Experiences of African Americans in Nursing Education

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"I can do all things through Christ who strengtheneth me" Galatians 2:20

This work is dedicated to:

My children Cheri, John Ethan and Adryanne

My grandchildren Robert Terrell, Jaheem Tyrrell and Jordyn Marie

Remember you can accomplish anything if you work hard, stay focused and love the Lord God with all you heart, mind and soul…

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To my God, the Father, Son and Holy Spirit…I say "Bless the Lord, O my soul, and all that is within me, bless His holy name." Psalms 103: 1

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Abstract

Representation of minorities in the nursing profession does not mirror the diversity of the US population, although there have been significant increases in enrollment and graduation rates. The purpose of this narrative phenomenological study was to explore lived experiences of African Americans in nursing education. This study attempted to describe lived experiences of African Americans in nursing education through the analysis of data derived from individual interviews detailing lived and shared experiences among this ethnic group. A purposive sampling technique was utilized. Eleven American-born African American registered nurses who had attended both private colleges and public universities volunteered. A survey tool developed by the researcher was used to conduct semi-structured interviews. Interviews were audiotaped and transcribed. Transcripts of the interviews were analyzed and coded utilizing a computerized software program. Six themes emerged: feelings of isolation, student interaction, support systems, faculty attitudes, perceptions of prejudice and inner strength and personal drive. Participants described both negative and positive factors affecting their nursing education experience. Through personal inner strength, determination to become a nurse and utilization of support systems, participants were able to persist and were successful at attaining their goal of becoming a nurse. More descriptive studies exploring the experiences of minorities to allow voices of African Americans to be heard regarding their perceptions of nursing educational experiences are suggested. Further research into the relationship between cultural identity and minority student success is also suggested.

Experiences of African Americans in Nursing Education

CHAPTER 1: INTRODUCTION

Throughout the world, individuals, communities and countries are becoming more connected through commercial travel, cyberspace and computer communication. A direct result of increased interconnectedness is more diverse communities. Consequently, individuals and communities are becoming exposed to more diversity than ever before. Individuals and families are faced with having to live with other individuals and families of many different ethnicities and cultural backgrounds. This trend may necessitate those individuals/families of the dominant culture having to become familiar with and perhaps even accept diverse customs and practices, including religious beliefs, social values, health practices, as well as various birth, marriage, and death rituals or celebrations much different from their own.

Diversity has become an issue of increasing importance in the workforce as a direct result of the increasing diversity of communities, both locally and globally. According to the US Census Bureau projections, the non-Hispanic White population will decrease to only 53% of the total population by the year 2050, with minority populations continuing to increase (Milone-Nuzzo, 2007). As a result, the overall number of recipients of healthcare within the US has been affected by this trend of increased diversity. Gabriel and Terrell (2002) stated "given the rapidly changing US demography, it is axiomatic that the majority of future healthcare professionals will be called upon to care for many patients with backgrounds far different from their own" (p. 92). The healthcare workforce has been uniquely affected by the increase in diversity due to continued disparities of minority health states, access to healthcare and healthcare outcomes within the Unites States and globally. Pamies and Satcher (2006) and Fitzpatrick, Villaruel and Porter (2004) described many of the medical conditions where disparities exist between minorities and the

majority population including diabetes, cancer and cardiovascular disease. Several authors, including Pamies and Satcher (2006) have addressed strategies healthcare professionals can implement to decrease health disparities; however, health disparities remain a major public health problem in the United States today as noted by Bull and Miller (2008).

> Health disparities refer to differences in health status among diverse groups of people and include the disproportionate burden of disease, disability, and/or death. Vulnerability, individuals' or populations' susceptibility or risk for adverse health outcomes, contributes to health disparities….Potential sources of health disparities include systems-level factors such as financial, cultural, and linguistic barriers: patient-level factors such as biological differences, individual patient preferences, and poor adherence, characteristics arising in the clinical encounter. Health disparity is heightened by inequities in health care access and delivery….Even when access issues are controlled, racial and ethnic minorities receive fewer tests and less sophisticated treatment for health problems. For instance, Todd and colleagues (2000) found that African American patients had a 66% higher risk of not receiving analgesia in the emergency room for long-bone fractures than Caucasians (p. 157).

The background of the problem of this study includes the historical overview of racial discrimination in America along with the historical trends of African Americans in higher education and nursing education. Following the historical aspects, a discussion related to experiences of African Americans in nursing education is presented followed by the purpose of the study, research questions, assumptions, delimitations and limitations, and significance of the study.

Background of the Problem

Historically in the United States minorities have not achieved the same successful educational outcomes as Caucasians. "American higher education virtually excluded African American students until after the Civil War" (Anderson, 2002, p. 4). Specifically, no African Americans were admitted to institutions of higher education until the 1830s.

The transformation of American higher education from a private, elite system to a more public, democratic one paralleled the triumph of White supremacy in the southern states and the emergence of institutionalized racism in northern states. Until the early twentieth century, education for African Americans was limited mainly to elementary schooling. Anderson (2002) referring to the northern and southern Unites States wrote "In both regions, the results were similar, the legal and institutional system of racial discrimination precluded significant opportunities for higher education" (p. 6).

From the Reconstruction era through World War II, African Americans were able to receive a college education through private Black colleges and universities. These colleges, referred to as Historically Black Colleges and Universities (HBCUs) were established and supported by religious missionary societies. Examples of these institutions and their sponsors include: Fisk and Dillard Universities sponsored by the American Missionary Association; Clark and Bennett Colleges sponsored by the Freedman's Aid Society of the Methodist Episcopal Church; and Morehouse and Spellman Colleges sponsored by the American Baptist Home Mission Society. Black religious mission societies established colleges such as Morris Brown and Wilberforce College supported by the African Methodist Episcopal (AME) Church.

The basic pattern of racial discrimination in American higher education remained intact until it was confronted by the civil rights movement of the 1960s which protested all forms of

racial subordination and discrimination against ethnic groups. As the civil rights movement grew and minorities continued to demand social justice, the US institutions of higher education began to open their doors to students of color. By the end of the 1960s, the majority of the US institutions of higher education had initiated policies and programs to increase the number of minorities enrolled in undergraduate and graduate professional education (Anderson 2002). These actions resulted in a 10% increase in the percentage of African American college graduates between the age of 25 to 29 during the period 1960 to 1995 (Anderson, 2002). Data from the 2008 report of Minorities in Higher Education (Ryu, 2008) reported minorities have continued to make steady increases in college enrollment; thus, bridging the gap so that "in 1996, African Americans made up 12.5 % of the US general population and 11 % of all college students" (Anderson, 2002, p. 13).

From 1995 to 2003, the number of associate and bachelor's degrees awarded grew by 35% across all racial groups. Despite significant gains in college enrollment, African Americans continue to lag behind Caucasians and Asian Americans in graduation rates. Table 1.1 shows African Americans had the lowest persistence rates of all students by race at both two and four-year institutions. Also, in Figure 1.1 among the number of degrees awarded, "African Americans saw the smallest increase: from 9.6 to 10.7 per 100 African Americans enrolled" (Ryu, 2008, p. 26).

Table 1.1

Percent of Students by Ethnicity who are Currently Enrolled or Have Attained a

Degree/Certificate in the United States Between 1995 and 2003

Ethnic Groups	Beginning Enrollment at Four-Year Institutions		Beginning Enrollment at Two-Year Institutions	
	1995	2003	1995	2003
White	84.1	82.7	62.1	56.2
African American	73.6	73.0	45.0	47.4
Hispanic	80.7	75.8	62.4	53.9
Asian American	92.3	88.8	67.1	
Total	83.1	80.9	59.7	55.0

Note. From *Minorities in higher education 2008: Twenty-third status report* , p. 26, by M. Ryu,

2008, Washington, DC: American Council on Education Service. Copyright 2008 by American

Council on Education. Adapted with permission of the author.
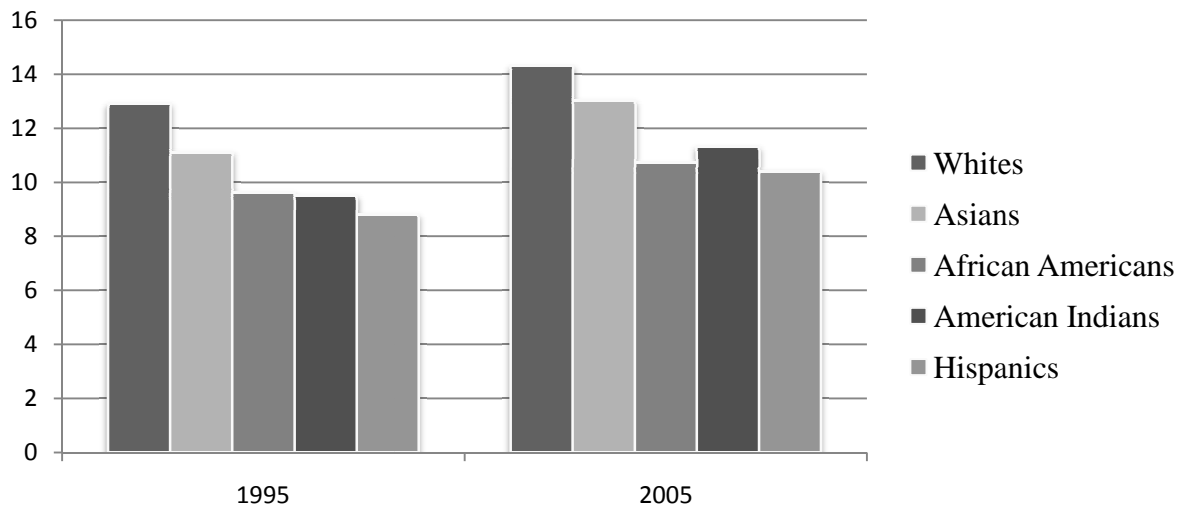
Figure 1.1. Increase in number of associate and baccalaureate degrees awarded per 100

undergraduates from 1995 to 2005. From *Minorities in higher education 2008: Twenty-third*

status report, p. 26, by M. Ryu, 2008, Washington, DC: American Council on Education

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author.

Although the number of minorities in secondary education has increased vastly over the

past several decades, nursing and the healthcare professions, in general, continue to struggle with

efforts to create a workforce that mirrors the demographics of the population it serves (Carnegie,

2005; Gabard, 2007; Tanner, 1996). Throughout the US there has been considerable effort to

find ways to increase the number of minorities from underrepresented and underserved

communities represented in the nation's health care professions (Institute of Medicine, 2004;

Sullivan Commission, 2004; National League for Nursing Reflection and Dialogue 2009). The

focus of the work in this area has been on recruitment to increase the enrollment of students of

color in nursing. Figure 1.2 demonstrates the percentage of minorities graduating from pre-

licensure registered nursing programs from academic years 2002-2003 to 2006-2007 has shown

very little change. (National League for Nursing (NLN), 2008). Although there has been a

significant increase in the numbers of minority graduates across all types of nursing programs,

the representation of minorities in the nursing profession still does not mirror the diversity of the

US population. According to the US Department of Health and Human Services, Health

Resources and Services Administration (2006), only 10.7 % of all registered nurses come from

one or more of the identified racial ethnic minority groups. Whereas, 34% of the US population

claims minority racial or ethnic heritage. The following quote summarizes the task that lies

ahead for nursing in its quest to become more diverse.

> However, nursing must move beyond the basics. Nursing must focus on substance- the
>
> quality of the experience, the cultural humility that must be taught to all nurses and thus
>
> integrated into nursing practice, and the cultural safety that must be provided to all of our
>
> colleagues and recipients of care. Establishing and maintaining environments that are
>
> inclusive, open, and flexible is a complex undertaking. It requires being supportive of the
>
> ecological, sociopolitical, cultural, and faith-based differences in behavior, social
>
> constructions, and social identity development (NLN Reflection and Dialogue, 2008).
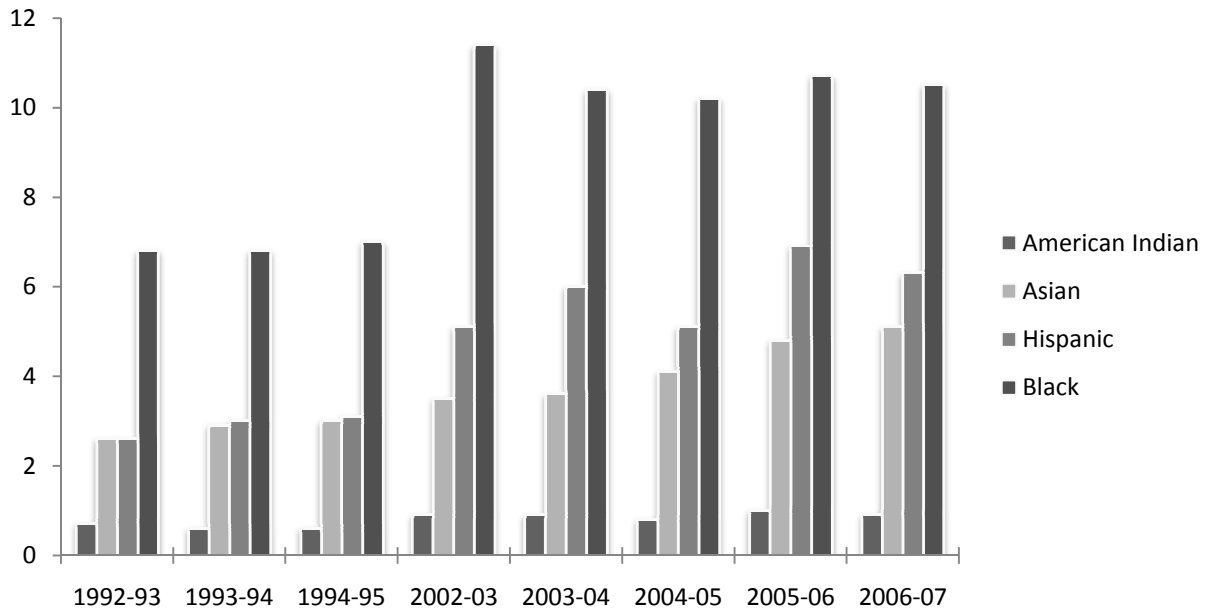
Figure 1.2. Percentages of minorities graduating from basic RN programs by race-ethnicity: 1992-93 to 1994-95 and 2002-03 to 2006-07. From "Graduations of minority students from basic RN programs: 1992-93 to 1994-95 and 2002-03 to 2006-07," by National League for Nursing, 2008, *NLN DataView™*. Copyright 2009 by National League for Nursing. Adapted with permission from author.

