up...I wish I would have spoken up more...I just pretended that I wasn't there.

Denise shared the same sentiment concerning her peers saying,

> There has also been times, where I have been maybe a little hesitant with speaking about something, because that content or that topic may not be familiar to my peers. And so, in a way to kind of not, I guess, separate myself, I probably shied away sometimes from speaking up.

During that class, Denise’s faculty had been talking about sex trafficking and she quickly realized her classmates had no knowledge it was happening right in their own backyard. Denise did and shared:

> When you bring certain topics up and you have more knowledge...than your fellow classmates who have kind of been sheltered or may not have been exposed...it kind of shines a light on you, like, 'where does she come from? Where did she grow up?'... so, I think in a way, to not, I guess bring attention to myself and where I come from...I may not have been readily, like, willing to speak up.

Program Progression

A second sub-theme that was shared frequently by participants was being fearful that speaking up might result in issues with their program progression. Many students shared feelings that there might be retaliation in the form of grades or clinical placement. When her faculty used demeaning phrases, Nadia did not say anything: “I was afraid that it will affect my grade.” Words like *backfiring*, *backlash*, and *retaliation* were used by others. Carmen said, “[I have] fears and reservations of what may come of it...I cannot express myself freely.” Because of those risks, participants lacked psychological safety and chose to remain silent.

Some participants feared the consequences of speaking up to program administrators or faculty. After a tough beginning to her complex care clinical due to a clash with the clinical instructor, Carmen was asked by the course’s lead faculty to complete the course evaluation. Although she had concerns about her instructor, she said, “The evaluations make me add my name and ID... I didn't really express my concerns for the institution or just faculty or as a student in general...because I just feel like if I do say something, it might backfire on me.” She also shared factors she considered before speaking up saying: “[I think] I’m black, I’m a foreigner, and my social economical background is basically, nothing...so, if something comes out of this [what I say], the consequences...what are you going to do? So, it's better for you to just keep it to yourself.” Pennie agreed, suggesting that the decision to say something or to keep quiet was frustrating for her, as she knew others looked to her for guidance. She said:

> Because I know the worst feeling is having to stay quiet because, for whatever reason, you know...backlash or whatever it is, so I wouldn't want someone else to feel that way.... But at the end of the day, if it's going to like effect, I guess, like our position or job or something like that I probably still would still remain quiet.

Sora also faced similar struggles throughout his nursing school journey and said, “I’m just trying to get my degree and trying to be a nurse out there.” When faced with concerns of unequal treatment in the clinical setting, Sora shared why he chose not to say anything:

> I guess the reasons...I don't really try to voice my concern is because I feel like it will affect the rest of my nursing school. Like, if I say something to this faculty it will follow me until I graduate and that might affect my clinical schedule...I might be put on night shift, on weekends, and, like, I don't want to do that... Just stay on their good side and not say anything and not cause any trouble.

Carmen did not see the benefit of speaking up to preceptors during her clinical rotations as well. These feelings were based in the root fear that it might affect the facility’s view of their nursing program and the possibility of losing already precious clinical rotations. Because of her own positive experience as a patient, Carmen was completely focused on becoming a labor and delivery nurse. She was excited to start her maternity practicum experience when one day she overheard the nurses speaking about birthing moms and their babies, specifically because of their race. The nurses continually suggested the African American mothers were not in labor, rather simply drug seeking. Carmen continued, “[the nurse] talked about a mom who had, you know...HIV, and how she got home, and she had a strip her clothes in the garage and told her kids not to touch her...she didn't want to affect her kids.” Shocked by the nurses and when asked if she said anything, Carmen shared:

> No. I mean, there was nothing, we could say. To be honest, like there's that fear... because what if they say...you guys did something bad and you are no longer welcome in the unit and that falls against that clinical group…. that was our thought process. That's the way we felt, you know.

Finally, one participant chose to keep quiet because she felt that speaking up might risk her career options. Denise completed her final clinical practicum on the transplant unit and prior to beginning planned to apply for a full-time position upon graduation. One shift, however, changed her plan. Denise said, “I just have been so upset about it.... I just decided not to apply to the unit anymore.” Upon assessment, Denise’s patient was in pain but her ordered medication was not due. The patient agreed to wait, and Denise reassured the patient she would be back in an hour, when the medication was due. Denise fulfilled her promise but was questioned by her precepting nurse. According to the nurse, the patient did not request the medication again; however, Denise viewed the situation as fulfilling her promise based on her previous assessment and agreement with the patient. She was called unprofessional by her preceptor. After the incident, Denise shared:

> It completely changed the dynamic between me and the staff at that point...they are, like a little family...like when I’m going against one, I’m going against all...the demeanor changed...I can't help but to adapt to that change so I’m gonna draw back...I’m not going to be as open with you anymore.... I can't be open. I can't be honest...to avoid that I’m going to be quiet. I’m going to do what I need to do, and I’m going to speak when spoken to.

When presented with other opportunities to speak up, Denise admitted she did not feel psychologically safe:

> It really, really, really felt like...the consequences were just too great... I felt like I was jeopardizing my career... if I kept speaking up or if I engaged in certain conversations...I'm fearful to verbalize these concerns, because I don't want to lose everything that I worked for, you know?

Prior to the incident, the hiring manager engaged with Denise and was very personable, suggesting she would hire Denise after graduation. But that all changed and to Denise, it felt like retaliation. She said, “You hear all the time...even if you don't want to work with this person, they may know somebody at this hospital and they may know somebody at this resource...it could interfere with you getting a job and I’m scared of that.” Furthermore, this experience prevented Denise from advocating for a patient on her next shift. While crying during the interview, she said:

> I was very scared to initiate giving the pain medication because of that previous experience. I should have... advocated for him more, but I didn't because I was scared of getting in trouble... I just couldn't do anything. I just did his pain assessment just left him...I wanted to help him...but I couldn't...I didn't feel comfortable...the first time [with her female patient] I did advocate... it just really put me in a bad place. I’m just like, dang I'm gonna probably feel a little bad about this man.

Theme three was based on the premise that speaking up might have consequences. For the participants, it was just too risky, suggesting the participants lacked psychological safety due to the perceived outcome of using their voice. It addressed research question one about BIPOC students’ experience of psychological safety, or a lack thereof, in nursing school. Most participants shared stories suggesting the cost of speaking up to their faculty or preceptors highly outweighed the benefits. Putting their classmates, their institution, and ultimately themselves in jeopardy was not worth the risk.

Theme Four: I Will Speak Up For Patients

While the three previous themes focused on the difficulty of speaking up, or a lack of psychological safety, the fourth theme was based on the participants’ feelings of duty and

advocacy for patients. For some, though, that need to advocate for patients was mixed with a continued lack of psychological safety when it came to their personal needs. Misty-Jones shared, “I’ll be that person that will advocate, on your behalf, since you have so many who tuned you out.” The majority of the participants shared they did not consider the personal cost when it came to speaking up for patient safety and well-being. In fact, Byron shared, “The patients...you have to always put your client or patient at the priority.”

Sasha was halfway through her program and had years of experience as a home health aide. She attributed that experience in her advocacy for patients in school. She said, “I am going to continuously speak up for my patients. Whether my experience in class has been negative or positive, I don't think that will ever change.” Sarah added that it was a sense of duty to those who had no voice, saying, “Now [with patients] is not the time to be quiet...you have to actually advocate for those who...are voiceless ...so I have to be that voice for them.” Denise remembered a time when she was caring for a pediatric client who was on a ventilator and needed assistance with respiratory secretions. In her role, she was unable to complete the task independently and notified the primary nurse; however, the nurse did not respond in a timely manner. She said, “I found myself getting a little, like, frustrated because it's like, well, I’m her [the patient’s] voice.”

Byron was another participant who believed his psychological safety was not affected by a patient’s needs. While Byron was caring for a patient, the physician, a resident, and a fourth-year medical student entered the room. Hearing that the patient did not speak English, the medical student attempted to translate. Byron said, “She knew how to speak Chinese, but the Chinese is only to speak...can only translate it...she don't know the culture... I don't think the medical student understand what the patient want.” Although he was scared, he raised his hand to translate as Mandarin Chinese was his first language. Byron shared his thoughts:

> If I speak, maybe it can give the patient another hope. Maybe they can create some intervention to help the patient...it's not because I feel safe, because if I don't speak, it's my conscience…from my heart, I'm gonna regret if I don't speak...it was so scary…he's an attending doctor…I am just at third quarter student... but I truly help patients. I want to learn…to have a good outcome.

One participant found themselves going through an internal process to determine if they needed to speak up right away or it if was something that could be processed with the nurse away from the patient's bedside or in front of other healthcare providers. Pennie shared, "Definitely if it has to do with safety [for a patient], I feel like I'm more prone to speak up." While she admitted to knowing they should say something, they were not sure if it was an emergent need. She continued, "If it's something that maybe I can figure out later or tell it to the nurse later, you know... I'll just I won't say anything."

Sora and Anne also acknowledged that speaking up for patient safety was a vital part of their role but had differing thoughts on advocating for themselves and their patients. Sora and his preceptor were discharging a Spanish-speaking patient who was clearly confused on what was happening due to the language barrier. In the midst of it all, the patient attempted to get out of bed and fell. Sora spoke up on the patient's behalf saying, "Can we get a translator?... this patient, just fell and they don't understand what's happening...they think they're getting kicked out... we need to make sure this patient understands what's happening." Unfortunately, Sora's request fell on deaf ears and the patient was discharged. In another experience, one more focused on him personally, he did not correct a patient when the patient called him "Jackie Chan." Sora revealed, "I feel uncomfortable whenever they call me, like a different name...what do I say? I

feel like I just need to do what I need to do and get out of there...just ignore it.... it does wear down on you, especially if it's getting repeated."

Anne had a similar perspective. Although she admitted her personality was to be more quiet than outspoken, she shared that patient safety compelled her voice:

> There's one thing that I will always feel safe asking questions about. ...if it's about the care of a patient, I will always feel safe. I won't ever be quiet about it.... if it involves another human life that I am taking care of... ...there's no such things as a wrong question in that sense... When it comes to me personally…that's when I get a little shy...I guess I don't stand up for myself.

To summarize theme four, most of the study participants were compelled to speak up on behalf of their patient despite the possible consequences. This theme answered research question one. Participants' psychological safety was enhanced as they considered the effects of not speaking up, which could lead to negative patient outcomes and/or lack of understanding. While participants would speak up on behalf of their patients, a few still wrestled with speaking up to patients when it meant defending themselves.

Theme Five: The Learning Community Is Key

All of the study participants told stories of how the learning community shaped their experiences in nursing school, which in turn influenced the presence of or lack of psychological safety. In this theme, the learning community is key, participants shared experiences that were both positive and negative. The term "learning community" referred to both the physical places in which experiences took place (classroom, skills lab, clinical facility, etc.) along with any individuals (peers, faculty, administrators, preceptors, etc.) who interacted with participants. Anne defined a safe learning community as a place where "people we are very open and willing

to listen and respond back kindly and not brashly…a willingness, really a willingness to understand…appreciates differences and will defend differences." Participants unanimously agreed faculty, both in the classroom and clinical setting, held the power to create a psychologically safe environment and their actions dictated their overall willingness to speak up. Most added that diversity added to their feelings of psychological safety. There were two subthemes within this theme: faculty are vital and people that "look like me."

Faculty Are Vital

Participants used the following words to describe faculty who enhanced their psychological safety: genuine, encouraging, respectful, honest, straightforward, selfless, empathetic, timely, open, sympathetic, funny, and diverse. All of the participants agreed their faculty held the key to their psychologically safety. Sarah shared it took time to determine which faculty were safe and which were not. Sarah said she had to "read the professors...if they're open...like some professors are very open to hearing...and some are just like a closed off to those kinds of things." Nadia added, "The teacher is going to make you feel safe." Sora shared his view on faculty:

> I feel like as nursing students in general we look at the faculty in a pretty high place because, like they're teaching us to do a job... like they know what they're doing... the faculty is a very important part of our experience...not only in the lecture and like learning, but like being and clinical and interacting with patients.

Pennie added that the relationship between student and faculty was a vital part of her education: "Comfort is a main thing to have amongst the students and the instructor...so that we can all feel...at ease to express whatever concerns we...if we don't feel comfortable, we're going to stay quiet...if we can't go to the main person teaching us, then... what's the point?"

Sasha revealed her perspective on the faculty's role, saying, "They [faculty] create the learning environment...they set the tone for what students will and will not do during that class time and it impacts how we learn as well." Denise agreed as she shared a story about a clinical instructor:

> [She] was very adamant about creating a safe space for her students to express different experiences...when it would kind of veer in a judgmental conversation from other students, she'll reel it back in right away...she'll say like that's not appropriate or we're going to listen to everyone's experience, or...you can't speak on that because you don't you know you haven't been through that so until you experience it yourself it's just safe for you not to make a remark like... she was very firm and very stern and making sure that her students felt safe, and she verbalized it... she addressed it right, then in there...she kind of set that tone.

Repetitious and genuine encouragement verbalized by faculty allowed Anne, Monica, Nadia, and Misty-Jones to feel safe in speaking up. Misty-Jones shared the way one faculty made her feel psychologically safe:

> The way she talked, her voice was so soothing, it was comforting...like honestly, like her encouraging words were just so needed...she said, this environment is safe. It's okay. It's okay to feel how you are feeling, you know? We're going to work on it. We're going to change it. We're going to...do what we can...we're here for you.

Anne compared two faculty she had during her program—one who encouraged her safety while another stunted it. She first spoke about a faculty who she spoke freely with and continued with the other:

> When I talked to her, she's very encouraging... she will repeat 'if you need help let me know'...and repeated it multiple times...like she's being very sincere... the emotion, or the inflection [in her voice]...you can tell when they're being genuine...the other faculty just asked, like very plain clinical questions....It's not until the end of the conversation, they'll say 'if you have any other questions over the clinical stuff we just talked about, shoot me an email'....There none of that repetitive like, 'I am here for you, this is my job, how can I support you, this is why I'm here.'

Monica's experience was similar as she could remember how different faculty made her feel:

> I kind of saw that [the differences] a little bit last quarter... we had a professor, that was a little bit more difficult to get across to...we were a little fearful...The tone in like lecturing, the speed just wasn't it was very, like vague encouragement, like kind of, "eh, you guys can do this", but not like reassuring or anything... this time around, they're [the professors] both male and I feel like the dynamic is different. I feel like I feel comfortable…they also set the stage...they're just very encouraging...they acknowledge that I'm going to make mistakes, but they're also letting me know that they believe in me... so I can raise my hand and I can ask questions.

Finally, Nadia was about to take a high stakes dosage calculation exam. While a previous instructor did not allow for mistakes in the classroom, her current one did. Nadia described her faculty as "a bubbly, lovely lady...a breath of fresh air." She shared her experience prior to taking her exam as she shyly raised her hand to ask a question:

> She's like 'Absolutely!' and I'm like, 'wow' [throws head back in relief] ...she said, 'and don't worry if you got it wrong... we're here to learn...we're here to make mistakes...don't worry...we're learning from our mistakes'...she constantly is saying this is what we're

> here to do. We're here to learn. We're here to learn and to make mistakes and that's where I want you to make mistakes.

Although encouraging words went a long way for some, it was the follow through, or the actions that matched those words, that mattered to others. Both Misty-Jones and Pennie shared the actions of faculty, particularly their nonverbal communication, were central to their psychological safety. Misty-Jones said:

> I think the idea of there's no such things as stupid questions is amazing...I think also like, if I'm asking a question, I wouldn't get the eye rolls or the sighing or anything like that...You know that that definitely makes it hard to want to ask a question... just living out that idea of there's no such thing as a stupid question...it's one thing to say it and it's another thing to have nonverbal communication after you say that.

Pennie included all authority figures like faculty, administrators, skills lab instructors, etc. as being the central component to her feeling safe to speak up and also added that the tone of voice an authority figure used and how their body language followed is crucial. When asked about her experience, Pennie shared:

> It's the way they respond to it.... um… or they're not really to welcoming to like questions or dumb questions...I wouldn't feel as comfortable in asking them something...I'll probably find someone else to ask first.... yes, so it's like their demeanor you know it all depends on pretty much like you can tell you can see it in their face and the way they answer the question or…yeah, their body language pretty much...And the way they speak, or like the words they use.

Although to some the words and actions of the faculty were paramount in their psychological safety, for others it was about the faculty being welcoming, open, honest, and willing to address issues outside of nursing content in the classroom. Sasha commented:

> I feel like a lot of times, people are afraid to address real life situations because they are afraid to offend someone...I feel like people try to tiptoe around the facts and that is where issues arise...just be honest upfront...and people will respect that more. It will create less learning barriers if the professors are just straightforward.

These actions made BIPOC students feel seen, included, and heard. Sarah, after coming from an institutional environment where many did not look like her, said:

> I was in nursing school during this whole 2020 situation [referring to the pandemic and racial unrest] and something I will never forget...she [a faculty] asked me, 'How do you truly feel right now', in the midst of this black lives matter going on...that moment right there I just totally felt like, 'wow....instructors like this that are just so selfless...so willing to just open up a conversation to check on you as a person.... for her to do that, someone who doesn't look like me, it did numbers for me. I still think about it today and didn't know how much I needed that.

To Sarah, this demonstrated an openness of the faculty to get to know her as a person, not solely as a nursing student, but to also attempt to address issues that might affect her, Sarah, differently than the majority of her classmates. Faculty who began, at the beginning of the semester, voicing that BIPOC student experiences might be different made her feel more comfortable, saying, "It kind of opens up the room for you to speak it gives you that platform." Sarah also told a story about how perceptions of her race were addressed in class and not hidden by her faculty. She shared the following story:

> Last quarter, we were learning about public health. And she actually targeted the truth of what's going on in hospitals... [The faculty)] said that African Americans in the hospital sometimes are not seen. …she wasn't being oblivious or ignorant.... she was truthful, you know? I really appreciated that because it showed the raw truth of this world...and I wish more instructors could have that insight.... when professors are truthful and honest [about what happens in the real world] it helps me to be more comfortable in sharing and stuff.

Like Sarah, Misty-Jones recalled a special faculty who not only encouraged her safety while in her class, but it continues to this day. She described this woman as "the hug I needed." What stood out to Misty-Jones was how the faculty addressed the issue of bias but did without singling her out. She shared:

> She [the faculty member] laid it out as these are people of color, you know, just check your biases. Check your biases when it comes to people with mental issues. Check your bias with people of color take your bias on...She was always just trying to get people to understand that, you know, when people come to the hospital, it is not our job to judge them...she's like a cup of hot chocolate (giggles).

