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# Illuminating the Experiences of African-American Nursing Faculty Seeking Employment in Higher Education in Nursing

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Illuminating the Experiences of African-American Nursing Faculty Seeking Employment  
in Higher Education in Nursing

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### **Abstract**

This study explored and described the experience of female African-American nursing faculty seeking employment in higher education in nursing. The lack of diversity in the nursing workforce has been attributed as a major underlying cause of disparity in healthcare in the United States. The importance of increasing the number of minority nursing faculty has been recognized as important for providing quality, culturally competent care. In other words, the shortage of minority nursing faculty, largely African-American, continues to present a pervasive problem for the nursing profession and for providing quality patient care. Pervasive problems include limited knowledge of the value systems of people of color; ineffective cross-communications; inadequate skills in treating patients of color more specific to their phenotype; and insufficient understanding of how to impact access for this population. Studies have examined the experiences of African-American nursing faculty in higher education; unequivocally few studies have discussed experiences seeking employment in higher education. This research study used a qualitative approach to conduct face-to-face, semi-structured individual interviews with nine African-American female nursing educators to gain a better understanding of what and how they felt as they sought employment in higher education. Three major themes and seven subthemes emerged from stories of the nine participants in this study. The three major themes were: I) driving forces of motivation, II) challenges and issues, and III) successful versus unsuccessful. The seven subthemes included two under theme I: intrinsic motivation and extrinsic motivation; three under theme II: lack of clarity, lack of job security and lack of diversity and racism; and two under theme III: hiring experience and race/ethnic consideration.

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## Chapter One

### Introduction

The National League for Nursing (NLN) only reported a slight increase (3.4 %) in the number of African-Americans who teach nursing institutions in higher education (NLN, 2009, p. 1). Showing an increase from 6.6% in 2003 to 7% in 2009 (NLN, 2009). Since 2009, there has been a mere 0.1% increase in the pool of African-American nursing faculty according to American Association Colleges of Nursing (AACN, 2014b, p. 7). It is a startling representation of how this study shows a demand for African-American nursing faculty. The overall goal of this research was to provide a window for the researcher to gain an enhanced understanding of what participants of this study had gone through as they sought employment in higher education in Colleges/Schools of Nursing. In this chapter, the background of the study is described, followed by the statement of the problem, significance of the problem, the purpose of the study, the research questions, and the definition of the terms.

### Background of the Study

**Health care disparities.** The nursing profession has traditionally been in a strong position to advocate for health equity and bridge the gaps in healthcare disparities. One organization, Healthy People 2010 (U.S. Department of Health and Human Services [USHHS], 2010), advocated for health equity to address disparities and improve health for all Americans, particularly in the African-American population.

According to Missing Persons: Minorities in the Health Professions by the Sullivan Commission (Sullivan, 2004), among other issues, there are disproportionate



health problems in these communities, unequal treatment, lack of health insurance, compounded by growing demands for cultural competency.

Insufficient access to healthcare resources among racial and ethnic minorities is well documented in the literature. In 2002, a report concluded that disparities among ethnics of color remain a problem in our healthcare system. This 738-page report was published by the Institute of Medicine (IOM, 2003), titled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. The report highlighted data collected from approximately 100 studies, conclusions from focus groups and expert opinions about the disparities that exist in healthcare (Beavers & Satiani, 2010; Meghani & Gallagher, 2008; Smedley, Stith, & Nelson, 2003).

The *National Healthcare Disparities Report for 2012*, and is produced by the Agency for Healthcare Research and Quality (AHRQ) from the United States of Health and Human Services [USHHS] is a report issued every year since 2003. It pointed out that healthcare quality and access are severely compromised, particularly for ethnic groups of color and low-income groups. This includes urban residents and those who live in rural communities (AHRQ, 2012).

The Centers for Disease Control and Preventions (CDC) Health Disparities and Inequalities Report (2012), were similar to that of the National Healthcare Disparities report. The CDC report indicated that access to care is getting worse and the disparities is not improving, even though the quality of care was thought to be improving (CDC, 2012).

Kenny (2010) argued that nurses are the direct caregivers in their profession more so than any other health profession and because of that nurses are in a position to make a

profound impact on quality of care, health outcomes as well as access to care for vulnerable populations (Kenny, 2010; IOM, 2011; Sullivan, 2004).

Armada and Hubbard (2010) reported inequalities in the quality of care for ethnic minority groups such as Blacks, Asians (Asian-Americans), and Hispanics, which have remained the same, or worsened. The American Academy of Nursing (AAN) put together a panel of nursing experts who developed strategies and recommendations to reduce health disparities where they are commonly found (Giger et al., 2007). The nursing panel recommended that in addition to practice research, policy and advocacy, nursing education should be considered as a vehicle to improve outcomes that promote the reduction and/or elimination of health disparities typically found in underserved groups (Giger et al., 2007; IOM, 2003, 2011; Kritek et al., 2002).

Lack of culturally diverse nursing practitioners can be linked to healthcare disparities. According to Spector (2013), White health care providers generally lack sufficient competencies and skills to care for or treat Black patients, such as understanding their skin and hair needs, their nonverbal and verbal behaviors (p. 204). There are most likely many subtle and not-so-subtle culturally distinct characteristics that are overlooked. Research has shown that when healthcare professions are culturally diverse, it is a key to improved public health. In fact, it can significantly impact access to care for underserved populations and establish better interactions between patients and healthcare professions (USHHS, 2006; Sullivan, 2004).

Several nursing organizations concur that large-scale migration from around the world will further challenge and strain healthcare systems such as problems with intercultural competence, multilingual effectiveness, cross-cultural communications and

operations across national boundaries. This will also require innovative educational strategies (American Association of Colleges of Nursing [AACN], 2001, 2009; National Advisory Council on Nurse Education and Practice [NACNEP], 2008, 2013; NLN, 2009). In order to prepare the workforce for these rapid changes, nursing institutions ought to have deliberate strategies in diversifying their faculty (AACN, 2001, 2009; NACNEP 2008, 2013; NLN, 2009).

**Nursing workforce.** National nursing and healthcare organizations including the AACN, American Nurses Association (ANA), NLN, and IOM agreed that increasing the racial and ethnic diversity of the nursing workforce is a high priority. Increasing the minority workforce could make a positive impact on healthcare disparities particularly among African Americans. One strategy is by recruiting and retaining African-American faculty and students (Sullivan, 2004). This could well be a daunting task, due to institutionalized structural inequality. The history and practices of the nursing profession perpetuates a predominantly White profession. With an increasing minority population, the nursing profession has not adequately kept up with the growing demand for equal access to health services for all (Sullivan, 2004). The Sullivan Commission also did not waiver from this position in light of the nation's changing demographics which has further marginalized culturally diverse populations.

Moreover, nurses of color are more likely to return to their communities to provide healthcare, which substantiates the need to diversify the nursing workforce (Sullivan, 2004). African-American nursing faculties are pivotal to the recruitment, retention and educational adaptations to nursing school education for a more culturally competent workforce (NACNEP], 2008, 2013; Stanley, Capers, & Berlin 2007). The

National Advisory Council on Nurse Education and Practice described culturally competent nurses as those who possess the ability to accept and respect beliefs, values, traditions, customs and practices of people from different cultures (NACNEP, 2008, 2013). Culturally competent nurses work to develop interventions and services cognizant of the value systems of the patients they serve (ANA, 2004; Bednash, 2003; Spector, 2013).

As the nation rapidly grows more culturally diverse, it is essential to increase African-American nursing faculty (and other ethnics of color nursing faculty) to address changes in racially and ethnically diverse populations. A culturally competent diverse population of nurses can generate a sundry of views regarding healthcare (Campinha-Bacote, 2011). In spite of numerous strategic initiatives being implemented to recruit individuals from racially and ethnically diverse backgrounds, many academic nursing programs have not been able to significantly increase their numbers of African-American nursing faculty (AACN, 2009, 2014b). For example, one strategic initiative was the 2008 Johnson and Johnson Campaign for Nursing's Future that initiated the Minority Nurse Faculty Scholars Program, (AACN, 2009). This program provided scholarship funding with the intent to increase the minority nursing faculty population. The Robert Wood Johnson Foundation and W.K. Kellogg Foundation was another example of an initiative that joined together to provide an opportunity for many academic nursing programs to offer funding support to underrepresented communities (AACN, 2009).

Despite these efforts to increase the pool of African-American nursing faculty, research data showed increases to be slow at best. While African-Americans represent only 7.1% of the total nursing faculty employed in higher education, 85% of nursing

faculties is White (Fang, Li, Arietti & Bednash, 2014, p.7). This gap does not seem to be closing anytime soon.

Hence, the underrepresentation of African-American female nursing faculty continues to be a persistent problem. According to the 2010 U.S. Census Bureau (2012, 2014) the population division, the White population is 62.8% and the Ethnic minority groups make up 37.2%. Of that 37.2%, Blacks comprise 13.4%. By the year 2050, 50% of the United States population will consist of non-White ethnic minorities (U.S. Census Bureau, 2012, 2014). With these projections it is critical to close the gap of underrepresented populations in the nursing workforce. By increasing recruitment of ethnic minorities in nursing education to mirror the diversity in the population, is a critical step to achieving health equity (AHA, 2013; Sullivan 2004).

The Institute of Medicine, (IOM, 2011) in their publication, *The Future of Nursing: Leading Change, Advancing Health*, advocated that the current nursing workforce needs to increase its diversity to better meet the current and future health needs of the nation. The IOM also asserted that a diverse nursing workforce is crucial to improving access to healthcare for populations that are racially and ethnically different. Ultimately, a diverse nursing workforce will contribute to the reduction of healthcare disparities (Sullivan, 2004).

The ability of nursing schools to produce culturally diverse practitioners is directly linked to its ability to providing equal access and quality services. For one, practitioners bring to the profession a more holistic patient care, including different points of view, more cultural insights, trust and sensitivity.

**Lack of African-Americans in colleges/schools of nursing.** African-American under-representation in nursing education exacerbates the problem of a lack of African-American nursing professionals in the workplace (Nnedu, 2009). Nursing racial diversity has had minimal changes and because of that, the nursing workforce does not adequately reflect the changing demographics (AACN, 2009; ANA, 2011; Barbee & Gibson, 2001; National League for Nursing [NLN], 2009; NACNEP, 2008, 2013).

Nnedu (2009) asserted that because there is a paucity of ethnic minority nurses and subsequently nursing faculty in College/Schools of Nursing, there is a need to increase trained professional nurses of color for the nation's rapidly growing communities of color. In order to achieve this goal, Childs, Jones, Nugent, and Cook (2004) contended that it is fundamentally important to see a transformation in the number of trained healthcare professionals, and nursing education programs must recruit and retain, as well as graduate racially and ethnically diverse nursing student population. Also, research indicated that there is a better chance to recruit and retain African-American nursing students when there is an African-American faculty (Mills-Wisneski, 2005; Sullivan, 2004).

Carnes, Schuler, Sarto, Lent, and Bakken (2006) indicated that urgent attention is required to address the problem with the dearth of ethnic and racial diversity in academic health sciences in positions of leadership. In giving attention to this deficit, institutions of higher learning have to have a commitment to diversity that is transparent. This transparency can be evidenced by many ways, such as diversity in the academic administration, increase in diversity as a result in their hiring practices, and usage of language in mission statements. Institutions of higher learning as a whole along with

nursing schools ought to promote leadership in diversity, concomitant with measuring effective healthcare needs and services.

Nursing leadership development programs are endorsed by the Sullivan Report (Sullivan, 2004) as a way to prepare African-American nurses with graduate degrees for positions in nursing academe as professors, faculty and trailblazers. However, despite the obvious need for cultural diversity within nursing, the Health Resources and Services Administration (HRSA, 2010) reported through the National Sample Survey of Registered Nurses (NSSRN) 2008, noted that only 16% of nurses represent racial or ethnic minority groups (p. 179). This is significant because the AACN (2013) noted that minority nurses are trailblazers in the advancement of changing care models, which concentrate on the pressing needs of diverse populations.

**Lack of African-American nursing faculty.** The dearth of African-American nursing faculty can be a barrier to recruiting African-Americans (Mills-Wisneski, 2005; Sullivan, 2004). Research has shown that there is a shortage of nurses resulting in a crisis in the profession, which negatively impacts care (Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008). By increasing nurses of color, this overall shortage would be addressed. For example, the current shortage extends to a lack of nursing faculty, which is contributing to a decrease in student enrollment in nursing schools across the country because the schools cannot accommodate all the student applicants. Approximately 78,000 qualified applications to both undergraduate and graduate programs were not accepted, according to the AACN annual survey 2013-2014 (AACN, 2014b).

There are various opportunities to address the lack of African-American faculty. For one, there is an increasing rate of White nursing faculty retiring (AACN, 2013).

Some institutions could view this as an opportunity to recruit and retain more African-Americans while others may view it as a challenge (Hassouneh, 2013). Another opportunity is to focus more on the critical need for more African-American nurses in primary care in communities of color. Most African-American nurses seem to be more inclined to work in primary care settings while most White nurses would rather do research than teach (Hassouneh, 2013; Seldomridge, 2004; Velianoff et al., 2003). Therefore, it is reasonable to propose that more Black faculty should be hired to teach in nursing programs emphasizing primary care to nursing students, particularly African Americans.

To further expand on the data reported from AACN (2014a) for the state of Missouri, there were 3,171 applicants that were not accepted into a nursing program because of the faculty shortage (p. 1). This will have dire consequences on the production of registered nurses in the work force in the coming years (Donelan et al., 2008). Workforce shortage, combined with gaps in healthcare quality and availability or access, will result in healthcare disparities and will continue to remain problematic (Thomson, 2011).

The shortage of African-American nursing faculty seriously limits how the curriculum addresses cultural issues and what effect it has or can have on the healthcare workforce. The National League for Nursing [NLN] and the Institute for Medicine [IOM] have challenged the healthcare and academic organizations to review and articulate how they prepare to educate future nursing professionals to meet the country's growing healthcare needs in this multicultural world (Mulready-Shick, 2005; NLN, 2003, 2009; IOM, 2011; Tanner, 2003).



In 2005, Robinson indicated that the nursing faculty shortage issue is a window of opportunity to improve faculty diversity in schools of nursing. However, she noted that talented African-American students interested in healthcare professions are frequently directed away from nursing (Robinson, 2005). The Sullivan Commission (Sullivan, 2004) held public hearings and heard testimonies about how students in the public schools are steered away from taking math and science, which set them up for failure, makes them less prepared and makes it merely impossible to succeed and select healthcare as a profession. If these students were not steered away and with some becoming faculty, there is an opportunity for them to be instrumental in helping to influence an environment that promotes creative, culturally diverse and innovative nursing educational strategies (Robinson, 2005).