Purpose of the Study

The purpose of this narrative phenomenological study was to explore lived experiences of African Americans in nursing education. This study attempted to describe the lived experiences of African Americans in nursing education through analysis of data derived from individual interviews detailing the lived and shared experiences among this ethnic/cultural group. The overall aim of the research study was to explore the feelings and perceptions of African Americans regarding their nursing educational experiences through their own personal, cultural interpretations.

The research questions of this study were as follows:

1. How do African American nurses describe their lived experiences in nursing education?

2. Are there common themes/concepts to be identified in the experiences of African Americans in nursing education?

3. What are the perceived factors that contribute to the lived experiences of African Americans in nursing education?

4. What meaning do African American nurses attribute to the lived experiences of their nursing education?

Assumptions

The underlying assumption of this study was: the lived experiences in nursing education of African Americans may be recalled and shared accurately through the use of structured interviews. The following is a list of other assumptions of this research study.

1. African Americans describe unique experiences in nursing education that differ from those of Caucasians and members of other ethnic groups.

2. The lived experiences of African Americans in nursing education can be identified through conscious recollection.

3. The lived experiences of African Americans in nursing education are related to the retention of minorities in nursing education.

4. Many factors, both external and internal, affect the lived experiences of African Americans in nursing education.

Delimitations and Limitations

The major delimitation of this study was that data were gathered only from African Americans who were successful in their nursing education. The experiences and perhaps the perceptions of African Americans who were unsuccessful in nursing education may have been very different. Additionally, findings from this study are only relevant to the African American nursing students, and not any other ethnic minority groups. The purposive sample of African American nurses currently working in a particular Midwestern city from which the participants were solicited, resulted in a geographical delimitation.

A limitation of the study was the use of the structured interview, which allowed the author to only capture the experiences of a limited number of African American nurses. The use of the structured interviews also created the possibility that the participants may not have recalled their experiences accurately or have felt free to express their true recollections or interpretations of these experiences.

Significance

In 2009, the US continues to experience a shortage of nurses. It is predicted that the shortage of registered nurses could reach as high as 500,000 by 2025 since the demand is predicted to grow by 2 to 3% each year (Buerhaus, 2008). The Council on Physician and Nurse Supply (2008) has determined that 30,000 additional nurses should be graduated annually to meet the nation's healthcare needs. With the decline in the number of Whites entering the healthcare professions (Ryu, 2008), it is imperative to recruit and graduate significantly more minorities in the nursing profession in order to meet the projected nursing supply demands. Therefore, it is important to study the experiences of African Americans in nursing education to increase understanding of the factors influencing low graduation rates. By exploring the

experiences of successful African American nurses, "significant insights about the experience of difference" may be gained (NLN Reflection and Dialogue, 2008). Examining the individual stories of African American nurses facilitates the exploration of the diverse values, beliefs, and meanings that exist within the African American culture. Eliciting the personal stories of African American nurses can produce qualitative data that may be helpful in creating culturally safe learning environments for students, faculty and staff. The use of reflection facilitates identification of the meaning of experiences. Freshwater, Taylor & Sherwood (2008) stated:

> Critical reflection refers to the depth at which the individual reflects on themselves in relation to a given situation or phenomenon, namely, the degree to which the individual can move from reflecting solely on their actions to reflect on the thought processes driving their actions (p. 103).

The data gathered through the narrative stories of African American nurses will shed new insight into previously identified general needs of African American nursing students. In addition, the narratives will enable the researcher to identify meaningful turning points for individual nurses, and will provide new knowledge for nurse educators to consider when striving to meet the learning needs of a more diverse and challenging student body. It is hoped through this information, nursing faculty will be able to gain a better understanding of the perceptions of African Americans about their nursing education experience, and use this knowledge to facilitate increased retention and graduation rates among this population.

In summary, this chapter presented background information related to experiences of African Americans in nursing education. The historical overview of racial discrimination in America from the Civil War period through the twentieth century was presented along with the historical trends of African Americans in higher education and nursing education. The purpose of

the study, research questions, assumptions, delimitations and limitations, and the significance of

the study were presented.

CHAPTER II: REVIEW OF LITERATURE

Presented in this chapter is the extant review of the literature related to the overall experiences of African Americans in higher education as well as their experiences in nursing education. This review of the literature organized scholarly research related to the history of racial discrimination in higher education, minority student retention, recruitment and retention of African Americans in higher education, barriers preventing minorities from entering healthcare professions, recruitment and retention of minorities into healthcare education, and specific teaching/learning strategies initiated to retain minorities in healthcare education, and the experiences of African Americans in nursing education.

Racial Discrimination in Higher Education

Issues of discrimination have plagued the United States in many facets of its society including education and healthcare. The Civil Rights legislation of the 1960s initiated a movement to end the inequities experienced by ethnic minorities in each of these areas. However, history has demonstrated that establishing and maintaining inclusive environments is a very complex process and requires much more than legislation.

Anderson (2002) provides a comprehensive description of racial discrimination in higher education from the time of the Civil War through the end of the twentieth century, pointing out that "until after the Civil War, African American participation in American higher education was almost imperceptible" (p. 5). According to historians of Black education, during the period of 1636-1866, only approximately twenty-eight African American students graduated from the limited number of American colleges and universities (Sollors, Titcomb & Underwood, 1993). However, following this period the establishment of land-grant colleges through the enactment of the Morrill Act in 1882 resulted in a huge increase in the number of institutions of higher

learning. Higher education moved from private to publicly supported institutions. However, the southern states resisted the education of African Americans and proposed a separate system that was limited as much as possible to the elementary level. In northern states, African Americans were denied access to public institutions of higher education through social practice rather than legal discrimination. However, Anderson (2002) wrote "in both regions, the results were similar; the legal and institutional systems of racial discrimination precluded significant opportunities for higher education" (p. 6). During the period following the Civil War through World War II private Black colleges supported by Black and White religious organizations began to flourish and provided college education for most African Americans. These colleges have become known as Historically Black Colleges and Universities (HBCU). Examples include: 1) Fisk University and Dillard University, sponsored by the American Missionary Association 2) Clark and Bennett Colleges sponsored by the Freedmens' Aid Society of the Methodist Episcopal Church 3) Morehouse and Spellman Colleges sponsored by the American Baptist Home Mission Society and 4) Wilberforce College supported by the African Methodist Episcopal (AME) Church.

The basic pattern of racial discrimination in American higher education remained intact until the Civil Rights movement of the 1960s when all forms of racial discrimination were protested (Anderson, 2002). As a result of the Civil Rights movement, the African American presence in public higher education institutions began to increase significantly. Since this time, minorities have made steady increases in college enrollment- "From 1986 to 1996, the college enrollment of African Americans has increased by 38.6 %; Asian Americans by 83.8 %, and Latina/os by 86.4 %. In 1996, African Americans made up 12.5 % of the US general population and 11% of all college students" (Anderson, 2002, p. 13).

Minority Recruitment and Retention in Higher Education

      Recruitment. "By the end of the 1960s, virtually all leading US institutions of higher education had initiated policies and programs to include more students of color in undergraduate and graduate professional education" (Anderson, 2002, p. 11). Strategies commonly initiated by institutions of higher education to recruit minorities included affirmative action, high school to college bridge programs, summer enrichment programs, and financial assistance in the form of loans, grants and scholarship programs.

      Underwood & Fay (1996) studied the impact of a health careers bridge program on recruitment, retention and graduation of minority students in nursing and health careers. Students were recruited during the summer prior to high school graduation. At the date of publication, five students had completed the program and had satisfied college entrance requirements. These authors suggested the program might serve as a model to facilitate recruitment as well as retention and graduation of minority students, although no data was available to support claims of retention or graduation. Testoff & Aronoff (1983) investigated the influence of a health careers program initiated by the Federal Government through institutional grants to increase the number of minority students in schools of health professions. Data showed an increase in the number and diversity of participants as well as an increase in the number of institutions participating in the program. In an exposition regarding the results of the Affirmative action Supreme Court decision of 2003, Tedesco (2005) stated:

      Unless we boldly and actively build the pipeline, we will the unintended consequences of competition for groups of students, in numbers that will not begin to meet the critical mass needed across dental education to realize the educational benefits of diversity or the

growing health care needs of an increasingly diverse nation or to address health

disparities (p. 1219).

Milone-Nuzzo (2007) agreed that recruitment and academic preparation needs to begin in grade

school. Wiggs & Elam (2000) extended the need for students to gain early exposure to the health

professions, and identified other strategies such as outreach, and the establishment of social

networks for minority students once enrolled in a majority institution. Tysinger & Whiteside

(1987) reviewed programs utilized to increase recruitment and retention of minorities in health

professions including summer enrichment programs and pre-matriculation programs and offered

the following suggestions to increase the retention of minorities in health professions: 1) include

all individuals participating in the recruitment and retention process in the planning and

evaluation 2) special programs should be open to all students regardless of race and 3)

recruitment and retention process should have a diagnostic/prescriptive testing component. Baker

& Lyons (1989) presented a narrative overview of the recruitment and retention of minority

disadvantaged Allied Health students and suggested the use of federally supported grants to

increase minority enrollment, retention and graduation rates.

      Retention. As a result of successful recruitment strategies, higher education leaders

began to embrace the philosophy of cultural diversity and the importance of student interaction

with individuals of different cultures. However, the inclusion of increased numbers of minority

students in higher education settings has had significant social and financial implications for

academic institutions. In the early period of active recruitment for diversity, a lack of support

services for minority students contributed to extraordinarily high dropout rates. Also it was noted

that minority students often required special assistance to overcome the disadvantages of inferior

secondary school preparation. All of these factors together have frequently made it difficult for

minority students in higher education to cope with an unfamiliar and frequently hostile

environment (Altbach, Lomotey & Rivers, 2002). The issue of retention remains a persistent

problem for institutions of higher education. Swail, Redd & Perna (2003) wrote "For the past

100 years, the institutional graduation rate has stubbornly held at the 50 % mark: half of all

students entering higher education fail to realize their dreams and aspirations based on earning a

certificate or degree" (p.1). Tinto (1993) further accentuates the significance of the problem of

retention in higher education by stating, "The consequences of this massive and continuing

exodus from higher education are not trivial, either for the individuals who leave or for their

institutions" (p. 1). Swail, Redd & Perna (2003) interpreted the consequences of high college

dropout rates for minority students in the following statement: "For students of color in

particular, the stakes have never been trivial. Access and completion rates for African American,

Hispanic, and Native American students have always lagged behind those for White and Asian

students"(p. 2).

The most widely quoted authority on student retention is Vincent Tinto whose original

work (1975) proposed a central theory of integration. Tinto proposed that whether a student

drops out of an institution of higher education can be predicted by the degree of academic and

social integration experienced by the student. Tinto (1981) stated his model "fails to highlight

important differences in the educational career that mark the experiences of students' different

gender, race and socioeconomic status" (P. 689). The key elements of Tinto's theory are 1)

personal attributes of student before entering higher education, such as prior education and

family background 2) student's personal aspirations and goals 3) student's experience while at

college 4) student's external commitments and 5) degree to which student integrates socially and

academically. In 1987, Tinto expanded his theory incorporating other theories of student attrition

and prescribing policies and practices institutions might implement to improve student retention. Tinto (1987) stated the goals of his expanded theory were:

> First it attempts to give order to the extensive body of research on student departure by proposing a theory of departure from institutions of higher education which focuses on the role institutions play in influencing the social and intellectual development of these students. Drawn from studies of suicide and rites of passage to community membership, the theory will provide a view of student leaving and institution action which stresses both the limits of the institutional action and the unique responsibility of institutions share in the education of these students (p. 14).

Tinto (1987) further described courses of action institutions could deploy to address student "leaving". Tinto proposed that perhaps the term "dropout" should not be used since it implied failure on both the part of the student and the institution. One of the main themes of the work was that although retention of students was a noble goal for institutions, the major focus and goal for institutions of higher education should be "concern for the education of students, their social and intellectual growth" (p. 5). Tinto also incorporated the importance of perception into the expanded model. "The model takes seriously the ethnomethodological proposition that what one thinks is real, has real consequences" (p. 127). Thus, Tinto posited that the mere occurrence of interaction between the student and others within the institution does not ensure that integration occurs. Integration depends on the student's interpretation of the meaning and value of that interaction. The model emphasized that integrative experiences would increase the probability of persistence. The absence of integrative experiences, however, contributed to feelings of isolation and could result in decreased commitment to student academic goals and to the institution.