Despite the fact most of the participants revealed positive experiences with faculty, three had negative encounters, which stifled their psychological safety. Primarily, their faculty used fear or intimidation in their teaching, which evoked a sense of power they held over their students. Sadly, a few participants voiced stories about blatant discrimination by faculty.

Nadia and Monica had damaging experiences because their faculty used fear as leverage in the classroom. Nadia, like so many others, began her nursing school education virtually. She had one professor who made her feel psychologically unsafe in class: "We really got snapped at…. But my nerves really got bad because she was a very... uh, should I say, Hitler type

educator. Just really...um...Trying to project fear out of us... she told the whole class to shut up." After that experience, Nadia said, "I felt like I couldn't go into a simulation without thinking 'I'm going to be snapped at' and I expected it." This, in turn, altered her behavior around the faculty and influenced her ability to learn.

Similarly, Monica shared an experience about one faculty who used fear and said most students were afraid to say anything after that. She shared they "weren't allowed to make mistakes, like, if you do this, you will kill your patient. If you don't remember this, you will kill your patient type of thing... it felt like I needed to just really focus or else like I was going to be lost the entire quarter."

While they hoped it was not the case, Carmen and Nadia both shared their experiences of discrimination from faculty, which decreased their psychological safety in nursing school. Carmen was excited to start her clinical experience with a faculty member of the same race and based on last name, possibly the same country of origin. To Carmen, she and this faculty would share a cultural bond and possibly a language other than English. Unfortunately, that bond never developed. Carmen shared the faculty treated her and several other foreign-born African students differently. She continued that the underlying issue was with equality; while she watched this faculty encourage other students to perform skills and ask questions, she was not allowed to without some type of negative remark. She said, "I wish everyone was treated equally...it's really hard...I wish that I didn't have to feel afraid to speak up even though we're all paying the same tuition." Her story was definitely not like the other participants:

> That was my one horror story, and the reason why that stands out to me... is us it was someone that looked like me ...most of my best experiences has been with people that didn't look like me...the people I've had the opportunity to talk to they've had a listening

> ear. They have been nurturing, mother like, they have checked up on me, even after the class...

Carmen remembered driving home from her clinical practicum crying, saying, "'I don't know why she hates me'...I've heard that nurses eat their young, I mean, but she's my clinical instructor. I wouldn't expect that...it was really terrible." The experience left her confused and afraid to ask this faculty any further questions and ultimately questioned her choice to pursuing nursing. She continued, "My experience has showed me the two sides of nursing...the caring side that we all hear about...and then the side, where it's like the bullying."

Nadia's time with one faculty member was also attributed to race and age discrimination, although she truly hoped that was not the underlying reason. After struggling all semester in her complex care nursing class, she had to meet with the lead faculty member after her final simulation experience. Nadia said, "[the faculty said] 'I can't believe you passed...No nurse will want to work with you...I've warned the other instructors about you. You're full of excuses'...my jaw dropped... I just drew a blank…I just was like, in shock honestly..." She then said:

> And I hope it's not because of my color. I hope it's not because of my age. I am the oldest student, but there are other students that are fifty, but I don't know. I don't know. I think that some people are just favored because they're great students and that's part of your psychological safety. It's because of one, asking questions, two, because you make mistakes, so if I'm here, making mistakes and I'm not the A student maybe I'm the B or C student...she's targeting that person, you know as okay she's a failure she's not gonna be good nurse.

People That "Look Like Me"

When participants perceived parts of the classroom or clinical environment to be unsafe, most participants agreed there was always safety in people who "look like me." While diverse peers were most of deemed as safe, others found faculty or even preceptors who were of the same race as more accepting and inclusive during class discussions or clinical practicums. One of Sasha's biggest challenges in nursing school had been a support system. She self-identified as a clear minority in her program and said, "I think like not having people who look like me on campus make it a little but more difficult for me to connect with people…it's just different.

Anne, Sasha, Denise, Sora, Carmen, and Misty-Jones agreed psychological safety was increased in peers who were also of diverse backgrounds due to shared experiences. Anne shared her experience with asking questions in class:

> It will always stay within my friend group...that is the most comfortable...a good amount of them [friend group] look like me. There are other Filipino students, Hispanic. I don't actually have a white friend now that I think about it. They're all people of color...especially with my Filipino friends... I am color. I see it. I know who I'm going to gravitate too. I can't help it.

During her public health rotation, Denise and her classmates took a tour of the neighborhood they would be serving. Coincidentally, this was the same neighborhood where Denise grew up in and where she was presently raising her children. Fellow students, not from diverse backgrounds, used words like unsafe and run-down to describe the area but to Denise, it was home. She said:

> I think it would be more navigated to people that do that do come from a minority that has had similar experiences or has like or is familiar with the community ... there are some people that I will feel comfortable with, and one of those people is my fellow

> classmate that is also an African American and she also grew up...like me,...I don't feel like I have to be...reserved... in a way, I could be fully myself.

Sora also spoke about the camaraderie with those that "look like him." He said, "I have one friend who's been with me through nursing school and she's also a person of color and she's mainly the person that I talked to about our experiences...like kind of combining each other [experiences]." He found comfort and safety in being able to debrief his experiences that seemed different than his White counterparts with this friend. Misty-Jones said the same thing: "Thank God I've found a group of girls, who happen to be all people of color, and it it's been definitely life changing...they are my people. Those are my girls; They hold me up... and I can be my true self with them."

Sasha wished there were more BIPOC students at her institution: "It would help in any environment... to have someone that is more similar to you. …if you see someone that looks like you, you have someone to connect with who has experienced what I've experienced in life... You just feel more comfortable and that's just the truth." She also admitted to not attempting to connect with White students due to a lack of shared experiences. She shared her reasons why:

> No. I have not because I don't consider those people to be my friends, so honestly, I wouldn't do that…I don't feel the need...to say anything to them…I can be in these classes, pass these classes...and at the end of the day, once I am done with you guys for these few hours, I'm going back to home to my normal life... if I didn't have my classmates [those that look like me],...I don't know how I would make it through this...it would be so much more difficult.

Pennie and Sora shared about how preceptors, or even just other healthcare workers, provided a sense of psychological safety at their clinical practicums. Sora noticed that a BIPOC

preceptor treated him quite differently and in response, he felt able to ask more questions and took part in the patient care with more confidence as he was introduced as part of the healthcare team. The shifts he was assigned to a White preceptor, Sora shared, “They [the patient and the preceptor] seem to connect more and I’m excluded from the experience.” Sora said the preceptor would not introduce him to the patient or include him in care. During the shifts when he had a BIPOC preceptor, his experience was completely different. He continued, “Without a doubt, the preceptors ...that are of color...they would introduce me. They would include me, saying [to the patient] ‘I’m your nurse, and this is Sora, the student nurse. We will be your health care team.’” Being included in the conversation and introduced as a vital part of the healthcare team encouraged Sora to not only interact with his preceptor fully but with the patient as well.

Pennie noticed the diversity of healthcare workers changed depending on her clinical practicum placement. Being psychologically safe with patients and her preceptors was heightened when “it was like a really good blend” on the nursing unit. To her, psychological safety came with familiarity. She told a story about being in the breakroom during her clinical day and finding a Hispanic worker. She shared her story:

> She [the woman] was speaking in Spanish, and all of a sudden it felt like...a more friendly environment and a little more comfortable...I know how this background is or... their traditions are maybe more similar to mine...it's kind of like hard to feel like myself just because I don't know what would they [White people] consider acceptable...if there is a lot of diversity it's a little better than when there is not because it's so unfamiliar.

The fifth theme suggested the learning community was a key component of BIPOC students’ feelings of psychological safety. These findings served to answer research question two that focused on the role the learning community played in BIPOC students’ experiences of

psychological safety. Most participants agreed faculty were central to setting up an environment where all students felt comfortable to ask questions or share an experience. Even more, diversity, particularly other BIPOC students, preceptors, or faculty, encouraged psychological safety; however, it cannot be assumed to be true for all students.

Theme Six: I Am Needed!

The sixth and final theme to surface in this study was based on the fact that all the study participants saw how much they, as future BIPOC nurses, were needed for the profession. Misty-Jones said all her past experiences had made her proud to be who she was. She shared a touching story that made all her struggles worth it:

> I had a patient... his wife just delivered... and he was like, 'oh my gosh. Are you my nurse? I have not seen a black woman. Are you my nurse?' I said, 'unfortunately no, but in a couple years I will be...' He said, 'Yes. We need more of you.'

Sasha agreed: "They [my experiences] have actually made me respect and like nursing even more, to be honest with you…I see how much I am needed." Misty-Jones added, "I know what it's like to be ignored...and is it again it doesn't just stop at people of color it goes for anybody... Anybody...it's made me look at the type of nurse I don't want to be. So, I make a conscious effort to do everything."

Keenly aware they were the minority in most of their institutions and the profession itself, BIPOC students' experiences of psychological safety, both good and bad, opened their eyes to their future as they served others. Sasha said, "I live in [a state that is predominantly White]..I mean, I know I know what I'm getting myself into. And I know where I live, I know the population here." Yet she still chose to pursue a career in nursing because of her desire to care for the most vulnerable. Not only are they needed by their respective programs to help all

nursing students and faculty learn and to broaden perspectives but ultimately for the patients they serve.

Many participants shared that their views of the profession of nursing and their specific roles in the future of health care as feeling compelled to speak for others were also part of a marginalized group. The core nursing value of advocacy rang true to many and whether their experiences with their learning community enhanced or stifled their psychological safety, participants knew of their importance going forward. Nadia said, “I'm going to treat every patient even better than I already knew I was going to. I'm just going to be more aware.” Sarah, while she still fought past experiences of feeling inferior because of her race, said, “I think I get challenged to not say anything but that eats me alive... I should verbalize the things that I feel... not even just towards being black but towards a certain population, like the homeless population.”

Working as a certified nursing assistant (CNA) and during her clinical practicums, Misty-Jones saw first-hand why she was needed in the profession of nursing. She had experienced patients being ignored and their requests overshadowed. She shared her thoughts, saying, “It suggests is that they’re not important... it's frustrating and I’ve always wanted to make a change...I’ve always wanted to be that person to represent my culture to say... ‘I’m here...I can hear you.’”

Denise also realized how she was a vital piece in advocating for her patients and said her experiences, both as a student nurse and a hospitalized patient, had helped her see the importance of being purposeful in her practice. As a student, Denise had avoided sharing in class. Interestingly, as a patient, she had chosen to not call her nurse for help. She owed this to the

stereotype of African American women by others in society. She shared her views on her experiences shaping her future:

> I want to make sure that when I do get on that floor and... serve patients that, regardless of the cultural background...that I will make sure to check on them...a lot of I feel like people of color do kind of shy away from asking for things and they [African Americans] kind of get neglected in the process.... it's going to make me become more intentional as a nurse.

As an Arab-American, Nadia saw her worth as it related to her ability to help patients but also her community at large. During one clinical shift, a patient continued to try to call the nurse with what he thought was his call light when in fact it was a patient-controlled anesthesia button. No one had attempted to use a translator to educate the patient on how to use his patient-controlled anesthesia button. Speaking Arabic, Nadia was able to do just that and said, "I've contributed with my Arabic. That I know." Furthermore, she saw her role in nursing as a much bigger piece of the pie of health education for the Yemeni community. She shared their struggles: "This community needs education in many ways, but one is just health wise... they don't take care of themselves...I hate to say this...but you know just pushing them to do what they need to take care of that...the diabetes.... for the little kids...the sugar and the tea."

Sora added his outlook as a future educator as he advocated for BIPOC students who followed him, saying: "In the future, when I become a preceptor...I don't want them [BIPOC students] to have the experience that I had. I want it to be different. I want them to feel included... in care...I want to stand up for them, because I don't want them to feel what I felt."

Others saw the importance of choosing to speak up as a benefit to their classmates who did not identify as BIPOC. While sharing with her classmates about being pulled over by a

police officer and treated poorly, Misty-Jones said her White classmates defended the officer's actions, which consisted of belittling and demeaning her. She said, "I think one of the things across the board is if it doesn't happen to you, it doesn't exist." After sharing her story, she had hope her classmates would see things differently going forward but was unsure it would make a difference. Misty-Jones was also concerned because of the larger implications of her classmates' current perspectives and attitudes. She shared her thoughts on their future:

> It's not just that they treat me this way. I think...you guys are going to be nurses and a big demographic, or a big part of your patient demographic will be people of color, so you guys are going to treat these people this way? Is your first thought is going to be something negative?

Denise now realized, based on her classmates' ignorant responses to class discussions about sex trafficking, the importance of her pushing past those fears of not wanting to share in class. She said:

> It honestly just really put things into perspective, about how much a lot of people really don't know about other aspects of life...a lot of people are very unaware of the very unfortunate things that happen within a few miles of where they're going to school...I'm glad we had that conversation, because when we go into the practice... maybe this will help them not be judgmental... it made me want to be more involved in in sharing or getting the gumption, I guess, to start sharing.

Finally, two participants connected their psychological safety in speaking up in class or at the bedside as crucial to their patient's own willingness to ask questions when interacting with them and healthcare workers. In a story shared earlier, Byron translated what a provider was saying in Mandarin Chinese for his patient and the patient then asked several more questions for

clarification. Monica and Pennie, whose first language is Spanish, realized how much they were needed when it came to communication barriers between patients and staff. Monica shared her own experiences as a child being forced to translate for her mother at doctor's appointments: "We [her mother and her] would both sit there and not knowing what ... the doctor was saying." This experience made her fully aware of assessing her patient's English language ability as well. She continued her story:

> If I think they are being a little shy...I'm like, 'Did you prefer any other language other than English? I speak Spanish' and they just feel a lot more comfortable. They start asking all these questions...I'm actually, you know, able to meet their needs.... it's an advantage...it's something powerful.

Pennie said she gravitated to the Spanish-speaking patients for several reasons. She saw it as a benefit for her as well as the patients: "I was very nervous and then I'll hear the patient is Spanish speaking only... and then I'm no longer nervous... They [Spanish speaking patients] do get excited...all of a sudden, they have so many questions (giggling)."

The last theme from this study, I Am Needed, showed that BIPOC students were aware they were needed in nursing education as well as the profession. These data served to answer research question three concerning their experiences and its effect on their future practice and their view of the profession. Participants agreed the good and bad experiences they encountered in nursing school highlighted the need for diversity. Some saw how much they were needed as they interacted with and advocated for patients from their own culture or background. Others found their purpose was with their classmates as hard discussions in class hopefully helped break down stereotypes that affected patient care. Finally, some participants saw how being fluent in

two languages was an asset for patient to be empowered and feel psychologically safe themselves.

Psychological Safety Defined by Black, Indigenous, and People of Color Nursing Students

At the end of each interview, after sharing their stories, participants were finally asked to define psychological safety from their perspective. A common phrase used by participants was that of a non-judgmental attitude by a diverse learning community. Anne saw it as "feeling free to express my thoughts and feelings without judgement." Sasha added, "Feeling safe, not attacked. Feeling, like, no shame, not feeling judged." Sarah defined it as "non-judgement...nonbiased." Denise shared her definition, adding to the above participants, saying, "Being in a safe environment and interacting with people that are going to be receptive to what I'm saying...where it is non-judgmental."

Sora and Monica used the word "comfortable" when defining psychological safety. Pennie said it was "familiarity" while Misty-Jones said it was "Being heard, being heard, being heard." To her, Carmen suggested psychological safety meant "not feeling like there's going to be any like a retaliation for everything I say." Byron's definition included "feeling treated equally with professionalism, feeling confident, secure, and free." Nadia's response encompassed all the participant's responses when she said, "Psychological safety is feeling respected." All but three participants shared that a diverse environment increased their psychological safety. In summary, psychological safety was not feeling judged, feeling free to be one's authentic self, being confident in being heard, and being respected in a place that is comfortable, familiar, and diverse.

Summary of the Experiences of Psychological Safety in Black, Indigenous, and People of Color Nursing Students

In summary, six themes emerged from this study that sought to understand the experiences of psychological safety of BIPOC pre-licensure nursing students. Theme one—the past influences the present—suggested current encounters in nursing school were influenced by the past due to personality, culture, stereotypes, and language learning. Theme two—feeling dismissed—was described as being ignored, set aside, or brushed off by faculty, peers, and preceptors. Not feeling included in patient care or class discussions caused participants to withdraw from the learning community and choose silence over using their voice. Theme three—it's just too risky—was based on participants' perceptions that the consequences from using their voices might result in being singled out or halting their program profession. Theme four—I will speak up for patients—described participants' experiences with advocacy despite the risks to themselves. Participants did not question the response of others when it affected patient outcomes.

Theme five—the learning community is key—focused on how faculty and people who "look like me" influenced BIPOC students' psychological safety. Faculty were key figures in creating a safe space for all to share and there was comfort and increased safety in diversity. Finally, theme six—I am needed—portrayed a picture of why those who identified as BIPOC were needed in the profession of nursing. Due to their experiences of psychological safety, both positive and negative, participants saw how invaluable their contributions were to their peers, faculty, and the patients they would serve.

Ultimately, the experiences of psychological safety of pre-licensure BIPOC nursing students could be described as much bigger than nursing. A quote from the poet Maya Angelou summed up the experiences of the participants best: "I've learned that people will forget what

you said, people will forget what you did, but people will never forget how you made them feel" (Harper's Bazaar, 2022, p. 1). Their narratives were personal and based on their own history of treatment from others; revolved around respect from faculty, peers, and preceptors; and highlighted issues of discrimination and incivility. Nonetheless, the study participants saw their value in nursing education and the profession.

In this study, participants' experiences illustrated times during their nursing school education where they embodied and also lacked psychological safety. The findings answered the research questions describing their experiences, the role the learning community played, and how those experiences shaped their view of the profession of nursing. These thorough descriptions have a number of implications for nursing education, which are discussed in the next chapter.

CHAPTER V

DISCUSSION AND CONCLUSIONS

The purpose of this study was to describe pre-licensure Black, indigenous, and people of color (BIPOC) nursing students' experiences of psychological safety. With little known about this population's experiences with the phenomenon, the goal of this study was to provide a preliminary understanding for nursing faculty to enhance BIPOC students' psychological safety. The following research questions guided the study:

Q1 What are pre-licensure BIPOC nursing students' experiences of psychological safety in nursing school?

Q2 What role does the learning community play in pre-licensure BIPOC nursing students' experiences of psychological safety?

Q3 How have pre-licensure BIPOC nursing students' experiences of psychological safety shaped their view of the profession of nursing?