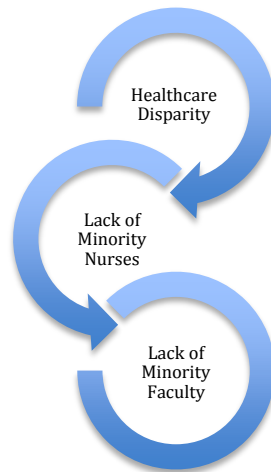
Therefore, it is imperative that primary and secondary institutions prepare all students, particularly students of color, to be proficient in STEM (science, technology engineering, and math) courses. When more students increase their proficiency in science and math, it increases their opportunities to meet admission criteria and be selected into colleges/schools of nursing.

Dreachslin (2007) asserted that there is an impressive body of research that ethnic groups are attracted to members of their own groups. African-American faculty presence in nursing higher education creates a positive climate for African-American nursing students, including serving as role models, mentors and as inspiration for career advancement. These roles could be in a leadership role, they can be in the clinical areas, other roles at the university and in the community (AACN, 2009; Campbell & Davis, 1996; Hassouneh, 2013; Mills-Wisneski, 2005). Conversely, the daunting number of

African-American faculty in nursing higher education is frequently suggested as a difficulty for providing nursing schools with talented African-American nursing students (Mills- Wisneski, 2005; Robinson, 2005; Sullivan, 2004; Taxis, 2002).

The importance of recruiting, training, and retaining minority faculty in academic institutions has proven to be challenging, but is crucial for reducing health disparities, particularly because the interest and activities of minority nurses often target issues of health disparities (Viets et al., 2009).

### **The interconnection between lack of minority faculty, minority nurses and healthcare disparities**



*Figure 1.* Healthcare disparities continuum.

### **Statement of the Problem**

Professional nursing is facing two major crises: a nursing shortage and lack of effective recruitment efforts of African-American nursing faculty in higher education. A culturally and racially diverse nursing faculty is essential for a culturally competent healthcare (Bednash, 2003; Glanville & Porche, 2000; IOM, 2011; Sullivan, 2004). As previously mentioned, cultural diversity in health professions is crucial for reducing health disparities because African-American nurses, for example, are more inclined to

understand and address health disparity issues that affect the African-American community (Viets et al., 2009). Also of importance, as noted by Hassouneh and Lutz (2013), is that faculties of color better “connect” with faculty candidates of color because they readily recognize the experiences in predominantly White environments, many which can be “isolating and alienating” (p. 157).

However, little is known about the experiences of African-American female nursing faculty who are qualified for faculty positions during the hiring process. Despite numerous efforts to increase recruitment, there remains a lack of understanding in how to recruit. Until there is better knowledge, skills and abilities to increase nursing faculties of color, health disparities will continue.

There have been protracted struggles to confront the various forms of cultural biases associated with healthcare and hiring in nursing schools. In order to gain specific knowledge of the experiences of African-American nursing faculties seeking employment in higher education and to develop a deeper analysis from the perspectives of participants, critical race theory (CRT) was used as a conceptual framework. CRT is a framework that focuses on social justice and change by critically examining behaviors through history as well as ongoing experiences of how racial minorities accommodates to the status quo (Taylor, 1998; Yosso, 2005).

### **Significance of the Problem**

Healthcare disparities can be viewed as a microcosm of the larger society fraught with problems of race, class, gender, and other socio-economic factors. This includes healthcare insurance that becomes more problematic as a result of increasing

demographic changes (IOM, 2003; Sullivan, 2004). In other words, disparities represent a complex interplay of diverse factors impacting healthcare as an institution.

The low numbers of African-American nursing faculty is a significant factor related to healthcare disparities (AACN, 2009; Sullivan, 2004). Due to the lack of consistent procedural processes in place to hire this can also involve lack of promotion with in hierarchical ranks, politics and that mirror the higher education practice (National Research Council [NRC], 2004). It is incumbent on today's nursing leaders to value and support a multicultural nursing workforce, more effective cross-cultural and cross-lingual communications with improved culturally competent patient care (AACN, 2013).

Although some nursing programs in post-secondary institutions have developed strategies to diversify their ranks, there has been very little effort at learning ways of recruiting and retaining underrepresented populations such as African-American faculties. A major part of CRT and qualitative interviewing is learning through listening to their voices (Creswell, 2009; 2014; Glesne, 1999; Merriam, 1998).

### **Purpose of the Study**

The purpose of the proposed study is to add to the paucity of the literature regarding the lack of African-American faculty by exploring and describing their experiences seeking employment in higher education in nursing.

### **Research Questions**

Three research questions (RQs) were proposed to guide this study:

RQ1. What patterns of behaviors, beliefs, attitudes, values and assumptions were held by the African-American female faculty as they sought employment in higher education?

RQ2. What challenges and issues did African-American nursing faculty encounter as they sought employment in higher education?

RQ3. How did the hiring experience differ between those who were offered full-time position and those who were not? Further, what were their perceived reasons for why they were offered or not offered a full-time position?

Findings of this research could inform university nursing program directors, provosts and human resources about the importance of making efforts to build a diverse team, and also provided a direction for nursing program directors making efforts to better facilitate a win-win successful recruitment process for qualified ethnic minority nurses seeking employment in higher education in nursing. Furthermore, data gleaned from this research offers nursing leaders in higher education with insight into how to develop effective strategies for recruiting African-American nursing faculty and possibly other ethnic groups. Also, to gain a deeper understanding of the reasons why some African-American women were hired full-time, whereas others were relegated to adjunct status or not hired at all.

### **Definition of Terms**

For the purpose of this research study, the following operational definitions will be utilized. This list will continue to be expanded during the completion of the dissertation.

African-American: Refers to the U.S. population of people of African or Negroid descent (U.S. Census Bureau, 2012).

Barriers: Identified by the participants' descriptions in their own words of those people, places, structural impediments, or things they feel have negatively impacted or obstructed their success in seeking employment in higher education as nursing faculty.

Caring: A guide to ethical decision-making and caring relations. (Noddings, 2005).

Critical Race Theory: Critical race theory utilizes the voice of the marginalized, in the form of storytelling, to challenge and examine ideas and beliefs through the prism of the oppressed (Yosso, 2005).

Cultural Competence: Culturally specific influences affecting how health professionals deliver healthcare (Sullivan, 2004).

Diversity: A difference in culture and ethnicity (Spector, 2009; Sullivan, 2004).

Experience: An event or a series of events participated in or lived through.

Healthcare Disparity: An inequality or gap that causes adverse health conditions between two or more groups in the U.S. (Giger et al., 2007; U.S. Department of Health and Human Services, 2010).

Higher Education: Education at the college or university level.

Giving Voice: Illuminating the narratives of the exploited group, who believed that they are not valued, and have been oppressed (Solorzano, 1998)

Minority: A minority is a person who is self-identified with an ethnic group other than European Americans. Historically under-represented groups in U.S. society including African-Americans, Hispanic, Native-American, and Asian (Asian-American).

Successful: Nursing faculty who are "successful" are defined as those who have been selected to be hired full-time at an institution of higher learning.

## Chapter Two

### Review of Literature

There is a connection between increasing nursing faculty of color to prepare a more culturally diverse nursing workforce, which will improve healthcare disparities. This is well documented (AACN, 2013; Smedley, Butler, & Bristow, 2004). However, there is still a long way to go for closing the gap between education (lack of minority nursing faculty) and practice (lack of diverse nursing workforce). This literature review presents important findings from previous studies on African-American faculty in higher education and highlights some of the challenges or barriers to recruitment.

Gormley and Kennedy (2011) postulated that nursing faculty have many different and complex roles and responsibilities, such as educator, clinician, role model, scholar, researcher, and grant writer and often times faculty struggle with these expectations. In spite of the many different roles that nurse faculty performs, earlier and current literature reflects that ethnic minority faculty continues to face a unique set of challenges (Hassouneh, 2013; Zajac, 2011).

When institutions are planning to implement a diversity program, minority faculty, frequently African-Americans, bear the burden of mentoring the African-American students (Stanley et al., 2007; Zajac, 2011). While Black nursing faculty are expected to be mentors, they frequently do not receive sufficient training and support. In addition, they typically have not experienced sufficient mentoring, themselves. They generally are paid less, not promoted as fast, and may be asked and expected to perform other duties more than their White colleagues (Hassouneh, 2013; McNeal, 2003; Zajac, 2011). Moreover, it could well be stressful for faculty of color encountering these

dizzying array of expectations. In many instances, they are not being fully assimilated into the dominant academic culture, yet expected to perform at similar levels as their White counterparts (Zajac, 2011).

### **Conceptual Framework**

Critical Race Theory is the conceptual framework that guided this study.

Critical Race Theory (CRT) seeks to confront the experiences of Whites as being the norm for the standard in the typical experiences for Blacks and other people of color (Taylor, 1998). The basic premise of CRT is that racism is common in American society and Blacks will only have success when they are in unison with the White agenda (Delgado & Stefancic, 2000; Yosso, 2005). CRT focuses on five themes known as tenets; the centrality of race, the resistance to the status quo, the commitment to social justice, the centrality of experiential knowledge, and the transdisciplinary perspective (Solorzano, Ceja, & Yosso, 2000; Yosso, Smith, Ceja, & Solorzano, 2009). This theory's underlying assumption is that the dominant mindset of society needs to be challenged. Common stereotypes, beliefs, and understandings are shared through the telling of stories. Delgado (1989; 1995) and Tate (1994; 1997) postulated that story telling is an inimitable aspect of Critical Race Theory and this is where groups can share their experiences.

According to Taylor (1998), stories by and large confront the status quo, but they can help put together consensus and create a shared, common understanding. As such, CRT can be a way to convey the stories of African-American nursing faculty who seek employment and their perception of the challenges and barriers faced while pursuing these job opportunities. Patton, McEwen, Rendon, and Howard-Hamilton (2007)



asserted that CRT could prove useful in uncovering and revealing discrimination in multiple variations in the realm of higher education. Critical Race Theory is paramount to understanding individuals, institutional and societal racism; and to listen and learn from the narratives of African-American women nursing faculties. Their experiences can influence institutional change in significant ways, which could have an insightful impact on the recruitment and retention of African-American women nursing faculties.

Women of color in the U.S. are a diverse group whose life experiences are shaped by many complex social structures. Gaining an understanding of the experiences of this group will require culturally competent and sensitive methods that provide insight and information regarding their environments and conditions of their lives and professional career goals. Again, the aim of this research is descriptive and explanatory. By understanding these experiences, knowledge is gained and enhanced for more effective recruitment, support and retention of this important demographic.

### **History of African-Americans in the Nursing Profession**

Examining the history of nursing offers a context for appreciating how nursing is practiced today and the societal events that influenced and continues to influence the profession. Nursing is probably the most recognized but the least understood profession in society today. African American women played a unique role in this development and deserve much more recognition in contributing to the nursing profession. Traditionally African-American women in the antebellum South (but also in the North) were caretakers of White families. Even though, these women did not have the title of nurse, they served out these roles in many instances. Even those who rose to prominence carried out this very crucial role. Isabella Baumfree, also known as Sojourner Truth, abolitionist,

feminist and activist, was born into slavery in Ulster County, New York in 1797. Before she was able to abscond from the peculiar institution of slavery, she served as a nurse to the Dumont family. Likewise, the other iconic figure, Harriet Tubman, born in 1822, also served as a nurse and made significant contributions not only in the antislavery movement but also in breaking down racial barriers for Black nurses.

Mabel Keaton Staupers, born in 1890, was also a fierce advocate for Black nurses, fighting racial discrimination. Graduating from Freedman's Hospital School of Nursing in Washington, D.C., she rose through the ranks to become a surveyor, which opened her eyes even more to the gross disparities and inequities in healthcare for African-Americans and how Black nurses were treated (Blaise & Hayes, 2011).

The seminal piece chronicling the struggles of African America nurses is the book, *The Path We Tread* by Carnegie (2000), in which she was committed to upgrading the status of Black nurses. Carnegie included the role of Black nurses during the early war years from 1853 to 1898 and the establishment of nursing programs at historically Black institutions, their challenges and successes. The major reason for establishment of these ethnic specific institutions was due to Black nursing applicants being excluded from White institutions (Carnegie, 2000). But the most compelling aspect is the fight for recognition of African American nurses' achievements, overcoming tremendous odds and seeking more acceptances into the profession (Carnegie, 2000).

Whenever nursing is mentioned, typically an image of Florence Nightingale comes to mind. Florence Nightingale was known as "The Lady with the Lamp" (Hill & Howlett, 2012). Nightingale was very instrumental in healing and saving the British soldiers from the dangers of poor health care during the Crimean War, 1853-1856 (Hill &

Howlett, 2012). She is credited with changing the way healthcare was provided for wounded soldiers by providing a clean environment and preventing the soldiers from acquiring infections, a leading cause of death during the war (Hill & Howlett, 2012). There were a number of women who assisted her in her quest to care for the wounded and subsequently they changed the environment in which soldiers received care.

Mary Seacole, a Black woman from Jamaica, attempted to be involved. When she heard about the need for help on the Crimean war front, Seacole wrote many letters to Nightingale requesting to come and assist (Bassett, 1992). She was turned down several times and eventually gave up trying to be a part of Nightingale's work.

At first, she was dejected, greatly disappointed and dispirited. This was a time in history of intense race bias. But Seacole did not give up. Demonstrating a great deal of courage and determination most likely to overcome discrimination based on the color of her skin, she initiated her own nursing efforts at the Crimean war front. Consequently, she joins the pantheons of African American women who played a significant role in paving the way for Black nurses (Bassett, 1992; Carnegie, 2000). Seacole became a force to be reckoned with and was given the dubious distinction of being called the "Black Lady with the Lamp." This is because they saw Seacole following in the footsteps of Nightingale who already had the moniker of the "White Lady with the Lamp." Unfortunately, Seacole never realized her desire of working alongside Nightingale helping the soldiers. Florence Nightingales' work during the war and her beliefs in approaching nursing as a scientific discipline, led to her establishing an entirely new system of educating young women to become nurses (Bassett, 1992).

When nursing education was first introduced, it was mainly established out of the need to serve the hospitals, in which physicians were in charge. As time went on, the shift from hospital nursing to university training occurred, because the thought was in order to efficiently carry out a doctor's orders, nurses had to have a basic level of understanding of how the exposures in the environment could be the cause of diseases. Much of what Nightingale instituted can still be seen today in nursing education (Chitty & Black, 2011). Despite the fact that African-American women traditionally served out the informal role as caretakers and nurses (Carnegie, 2000), Nightingale formalized the role and was committed to establishing a discipline for nursing leading to a profession to improve the health of people. In other words, Nightingale understood that nurses required better education and training to be respected and to advance nursing care (Chitty & Black, 2011).

