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## **Taking the Pulse: A Case Study of Racial Disparities in Nursing Education**

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Taking the Pulse:  
A Case Study of Racial Disparities in Nursing Education

By  
Victor Manuel Quiñones

A DISSERTATION SUBMITTED TO THE FACULTY OF THE  
SCHOOL OF EDUCATION OF THE UNIVERSITY OF ST. THOMAS  
ST. PAUL, MINNESOTA

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
DOCTOR OF EDUCATION

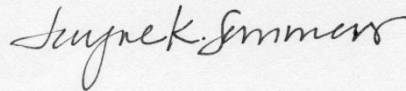
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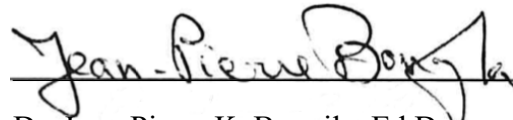
We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

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## ABSTRACT

This qualitative study, using a case study methodology, explores the experiences of students of color in a nursing program. In particular, I sought to uncover how students of color conceptualize their experience and racial identity in a nursing program in the northern suburbs of Minneapolis, Minnesota. The purpose of this study is to document the experiences of students of color in a nursing program to advance educational opportunities in nursing education and develop meaningful practices in the classroom. This case study identifies the need to graduate nurses of color and prepare them to work alongside communities of color with an intent to combat social determinants of health and health inequities throughout the health care system. The use of interviews data from nursing program graduates as well as non-graduates, make the case for the need to address the issues that lie within our systems, pedagogy, and pervasive implicit bias in higher education, specifically, in nursing education. This case study details the strength and sacrifices students of color had to endure in a nursing program and how each student navigated the difficulties of being racially marginalized and targeted.

This study explores the personal stories of non-white students and how they recognized the unsaid rules and implications within higher education and the imbalance of power that affects their performance, cultural emotional health, and academic experience in nursing school. Using student development and critical race theories to unpack negative peak experiences or “racial disparities,” this study recommends additional training for administrators, faculty and staff.

Keywords: Nursing education, marginalized, racial identity, racial disparities, students of color, critical race, and student development theories

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Last but not least, to the Charles J. Keffer library staff. You are all heroes! I want to personally thank William, Kent, Janice, and Andrea. Thank you for always being present and eager to help.

## **DEDICATIONS**

This study is dedicated to the memory of my mother, Ana, who was a servant to many and helped in her own way to fight educational literacy, health care disparities and championed self-efficacy in our communities in the South Bronx, New York City.

I also wanted to dedicate this study to all the nursing students who have experienced opposition in higher education because of their cultural identity.

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## CHAPTER ONE: INTRODUCTION

This study aims to document and analyze the lived experiences of nursing Students of Color (SOC) participating in an entry-level baccalaureate nursing program in higher education. This study examines the barriers encountered by SOC enrolled in a nursing program and the efforts needed to ensure student success and lessen the racial disparities in nursing education. My interest stems from the career path taken by my mother who lived in the Bronx, New York and eventually became a certified nurse assistant.

In my own experience, I witnessed my mother's grit, stamina, and resilience as she struggled to succeed in the healthcare industry. My mother, Ana, was not a registered nurse; she volunteered her time as a certified nurse assistant at a community hospital in the Bronx. My mother is no longer with me, and I never witnessed Ana in action in her profession, but I know she offered support to People of Color (POC). Ana found teachable moments and shared these with others on how to navigate the educational and health care system. She volunteered in the community by offering translation services for community members who did not speak English. Ana was a voice for those who did not understand how to work within the system to access healthcare.

Today, I find myself in a similar position. As an advocate, educator, and supporter of SOC in a nursing program, I too wish to help others like my mother. My position as an academic program advisor has exposed me to many practices that contribute to student success in various disciplines. I currently work within a career-focused program that provides educational support to students in nursing education. I see my mom in the hallways at work and in my students. My exposure to, and observation of, teachers and students in the classroom, participation in student-led events, and conversations with others awakened me to the importance of supporting SOC. As

an observer and leader, I have witnessed how certain practices may derail or prevent SOC from becoming active contributors in their communities and society. Murray (2015) outlined factors negatively impacting the academic success of SOC in predominantly White institutions. These factors included the lack of non-supportive academic environments, lack of faculty involvement and commitment, institutional barriers, and encounters with racism. I sought to investigate barriers to student success and identify ways to ensure a greater number of students graduate from a nursing program.