The previous chapters introduced the study, provided a thorough literature review on what was already known about psychological safety in health care and in nursing education, the methods used to answer the research questions, and the findings of the study. This last chapter discusses the study results, the relationship to previous research, and the implications for nursing education. Additionally, this chapter presents recommendations for nursing faculty to ensure the learning community is inclusive of all students. Limitations of the study and recommendations for future research are provided.

Participants

Eleven participants, nine females and two males from across the United States, ranging from ages 21 to 54, volunteered for this study. Nearly half of the racial make-up of the participants was African American/Black (45%) while the remaining participants identified as White (Latinx and Arab) and Asian. All but one participant had completed more than half of their nursing program requirements; five were in their last semester and preparing to graduate. While the self-identified percentage of diverse students at their institutions and schools of nursing as a whole ranged from very few to a significant number, most participants agreed their nursing faculty were not from diverse backgrounds. Finally, the majority of the participants had both paid healthcare experience before and while they completed their nursing education.

Themes Identified in This Study

The findings of this study suggested BIPOC students' previous experiences highly influenced their psychological safety in both positive and negative ways, the learning community played a large role in ensuring that safety, and more BIPOC nursing students and nurses were needed for the profession. This study gave the participants a voice and a safe arena in which to share their experiences and perspectives. As detailed in the previous chapter, six themes that emerged from this study told a story of their common experiences.

Theme One: The Past Informs the Present

The first theme spoke about how the past informed the present. In short, experiences the participants had as children, at other institutions, with certain faculty and peers, and being stereotyped by others affected their willingness to speak up or stay silent with the learning community. These findings were supported by the literature, suggesting many individual, organizational, and sociocultural factors moderated one's psychological safety (Frazier et al.,

2017; Lee et al., 2021). For some, their innate personality kept them quiet while others admitted their more assertive temperament made it easier to ask questions. Rarely, per the participants, did this change from childhood. Frazier et al. (2017) found in their meta-analytic review that proactive personality was positively correlated with psychological safety.

Others attributed their passivity to a cultural value not to challenge those in authority. Of all the participants, those who identified as Asian cited their cultural upbringing as a factor that influenced their psychological safety. When compared to the Western world's focus on the individual, Asian societies typically value the group. Commonly, this population is raised to respect authority figures (Xu & Davidhizar, 2005). Study participants suggested they needed to keep the peace, not disturb the status quo, and to think about others before themselves. Several studies corroborated this finding that culture and psychological safety are intertwined (Fagan et al., 2016; Garon, 2012; Lee et al., 2021).

Some of the participants had previous experiences being aligned with societal stereotypes and because of how that experience made them feel, they decided to keep their ideas and opinions to themselves. In this study, the participants' classmates made ignorant and most likely innocent statements but they were perceived as judgements and could be categorized as microaggressions. A racial microaggression is any subtle word or action directed at a marginalized person that causes upsetting and distressing experiences (Williams et al., 2021). Ongoing insults could result in isolation and a lack of belonging (Morales, 2021), eventually leading to decreased academic achievement (Ackerman-Barger & Jacobs, 2020). Additionally, habitual experiences of microaggressions could affect students' physical and mental health (Morales, 2021) and lead to possible stereotype threat (Pusey-Reid & Blackman-Richards, 2022).

Coined by social scientists Steele and Aronson (1995), stereotype threat is "being at risk of confirming, as a self-characteristic, a negative stereotype of one's group (p. 797). It is a psychological condition in which people feel at risk of validating the societal stereotype, thereby identifying with negative characteristics of a group. In their study with minority healthcare students including nursing students, Ackerman-Barger et al. (2016) learned that students experienced heightened anxiety due to stereotype threat. Students had reservations about their academic abilities and did not feel a sense of belonging with their White peers (Ackerman-Barger et al., 2016). Another study, specifically with nursing students, found minority students were fixated on perfection as if errors would result in disciplinary action (Young-Brice et al., 2018). It is possible this was another reason the participants chose to remain silent as they feared the stereotype might be accurate.

Finally, past instances of teasing, particularly with learning a new language, continued to make two participants leery about their current language skills, albeit 15 years later. One pictured it as living in two worlds and operating with both a Spanish and an English brain. In her words, "it just depends on which one shows up that day." Both participants shared sentiments of feeling anxious, practicing their question internally before ever choosing to speak for fear of using the wrong English word. The literature suggested second language anxiety was performance based, was specific to those learning a new language, and could influence a student's health and academic success (Crawford & Candlin, 2013). Those who suffer from second language anxiety worry about testing, stress when asked to perform skills, and expressed feelings of shame and humiliation when trying to communicate (Brown, 2008).

Theme Two: Feeling Dismissed

Feeling dismissed by faculty, peers, and preceptors was an unfortunate yet shared finding of this study. The BIPOC participants felt ignored, disregarded, and unseen by the learning community, which led to negative feelings of psychological safety. This feeling caused many to abandon learning opportunities to protect themselves from future occurrences of the same treatment by the perpetrator. Several studies, particularly in nursing simulation, have shown that learning outcomes were adversely affected by a lack of psychological safety. Negative behaviors of the learning community decreased psychological safety and led to feelings of anxiety (Kang & Min, 2019), withdrawal and refusal to participate (Kang & Min, 2019; Rudolph et al., 2014), and ultimately questioning the profession of nursing (Park & Kim, 2021). Students who were continually dismissed or overlooked by the learning community seemed to take on a role of self-preservation. In their study of psychological safety in nursing simulation, Kang and Min (2019) found the same attitudes of students attempting to protect themselves rather than being engaged in the learning activity. Instead of risking being dismissed again, BIPOC participants in this study chose silence.

Within this theme was an underlying notion of discrimination by the learning community, which further upset participants and increased withdrawal from the class. Many shared noticing their White counterparts having different experiences when the same questions were asked or ideas were presented to the learning community that led to hurt and confusion. The existing literature classified feeling dismissed as a form of discrimination and nursing students suggested the wrongdoers were faculty, peers, and preceptors (Graham et al., 2016; Metzger, Dowling et al., 2020; Sedgwick et al., 2014). While not always a blatant action by the learning community, participants believed they were excluded from conversations, brushed off, or discounted based

on their race. This unequal treatment perceived by BIPOC nursing students was no different than past experiences shared in the research. They felt invisible (Graham et al., 2106), unwelcomed (Metzger, Dowling et al., 2020; Murray, 2015), ignored, and watched (White, 2018).

The defining attributes of psychological safety are taking interpersonal risks because of a lack of fear of negative responses from others (Edmondson, 1999; Kahn, 1990; Schein & Bennis, 1965). An interesting finding in this study was many participants first felt psychologically safe to ask questions or share an opinion; however, the response they received from the learning community hindered additional opportunities to engage. The first response given by a member of the learning community, then, played a large role in BIPOC students' psychological safety. One participant spoke to a preceptor about being called a name by a patient that was discriminatory. The preceptor brushed the student off and told him to "get used it." The participant then approached his clinical faculty with the same concern and was again dismissed. Without a place to go, a person to confide it, and after being disregarded by two people assumed to be in his corner, why would he continue to seek out support?

Theme Three: It's Just Too Risky

Theme three, it's just too risky, was based on the risks involved in choosing to use one's voice. Participants weighed the benefits and the consequences of asking questions or sharing an experience and many determined it just was not worth it. Prior studies determined that perceived risks in speaking up were receiving negative feedback from others (Edrees et al., 2017), verbal and physical abuse, disrespect, and humiliation (Morrow et al., 2016). Research suggested those risks were too great for many, inferring a lack of psychological safety. Nearly half of the participants in this study were parents of young children, had given up other careers, and needed to ensure that as nursing students they learned the material, completed the required practicum

hours, and were on the best path to passing the licensing exam on the first attempt. Anything that risked their future plans was not worth sharing because of the possible consequences the response might bring. Within this theme were feelings that sharing would cause participants to be singled out in the classroom or would cause problems with their program progression.

Nationally, only 34.2% of pre-licensure BSN students are from diverse backgrounds (AACN, 2019). Several participants revealed that choosing to share or ask questions put them at risk for being further marginalized. One even mentioned that just walking into the room, she already felt set apart because there were no other African American students in her class. An important component to mention was several stories shared in this study took place during 2020. This year in America not only brought the COVID-19 pandemic but also racial unrest. Participants who chose silence due to the risk of being singled out might have done so because of the increased media presence concerning racial injustice.

When an issue of race was brought up in a class discussion, one participant "shrinked" in her seat and just pretended she was not there; however, classmates continued to stare at her during the discussion, making her uncomfortable. This was a common finding specifically among African American college students. In one study seeking to understand African American students' experiences with classroom discussions on race, students shared their minority status was heightened when the issue arose. These same students felt singled out, could feel the tension in the room, and noticed their White counterparts "looking at them" during class (Walls & Hall, 2017). Without seeing something that "looks like them," BIPOC students lacked psychological safety and were less likely to speak up.

Other participants were fearful of what might happen to their program progression if they spoke up, citing fears about faculty, peers, and preceptors. Participants felt like their honesty

about their experiences might affect grades assigned by faculty. Others suggested the possibility of being assigned less than ideal clinical practicum sites and times. Speaking up to preceptors brought the risk of losing a clinical practicum site, which would not only affect the participant but her class and the institution as a whole. Unfortunately, the professional hierarchy in healthcare was a known barrier to psychological safety (Appelbaum et al., 2016; Cosby & Croskerry, 2004; Lee et al., 2021; Rosenbaum, 2019).

Appelbaum et al. (2016) studied medical residents and their intent to report adverse events. The study found the greater perceived power distance between the medical student and the attending physician, the lower the rate of adverse event reporting. Bradley et al. (2015) reported 31% of providers experienced rude, dismissive, and aggressive actions from senior to junior physicians. Nearly 40% of 606 physicians included in the study admitted the experiences caused emotional distress and caused them to second guess the need to communicate with a superior. Finally, Lee et al. (2021) described a decrease in nurses' willingness to speak up to healthcare providers because of the perceived power of physicians.

The power differential in nursing education was also well documented and linked to acts of incivility. Knowing the relationship between nursing faculty and student is paramount in student success, Clark (2008c) named this action as "rankism" by nursing faculty, suggesting it was abusive behavior at all levels of power based on a higher "ranking" (p. 6). Students described this alleged power imbalance as giving them no choice but to be silent (Lasiter et al. (2012) while Del Prato (2013) found students perceived faculty would "weed them out" because of the power they held.

Theme Four: I Will Speak Up for Patients

All participants agreed that speaking up for patients was part of their duty as student nurses and centered around the core nursing value of advocacy. Most did not consider the personal consequences of asking questions or reporting an error to those in authority at their clinical practicums. This finding was unique to this study and not supported by the existing literature on psychological safety in health care or nursing. What is known, though, is altruism, or the selfless concern for the well-being of others (Oxford University Press, n.d.-a, Definition 1) is a core nursing value (AACN, 2021) the study participants had already mastered. In the midst of a variety of very personal influences, past experiences, and feeling dismissed by the learning community, the resolve of the participants to put others before themselves, no matter the consequence, seemed to be strongly inspired by their own experiences in never wanting others to face the same treatment. Earlier studies on BIPOC students' experiences in nursing school indicated they had a strong desire to represent and help the communities from which they came (Diefenbeck et al., 2016; Woodley & Lewallen, 2021), which also might be a driving force in feeling compelled to speak up for the patients they serve.

Four participants shared their ability to speak two languages and also being of the same or similar culture of their patient required them to put aside their own fears of the perceptions of others. The participants' ability to not only translate language but to understand the cultural perspective of their patients compelled action. In fact, in a study with 12 emergency room nurses, one participant said understanding the patient's culture allowed him to react to non-verbal cues no one else deemed important (Chang et al., 2021).

Fifty-nine nurses participated in a study that focused on the nurses' perspectives on speaking the same language as patients who had limited English language abilities (Ali &

Johnson, 2017). Study participants agreed they were able to provide better patient-centered care and more accurately assess the patient's needs. Also, per the participants, the patients exhibited signs of relief when they could communicate freely and seemed less anxious (Ali & Johnson, 2017). Another study found patients felt more comfortable with a bilingual nurse (Hemberg & Sved, 2021). The nine patients in the study said they felt understood, had a heightened sense of security, were able to be themselves, and felt treated as an equal. Patients admitted the language commonality decreased their suffering, increased their strength, and they felt able to heal more quickly (Hemberg & Sved, 2021).

Theme Five: The Learning Community Is Key

It was not surprising that participants in this study relied on the support of the learning community while in nursing school. This finding was highly congruent with previous research on psychological safety in nursing education (Lyman & Mendon, 2021; Turner & Harder, 2018). The learning community was either successful in increasing participants' psychological safety or inhibiting it. All agreed that faculty played the lead role in creating an environment where all felt free to ask questions or share an experience or opinion. In fact, many former studies outside of nursing education found leadership played a pivotal role in an employee's psychological safety (Ahmed et al., 2020; Edmondson, 2011; Frazier et al., 2017; Newman et al., 2017). All but one participant, who had a unique experience, said those in the learning community who "look like me" increased their psychological safety.

Positive Faculty Characteristics Enhance Psychological Safety

Participants shared that faculty who personified supportive and positive characteristics enhanced their psychological safety both in clinical practicums and in the classroom, which was

also supported in the nursing education literature (Daniels et al., 2021; Roh et al., 2020; Turner & Harder, 2018). Encouraging phrases like “it is okay to make mistakes” or “I believe in you” gave the participants the courage to share and ask questions despite the risks involved. Reierson et al. (2017), Fey et al. (2014), and Rudolph et al. (2014) had similar findings while studying students’ experiences of psychological safety in nursing simulation. When faculty would repeat these phrases or say them early in a conversation rather than solely ending their conversation with “E-mail me with questions,” BIPOC students felt secure to engage. Soothing voices, a welcoming environment, and genuinely wanting to get to know the students personally and their individual struggles opened the door as a platform for BIPOC students to be their authentic selves.

As the old colloquial saying goes “actions speak louder than words” and it rang true for participants in this study. Faculty actions and follow through made all the difference to participants. Faculty using encouraging words and statements without sighing, rolling their eyes, or using other unwelcoming nonverbal communication techniques added to the participants’ psychological safety as it did in a narrative review on psychological safety in simulation-based learning in nursing education by Daniels et al. (2021). Lyman and Mendon (2021), when interviewing nursing students about their experiences of psychological safety specifically in the clinical environment, found that when students interpreted non-verbal feedback as negative, they became self-conscious and increased their silence. Faculty sighing after a mistake in a simulation experience or facial expressions interpreted as disappointment left students feeling unsupported in another study (Park & Kim, 2021). Authoritative and overly critical faculty have been known to decrease students’ psychological safety (Park & Kim, 2021). Faculty’s tone of voice being

perceived as warm and calm, rather than authoritative, was also a key factor in one's willingness to add to class or clinical practicum conversations (Park & Kim, 2021).

Holistic Care of Black, Indigenous, and People of Color Nursing Students

Caring for the students as people first, and nursing students second, was an interesting finding that came from this study. This conclusion was reached based on comments about faculty choosing to address issues outside of nursing, particularly dealing with race and confronting inequity of patient care. Faculty who encouraged students' psychological safety openly addressed racial stereotypes that minorities face in health care but also intelligently placed it into a larger context and included all marginalized or vulnerable groups. This intervention made the participants feel seen and heard without being singled out.

The majority of the participants' experiences took place during an interesting time in our nation's history. Navigating the pandemic and its effect on nursing education affected all students; however, the racial turmoil must have affected BIPOC students, particularly African American students, in a way we as White Americans could not and would never understand. It was like the participants were shouting "My psychological safety is about more than nursing!" Stories about faculty seeing and hearing them, empathizing with them, and making a conscious effort to include the minority view into the conversation made all the difference for some.

Racism is a documented problem in nursing (Tobbell & D'Antonio, 2022). A recent survey of 5,623 nurses published in the ANA report *Racism in Nursing* (Tobbell & D'Antonio, 2022) found 92% of Black nurses, 73% of Asian nurses, 69% of Hispanic nurses, and 28% of White nurses had had a personal experience with racism in the workplace. The offenders were supervisors, patients, and colleagues. Fifty-six percent of those surveyed admitted racism in their work environment had adversely affected their personal well-being (Tobbell & D'Antonio,

2022). While the ANA has been working to address racism in the profession, the practice of tackling issues of racism in nursing education has not been the norm (Bell, 2020; Blanchet Garneau et al., 2018; Iheduru-Anderson et al., 2020). In fact, not addressing it perpetuated the problem (Burnett et al., 2020).

According to Iheduru-Anderson et al. (2020), most nursing curricula thread the concept of cultural competence but the idea of racism is typically overlooked. Burnett et al. (2020) reported racism is part of a hidden curriculum with nurse educators skirting around the topic rather than overtly naming it. All too often, educators choose to focus on teaching the tasks nurses perform rather than the attitudes nurses must embody. In a literature review on the topic, Bell (2020) concluded the overwhelming reason racism was excluded in the nursing classroom was White nursing faculty were not prepared nor capable of addressing it. Nursing faculty admitted addressing the issue made them uncomfortable (Bell, 2020).

Faculty to Student Incivility

While many participants had positive encounters with faculty, some did not, and it led to a decrease in psychological safety. Participants reported several actions by the learning community that could be defined as uncivil. Some referred to the actions as bullying, referring to the old adage “nurses eat their young.” Another said her instructor was a “Hitler-type” educator, using power and fear as leverage. Several shared stories about discrimination from their learning community but at the same time were encouraged to treat all patients with dignity and respect. Reconciling these experiences of incivility while being trained to be caring, compassionate nurses proved difficult.

Regrettably, incivility in nursing is not uncommon (Miller-Hoover, 2016) and is a growing, complex problem in nursing academia (Butler & Strouse, 2022; Clark, 2008a, 2008b;

Marchiondo et al., 2010). Defined as "rude or disruptive behavior which may result in psychological or physiological distress for the people involved and if left unaddressed, may progress to threatening situations" (Clark, 2009, p. 7), the literature suggested these acts were committed by both faculty and students (Clark, 2008a). Uncivil behaviors have been described as existing on a continuum, ranging from loud sighing to something as egregious as physical harm (Clark et al., 2011). Clark et al. (2011) called lower level uncivil actions "disruptive behaviors" and included behaviors that distract, annoy, or irritate another person like using sarcasm, being late, or having side conversations.