Even in the 21st century, problems persist with segregation and discrimination in nursing as in other occupations. The nursing profession remains a field that is predominated by White females (NLN, 2003, 2010). In the nursing field, regardless of the education level, there still continues to be a serious hurdle for Blacks because of their race. Thus, there remain to be concerns about the insufficient number of people of color in healthcare (Sullivan, 2004).

Even today, 150 years later, obstacles and challenges similar to those experienced by Mary Seacole, are being experienced by her modern counterparts as they seek to enter and advance in nursing. Part of the problem is that little is known about the discrimination faced by women such as Seacole, but this pattern of race bias is similar to what many African-American women continue to face (Hassouneh, 2013).

**African-American Faculty in Higher Education**

**Challenges/barriers.** Xu (2008) asserted that affirmative action laws have played an important role in higher education in admission to college and recruitment for students and faculty of color. Yet, this advantage is not reflected in admission and recruitment of minorities in nursing higher education.

In examining the history of nursing education, one might find a clue as to why there has been little progress over the last one- and a half-century. As mentioned earlier, nursing has existed for many years, yet very little has changed in general, and most significantly, for African American nurses. They continue to struggle for recognition and acceptance, yet the need for these faculty and nurses to serve the nation's diverse population is significant (AACN, 2013). The scarcity of literature regarding African-American nursing female faculty merely reinforces the need to investigate these experiences. There is nothing in the research literature noting the actual experiences of African-American nursing female faculty as they seek employment in higher education. Understanding this experience could help institutions of higher learning with improved recruitment and retention.

While nothing was found on interviewing processes, prior to the 1990s little was found in general in a search of databases on this demographic. However, the experiences of the African-American professors and educators in the colleges and schools of higher education were, summarized in essays and narratives writings (Bower, 2002; Cobham, 2003; Moule, 2005). For African-American these earlier writings and subsequent data reveals a trifling number of professors and educators in the United States in colleges and

schools of higher education and with smaller numbers in the Midwest (National Center for Education Statistics, 2015).

Ryu (2010) analyzed data from 1997 to 2007 for institutions of four-year universities. Other researchers, Opp and Gosetti (2002), compared African-American women employed at community colleges in 1991 and 1997 with universities during the same period. However, their study concluded that the percentage of employing an African-American female faculty member were greater in the two-year institutions compared to four-year institutions. These researchers asserted it was difficult to ascertain accurate numbers of female faculty of color from the statistical information they obtained from the colleges and universities. This assertion from the researchers affirms that the lack of voice for African-American women could be viewed as, that they are not seen; therefore, they are not counted.

Ryu (2010) found that there had been a slight increase in women faculty of color at the four year universities, he posits that increase still depict the lack of progress because faculty positions continued to be filled by Whites. The study did not examine the barriers African-American women face in their attempts to be hired as full-time faculty at community colleges and at four-year universities.

In 2011, the available research data in the *Digest of Education Statistics* revealed that in institutions of higher learning, European-Americans accounted for more than 85% of the faculty and staff. While the remaining percentage were staff and faculty of color and of that, only 3% representing African-American women full-time teaching faculty in higher education (NCES, 2013).

Higher education in the United States has gone through many transformations since the early religious and land grant colleges. These changes are due to many driving forces and are difficult to pinpoint. The literature identified numerous reasons for the changes, including: the increasing multiculturalism of society; increasing financial burdens and fewer resources in healthcare and in education; the public demands for accountability of educational outcomes and lifelong learning needs. As these changes take place in higher education, nursing faculty are faced with examining, defining, and implementing ways to identify these new and challenging roles. One of the most intractable is increasing cultural diversity; therefore, it is imperative that the nursing profession adapt, particularly in increasing its faculties of color. There has long been recognition and lip service about the need to diversify the nursing workforce. While there have been some initiative, it had not been enough to make a substantive difference. Nursing institutions must implement viable practices in order for this to occur (AACN, 2013; IOM, 2011; Sullivan, 2004).

### **Lack of Cultural Diversity**

The concept of cultural diversity is increasingly popular. Diversity may refer to differences or to outside of what has been accepted as the “norm.” Kim et al. (2009) observed that diversity in scholarship and in higher learning education is crucial for expanding knowledge (Crowley et al., 2004). Furthermore, engaging in intercultural competence assures a broader variety of viewpoints and fosters intellectual curiosity as well as thinking clearly and freely. As reinforced by both the Institute of Medicine (IOM, 2003, 2010) and the Sullivan Commission’s reports (Sullivan, 2004), poor health outcomes are associated with a lack of minority healthcare providers. These reports and

others strongly assert that insufficient numbers of healthcare professionals of color are exacerbating the nation's persistent health disparities.

For the purpose of this research, cultural diversity is defined as a difference in culture and ethnicity (Sullivan, 2004). The Sullivan Commission's report on health profession diversity, *Missing Persons: Minorities in the Health Professions* (Sullivan, 2004) is a valuable existing document that has recommendations on ways to improve diversity representation in the nursing health professions. The final report stated,

Diversity is a critical part of the mission of healthcare and the national challenge of preparing our nation's future workforce. America's success in improving health status and advancing the health sciences is wholly dependent on the contributions of people from a myriad of diverse backgrounds and cultures, including Latinos, Native Americans, African-Americans, European Americans and Asian Americans. The lack of diversity is a key barrier to ensuring a culturally competent healthcare system at the provider, organizational and system levels. It diminishes our nation's capacity to eliminate racial and ethnic disparities and compromises our national capacity to advance the health sciences.

(p. 28)

Therefore, experts are consistently supportive of the belief that it is crucial that to improve the health of the nation, institutions must increase the cultural diversity of those in the healthcare profession. Until healthcare institutions have a more diverse workforce, addressing many of these healthcare issues will continue to be a daunting task (IOM, 2003, 2010; Sullivan, 2004).



The American Association of Colleges of Nursing (AACN) in 2001 stated that knowledge of cultural diversity is an important core competency for nurses and reaffirms the principle that a more multicultural workforce is critical to addressing healthcare disparities. This is by and large based on the inevitable rise in the nation's cultural diverse population and Fleming (2003) attested that diversity is a prized resource and should be viewed as a criterion for excellence. The Health Resources and Services Administration (HRSA) reported through the National Sample Survey of Registered Nurses (NSSRN) 2008, noted that a mere 16% of nurses represent people of color despite the obvious need for cultural diversity within nursing (USHRSA, 2010, p. 179). At the same time, AACN stated that these nurses of color will increasingly play important leadership roles and on the cutting edge when it comes to developing models of care that address special needs of various cultural groups in the U.S. (AACN, 2013).

Suffice to say, it is imperative that there is adequate representation of African-Americans in the nursing workforce as institutions continue to improve quality of care in the U.S. (Crawford & Olinger, 1988). According to the U.S. Census Bureau (2012, 2014) national population projections data, based on the 2010 Census, minority groups make up one-fourth of the U.S. population (U.S. Census Bureau, 2012). This year 2015, it is projected that one third of the United States population will consist of minorities (U.S. Census Bureau, 2012). By the year 2060, greater than 50% of the United States population will consist of non-white ethnic minorities (U.S. Census Bureau, 2014, p. 9). Without a doubt, the nursing profession, and society as a whole, can benefit greatly from the knowledge of other cultures besides the mainstream Anglo culture. These projections coupled with the growing disparities in healthcare underscores the need to recruit a

diverse nursing workforce that will mirror the nation culturally diverse projected population.

Diversity cannot be defined solely by ethnicity, however, it is an integral factor of diversity, and one that is worthy of exploration. In the instance of racial diversity, comes a need to explore racial consciousness. Watts (2003) has explored racial consciousness, which she describes as having “an appreciation for the preceding journey of the group, understanding of disparities in health care for the people, and a self-assessment of one’s attitudes and biases toward the group” (p. 1). Institutions of higher education have a civic responsibility to meet the needs of our growing ethnically diverse U.S. population. One way this civic responsibility can be achieved is through providing opportunities for diverse groups to network.

According to the literature there were several perceived barriers to diversity among the African-American nursing faculty. In other words, recruitment of African-American faculty is hindered by the insufficient number of available faculty (Crawford & Olinger, 1988). Nurses with similar credentials are also in high demands in healthcare fields that compensate better than faculty, which increases the difficulty to recruit into nursing education. Because of competition and fear of losing highly credentialed candidates, many employers are not spending the additional time required to identify a minority faculty member with the needed specialization. Some other barriers mentioned in the literature were myths, institutional racism, cultural insensitivity and marginalization. The most prevalent barrier in progressing toward a representative faculty is recognizing and getting beyond the myths.

### **Institutional Racism, Cultural Insensitivity, and Marginalization**

The literature documents that institutional factors, economic factors, and personal factors are among the things that create barriers to recruitment of African-American faculty and students (Allen, Nunley, & Scott-Warner, 1988). Prejudice in nursing may be grounded in institutional factors, since the quota system was in place when early schools of nursing were established, therefore the mindset is, it is and should be maintained, as the “all-white female profession” (Carnegie, 2000 p. 17). Shouldering increasing tuition is a major barrier to success, particularly for many minority students, including the decreased governmental support for higher education. This is increasingly problematic for many minority students, as cited in the literature because a number of them continue to be first from their family to attend college and whose families are not able to afford for them to attend college to get an education. Hassouneh (2013) discussed unconscious racist bias as another barrier to a diverse nursing faculty. She explained that unconscious bias is from racism and that it seen as the new diversity paradigm. Because of these struggles, the literature implies that in order for higher education institutions to grow, be viable and has vitality in this ever-changing social environment, the environment needs to change and accept, as well as appreciate racial and ethnically diverse professionals (Allen et al., 1988).

### **Recruitment and Retention**

More effective recruitment strategies of African-American faculty along with more support or retention once they are hired, remains one of the most difficult challenges facing higher education. Many Black professional nurses and nursing faculty believe that racism in nursing attributes to the low percentage of minority recruits. Many

times, Blacks do not fare well in a hostile and unwelcoming university environment. It can also be culturally isolating and can significantly affect the ability to attract them to higher education (Allen et al., 1988). Campesino (2008) suggested that the prevalent practices in nursing education is to avoid confronting or naming these structural systems of power and their effects in healthcare, although there are notable exceptions by some nursing scholars (Abrums & Leppa, 2001; Allen, 2006; Donnelly, 2002; Porter & Barbee, 2004; Racine, 2003) and in the nursing profession in general, “racism is euphemized, denied, or negated” (Culley, 2006, p. 145). Mullholland (1995) referred to this denial of racism and other systems of power in nursing theory and practice as a “bracketing-out of reality” (p. 442). Although there are some articles in the *Journal of Transcultural Nursing* that addressed race and racism (DiCicco-Bloom, 2004; Shambley-Ebron & Boyle, 2004; Shellman, 2004), transcultural nursing textbooks tend to neglect a recognition and analysis of how racism may operate at institutional levels and in everyday practice (Campesino, 2008).

Additionally, the college environment is important for the retention of African-American faculty because of the way they provide facilitation of learning and support to all students, and the ability they have to relate to and engage Black students. African-American faculty is often the only mentors available for Black students. The literature further identified that while recruitment strategies are critical components in the evaluation of the recruitment process, little attention has been given to the focus on the organizational personality related to recruitment/retention for African American faculty and students (Crawford & Olinger, 1988).

Simply employing African-American faculty are not enough to ensure their success. Once employed, African-American faculty ought to be mentored and supported for more effective performance and professional development (Stanley et al., 2007). Reaching this goal demands a strong plan of action to develop productive working relationships, gaining access to important information, understanding the nuances of the cultural and creating opportunities within the department as well the entire academic environment. Also, extremely important is the support for faculty of color to go outside the institution to attend conferences, be awarded fellowships and receive other professional enrichment opportunities for long-term development and commitment (Stanley et al., 2007).

The literature identified other strategies to increase retention of African-American faculty members to be more fully engaged as equal nursing faculty participants. Attention to unique cultural experiences of faculty is paramount (Dienemann, 1997; Stanley et al., 2007). When African-American nursing faculty feels more connected and more involved in the institution, then the cultural integrity of the institution is strong. According to Dienemann (1997) and Stanley et al. (2007), a transformative institution means that members must believe, respect, and practice the values and principles of cultural diversity.

### **Lack of Networking Opportunities**

Networking is an intentional effort to gain support for progression through professional career stage(s); it is a type of connection that assists in creating, strengthening, or changing cultures (Blais & Hayes, 2011; Gardiner, Enomoto, & Grogan, 2000). Networking is often available even when mentors may not be available

to the professional. Networks comprised of women can have a powerful impact on the customs, practices and relationships within healthcare institutions. These networks also afford women more opportunities for fostering relationships, career advancement and leadership (Catalyst, 1999).

The literature reports two types of networks: organizational membership and care discussion network. Organizational membership occurs when an individual may have organizational ties to their professional work groups and those ties depend heavily on their positions in order to be a member. Those with similar professional experience would be supported by this type of network.

Irby and Brown (1998) narrated that associations from within the group, several benefits are derived: (1) realizing different ways to view obstacles, (2) being able to grow from each other's letdowns and achievements, (3) serves as a help to each other in establishing professional relationships, (4) provides a way to receive recommendations and encouragement, and (5) meets with more professional women mentors that are in a variety positions; when participating in a small relaxed support group of professional women coaches, that are from different organizational background. Another type of network is the Core discussion network. In this network, the group discusses more personal issues that relate more to their professional development (Carroll & Teo, 1996). Little is reported on the use of networking in the nursing profession.

### **Potential Support and Contributions**

**Mentor.** A mentor is defined as a seasoned teacher who is assigned to help the new teacher by providing personal and professional support (Glickman, Gordon, & Ross-Gordon, 2001; Peters & Boylston, 2006). A mentor has many hats to wear when mentoring. He or she can serve as a person to bounce concerns off of, help to solve problems jointly, can be a cheerleader, a friend, a tutor, an advisor, and a peer (Gardiner et al., 2000; Peters & Bolyston, 2006; Vance, 1982). Although all new professionals could benefit from a positive relationship, it is more essential for an African-American person entering a profession to experience this relationship. AACN (2001) supported the idea that institutions should initiate mentorship programs that are both internal and external for recruiting minority faculty members. NLN (2006) also advocated that a primary strategy to recruit qualified faculty members is the use of mentoring. Mentors can help to guide the recruiting, interviewing and selection process in higher education in nursing. The thought is that mentoring established a work environment that is healthful and supports the ongoing career development (NLN, 2006).