Stoecker et al. (1988) demonstrated validation of the Tinto model by tracing student retention and withdrawal in a national multi institutional sample during a nine year period from 1971-1980. The cooperative Institutional Research Program Survey (CIRP) tool was administered in 1971 and 1980 to the same respondents. The follow-up survey instrument focused on the students' actual college experience as well as their educational and occupational attainments to include a total of 10,326 students. The study investigated differential effects of race on persistence resulting in four separate groups: Black males, Black females, White males and White females. The effects of six variables were studied: 1) student pre-college characteristics 2) student precollege commitments 3) institutional characteristics 4) college major 5) college academic and social integration and 6) persistence-withdrawal behavior. Overall results showed that selectivity, size and racial composition all exerted significant effects on persistence primarily by directly influencing the subsequent constructs of academic and social integration. Further, the study results indicated that the patterns of indirect influences also provide evidence for clarifying relationships and interaction and should be considered to further explain the longitudinal rates of the persistence process in addition to the direct patterns of influence. Instead of relying only on strategies derived from direct effects, such as size and racial composition of the institution, designing interventions that indirectly have an impact on the students' academic or social experience at the institution, such as orientation programs, may also positively affect student persistence.

Tierney (1992) concluded Tinto misinterpreted the anthropological notion of ritual and suggested erroneously that minority students experience a "cultural suicide of their own culture in order to experience social integration in the college setting"(p.).Tierney suggested to move from social integration toward a theory of emancipation and empowerment of minorities.

Gonzalez (2000) used interpretive research methods to construct a grounded conceptual framework of minority, specifically Chicano, student participation in a predominantly White college. The study focused on two questions: "1) What meaning do Chicano students construct of their university experience during their first two years? And 2) How do Chicano students negotiate their university experience as they persist toward graduation" (p.71)? The study methodology utilized concept modeling. In order to gain a sufficient amount of time studying/interacting with the phenomenon, a total of twenty observations or "shadowing" experiences occurred where the researcher accompanied the two Chicano participants to class, during interactions with friends, work and student organizational meetings. The two participants were first-generation college students of working –class families who lived in homes where Spanish was spoken in predominantly minority communities. The researcher constructed a theory composed of three stages: 1) student as cultural worker 2) sources of cultural nourishment and 3) student as cultural worker-a dialectical framework or "thesis" by which the students live. Gonzalez proposed that the behaviors of students are aimed at the "working out" or "synthesis" of their "thesis" with the antithesis of the Anglo society leading to a "new thesis" for their socially-constructed reality" (p. 86).

Swail, Redd & Perna (2003) presented an ASHE-ERIC monograph summarizing "the realities of and strategies for student retention." The monograph describes: 1) the socioeconomic advantages of postsecondary education 2) why students leave college including academic preparedness, campus climate, commitment to educational goals and the institution, social and academic integration and financial aid 3) the Geometric Model of Student Persistence and Achievement and 4) key elements essential to effective implementation of student retention programs. Swails' Geometric Model of Student Persistence and Achievement is unique in that it

focuses on the dynamics between cognitive, social, and institutional factors which must combine to provide a solid foundation for student growth, development and persistence.

Seidman (2007) summarized a collection of minority student articles from the Journal of College Student Retention: Research, Theory and Practice. The articles presented were selected through a panel review covered institutional factors related to minority student retention. The majority of articles cited factors such as commitment to diversity and multiculturalism, the social and academic integration of diverse students, and sociolinguistic challenges to minority collegiate success.

Tinto (1998) reiterated the consensus of the literature and student retention research regarding the importance of academic and social student involvement and its positive influence on persistence. Tinto suggested if colleges and universities were to take student persistence seriously they would 1) adopt a community model of academic organization that would promote involvement through the use of shared connected learning experiences among its members and 2) reorganize the first year as a distinct unit with its own underlying logic and pedagogical orientation. Third, colleges and universities would reorganize faculty work to allow them and their students to cross the disciplinary departmental borders that now divide them.

Cabrera, Nora, Terenzini, Pascarella and Hagedorn (1999) examined the role perceptions of prejudice and discrimination play within the adjustment to college processes of African American and White students in terms of four assertions: 1) academic preparedness is a main factor accounting for difference in persistence between African American and White students 2) successful adjustment to college involves severing ties with family and past communities 3) perceptions of prejudice and discrimination are unique to minorities and persistence decisions among minorities are shaped primarily by exposure to a climate of discrimination. The sample

consisted of 1,454 incoming first year students (1,139 Whites and 315 African American) attending eighteen four-year institutions in the fall of 1992. Results of this study revealed many important findings regarding student persistence and retention. Only the findings relevant to the present research are described here. First, Cabrera et al (1999) found that perceptions of prejudice and discrimination had the largest negative effect on African Americans' academic experience. Secondly, data showed that the social experiences of African American students were negatively dominated by perceptions of discrimination. Third, disengagement with family, friends and past communities is not a precondition for the successful adjustment to college as Tinto (1987) previously posited. Fourth, African Americans cognitive outcomes and persistence decisions are not primarily shaped by perceptions of discrimination and prejudice.

Gloria, Kurplus, Hamilton & Wilson (1999) examined the influence of social support, university comfort and self-belief on the persistence decisions of ninety-eight African American undergraduates attending a predominately White university. Through self report, students completed questionnaires designed to measure the above constructs. The results supported the hypothesis that higher levels of social support, more comfort in the university environment and positive self-belief were associated with more positive academic persistence decisions of African American students. University comfort and social support exerted the strongest influence.

Pascarella, Terenzini, Wolfe (1986) tested the influence of a pre-college orientation program on student persistence within the framework of Tinto's model. The orientation program was designed "to both increase the student's knowledge of the institution and its traditions, and to facilitate his or her integration into the institutions social and academic systems" (p. 156). The study utilized a longitudinal design with three data points: prior to, during, and subsequent to the 1976-1977academic year. Sample size consisted of 773 freshman students. A detailed

questionnaire was used to gather selected background information and extensive information on their freshman year experience. Results showed that "orientation had only a small direct influence on persistence but, had relatively substantial and significant positive effects on both social integration during college and subsequent commitment to the institution attended (p. 169)."

Although the literature frequently cited summer enrichment programs as an effective minority recruitment strategy, Jones (1993) examined the effect of an orientation program also referred to as summer enrichment program or college academic achievement program for African American students. By comparing the college grade point averages (GPA) after completion of two semesters of college of African American students who had completed a summer enrichment program versus students who had not, Jones found no significant difference in academic achievement among the two groups.

Minority Recruitment in Healthcare and Nursing

> **Recruitment.** Across the United States, there has been considerable effort to find ways to increase diversity in all kinds of health professions education programs and to increase the number of students from underrepresented and underserved communities available for service in the nation's health care system (Institute of Medicine, 2004; Sullivan Commission, 2004 in NLN Reflection and Dialogue, 2009, p. 1).

The above quote summarizes the current situation of the US healthcare system in its quest to create an inclusive environment and increase the diversity of its workforce to mirror the population it serves.

Affirmative action in admissions is one strategy that has been utilized to influence the recruitment of minorities and thus increase the enrollment of minorities in the healthcare

professions. The major premise of affirmative action is that diversity is necessary in the educational setting and that it contributes to the development of a strong society through the bonding that occurs between individuals of different backgrounds (Tedesco, 2005). Proponents of affirmative action believe that "race is one of a number of factors that can be taken into account to achieve the educational benefit of a diverse student body" (Tedesco, 2005, p. 1217). Affirmative action continues to be a strategy for recruitment of minorities in education, although the strategy has come under increased scrutiny with individuals/groups challenging its constitutionality.

Early awareness and sensitivity to the healthcare professions is another strategy identified in the literature to increase recruitment of minorities. In a commentary on the U.S. Supreme Court ruling Grutter v Bollinger, Gabard (2007) expounds on the efficacy of outreach to K-12, better informing of school career counselors, as well as advertising, possibilities and community involvement of local school boards. Early awareness and sensitivity strategies were also documented as Testoff and Aronoff (1983) described the impact of the Health Careers Opportunity Program on the number of minority students in schools of health professions. The program awarded funds to undergraduate colleges and health professions schools to increase admission of minority students. Testoff and Aronoff (1983) reported an increase in the number of minorities in health professions schools. Minority applicants demonstrated improved scores on admission tests and a higher mean grade point average than non-minority students. Cohen (1997), in reviewing a similar strategy called Project 3000 by 2000, created by the AAMC as a long term strategy to improve academic preparation of potential underrepresented minority (URM) applicants, found that there was a significant increase in the percentage of URM

matriculants, but that the increase was only temporary. This finding suggests this strategy may be effective for short term results, but not long term effects.

Carnegie (2005) outlines the progress of Blacks in nursing beginning with the graduation of the first Black nurse in 1879, Mary Mahoney, through the first Black nurse to earn a PhD degree in 1928, Edith Bryant. In 1972, the American Nurses Foundation published a directory of minorities with doctoral degrees, and of the 964 nurses who held doctoral degrees in the US, 58 identified themselves as minorities: 12 Asians, 1 Hispanic, 45 Black, and no American Indian (Carnegie 2005).

Diversity within the medical profession seems to parallel that of nursing, with the majority of Black physicians prior to the 1960s graduating from predominantly Black institutions, such as Meharry Medical College and Howard University, when minorities made up only about 2% of all medical students. (Gabriel & Terrell, 2002)

Grossman, et al (1998) conducted a survey of the deans and directors of nursing programs in the state of Florida to determine how they promote and integrate cultural diversity into their programs. Respondents identified strategies used to recruit ethnically diverse faculty and students included "advertisements in diverse journals, tutoring, counseling and remediation, availability of minority student advisor or specialist, and recruitment fairs in minority high schools" (p. 3). Thus, the many and varied strategies used to recruit minorities into healthcare professions are well documented in the literature.

Retention. Retention of minorities in healthcare education programs remains a critical issue. Data from the National League of Nursing (NLN) division of Research report an increase in enrollment of men and ethnic minorities from 1989-1993. However, these same data also

document the disparities that exist in graduation rates between minority nursing students and non-minority students (NLN, 1997).

Thurmond and Cregler (1999) examined reasons underrepresented minority students who enter the health professional pipeline in high school drop out. Findings support the concept that development of a mentoring relationship with individuals who can give students opportunities to work in the healthcare settings was an important factor in retention of minority students. Katz (2007) studied the influence of participation in a "nursing institute" on students' knowledge and opinions about nursing. The author administered an investigator-designed survey intended to be culturally appropriate for use with Native American students who desired to become registered nurses. The survey was administered pre and post participation in the "nursing institute." Results showed that a summer nursing institute may have positively influenced students' opinions of nursing. The summer institute provided culturally appropriate education, interactions with Native American nurse role models, and support and encouragement in preparing for college and nursing. This study suggested this strategy may be a powerful recruitment tool for Native American students, especially those who live on a reservation, and also supports Thurmond and Cregler (1999) assertion regarding role models/mentors.

Smith (2006) examined the factors associated with the retention of male nursing students, particularly nontraditional male students, utilizing the theory of "critical demography." Critical demography focuses on the influence of dominance or subordinance of specific populations within society and how that socialization transfers into feelings of control or power. Participants (N=29) consisted of nontraditional male nursing students ranging in age from 26 to 60: 85% Caucasian and 15% African American. A 50 item survey was completed concerning student motivation, self-regulation, study skills, and perceived student challenges. Students were also

asked to rank their greatest concern using a Likert scale. In the second part of the study, students participated in a semi-structured interview where they were asked about those experiences as a male nursing student, opportunities and challenges, the public's view of nursing, and what it means to be a male in nursing school. Findings were consistent with other research on nontraditional students with issues of time management being the most critical. Gender issues were also cited, however, participants stated "they were not bothered by these incidents or situations" (Smith, 2006, p. 263). Analysis of the data using the critical demography theory revealed that although the nontraditional male nursing students were well aware of their situation as a minority, they did not feel that it had a negative impact on their potential for success in nursing school. This finding is new to this writer and was not found again during this review of the literature. These findings conflict with those of other researchers examining perceptions of ethnic minority nursing students who are female.

Nugent et al (2004) describe the development and development of a mentorship model for the retention of minority students (MMRMS). The model involves the concepts of academic support, financial support, self-development, professional and leadership development and faculty and institutional awareness. Students were provided access to minority mentors and exposed to information regarding the other four concepts through a variety of methods including seminar courses and supplemental instruction. Supplemental instruction was used for courses having been identified as historically difficult. The program resulted in increased retention of minority student graduation rate of 81.3% of the first class. Although the study addressed student learning styles, it did not address specific teaching strategies necessary to enhance minority student learning.

Another factor influencing minority student retention is faculty commitment. Campbell and Davis (1996) reported on their experiences of working with minority students in a structured "Enrichment for Academic Success (EAS) program. Outcomes cited were increased confidence, feeling more connected to the institution and overall an increased ability to persist and attain success in their nursing educational endeavors.

Teaching Strategies

The principles of teaching and learning have long been documented as a science. Many theories have been identified to increase the effectiveness of teaching and instruction, such as constructivism, assimilation theory, and behavioral theories. The healthcare education literature has examined the use of many of these theories and specific teaching strategies. For example, much is documented in the healthcare literature regarding differences in learning styles. However, few studies address these differences in relation to minority nursing students.

Yoder (1996) utilized grounded theory methodology to examine the processes nurse educators use when teaching minority nursing students. Findings identified five patterns of responding to minority nursing students: 10 generic 2) mainstreaming 3) culturally non-tolerant 4) struggling and 5) bridging. The most positive and successful response was bridging. The main characteristic of the bridging pattern was culturally adaptive instructional responses. Educators using this response consistently encouraged students to maintain their ethnic identity and demonstrated respect for cultural differences among the students.

Yorkovich (2001) utilized a grounded theory approach to identify strategies that supported the educational success of Native American baccalaureate nursing students. The study identified core variables found in 32 American Indian nursing graduates that facilitated success. Further, this study also identified unique learning styles of Native American nursing students

including listening, observing, and doing. Since this culture uses story telling, cooperative groups were formed relevant to these learning styles. Participants also related that case studies facilitated learning as well.