The findings of this study coincided with studies on incivility in nursing education. Other studies identified that faculty exerting a sense of power, using grades to threaten students, disallowing class discussions, and inflexibility as uncivil behaviors (Clark et al., 2011; Muliira et al., 2017; Small et al., 2019). Of importance, particularly for this study, Altmiller (2012) discovered students also saw racial biases as a form of incivility. Uncivil actions in the academic environment critically disrupt relationships between faculty and students and weaken the overall learning environment (Clark et al., 2011). Furthermore, this study concluded an uncivil environment decreased BIPOC students' psychological safety and was a barrier to learning but also to emotional security and well-being.

Safety in Those Who "Look Like Me"

Although there were times when the participants felt unsafe in the learning environment, all but one agreed there was always safety when another person "looks like me." In the literature, African American students described themselves as "standing out" in their nursing classrooms because of their physical appearance (White, 2018). Similarly, Latinx students experienced loneliness and lacked a sense of belonging, saying it was hard to fit in with others (Alicea-

Planas, 2017; Woodley & Lewallen, 2021). *Belongingness* is said to be any encounter that cultivates one's sense of being connected to others, acknowledged, included, accepted, respected, and valued (Levett-Jones et al., 2007) and is a known factor in students' persistence to graduation (Castleman & Meyer, 2017; Tinto, 2017). A lack of belonging among BIPOC nursing students is known to cause withdrawal from learning activities and identity crises (Metzger, Dowling et al., 2020) while feeling connected to a group of people leads to engagement, motivation, and increased confidence (Levett-Jones et al., 2009). In fact, acts of discrimination by the learning community was the number one factor that influenced minority nursing students' sense of belonging during their class and clinical experiences (Sedgwick et al., 2014; White & Fulton, 2015). Admittedly, the participants in this study were attracted to a diverse crowd, even more so when people were from their same race, and owed these feelings of safety to shared experiences.

Having a smaller group of like peers within their nursing class was life changing for some—experiences were understood, barriers were removed, and navigating difficult situations was made easier due to a sense of community and support. Seeing other students, faculty, and preceptors of the same race made participants feel comfortable, they did not have be reserved, and they could be themselves without having to consider any consequences. The same Latinx students mentioned above who wrestled with making connections with classmates expressed profound connections with Latinx patients they cared for in the hospital (Woodley & Lewallen, 2021). In medicine, the literature supported the fact that providers from minority groups were more likely to care for minority patients (Betancourt et al., 2014). Furthermore, patients who were cared for by providers that "look like them" were known to have more positive outcomes (LaVeist & Pierre, 2014).

Although only a few mentioned the race of those in the learning community who influenced their psychological safety, the majority of the participants suggested the greater diversity of the learning community, the greater their psychological safety. The literature supported this finding—nursing students also wanted to see faculty who mirrored their physical appearances (Bond et al., 2015; Hill & Albert, 2021; Murray, 2015). Sadly, though, from 2018 to 2020, there has only been a 0.2% increase in the percentages of minority students enrolled in pre-licensure nursing programs nationally (NLN, 2021). A consequence of that startling statistic is the nursing workforce is still predominantly White, which does not match the changing U.S. demographic (Smiley et al., 2021). Even more, only 17.3% of nursing faculty are from diverse backgrounds (AACN, 2020).

There was no other research to corroborate the specific connection between racial diversity and psychological safety; however, much is known about BIPOC nursing students' previous experiences with the learning community. The literature indicated the learning community is paramount in BIPOC students' feelings of inclusion (Alicea-Planas, 2017; Diefenbeck et al., 2016; Metzger, Dowling et al., 2020; Metzger, Taggart et al., 2020). Previous studies about those experiences suggested many students have been the target of discrimination by those in that learning community (Ackerman-Barger & Hummel, 2015; Alicea-Planas, 2017; Graham et al., 2016; Metzger, Dowling et al., 2020; Murray, 2015; Sedgwick et al., 2014; White, 2018; White & Fulton, 2015). These actions led to feelings of isolation (Metzger, Dowling et al., 2020) and a lack of belonging (Sedgwick et al., 2014) in students.

If BIPOC students experience a lack of belonging in nursing school due to their race, which the findings corroborated, chances are their faculty and preceptors of color faced the same challenge and could sympathize with their journey. Black, indigenous, and people of color

students need both academic and emotional support as they face unique trials in their nursing school education (Alicea-Planas, 2017; Bleich et al., 2015; Bond et al., 2015; Metzger, Taggart et al., 2020; White & Fulton, 2015; Woodley & Lewallen, 2021). Increasing the number of diverse nursing students would lead to a more diverse workforce, allowing BIPOC students to have more options to engage with someone that "looks like me." Furthermore, growing the number of BIPOC nursing faculty and retaining them would provide BIPOC students yet another resource.

Theme Six: I Am Needed

The final theme to emerge from this study, I am needed, was grounded in the participants' realization that their experiences were valuable and not only aided in patient care but also in preparing their classmates for practice. While others might have quit after being discriminated against, dismissed, and stereotyped, these participants gave the impression they were fully aware there was a greater purpose in their struggle. The fascinating dichotomy to emerge from this study was participants had a lack of psychological safety in many areas concerning their personal needs but did not hesitate to advocate for patients.

Most were very aware of their minority status but their desire for change and to serve those from their own communities who had been overlooked trumped the insecurities of feeling and looking different than their classmates. There was little in the literature to support the finding that BIPOC nursing students understood just how important they were to nursing education and the profession as a whole; however, it was known that BIPOC nursing students pursued the profession because it allowed them to work with the communities from which they came (Diefenbeck et al., 2016; Woodley & Lewallen, 2021). In fact, every Latinx participant in one study cited their plan to work with the Latinx community upon graduation (Woodley &

Lewallen, 2021). Many vowed to ensure the cycle of mistreatment was not repeated once they were practicing nurses and stated their experiences in nursing school showed them the kind of nurse they would not be.

The participants in this study shared a deep desire to be change agents and make their patients' experiences better than what the participants had personally encountered or had observed by the learning community. As a group, and amidst challenges most nursing students do not face, the participants were determined to finish and show others how to care for all people. Studies showed that determination was a key personality trait propelling BIPOC students to graduation (Diefenbeck et al., 2016; Metzger, Dowling et al., 2020; Murray, 2015; White, 2018; Woodley & Lewallen, 2021). Latinx students, in a study by Woodley and Lewallen (2021), said their drive was internal, citing their tenacity and perseverance that would propel them to graduation.

Many participants considered it their duty, even as students, to advocate for those who could not speak for themselves. Entering the profession required that nurses encourage, advocate for, and guard the rights, health, and safety of all patients (ANA, 2015). Others saw how much they were needed to help prepare their White classmates to care for a diverse population. It became clear to the participants that the majority of their classmates had very little knowledge about everyday struggles BIPOC students faced. While not all chose to share with their classmates because of the consequences they might face, the participants became more aware about the need to share their stories with those who would care for people that "look like them" in the future. Nursing faculty must find a way to ensure those stories and experiences are shared.

Finally, a few participants found when they chose to speak up for patients, even with the chance of criticism, it actually fostered the patient's own sense of psychological safety. Four

participants spoke a language other than English and it was perceived as a "superpower" by their patients. Once patients realized their student nurse spoke their language, they asked more questions, requested more explanation of their plan of care, and the study participants not only felt included but a vital part of the healthcare team. Their ability to speak two languages became a positive quality rather than a hindrance.

According to Ali and Watson (2017), language barriers between patients and nurses could adversely affect the delivery of care. In that study, nurses said communication was the most vital part of the nurse's role in providing appropriate and timely care. Additionally, in their systematic review of 14 studies, Shamsi et al. (2020) cited miscommunication between patients and health care providers due to a language barrier led to reduced satisfaction, decreased the quality of care, and negatively influenced patient safety. Patient interaction with language-concordant healthcare professionals aided in patient's feeling better understood (Yeheskel & Rawal, 2019). Finally, one study found Latinx patients who received language services in Spanish felt safe, secure, autonomous, and felt supported while those who did not feared it might impact their health (Goodwin, 2015).

Black, Indigenous, and People of Color Student Definitions of Psychological Safety

For this study, psychological safety was defined as how one perceives the benefits, risks, and consequences of sharing an opinion, asking a question, reporting an error, or revealing one's true self to others. It wa a belief that one would not be shamed, humiliated, or punished for speaking up with questions, concerns, or mistakes (Edmondson & Lei, 2014). When citing a personal definition of the phenomenon based on their experiences, four of the participants used the word "non-judgmental," two defined it as "comfortability," one said it is "familiarity," two

suggested it was “confidence,” another said it was “security and freedom,” and the final participant used the word “respect.”

Psychological safety has been defined by others as a feeling, a belief, an experience, or a perception (Edmondson, 1999; Edmondson & Lei, 2014; Kahn, 1990; Schein & Bennis, 1965). When scrutinizing the participants’ definitions in the context of their stories, there was more evidence that suggested psychological safety was a highly subjective phenomenon and perception was key. Participants’ experiences of psychological safety were highly influenced by interpersonal communication and relationship with others. While two people might be having the same conversation, their perceptions of what was said and meant, verbally and non-verbally, might be very different. Most importantly, each person’s perception was valid because it was their subjective interpretation in the moment.

Theory of Sense of Community

The theory of sense of community guided this study with the belief that BIPOC students’ sense of community and belonging would influence their psychological safety. For this study, the term community implied a special relationship between members of a group. McMillan and Chavis (1986) theorized that those with a sense of community experienced belonging, they mattered to others, and needs were met within that social circle because of a shared emotional connection. The following four elements were met within a sense of community: spirit, trust, trade, and art. Statements made directly by participants revealed their community was mostly comprised of other BIPOC students, which enhanced their psychological safety. Furthermore, the participant responses were most focused on their peers rather than faculty.

Spirit

The element of spirit, or the friendships made by those within the community, focused on the authentic connection with one another where group members felt comfortable to be transparent and fully honest. Importantly, membership is required to be part of the community (McMillan & Chavis, 1986). Participants' stories suggested two requirements needed to be met for membership in their community: being from a diverse background and having shared experiences. Spirit was a central part of the theme "I am needed" as well as the sub-theme "people that look like me" as it set apart those from diverse backgrounds and a specific role they could fulfill in nursing education and the profession. Contrarily, it was also depicted negatively in the theme "it's just too risky" as participants chose silence because of the possibility of negative outcomes from those outside the BIPOC population.

Some participants spoke to this unique relationship with those who "look like me," which enhanced their psychological safety. Anne said, "I don't actually have a white friend now that I think about it...they are all people of color...I know who I am going to gravitate too." Sasha added, "I don't consider those people [White classmates] to be my friends...I don't feel the need to even like necessarily say anything to them...if you see someone who looks like you...you have someone to connect with who has experienced what I experience in life." Denise shared a similar thought saying, "I am....more navigated to people that do come from like maybe a minority...that has had similar...shared experiences." Sora also spoke about his closest friendships being those from diverse backgrounds saying, "I have one friend who's been with me through my nursing school and she's also a person of color and she's mainly the person I talk to about my experiences.... there's a whole community of us." Clearly, the participants in the study felt safe, felt a sense of belonging, and had a shared Spirit with other BIPOC students.

Trust and Trade

Stories shared by participants overlapped within the second and third element of the theory of sense of community. Trust, the second component, referred to the influence members of the community had over and with one another. The third element, named Trade, depicted ways community members could assist each other as they navigated trials and celebrated victories along their journey (McMillan, 1996). In this study, trust set the stage for trade to occur. Specifically, members of the community felt safe from embarrassment and shame because they chose to interact with others with similar beliefs, values, and experiences, thereby fulfilling their need to be heard and understood. This element was also reflected in the sub-theme "people that look like me." The findings suggested a heightened sense of psychological safety with other diverse individuals. Misty-Jones demonstrated this element saying, "Thank God, I've found a group of girls...all people of color and it it's been definitely life changing. And those are my people...those are my girls. They hold me up when I when I am down, and I can be my true self with them." Sora added, "Being able to, like, talk with other people of color who have experienced it [feeling dismissed] ...shows that it's not just my problem." Lastly, Sasha said, "I did debrief with her [another African American classmate] ...told her how it made me feel...and just checked in with her." While it was not clear if physical needs were met within the community, emotional needs were met by being able to bond over debriefing experiences not had by the majority of their classmates.

Art

Finally, the participants demonstrated the art of the sense of community, which was reflected by the themes "the past informs the present," "feeling dismissed," "it's just too risky," and the sub-theme "people that look like me" as they told the overall story of their experiences of

psychological safety. The component of art refers to the symbolic representation of a history (McMillan, 1996) based on shared experiences that create an emotional connection. Participants spoke about being categorized or stereotyped by those outside their community, which bonded them. Denise said, “It was like a side eye moment where we [me and the other African American student] will look at each other [but not say a word]”. They told stories of feeling dismissed and choosing not to speak up due to the risks of being singled out or it affecting their program progression. Although many of the encounters negatively affected BIPOC students’ psychological safety, they showed resilience and determination as participants were still highly aware of their unique place in the profession symbolized by the theme “I am needed.”

Overall, the theory of sense of community informed this study well, suggesting the participants felt a heightened sense of camaraderie with other minority students, faculty, and preceptors who shared common life experiences as well as physical traits. Participants felt at ease within their community to be honest about their victories of advocating for patients and the challenges of feeling dismissed and navigating the possible consequences of speaking up. The participants in this study had increased psychological safety when interacting with those from within their chosen community.

Recommendations for Nursing Faculty

Based on the findings and conclusions drawn, I have several recommendations for nursing faculty members to enhance BIPOC nursing students’ sense of psychological safety. Previous studies conducted in nursing education highlighted that the learning community, particularly the faculty, was paramount in students feeling psychologically safe (Lyman & Mendon, 2021; Turner & Harder, 2018). It is possible faculty played an even bigger role for

BIPOC students. Just as nursing faculty swore to advocate for patients when they entered the profession, they must also be the voice for BIPOC students.

Engage in Self-Reflection and Act

This study found participants' past informed their present-day psychological safety. Their personality, cultural upbringings, being stereotyped, and negative experiences with language learning affected how they chose to interact with the learning community. At times, because of these influences, many chose silence over using their voice. Psychological safety is highly contextual and personal. It is an internal, subjective decision-making process in which nursing students must sift through former experiences to make decisions about speaking up. This is likely true for all nursing students; however, BIPOC student experiences are unique due to their race. Nursing faculty must routinely consider that one's race, ethnicity, or cultural background influences their psychological safety.

Nursing faculty must make self-reflection a part of their daily routine by taking an honest look at their own communication style and areas for growth. Keeping a journal of experiences and the faculty's reactions to those experiences could be helpful to process a change needed. Nursing school leadership could allow time during faculty meetings to review student case studies and allow faculty members to share personal experiences about engaging with BIPOC students.

At the student level, faculty should attempt to establish a relationship with their students just as they were taught to do with patients at the bedside. Faculty must call them by name and tailor their communication technique to the needs of the student. Finally, faculty should implement a variety of strategies to further create an environment that enhances BIPOC students' feelings of psychological safety. Knowing that some students process information externally and

others do so internally, learning activities should cater to all personality types. Varying the modality of student responses to learning activities from in-person discussion to at-home discussion board posts would allow all students to feel comfortable with a forum that suits their needs and makes them feel heard.

Move from Cultural Competence to Cultural Humility

For some in this study, their psychological safety was shaped by their culture, whether it was how their parents nurtured and raised them or cultural stereotypes assigned to them because of their skin color. Many admitted to feeling dismissed by the learning community, which led to apathy and mental withdrawal from the course. While it is common practice in nursing to provide culturally competent care, nursing faculty must move toward being more culturally humble. Foronda et al. (2015) defined cultural humility as "a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals" (p. 21). Faculty must be open to new ideas and ways of educating the future of the profession, knowing that BIPOC students' experiences, if shared, create rich learning opportunities for all. Moreover, faculty must be intentional about their desire to learn about other cultures so they are able to address ignorant statements made by other students.

A very tangible way to begin the transition from culture competence to cultural humility is by first recognizing the implicit biases held. While some experiences in this study were defined as overt, discriminatory comments by the participants, many were more subtle. There is a high probability the learning community had no ill intention towards their BIPOC peers but therein lies the problem. Without awareness of unconscious biases held, the problem continues and might lead to discriminatory actions. Implementing implicit bias training early in a nursing student's program and requiring the same training for all new nursing faculty would begin the

process of at least admitting biases exist. Once known, actions could be taken to prevent unequal treatment of not only BIPOC students but the patients all students would care for.

Identify and Remove Language/ Racial Bias

As a greater number or BIPOC students enter nursing education, English might not be all students' first language. Four participants in this study spoke English as an additional language and two lacked psychological safety for fear of using incorrect words. While there is an expectation that students enrolled in a BSN program in the United States are able to competently communicate in English, faculty must be aware that language used in exams could be confusing for some. The use of colloquial phrases common to the majority could present challenges for BIPOC students whose first language is not English and decrease their psychological safety. To mitigate this issue, nursing programs could create exam committees where other educators review test questions, case studies, and multimedia presentations for bias. Faculty members could also ask a colleague, perhaps a faculty member of color, to observe a class and note any actions or language used that might be construed as discriminatory to BIPOC students.

Create Unique Opportunities for Bilingual Nursing Students

Because the literature suggested patient satisfaction and feelings of safety and security are increased when a healthcare provider speaks the same language, schools of nursing could partner with healthcare facilities that allow nursing students to become official interpreters. While this would be an additional responsibility for the nursing student and done outside of their clinical practicum, it would not only give the student income but encourage the value they bring to the profession. Furthermore, students would continue to learn, outside of their nursing program, as they translate for procedures, discharge instructions, and patient education.

Co-Create Learning Activities

Black, indigenous, and people of color students found it comforting when nursing faculty chose to explicitly address social issues affecting minorities. One participant found it helpful and gave her the confidence to speak up in class. While it is vital that nursing faculty address these issues, faculty must be careful not to further single out BIPOC students and assume all minorities face the same struggles. In fact, when responding to racial microaggressions, one BIPOC student in a study of 62 African American college students had to educate his classmates on the diversity within the black community (Morales, 2021). Similarly, Latinx students also wanted to be seen as individuals rather than grouped together simply because of their culture and physical attributes (Woodley & Lewallen, 2021).

Inherent in the definition of cultural humility is being aware of the power imbalance that exists in nursing education and in health care (Foronda et al., 2015). Nursing faculty, simply by their professional title, hold great power over students. There is potential to take advantage of that power in words faculty use, their tone of voice, and in grading (Ingraham et al., 2018). How faculty yield that power is vital to BIPOC students' sense of psychological safety. It was clear many participants in this study chose silence when there were perceived consequences in their program progression. While there is a place for constructive criticism and correction of students, faculty must attempt to approach BIPOC students as equals, realizing they also have an opportunity to learn as much if not more. The first step in decreasing this power imbalance is for faculty to acknowledge it exists (Lasiter et al., 2012) and the second is to assess one's own use of power.