According to Gardiner et al. (2000), mentoring can be beneficial to women of color for several reasons. It helps them to (a) gain confidence, (b) provides different perspectives, (c) provides collegiality support, (d) assists with facilitating career advancement, (e) identifying and encouraging areas in personal development, and (f) assists in understanding the politics of the organization (p. 577).

Tillman (2001) recommended that when initiating mentoring opportunities for Black faculties there should be several things that are well thought out. Foremost, when choosing a mentor, make sure that the mentor wants to serve as a mentor. Another

consideration that has to take place is to develop a way to plan how the Black faculty career goals will be achieved, as well as, what strategies will be put in place to make sure that the environment fosters support.

In accordance with Hill, Favero, and Ropers-Huilman (2005), mentoring in areas of education and nursing, is an effective strategy for career advancement. Moreover these authors alluded to several authors in the nursing literature acknowledging the significance of mentoring relationship (Boyle & James, 1990; Dancer, 2003; Glass & Walter, 2000; NLN, 2006; Shaffer, Tallarica, & Walsh, 2000; Zellers, Howard, & Barcic 2008); nevertheless, it was difficult to determine if African-American nurses were included in their studies.

The literature is scant in the area of mentoring as it relates to African-American nurses. However, in reviewing the literature one author (Fields, 1991) omitted from citing any African-American nurse leaders as she gave an historical account of mentoring relationships in nursing. Fields' (1991) omitted African-American nurses such as Mary Seacole and Mary Mahoney. Mary Seacole a nurse, who was an unwelcomed volunteer worked with Florence Nightingale in the Crimean War, and others such as Mary Mahoney, who was the first trained Black nurse, were an obvious oversight, thus diminishing the value of their contributions to the overall profession of nursing.

**Role model.** A role model is important in shaping a person's self-confidence, motivation, and goals (Campbell & Davis, 1996). The literature identified several reasons why role models are important to the African-American faculty and students. Witnessing African-American nursing faculty in leadership roles in the clinical area and in many related community or university roles is an invaluable opportunity for African-



American students (AACN, 2009; Campbell & Davis, 1996; Godfrey, 2005; Hassouneh & Lutz, 2013; Mills-Wisneski, 2005, NLN, 2006).

Gregory (2001) contended that having faculty of color on staff, gives encouragement to the students of color that they too, can be competent and successful professionals in the academia. Observing a competent role model can help increase students' self-confidence and motivation to pursue career goals (Campbell & Davis, 1996). African-American role models are needed to provide students with opportunities to observe someone who they can identify with performing confidently in a variety of leadership positions in the higher education setting (AACN, 2009; Godfrey, 2005; Hassouneh & Lutz, 2013; Mills-Wisneski, 2005; NLN, 2006).

### **Increasing Diversity and Impacting Health in Communities**

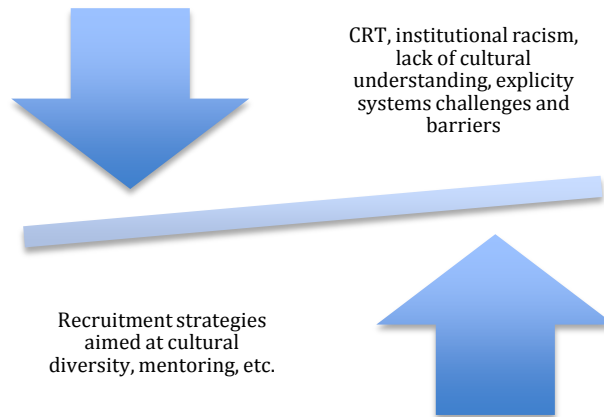
It has been well documented that people of color generally have a disproportionate rate of illnesses and deaths (AACN, 2013) in comparison to Whites. Hence, there is a need for more culturally sensitive and competent healthcare. Bednash (2013) reported that minority nurses, such as African-American nurses are leaders when developing care models that focus on the needs of a diverse population.

Leeman, Goepfing, Funk, and Roland (2003) believed that the personal knowledge and experience of the African-American nurse can have a direct impact on the development of methods, which are culturally appropriate. Leeman et al. (2003) further explained that because of the personal knowledge and experience, African American nurse understands how information is shared within a cultural group, which can help to facilitate ways to eliminate health disparities.

Moreover, Bednash (2013) purported that African-American nurses are necessary to assist in facilitating cultural learning and competence through sharing of information and can help in facilitating care and increasing healthcare compliance of African-American patients. Therefore, educating, then recruitment of African-American nurses can have a momentous and favorable outcome with respect to the nursing shortage, healthcare disparities, healthcare equity, and healthcare promotion and increasing cultural competence within the nursing workforce (Bednash, 2013).

In summary, the low representation of ethnic minorities in the healthcare workforce can result in serious racial and ethnic health disparities and have an extremely adverse effect on public health as a consequence (NACNEP, 2008). Such negative impact on public health can be lessened with the increased recruitment and development of underrepresented students, faculty and administrators. Furthermore, when decreasing or trying to overcome health disparities an increase in African-American nursing faculty should be priority. It cannot be understated that African-American nursing faculty can aid in attracting more diverse students into the healthcare profession, increasing the number of practitioners and thus serve in African-American communities. This will assist in improving cultural competence of all healthcare practitioners, regardless of their own racial, ethnic and cultural origins (Campinha-Bacote, 2011).

As mentioned earlier, The Sullivan Commission's report (Sullivan, 2004) reinforced that in higher education in order to advance knowledge it is essential to have cultural diversity. This report is consistent with suggestions made by other experts that purported that increasing diversity in healthcare professions are key factors in improving the universal health of the nation (USHHS, 2010; Sullivan, 2004; Viets et al., 2009).

**The Balance between Effective Recruitment and Systems Challenges and Barriers**

*Figure 2.* The core balance: Key elements.

**Summary**

As illustrated in Figure 2, the balance between effective recruitment is making sure that institutional racism and lack of cultural understanding can be offset by the recruitment strategies aimed at increasing cultural diversity. American society is increasingly culturally diverse; therefore, institutions of higher learning will be confronted more and more with providing healthcare education and services to growing culturally diverse populations. At the same time, there are glaring inequities in the nursing higher education workforce, primarily in the hiring of African-American nursing faculties. Students and workers in postsecondary education should reflect the demographic changes that are occurring in the United States. Higher education is in a unique position to address this issue. By leading by example it can possibly solve this intractable problem. It is important to take into account the current state of affairs in nursing education as it relates to students from diverse cultural backgrounds. The lack of African-American nurses perpetuates health disparities. For one, there are fewer African-American nursing students, which is a barrier to future nurses in higher education. With

fewer nursing faculties, students tend not to get adequate exposure or understanding of African-American patients as well as history and culture. Students culturally competent in cross-cultural communications as well as possessing multicultural and multilingual backgrounds are needed to meet the healthcare challenges of today and tomorrow. The National League for Nursing (NLN), one of the most respected nursing organizations, has challenged the healthcare and academic institutions to review and articulate how they are preparing to educate future nursing professionals to meet the country's growing healthcare needs in this increasingly globalized world (Mulready-Shick, 2005; NLN, 2003, 2009; Tanner, 2003).

Utilizing CRT as a lens to give voice to African-American nursing female faculty lays fertile ground for this study. This is a critical time for all African-American faculty particularly women. It is thoroughly recorded that attrition rates for African-American students pursuing nursing are impacted by the lack of African-American nursing faculties (AACN, 2009; Hassouneh & Lutz, 2013; NLN, 2009; Sullivan, 2004). However, the presence and career needs of African-American women nursing faculty continue to be an ongoing discussion. There have been some important initiatives; yet increases in the pool have been negligible.

The suppression of the "voices" of African-American female nursing faculty may leave others in the education community to draw their own conclusions regarding the career experiences and challenges that they face. The challenge, then, is to have more access to opportunities to ensure that everyone has a chance to participate in addressing twenty-first century challenges of inequities.

Increasing the diversity of healthcare professionals is not an option; it will greatly improve the quality of healthcare for ethnic racial minorities because they are faced with low health outcomes (Sullivan, 2004). This ought to be everyone's problem because increasing cultural competency skills of all nurses increases healthcare outcomes. Until Black Americans gainfully and equitably succeed in all healthcare sectors of the U.S. society, this nation will continue to pay a steep price.

## **Chapter Three**

### **Methodology**

This chapter presents a description of the methodology, including the research design and methods, along with the rationale for this design, the critical role of the researcher, and procedures of recruitment, and sampling of participants. In addition, procedures of data collection and analysis, strategies for validation of findings, and ethical consideration and limitations were described.

For the purpose of this study, a generic qualitative interview study was used to examine the experience of African-American women, from an emic perspective (an insider view), seeking employment in nursing higher education. Listed below are the three research questions of this study:

RQ1. What were patterns of behaviors, beliefs, attitudes, values and assumptions held by the African-American female faculties as they sought employment in higher education?

RQ2. What challenges and issues did African-American nursing faculties encounter as they sought employment in higher education, and

RQ3. How did the hiring experience differ between those who were offered a full-time (successful) versus those who were not (unsuccessful)? Further, what were their perceived reasons as to why they were offered or rejected for a full-time position?

### **Research Design and Methods**

This research used a generic qualitative research design guided by Critical Race Theory (CRT) to explore and illuminate the experience of African-American nursing female faculty, as they seek employment into higher education in nursing. Qualitative

research is a way to explore, illuminate and gently probe the participants' descriptions of their experiences (Kvale, 1996). Qualitative research seeks to understand the study of "phenomena," things as they appear in our experiences; which are experienced from the first-person point of view (lived experience), along with significant meaning of experiences (Gall, Gall, & Borg, 2007). A qualitative design provides a lens to view "ordinary daily human life experiences in their context to discover meaning" (Munhall, 1994, p. 3). Moreover, it aims for an appreciation of the significance of everyday experiences (Gay & Airasian, 2003; Van Manen, 1990). An understanding of the emic (inside) perspective on their lived experiences or allowing their voice to be heard can be invaluable in contrast to the more structured quantitative calculation, measuring feelings, emotions, and ideas. This approach is more humanistic when dealing with data that reflect the human condition, perspectives and attitudes because the outcomes will be reflected more accurately (Gay & Airasian, 2003). Moustakas (1994) supported this notion that human experiences extend scientific knowledge.

Starks and Trinidad (2007) posited that understanding is realized through personified experiences. While closely examining individual experiences, qualitative analysts seek to capture the meaning and shared descriptions, or depths, of the experience or event. Moreover, Moustakas (1994) and Creswell (2007, 2013) affirmed that phenomenology serves as the basis behind the attempt to gain insightful knowledge from individuals by entering into their realm of perception, in order to understand life as these individuals see it. Creswell (2009) also asserted that the research design and questions must undergird the philosophical assumptions about the inquiry, data collection, and data analysis procedures for the study to generate credibility.

According to Merriam (1998), storytelling is a major component of Critical Race Theory (CRT), and the use of storytelling within a qualitative method is the most effective way to provide an in-depth narrative of the individuals meaning or to capture a historical understanding of the deeply embedded constraints as the storytellers see them. Ladson-Billings (1998) asserted that storytelling allows marginalized groups to voice their experiences separate from the dominant worldview. In turn, confront the status quo by forming what they perceive as their own perceptions and beliefs. Hertz-Lazarowitz and Shapira (2005) noted, storytelling allows individuals to arrange the “stories” of their lives into a meaningful whole, giving each event a unique place of meaning. This is referred to as a use of voice (Ladson-Billings, 1998). Through the lens guided by CRT, it provided the researcher with an underlying conceptual structure to gather important and rich stories from multiple persons of color who have lived through a particular situation or similar phenomena (Taylor, 1998). This approach was appropriate to explore and understand the inter-subjective world from these participants perspective, because little is known about the experience of African-American nursing faculty seeking employment in higher education in nursing.

Face-to-face, in-depth individual interviews were utilized to gather the individual point of views from the participants in this study. In-depth interviewing is appropriate, when gathering data about complex and challenging issues and therefore could be useful to this style of investigation (Creswell, 2007, 2013; Glense, 2006; Minichiello, Aroni, Timewell, & Alexander, 1990). According to Van Manen (1990) individual interviews serve very specific purposes. For example, it can be used as a means for investigating and collecting data that could serve as a resource for acquiring a richer and deeper



understanding. Also, it could be used as a means to have an everyday conversation with the interviewee about the meaning of an experience. Interviews are considered one methodology that can be utilized for data collection in a generic qualitative approach. Qualitative research data collection emphasizes the speech of the interviewee; in qualitative research talking is the priority. The emphasis on language allows for better comprehension of the significance that an individual attributes to her or his experience of the world. Therefore, listening carefully is vital in an interview; by listening carefully the interviewer is able to unveil the sense and the meanings of speech (Merriam, 1998; Van Manen, 1990).

There were three widely data analysis procedures for a phenomenon approach: the four step analysis approach (Moustakas, 1994), thematic analysis (Bowen, 2009), and the seven steps analysis approach (Colaizzi, 1978).

**The four-step analysis approach.** Moustakas (1994) identified four key steps to conducting qualitative data analysis: (a) build information gathered from the research questions by analyzing the interview transcripts and highlighting statements that are significant and quotes that provides an understanding of how the participant experience the phenomenon to identify all common experiences of the participants, this is called horizontalization; (b) gather textural description and a structural description of the experiences, this is done through open-ended questions that focus on the experiences of the phenomenon; (c) researcher recounts and group invariant meaning units to describe the textures of the experience; (d) researcher must bracket out their own experiences (Creswell, 2007, 2013; Moustakas, 1994).

**The thematic analysis approach.** Bowen (2009) asserted that thematic analysis is recognizing patterns within the data. Developing themes result in categories for analysis (Bowen 2009; Fereday & Muir-Cochrane, 2006). The analysis involves a deliberate, more purposeful review of the data. After that process has been completed, the reviewer takes a careful look at the data. The construction of coding and categorization is based on the data's description to reveal themes applicable to a phenomenon.

**The seven-step approach.** Colaizzi (1978) identified seven concepts involved in a qualitative phenomenological approach. The seven steps included (a) reading all interviews to procure a feeling for information gathered; (b) reviewing each interview and extricate meaningful responses; (c) spelling out the meaning of each meaningful responses; (d) formulating meanings into themes; (e) incorporating results into an in-depth description; (f) formulating a comprehensive description; and (g) involving participants about the findings (Polit & Beck, 2010, 2014). This study employed Colaizzi's (1978) seven-step approach to expose the experiences of the African-American nursing faculty seeking employment into higher education for nursing. This approach was chosen because it was a more comprehensive approach that subsumes the approaches of Moustakas and Bowen. It also, was the best fit for the topic of this study and the researcher has firsthand experience and could probe the participants' in order to get more meaning out of their responses to the interview questions.