Summary

In summary, the healthcare professions and their education programs have implemented many strategies to address recruitment of minorities. Nursing education programs have utilized early awareness strategies, financial support and career counseling to increase minority enrollment. Retention of minority nursing students has been addressed mainly through mentoring and academic support. High attrition rates have been accounted for by the many environmental factors, such as family support, differences in culture, and perceived negative interactions with faculty.

Implications for Future Research

As stated earlier in this review, much has been documented concerning the present state of a disparity in the percentage of minorities in the healthcare professions. However, the literature is lacking research linking effective teaching strategies/philosophies with unique learning needs of minority nursing students. Many of the research studies conducted have focused on factors that educators may have no control over, such as lack of family support or even financial difficulties of minority nursing students. However, it seems that future research needs to begin to focus on those factors faculty and institutions of higher learning do have control over. A major factor that teachers in any setting have control over is the assessment of learning styles and preferences and how information is taught in their classrooms. Perhaps, educators need to focus on those minority nursing students who have been successful and investigate what strategies assisted them in achieving their goal.

CHAPTER III: METHODOLOGY

The study methodology is discussed in this chapter. The research design, a qualitative phenomenological methodology using individual interviews, is described along with the rationale for this design. Identification of population sample, ethical considerations, demographics and description of the setting are discussed. This chapter ends with a description of the study instrument, procedure, and limitations of the methodology.

Research Design

A qualitative design was selected to explore the phenomenon of the lived experiences of African Americans in nursing education. This design allowed the researcher to focus on participant perspectives, their meanings, and their subjective views (Creswell, 2007). Qualitative methodology is most appropriate for this study because the goal was to understand the meaning of a phenomenon—experiences of African Americans in nursing education—from the perspective of African American nurses. The researcher attempted to elicit the voices of African American nurses regarding their experiences in nursing education through reflection. This study design allowed and encouraged participants to reflect on the meaning of their experiences through their own personal, cultural lens. Creswell (2007) stated qualitative research is used because it tells us "about why people responded as they did, the context in which they responded, and their deeper thoughts and behaviors that governed their responses" (p. 40). Through reflection, the narrative stories elicited help explain how participants responded as well as why they responded in a particular way. Understanding the meaning of this phenomenon first required rich descriptions of participants' experiences and a consideration of the context of these experiences. The rich description of experiences from several viewpoints allowed an overall picture of the phenomenon to emerge.

Phenomenological research uses the lived experiences of several individuals to describe a phenomenon (Creswell, 2007). The focus of such a study is to describe the common or shared experiences of several individuals regarding a selected phenomenon in order to develop a deeper understanding about the phenomenon. This study aimed to explore the common experiences of African Americans in nursing education. A narrative approach was utilized to allow the voices of African Americans nurses to be heard regarding their individual experiences as well as personal meanings of those experiences—the impact on them as individuals, their families, and the nurses they have become.

Identification of Population Sample

The researcher used a purposive sampling technique and 11 American-born African American registered nurses volunteered. Access to the sample population occurred through professional nursing associations, local colleges of nursing as well as personal associates of the researcher. The sample population was limited to African American nurses who had attended a public or private college located in the Midwestern United States for their undergraduate nursing education. Use of a purposive sample limited to Registered Nurses contributed to the similarity of the nursing education experience undiluted by diploma and Practical Nursing program settings. Individuals were contacted via e-mail, phone calls, or face-to-face meetings inviting their participation.

Ethical Considerations

Permission to conduct the study was obtained through the Institutional Review Board of the college the researcher was attending (Appendix A). Although other researchers have chosen to study the experiences of minority student nurses, the decision was made to exclude African American nursing students from the population sample due to ethical considerations related to

the researcher's position as director of a nursing program. When individuals were contacted by

the researcher, it was specifically noted that the individual had the option to decline, and if the

option to decline participation in the study were chosen it would not in any way affect their

relationship with the researcher. Participants were informed prior to the interview of their rights

to end the interview at any time and that the interview would be taped, transcribed and analyzed.

Participants signed an informed consent after having expressed understanding of their rights

pertaining to participation in the study (Appendix B).

Confidentiality was maintained by using participant initials and the omission of names of

colleges attended in the audiotapes, transcripts, notes and reports. Audiotapes, informed consent

and demographic data forms were secured in the researcher's possession, in a locked desk

drawer in a locked office. All tapes were destroyed after transcription.

Because the researcher is an African American nurse, bracketing was used in an attempt

to set aside her own personal experiences in nursing education (Creswell, 2007). Prior to data

collection, the researcher delineated her biases and preexistent opinions about her own

experiences in nursing education. Writing these made the researcher more aware of personal

beliefs and better able to bracket them, by "putting aside one's own beliefs, not making

judgments about what one has observed or heard, and remaining open to data as they are

revealed" (Streubert & Carpenter, 1999, p. 21). Researcher effects were also minimized through

the use of neutral settings for interviews and soliciting volunteer participants.

Demographics

The sample consisted of ten African American Registered Nurses, 1 male and 9 female.

Eleven participants volunteered for the study and were interviewed. One transcript was not

audible, and therefore was discarded. Fifty percent of participants were between the ages of 18

and 24 when entering nursing school and attended as traditional students. Twenty percent of participants were between the ages of 25 and 30, 20% were between 31 and 45 years upon entering nursing school. All participants attended nursing school as full-time students. Forty percent of participants were married and 60% had children while attending nursing school. Only two of the 10 participants or 20% were single parents while attending nursing school. Seventy percent of participants attended private colleges and 60% utilized both financial aid and scholarships to pay for their education. The length of time since graduation ranged from 28 years (1981) to three years (2006). Tables 3.1 and 3.2 present a summary of demographic data by personal characteristics and academic setting. Figures 3.1 and 3.2 depict ages of participants upon entrance into nursing school and years since graduation.

Table 3.1

Demographic Data: Personal Characteristics of Participants

	Age Entering Nursing School	Age at Completion of Nursing School	Married	Children	Single Parent
Participant 1	18-24	22-24	No	Yes	Yes
Participant 2	18-24	22-24	No	No	No
Participant 3	31-45	31-45	No	Yes	Yes
Participant 4	25-30	25-30	Yes	Yes	No
Participant 5	31-45	31-45	Yes	Yes	No
Participant 6	18-24	22-24	No	No	No
Participant 7	18-24	22-24	No	No	No
Participant 8	18-24	22-24	No	No	No
Participant 9	31-45	31-45	Yes	Yes	No
Participant 10	25-30	25-30	Yes	Yes	No

Table 3.2

Demographic Data by Academic Setting

Academic Setting	Year of Graduation from Nursing School	Years to Complete Nursing School	Attendance	Type of Student	Financing of Education
Public University					
Participant 1	1984-AS; 1987-BSN	4	Full-time	Non-traditional	Financial Aid Scholarships
Participant 7	1981	4	Full-time	Traditional	Financial Aid Scholarships
Participant 9	1989	2	Full-time	Non-traditional	Personal Finances
Private College					
Participant 2	2006	4	Full-time	Traditional	Financial Aid Scholarships
Participant 3	2001	3	Full-time	Non-traditional	Financial Aid
Participant 4	2005	4	Full-time	Traditional	Financial Aid Scholarships
Participant 5	2006	4	Full-time	Non-traditional	Financial Aid Scholarships
Participant 6	1997	4	Full-time	Traditional	Financial Aid Scholarships
Participant 8	1994	4	Full-time	Traditional	Financial Aid Scholarships
Participant 10	2000	4	Full-time	Non-traditional	Financial Aid Scholarships
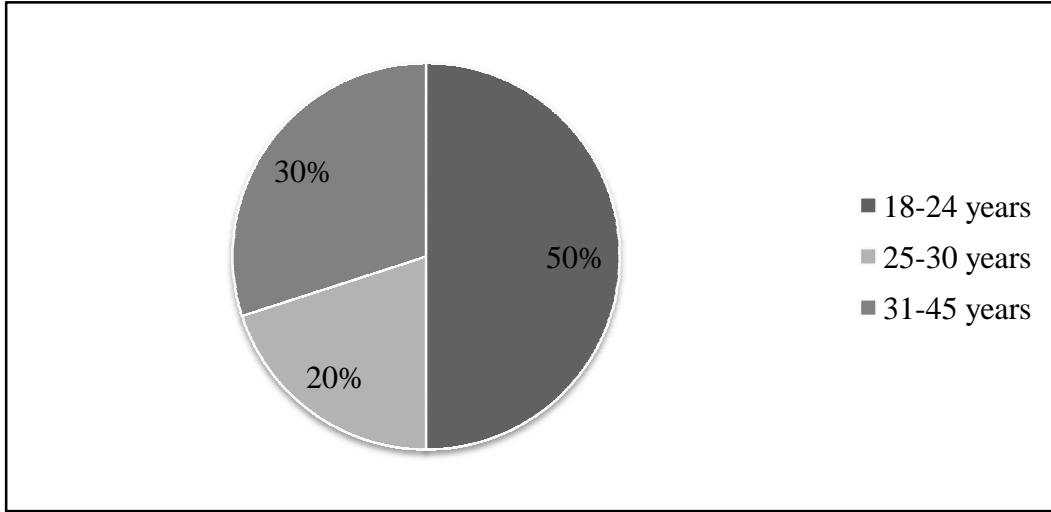
Figure 3.1. Distribution of age of participants at time of admission into nursing school. Fifty percent of participants were between the ages of 18 and 24 when entering nursing school and attended as traditional students. Twenty percent of participants were between the ages of 25 and 30, 20% were between 31 and 45 years upon entering nursing school.
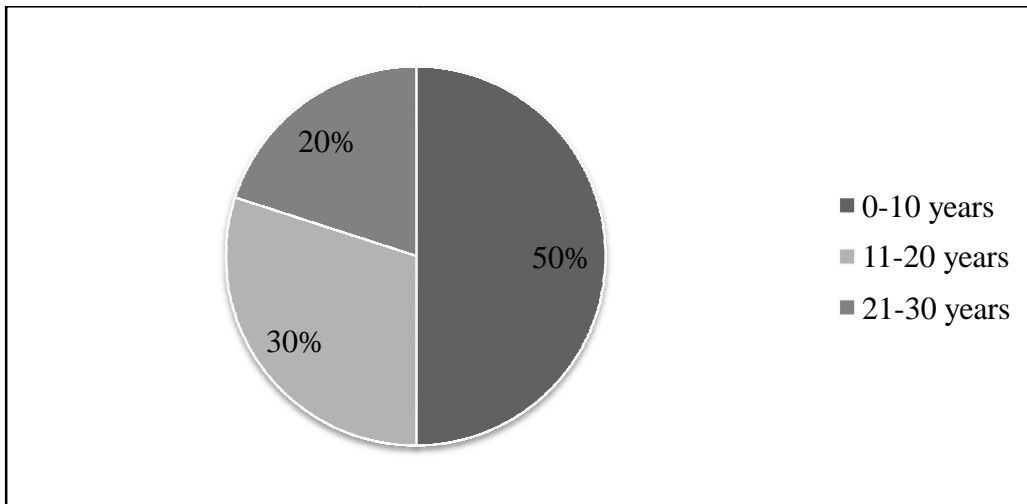
Figure 3.2. Distribution of number of years since graduation. Twenty percent of the participants had an average length of time since graduation of 28 years (1981). Thirty percent of the participants had an average length of time since graduation of 10 years. Fifty percent of the participants had an average length of time since graduation of three years (2006).

Description of Setting

The research was conducted in a metropolitan city located in the Midwestern United States. Interviews were conducted, with the participant's permission, in private, neutral, non-threatening settings including a conference room at the college where the researcher worked, the home of one participant, and by phone because one participant resided in another state.

Survey Instrument

The survey tool was developed and piloted by the researcher. The final survey consisted of seven open-ended questions (Appendix C). The open-ended questions allowed participants to describe their experiences in their own words. Probing questions were utilized by the researcher to elicit more specific descriptions and also to guide the participant to think deeper about an experience.

The use of the qualitative research tool of interviewing was appropriate for this study because it allowed the researcher to develop a deeper understanding about the specific features of the phenomenon of the experiences of African Americans in nursing education. This methodology allowed the individual stories of participants to be told in order to gain insight into the personal experiences of African Americans in nursing education.

Procedure

Structured interviews that averaged approximately 60 minutes were conducted and audiotaped by the researcher at a mutually agreed upon location. The audiotapes were transcribed by a professional transcriptionist and coded with only participant initials for confidentiality. The researcher reviewed the transcripts for accuracy. Participants were encouraged to reflect on the meaning, significance and impact of the experiences on their success in nursing education as well as the effect on their careers as nurses.

The purpose of the study was reviewed with the participants. Participants were interviewed once on separate occasions with only the researcher and participant present. The researcher asked seven structured open-ended questions of each participant with specific follow-up probing questions at the discretion of the researcher. The three participants who held Master's degrees were asked to focus their responses only on undergraduate experiences. Eleven interviews were conducted; however, one audiotape was partially erased and therefore discarded from the sample. Transcripts were analyzed for common themes using NVivo 8 software. The researcher used Moustaka's (1994) transcendental or psychological phenomenology focusing not on the interpretation of the researcher, but on the description by the participants. Data were analyzed by reducing the information to significant statements or quotes and combining them into themes. The analysis identified the textual description or what participants experienced as well as the structural description or how they experienced it in terms of conditions, situations, or context. NVvivo 8 analysis software was utilized to identify common themes and to determine saturation of identified themes. Creswell's (2007) template for coding phenomenological research was utilized in analysis of data.