The current global pandemic and the spread of Coronavirus (COVID-19) has raised concerns within some racial and ethnic minority groups and how they are disproportionately affected by COVID-19. Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 infection, severe illness, and death (Centers for Disease Control and Prevention, 2019). This research study was timely, due to the need to address the current systematic racism and health inequities within communities of color. Equipping communities of color with nurses of color will hopefully help lessen the known health disparities within their communities.

Registered nurses (RNs) play a critical role in health care delivery. With an aging US population, health care demand is growing at an unprecedented pace. There will be significant RN workforce shortages throughout the country in 2030; the western region will have the largest shortage ratio of 389 RN jobs per 100,000 (Juraschek et al., 2019).

## **Problem Statement, Purpose, and Significance of the Research Issue**

### **Problem Statement**

In 2008, The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession (IOM, 2010). The RWJF and IOM concluded the United States (US) had the opportunity to transform its healthcare system, and nurses can and should play a fundamental role in this transformation. This qualitative research case study studied the problem of nursing programs and why they failed to meet a fundamental role when it comes transforming healthcare. The issue identified is the lack students of color matriculating and not graduating, therefore not meeting the needs and demands of an aging US population. The health care demand is growing at an unprecedented pace, adding to this a RN workforce shortage.

### **Purpose**

In response to this report, Minnesota State (MNState) launched a unique multi-institutional approach to prepare nurses for the future with an end goal to increase the number of baccalaureate-prepared nurses in the workforce from 50% to 80% by 2020 (Graziano et al., 2017). This approach is being implemented through the Minnesota Alliance for Nursing Education (MANE). Seven community colleges and one university are involved in MANE. The institutions offer a dual admission baccalaureate degree program in collaboration with community colleges and the university. The MANE curriculum includes an eight-semester baccalaureate curriculum that students can complete seamlessly in four years; this includes pre-nursing, nursing, and baccalaureate level nursing courses.

This case study highlights the experience of SOC in the Minnesota Alliance for Nursing Education (MANE). Essentially, MANE was created to prepare nurses entering the workforce



and to lead change needed to transform the healthcare system and profession (Graziano et al., 2017). This study addresses the importance of how nursing education must change their practices in order to reach the changing populations, not only in the halls of their institutions, but also in the community at large. The RWJF (2008) concluded that the need to transform the healthcare system and profession by preparing nurses to be a pivotal part in this transformation is warranted. However, a curriculum deficient in equitable and inclusive practices hinders this transformation.

As I prepared to undergo an intense journey of understanding the impact a nursing curriculum has on SOC, I was led to incorporate critical pedagogy theory in my research. Emerging in the 1970s from earlier thinking of Dewey, Gramsci, Foucault, and Bourdieu, among others, critical pedagogy (CP) is a philosophy of teaching which critically analyzes the existence of inequitable material effects growing out of hierarchies of power in US society (Chubbuck, 2007). Grenier (2016) emphasized the importance of critical pedagogy by looking at the significance of questioning the traditional relations of power, ideas, and norms in educational settings. For example, a CP lens is necessary while analyzing the data collected through end of the course surveys received from students by semester. This data can bring to light how institutional practices impact SOC retention and completion of academic pursuits. Additionally, this research aimed to understand the institutional barriers SOC encounter in nursing education. By recognizing the inequalities in existing pedagogical practices and racial disparities within their institutions, I hope to validate SOC's experiences as they make progress towards completing their nursing degree and contributing to the healthcare industry.

## **Significance of the Research Issue**

This case study focused on examining the experience of SOC in a nursing program. This study explored how students navigated and accomplished the necessary course work to matriculate into a baccalaureate nursing program in higher education. This case study documents the shared experiences of Students of Color (their culture and relationship dynamics) and how they constructed their identities as students in a predominantly White institution. An analysis of the stories of Students of Color provides an avenue to understand how institutional disparities influence their trajectory as student nurses and health care professionals.

## **Research Question**

I adopted the following question to conduct my study: How do Students of Color conceptualize their experience and racial identity in a nursing program located in the Midwest?

## **Overview of Chapters**

In this study, I explored the process through which Students of Color conceptualize their identity throughout the course of their academic experience in a nursing program. Chapter One briefly establishes the context of this research topic and explains the importance of advocacy for Students of Color. It goes on to introduce the research topic of how Students of Color conceptualize their experience and racial identity in a nursing program and the research problem, purpose, significance of the research issue, research question, overview of chapters and definition of terms.