To increase the psychological safety of BIPOC nursing students, faculty must be authentic and transparent. They must lead with empathy rather than ego and build relationships

rather than barriers. To accomplish the task of addressing social issues affecting minorities while not singling BIPOC students out, nursing faculty must co-create learning activities, inviting BIPOC students to be a part of the teaching-learning process. The literature suggested when BIPOC nursing students are invited into relationship with faculty, they gain a sense of belonging (White & Fulton, 2015). Furthermore, faculty can foster this sense of belonging, in which BIPOC students feel like an integral part of the learning community, by attempting to connect with BIPOC students outside of the classroom, whether it be in a coffee shop or in the cafeteria, to allow for more informal conversation. Faculty can invite BIPOC students to spearhead learning activities that would illuminate issues BIPOC students deem vital for their classmates to know and understand, transferring the power to the student. This strategy allows BIPOC students to have input on how the issues are discussed and gives them a voice if they so choose. This approach might also decrease the power imbalance felt.

Address Uncivil Behaviors

As advocates for a psychologically safe environment for BIPOC students, faculty must early on establish rules of engagement in the classroom and at clinical sites. Professional nursing organizations both in practice and academia have stressed the importance of civility. The ANA (2015) Code of Ethics said nurses are charged with creating "an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect" (p. 4). The NLN (2018) stated a central role for nurse educators is to create a "culture of civility and respect in nursing education' (p. 2). To ensure all students, staff, and faculty are held accountable, schools of nursing should have a formal policy on incivility.

Literature in nursing education suggested both faculty and students are guilty of uncivil behaviors (Clark & Springer, 2010; Muliira et al., 2017). Because of this, it is vital that nursing

education leadership include a diverse group of students to co-create the policy, modeling shared governance. Incivility policies should include examples of uncivil behaviors along with clear consequences for offenders (Williams & Lauerer, 2013). Policies need to be written with a global mindset including acts of discrimination and racism many BIPOC students experienced.

Finally, faculty are responsible for creating a respectful learning environment (Clark & Springer, 2010). They must role model civil behavior, be vocal about what comments are acceptable, and immediately stop discussions that demean another. While nursing faculty do not have control over what preceptors say initially, faculty do have the responsibility to confront preceptors, and even patients, as needed.

Create Opportunities for Community and Growth

This study discovered that BIPOC students thrive in community, particularly with other minority students. They can be open and do not have to hide their thoughts or feelings. Black, indigenous, and people of color students found safety in those who "look like me;" therefore, nursing faculty should create opportunities for BIPOC students to foster that sense of community. It is known that BIPOC students need extra support throughout their collegiate academic journey (Dapremont, 2014; Diefenbeck et al., 2016; Ferrell et al., 2016).

To be effective, nursing school administrators must be intentional in their actions to support the BIPOC student population. Offering an additional orientation session for BIPOC students entering the nursing program and inviting BIPOC upper classman would give new students the opportunity to hear the experiences of those who had navigated similar challenges in nursing school. Holding monthly meetings for BIPOC students and bringing in guest speakers from all avenues of nursing would allow BIPOC students to see themselves represented in the profession.

Lastly, BIPOC students must be empowered to speak up for themselves in a professional way. Workshops held outside of class in an optional campus club-like environment might increase BIPOC students' psychological safety as they learn how to confront their faculty, peers, preceptors, and patients in an assertive but professional manner. Students look to nursing faculty not only to learn content but as role models of how to navigate difficult situations. Having a trained nursing faculty of color to lead those sessions might also encourage BIPOC students in future encounters.

Dismantle Structural Racism

Finally, the toughest but most critical recommendation for nursing faculty and institutions as a whole is to address the structural racism that underlies the practices and policies that lead to exclusion of BIPOC students. The Aspen Institute (2016) deemed structural racism as the biggest threat to inclusion because it is more covert than interpersonal racism and not as easily detected. Tobbell and D'Antonio (2022) posited structural racism rooted in nursing education "has the most profound impact on the profession because of the expanded reach they have into the future of students who progress and those that fail, the nursing workforce, future nurse educators, and the health and well-being of our nation (p. 3). The study findings should compel schools of nursing to implement holistic admission review, increase the number of BIPOC faculty, complete a critical review of nursing policies and procedures, fully assess the nursing curriculum, and offer faculty development programs.

Implement Holistic Admissions Review

Many participants in this study recognized they were the minority in their nursing school classrooms. Institutions must continue to increase the diversity of its student body. A lack of minority representation in a study body sends a clear message to students of diverse backgrounds

that diversity is not important and not valued (AACN, 2019). Schools of nursing must implement an holistic admissions review as this process allows for grade point average to be weighted equally with other important predictors of success in nursing like cross cultural and volunteer experiences (Scott & Zerwic, 2015). This process takes each applicant's academic, life experience, and personal attributes into consideration for admission to a program (DeWitty, 2018; Scott & Zerwic, 2015). In the end, using holistic admissions review would help diversify nursing education, which in turn would assist in reducing health disparities as a greater number of BIPOC students graduate with a nursing degree (DeWitty, 2018). Increasing diversity in academic nursing would advance the quality of education, address known inequalities, and prepare nursing students for their professional role at the bedside and in future leadership positions (AACN, 2017b).

Increase the Number of Black, Indigenous, and People of Color Faculty

All the participants shared there was safety in those who "look like me," from faculty to peers, patients, and preceptors. Hiring more faculty from diverse backgrounds would only enhance nursing education as students and faculty alike learn from the experiences and knowledge brought by those different from themselves (Brooks et al., 2022). Increasing the number of BIPOC faculty members would allow BIPOC students to see nurses that "look like me" in leadership positions. Those faculty, then, might provide mentorship for students throughout nursing school and also close the gap in clinical practice.

Stanley et al. (2007) concluded the most important factor in the recruitment of BIPOC nursing faculty was an institutional-wide commitment to diversity and inclusivity. Schools of nursing must have a mission statement that clearly supports a culture of diversity in students, staff, and faculty. Nursing faculty and leadership could also network at nursing conferences to

recruit faculty of color (Zajac, 2011). Although a long-term solution, institutions could begin the process of recruiting BIPOC faculty by investing in their BIPOC students. Those students who had a good experience at the school might one day choose to invest in the lives of future BIPOC students.

Review Nursing Policies and Procedures

The third theme to emerge in this study was "it's just too risky." Participants lacked psychological safety and chose to be silent fearing being singled out or alterations in their program progression. Black, indigenous, and people of color students should never fear that using their voice for clarification to share an experience would have any repercussions from faculty. Schools of nursing must review all policies ensuring they are fair and equitable. Clinical placement procedures, such as choosing which students are placed at certain clinical sites and timing of clinical practicums, should be randomized and blinded with oversight by leadership outside of the class itself.

Clear policies must also be in place concerning the assessment of students. Learning activities should be clearly aligned with institutional and course objectives. Grading rubrics should be used for all assignments to provide objectivity. Whenever possible, faculty should grade assignments with the students' names hidden to decrease the chance of grading bias even further. Syllabi templates should be used by faculty, ensuring all policies and procedures are consistent throughout the program. Finally, nursing education leadership must be clear with its faculty of a zero-tolerance policy for acts of incivility toward all students.

Assess Nursing Curriculum and Learning Resources

By and large, nursing curricula have focused on the experiences of those who identify as White, further excluding BIPOC students and their experiences (Hassouneh, 2006; Tobbell & D'Antonio, 2022). Faculty must complete a full assessment of the nursing curriculum to ensure it is inclusive of all ethnicities and cultural backgrounds. Textbooks and multimedia presentations should be assessed for wording and pictures (Bhala et al., 2020). All too often, according to Tobbell and D'Antonio (2022), textbooks omit the experiences of diverse individuals. Faculty should review their own power point slides to ensure that pictures used are diverse and inclusive of all skin colors, genders, and lifestyles. Case studies must be assessed for the use of racial stereotypes. Finally, manikins within the simulation environment must reflect the race and background all nursing students would see in their practicum settings. Not only would this help White students in nursing education but would allow BIPOC students to be represented and seen.

Engage in Faculty Development Programs

As stated previously, many White nursing faculty are not comfortable talking about race (Bell, 2020; Burnett et al., 2020) or addressing "white privilege" in their classes (Hantke et al., 2022). To transform nursing education and ensure that BIPOC students feel included and a sense of psychological safety, faculty must commit to confront these issues in class by first committing to an antiracist worldview and teaching and practicing from that perspective (Hantke et al., 2022). Hands-on training about how to address the systemic racism in nursing is necessary to achieve this goal.

Nursing education leaders must then provide faculty development programming to aid its faculty in threading this worldview throughout the curriculum and feeling confident and

comfortable to address nursing's history. Tobbell and D'Antonio (2022) stated nursing faculty must first learn about nursing's racist history in order to address it, propose solutions, and teach from an equity perspective. Programming could include speakers from the diversity, equity, and inclusion community; implicit bias training for faculty; self-reflection activities where faculty assess their own learning activities and class resources; and testimonies from BIPOC students about their experiences.

Answers to the Research Questions

Q1 What are pre-licensure BIPOC nursing students' experiences?

Black, indigenous, and people of color pre-licensure nursing students' experiences of psychosocial safety were both positive and negative. They shared stories that told of their individual past experiences and how those shaped their willingness to speak up while in nursing school. The participants felt dismissed by the learning community and many felt the risks of speaking up were too great and instead chose silence. Although the participants in this study were more reticent to speak up for their own needs, they boldly chose to speak when a patient was involved.

Q2 What role does the learning community play?

The learning community plays a critical role in the psychological safety of BIPOC nursing students. Common experiences shared by participants suggested faculty were responsible for creating and sustaining a psychologically safe environment. Faculty did this by treating students as individuals, giving constant and genuine encouragement, and by addressing racial issues occurring outside of the nursing classroom. Finally, BIPOC students found safety in those who "look like me" in the learning community.

Q3 How have their experiences shaped their view of nursing?

In the face of discrimination and feeling dismissed that led to their silence, BIPOC students clearly articulated they were aware of how much they were needed in the profession of nursing. Their own experiences in nursing school that kept them from speaking up made them more determined to prevent patients from being treating in the same manner. Their experiences were a catalyst in their determination to finish school and make changes at the bedside.

Limitations of the Study

A vital part of the research process is to acknowledge the limitations of a study (Bloomberg & Volpe, 2019). As such, there were several limitations of this study. First, this study solely focused on BSN students and excluded the larger BIPOC population of students enrolled in associate's degree in nursing programs, narrowing my pool of participants. The experiences of associate's degree in nursing students, and possibly secondary degree entry-level master's students, might have added a different perspective to the study. A second limitation was sampling bias. The primary research question aimed to describe BSN pre-licensure BIPOC nursing students' experiences with psychological safety. While the study attempted to know all the experiences of these students, the majority of stories shared were more negative than positive. In addition, the experiences of students who opted not to participate in the study might have been different from those who did participate.

A third limitation, but not an unexpected one, was 9 out of 11 participants were female. While it is known the number of male nursing students clearly lags behind its female counterparts, the study did leave out a larger male perspective and their experiences with psychological safety, which could have added richer descriptions in the findings. Additionally, the institutional diversity statistics per the demographic questionnaire were self-reported estimates and differed even with participants from the same institutions.

Lastly, I will never know how open and honest the participants were as she is a White female nursing faculty member and the findings clearly suggested their psychological safety was increased when communicating with those from diverse backgrounds. In an attempt to ensure participants felt psychologically safe during the interview, I revealed I had a BIPOC daughter, which was one of the impetuses for this study. While I will never know for sure, participants' prior experiences with psychological safety, discrimination, and feeling dismissed by the learning community quite possibly affected their responses.

Suggestions for Future Research

This study explored and described the experiences of psychological safety of pre-licensure BIPOC nursing students. As the first of its kind and with a preliminary understanding, several other questions arose from the findings and are areas for future research. An underlying theme to emerge from this study surrounded the importance of the learning community for BIPOC students. In that community, faculty seemed to play a central role in students' psychological safety or lack thereof. Going forward, it might be helpful to measure BIPOC students' psychological safety with a quantitative instrument that focused particularly on how faculty either enhanced or impeded psychological safety. Because psychological safety and incivility seemed to go hand in hand, measuring one's psychological safety and its relationship to uncivil behaviors might help nursing faculty create a safe environment for all students.

Rather than solicit volunteers from one site, this study recruited study participants from across the nation. The study was limited to their experiences, which left many other variables as possible factors that affected psychological safety. Understanding the culture of the institution (faith-based, for-profit, etc.) might influence the education interventions that could be offered to students. Also, because this study only recruited pre-licensure BSN students, knowing the

experiences of associate's degree in nursing and entry-level master's nursing students would give another perspective of BIPOC students' experiences of psychological safety and could be compared to the BSN level.

Of the 11 participants, two of the participants in this study were from two minority groups: BIPOC and male. Studying the experiences of psychological safety strictly from the male BIPOC perspective might reveal different findings leading to additional interventions for male nursing students. Also, BIPOC students are not the only marginalized and vulnerable group in nursing education. This study could be reproducible with other stigmatized groups including members of the LGBTQ community as well as BIPOC nursing faculty. Finally, it would benefit nursing education if a future study could determine if the presence of lack of diversity, equity, and inclusion programs, implicit bias training, and incivility policies influenced BIPOC students' sense of psychological safety.

Contributions to Nursing and Nursing Education

As the demographic in the United States changes and the minority population today becomes the majority, a greater number of BIPOC students will enter nursing education and the workforce. This study provided a rich description of the experiences that pre-licensure BIPOC nursing students have had with psychological safety. It described both positive and negative experiences nurse educators could use to continue certain practices but also make changes. If our job as nurse educators is to prepare the next generation of nursing students for practice, it begins with ensuring an inclusive and safe learning environment for all students.

This study has implications for both nursing education and nursing practice as this study provided an initial view of the experiences of psychological safety of pre-licensure BIPOC nursing students. While industry has studied psychological safety in the workplace and many

others have investigated it in simulation activities in nursing education, this is the first study that has viewed psychological safety in terms of one's race.

Many of the themes identified were supporting prior studies; however, this study also found ideas unique to BIPOC students. Although this population might overall have had a lack of psychological safety when advocating for themselves, they were always compelled to speak up for their patients. Furthermore, because of their negative experiences, they knew, without a doubt, how much they were needed in the nursing profession. This finding told us of BIPOC students' resilience and perseverance to finish a journey that was started so they might enact change around them.

Nursing faculty could use the findings of this study to transform nursing education to create and foster inclusive environments that celebrate differences. Our differences are what make us unique and able to care for all types of people. As nursing faculty strive to be inclusive, let it begin with BIPOC students. Interestingly, many of the themes were likely appropriate for all pre-licensure nursing students; however, faculty must be intentional to enter each encounter with BIPOC students with fresh eyes, void of biases, and with the same eagerness to learn about their students' experiences that their students showed in learning to become a nurse.

The importance of seeing the individual person, rather than just a nursing student, was a critical finding in this study. Traditionally, nurse educators teach students to provide holistic care. Nurses care for the physical, emotional, and spiritual needs of patients. Health is not just the absence of disease but rather a state of well-being (World Health Organization, 2022) and that same perspective needs to be applied when interacting with BIPOC students. Their psychological safety is more than just nursing. It is about seeing them for more than their race

while intentionally engaging with their unique journey and perspective to ensure all are prepared for practice.

Conclusion

This qualitative, descriptive study sought to explore and describe pre-licensure BIPOC nursing students' experiences of psychological safety throughout their nursing education. Eleven participants shared their experiences and the following six themes emerged: (a) the past informs the present, (b) feeling dismissed, (c) it's just too risky, (d) I will speak up for patients, (e) the learning community is key, and (f) I am needed. Prior studies in nursing education suggested the faculty's role is key in setting the stage for psychological safety, the phenomenon is highly contextual, there is safety in those who "look like me," and the choice of using one's voice is highly dependent on how the individual weighs the risks. Additionally, it was known that BIPOC nursing students faced unique challenges of discrimination by the learning community, which was corroborated in this study.

This study increased the body of knowledge in nursing education research by adding several new insights into the experiences of BIPOC nursing students. First, BIPOC students would likely speak up for a patient before advocating for themselves. This population was deeply compelled to act in the best interests of others despite their own personal struggles with the learning community. Second, while they had a unique journey, they were keenly aware they were the minority in nursing education and the profession. They saw this, however, as a sign of how much they were needed and how their experiences could lead to healthcare equality.

Study findings provided nurse educators with a snapshot of the experiences of BIPOC students, suggesting there were covert and overt actions by the learning community that either enhanced or inhibited BIPOC students' psychological safety. The participants described wanting

to feel included but not singled out, which might be a hard task for nurse educators to navigate. Nursing faculty must be thoughtful and intentional to cultivate an inclusive learning environment rather than fostering one that discounts or lessens the experiences of BIPOC students.

Nursing faculty have the difficult task of not only teaching a large amount of nursing content but are also challenged with ensuring students are oriented to the culture of nursing. Even more, as the United States focuses on health equity, nursing faculty are challenged to ensure all nursing students are able identify the social determinants of health and their effect on the health of marginalized people groups. As nursing faculty look for ways to make sure all students are prepared for practice, they must realize BIPOC students hold the key to their success. Even more, BIPOC students are vital in helping their counterparts in preparation for practice and to influence patient outcomes. Moving forward, nursing faculty hold great power to create environments where BIPOC students feel safe to share their experiences and perspectives. Nursing faculty must take this study and build on what we now know about BIPOC nursing students' experiences of psychological safety to prepare all students for practice.