Data Quality Check

Triangulation was accomplished through the independent coding performed by the researcher and the use of NVivo 8 coding software. The researcher read through the transcripts to identify common words, phrases and statements by participants representing their feelings about their nursing education experiences. NVivo 8 software was utilized to identify common themes and compared with those identified by the researcher. The software was then utilized to substantiate common themes. The dissertation committee members and specifically, the committee chair served as peer debriefers playing devil's advocate by asking hard questions of

the researcher about methods, meanings and interpretations of the researcher. A data audit trail was completed by the dissertation committee members. Themes were identified through saturation of coding. The use of detailed examples allows readers to make decisions regarding transferability of study results.

Methodological Limitations

The use of only one researcher to conduct coding of the study constituted a limitation of the study methodology. This prohibited the researcher from performing inter-rater reliability. Although the researcher utilized bracketing to prevent personal bias from interfering with data collection, it may be impossible to guarantee this state was perfectly achieved (Moustakas, 1994). The use of the interview tool although appropriate for the research design, precludes the researcher's ability to authenticate data. Creswell (2007) raised similar concerns as identified in the following quotation:

Are your interviewees able to articulate the forces that interrupt or suppress or oppress them? Do they erase their history, approaches, and cultural identity? Do they choose not to expose their history or go on record about the difficult aspects of their lives (p. 140-141)?

Summary

In summary, this chapter has presented a description of the research design with supporting rationale. Identification of population sample, ethical considerations, demographics and the setting for the study were discussed. Lastly, this chapter included a description of the study instrument, procedure and limitations of the methodology.

CHAPTER IV: RESULTS

The results of the study are presented in this chapter. Included is a description of the process used for data analysis. The common themes identified through analysis with NVivo 8 software and examples of narratives supporting these themes are discussed in relation to the literature review. Both textual and structural discussions of identified themes are presented. The chapter ends with a discussion of the summary of the results and a description of the essence of the experiences of participants in nursing education.

Data Analysis

For data analysis, the participant transcripts were entered into NVivo 8 software. Each transcript was analyzed by the researcher to identify significant statements regarding participant experiences in nursing education. As the researcher read through the transcripts words, concepts, or phrases were identified as "nodes". Approximately ten to fifteen "nodes" were identified. The researcher then read through each transcript to locate each of the "nodes" as they were repeated throughout the transcripts. Horizontalization of data was accomplished as the researcher worked to develop a list of "nonrepetitive, nonoverlapping statements" (Creswell 2007, p. 159). NVivo 8 software tracked and organized coding from each transcript by node. The researcher created a printout for each individual node and grouped participant statements into common themes or "meaning units" (Creswell, 2007, p. 159) related to each specific node. Only those nodes with at least four narrative citations were considered significant. Data analysis resulted in identification of six themes or meaning units: feelings of isolation, student interactions, support systems, faculty attitudes, feelings of prejudice, and inner strength and personal drive. Themes are described in this chapter along with examples from participant narratives. Suggestions from

participants for nursing faculty and future African American nursing students are also included in this discussion.

Feelings of Isolation. Feelings of isolation were identified by 9 of the ten participants when asked to describe their feelings regarding nursing education. Specific participant comments demonstrated that as African American nursing students, participants stated they felt isolated due to few African American students in their classes and on campus, as well as few African American teachers. These feelings of participants may reflect what Tinto (1987) stated as he revised his model of student retention: "what one thinks is real, has real consequences" (p. 127). Participants' feelings of isolation are described in the following quotations.

"That there weren't a lot of minorities and there weren't a lot of…"

"…the students, you could count them on one hand."

"There were three of us in my graduating class that were Black and we kind of stuck together".

"Well, the first year I was one of the only Black students who stayed in the dorms".

"We started off with out of hundred students and of those 2 of them were both older than I was. I was in my 20s and they were in their 40s. So there was no one I could connect with or network with or mentor me. Or just someone I felt like I had of my age that we were going through the same time in this part of our lives. The majority of them I was friendly with them, but I really didn't have any socialization after school. There was no friendship, nothing like that."

The following comment describes one participant's experience of loneliness resulting from a lack of minority students.

"The only feelings I remember having were that there weren't many African Americans and in essence it was a kind of lonely experience because you didn't have…when I went through I was the only African American student in my class and I think for a while I don't remember any juniors or seniors so I'll say that aspect of it was kind of lonely because if you look at everybody else, everybody kind of had their groups or study groups. ..I mean it was kind of lonely in that respect…"

The second factor participants identified in relation to feelings of isolation was few African American instructors. The following quotes demonstrate the lack of minority faculty as perceived by participants.

"There was actually one instructor that was African American, "There weren't many teachers that look like me. When I first started, there weren't many students who looked like me."

"…I truly don't remember one minority teacher my entire time there."

The following quotations demonstrate how participants dealt with their feelings of isolation. Some participants expressed they had become desensitized to being in the minority through previous experiences in elementary and high school. Others, stated they accepted the situation of being "the only minority, or one of two" as being normal and not abnormal.

"If there are only three of you, you have got to stick together real hard because if one falls to the wayside or two, you're out there by yourself. You know what I mean? So I'm glad I had them…"

"There weren't many Black or African Americans anyway, so I was used to being the only one or two in the class anyway. So it wasn't a new experience for me."

"I've always been one of the only Black students in school even going to grade school. I was bussed out to elementary school and all of that. It wasn't abnormal for me to be in the classroom and be the only Black and to be comfortable."

Student Interaction. The second theme that emerged from participant interviews was student interaction. Eight of the ten participants described student interaction as having significant impact on their nursing educational experience. Participant responses regarding interactions with other students (non-minority) were varied. Some participants reported experiences of exclusion from study groups and social interaction. The following quotes from transcripts capture the participants' feelings of exclusion.

"I wasn't included in the study groups. Basically, I went to my clinical and I had already had my basic sciences, so all I had was the nursing courses. So I went and did my nursing courses, which was every day and did my clinical and then basically I had to go to work and go on about my business. I was never invited to do study groups and I was never encouraged or facilitated by the college to have study groups at that particular time."

"When it came time to get together and study for tests and stuff like that it always just kind of I had to probe and find out and ask are you guys getting together. Is it okay if I joined? That type of thing. It wasn't as friendly. they weren't as eager to open up and stuff like. They kind of had…Had I not sought out the groups and stuff I would have just went on and they would have had their groups."

"The majority of them I was friendly with them, but I really didn't have any socialization after school. There was no friendship, nothing like that."

Most participants stated relationships with non-minority students became more positive throughout their nursing education. Several participants reported developing close friendships

that lasted beyond nursing school. These findings may have a correlation with Gonzalez (2000) who postulated "How do Chicano students negotiate their university experience as they persist toward graduation (p. 71)?" Gonzalez found that behaviors of Chicano students attending college were aimed at finding common ground with individuals from a society different from their own to create a new socially-constructed reality in order to be successful. Participants may have worked to create a new social reality for themselves through persistence and perseverance. The following excerpts from transcripts describe progression of student interaction from the participants' feelings regarding student interaction.

"It was mixed. There were some who were receptive and friendlier and I'm still friends with some of them to this day so it kind of depended on the individual. I just wish that it had been more of a welcoming type of atmosphere. I think I would have felt more comfortable if there were more African Americans and you kind of hung with and talked to somebody like you."

"But I think as the education went on and you got to make good relationships with those students and they got to know you that it did get better. We did start to come together and have study groups. I think it was like a culture shock for them as well as for me because I'm from such a diverse area and dealing with other students that were different."

Support Systems. Seventy percent of participants discussed the importance of support systems throughout their nursing education. Support systems identified by participants included family, faculty, college or university sponsored groups and other students. The following quotations demonstrate participants' perception of the importance of support systems.

"Neither of my parents are college graduates. Neither were my grandparents. I was the first to graduate college. My paternal grandmother had fifty-two first generation grand

kids and I was the second to graduate from college. So out of all those kids they were so proud of me and my dad passed away the summer before my senior year, but he was so proud of me. Just so proud, oh my gosh, he bragged all the time. When I met people at his funeral they were like you must be "A" the nurse. My mom was so supportive and she still is supportive of me now….It's good to see because now my younger cousins, my aunts and uncles use me as an example and say, "Call "A", she will help you with this." Or "Don't you want to be a nurse like her?"…Even though my dad, I know he's watching me, he's physically not here, but all those things that he taught me before he passed away still have a big effect on my life and it's really shaped me to who I am now. So yeah, I had lots of support."

"Some of the people were family members. When I took physiology…my sister was a pharmacy student, which was right across the way. So for my support system we did lunch and….we would sit and study. She's studying drugs and would help me with my drugs. She was my main support system…"

"Talking to my mom, sorting through my feelings I could get to those things. So family support was a major issue and I knew I had a lot of eyes on me and it was in my head and just thinking about it and I was an example…"

"I had a mother that was very involved. Also a mother who had at this point she was raising three kids, but went back to school twice at that point and gotten degrees. She had pursued higher education and instilled the importance of education and I saw her hard work on the job and study and I may have just picked up those skills and perceptions about education from her."

"My mom is a nurse and she was a LPN before she pursued her education later. I went to

work with her many times and all of the people she worked with all knew her children or knew which one I was. I have to say that there were not a lot of African American nurses or LPN's at that time, so I felt that I was doing something great for our community but also to even out the score. I do not know if I truly rationalized all that at that point but I felt like this is a good thing and maybe this will help other young kids that see me as a possible role model that they can become a nurse too. I do remember a lot of questions and people and I don't know if it was necessarily family because we have a lot of family in healthcare but people had asked, 'Why do you want to be a nurse? You know there aren't a lot of Black nurses.' I don't think I took it as a minority issue but I think it was a minority issue but at that time I wanted to be just like my mom and my mom was a nurse. I loved the stories that she came home and told me about and the things she did to help people and in my mind I thought that was a way I could do it".

"I would like to add on something that I had a good person that was very dear to me. She happened to be a couple years ahead of me. Now she was a good mentor. So I had a mentor, but I didn't have her in my class. There were two other ladies that were ahead of me, but one in particular one was definitely an awesome mentor".

…"and the instructor I went to who was also the Dean because I did have some problems with passing it. I didn't think I had everything together, so I would always go to her and she would assist me and make sure I knew the process and what I was doing and I had always told her about how my clinical rotation was and one of the things when I went to the college of nursing is that they always had an instructor who wanted to make sure because I was minority that everything was going okay. So, she was kind of a resource person and I used it…

"Now there are nurses, I had a mentor, a national mentor from the (blank nursing society) who was at every conference that we went to. We discussed, probably sometimes too much, about minorities and nurses, and there is a male minority dean of nursing at colleges which blew me away. She was always encouraging being active and things it's possible, and she was also very sensitive".

"I saw one as a mentor, actually two…They were both my instructors.

"I really think that the mentor thing would be nice and not just a mentor for six months. You need to have somebody attached to you throughout the whole program that meets with you once a month or every other month or once a quarter to see what you're doing, to recommend what classes to take".

Formal College Implemented Programs. Although participants indicated there were only a few formal support programs in place, the following quotes illustrate the impact of these programs on nursing education experiences.

"….There was a person in charge of the (blank scholarship); having a support person I could always talk to with issues. That was something that was really important getting all of the scholarship students together to meet and have luncheons to discuss certain issues that we were having. That's something that really empowered me and kept me going. …So I think having that support system and knowing that someone is going to be there to always push you along; keep nudging you along; keep encouraging you. That empowers a person in a sense in itself, because someone else has been through this. They know what I am going through. They can sympathize with me and so I can do this. It is something that is tangible and that I can really make it through this. So that was a major thing."

 "I think it was wonderful how we had the monthly meetings (for the scholarship recipients)…I think that gave people the opportunity to reach out and come together at those meetings, and it gave some of the students the opportunity to network and meet with other people as well. That was a big thing that helped."

"There was a very nice lady connected with my scholarship I had contact with all the time. …I could call her about anything and she would ask do you need help with things…."

"Yes, the …. sorority was definitely a big support. There were no nursing students, but it did help…"

Fellow Minority Students. Participants indicated support from minority students contributed positively to their nursing education experiences.

"We all stuck together (African American students)…No we didn't know each other and I was the youngest. They were married with kids and I didn't have any of that, but what we all had in common at that time was school and so we stuck together….We just stuck in there and hung with each other. That's so important. I think it would have been different if I didn't have that support among my peers….Having that support to empower each other…"

"Definitely, I bonded with another student when I first got there. Immediately, she and I had a close connection with each other and because we were going through the same things, we were at a predominantly white college and we were pretty much the only two African Americans that were placed in the different classes, so we did bond and that did boost my self-esteem with learning and knowing that I always had somebody there.

Faculty. Overall, participants described both minority and non-minority faculty as another source of support as demonstrated in the following quotes.

"And the instructor I went to who was also the Dean because I did have some problems with….I didn't think I had everything together, so I would always go to her and she would assist me and make sure I knew the process and what I was doing and I had always told her about how my clinical rotation was one of the things when I went to the college of nursing is that they always had an instructor who wanted to make sure because I was a minority that everything was going okay…"

"Like I said, the teachers, they were great. If there was a problem you could go and talk to them one-on-one. It was open door policy and that contributed to me setting my goals and saying to myself this is what I'm going to do, I have to get this done. I think it pushed me to do it…That just pushed me through…I could get with my teachers…"

"I truly don't remember one minority teacher my entire time there".

"There were, I believe, two African-American instructors at the college I was in and saw them as role models. Plus I had the advantage of knowing nurses that were already in the practice of nursing. So I knew that their goal was there and that there were people of color that might graduate from there".

"…They've been through it. Probably harder than what you've been through. They've been where you're trying to go. They're really good support. …. It is so important because you can see someone who's made it. You're so successful and she can relate and I would say to myself, 'Well you know she stuck in there. You can do this.' When you have people that look like you, you can relate to them a little bit better. I think that experience goes a long way. They need minorities in every level of nursing. Inpatient,

public health, faculty, so you have people to relate to and it kind of takes away the monotony".