Chapter Two provides review of the content and theoretical literature related to the history and evolution of the nursing profession, recap of 2010 and 2020 IOM Future of Nursing Reports, 21<sup>st</sup> Century Nursing, Nursing Education in Minnesota, Participation of Students of Color in Nursing Education, Contemporary Issues Challenges in Nursing Education Delivery,

Chronic Shortage in the Nursing Profession, Racial Disparities in Nursing, Gaps and Tensions in the Literature, Analytical Theory, and the adopted theories: Chickering's (1969) theory of identity development and Delgado and Stefancic's (2016) Critical Race Theory (CRT) to analyze the themes emerging from the data collected. The chapter focuses on the historical background in nursing education and profession. Next, I review the literature related to student development and critical race theory. The findings clearly show the link between the impact of faculty, administrators, staff, and student development and how the systems contribute to the overall development of Students of Color in higher education.

Chapter Three provides a description of qualitative research design methodology used in this study. The chapter includes a description of traditional case study approach. I describe the characteristics of qualitative case studies with a description of the ethical considerations of the study. Chapter Three also provides the limitations of case study, IRB process, role of the researcher, participant recruitment and research setting, data collection and analysis, interview process, participant demographics, response rate, introduction of participants, reliability and validity in qualitative research, ethical tensions, and reflexive statement. I sought to examine the lived experiences of students who were enrolled in and/or graduated from a nursing program. The process used to collect and analyze the data included the selection of participants and interviews. This chapter also provides the structure used in my qualitative interviewing and the use of the data generated, which required attention; empirical research shows semi-structured questions, which are asked later in the interview, tend to produce richer data (Kaiser & Marconi, 2017).

Chapter Four introduces the reader to the emerging themes identified through this study: 1) Social Exclusion; 2) Microaggressions; and 3) Lack of Cultural Competence. This chapter

aligns the participants' interview data with the themes and provides direct quotes showing how they navigated the nursing program.

Chapter Five examines the data through the analytical framing of Chickering's seven vectors of student development (1969) and Delgado and Stefancic's (2012) critical race theory. The chapter provides an illustration of how participants in this study developed through the lens of Chickering's student development theory, utilizing the seven vectors theory to understand the student experience and suggestions on how critical race theory can help with the understanding of how race operates in academia. The chapter highlights three CRT tenets: racism is ordinary, whiteness is property and interest convergence.

Chapter Six provides a discussion of the limitations, implications and my recommendations of the findings that arose from this study. This chapter explores the implications of the findings for nursing education, nursing faculty and nursing research and presents my recommendation for further study.

### **Definition of Terms**

**Access:** All members of the school community have entrance into, involvement with, and full participation of resources, conversations, initiative, and choices which are attentive to heritage and community practices (Paris, 2012).

**Colonization:** physical and psychological tactics that negate the humanity of the people to control, manipulate, and more easily exploit their resources (Hyunju Lee, 2021, p. 124).

**Critical Pedagogy:** A philosophy of teaching which critically analyzes the existence of inequitable material effects growing out of hierarchies of power in American society (Chubbuck, 2007).

**Cultural Competence:** The attitudes, knowledge, and skills necessary for providing quality care for diverse populations (AACN, 2008b, p. 1).

**Disparity:** A lack of similarity or equality (Merriam-Webster's Collegiate Dictionary, 1999).

**Educational Equity:** Equity in education is when school policies, practices, interactions, cultures, and resources, are representative of, constructed by, and responsive to all students such that each student has access to, can meaningfully participate in, and make progress in high-quality learning experiences, resulting in positive outcomes regardless of their race, SES, gender, ability, religion affiliation, national origin, linguistic diversity , or other characteristics (Fraiser, 2001; Great Lakes Equity Ctr, 2011).

**Healthcare:** A service which are usually the first point of contact with a health professional. They include services provided by general practitioners, dentists, community nurses, pharmacists, and midwives, among others (Murray et al., 2004).

**Inclusion:** a philosophy based on values aiming to maximize the participation of all in society and education by minimizing exclusionary and discriminatory practices (Booth, 2005).

**Institutional Racism:** the explicit attitudes or racial bias of individuals by the existence of systematic policies or laws and practices that provide differential access to goods, services, and opportunities of society by race.

**Microaggression:** as brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, communicating hostile, derogatory, or negative racial, gender, sexual orientation, and religious slights and insults toward the target person or group. (Sue, 2010).