### **Role of the Researcher**

The role of the researcher is to establish a phenomenon of significance and then refrain from inserting their opinion about a phenomenon (i.e., epoche or bracketing)

(Creswell, 2007, 2013; Moustakas, 1994). The researcher should embrace the phenomenon and perform reflexive introspection and bracketing their preconceived notions, which requires maturity and honesty (Creswell, 2009; Endacott, 2005). The researcher must be aware of their personal biases and have a process in place to assure that their biases is set aside, suspended or held at bay (Gearing, 2004). A strategy to reduce or minimize bias is to, be sensitive to the ways in which the researcher and the research process have shaped the data, which includes reflexivity, acknowledgment of biases, values and interests, and performing external checks such as member checking and an audit trail (Creswell, 2009; Endacott, 2005; Merriam, 2002).

Moreover, Polit and Beck (2014) summarized the need for the readers to understand the researcher role in the study and why the researcher has chosen the phenomenon under study, including sharing their own assumptions and what process the researcher used to explicitly address these throughout the study. As the primary instrument for data collection, the researcher came to this research project with both personal and professional interest in the experiences of African-American female faculties as they seek employment into higher education in nursing.

Because the researcher is an African-American who has been a nurse for 31 years and has been in the academic setting for the past 11 years, reflexivity was used throughout the research process in an attempt to set aside her own personal experiences in the nursing education hiring process (Endacott, 2005; Polit & Beck, 2014).

Prior to data collection, the researcher reflected on her beliefs, attitudes, and assumptions about her own experiences in nursing education. Throughout the research process, the researcher was careful not to reflect on her own assumptions, based on biases

or experiences (Endacott, 2005; Polit & Beck, 2010, 2014). It is the researcher's belief that it is vitally important for African-American nurses to use their personal networks in seeking employment in nursing higher education. The researcher believes that personal or professional networks are – at the bare minimum – needed for access into the institution in which they are seeking employment and if these networks are not available, then hiring opportunities are nearly impossible.

Again, the assumptions of this researcher are drawn from her own experiences as she too sought employment in nursing higher education. Therefore, the researcher engaged in reflexivity throughout the process. Reflexivity includes introspective awareness, the research itself and the participants, taking into account how the overall research and research process can shape the data (Endacott, 2005).

Reflexivity includes introspective awareness of the researcher, the research itself and the participants, taking in account how the research and research process can shape the data (Endacott, 2005). The researcher effects were also minimized by choosing a neutral setting for interviews and soliciting volunteer participants. Another way the researcher effects were minimized was by having a second reader who confirmed the categories and themes and negotiated any differences.

## Sampling

**Participants.** Purposeful or theoretical sampling is used in qualitative research, when focusing on the perspectives of those who are known to experience the phenomenon of interest (Berg, 2007; Merriam, 1998). Merriam (1998) went on to express that purposeful sampling is “based on the assumption that investigator wants to discover, understand and, gain insight; therefore, selecting a sample from which the most can be learned” (p. 61). This study used purposeful sampling to recruit the eligible participants. More specifically this study used a snowball, sometimes called a chain or network sampling, this method of sampling afforded the researcher to have the participants refer other participants (Merriam, 1998, p. 63). Other people suggested some of the participants in the study. Berg (2007) indicated that the use of this type of sampling ensures that the individuals who are included in the research have displayed certain characteristics of the phenomenon of interest. Other researchers such as Patton (1990, 2002) and Polit and Beck (2010), elicited that purposeful sampling is merely a strategy employed by researchers to deliberately choose the sampling that will best give value to the information needed for the study (Patton, 1990, 2002; Polit & Beck, 2010, 2014). The participants of this study were African-American women nursing faculty who have sought employment in higher education in nursing education in the Metropolitan St. Louis area city, located in the Midwest. Participants were divided into two groups; the first group was African-American women nursing faculty who are employed at an institution of higher learning that have a Master of Science degree in Nursing, the second group was African-American nursing faculty who sought but were not selected for employment at an institution of higher learning and also have a Master of Science degree in Nursing.

The sample size was relatively small, which is common in a qualitative research study and for this research in particular because the Black nursing faculty pool is so small in the area. This additionally gave this researcher more time to get into the crux of their experiences, enabling them to more deeply express what they were going through (Polit & Beck, 2010). To be eligible to participate in this study, the participants must have sought employment in higher education in nursing. It was important to accept only individuals to participant who have lived through the experiences and who are able and willing to share their stories. As an African-American member of a nursing faculty the researcher was steadfast, through the knowledge and insight that was acquired, to do what was needed to understand the recruitment and retention experience of African-American nursing female faculty, an underrepresented population.

### **Data Collection Procedures**

The purpose of this qualitative approach was to illuminate the specific phenomena that are perceived by African-American women nursing faculty who sought employment in nursing higher education in the Metropolitan St. Louis area, located in the Midwest.

To understand the participants experience as they navigated through the interview process, a basic phenomenological approach was utilized (Colaizzi, 1978). Since qualitative research data collection emphasizes the speech of the interviewee talking is paramount. The study utilized face-to-face semi-structured interviews, starting with general questions (see Appendix A for the list of interview questions) as the primary method of qualitative data collection. Interviewing is particularly useful in studies where the purpose are to investigate, discover, to clarify and to interpret a intricate social events and practices (Glense, 2006; Merriam, 2009). The interviews ranged from 30

minutes to one hour in length. In the Research Design Section, it was noted that interviews are considered the main method of data collection; similarly it is important in data collection for the very same reason, that is, it provides more breadth and depth for the participants' descriptions (Kvale, 1996). Specifically, the qualitative phenomenological approach interview refers to an open-ended semi-structured in depth interview technique, in which interviewees describe their lived experiences without the researcher leading the discussion on a particular area of study (Colaizzi, 1978; Polit & Beck 2010, 2014; Merriam, 2002; Van Manen, 1990). The key strength of interviewing is that it gives investigators unparalleled access to the motivations and perspectives of particular individuals and allows the researcher to explore the deeper structure of ideas presented by the participants. Two primary objectives of in-depth interviewing are exploration and verification (Kvale, 1996; Kvale & Brinkmann, 2009).

In qualitative research, the researcher is the primary researcher. In this case as well, interviews were performed by this researcher. The researcher has had an abiding interest in the issue because of the lack of African-American nursing faculty. This researcher is an African-American who has been a nurse for 31 years and has been in the academic setting for the past 12 years. This researcher surmised that some attention should be brought to the lack of African-American nursing faculty in nursing higher education in the St. Louis area to gather insight from other nurses who had sought employment in nursing higher education. In seeking the truth, while gaining accurate and honest thoughts and feelings from the participants, further enhanced this researcher's intellectual curiosity and discovery. Being from the same ethnic background could help provide an insider view (emic) in studying this topic. Before the researcher began the

interviews, the participants were reminded of the purpose of the study, that they have a right to withdraw from the study at any time and that their information is confidential.

The participants were also, told that after the interviews are transcribed that they would get an opportunity to review to ensure accuracy. Each participant was presented with an informed consent form, which they were required to sign at the time of the interview.

The informed consent explained the terms of confidentiality, anonymity, no harm, and the right to privacy (Creswell, 2009, 2013). Data collection included one face-to-face, semi-structured in-depth recorded interview 30-60 minutes. The locality was of the participant's choice. The interview questions were reviewed by the researchers committee for content and to assure that the questions were not leading. Questions asked were for exploration using an open-ended measurement operation (probing) that seeks to reveal which specific elements of the interviewing and hiring process were significant to them, to gain an understanding of which elements are most helpful/unhelpful and why this would/would not increase the numbers of African-American faculty (Kvale & Brinkman, 2009). Demographic information also was collected. The participants are identified as P1 through P9 (anonymity). All study materials are safeguarded by using a password protected laptop and all study artifacts (recordings, etc.) were placed under lock and key accessible only by the researcher.

Methods for ensuring trustworthiness include establishing dependability and credibility of the data. According to Guba and Lincoln (1989), a trustworthy study is one in which the researcher had drawn the correct conclusions about the meaning of an event or phenomenon and trustworthiness is the guide for appraising the validity of a qualitative study. Also, Guba and Lincoln (1989) advocated that credibility is one way to



safeguard that the results accurately represents the underlying meaning of the data. Credibility is improved by prolonged engagement in the data collection process and triangulation. It cannot be overemphasized that the goal of qualitative research is to describe the experiences of participants within a particular cultural context. To that end, the goal is credibility rather than generalizability (Lincoln & Guba, 1985).

Merriam (1998) asserted that qualitative methods are not design to generalize; rather they are created to provide contextual understanding of the event. The use of qualitative methods enables the emergence of topics of interest relevant to the subject under study. Thus qualitative methods are especially good for exploratory studies (Merriam, 1998).

### **Data Analysis Procedures**

Qualitative data analysis is an active interactive process, and has a two-fold purpose: a) to understand the participants' perspectives and b) to answer the research question. According to Polit and Beck (2010), qualitative researchers will carefully and deliberately scrutinize their data, reading their narrative data over and over in search of meaning (p. 464). Bowen (2009) and Fereday and Muir-Cochrane (2006) guided the researcher in analytic process of the data that was collected and provided a framework for finding themes in the data and explain procedures of analyzing the data, respectively. Based on the research, data analysis was comprised of four phases: to clearly define data analysis, classify data, and to connect categories that convey the message (Baptiste, 2001).

The thematic analysis includes a judicious, discerning and more focused review of the data. The researcher takes an analytical approach by first examining the data for

classification themes, then from there looking closer to perform broad construction of categories, based on the data's essential qualities to reveal themes applicable to a phenomenon (Bowen, 2009). Although the use of computer software is helpful, the actual reading of the transcripts and notes taken by the researcher was used to capture more humanistic information. The combination of these methods can be synergistic in this process.

**Strategies for validating findings.** In qualitative research, the researcher utilizes various validation strategies to make the research study credible and rigorous (Creswell & Miller, 2000). To ensure that the research is credible, the concepts of trustworthiness and credibility will again be discussed. Trustworthiness in qualitative research ensures dependability and credibility of the established data. A trustworthy study is the “gold standard” for qualitative research (Guba & Lincoln, 1989; Lincoln & Guba, 1985; Polit & Beck, 2014). Credibility in qualitative research is obtained when the results of the study represent the realities of the participants as much as possible and accurately represent the underlying its meaning (Guba & Lincoln, 1989).

Barusch, Gringeri, and George (2011) explained that the key strategies in developing rigor in qualitative research are prolonged engagement with the research participants, cross checking conclusions using multiple data sources, having peers to review and explore various aspects of the analysis, negative case analysis, reflexivity (clarification of researcher bias), allow the participant in the research to have an opportunity to review and validate the emerging interpretation of the data obtained, have a rich and thorough description of the research, and external audits. In the case of this research, for credibility of the study, key strategies were used, i.e., reflexivity,

opportunities were given to the participants in the research, thick description of the research was provided and external audits were utilized.

The strategy of reflexivity was achieved through the researcher constantly reflecting on her own experiences, assumptions, and biases (Endacott, 2005; Polit & Beck, 2010, 2014). Reflexivity also allowed the researcher to give equal weight to the participants' voices. Moreover, the ongoing interchange with two experienced qualitative researcher and constantly revisiting of the transcripts, in part and in whole, abated the researcher biases. The strategy of member-checking was achieved through offering the participants an opportunity to review and/or edit the transcript to clarify statements made and to add any information that had come to mind since the interview. Creswell (2007, 2013) and Koelsch (2013) shared that member checking is an opportunity which allows participants to validate and match their experiences. The strategy of thick description was reached by presenting the participants' voices under the themes. Polit and Beck (2014) described that lucid and textured description, with the judicious inclusion of verbatim quotes from study participants, contributes to the authenticity of a study. The strategy of external audit was achieved by using experts experienced in qualitative research. According to Polit and Beck (2014), an inquiry audit is a means of enhancing a study, which includes analysis of the data and supporting documents that are significant to the study by an external auditor.

The researcher also met several times with two experienced qualitative researchers. At the first meeting the expert qualitative researchers reviewed the transcripts, the broad categories, and themes. The second meeting consisted of the expert qualitative researchers reading the transcripts out loud simultaneously, which facilitated

with identifying further themes that needed to be analyzed (Gall, Gall, & Borg, 2005). It was during the final meeting when further themes and categories were derived and negotiated. This final process, which included disagreements with acceptable semantics and interpretation of those semantics, led to a final consensus of what themes and categories would be used.

### **Anticipated Ethical Issues**

Gwyn and Colin (2010) provided ethical considerations for vulnerable populations and evidence based strategies to conduct ethically based research and examples to overcome ethical dilemmas that may arise in research. In qualitative research some participants may be known to the researcher (Berg, 2007), which makes it crucial to provide the participants with a high degree of confidentiality. To protect the participants' anonymity and privacy, each participant gave a pseudonym that they wanted to use for the purpose of the interview. All of the participants were treated in accordance to the ethical guidelines of the Institutional Review Board and the proposal was presented to the board and approved prior to beginning data collection. Each participant was provided an approval letter written using the university letterhead containing the institution's proscribed information i.e., identification of how the participants were selected, privacy and confidentiality, risks and benefits (Creswell & Clark, 2011). It was explained to the participants that there are no known risks for participating in this study. Also, there were no direct benefits to participate in this study other than the potential satisfaction of having told their stories and the potential impact that their stories may have in changing the way the interview process is conducted for applicants seeking employment in higher education in nursing. The participants were also informed that the

findings from this study will be reported in such a way that no one can identify the participants.

### **Limitations**

There are several limitations to this study, primarily because there has not been a focus on interview process of this demographic regarding this topic. Therefore very little, if anything, has been done.

Another limitation resulted focusing on a specific population with a relatively small sample size, i.e., the shortage of availability of African-American women nursing faculty, residing in the Metropolitan St. Louis area. This also hampered recruitment. With respect to the other ethnic minority groups, representation of this ethnic group was significantly lower than in the general nursing population.

The limitation of this study also revolved around the sample population drawn from African-American nursing faculty with a minimum of a master's degree in nursing and who have interviewed for a faculty position in a nursing program in a Midwestern city. Again, this resulted in a limited number of participants.

While the sample was small in numbers, data were rich. Polit and Beck (2010) described that even a small number of participants can generate a large sample of information for analysis.

Additionally, a limitation was this researcher's risk of biases, due to being a female African-American nursing faculty working in higher education in nursing. At the same time, the researcher guarded against the potential to influence the results in significantly reducing bias while maintaining subjectivity and reflexivity (Endacott, 2005; Glense, 2006). The aforementioned authors additionally asserted that subjectivity

is needed and appreciated as well as reflexivity should exist in qualitative research. The purpose of qualitative research is to collect an understanding of how the researcher fits into the data collection, analysis and interpretation of the research using perception effectively (Maxwell, 1996, p. 91).