Faculty Attitudes. Faculty attitudes were reported by participants as an important factor influencing their nursing educational experience. Participant comments revealed faculty opinions about them can be conveyed through verbal and non-verbal communication. Attitudes of faculty remained vividly in the minds of participants, positive and negative. Although one participant commented the negative attitudes of faculty were most vivid. One common theme regarding faculty attitudes was that participants perceived faculty appeared to have lower expectations of African American students than other students. One participant expressed a need for more cultural awareness on the part of faculty. Overall, participants believed faculty were helpful and supportive.

> "One in particular, she wasn't as friendly towards me and the other two Black students as she was towards everyone else and I was thinking umh, well I'm not rude in class and I don't do sidebar talking, but she just really didn't seem that nice of a person. But to White students she was more welcoming. If you had a question she was more than happy to answer but it just seemed like she was real kind of she would give you a yes or no to a question and would not elaborate. We all started to get the impression like, what's her deal? Is it because she doesn't like us or she is not used to Black people or I just really didn't know what her problem was. But that was her in particular it was kind of like and maybe it's because we're black, but she was more friendly towards the other students than she was towards us. I know she was from a small town in (blank state) and that whole thing again people don't see many Black people. It's like if you have questions, you want to know something, just ask. I'm not rude in class. I'm not loud. I'm not

obnoxious. I didn't know what the deal was. That was one thing in particular made me think maybe she does have a problem".

"I can't think of…. There were little silly things like when a classmate would say, now this is 20 years ago, everyone has to be fitted for a cap, not everyone, those kinds of things. There were a couple teachers who actually were the opposite were always I guess sometimes gave me preferential treatment and they would make statements like, you're experienced …. you can do this and of course for a nursing student some of those girls had never done anything".

"Overall, it was positive. Instructors were always supportive. Actually, my advisor and I would talk at the beginning of each semester and she would say to me life is never normal for you, so get a plan mapped out for the year. I don't know if you would know how to function if your life were normal without any chaos. And that's what I would do and it would make me feel good because I would have a plan and go in with that plan of action and attack it and always come out on the positive side. I would be an example for others students spiritually and anything like that".

"The instructors were also very encouraging and would tell me that they were glad to see me and glad that I was there that I would be a great example for minority students".

"Yes and they were open. I think once I made a comment and the faculty made a comment about something and the faculty made a comment and initially I took offense to it and then I thought about it and it was childish of me to say what I said. ..I said maybe I am and with that I just told myself I walked out and I said I will. She said it is easy to quit. You can get out and walk out the door and say I'm not getting treated fairly but it is when you stand for something… and I said I'm going to be the one to change. And she

asked me are you up to that? And challenged me to write about it in my journal about that. And then I walked out and said maybe I will become a nurse educator and maybe I will be an example so I worked really hard".

"But as far as the teachers went I was pleasantly surprised because with it being a smaller college, I never had a problem with being a minority. I felt like I was treated the same as the other students. If I wasn't, it was maybe because I could've pushed myself harder than what I did, but I don't feel like any other students or teachers really looked at race or ethnicity. It was almost like, did you get the work? Are you understanding the materials? That was the main thing and then the patients out of clinical out there".

"Like I said, the teachers, they were great. If there was a problem you could go talk to them one-on-one. It was open office policy and that contributed to me setting my goals and saying to myself this is what I'm going to do, I have to get this done. I think it pushed me to do it and I had to look at my other options if I didn't finish school then what would I be doing and so I think it was all those things culminated into one"

"I guess like in clinical you kind of feel like, I mean me personally, I wanted to do well and really tried to do a good job. At times I felt like I was held to a different standard kind of like I had to prove myself and stuff like that. One thing I remember we were in clinical and it was my senior year and I had 6 patients to care for and everybody else had three and I'm running around like crazy and I was like why do I have so many patients and she was like, you know, you can do it and it was almost like I felt like I was being set up to fail, but there were different expectations. Just little stuff like that".

"I think the ones that I remember the most were the ones that were cold, but there were some that were warm that asked how are you doing. I remember one that totally made a

difference. I could go to her office and ask can you do this again and just being able to

have that comfort level with somebody knowing, I think that helped a lot, you know if

you have instructors that you feel like oh my gosh they don't like me or they're just not

open or approachable that makes things difficult or expressing that they want to help".

 "If some of the instructors, for example, were as cultural they might better understand

the culture and why you did certain things like being on time. Some folks may think that

is just the way to do it. That you have an appointment to be on time, but our culture

might think if your mom needs you to go to the store. The important thing was to take her

and if you're five minutes late because your mom is more important and some cultures

don't understand that".

Prejudice. Five participants reported experiencing feelings of prejudice. The following

statements describe participants' feelings regarding experiences of prejudice.

"Just the notion that because of your skin color people automatically size you up and

think they can tell your life story just because of the color of your skin. They know where

you live. They know your parents may not be educated. They feel certain things about

you. Just the color of your skin and going to school with mostly white females from

small towns in (blank state) who don't have cultural exposure. …It was like, that's not

fair for someone to automatically size me up and think they know everything about me

just because of the color of my skin and I think I had that conversation with some girls

back then. I don't even remember why we were talking about that, but it was a group of

White girls and something came up about race or something like that. Somebody's purse

had got stolen or something. I don't remember the exact situation, but I remember telling

them that and they agreed, like that really is true. You look at a person and see that they're Black and you automatically think that you know everything about them. .."

"People would want to know how I did. I even had students ask me well how did you get that grade? Or had a student challenge it and I thought it was her grade and it was my grade. I don't know you try to not always pull the race card, but at the end of the day that is always at the back of your mind like, well if I were a white student would you have thought that and said the same thing to me or being surprised that I could get an A just like you can get an A…"

"well the 1st year I was one of the only Black students who stayed in the dorms and I remember one time I had my hair braided and one of the White girls from some small town in …was like, "Oh my gosh, can I touch your hair?" and I was kind of taken aback. I was like, ok I'm in a setting where I'm really a minority here and not being sure if how they receive me. I think some of them didn't know what to think about me. They never really had experiences with Black people really, but it kind of made me uncomfortable in a sense… but some things being uncomfortable and feeling out of your element. Like really, really out of your element. That's something I felt more than one time, from students, instructors".

"Just even that, the experience with this other instructor, maybe thinking that she had some, you know, it kind of does put you in a, …you realize you're on the bottom rung to people being Black and being a woman. The chips are stacked against you so high and so I think I just had to get used to people underestimating you and the work that you do".

"Of course, you know being kind of the only minority sometimes you have experiences from people and nurses that will kind of ignore you or experiences from patients that look

like they didn't want you to take care of them. I always asked someone before I touched

them and I'd tell them I'm going to take your pulse and do whatever. Sometimes you

would go to take a pulse and you see someone pull back a little bit as if you know, this is

the only time they've seen African-Americans, they didn't realize that an African-

American was going to take care of them and that happens even today, but in nursing

school there were some patients that I got assigned to and then all of a sudden I got

reassigned…"

"They didn't talk about the different races for example, like African-Americans, may

need to have or a different type of combs, or if you would tell an instructor I have a comb

that won't fit my patient's hair, because as an African-American your hair can be a little

bit coarse….Barriers that they may have been perceived just from being a patient sought

for in some ways those things were not discussed or talked about and if it was, it was

done briefly…"

 "Two things, I was Black and also because I was male. They would always ask me like

when we did lab, and typically in lab you're using partners in lab. So, here's this Black

guy and this young White girl and they would always ask me if I felt comfortable doing

the breath sounds would I be comfortable doing this, things like that".

"At the (blank university) I remember at the interview they asked me, you're a man, why

do you want to be a nurse? I answered back, "Would you ask me that same question if I

were female?" It is a female dominated profession and I went back and actually pulled

my application before I knew I got accepted or not. I just pulled my application because

the whole feeling wasn't right. …"

"I think having that experience with patients and being a student, I think the patients

acting that way toward me helped me get ready for the real world because once you

became a nurse you didn't have that instructor there. I had a patient who asked the tech

for pain meds in front of me and she said I can't give them but she can and they were like

oh you're my nurse? There's that assumption and learning how to deal with that. That

training was very good for me and then dealing with some students who had actually still

in this day and age had never dealt with blacks coming from small towns all they see is

what's on TV or to foster kids and so not having that much exposure…"

Inner Strength and Drive. Participants identified their own determination to obtain a

degree, drive to become a nurse, and personal strength and drive as factors contributing to their

empowerment during their nursing education. The following quotes provide examples of how

participants described the impact of inner strength and personal drive on their nursing education

experience.

"I believe the fact that I was one of few pushed me and was a driving force to be

different. Because then the fact in your head you do think and I didn't know exactly at

that time, but do people have a perception that we are not smart since there are so few of

us"?

"But I'm a very strong person. So I just picked myself up, brushed myself off and got

going again, because I knew what my ultimate goal was to be a nurse".

"I would just think it was my overall just drive to complete a program and that was why

once I completed it I knew that the associates was not the level I want to stay at. So I

continued my education to get my bachelors degree, because I always thought that I

wanted to be in management, but I found quickly that's not for me. I never want to do

that again, because I thought I wanted a position like that I had the drive this is what I'm going to do and I think also what helped me there was that interim period when I went to (blank state) and because of their idealism and they were very empowering women and it and they just drove you. So I think because I had that experience with the nurses that I worked with in (blank state) that was pretty much pro-education pro moving ahead kind of like they had their foot on the gas pedal. I was driven by that".

"I used that negative experience as my drive, because I may have gotten knocked down, but I wasn't staying down".

"I think it was just me. I was determined. I was there to get an education. I had these goals for myself. So I wanted to make it. I wanted to get done. Just wanted to get out. I think it was internal drive really. I wasn't a type of person that needed positive reinforcement or positive feedback in order to keep going. I think you have to be more of an internally driven person and do what you need to do to get out".

"Yes.. ..I just sucked it up and handled it".

Advice for Nursing Faculty

The researcher asked each participant for suggestions nursing faculty could implement to assist African American students have a more positive experience. The aim of the researcher was to increase participants' feelings of empowerment so their voices could be even more distinct as voices of importance. Participants suggested faculty acknowledge the "elephant in the room", make an effort to identify with minority feelings of isolation. Increase the number of minority faculty, facilitate student to student relationships, as well as increased diversity training. The following quotations describe in detail how these suggestions could improve the experiences of African Americans in nursing education.

"I think acknowledging that elephant in the room that you're the only African-American in the room I appreciated that acknowledgment, something as simple as that, that was a positive instead of them saying I just don't see it, but by them acknowledging that they see the struggles that are different from you because being a student and they should come to you and tell you to come talk to them or go talk to your advisor and get that help and get through that work can get that burden off of avoid the snowball effect and I think that'll make a difference the most".

"I think that if the faculty had been in a situation where they were the minority, they may be able to relate to the student and maybe going through that, but for those that haven't, it may be hard for them to understand what that particular student is going through. Not only going to a college and trying to learn the curriculum, they're also trying to make friends and to get to know other students as well. I think they should take that into consideration as well. I don't know what they can do, maybe put them into groups where they are pulling everybody together, say you have a group that's all white and you have one that is African-American and help them to get to know each other. I think that would be good too, and just treating them all the same. I know it's easier said than done sometimes, but just trying to treat all students on the same level".

 "I think all the staff -- the administrators, the instructors need to attend an annual cultural diversity seminar. Because we go this year, we get our check mark and we don't go for another five years and if you're not practicing it, you're not making it a habit and things are changing all the time. The way you might handle me, you may not handle this 19-year-old because the culture has changed the way that they think. The way they dress has changed. The way that they value their families have changed. So I think they need to go

every year and not the ones that are teaching the cultural class, but the secretary who

answer the phone. The manager who helps come up with the plan on a piece of paper that

you are going to pass down to the instructor that she is going to pass down to the student.

So I would like to see more training".

"Maybe if we had more instructors, but they didn't necessarily have to be African

Americans. They could have been other minorities, and I know sometime people say

minority automatically think African Americans, but any other minority would have been

nice, because that's what the healthcare field looks like".

"I think the whole mentoring thing. Had I been able to connect someone with somebody

that was a senior that had been through it, could have given me pointers, I think that helps

a lot, just that connection. If you see they're struggling or anything like that, just try to

connect them don't just ask how are you doing. Some people see people struggling and

just kind of leave them out there. Be helpful. A lot of people aren't going to come

knocking at your door and say I need help, but there are questions you can ask and don't

ignore that. If you look around there are not a whole lot of African-American students

and it can be a really hard experience. So if you know she needs a friend, put them

together and make sure they know each other. Little stuff like that".

Advice for Future African American Nursing Students

Participants shared the following statements as advice for future African American

nursing students.

"I think one, not to wear your feelings on your sleeve that it could mean that you are

experiencing racism, yeah probably, but that shouldn't be a reason for you to quit. It

should be a reason for you to stay. Accepting the challenge and running with it, it's just

knowing yourself. Don't give up so easily. Knowing your weaknesses and going in you may have some challenges but just say, I'm not going to quit. Do you think when you went to nursing school, you do some other things when you were older? Did you perceive this as an advantage for you?"

 "I would just say to not be afraid, to not limit yourself to your own minorities and to reach out to other students too. Sometimes you might get a negative response back, but I would say don't give up and always reach out to them as well. I think sometimes people are just afraid and when they see that you're outgoing and a good person too, it breaks down their negative thoughts. So I would definitely keep trying to keep reaching out to them. Don't separate yourself from them and isolate yourself. I think that would be cause further problems. I think that would be my biggest advice that I would recommend".