REFERENCES

Ackerman-Barger, K., & Hummel, F. (2015). Critical race theory as a lens for exploring inclusion and equity in nursing education. *The Journal of Theory Construction & Testing, 19*(2), 39-46. https://www.proquest.com/scholarly-journals/critical-race-theory-as-lens-exploring-inclusion/docview/1801608790/se-2

Ackerman-Barger, K., & Jacobs, N. N. (2020). The microaggressions triangle model: A humanistic approach to navigating microaggressions in health professions schools. *Academic Medicine, 95*(125), S28-S32. https://doi.org/10.1097/ACM.0000000000003692

Ackerman-Barger, K., Valerama-Wallace, C., Latimore, D., & Drake, C. (2016). Stereotype threat susceptibility among minority health professions students. *Journal of Best Practice In Health Professions Diversity, 9,* 1232-1246. https://www.jstor.org/stable/26554256

Agency for Healthcare Research and Quality. (2016). *TeamSTEPPS.* https://www.ahrq.gov/teamstepps/index.html

Agency for Healthcare Research and Quality. (2018). *Advancing patient safety.* https://www.ahrq.gov/patient-safety/resources/advancing.html

Ahmed, F., Zhao, F., Faraz, N., & Qin, Y. (2020). How inclusive leadership paves way for psychological well-being of employees during trauma and crisis: A three-wave longitudinal mediation study. *Journal of Advanced Nursing, 00,* 1-3. https://doi.org/10.1111/jan.14637

Ali, P. A., & Johnson, S. (2017). Speaking my patient's language: Bilingual nurses' perspective about provision of language concordant care to patients with limited English proficiency. *Journal of Advanced Nursing, 73*(2), 421-432. doi: 10.1111/jan.13143

Ali, P. A., & Watson, R. (2017). Language barriers and their impact on provision of care to patients with limited English proficiency: Nurse's perspectives. *Journal of Clinical Nursing, 27*, e1152-e1160. https://doi.org/10.1111/jocn.14024

Alicea-Planas, J. (2017). Shifting our focus to support the educational journey of underrepresented students. *Journal of Nursing Education*, *56*(3), 159-163. https://doi.org/10.3928/01484834-20170222-07

Alingh, C. W., van Wijngaarden, J. D. H., van de Voorde, K., Paauwe, J., & Huijsman, R. (2019). Speaking up about patient safety concerns: The influence of safety management approaches and climate on nurses' willingness to speak up. *British Medical Journal of Quality and Safety, 28*, 39-48. https://doi.org/10.1136/bmjqs-2017-007163

Altmiller, G. (2012). Student perceptions of incivility in nursing education: Implications for educators. *Nursing Education Perspectives, 33*, 15-20. https://doi.org/10.5480/1536-5026-33.1.15

American Association of Colleges of Nursing. (2017a). *Diversity, equity, and inclusion in academic nursing: AACN position statement.* https://www.aacnnursing.org/Portals/42/News/Position-Statements/Diversity-Inclusion.pdf

American Association of Colleges of Nursing. (2017b). *Enhancing diversity is the workforce.* https://www.aacnnursing.org/news-information/fact-sheets/enhancing-diversity

American Association of Colleges of Nursing. (2019). *2018–2019 enrollment and graduations in baccalaureate and graduate programs in nursing.* American Association of Colleges of Nursing.

American Association of Colleges of Nursing. (2020). *Nursing faculty shortage.* https://www.aacnnursing.org/news-information/fact-sheets/nursing-faculty-shortage

American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education.* https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

American Nurses Association. (n.d.). Workforce. https://www.nursingworld.org/practice-policy/workforce/

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements.* https://www.nursingworld.org/coe-view-only

Appelbaum, N. P., Dow, A., Mazmanian, P. E., Jundt, D. K., & Appelbaum, E. N. (2016). The effects of power, leadership, and psychological safety on resident event reporting. *Medical Education, 50,* 343-350. https://doi.org/10.1111/medu.12947

Aspen Institute. (2016). *Racial equity: 11 terms you should know to better understand structural racism.* https://www.aspeninstitute.org/blog-posts/structural-racism-definition/

Bahl, N. K. H., & Hagen, I. (2017). Psychological sense of community responsibility and diversity in old age: A qualitative study of urban older adults in India. *Open Journal of Social Sciences, 5*, 387-401 doi: 10.4236/jss.2017.57024

Bell, B. (2020). White dominance in nursing education: A target for anti-racist efforts. *Nursing Inquiry, 28,* e12379. https://doi.org/10.1111/nin.12379

Betancourt, J. R., Corbett, J., & Bondaryk, M. R. (2014). Addressing disparities and achieving equity: Cultural competence, ethics, and health-care transformation. *Chest, 145*, 143–148. https://doi.org/10.1378/chest.13-0634

Bhala, N., Curry, G., Martineau, A. R., Agyemang, C., & Bhopal, R. (2020). Sharpening the global focus on ethnicity and race in the time of COVID-19. *Lancet, 395*, 1673-1676. https://doi.org/10.1016/S0140-6736(20)31102-8

Blanchet Garneau, A. B., Browne, A. J., & Varcoe, C. (2018). Drawing on antiracist approaches toward a critical antidiscriminatory pedagogy for nursing. *Nursing Inquiry, 25*(1), 1-9. https://doi.org/10.1111/nin.12211

Bleich, M. R., Macwilliams, B. R., & Schmidt, B. J. (2015). Advancing diversity through inclusive excellence in nursing education. *Journal of Professional Nursing, 31*(2), 89-94. https://doi.org/10.1016/j.profnurs.2014.09.003

Bloomberg, L. D., & Volpe, M. (2019). *Completing your qualitative dissertation: A road map from beginning to end* (4th ed.). Sage Publications, Inc.

Bond, M. L., Cason, C. L., & Baxley, S. M. (2015). Institutional support for diverse populations. *Nurse Educator, 40*(3), 134-138. https://doi.org/10.1097/NNE.0000000000000126

Bradley, V., Liddle, S., Shaw, R., Savage, E., Rabbitts, R., Trim, C., Lasoye, T. A., & Whitelaw, B. C. (2015). Sticks and stones: Investigating rude, dismissive, and aggressive communication between doctors. *Clinical Medicine, 15*(6), 541-545. https://doi.org/10.7861/clinmedicine.15-6-541

Bradshaw, C., Atkinson, A., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*, 1-8. https://doi.org/10.1177/2333393617742282

Brooks, L., Medina, R., Pitts, C. J., Dahlem, C. H., Downes, L., & Beard, K. V. (2022). Building a culturally responsive workforce: Faculty of color in nursing education. *The Journal for Nursing Practitioners, 18*(5), 575-579. https://doi.org/10.1016/j.nurpra.2021.12.019

Brown, D., & McCormack, B. (2016). Exploring psychological safety as a component of facilitation within the promoting action research implementation in health services framework. *Journal of Clinical Nursing, 25*, 2921-2932. https://doi.org/10.1111/jocn.13348

Brown, G. (2008). Language and anxiety: An ethnographic study of international postgraduate students. *Evaluation and Research in Education, 21*(2), 75-95. https://doi.org/10.1080/09500790802152167

Burnett, A., Moorley, C., Grant, J., Kahin, M., Sago, R., Rivers, E., Deravin, L., & Darbyshire, P. (2020). Dismantling racism in education: In 2020, the year of the nurse & midwife, "it's time." *Nursing Education Today, 93*, 104532. https://doi.org/10.1016/j.nedt.2020.104532

Butler, A. M., & Strouse, S. M. (2022). An integrative review of incivility in nursing education. *Journal of Nursing Education, 61*(4), 173-178. https://doi.org/10.3928/01484834-20220209-01

Carmeli, A., & Gittell, J. H. (2009). High-quality relationships, psychological safety, and learning from failures in work organizations. *Journal of Organizational Behavior 30*(6),709-729. https://doi.org/10.1002/job.565

Castleman, B., & Meyer, K. (2017). Nudges, norms, and navigation. In R. Feldman (Ed.), *The first year of college: Research, theory, and practice on improving the student experience and increasing retention* (pp. 249–276). Cambridge University Press.

Chang, H., Hutchinson, C., & Gullick, J. (2021). Pulled away: The experience of bilingual nurses as ad hoc interpreters in the emergency department. *Ethnicity and Health, 26*(7), 1045-1064. https://doi.org/10.1080/13557858.2019.1613518

Chavis, D. M., Lee, K. S., & Acosta, J. D. (2008). *The Sense of Community (SCI) revised: The reliability and validity of the SCI-2.* Paper presented at the 2nd International Community Psychology Conference, Lisboa, Portugal.

Chen, C., Liao, J., & Wen, P. (2014). Why does formal mentoring matter? The mediating role of psychological safety and the moderating role of power distance orientation in the Chinese context. *The International Journal of Human Resource Management, 25*(8), 1112-1130. https://doi.org/10.1080/09585192.2013.816861

Chicca, J., & Shellenbarger, T. (2020). Fostering inclusive clinical learning environments using a psychological safety lens. *Teaching and Learning in Nursing, 15*, 226-232. https://doi.org/10.1016/j.teln.2020.03.002

Clark, C. (2008a). The dance of incivility in nursing education as described by nursing faculty and students. *Advances in Nursing Science, 31*(4), E37–E54. https://doi.org/10.1097/01.ANS.0000341419.96338.a3

Clark, C. M. (2008b). Faculty and student assessment of and experience with incivility in nursing education. *Journal of Nursing Education, 47*(10), 458–465. https://doi.org/10.3928/01484834-20081001-03

Clark, C. M. (2008c). Student perspectives on faculty incivility in nursing education: An application of the concept of rankism. *Nursing Outlook, 56*, 4-8. DOI: 10.1016/j.outlook.2007.08.003

Clark, C. M. (2009). Faculty field guide for promoting student civility in the classroom. *Nurse Educator, 34*(5), 194–197. https://doi.org/10.1097/NNE.0b013e3181b2b589

Clark, C. M., Ahten, S. M., & Stokowski, L. A. (2011). The down-ward spiral: Incivility in nursing. *Medscape Nurses.* https://www.medscape.com/viewarticle/739328

Clark, C. M., & Fey, M. K. (2020). Fostering civility in learning conversations. *Nurse Educator, 45*(3), 139-143. doi: 10.1097/NNE.0000000000000731

Clark, C. M., & Springer, P. J. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education, *Journal of Nursing Education, 49*(6), 319-325. doi: 10.3928/01484834-20100224-01

Cosby, K. S., & Croskerry, P. (2004). Profiles in patient safety: Authority gradients in medical error. *Academy of Emergency Medicine, 11*, 1341–1345. https://doi.org/10.1197/j.aem.2004.07.005

Crawford, T., & Candlin, S. (2013). A literature review of the language needs of nursing students who have English as a second/other language and the effectiveness of English language support programmes. *Nurse Education in Practice, 13*(3), 18185. https://doi.org/10.1016/j.nepr.2012.09.008

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications, Inc.

Daniels, A. L., Morse, C., & Breman, R. (2021). Psychological safety in simulation-based prelicensure nursing education: A narrative review. *Nurse Educator, 46*(5), 99-102. doi: 10.1097/NNE.0000000000001057

Dapremont, J. (2014). Black nursing students: Strategies for academic success. *Nursing Educational Perspectives, 35*(3), 157-161. https://doi.org/10.5480/11-563.1

Del Prato, D. (2013). Students' voices: The lived experience of faculty incivility as a barrier to professional formation in associate degree nursing education. *Nurse Education Today, 33*, 286-290. https://doi.org/10.1016/j.nedt.2012.05.030

DeWitty, V. P. (2018). What is holistic admissions review and why does it matter? *Journal of Nursing Education, 57*(4), 195-196. https://doi.org/10.3928/01484834-20180322-01

Diefenbeck, C., Michalec, B., & Alexander, R. (2016). Lived experiences of racially and ethnically underrepresented minority BSN students: A case study specifically exploring issues related to recruitment and retention. *Nursing Education Perspectives, 37*(1), 41-44. https://doi.org/10.5480/13-1183

Ditzel, L. M. (2017). Sense of community among nurses: Results of a study. *International Journal of Studies in Nursing, 2*(2), 1-10. https://doi.org/10.20849/ijsn.v2i2.191

Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of Nursing Research, 25*(5), 443-455. https://doi.org/10.1177/1744987119880234

Dutton, J. E. (2003). *Energize your workplace: how to create and sustain high-quality connections at work.* Jossey-Bass.

Edmondson, A. C. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly, 44*(2) 350-383. http://www.jstor.org/stable/2666999?origin=JSTOR-pdf

Edmondson, A. C. (2002). Managing the risk of learning: Psychological safety in work teams. *Harvard Business School Working Paper.* https://www.hbs.edu/ris/Publication%20Files/02-062_0b5726a8-443d-4629-9e75-736679b870fc.pdf.

Edmondson, A. C. (2004a). Learning from mistakes is easier said than done: Group and organizational influences on the detection and correction of human error. *Journal of Applied Behavioral Science, 40*(1), 66-90. https://doi.org/10.1177/0021886396321001

Edmondson, A. C. (2004b). Psychological safety, trust, and learning in organizations: A group level lens. In R. Kramer & K. Cook (Eds.), *Trust in organizations: Dilemmas and approaches* (pp. 239-272). Russell Sage Foundation.

Edmondson, A. C. (2011). Managing the risk of learning: Psychological safety in work teams. *Applied Behavioral Science, 40*(1), 66-90. https://doi.org/10.1177/0021886304263849

Edmondson, A. C. (2019). The role of psychological safety: Maximizing employee input and commitment. *Leader to Leader, 92,* 13-19. https://doi.org/10.1002/ltl.20419

Edmondson, A. C., Bohmer, R. M., & Pisano, G. P. (2001). Disrupted routines: Team learning and new technology implementation in hospitals. *Administrative Science Quarterly, 46*(4), 685-716. https://doi.org/10.2307/3094828

Edmondson, A. C., & Lei, Z. (2014). Psychological safety: The history, renaissance, and future of an interpersonal construct. *Annual Review of Organizational Psychology and Organizational Behavior, 1,* 23-42. https://doi.org/10.1146/annurev-orgpsych-031413-091305

Edrees, H. H., Ismail, M. N. M., Kellye, B., Goeschel, C. A., Berenholtz, S. M., Pronovost, P. J., Al Obaidli, A. A. K., & Weaver, S. J. (2017). Examining influences on speaking up among critical care healthcare providers in the United Arab Emirates. *International Journal for Quality in Health Care, 29*(7), 948-960. https://doi.org/10.1093/intqhc/mzx144

Etchyegaray, J. M., Ottosen, M. J., Dancsak, T., & Thomas, E. J. (2020). Barriers to speaking up about patient safety concerns. *Journal of Patient Safety, 16*(4), e230-e234. https://doi.org/10.1097/PTS.0000000000000334

Ezeonwu, M. (2019). Baccalaureate nursing education experiences of African-born nurses in the United States. *Journal of Nursing Education, 1*(58), 281-289. https://doi.org/10.3928/01484834-20190422-06

Fagan, A., Parker, V., & Jackson, D. (2016). A concept analysis of undergraduate nursing students speaking up for patient safety in the patient care environment. *Journal of Advanced Nursing, 72*(10), 2436-2357. https://doi.org/10.1111/jan.13028

Ferrell, D. K., DeCrane, S. K., Edwards, N. E., Foli, K. J., & Tennant, K. F. (2016). Minority undergraduate nursing student success. *Journal of Cultural Diversity, 23*(1), 3-11. https://pubmed.ncbi.nlm.nih.gov/27188015/

Fey, M. K., Scrandis, D., Daniels, A., & Haut, C. (2014). Learning through debriefing: Students perspectives. *Clinical Simulation in Nursing, 10*, e249-e256. https://doi.org/10.1016/j.ecns.2013.12.009

Fisher, M., & Kiernan, M. (2019). Student nurses' lived experience of patient safety and raising concerns. *Nurse Education Today, 77*, 1-5. https://doi.org/10.1016/j.nedt.2019.02.015

Foli, K. J., Karagory, P. M., Gibson, G., & Kirkpatrick, J. M. (2013). Developing a sense of community among nursing students. *Nurse Educator, 38*(6), 246-251. https://doi.org/10.1097/01.NNE.0000435267.61236.fb

Foronda, C. L., Baptiste, D., Reinholdt, M. M., & Ousman, K. (2015). Cultural humility: A concept analysis. *Journal of Transcultural Nursing, 27*(3), 210-217. https://doi.org/10.1177/1043659615592677

Frazier, M. L., Fainshmidt, S., Klinger, R. L., Pezeshkan, A., & Vracheva, V. (2017). Psychological safety: A meta-analytic review and extension. *Personnel Psychology, 70,* 113-165. doi:http://dx.doi.org/10.1111/peps.12183

Frey, W. H. (2020). *The nation is diversifying even faster than predicted, according to new census data.* https://www.brookings.edu/research/new-census-data-shows-the-nation-is-diversifying-even-faster-than-predicted/

Garon, M. (2012). Speaking up, being heard: Registered nurses' perceptions on workplace communication. *Journal of Nursing Management, 20,* 361–371. https://doi.org/10.1111/j.1365-2834.2011.01296.x

Goodwin, J. (2015). *The lived experience of non-English and limited English-speaking Hispanic persons associated with a past in-patient hospitalization in the United States: A phenomenological study* (Order No. 10062298) [Doctoral dissertation, Villanova University). ProQuest Dissertations & Theses Global.

Graham, C. L., Phillips, S. M., Newman, S. D., & Atz, T. W. (2016). Baccalaureate minority nursing students perceived barriers and facilitators to clinical education practices: An integrative review. *Nursing Education Perspectives, 37*(3), 130-137. https://doi.org/10.1097/01.NEP.0000000000000003

Green, C. (2020). Equity and diversity in nursing education. *Teaching and Learning in Nursing, 15*, 280-283. https://doi.org/10.1016/j.teln.2020.07.004

Gusfield, J. R. (1975). *The community: A critical response.* Harper Colophon.

Hantke, S., St. Denis, V., & Graham, H. (2022). Racism and antiracism in nursing education: Confronting the problem of whiteness. *BMC Nursing, 21*(146), 1-9. https://doi.org/10.1186/s12912-022-00929-8

Harper's Bazaar. (2022). *21 of Maya Angelou's best quotes to inspire*. https://www.harpersbazaar.com/culture/features/a9874244/best-maya-angelou-quotes/

Hassouneh, D. (2006). Anti-racist pedagogy: Challenges faced by faculty of color in predominantly white schools of nursing. *Journal of Nursing Education, 45*(7), 255-262. https://doi.org/10.3928/01484834-20060701-04

Hemberg, J., & Sved, E. (2021). The significance of communication and care in one's mother tongue: Patient's views. *Nordic Journal of Nursing Research, 4*(1), 42-53. https://doi.org/10.1177/2057158519877794

Hill, S., & Albert, N. M. (2021). Understanding the experiences of African American nursing students. *Journal of Nursing Education, 60*(3), 150-154. https://doi.org/10.3928/01484834-20210222-05

Iheduru-Anderson, K., Shingles, R. R., & Akanegbu, C. (2020). Discourse of race and racism in nursing: An integrative review of literature. *Public Health Nursing, 38*, 115-130. https://doi.org/10.1111/phn.12828

Ingraham, K. C., Davidson, S. J., & Yonge, O. (2018). Student-faculty relationships and its impact on academic outcomes. *Nurse Education Today, 71*, 17-221. https://doi.org/10.1016/j.nedt.2018.08.021

Institute of Medicine. (2000). *To err is human: Building a safer health system*. National Academy Press.