In any study, reliability of the research findings and replication are always a potential limitation. Although this particular study may not be exactly replicated, African-Americans in other locales could be experiencing similar problems (Creswell, 2007, 2014) thereby, studies such as these could well add to the body of literature on the subject of underrepresented African-American nursing faculty population.

## **Chapter Four**

### **Findings**

This chapter includes a description of the participants, the interview questions, and presentation of data and analysis. Data were culled from interviews with nine African-American nursing female faculties guided by three research questions (as noted in Chapter 2 and Chapter 3).

### **Description of the Participants**

There were nine participants in this study, all females ranging in age from 32 to 56. While each interview varied in length, interviews ranged from 30 to 60 minutes. The criteria for participating in the study were a Master's of Science degree in nursing and seeking employment as nursing faculty. All met the criteria to be included in the study. Three participants had 30 years or more in nursing experience and six years of working as nursing faculty in higher education. The other six had nursing experience ranging from 10 to 20 years and less than six years of working as nursing faculty. Three were certified nurse practitioners.

During the interview process, two categories emerged regarding the faculty experience of participants: those who are employed at an institution of higher learning and those who are not employed at the university level. In general, African-American nurses are successful gaining adjunct faculty positions; the challenge is when they seek full-time positions. Of the nine respondents, all had adjunct experience. For the purposes of anonymity and confidentiality, pseudonym names were maintained during the recorded interview. Additionally, the pseudonym names were used when transcribing

the interviews and throughout the data analysis process. Table 1 presents the basic demographics of the participants.

Table 1

*Demographics of Participants*

Pseudonym	BI	Blossom	AA***	MCMB	Mary	Pat	Shawn	Sylvia	S
Ethnicity	AA*	AA*	AA*	AA*	AA*	AA*	AA*	AA*	AA*
Age	56	52	51	49	43	43	37	39	32
Education	MSN**	MSN**	MSN**	MSN**	MSN**	MSN**	MSN**	MSN**	MSN**
Years of Nursing Experience	32	30	31	20	17	15	14	11	10
Networks	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Years of Faculty Experience	6	6	6 (1) year fulltime	5	4	3	4	5 (1) year fulltime	5
Certified Nurse Practitioner	No	No	No	No	Yes	Yes	No	No	Yes

\*African American

\*\*Masters in Nursing

\*\*\*AA has two master degrees, one in nursing and one in public health



**Interview Questions**

There are 12 interview questions in this study that elicit information about the experiences of African American nurses seeking employment in higher education. They are as follows:

1. Tell me how you got interested in becoming a faculty member?
2. What has been your experience as a faculty member?
3. How did you hear about the school(s) that you applied to work for?
4. Tell me about your first contact with the school(s)?
5. Who did you interview with?
6. What kind of questions were you asked?
7. Tell me if anything, what the interviewers told you about their process when making the decision to accept someone in the position to which you applied?
8. Describe your experience as you went through the interview process as you made application to the institution(s).
9. Describe the faculty members that interviewed you.
10. What do you think was the main part of the hiring process?
11. Describe how you made the decision to accept the position and/or deny the position?
12. Described how you were notified of the school(s) decision to hire you and/or not to hire you?

The researcher conducted nine face-to-face (one-on-one) audio taped interviews, averaging 45 minutes. To protect the participants' anonymity and privacy, each participant chose a pseudonym as instructed by the researcher to use for the purpose of

the interview. The interview began with open-ended questions that engaged the participants to reflect on how they got interested in becoming a faculty member (Appendix A). During the interview probing, such as “Would you tell me more, explain further about that” was interjected so that the researcher can better understand what the participants were trying to convey. Through open-ended and semi-structured in-depth interviews, the participants were able to articulate their unique individual experience, along with the context and meaning of the experiences. Only African-American nursing faculty candidates or applicants were interviewed because this is the target population the researcher is interested in; little has been studied about this topic and the research questions were developed for this reason.

### **Presentation of the Data Analysis**

A number of perspectives emerged from African-American respondents who sought opportunities in higher education employment. Examination of participant voices suggested certain emergent concepts that underlie the findings of this study. These emergent concepts resulted in three *Major Themes* and seven *Sub-Themes*. Table 2 identifies those major and sub themes. Participants were quite articulate in expressing their experiences. The interview quotes reflected clear and pointed responses. Participants shared innumerable experiences regarding their quest and struggle in seeking employment in nursing higher education.

Table 2

*Major Themes and Subthemes*

Major Themes	Sub-Themes
<b>Theme I: Driving Forces of Motivation</b>	A. Internal motivators <ol style="list-style-type: none"> <li>1. passion/enthusiasm</li> <li>2. a sense of self-reward/self-fulfillment</li> <li>3. being a role model</li> </ol> B. External motivators <ol style="list-style-type: none"> <li>1. peers/others</li> <li>2. career opportunities</li> </ol>
<b>Theme II: Challenges and Issues</b>	A. Lack of clarity B. Lack of job security C. Lack of diversity and racism
<b>Theme III: Successful and Unsuccessful</b>	A. Hiring experiences B. Race or Ethnic considerations

**Major Themes and Subthemes**

The responses of participants (n = 9) to the interview questions were influenced by three major themes and ten subthemes.

**Theme I: Driving Forces of Motivation****A. Subthemes:**

1. Internal motivators (passion/enthusiasm; a sense of self-reward/self-fulfillment and being a role model).

2. External motivators (peers/others and career opportunities)

## Theme II: Challenges and Issues

### A. Subthemes

1. Lack of clarity
2. Lack of job security
3. Lack of diversity and race bias

## Theme III: Successful and Unsuccessful Hiring Outcomes

### A. Subthemes

1. Hiring experiences
2. Race or Ethnic Considerations

## **Theme I: Driving Forces of Motivation**

The first research question is the fundamental question for this study: What patterns of behavior, beliefs, attitudes, values and assumptions are held by the African American female faculty as they seek employment in higher education? This question provides the backdrop for the phenomenon under study. More specifically, the most important theme that emerged from the aforementioned question was: Driving Forces of Motivation, which involved internal and external motivators.

**A.1. Internal motivators: Passion/enthusiasm.** Four participants expressed passion/enthusiasm for nursing education. Generally, they found enjoyment in their profession that drove them to seek further education.

**BI:** it was part of what I do on my job as a preceptor for new employees...

Nursing is my passion. Teaching nursing was something that I very much enjoyed because it not only helped me to maintain and improve my skills, it also

helped me to increase my knowledge base about current literature and research as I pass it on.

**Blossom:** “As I was working with new orientees in the hospital, I found some enjoyment training the new nurses as they came out of school...so that’s when I first decided to start seeking, to be a nursing faculty.”

**AA:** “Education was the next passion of mine, so I decided to go back to school and get another Master’s degree in Nursing Education because it is required that I have a Master’s in Nursing Education in order to teach.”

**Shaun:** a few years before I went back to obtain my Master’s degree . . . I worked with new students as I worked on the floor . . . I became very interested in education so, I decided to seek a job in higher education.

**A.2. Internal motivators: A sense of self-reward/self-fulfillment.** Five participants expressed having a sense of self-reward or self-fulfillment as they were typically motivated, as they realized they were talented and expressed a desire to give back.

**MCMB:** I’ve been in nursing for about 30 years, and I’ve worked in various areas of nursing . . . I thought it would be really good to kinda give that . . . pass that information along to people that were going to nursing school that wanted to become a nurse.

**Mary:** “Well, it was something that I wanted to do. I wanted to teach. I felt like I would be good at it. ”

**BI:** “I felt that it would be rewarding because nursing is a great profession because it’s one I love. ”

**Pat:** I always had really good experiences with my patients as far as teaching them about their discharge instructions and trying to explain to them how their treatment was going they always said wow; no one ever explained it to me that way. So I felt like I had a certain amount of a gift for explaining things and making complex situations simple or complex concepts simple and so with that I decided to pursue my nursing education degree.

**Sylvia:** “I have been a nurse for the past 15 years. I have two Master’s degrees, one in Public health and the other one in Community Health. I am currently working on research regarding mother daughter communication around sexual issues.”

**A.3. Internal motivators: Being a role-model.** One in particular shared how she wanted to be a role model for African-American nursing students after receiving much consideration and encouragement from other people. She felt that she could be a “path setter or trendsetter.” She stated,

**Blossom:** I was thinking that maybe I could open the door to other African-Americans. I thought that I can get in there and have somebody or some African-American students can look to me because when I was going there weren’t any Black teachers.

Two other participants expressed how race plays a part in their decisions to seek out nursing as a profession:

**AA:** Because there is a shortage of or lack of adequate representation of African-American nurse or African-American males and females who have aspirations to become nurses, race is always an issue that either inhibits or somehow influences their decision to apply for nursing

school.

**S:** “the African-American instructors have a lot to offer and we foster relationships with white students as well as people of color.”

**B.1. External motivators: Encouraged by peers/others.** For those who experienced external motivations, three talked about what appeared to be results from networking as they were informed, recommended or introduced to an opportunity by a peer:

**BI:** When one of my peers was in the educational system and she was teaching at one of the associate degree programs she told me about the job ... one of my peers was an adjunct professor and she introduced me to the position.

**Blossom:** “I was recommended by an instructor...instructor said that they needed someone and they thought that I would be a good candidate.”

**Pat:** “a colleague, a fellow nurse, was already in a nursing education program and told me that there was actually some scholarship money for nurse faculties and so, I figured this was a good way to stay in the nursing profession. ”

**B.2. External motivators: A career opportunity.** A few indicated that they were exposed to a career opportunity. These opportunities came about in a number of ways, such as: being a student and hearing about an opportunity; searching websites and getting the chance to be an adjunct and aspiring to be full-time.

**S:** “(at) the school I was going to at the time . . . they needed adjunct faculty so they encouraged the students to apply . . . so that I got interested in being adjunct faculty and that’s where it all started.”

**Mary:** “I saw an ad (advertisement) online for another school who was looking for an instructor.”

**AA:** I’ve been a nurse for 28 years; I’ve always been interested in education because I consider myself a life-long learner. So, throughout my nursing journey, my passion was in ED (emergency department) nursing, but I decided that I needed to do something that was going to be less physically challenging and education was the next passion of mine. In the meantime, I had taught as a Clinical Adjunct at a variety of nursing schools and I really enjoyed it. I decided well since I enjoyed it so much, rather than work full-time and do adjunct part-time, I may as well make the transition from adjunct to full-time.

**Sylvia:** I have been an adjunct faculty for five years . . . and was really working as a full-time person, but not getting the benefits to do the work . . . found out about an opportunity to apply for a full-time position and was approached to do so and went after the opportunity for the full-time position.

In sum, forces of motivation of the respondents were driven by professional gratification; an increasing recognition of their talent; a desire to give back; wanting to be a role model and exposure to career opportunities.

## **Theme II: Challenges and Issues**

The second research question was: What challenges and issues do African American nursing faculties encounter as they seek employment in higher education? There were three subthemes that emerged from the following responses: (a) lack of clarity, (b) lack of job security, and (c) lack of diversity and perceived race bias.



**A. Lack of clarity.** Six participants expressed challenges with lack of clarity as they sought employment. However, three respondents said they had more clarity as they sought employment and therefore did not experience as much of a challenge. Many of the participants were interviewed in a variety of ways, such as interviews conducted by the dean and/or director, a search committee and/or a team of faculty. The success of the interview process was based on how favorable the participants perceived their experiences. The participants who expressed challenges with their experiences had a variety of reasons that influenced their perceptions. Below are responses to the question about interview challenges and clarity.

**Blossom:** I don't know if I can answer that—(about) any challenges. I don't know because I know I did a couple of presentations and I would have liked to have received some feedback on what was right or what was wrong with the presentation instead of just calling me and saying no.

**AA:** “The challenge I experienced was trying to decide if the responses that I provided, which were truly genuine, were going to be accepted by an all-White faculty.” While the following respondent was hired as an adjunct professor, she still expressed frustration with the interview process.

**S:** It wasn't really an interview process. I mean it was just you're qualified, when can you start, because we basically just need you to do this (work here) and you have experience with teaching clinical. She said you have to do a 15-minute presentation. . . . She said we don't want you to do a PowerPoint. I felt awkward teaching nurses with experience something that I knew they already knew. I guess that's just the way they do it to see how you would be

in a classroom. I think it was a challenge because she told me not to do a PowerPoint and when I arrived for the interview, she asked me did I need a computer. So, I'm like well, you told me not to do a PowerPoint, so why would I need a computer? What else would I be doing? Showing pictures maybe? I don't know. . . . I used the board to try to explain it (do the presentation), and . . . I just felt like nobody knew what I was doing.

**Shaun:** I presented in front of probably about maybe ten faculty members that had been there different times. Some had been there for years, some had just gotten there. I was a little nervous because I really didn't know what to present because I wasn't told . . . they just said present something . . . that lasted about 30 minutes or so. And they asked me some questions . . . general . . . I mean they were kind of really just generalized questions.

**Sylvia:** The process to me was very slow and I didn't ask a lot of questions. I asked questions when they would call me back, because I never knew exactly where the process was, but when I did get a call, I would ask a lot of questions and have them explain things to me and take notes as to what they were saying. . . . I would get a call back from the main dean.

In responding to the challenge of the interview process, Mary's response said first they had her fill out paperwork that would make her think she was hired, then turned around and requested a presentation:

**Mary:** I kind of thought that was strange when they said I have to come back and give a presentation . . . I really got nervous about that. I ask what am I supposed to do a presentation on; they said anything that you want to do a presentation on . . .

okay I still didn't understand exactly what and didn't think too much about it, but I did think it was strange that . . . I mean . . . because like the first day I went for the interview they're having me fill out like the W-2s and that stuff, so to me that meant that I was basically hired if they're going to go that far.

While the above respondents noted the interview process lacked sufficient clarity, three said that their experiences in seeking employment had clearer and with no real challenges.

**BI:** I didn't experience any challenges. The success was that at the completion of the interview, I was hired. The person felt that what I had presented to them (was what they needed), what I could bring to the university, the facility, the department, to the school and to the students—they were confident at the end that what I could bring would be positive, it would be a benefit to the school, it would be a benefit to the students and it would be a benefit to that academic program.

**MCMP:** Success was basically, you know just talking to them. I mean it was very comfortable, so to me that was successful. Because some interviews can be kind of, you know, you can kind of tell when things are not going too well.

While Pat was only offered a part-time position, she was not surprised that she was hired because of Affirmative Action.