"The main thing would be that you can be whatever you want to be. Don't be afraid to ask for help and seek out help as far as your instructors. Just remember, the school they work at is your school. Don't be afraid to challenge them. Ask questions if you don't understand. Make sure that you go over and beyond as far as your education and get it the first time. Ask them everything that you can in your own power. If there is a tutor available, take advantage of a tutor. If you have a paper to write and they have someone who will go over your papers for you, go every single time. If you are having a problem, pay attention to the folks who are getting A's in the class. Almost do whatever it takes to get what you want; if you chose what college to go to find out their reputation in the community".

"It's not easy and I can see how people kind of start and then don't finish and never end up going back and that's why I think if you can edge them along it's going to get better. I

can help you with your care plan, that type of thing, because you do get to that point. So I just want to try to keep that from happening".

The experiences of African Americans in nursing education were presented in the preceding sections of this chapter along with verbatim examples from participant transcripts. In order to present a complete picture of these experiences, a description of the settings in which these experiences must also be considered. Participants described their experiences in classrooms, faculty offices, dormitories and other campus locations of predominantly White colleges and universities. In addition, some experiences occurred in healthcare facilities such as hospitals, physician offices or clinics. US Healthcare settings remain staffed by predominantly White professionals.

Results Summary

Analysis of the experiences of African Americans in nursing education resulted in identification of six themes describing nursing education experiences . The experiences occurred in several predominantly White settings including college classrooms, faculty offices, and dormitories as well as healthcare settings such as hospitals, physician offices and clinics. The feeling regarding nursing education most commonly expressed by participants was isolation. Isolation was experienced largely due to two factors: lack of minorities and lack of meaningful relationships with other non-minority students. The lack of other minority students contributed to feelings of loneliness. Participant feelings of loneliness were compounded by a lack of minority faculty. Participants expressed a lack of minorities on campuses in general as well as a lack of minorities in nursing education. Often, participants reported being the only minority or one of two in a nursing class. Participants expressed appreciation for other minority students and the few minority faculty who were available. Participants experienced feelings of isolation in class,

clinical as well as college dormitories. Interactions with other non-minority students were described as friendly, but not meaningful in the beginning of nursing education. During their nursing education, participants stated frequently they were not invited to participate in study groups with non-minority students. Participants either studied alone or with other minority students. However, as nursing education progressed, participants reported establishing meaningful relationships lasting throughout and beyond graduation from nursing school. Participants discussed the importance of support systems during nursing education. Family members such as mother, husband, sister as well as other family members served as support for participants. One participant described the support her father provided and continued to provide even after his death. Another participant described how she and her sister, a pharmacy student at another university, studied together because she was excluded from non-minority study groups at the university she attended. Overall, participants described faculty attitudes as positive and helpful however, suggestions were given as to how faculty could help to improve the experiences of African American in nursing education. Five participants reported feelings of prejudice. Participants expressed feelings of lower expectations for African Americans than for White nursing students. Participants utilized other students, family members, faculty and nurses as mentors. Participants viewed minority faculty as support, but were rarely available. Participants identified personal strength and the drive to complete their nursing program and obtain a degree as sources of empowerment. Despite negative experiences in nursing education, participants persisted and were successful in developing meaningful and lasting relationships with other nursing students. More importantly, participants were successful in attaining their goal of becoming a professional nurse. Advice for nursing faculty included acknowledgment of the elephant in the room, facilitation of student relationships, increased learning regarding diversity

and fair treatment of all students. Recommendations to future African American nursing students from participants were to seek out relationships with students of different backgrounds, do not be afraid to ask questions and ask for help, and to be prepared to go above and beyond requirements.

CHAPTER V: DISCUSSION AND SUMMARY

This chapter presents findings of the research questions accompanied by an interpretation of data related to each question. Interpretations of data are discussed in relation to the literature review. Recommendations and implications for nursing education and the nursing profession are formulated. Limitations of this study are identified. The chapter concludes with a summary of findings and implications for nursing education, research, and practice.

Research Questions and Interpretations

The purpose of this research study was to explore lived experiences of African Americans in nursing education. The study attempted to describe lived experiences of African Americans in nursing education through the analysis of data derived from individual interviews with African American nurses detailing the lived and shared experiences among this ethnic/cultural group. The overall aim of this study was to explore the feelings and perceptions of African Americans regarding their nursing educational experiences through their own personal, cultural interpretations.

The research questions addressed in this study were:

1. How do African American nurses describe their lived experiences in nursing education?

2. Are there common themes/concepts to be identified in the experiences of African Americans in nursing education?

3. What are the perceived factors that contribute to the lived experiences of African Americans in nursing education?

4. What meaning do African American nurses attribute to the lived experiences of their nursing education?

Research Question 1: How do African American nurses describe their lived experiences in

nursing education?

Participants described their lived experiences in nursing education as both positive and

negative. One participant stated "I would not want to do it again". The most common negative

feeling was isolation. Isolation, participants expressed, resulted from a lack of other African

Americans on campus and in nursing classes. Participants also related that they felt excluded

from study groups when they were not invited to participate. Participants reported they felt

excluded from study groups and meaningful student interactions in the beginning of their nursing

education. Participants formed their own study groups and supported one another academically

and socially. However, participants reported student interaction became more positive and

students developed meaningful relationships that developed into lasting friendships. Participants

reported formal support structures were lacking at both private and public colleges and

universities. One example of formal support structures participants discussed was provision of

structured meetings for scholarship recipients that provided opportunity to collaborate with other

minorities. Also one participant described a mentor for scholarship recipients who provided

support and encouragement. Informal sources of support consisted of family members, minority

students, faculty, and other students who had previous nursing education experience. One

participant described support from a close relationship with her single parent mother who had

raised three children and returned to school to pursue degrees. Another participant discussed a

relationship with her father that continues to provide support although he is deceased. Several

participants described support from other minority students. Faculty, both minority and non-

minority provided support for participants during their nursing education experience. Overall,

participants described faculty attitudes as positive and supportive. Feelings of prejudice were

reported by six of the ten participants. Several participants attributed prejudice from non-minority students to a lack of exposure to minorities. Participants attributed their ability to persevere and persist to their own inner strength and drive to become a nurse. One participant stated "my mother taught me to be strong". Participants also stated they derived inner strength from being one of few minorities, and the need to serve as a role model for other family members and minorities.

Research Question 2: Are there common themes/concepts to be identified in the experiences of African Americans in nursing education?

Data analysis revealed common themes identified in the experiences of African Americans in nursing education. The researcher identified six common themes through analysis of interview transcripts of ten African American nurses regarding their nursing education experiences. These themes were substantiated through computerized coding utilizing computer software (NVivo 8). Themes were consistent across age groups, nursing programs in public and private institutions, and years since graduation. The common themes identified were: feelings of isolation, student interaction, support systems, faculty attitudes, prejudice, and inner strength and drive. Feelings of isolation were seen as a negative factor in the nursing education experience in that it led to feelings of loneliness. Participants utilized both formal and informal support systems to assist them to complete their nursing education. Minority faculty were rarely available, but greatly appreciated when they were available. Participants identified personal inner strength and drive to complete the nursing program as sources of empowerment.

Research Question 3: What are the perceived factors that contribute to the lived experiences of African Americans in nursing education?

Through analysis of data, participants identified several factors they perceived contributed to the lived experiences of African Americans in nursing education. The lack of African Americans in nursing education negatively impacted participants' feelings of "good fit" within the college or university. Participants reported feeling uncomfortable, out of place, and being pre-judged by non-minority students. One participant described feeling non-minorities judged her by the color of her skin. She stated:

"Just the notion that because of your skin color people automatically size you up and think they can tell your life story just because of the color of your skin. They know where you live. They know your parents may not be educated. They feel certain things about you."

Another factor that contributed to the lived experiences of African Americans in nursing education was lack of formal support systems for minorities in general, and African Americans specifically. Participants stated they developed their own support systems, developing their own study groups whenever possible. Often there were few African Americans in the nursing education programs, and participants reached out to non-minority students. Relationships were formed with non-minority students, thus increasing understanding about the cultures of each other. Some of these relationships lasted throughout the nursing education program and beyond graduation. Participant's perceived faculty had lower expectations of African Americans. Several participants reported this served as a motivating factor for them to work even harder to meet and even exceed faculty expectations.

Participants reported feeling empowered because as an African American they were in an elite group, one of only a few. Participants described inner strength and strong family support as factors enabling them to persevere and persist in the face of perceived prejudice, isolation and

lowered expectations. The ability to reach out and build meaningful and often lasting

relationships with non-minority students was the turning point for some participants. Other

participants were sustained by strong personal drive to complete the program.

Research Question 4: What meaning do African American nurses attribute to the lived

experiences of their nursing education?

The meaning participants attributed to the lived experiences of African Americans in

nursing education are found in suggestions for nursing education faculty and future African

American nursing students. Through the process of reflection, participants stated they were able

to see the value of their nursing education experiences. One important lesson learned was not to

be afraid to reach out to others who are different from you. Participants repeatedly discussed the

need to share information with others of different backgrounds and cultures. Through the

experience of building relationships with individuals of other races and cultures, participants

were able to see that prejudice may result from lack of exposure. One participant stated "If you

are willing to reach out, you may be able to change them." The third theme that emerged from

analysis of the transcripts was when someone appears to have lower expectations of you, just

work harder to prove them wrong. One participant stated "let that motivate you to work even

harder." Lastly, the meaning participants attributed to their experiences in nursing education was

that through personal inner strength and drive and the use of effective support systems African

Americans can persist to successful accomplishment of becoming a nurse.

Interpretation Related to Literature Review

Theoretical Framework. Vincent Tinto's theory of student retention, a grounded

conceptual framework of minority student participation by Gonzalez (2000), Swail's (2003)

Geometric Model of Student Persistence and Achievement, and the Critical Demography theory

utilized by Smith (2006) formed the theoretical framework for this study. This section presents a brief description of each theory or model as well as the relationship to study findings.

   Tinto's Student Retention Model. Vincent Tinto's theory of student retention described the factors necessary for students to become successfully integrated into the college environment. Tinto proposed that whether students drop out of institutions of higher education can be predicted by the degree of academic and social integration experienced by students. Initially Tinto described four key elements affecting student retention: 10 personal attributes before entering college 2) personal aspirations and goals 3) college experiences 4) external commitments and 5) degree of social and academic integration. The main element of Tinto's retention theory was that social and academic integration was achieved through increased interactions between the student and the college. Tinto's early theory proposed students need to sever ties with family in order to successfully integrate into the college community. Later Tinto expanded his theory explaining that the mere occurrence of interaction between the student and the institution did not ensure integration. Tinto then incorporated the element of meaningful interaction based on the student's interpretation of meaning and value. Tinto's model of student retention emphasized that integrative experiences increase the probability of persistence. The absence of integrative experiences contributed to feelings of isolation and could result in decreased commitment to student academic goals and to the institution, and could lead to the student leaving the institution and abandoning their academic goals.

   Study findings supporting Tinto's student retention model include participant identification of inner strength and personal determination to complete their nursing as motivating factors that assisted them in their persistence. These factors relate to Tinto's elements of personal attributes before entering college and personal aspirations and goals. Participants

were committed to attaining their goal of becoming a nurse. Participants identified their college

experiences as both positive and negative. Therefore, findings of this study may not correlate

with Tinto's model that postulated college experiences directly impacted student persistence.

Study findings of the need for meaningful interactions also support Tinto's theory that

interactions must be interpreted by the student as meaningful and of value. Participants described

student interactions as cordial and friendly; however, feelings of loneliness were perceived. The

importance of family support in this study contradicts Tinto's earlier assumption that

disengagement with family and friends is necessary for student persistence and success.

   Conceptual Framework of Minority Student Participation. Gonzalez (2000) used

interpretive research methods to construct a grounded conceptual framework of minority,

specifically Chicano, student participation in a predominantly White college. The conceptual

framework described the processes minority students apply in an effort to integrate into the

college setting. Gonzalez described minority students as "culture workers" who actively fight

their marginalization. The second stage of the framework described ways minority students

provided for "cultural nourishment" for themselves. The third and final stage suggested that

students seek to achieve a synthesis between their own culture and the university culture in a way

that creates cultural transformation and liberation.

   Participant descriptions of changes in student interactions from the early stages through

the end of their nursing education paralleled Gonzalez' conceptual framework of minority

student participation. In the beginning of their nursing education participants struggled to fight

their marginalization as described by Gonzalez. Interactions with non-minority students were

cold and without meaning for African American students. Participants described the process of

bonding together with the few African American students in an effort to provide "cultural

nourishment" for themselves. Participants felt out of place and isolated. Participants discussed the need to reach out to non-minority students to share their own culture in an effort to educate students and faculty. These actions correlate to the third stage Gonzalez described as achieving a synthesis between their own culture and the university culture in a way that creates cultural transformation and liberation. This achievement was so powerful and liberating for participants that they recommended this to future African American students.

Geometric Model of Student Persistence and Achievement. Swail (2003) developed a Geometric Model of Student Persistence and Achievement. This model postulated that three forces account for the entire spectrum of student outcomes: social, institutional and cognitive factors. The cognitive factors are the academic abilities of the student. The social factors are cultural history, personal attitudes, and the student's ability to interact effectively with others. Institutional factors refer to institutional practices, policies and strategies, and culture of the college either intended or unintended that influence student persistence and achievement. The student is located in the center of the model. The major premise of the model is that the three forces must combine in some form of equilibrium or balance to provide the necessary support for student growth, development, and persistence.

Overall, findings of this study correlate with Swail's geometric model. Participants utilized cognitive and social strengths to balance lacking institutional factors in order to persist and achieve their academic goal of becoming nurses. The finding of a lack of college support systems for African Americans in nursing education support this model because students needed to create their own support systems in order to sustain persistence.