Jain, A. K., Fennell, M. L., Chagpar, A. B., Connoly, H. K., & Nembhard, I. M. (2016). Moving toward improved teamwork in cancer care: The role of psychological safety in team communication. *Journal of Oncology Practice, 12*(11), 1000-1011. doi: 10.1200/JOP.2016.013300

Jones, N., Marks, R., Ramirez, R., & Rios-Vargas, M. (2021). *2020 census illuminates racial and ethnic composition of the country.* https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html

Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal, 33*(4), 692-724. https://doi.org/10.5465/256287

Kallio, H., Pietila, A., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for qualitative semi-structured interview guide. *Journal of Advanced Nursing, 72*(12), 2954-2965. https://doi.org/10.1111/jan.13031

Kang, S. J., & Bae, J. A. (2017). Psychological safety in nursing simulation education: A concept analysis. *The Journal of Korean Contents, 17*(9), 331-340. https://doi.org/10.5392/JKCA.2017.17.09.331

Kang, S. J., & Min, H. Y. (2019). Psychological safety in nursing simulation. *Nurse Educator, 44*(2), E6-E9. https://doi.org/10.1097/NNE.0000000000000571

Kark, R., & Carmelli, A. (2009). Alive and creating: The mediating role of vitality and aliveness in the relationship between psychological safety and creative work involvement. *Journal of Organizational Behavior, 30,* 785-804. https://doi.org/10.1002/job.571

Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Research in Nursing & Health, 40*(1), 23-42. https://doi.org/10.1002/nur.21768

Ko, E., & Choi, Y. J. (2020). Debriefing model for psychological safety in nursing simulations: A qualitative study. *International Journal of Environmental Research and Public Health, 17*, 1-12. https://doi.org/10.3390/ijerph17082826

Kolbe, M., Eppich, W., Rudolph, J., Meguerdichian, M., Catena, H., Cripps, A., Grant, V., & Cheng, A. (2020). Managing psychological safety in debriefings: A dynamic balancing act. *British Medical Journal Simulation & Technology Enhanced Learning, 6,* 164-171. doi: 10.1136/bmjstel-2019-000470

Kostovich, C. T., O'Rourke, J., & Stephen, L. (2020). Establishing psychological safety in simulation: Faculty perceptions. *Nurse Education Today, 91,* 1-5. DOI: 10.1016/j.nedt.2020.104468

Lasiter, S., Marchiondo, L., & Marchiondo, K. (2012). Student narratives of faculty incivility. *Nursing Outlook, 60,* 121-126. https://doi.org/10.1016/j.outlook.2011.06.001

LaVeist, T. A., & Pierre, G. (2014). Integrating the 3Ds—Social determinants, health disparities, and health-care workforce diversity. *Public Health Reports, 129*(Suppl. 2), 9– 14. https://doi.org/10.1177/00333549141291S204

Lee, K., Hyun, S. S., Park, H., & Kim, K. (2020). The antecedents and consequences of psychological safety in airline firms: Focusing on high-quality interpersonal relationships. *International Journal of Environmental Research and Public Health, 17*(7), 2187. https://doi.org/10.3390/ijerph17072187

Lee, S. E., Choi, J., Lee, H., Sang, S., Lee, H., & Hong, H. C. (2021). Factors influencing nurses' willingness to speak up regarding patient safety in East Asia: A systematic review. *Risk Management and Healthcare Policy, 14,* 1053-1063. doi:10.2147/RMHP.S297349

Leroy, H., Anseel, F., Halbesleben, J. R. B., Savage, G. T., Dierynck, B., Simons, T., McCaughey, D., & Sels, L. (2012). Behavioral integrity for safety, priority of safety, psychological safety, and patient safety: A team-level study. *Journal of Applied Psychology, 97*(6), 1273-1281. https://doi.org/10.1037/a0030076

Levett-Jones, T., Lathlean, J., McMillan, M., & Higgins, I. (2007). Belongingness: a montage of nursing students' stories of their clinical placement experiences. *Contemporary Nurse, 24*, 162-174. https://doi.org/10.5172/conu.2007.24.2.162

Levett-Jones, T., Lathlean, J. Higgins I., & McMillan, M. (2009). Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing, 65*, 316-325. https://doi.org/10.1111/j.1365-2648.2008.04865.x

Levine, K. J., Carmody, M., & Silk, K. J. (2020). The influence of organizational culture, climate, and commitment on speaking up about medical errors. *Journal of Nursing Management, 28*, 130-138. doi: 10.1111/jonm.12906

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Lyman, B., Ethington, K. M., King, C., Jacobs, J. D., & Lundeen, H. (2017). Organizational learning in a cardiac intensive care unit: A learning history. *Dimensions in Critical Care Nursing, 36*(2), 78-86. https://doi.org/10.1097/DCC.0000000000000233

Lyman, B., & Mendon, C. R. (2021). Pre-licensure nursing students' experiences of psychological safety: A qualitative descriptive study. *Nurse Education Today, 105*, 1-7. https://doi.org/10.1016/j.nedt.2021.105026

Marchiondo, K., Marchiondo, L. A., & Lasiter, S. (2010). Faculty incivility: Effects on program satisfaction of BSN students. *Journal of Nursing Education, 49*(11), 608-614. https://doi.org/10.3928/01484834-20100524-05

McMillan, D. W. (1976). *Sense of community: An attempt at definition.* Unpublished manuscript, George Peabody College for Teachers, Nashville, TN.

McMillan, D. W. (1996). Sense of community. *Journal of Community Psychology, 24*(4), 315-325.

McMillan, D. W., & Chavis, D. (1986). Sense of community: A definition and theory. *Journal of Community Psychology, 14*(1), 6-23. https://doi.org/10.1002/1520-6629(198601)14:1<6::AID-JCOP2290140103>3.0.CO;2-I

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Merriam-Webster. (n.d.). *BIPOC*. Merriam-Webster.com dictionary. Retrieved October 16, 2021, from https://www.merriam-webster.com/dictionary/BIPOC

Metzger, M., Dowling, T., Guinn, J., & Wilson, D. T. (2020). Inclusivity in baccalaureate nursing education: A scoping review. *Journal of Professional Nursing, 36*, 5-14. https://doi.org/10.1016/j.profnurs.2019.06.002

Metzger, M., Taggart, J., & Aviles, E. (2020). Fourth-year baccalaureate nursing students' perceptions of inclusive learning environments. *Journal of Nursing Education, 59*(5), 256-262. https://doi.org/10.3928/01484834-20200422-04

Miller-Hoover, S. (2016). *Incivility in healthcare: How we can change the culture.* AMN Healthcare, Inc. https://www.rn.com/nursing-news/incivility-in-healthcare-how-we-can-change-the-culture/

Mohamed, E. H., Harvey, G., & Kilfoil, L. (2021). Pre-brief in simulation-based experiences: A scoping review of the literature. *Clinical Simulation in Nursing, 000*, 1-10. https://doi.org/10.1016/j.ecns.2021.08.003

Moncrieffe, M. L., Asare, Y., Dunford, R., & Youssef, H. (2019). *Decolonizing the curriculum: Teaching and learning about race equality.* University of Brighton.

Moore, J. H., & Wang, A. (2017). Mentoring top leadership promotes organizational innovativeness through psychological safety and is moderated by cognitive adaptability. *Frontiers in Psychology, 8*(318), 1-10. https://doi.org/10.3389/fpsyg.2017.00318

Morales, E. (2021). "Beasting" at the battleground: Black students responding to racial microaggressions in higher education. *Journal of Diversity in Higher Education, 14*(1), 72-83. https://doi.org/10.1037/dhe0000168

Morrow, K. J., Gustavson, A. M., & Jones, J. (2016). Speaking up behaviours (safety voices) of healthcare workers: A metasynthesis of qualitative research studies. *International Journal of Nursing Studies, 64*, 42-51. doi: 10.1016/j.ijnurstu.2016.09.014

Muliira, J. K., Natarajan, J., & van der Colff, J. (2017). Nursing faculty academic incivility: Perceptions of nursing students and faculty. *BMC Medical Education, 17*(253), 1-10. https://doi.org/10.1186/s12909-017-1096-8

Murray, T. A. (2015). Culture and climate: Factors that influence the academic success of African American students in prelicensure nursing education. *Journal of Nursing Education, 54(*12), 704-707. https://doi.org/10.3928/01484834-20151110-07

National Academy of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-203: Charting a path to achieve health equity.* The National Academies Press. https://doi.org/10.17226/25982

National Council of State Boards of Nursing. (2019). *NCLEX-RN examination: Test plan for the national council licensure examination for registered nurses*. https://www.ncsbn.org/testplans.htm

National League for Nursing. (2016). *A vision for achieving diversity and meaningful inclusion in nursing education.* doi: 10.1097/01.NEP.0000000000000018

National League for Nursing. (2018). *Creating community to build a civil and healthy academic work environment.* https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/vision-statement-a-vision-for-creating-community-to-build-a-civil-and-healthy.pdf?sfvrsn=2ca7ab0d_0&pdf=VisionSeries-CreatingCommunity

National League for Nursing. (2021). *NLN biennial survey of schools of nursing academic year 2019-2020: Executive summary*. https://www.nln.org/docs/default-source/uploadedfiles/default-document-library/nln-biennial-survey-of-schools-of-nursing-2019-2020.pdf

Nembhard, I. M., & Edmondson, A. C. (2006). Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behavior, 27*(7), 941-966. https://doi.org/10.1002/job.413

Newman, A., Donohue, R., & Eva, N. (2017). Psychological safety: A systematic review of the literature. *Human Resources Management Review, 27*, 521-535. https://doi.org/10.1016/j.hrmr.2017.01.001

Okuyama, A., Wagner, C., & Bijnen, B. (2014). Speaking up for patient safety by hospital-based health care professionals: A literature review. *Health Services Research, 14*(61), 1-8. https://doi.org/10.1186/1472-6963-14-61

Oxford University Press. (n.d.-a). Altruism. In *Oxford English Dictionary*. https://www-oed-com.unco.idm.oclc.org/view/Entry/5857?redirectedFrom=altruism#eid

Oxford University Press. (n.d.-b). Community. In *Oxford English Dictionary*. https://www.oed.com/view/Entry/37337?redirectedFrom=community

Oxford University Press. (n.d.-c). Determination. In *Oxford English Dictionary.* https://www-oed-com.unco.idm.oclc.org/view/Entry/51238?redirectedFrom=determination#eid

Oxford University Press. (n.d.-d). Personality. In *Oxford English Dictionary*. https://www-oed.com/view/Entry/141486?redirectedFrom=personality#eid

Oxford University Press. (n.d.-e). Stereotype. In *Oxford English Dictionary*. https://www-oed-com.unco.idm.oclc.org/view/Entry/189956

Park, J. E., & Kim, J. H. (2021). Nursing students' experiences of psychological safety in simulation education: A qualitative study. *Nurse Education in Practice, 55*, 103163. https://doi.org/10.1016/j.nepr.2021.103163

Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Sage.

Perkins, D., Florin, P., Rich, R., Wandersman, A., & Chavis, D. (1990). Participation and the social and physical environment of residential blocks: Crime and community context. *American Journal of Community Psychology, 18,* 83-113. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.464.2271&rep=rep1&type=pdf

Phillips, J., Peck Malliaris, A., & Bakerjian, D. (2021). *Nursing and patient safety.* https://psnet.ahrq.gov/primer/nursing-and-patient-safety

Pusey-Reid, E., & Blackman-Richards, N. (2022). The importance of addressing racial microaggressions in nursing education. *Nurse Education Today, 114*, e105390. https://doi.org/10.1016/j.nedt.2022.105390

Quality and Safety Education for Nurses. (2020). *Project overview*. https://qsen.org/about-qsen/project-overview/

Rainer, J. (2015). Speaking up: Factors and issues in nursing advocating for patients when patients are in jeopardy. *Journal of Nursing Care and Quality, 30*(1), 53-62. https://doi/10.1097/NCQ.0000000000000081

Reierson, E. A., Haukedal, T. A., Hedeman, H., & Bjork, I. T. (2017). Structured debriefing: What difference does it make? *Nurse Education in Practice, 25*, 104-110. https://doi.org/10.1016/j.nepr.2017.04.013

Roh, Y. S., Ahn, J., & Kim, E. (2018). Effects of prebriefing on psychological safety and learning outcomes. *Clinical Simulation in nursing, 25,* 12-19. https://doi.org/10.1016/j.ecns.2018.10.001

Roh, Y. S., Jang, K. I., & Issenberg, S. B. (2020). Nursing students' perceptions of simulation design features and learning outcomes: The mediating effect of psychological safety. *Collegian, 28*, 184-189. https://doi.org/10.1016/j.colegn.2020.06.007

Rosenbaum, L. (2019). Cursed by knowledge: Building a culture of psychological safety. *The New England Journal of Medicine, 8,* 380-388. https://doi.org/10.1056/NEJMms1813429

Rudolph, J. W., Raemer, D. B., & Simon, R. (2014). Establishing a safe container for learning in simulation. *Society for Simulation in Healthcare, 9*(6), 339-349. https://doi.org/10.1097/SIH.0000000000000047

Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Sage.

Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health, 33*, 77-84. https://doi.org/10.1002/nur.20362

Sarason, S. B. (1974). *The psychological sense of community*. Jossey-Bass.

Sarder, R. (2015, July 22). *What is interpersonal risk? By Amy Edmondson, author of teaming* [Video]. YouTube. https://www.youtube.com/watch?v=bC3Qdhmg_9Y

Schein, E. H. (1993). How can organizations learn faster? The challenge of entering the green room. *Sloan Management Review, 34*(2), 85-92. https://sloanreview.mit.edu/article/how-can-organizations-learn-faster-the-challenge-of-entering-the-green-room/

Schein, E. H., & Bennis, W. (1965). *Personal and organizational change through group methods.* Wiley.

Schwappach, D. L. B. (2018). Speaking up about hand hygiene failures: A vignette survey study among healthcare professionals. *American Journal of Infection Control, 46*(8), 87875. https://doi.org/10.1016/j.ajic.2018.02.026

Schwappach, D. L. B., & Gehring, K. (2014). Silence that can be dangerous: A vignette study to assess healthcare professionals' likelihood of speaking up about safety concerns. *PLoS ONE, 9*(8), e104720. https://doi.org/10.1371/journal.pone.0104720

Schwappach, D. L. B., & Gehring, K. (2015). Frequency of and predictors for withholding patients safety concerns among oncology staff: A survey study. *European Journal of Cancer Care, 24*, 395-403. https://doi.org/10.1111/ecc.12255

Schwappach, D. L. B., & Niederhauser, A. (2019). Speaking up about patient safety in psychiatric hospitals: A cross-sectional survey study among healthcare staff. *International Journal of Mental Health Nursing, 28*, 1363-1373. https://doi.org/10.1111/inm.12664

Scott, L. D., & Zerwic, J. (2015). Holistic review in admissions: A strategy to diversify the nursing workforce. *Nursing Outlook, 63*, 488-495. https://doi.org/10.1016/j.outlook.2015.01.001

Sedgwick, M., Oosterbroek, T., & Ponomar, V. (2014). “It all depends:” How minority nursing students experience belonging during clinical experiences. *Nursing Education Perspectives, 35*(2), 89-93. https://doi.org/10.5480/11-707.1

Shamsi, H. A., Almutairi, A. G., Al Mashrafi, S. A., & Al Kalbani, T. (2020). Implications of language barriers for healthcare: A systematic review. *Oman Medical Journal, 35*(2), e122. https://doi.org/10.5001/omj.2020.40

Siemsen, E., Roth, A. V., Balasubramanian, S., & Anand, G. (2009). The influence of psychological safety and confidence in knowledge on employee knowledge sharing. *Manufacturing & Service Operations Management, 11*(3), 429–47. https://doi.org/10.1287/msom.1080.0233

Singh, B., Winkel, D. E., & Selvarajan, T. T. (2013). Managing diversity at work: Does psychological safety hold the key to racial differences in employee performance? *Journal of Occupational and Organizational Psychology, 86,* 242-263. https://doi.org/10.1111/joop.12015

Small, S. P., English, D., Moran, G., Grainger, P., & Cashin, G. (2019). “Mutual respect would be a good starting point”: Students’ perspectives on incivility in nursing education. *Canadian Journal of Nursing Research, 51*(3), 133-144. https://doi.org/10.1177/0844562118821573

Smiley, R. A., Ruttinger, C., Oliveria, C. M., Hudson, L. R., Allgeyer, R., Reneau, K. A., Silvestre, J. H., & Alexander, M. (2021). The 2020 national nursing workforce survey. *Journal of Nursing Regulation, 12,* S1-S96. https://www.journalofnursingregulation.com/article/S2155-8256(21)00027-2/fulltext

Soares, A. E., & Lopes, M. P. (2020). Are you students safe to learn? The role of lecturer's authentic leadership in the creation of psychologically safe environments and their impact on academic performance. *Active Learning in Higher Education, 21*(1), 65-78. https://doi.org/10.1177/1469787417742023

Stanley, J. M., Flynn Capers, C., & Berlin, L. E. (2007). Changing the face of nursing faculty: Minority faculty recruitment and retention. *Journal of Professional Nursing, 23*(5), 253-261. https://doi.org/10.1016/j.profnurs.2007.07.005

Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology, 69*(5), 797-811. https://doi.org/10.1037/0022-3514.69.5.797

Stephen, L., Kostovich, C., & O'Rourke, J. (2020). Psychological safety in simulation: Prelicensure nursing students' perceptions. *Clinical Simulation in Nursing, 47*, 25-31. https://doi.org/10.1016/j.ecns.2020.03.010

The Joint Commission. (2017). *Eleven tenets of a safety culture.* https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sentinel_events_11_tenets_of_a_safety_culture_infographic_2018pdf.pdf

The Joint Commission. (2020). *The joint commission: Over a century of quality and safety* [PowerPoint slides]. https://www.jointcommission.org/-/media/tjc/documents/about-us/tjc-history-timeline-through-2019-pdf.pdf

Tinto, V. (2017). Through the eyes of students. *Journal of College Student Retention: Research, Theory and Practice, 19*(3), 254–269. https://doi.org/10.1177/1521025115621917

Tobbell, D., & D'Antonio, P. (2022). *Report series: Racism in nursing.* https://www.nursingworld.org/~49c4d0/globalassets/practiceandpolicy/workforce/commission-to-address-racism/racism-in-nursing-report-series.pdf