**Pat:** Personally, I don't think that the interview process is so much the problem for people of color. I think because of Affirmative Action and 30 years of exposing ourselves . . . people of color to the job market . . . as long as we have the credential, we will always get the

opportunity to be interviewed.

As stated earlier, participants described a variety of interview experiences. Two participants were interviewed by deans, staff, faculty and a search committee.

**Blossom:** I interviewed with deans. I interviewed with staff and faculty.

A search committee was made up of several faculties who ask me questions.

I had to come back and do a presentation to a group of faculty members and staff.

**AA:** “I interviewed with the dean and it was a very brief interview. I interviewed with a panel of nursing educators and I guess administrative staff.”

Two other participants interviewed with a dean and/or a director.

**MCMP:** “I interviewed with the director of nursing and her assistant, those are the only two people I interviewed with.”

**Mary:** “I interviewed with the assistant dean and two other assistant deans.”

Three other participants interviewed with one person.”

**BI:** “I interviewed with the director of nursing ...it went well, and I was hired that day.”

**S.** “I interviewed with the coordinator, it was very informal.”

All the participants have experience being interviewed at various nursing schools throughout the region. Most times, applicants are expecting a similar interview process. Yet each interview had considerable variations. Being interviewed in two different places, not certain about the process nor the decision makers seemed to contribute to a lack of clarity and challenges. Pat and Sylvia expressed their experiences with this:

**Pat:** One place I interviewed with a lady who was a nurse practitioner and she worked part-time. She hires the adjuncts, and I think that she was filling in for

someone else. At another place, I sat in the conference room with about four or five faculty members including the dean, they all took turns asking me questions.

**Slyvia:** I was interviewed at both places by the dean. At one of the places, I was interviewed by one of the deans and then faculty that I would be working with . . . another place it was a committee based interview.

**Lack of job security or “filling a quota”/desperate.** Five of the participants voiced concerns about the interview process believing that post-secondary institutions consider someone of color because they need to meet a quota or they are desperate. It should be noted that The Supreme Court's decision in *Ricci v. DeStefano* said that employment law only rarely permits quotas to remedy racial imbalance. However, this was their perception. They stated,

**Blossom:** Most places that I went on an interview, there were maybe one . . . maybe two . . . like one particular college I went to there were no African-American faculty there. In that case, I think that I got the job because I was African-American. . . . I think I was filling a quota.

**Pat:** Need was a big part of it . . . and it was a real hurry, hurry type of thing. I could have been Mickey Mouse . . . I would definitely say need was the driving force to hire me . . . I'm trying to phrase that correctly . . . there was never any people of color during the interview process.

**Shaun:** “ I don't remember any being present (faculty of color), I interviewed from what I was told, the position I was taking as another African-American position.”

**Mary:** The interview was real short . . . they started giving me the paperwork to fill out. I think they were desperate, looking back I think they needed somebody

right away to fill that position. I think that they had some people that had quit and the semester was coming up and they needed to fill some positions. That is what I think was going on . . . of course, I didn't know it at that time.

**S:** "I was hired at the Clinical Faculty Academy and I think I was just hired because they didn't have anybody to teach, I was hired on the spot."

The following section deals with adjuncts because they are considered more temporary positions while the full-time faculties are considered more permanent. Therefore, part-time faculties felt they lacked more job security such as lack of support, no longevity, hostile environment and lack of benefits. They expressed consternation about this:

**Pat:** I would do things on my own and then realize later on that I shouldn't have done that . . . it was like baptism by fire . . . I felt like I didn't have the support. . . . pretty much just left hung out to dry. . . . The textbook was given to me on a Friday and class was going to start on Monday. I was held accountable for taking the initiative to do something, but was never told that I was supposed to do this or not to do this.

**S:** Adjunct faculty, I just feel like it is short lived. I have taught at a number of different area schools, but to me there's no longevity so far with any school. I feel like they kind of use you for those semesters and then they don't necessarily want to bring you in (full-time). After working adjunct for a year at the same place, it always well, we don't have any jobs, but then somebody's hired. . . . not somebody . . . some bodies. I hadn't seen anybody hired that was Black like me the whole time . . . not full-time. White people who don't even

necessarily have experiences teaching as adjunct faculty, meaning that they haven't even taught clinicals; they just come straight through the door. (Most of the time adjuncts are first hired to fulfill clinical rotations.)

**AA:** Not being a full-time (faculty), this does not allow you the advantage of really becoming familiar with what the culture is like in a full-time setting.

Because when you are an adjunct, you really don't get a chance to mix and you don't know the politics of the organization. So, I don't feel like I have received the support that a new faculty member should, and it could be because of the environment . . . the environment is very hostile at times. . . Let me use a better word not hostile . . . cold . . . very cold environment.

**Sylvia:** "I have been adjunct faculty for five years. . . . I was always guaranteed time to work, it was just lot of work. I was really working as a full-time person but not getting the benefits to do the work."

**Lack of diversity and racism.** Some of the participants expressed concerns about lack of diversity and perceived race bias as challenging. In prior responses lack of diversity and racism were connected to some of their misperceptions. They said,

**Blossom:** "I had to do a presentation to a group of faculty members, the majority were White, maybe one African-American in the whole bunch, but mostly were all White."

**S:** "I guess because I'm Black, I don't necessarily have the experience that they were looking for."

**AA:** "it's been a challenge in a number of ways. . . . racial . . . I don't feel like I have received the support."

Two participants shared examples of the comments made to them during the interview process.

**Pat:** I was asked how would I handle different situations; a difficult student, letting the students leave at lunch time when they're supposed to stay there until 3 o'clock. I assured them I would never do anything like that ... which I never have. They provided me with some examples, they said they have had some really interesting people come through ... some of the questions was directed towards ... hope you're not like them and they giggled. (She added that this off-handed remark and the giggle she took to mean that the interviewers did not want her to be like the other Black people they had hired.)

On the one hand, interviewers suggested Blossom be assigned to advise the African American students, yet they also said, "we don't look at color."

**Blossom:** It was suggested that I could be the academic advisor for all African-American students. I asked them: Why would I want to just be the advisor for all African-American students? I am going to be an advisor for all students, not just African-American students.

Six of the participants voiced not knowing the next step in the interview process after the interview, even after inquiring. They discussed how vague the interviewers were in explaining the process.

**Blossom:** We'll look at all the other candidates and we'll get back to you. They said we'll get back with you, that's all they said. They didn't say we'll get back with you in a month, or a week or a year or ten years. They said they'll get back



with you and you're sitting there, you know, weeks go by, then you wonder . . . what in the world. (Snicker) I didn't get any call.

**S:** "They basically said, if we like you, we'll do a nine-month contract. I am assuming they didn't like me. They didn't hire me, nor did I get a call back."

**MCMP:** "They just said, we will let you know if we make an offer. So, it was about six months before I heard back."

**AA:** "They just told me that they had other interviews... other candidates to interview and they would let me know when they made their decision."

**Mary:** They basically hired me that day. They did tell me that I am going to have to come back one more time and do a presentation in front of the faculty and then after that they would make their final decision.

**Sylvia:** "They were very vague; I had to ask more questions."

All the participants during the interviews were confronted with a number of challenges and issues. Some interviews were not clear and seemed disjointed. For example one respondent said interviewers gave her the impression she was hired then contradicted themselves by requesting her to return to do a presentation. Two said the interviews were misleading as they were initially given the impression they were hired (filling out paperwork and W 2s) but then later told they had to come back and conduct presentations. Inconsistent communication was another issue that participants voiced. For example, an interviewer told her she told did not need to do a PowerPoint presentation, but when she arrived for the interview, the interviewer asked her if she needed a computer. There were others who said that well-informed colleagues had informed them of full-time openings, yet when they inquired, they were told no full-time

positions were available, only adjuncts. The respondents later learned that there were indeed full-time positions available. There were many instances that lacked follow-up. One waited for six months before she found out she was hired. Another said interviewers gave her the impression that she was being considered yet never called back.

During the interview process one issue emerged was participants perceiving a lack of appreciation for diversity which seemed to them to be racism. One respondent felt it was insensitive for the interviewers suggesting that she be assigned to only advise African American students. Another respondent expressed concerns about the lack of diversity among the all-White faculty and questioned if they could relate or understand her cultural perspective.

In sum, lack clarity, lack of job security and lack of diversity and racism confounded the experiences of the respondents during the interview process. Some aspects of the interviews were contradictory, misleading, and inconsistent in their communications, lacked follow-up, seemed insensitive and caused a degree of anxiety over whether all-White interviewers could relate or understand a different cultural perspective.

### **Theme III: Successful and Unsuccessful**

The third theme is Successful and Unsuccessful. Successful is being defined as hired full-time and unsuccessful is defined as being hired adjunct. Therefore, the third research question is: How does the hiring experience differ between those who have been hired as a full-time faculty versus those who have not; and what are the perceived reasons why these individuals were either hired or not hired for a full-time position? There were two sub-themes: Hiring experiences and race or ethnic considerations.

Regarding the question: How does the hiring experience differ between those who have been hired as a full-time faculty versus those who have not? All of the nine were hired adjunct and two eventually were hired full-time. Of the seven who remained working as adjuncts, there were varying hiring experiences. Also, of the two who were promoted to full-time, they also had varying hiring experiences.

For example, one interviewed with the deans (including assistant and associate). She also interviewed with staff and faculty. A search committee was made up of several faculties who asked her questions. She then had to come back and do a presentation to a group of faculty members and staff. Another had a very brief interview with the dean and later interviewed with a panel of nursing educators and she guessed an administrative staff. Two other participants interviewed with a dean and/or a director. Three other participants interviewed with one person.

For the two who were promoted full-time, one had a rather smooth transition; she replaced a full-time faculty who had to take sick leave. The other had to undergo a whole new interview process, in spite of working adjunct for several years. This included meeting with a search committee, faculty, and staff.

The following addresses whether race or ethnic considerations were perceived as deciding factors or not deciding factors for being hired. Noticeably absent were people of color during the interview process that raised concerns about lack of appreciation for cultural diversity for virtually all the interviewees. One noticed there was no African-American faculty, which led her to perceive that prior to her interview, that diversity was not a value. She surmised that she got the adjunct position because she was African-American and thinking she was fulfilling some kind of quota. Another one made

mention of there not being any people of color during the interview process. While another said she didn't remember any faculty of color being present during the interview but she was told that she was replacing another African-American.

One participant said she got the impression that interviewers were color-blind but objected to this because she believes that one cannot help but see color and that an interviewee should be judged by experience and the quality of service and how that person can enhance or contribute to the institution.

One interview expressed concerns about African American nurses having to "jump through hoops" to get a position. On the other hand, she said White nurses have it much easier. One respondent working adjunct noticed no other African-Americans had been hired full-time or part-time. She said White people who usually do not have the requisite experiences for teaching as adjunct faculty, meaning they have not taught clinicals. Another said she had 24 years of nursing experience yet Whites was selected who had much less experience, only two-to three-years at the time of hire.

A respondent perceived her ethnicity as leading interviewers to think she was not qualified. Another wondered whether she did not obtain the position because she was One bristled at the suggestion that she should be the academic advisor for all African-American students. She asked them: "Why would I want to just be the advisor for all African-American students? I am going to be an advisor for all students, not just African-American students."

### **Summary**

In summary, hiring interviews differed for all respondents. All of the nine were hired as adjunct and two eventually were hired full-time. Of the seven who remained

working as adjuncts, they had a number of different experiences. Also, of the two who were promoted to full-time, they also had different hiring experiences.

Regarding race or ethnic considerations, there are some compelling responses expressed about the interview process. Noticeably absent were people of color during the interview process that led interviewees to perceive that diversity was not a value. There was a perception that African American interviews must “jump through hoops” to get a position and that it is much easier for White interviewees. Some believed that at times the White interviewees with no experience in teaching clinicals are hired over more experienced African-Americans. One thought that interviewers were attempting to limit or marginalize and objected to the suggestion that she only advise African-Americans. While another participant expressed, that her ethnicity could well have hindered her success in being hiring, which appeared to be a psychological barrier.

## **Chapter Five**

### **Conclusion and Recommendations**

The purpose of this research study was to explore, describe, and illuminate the participants' experiences in seeking or attaining higher education nursing employment in the Metropolitan St. Louis Area. Given the importance of hiring African-American female nursing faculty in this growing multicultural society and the scarcity of literature regarding the interview process, an exploration and description of the hiring process were warranted. From the data emerged, a deeper understanding of the challenges and issues these educators faced as they attempted to gain access to opportunities, as well as navigated and negotiated the complexities of the interview process.

Interviews were conducted with nine African-American female nursing faculty who had sought employment in nursing higher education participated. The participants' agreed to tell their story to illuminate their perceptions of what they experienced during their interviews. The interviews were audiotaped and later transcribed. The researcher analyzed data collected through face-to-face in-depth interviews to address the research questions for this study:

RQ 1. What patterns of behaviors, beliefs, attitudes, values and assumptions are held by the African-American female faculty as they seek employment in higher education?

RQ 2. What challenges and issues do African-American nursing faculty encounter as they seek employment in higher education?

RQ 3. How does the hiring experience differ between those who have been hired as a full-time faculty (successful) versus those who have not (unsuccessful)?

Further, what are the perceived reasons why these individuals were either hired or rejected for a full-time position?

This chapter concludes with a discussion of the findings in relation to the themes that emerged from the data collected, which is provided within the framework of the research questions. Finally, this chapter includes recommendations, summary, offer suggestions for future related research and dissemination of findings.

### **Discussion**

The literature focused on recruitment and retention and the barriers to challenges that African-American nursing faculty has endured. Little to no research has been done regarding the experiences that African-American female nursing faculty encounter during the interview process. Therefore the literature has concluded that changes to the face of nursing are long overdue, given the changing demographics; hence, it is necessary to have a more culturally diverse nursing workforce. Researchers assert that there is a connection between increasing the number of African-American nurses, healthcare disparities in the African-American community can be more addressed (AACN, 2013; IOM, 2011; NACNEP, 2008; Smedley et al., 2004). African-American nurses are more likely to return to their communities to provide healthcare, which further reduces health disparities.

This is supported by researchers that assert that there is a connection between increasing nursing faculty of color to prepare a more culturally diverse nursing workforce, which will help improve healthcare disparities (AACN, 2013; IOM, 2011; NACNEP, 2008; Smedley et al., 2004).

From an institutional standpoint, increasing African-American nursing faculty is important for a number of reasons. There is the added benefit to improving patient outcomes particularly for African-American clients. Nurses of color tend to influence institutions to be more knowledgeable and better understand the unique challenges certain ethnic groups experience. In sum, to increase cultural diversity, it is crucial that all qualified nursing applicants be considered in the hiring process.