Critical Demography Theory. Smith (2006) utilized the theory of critical demography to examine factors associated with retention of non-traditional male nursing students. Critical

demography focuses on the influence of dominance or subordinance of specific populations within society and how that socialization transfers into feelings of control or power. Participants (N=29) completed a fifty item survey concerning student motivation, self-regulation, study skills, and perceived student challenges. Findings demonstrated gender issues were cited, however, participants stated "they were not bothered by these incidents or situations" (Smith 2006, p. 263).

Findings of this study correlate with the theory of critical demography in that female participants expressed feelings of subordinance and powerlessness whereas the one male participant expressed receiving preferential treatment in nursing education. Feelings of subordinance by female participants may be related to their socialization as females in the U S society. Males are socialized as being dominant and powerful. The one male participant reported no feelings of subordinance or powerlessness related to prejudice. This male participant described instead a sense of preferential treatment from faculty and non-minority students. However, because the sample consisted of only one male, validation was not possible through saturation of data. Therefore, no correlation can be made regarding critical demography theory and findings of this study.

Relationship to Literature. The findings of feelings of isolation, feelings of prejudice, and student interactions were related to a lack of African Americans in higher education and nursing education because participants stated they saw few African Americans on campus and in their nursing classes. This finding supports the literature related to development of innovative minority recruitment and retention strategies such as the work of Underwood and Fay (1996) who reported on the effect of a health careers bridge program. This finding also supports the need for affirmative action to increase the number of African Americans and other minorities in higher education as reported by Tedesco (2005). This finding is directly related to the work of

Cabrera et al. (1999) regarding the role perceptions of prejudice and discrimination play within the adjustment to college processes by African American students. However, the findings of Cabrera et al. (1999) are contradicted by findings of this study regarding the postulate that cognitive outcomes and persistence for African American students are primarily shaped by perceptions of prejudice and discrimination. Participants in this study stated they used feelings and perceptions of prejudice to motivate them to persist in their nursing education. Findings also relate to the work of Holmes et al. (2007) who developed a conceptual model of student involvement based on the premise that the success of African American students at predominantly White institutions is a function of both in-and out-of class experiences. Participants expressed feelings of loneliness and isolation both in and out of the classroom.

The findings of faculty attitudes of lower expectations for African Americans in nursing education supports the work of Yoder (1996) who constructed a grounded theory regarding processes educators used when teaching minority nursing students. The most positive and successful response was bridging where educators consistently encouraged students to maintain their ethnic identity and demonstrated respect for cultural differences. Also, the work of Yorkovich (2001) can be connected to this finding. Yorkovich constructed a grounded theory regarding educational strategies that facilitated success for Native American nursing students.

The finding of the importance of mentors as a means of support and a lack of minority faculty mentors supports the work of Nugent et al. (2004) who described a mentorship model for the retention of minority students. This finding is related to the findings of Campbell and Davis (1996) who reported on their experiences working with minority students in a structured retention program. The importance of family support supports findings of Cabrera et al. (1999) that disengagement with family and friends is not a precondition for successful adjustment to

college. Participants in this study reported how important family support was to dealing with feelings of isolation and rejection.

Two studies with a direct relationship to findings of this study are Kineavy (1994) and Kossman (2003) who examined persistence in nursing education of African American students. Kineavy (1994) examined the non-academic variables of self-concept, coping social support and achievement of African American nursing students. No relationship was found among the variables and achievement. Kossman (2003) investigated minority persistence in nursing education from a cultural standpoint. Findings included universal perceptions of struggle, pervasive and negative impact of racial prejudice, and the key role of faculty in influencing minority student success. Findings of this study support the universal perception of struggle, pervasive impact of racial prejudice, and the key role of faculty in influencing minority student success. However, findings of this study demonstrated that African American students were able to overcome the negative impact of racial prejudice. Participants reported they used the negative experiences to motivate them to try harder to succeed.

Recommendations

Colleges and universities need to continue to monitor diversity of both student populations as well as faculty. Faculty need to access new learning on diversity to be able to create inclusive environments of learning inside the classroom. Also, faculty should be aware of the needs of minority students in terms of meaningful and respectful student interaction. Faculty need to be comfortable with different cultures and facilitate minority student cultural nourishment and cultural liberation. Participants suggested faculty could facilitate student interaction in the classroom through group assignments. College administrations and student

services personnel could develop formal mentoring programs to increase meaningful student interaction outside the classroom.

The profession of nursing should continue to investigate and implement recruitment and retention strategies to increase minority representation in the practice setting. African American nursing students are encouraged when they see minorities having successful nursing careers. Nursing administrators and managers should provide diversity training for staff and assist them with development of cultural competence and cultural sensitivity. Development of these skills would benefit nursing students who interact with staff nurses in clinical rotations as well as contribute to improved quality outcomes for minority patients. Nursing education should continue to explore ways to increase diversity among nursing students as well as faculty. African American participants in this study indicated they were disappointed with the absence of minority nursing faculty. Regarding faculty attitudes, participants recommended nursing educators need to be willing to acknowledge struggles of minorities. A second suggestion from participants was increase faculty knowledge regarding diversity and cultural awareness.

Recommendations for future African American nursing students included willingness to reach out to non-minority students rather than waiting to be invited to study groups and other student gatherings. Participants also suggested African American nursing students should not "wear their feelings on their sleeve" meaning that they need to be more open and not make assumptions about the motivations of others. Also, participants suggested African American students should be more proactive in seeking assistance from faculty.

Limitations of Study

This study attempted to assist African American nurses' voices to be heard regarding their perceptions of their nursing education experiences. The study methodology utilized

reflective narrative interviews of African American nurses, which may not have resulted in completely accurate recollection of experiences as they actually happened. Perception and recollection of experiences may have been distorted by experiences since participants graduated from nursing school. The survey instrument may constitute a limitation of the study because it was developed by the researcher for this study and piloted once with a small sample.

Future Research

Future research efforts should focus on retention of African Americans in higher education. Specifically, more research exploring the experiences of minorities, specifically African Americans, is needed. More descriptive studies need to be conducted in order for voices of African Americans to be heard more widely regarding perceptions of their educational experiences. One participant stated "prospective minority students need to hear from successful minorities what their nursing education experiences were". More grounded theory needs to be generated regarding the keys to minority student success. Much of the literature has focused on factors contributing to student attrition and student dropout. By focusing on student perceptions of factors contributing to their success, higher education and nursing education specifically may be able to develop more meaningful and thus more successful strategies to assist students to attain their academic goals. Research on merging and interactions of different cultures is necessary in order to gain a better understanding of the importance of cultural identity, especially in nursing. Further study regarding the critical demography theory and nursing education and gender socialization is also recommended.

Summary

In summary, this research study explored the perceptions of ten African American nurses regarding their nursing education experiences. The study utilized a qualitative methodology.

Interviews were conducted, audiotaped, and analyzed by the researcher and the use of NVivo 8

computer software. Six themes emerged from the transcripts: feelings of isolation, student

interaction, support systems, faculty attitudes, feelings of prejudice, and inner strength and

personal drive. A theoretical framework was constructed utilizing Tinto's theory of student

retention, a grounded conceptual framework of minority student participation developed by

Gonzalez (2000), Swail's (2003) Geometric Model of Student Persistence and Achievement and

the Critical Demography theory utilized by Smith (2006). Discussion was presented

summarizing the relationship of findings of this study to the theoretical framework as well as

other literature findings. This research study contributed to the current body of literature by

eliciting the voices of African American nurses regarding their experiences in nursing education.

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Appendix A

<u>Application for Research Approval</u>

College of Saint Mary

Institutional Review Board

Before submitting the application, the researcher must determine whether a full review or exempt review is required by consulting CSM's IRB Guidelines, available from the IRB chair. The researcher must also follow the guidelines for submitting this Application, as outlined in the IRB Guidelines.

____ Full Review   _____Expedited Review   __x__ Exempt Review

Title of Study: Experiences of African Americans in Nursing Education

Name of Applicant: Aubray Orduña MSN, RN

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Phone: 402-451-5297 home

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I. **Purpose of the Study. Briefly identify the specific aim of the research – why is the research being conducted?** The purpose of this study is to explore the experiences of African Americans in Nursing Education.

II. Background and Rationale (Full Review only). What is the background and scientific rationale for the study? Include literature citation if relevant.

III. **Number of Participants Expected.** The number of participants is expected to be no more than 20.

IV. **Characteristics of Participants. What are the specific inclusion criteria for participation? If there are participation restrictions (e.g., gender, race, religion, age, etc.), provide rationale as to why these restrictions are necessary**. The participants will be male and female African American (born in the US) Registered Nurses who have received their undergraduate nursing education in the US at either a public or private college. Individuals who were educated in Diploma Schools of Nursing will be excluded.

V. **Method of Participant Recruitment**. The participants will be recruited from the researcher's personal and professional networks to volunteer for the study. Invitations to participate will be extended using snowball and network sampling plans.

VI.   **Study Site(s). Where will the study be conducted?** The study will be conducted at neutral and mutually agreed upon sites identified/selected by the each participant.

VII.   Description of Procedures (Full Review only). Identify exactly what participants will be doing in your study, as well as what will be done to participants. Identify all procedures, including audio or video recording, or observation of the participant.

VIII. **Confidentiality. Address how data will be kept confidential. Will any identifiers be used to specifically link data to an individual participant? If so, provide justification as to why identification of individuals is necessary.** Confidentiality will be maintained through the use of initials only on any documentation utilized for transcription and coding of data. The interviews will be audiotaped utilizing first names only, and the audiotapes will be destroyed upon completion of the research study. Transcripts will be numbered to maintain anonymity. Data will be linked to specific participants only through the use of assigned numbers.

IX.   Informed Consent (Full Review only). The form should include full disclosure of the study. See Informed Consent Guidelines for full information.

Appendix B

COLLEGE OF
SAINT MARY

QUALITATIVE CONSENT FORM

EXPERIENCES OF AFRICAN AMERICANS IN NURSING EDUCATION

Invitation: You are invited to take part in this research study. The information provided in this form is meant to assist you in deciding whether or not you wish to participate. If you have any questions, please ask.

Why are you being asked to be in this research study? You are being asked to be in this study because you are an African American nurse educated at a college in the United States.

What is the reason for doing this research study? The reason for doing this research study is to gain a better understanding of the experiences of African American nursing students and their perceptions of these experiences.

What will be done during this study?
- A. You will be asked to answer a series of questions from a prepared questionnaire during an individual interview conducted by the researcher.
- B. The interviews will be audiotaped recording your verbal responses.
- C. The researcher may take notes during the interview.
- D. The audiotapes will be transcribed for analysis.
- E. The audiotapes and the transcribed copies will be destroyed at completion of the research study.

What are the possible risks of being in the study? There are no known risks to you from being in this study?

What are the possible benefits to you? The information from this study will be shared with you. However, you may not receive any benefits from being in this study.

What are the possible benefits to others? The information obtained in this study is intended to provide a better understanding of the experiences of African Americans in nursing education. Therefore, it may be helpful to nursing educators and/or African Americans pursuing or planning to pursue a nursing education.

What are the alternatives to participating in this research study? You may choose not to participate if you wish.

How will information about you be protected? Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The only person who will

have access to your research records are the study personnel. Your identity will be kept confidential through the use of first name only on the audiotapes. Each transcript of the audiotapes will be identified by a number.

What are your rights as a research participant? You have rights as a research participant. These rights have been explained in this consent form. If you have any questions concerning your rights, you may contact the researcher, Aubray Orduña at 402-552-6118 or e-mail: orduna@clarksoncollege.edu.

What will happen if you decide not to be in this research study or decide to stop participating once you start? You may decide not to be in this research study or decide to stop participating in this research study ("withdraw") at any time before, during or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator.

Documentation of Informed Consent: You are freely making a decision whether to be in this research study. Signing this form means that: 1) you have read and understand this consent form 2) you have had the consent form explained to you, 3) you have had your questions answered and 4) you have decided to participate in the research study.

If you have any questions during the study, you should talk to the investigator listed below. You will be given a copy of this consent form to keep.
If you are 19 years of age or older and agree with the above, please sign below.

Signature of Participant_____Date_____

My signature certifies that all of the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research study and is voluntarily and knowingly giving consent to participate.
Signature of Participant_____ Date_____

Authorized Study Personnel
Principal Investigator:
Aubray Orduña   Phone: 402-552-6118 e-mail: orduna@clarksoncollege.edu
Faculty Advisor:
Peggy L. Hawkins, PhD, RN Phone: 402-399-2658 e-mail: phawkins@csm.edu

Participant's initials_____

Appendix C

INTERVIEW PROTOCOL: EXPERIENCES OF AFRICAN AMERICANS IN NURSING EDUCATION

Time of Interview:

Date:

Location of Interview:

I would like to thank you for agreeing to participate in this research study. In this research study you will be interviewed using a series of questions related to your perceptions about your experience in nursing education. As stated in the consent form, your comments will remain confidential and your identity will remain anonymous. Throughout the interview, please feel free to request to take a break or to ask me any questions you might have. You can expect the interview to last approximately 45 minutes to 1 hour. The maximum time for the interview will be 2 hours.

1. Tell me about your overall experience in nursing education.
    a. Can you tell me more about your feelings regarding your nursing education?

2. Can you identify any specific feelings regarding your nursing education, either positive or negative?

3. Can you recall any experiences that you feel affected your self-esteem?
    a. Can you describe your thought processes during these times?

4. What factors do you feel contributed positively to your empowerment to complete your nursing education?
    a. Can you describe how these experiences have influenced your current success as a nurse?

5. What factors do you feel contributed negatively to your empowerment to complete your nursing education?
    a. Can you describe how these experiences have influenced your current success as a nurse?

6. From your nursing education experience, can you identify any ramifications for others?
    a. For other African American nursing students
    b. For nursing educators

7. Is there something more you would like to add about your experience in nursing education?