Torralba, K. D., Jose, D., & Byrne, J. (2020). Psychological safety, the hidden curriculum, and ambiguity in medicine. *Clinical Rheumatology, 39*, 667-671. https://doi.org/10.1007/s10067-019-04889-4

Tremayne, P., & Hunt, L. (2019). Has anyone seen the student? Creating a welcoming practice environment for students. *British Journal of Nursing, 28*(6), 369-373. https://doi.org/10.12968/bjon.2019.28.6.369

Turner, S., & Harder, N. (2018). Psychological safe environment: A concept analysis. *Clinical Simulation in Nursing, 18,* 47-55. https://doi.org/10.1016/j.ecns.2018.02.004

Vespa, J., Medina, L., & Armstrong, D. M. (2020). *Demographic turning points for the United States: Population projections for 2020 to 2060.* https://www.census.gov/library/publications/2020/demo/p25-1144.html

Walls, J. K., & Hall, S. S. (2017). A focus group study of African American students' experiences with classroom discussions about race at a predominantly White university. *Teaching in Higher Education, 23*(1), 47-62. https://doi.org/10.1080/13562517.2017.1359158

White, B. J. (2018). African American nurses describe pre-licensure education experiences: A qualitative study. *Journal of Professional Nursing, 34*, 346-251. https://doi.org/10.1016/j.profnurs.2017.12.008

White, B. M., & Fulton, J. S. (2015). Common experiences of African American nursing students: An integrative review. *Nursing Education Perspectives, 36*(3), 167-175. https://doi.org/10.5480/14-1456

Williams, M. T., Skinta, M. D., & Martin-Willett, R. (2021). After Pierce and Sue: A revised racial microaggressions taxonomy. *Perspectives on Psychological Science, 16*(5), 991-1007. https://doi.org/10.1177/1745691621994247

Williams, S. C., & Lauerer, J. (2013). Implementing a nursing civility code: Implications for education. *Journal of Nursing Education, 52*(3), 165-170. https://doi.org/10.3928/01484834-20130218-01

Woodley, L. K., & Lewallen, L. P. (2021). Forging unique paths: The lived experience of Hispanic/Latino baccalaureate nursing students. *Journal of Nursing Education, 60*(1), 13-19. https://doi.org/10.3928/01484834-20201217-04

World Health Organization. (2022). *Health and wellbeing.* https://www.who.int/about/governance/constitution

Xu, Y., & Davidhizar, R. (2005). Intercultural communication in nursing education: When Asian students and American faculty converge. *Journal of Nursing Education, 44*(5), 209-215. https://doi.org/10.3928/01484834-20050501-03

Yeheskel, A., & Rawal, S. (2019). Exploring the 'patient experience' of individuals with limited English proficiency: A scoping review. *Journal of Immigrant and Minority Health, 21*, 853-878. https://doi.org/10.1007/s10903-018-0816-4

Young-Brice, A., Dreifuerst, K. T., & Buseh, A. (2018). Being invisible: Stereotype threat in an undergraduate nursing program. *Journal of Nursing Education, 57*(3), 159-162. https://doi.org/10.3928/01484834-20180221-06

Zajac, L. (2011). Double-loop approach: Recruitment and retention of minority nursing faculty. *Association of Black Nursing Faculty Journal, 22*(3), 73-77. https://pubmed.ncbi.nlm.nih.gov/21901996/

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

Date:	03/07/2022
Principal Investigator:	Melissa Anozie
Committee Action:	**IRB EXEMPT DETERMINATION – New Protocol**
Action Date:	03/07/2022
Protocol Number:	2201034710
Protocol Title:	I'm Listening: Experiences of Psychological Safety of Pre-licensure Nursing Students that Identify as Black, Indigenous, and People of Color.
Expiration Date:	

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

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

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

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

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

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

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

Sincerely,

Nicole Morse
Research Compliance Manager

University of Northern Colorado: FWA00000784

APPENDIX B

RECRUITMENT E-MAIL TO ACADEMIC COLLEAGUES

Dear Colleague,

I am writing in reference to my study, *I'm Listening: Experiences of Psychological Safety in Nursing Students that Identify as Black, Indigenous, and People of Color (BIPOC).* I am a PhD candidate at the University of Northern Colorado and am looking to recruit participants for my dissertation study. The purpose of the study is to explore the experiences of psychological safety in BSN, prelicensure nursing students that identify as BIPOC.

Psychological safety is a belief that one can ask questions, admit mistakes, or share opinions without the fear of being shamed, humiliated, or embarrassed. It has been shown to be paramount for encouraging behaviors vital to the learning process as it generates an environment where students feel safe enough to take risks. The phenomenon has been studied in organizational learning and in teams. It has been studied in nursing education, mostly within the simulation environment. To date, no study has explored this phenomenon specially with BIPOC students.

By 2043, minority populations is the U.S. will become the majority. Healthcare organizations have maintained that diversifying the nursing workforce along with nursing education is advantageous to the public and will aid in reducing health disparities Nationally, nursing programs have increased their student diversity, however White students enrolled in and graduating from BSN programs are nearly double that of minority students. This continues to have a direct effect on the number of minorities that enter the workforce. It is clear that students and faculty alike learn from the experiences and knowledge brought by those different from themselves. Increasing diversity and encouraging inclusivity in academic nursing will advance the quality of education and prepare all nursing students for their professional role at the bedside and in future leadership positions. This begins will ensuring that our BIPOC students feel safe to speak up.

I am looking for participants that are enrolled full time in an entry level, pre-licensure BSN program, have completed at least two semesters in their program, self-identify as BIPOC, are older than 18 years of age, and are willing to complete an in person or virtual interview lasting approximately one hour. Participants will be given a 10-dollar Amazon card for their time. **Would you be willing to share the attached flyer with your students?** My contact information is listed on the flyer for those that are interested. Our BIPOC students have stories to share, and their voices must be heard!

Feel free to email me at anoz4714@bears.unco.edu with any further questions and thank you for partnering with me on this important study. Knowing the experiences of BIPOC nursing students may allow nurse educators to foster a culture of safety, encourage inclusivity, celebrate diversity, and better prepare all students for the demands of practice.

Looking forward to learning from some of your students!

Melissa M. Anozie, RN, MSN, PCCN
PhD candidate, University of Northern Colorado

APPENDIX C

SAMPLE STATEMENT FOR NURSING STUDENT RECRUITMENT

My colleague Melissa is a PhD candidate at the University of Northern Colorado. She is working on her dissertation and hoping you will consider being part of her study. The aim of her study is to understand the phenomenon of psychological safety as experienced by students that identify as black, indigenous, and people of color (BIPOC).

Psychosocial safety is a belief that you will not be shamed, humiliated, or punished for speaking up with questions, concerns, or mistakes. She is interested in knowing how the future of the profession experience that phenomenon in their learning community. Your voice is important, and she wants to hear your stories!

She is looking to recruit nursing students that meet the following criteria:

1) Enrolled full time in an entry-level, pre-licensure BSN program
2) Have completed at least two semesters of their nursing program
3) Self-identify as black, indigenous, or a person of color (BIPOC)
4) Are older than 18 years of age
5) Are willing and able to complete an in-person (virtual if needed) semi-structured interview for approximately one hour

You all have a story to share! Melissa would love to set up a time to talk to ensure you meet all the inclusion criteria. If you do, she will then set up a time to meet, at your convenience, for an interview either in person or via Zoom. Feel free to contact her by email at anoz4714@bears.unco.edu or call/text at 951.212.8668. At the conclusion of the interview, you will be given a $10 gift card to Amazon as a token of her appreciation for your participation.

Contact Melissa if you're interested in being part of her study!

APPENDIX D

RECRUITMENT FLYER

UNIVERSITY OF NORTHERN COLORADO

VOLUNTEERS NEEDED!

HOW DO YOU FEEL ABOUT SPEAKING UP?

RESEARCH STUDY

If you are a full-time, pre-licensure BSN student that has completed at least 2 semesters of your nursing program, are older than 18 years of age, and self-identify as black, indigenous, or a person of color, you are invited to participate in a short (~1 hour) interview.

INTERVIEWS

Tell me about your experiences of speaking up, or choosing not to speak up, during your nursing school journey. You'll receive a 10-dollar Amazon card for participating!

CONFIDENTIALITY

Anything you say is confidential. We will meet in a private place if in person or via Zoom if needed. You will choose a pseudonym for published results.

BENEFITS

YOUR VOICE WILL BE HEARD! Your stories will help nursing faculty create inclusive learning environments, celebrate diversity, and prepare all students for nursing practice.

You have a **STORY!**

Contact Melissa Anozie, MSN, RN, PhD student at the University of Northern Colorado
anoz4714@bears.unco.edu
This study is being conducted under the supervision of Dr. Michael Aldridge, Associate Professor at UNC.

APPENDIX E

SOCIAL MEDIA POSTS

Academic nurse educator colleagues! I am a PhD candidate the University of Northern Colorado and am looking to recruit participants for my dissertation. Would you be willing to help me and share this flyer with your students?

Study aim: To explore the experiences of psychological safety of nursing students that identify as black, indigenous, and people of color (BIPOC)

Inclusion criteria: Enrolled in an entry level, pre-licensure BSN program, has completed at least two semesters in the program, self-identify as BIPOC, older than 18 years of age, and willing to complete an interview lasting approximately one hour.

Please message me if you are willing to spread the word at your institutions and I will send you more information. Hearing the stories of our BIPOC nursing students will allow us to cultivate inclusive learning environments, celebrate diversity, better prepare all students to care for a diverse population, and improve patient outcomes.

Included in the posting would be the recruitment flyer (see Appendix D)

APPENDIX F

RECRUITMENT EMAIL TO NURSING STUDENTS

Dear Nursing Students,

I am writing in reference to my study, *I'm Listening: Experiences of Psychological Safety in Nursing Students that Identify as Black, Indigenous, and People of Color (BIPOC).* I am a PhD candidate at the University of Northern Colorado and am looking to recruit participants for my dissertation study. The purpose of the study is to explore the experiences of psychological safety in BSN, prelicensure nursing students that identify as BIPOC.

Psychological safety is a belief that one can ask questions, admit mistakes, or share opinions without the fear of being shamed, humiliated, or embarrassed. It has been shown to be paramount for encouraging behaviors vital to the learning process as it generates an environment where students feel safe enough to take risks. The phenomenon has been studied in organizational learning and in teams. It has been studied in nursing education, mostly within the simulation environment. To date, no study has explored this phenomenon specially with BIPOC students.

I am looking for participants that are enrolled full time in an entry level, pre-licensure BSN program, have completed at least two semesters in their program, self-identify as BIPOC, are older than 18 years of age, and are willing to complete an in person or virtual interview lasting approximately one hour. Participants will be given a 10-dollar Amazon card for their time. You have stories to share, and your voices must be heard!

Feel free to email me at anoz4714@bears.unco.edu with any further questions and thank you for partnering with me on this important study. Knowing your experiences may allow nurse educators to foster a culture of safety, encourage inclusivity, celebrate diversity, and better prepare all students for the demands of practice.

Looking forward to learning from you!

Melissa M. Anozie, RN, MSN, PCCN
PhD candidate, University of Northern Colorado

APPENDIX G

INFORMED CONSENT

UNIVERSITY OF NORTHERN COLORADO

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

Project Title: I'm Listening: The Experiences of Psychological Safety in Pre-licensure Nursing Students that Identify as Black, Indigenous, People of Color

Researcher: Melissa M. Anozie, Doctoral student, University of Northern Colorado, Greeley, CO E-mail: anoz4714@bears.unco.edu

Research Advisor: Michael Aldridge, PhD, RN, CNE, Associate Professor, College of Natural and Health Sciences, School of Nursing, University of Northern Colorado, Greely, CO E-mail: Michael.aldridge@unco.edu

PURPOSE AND DESCRIPTION:

You are invited to participate in a study being conducted by Melissa Anozie. I am a full-time nurse educator and am currently enrolled in the PhD in Nursing Education program at the University of Northern Colorado. I am a conducting a research study to investigate the experiences of psychological safety of pre-licensure nursing students that identify as black, indigenous, or people of color (BIPOC).

The following are expectations and guidelines of participating in this study:

1) You will participate in an individual interview with me and answer questions about your experiences of psychological safety throughout your journey through nursing school.
2) You will complete a demographic questionnaire, answering questions about your race/ethnicity, age, gender, year in the nursing program, the diversity of your institution, and previous healthcare experience.
3) Interviews will be held in person if geographically possible and audio recorded. If needed, a virtual platform will be used, and the interview will be video, and audio recorded.
4) Your responses will be transcribed then analyzed to develop themes describing the experiences of psychological safety by BIPOC nursing students.
5) Each interview will take about an hour. After each interview, you will be contacted if a follow up interview is needed. You will also have the opportunity to check the themes for accuracy.

RISKS AND BENEFITS

The risk of participation in this study has no foreseeable risk outside or normal daily activities, however recalling certain experiences may bring about unforeseen emotional distress. If this

occurs, contacting the Counseling Center at your institution is recommended. Furthermore, the following national hotline numbers can be used as additional resources:

- National Suicide Preventions Lifeline: 1-800-273-TALK (8255)/ Spanish: 1-800-799-4889
- National Alliance on Mental Illness (NAMI): 1-800-950-NAMI (6264)
- You can type 211 and be connected to resources including those for mental health

You are free to withdraw from this study at any time, without retribution. The cost of participating in this study is the time invested to participate in the interview. The most immediate benefit of your participation is that is gives you a voice. Your stories may help to transform nursing education and the future workforce by giving nursing faculty insight into the actual experiences of psychological safety in BIPOC nursing students. Your participation will provide valuable information to aid in positively transforming nursing education, including educational initiatives to enhance psychological safety in BIPOC nursing students.

CONFIDENTIALITY

Your responses will only be shared with the researcher and the research advisor. By participating in this study, you have given me permission to release information to my research advisor. Although anonymity cannot be guaranteed, I will make every effort will be made to maintain it. The results of this study may be published in a professional journal or presented at professional conferences but will not contain information that will identify you. The research data, including audio/video recordings will be kept in a secure location/on a password protected computer, and only the aforementioned people will have access to the data. After transcription, identifying information will be removed by using a pseudonym for your real name.

If you have any questions or concerns, you may contact me by phone or email. You may also contact my Research Advisor, Dr. Michael Aldridge.

Participation is voluntary. You may decide not to participate in this study and if you begin participation, you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. **Having read the above and having had an opportunity to ask any questions, do I have your verbal consent that you wish to participate in this study?** If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse at the Office of Research & Sponsored Programs, University of Northern Colorado Greeley, CO 80639; 970-351-1910 or Nicole.morse@unco.edu

Thank you!
Melissa

APPENDIX H

SEMI-STRUCTURED INTERVIEW GUIDE

"Thank you so much for agreeing to be part of my study. I want to remind you that your participation is completely voluntary and if at any time, either during this interview or afterwards, you would like to withdraw from the study, that is your right and there will be no consequences for you doing so. As we begin, I also want to remind you that this interview will be audio-recorded. Are you okay to continue?"

"As you know, this study is exploring BIPOC nursing students' experiences of psychological safety throughout their nursing school journey. The text-book definition of psychological safety is how one perceives the benefits, risks, and consequences of sharing an opinion, asking a question, reporting an error, or revealing one's true self to others. It is a belief that one will not be punished or humiliated for speaking up with questions, concerns, or mistakes. While there are many reasons that felt compelled to do this study, one of the biggest reasons is I am the mother to a BIPOC child, and I know that her experiences may be very different than mine were in school. I want to hear your stories as a nurse educator but also as a mother."

1) Tell me about yourself and how/why you came to nursing school. How has your nursing school experience been so far? What has been the most fun/challenging aspect of it?

Q1) How do BIPOC nursing students' describe their experiences of psychological safety in nursing school?

2) Think back through your experiences in nursing school thus far. Can you describe an experience where you felt safe to speak up? What about that situation, that person, that environment made you feel comfortable?
    a. What are the outcomes, for you, when you feel safe? What happens?
3) Tell me about a time where you did not feel psychologically safe to speak up.
    a. How did that experience affect you?
    b. How did it affect your ability to learn?
4) If you could design a perfect environment where you felt safe to speak up, what would it look like?
5) What are some barriers you have faced in speaking up in nursing school?

Q2) What role does the learning community play in BIPOC nursing students' experiences of psychological safety?

6) Which part of the learning community (peers, faculty, preceptors, administrators, etc.) has the greatest influence on your psychological safety? Why?
7) Are their certain activities or actions the learning community can use to encourage safety in speaking up?
8) What characteristics of your learning community encourage you to speak up?

Q3) How have BIPOC nursing students' experiences of psychological safety shaped their view of the profession of nursing?

9) What do you believe are the core responsibilities of nurses? Professionally---what is our role?

10) Have your experiences of or a lack of psychological safety in nursing school changed your views of the profession?
11) How do your experiences with psychological safety (either feeling safe or not) influence your nursing practice as a student?

To wrap up this interview, how do YOU define psychological safety?

Is there anything else you would like to add about your experience of psychological safety in nursing school before we close?

Please feel free to contact me by E-mail, text, or phone if you think of anything else you want to add to this interview. After I review the transcript of our interview, I will contact you if I have any follow up questions. After all my interviews have been completed, are you open to me emailing you the themes that emerge so you can corroborate if they accurately represent your story?

List of Probes (if needed)

- "Tell me more about that"
- "What is an example of that?
- "What do you mean by "phrase/word?"
- "What was that like for you?"
- "Walk me through that one more time"

APPENDIX I

DEMOGRAPHIC QUESTIONNAIRE

1) What is your age? _____

2) What is your race**? (May select more than one)

White (including Latinx) Black/African American

American Indian/Alaskan Native Asian/Native Hawaiian/Other Pacific Islander

Describe your ethnic background:

3) What gender do you identify with?

Woman Man Transgender

Non-binary/Non-conforming Prefer not to answer

4) How many total semesters is your nursing program? _____

5) What is your current semester of enrollment? _____

6) What percentage of your institution is made up of students from diverse backgrounds?

Less than 25% 25-50% 50-75% Greater than 75%

7) What percentage of your nursing school is made up of students from diverse backgrounds?

Less than 25% 25-50% 50-75% Greater than 75%

8) What percentage of your nursing faculty are from diverse backgrounds?

Less than 25% 25-50% 50-75% Greater than 75%

9) Do you have any paid work experience in healthcare prior to nursing school? If yes, in what capacity? (CNA, LVN, Phlebotomist, EMT, Clerk, etc.)

10) Are you currently working in healthcare as you complete school? If yes, in what capacity?

**Race Explained (U.S. Census Bureau, 2020).

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

Black or African American. A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.

American Indian and Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.

Native Hawaiian and Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.