The first research question sought information concerning the behaviors, beliefs, attitudes, and values held by the participants as they sought employment. Emerging themes from the interview questions provided cogent answers. One of those themes was Driving Forces of Motivation. It also had a sub-theme of internal and external motivators; both have been noted in the literature. One strong internal motivator described by the participants was the need to be a role model and the desire to give back. The academic textbooks, materials, and experiences in nursing schools tend to be monocultural. To offset this oversight, African-American educators typically bring added practical knowledge of African-American culture, sensitivity and unique healthcare needs, enhancing the educational experience of all students. In other words, African-American educators not only bring their particular understanding of the culture, they influence and increase cultural competence among all nurses across ethnicity, resulting in a more positive impact on healthcare access, delivery and quality. This finding supports Gormley and Kennerly (2011) who posited that African-American faculty have made an investment, particularly in African-American students and feel genuinely obligated to ensure their success, i.e., preparing them for superior performance and it cannot be underestimated the value of serving as exemplars or role models for African-American



nursing students and others (Gregory, 2001). He further noted that Black students who come from segregated communities generally relate better to the African-American nursing educators. Other researchers indicate that educators are usually role models and students are more inclined to seek them out, especially when students see educators who look like them, it can help to overcome some of the psychological barriers of being in a White-dominated institution (AACN, 2013; Campbell & Davis, 1996; Hassouneh & Lutz, 2013; NLN, 2009). In addition, Black faculty can help with recruitment, retention, and graduation numbers of African-American nursing students.

The external motivator sub-theme that emerged was motivated by peers and possible career opportunities. Three participants were encouraged and/ or recommended to seek out full-time positions. One participant stated, “I was recommended by an instructor . . . (who) said that they needed someone and they thought that I would be a good candidate.”

This finding did not totally support the narrative of Irby and Brown (1998) that networking or association from within the group has several benefits, such as: it is a way to help each other in establishing professional relationships and a way to provide recommendations and encouragement. In spite of the recommendations from their White peer the Black participants were told that there were not opportunities for full-time positions. This findings leave to question Xu’s (2008) assertion that affirmative action laws has an important role in recruitment of faculty of color. Also, this finding does not support the research that recruitment of African-American faculty is hindered by the insufficient number of available faculty (Crawford & Olinger, 1988). Minimally, networking is a necessary competency. While some participants were informed of

opportunities, unfortunately it did not pan out, most likely due to race bias (Hassouneh, 2013).

Challenges and issues emerged as a fundamental theme when addressing the second research question. The sub-themes identified as barriers were lack of recognition, insufficient support, uncertain job security, lack of cultural diversity within the institution, and race bias.

A substantial gap, noted in this body of literature, is that no study included the interviewing process of participants. Although the literature review is scant on the hiring process, this study's conclusions corroborated the reviews. The literature focused on recruitment and retention, barriers and challenges, and the need to increase a diversified workforce (AACN, 2013, Hassouneh, 2013; IOM, 2011; NLN, 2009). The participants described their experiences in seeking employment in higher education, i.e. discriminatory, racist, needing to fill a quota and/or desperate, as well as the need to be seen by or visible to African-American nursing students. One participant stated, "I guess because I'm Black, I don't necessarily have the experience that they were looking for." Another participant stated, "I think that I got the job because I was African-American . . . I think that I was filling a quota." The participants voiced their experiences shaped by a lack of diversity at the institution and prior experiences encountered. Some participants shared examples of the kinds of statements that were made to them during the interview process. One participant reported that it was stated to them "We don't look at color." Another participant was told, "I hope you're not like them." The perception of discrimination and racism that these participants described is reflected in the literature about barriers to recruitment (Allen et al., 1988; Campesiono, 2008; Hassouneh, 2013).

This finding also reflects research that CRT could prove useful in uncovering and revealing discrimination in multiple variations in the realm of higher education (Patton et al., 2007). Carnegie (2000) postulated that prejudice in nursing may be grounded in institutional factors in maintaining it, as the “all-white female profession”. The literature documents that institutional factors, economic factors and personal factors that help to create barriers to recruitment of African-American faculty (Allen et al., 1988).

Hassouneh and Lutz (2013) opined that racism in academia is nothing more than a reflection of a larger social system in the culture of institution of higher learning. The American Academy of Nursing, the American Association of Colleges of Nursing, the National League for Nursing, among other organizations are committed to dismantling discrimination and racism in the education and practice of professional nursing. These organizations assert that quality of healthcare and resources should be uppermost in all communities (distributed fairly and equitably). Furthermore, insensitivity to any community can be harmful.

The number of published articles about the need to increase diversity in the nursing workforce and the need to increase and retain minority faculty in nursing higher education provides evidence that this topic is not being ignored. Unfortunately, this issue has been met with minimal success.

The third, but not least research question addresses the different hiring interview experiences that these participants encountered. The theme Successful and Unsuccessful emerged from the data, with the sub-themes highlighting the hiring experiences and race or ethnic considerations. The data analysis concluded that, hiring interviews differed for all respondents. Some participants interviewed with a search committee, some with a

dean or director and faculty, and others interviewed with just one person. The data analysis also concluded that, these participants believed that race or ethnic considerations was very much part of the decision to hire or not. Hassouneh (2013) suggested that unconscious bias may be a significant barrier to attracting a diverse nursing faculty. She asserts that the effects of unconscious bias do not stop, even in the hiring process. Many of the participants did not interview with any one of color. Another participant was told that she was replacing someone of color.

The element of centrality of race and racism was highlighted in every one of the participants' stories based on their experience of race (Solorzano et al., 2000; Yoso et al., 2009). Most believed that their White counterparts did not have to have the work experience that they possessed to get hired full-time. They gave in-depth stories about not being hired full-time when they had the qualifications and skills. The tenet that challenges the dominant ideology confronts the claim that institutions of higher education are providers of equal opportunity (Solorzano et al., 2000; Yoso et al., 2009; Xu, 2008). This claim does not align itself with the experiences that the participants of this study shared. Eight of the nine participants experienced overt to subtle racism. These findings appear to parallel current research that explains racism can be manifested in many ways, with the show of hostility ranging from subtle to blatant, as well as in the form of exclusion, control, and discrimination (Hassouneh & Lutz, 2013). Several scholars believed that oppression presents itself at several points. Powerful groups amass privileges by instituting and controlling levels of oppression. Oppression is thought to work by connecting on several levels and controlled within those levels that benefit the privileged group. Racism can come in various tones and undertones of rejection justified

by not communicating the reason for not to hire and/or simply just stating that someone was hired more suitable for the position.

Overall participants' beliefs, attitudes and assumptions were relatively consistent. Many perceived treatments of race bias were part of the system's policies and sanctioned. These educators faced tremendous challenges in their attempt to gain access to opportunities including how they navigated and negotiated the interview process. The literature provided overwhelming argument from a professional, institutional and global standpoint, why the need is imperative to increase African-American faculty is important.

### **Conclusion/Summary**

In sum, Critical Race Theory was a useful concept in ferreting out these complexities. Two of the five CRT tenets undergirded this study: centrality of race and racism, and the challenged to dominant ideology (Solorzano et al., 2000; Yosso et al., 2009). Taylor (1998) posited that stories establish consensus and create a shared, common understanding. This study of African American nursing faculty conveyed deeper insight into how the group viewed the experience. Patton et al. (2007) concurred that CRT could prove useful in uncovering and revealing discrimination in a particular setting.

This research study contributed to the current body of literature by illuminating the voices of these African-American nursing faculty and their experiences. It is well known in qualitative research that stories drawn from underrepresented groups can not only shed light on the status quo, but also reach consensus and create a shared, common understanding. The experiences of research participants can influence institutional change in significant ways, which could have an insightful impact on the recruitment and

retention of African-American women nursing faculty. These rich descriptions then become the focus such that the reader, most particularly the decision makers, might gain new knowledge. Moreover, it should be more instructive to the nursing higher education administrators, e.g., hiring a diverse faculty while evaluating institutional strategic needs.

While each of the potential participants interviewed for a nursing faculty position in higher education, some have been successful and some have not. Successful participants were offered a position; those who were not successful were not offered a position. By examining the experiences of unsuccessful participants in gaining employment, it could provide more insight into the difficulties and struggle of these applicants. Furthermore, it could be the focus of how these challenges and issues could be subsequently addressed.

This study identified a gap in the literature relating to the interview process experience of African-American nursing female faculty. This study represents one of the first dissertations to focus on the experience of African-Americans during the interview process. Therefore, this study is the beginning of exploring the complexities of this issue.

### **Recommendations**

Many may ask why it is important to increase the number of African-American faculty and why it is important to hear what they have to say. Examining the experiences of this population gives a deeper understanding of the challenges faced and how to address them. Therefore recommendations are primarily from these experiences.

There ought to be more effective recruitment strategies for nurses in higher education leadership positions. It is important for nursing decision makers to better understand and recognize the challenges that African-American nursing faculty face

when seeking employment in higher education. There is a probability that if nurses in leadership positions implement more effective recruitment strategies, there could very well be an increase in the hiring of more African-American nursing faculty. During the recruitment process, it must be understood that recruiting is a process, where multiple steps are employed with each potential candidate and those steps are required for each candidate (consistent where appropriate), whether seeking full-time or adjunct positions.

A search committee should be selected carefully and intentional when recruiting African-American nursing faculty. When search committees lack cultural diversity, the likelihood that African-American applicants are selected for nursing faculty positions is diminished. Search committees sometimes have been called institutional gatekeepers. They have the ability to prevent advancement of applicants to full employment. In wake of the nursing shortage, which seemingly will not be disappearing anytime soon, the need for faculty members, adjuncts and/or fulltime faculty, will continue to increase. This is an opportune time for nursing in higher education to more value the importance of African-American faculty and to increase their skills, knowledge and strategies in the recruitment of African-American nursing faculty. In order to improve the recruitment of African-American faculty members, ethical principles of “do the right thing,” should translate to strategic beliefs. These strategic beliefs encompass the notion that in order to effectively address disparities in healthcare, we must have African-American faculty members available to teach students, function as role models, advocate for African American patients, and conduct research that addresses the health care needs of underrepresented and underserved populations.

Therefore, it will be necessary for institutions of higher learning to invest time, resources and energy to support the recruitment and retention of these members. One strategy that could prove to be beneficial in increasing the number of African-American nursing faculty should include strategies to attract a greater number of African-American students in nursing education of higher learning. Another strategy would be, to have a strong commitment to diversity, and integrate a critical race perspective in everyday environments. Hopefully, this will allow us to be mindful of the reality of race and the diverse ways in which each of us experience racial realities. This might mean that job announcements are placed in nontraditional locations. At faculty meetings recruitment of faculty of color should be a regular agenda item as well as institutional policies and practices that reflect the commitment to the value of diversity. Additionally, if an organization has African-American faculties place them on the search committee. By placing African-American faculties on the search committee, an organization is also increasing their commitment to organizational diversity and the community. If your organization does not have any African-American faculties, someone from the community in which it serves should be invited to be part of the process for interviewing, as part of the search committee.

Once an institution commitment has been established, increase African-Americans on the search committee, increase the pipeline for minority student enrollment, and create a diversity officer for the nursing schools with extensive experience as a commitment to diversity. Personal networks must be considered as a strategy. As previously mentioned, personal and professional networks – at the bare minimum – are central to the establishment of prospective African-American nursing



faculty candidates. Cultural diversity ought to be a value proposition, including focusing on the unconscious bias. In order to yield effective outcomes training for faculty leaders and the entire staff is crucial. For change to take place, it ought to include the whole system.

The purpose of this research was to heighten awareness about issues and challenges; to offer ways to facilitate the success of this population; to enhance insight to nursing leadership about the importance of a diversified faculty and prompt action to increase the recruitment of African-American nursing faculties. The analysis of the data generated revealed that challenges relating to the issues that African-American nursing faculty encountered as they sought employment in higher education can be lessened at least to some extent if nurses in higher education leadership positions review their interview process and nurture a culture of diversity and inclusion. Finally, institutions of higher learning must have an affirmative effort to develop more effective strategies and strategy implementation to recruit more African-American faculty.

This dissertation addressed the significance of having a diverse healthcare workforce and attendant contributions that will help to eliminate health disparities. It also entailed innovated and creative strategies for nursing administrators to employ to diversify staff to meet the changing U.S. demographics.

### **Future Research and Dissemination**

Future research efforts could examine the congruency in the interview process experience between African-Americans and other racial and ethnic populations. For instance, the Asian American and Hispanic populations have also been underrepresented in nursing higher education similar to those of African-Americans. The results of these

types of studies could be useful in many ways for higher education in nursing departments, university administration, and community partners. A larger (national) survey could be conducted with the information derived from this study to get added consensus and generalizability. Other platforms to present these findings include: journals, nursing conferences, and conferences with a deliberate effort to address workforce diversity as it relates to recruitment and retention. This study will be available through the University of Missouri-St. Louis database.

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## Appendix A

### Proposed Interview Questions:

**NOTE:** *Probing questions will be used throughout the interview(s) to gain a more comprehensive description of participant's experiences.*

1. Tell me how you got interested in becoming a faculty member?
2. What has been your experience as a faculty member?
3. How did you hear about the school(s) that you applied to work for?
4. Tell me about your first contact with the school(s)?
5. Who did you interview with?
6. What kind of questions were you asked?
7. Tell me if anything, what the interviewers told you about their process when making the decision to accept someone in the position to which you applied?
8. Describe your experience as you went through the interview process as you made application to the institution(s).
9. Describe the faculty members that interviewed you.
10. What do you think was the main part of the hiring process?
11. Describe how you made the decision to accept the position and/or deny the position?
12. Describe how you were notified of the school(s) decision to hire you and/or not to hire you?

**Appendix B**

Demographic Information Form

1. Participant's Pseudonym:
2. What is your age?
3. Highest Degree earned:
4. How many years of nursing experience do you have?
5. How many years of higher education experience do you have?



Table 1

*Major Themes and Subthemes*

Major themes	Subthemes
<b>Theme I: Driving Forces of Motivation</b>	A. Internal motivators <ol style="list-style-type: none"> <li>1. passion/enthusiasm</li> <li>2. sense of self-reward/self-fulfillment</li> <li>3. being a role model</li> </ol> B. External motivators <ol style="list-style-type: none"> <li>1. peers/others</li> <li>2. career opportunities</li> </ol>
<b>Theme II: Challenges and Issues</b>	<ol style="list-style-type: none"> <li>1. Lack of clarity</li> <li>2. Lack of job security</li> <li>3. Lack of diversity and racism</li> </ol>
<b>Theme III: Successful and Unsuccessful</b>	A. Hiring experiences B. Race or Ethnic considerations