**Nursing Education:** refers to the academic preparation of nursing students at the associate's, baccalaureate, master's, or doctoral level (AACN, 2019a).

**Nursing Faculty:** individuals engaged in academic, higher education nursing instruction. In academic settings, nursing faculty also conduct research (AACN, 2019a).

**Positive Regard:** refers to the ability to demonstrate trust and support towards individuals with whom one interacts (Shefer et al., 2018).

**Predominantly White Institutions (PWI):** is an institution in which Whites account for 50% or greater of the student enrollment.

**Retention:** The enrollment of a student from semester to semester or year to year until completion of a degree or credential. This is an organizational construct often utilized to measure institutional quality (Reason, 2009).

**Social Exclusion:** a psychological process as the result of experiences with injustice Umlauf & Dalbert (2017).

**Students of Color (SOC):** African American, Latino or Hispanic American, Asian American, Native American, Middle Eastern American, or Multiracial students. For the purposes of this study, international students are excluded. Does not include foreign nationals who hold citizenship with countries other than the US, unless they are naturalized or permanent residents.

**Underrepresented:** All individuals who have been historically marginalized in American higher education in terms of race/ethnicity/nationality, gender, parental education level, socioeconomic status, disability, sexual orientation, gender identity, gender expression, age, or spirituality/religiosity/philosophy.

**Whiteness:** A set of norms or social locations that are historically, socially, politically, and culturally produced, and which are intrinsically linked to the privilege and dominance associated with White racial identity (Chiariello, 2016; DiAngelo, 2016).

## CHAPTER TWO: REVIEW OF THE LITERATURE

The central question of this study examined the experiences of Students of Color enrolled in a nursing program and the efforts needed to ensure student success and lessen the racial disparities in nursing education. Each element of the study's question was grounded within the current literature regarding the experience of Students of Color in a Predominately White Institution (PWI), how Students of Color participate and navigate within higher education, and the faculty's cultural readiness in nursing education.

To conduct my study, I reviewed over 150 scholarly and peer-reviewed articles. I adopted the following search terms: nursing education, nursing shortage, nurses of color, Students of Color in higher education, and nursing history in education accessing the following databases: Academic Search Premier; Cumulative Index to Nursing and Allied Health Literature (CINAHL); Education Full Text; Educational Resources Information Center (ERIC); ESCOhost; Dissertations and Theses; Google Scholar; JSTOR and ProQuest. After reviewing the literature, I adopted organized findings into the following themes: (1) history and evolution of the nursing profession; (2) nursing programs in a Midwestern state; (3) participation of Students of Color in nursing education; and (4) factors affecting the participation and completion rates of Students of Color in nursing education. I later describe the gap and tensions in the literature and analyze my findings with two theories.

### **History and Evolution of the Nursing Profession**

Florence Nightingale is one of the earliest nurses and pioneers who dealt with epidemics through the principles of hygiene and sanitation. Nightingale showed the relationship between infection control and hand washing (World Economic Forum, 2020). The lessons of Florence Nightingale's nursing practice during the Crimean War are still being applied today during the

COVID-19 pandemic essential handwashing, maintaining standards of cleanliness, learning from the data, and more. (Bonnie et al., 2020). Florence Nightingale, in addition to her role in initiating nursing education programs, was also involved in developing nursing for the sick poor at home and in the workhouses through her work for poor law and workhouse reform of the 1860s. Bostridge (2008) introduced readers to Florence Nightingale:

On May 12, 1820, Florence Nightingale was born as the second of two daughters to English parents. As a young woman, she displayed exceptional intellect, learning multiple languages and being particularly capable in mathematics. From a very young age, Florence Nightingale, was active in philanthropy, ministering to the ill and poor people in the village neighboring her family's estate. By the time she was 16 years old, it was clear to her that nursing was her calling. She believed it to be her divine purpose (p. 22).

Nightingale seemed to be most comfortable in the solitary activities of reading, writing in her journals, and attempting to discern purpose in her life. She deeply believed she had a God-given purpose to better humankind, but the route to achieving this goal was unclear (Calabria & Macrae, 1994; Cook, 1913).

Schaefer and Schaefer (2005) examined Nightingale's nursing educational aspiration and dedication to healthcare service. In 1844, Nightingale enrolled as a nursing student at the Lutheran Hospital of Pastor Fliedner in Kaiserwerth, Germany. Nightingale made it her mission to improve hygiene practices, significantly lowering the death rate at the hospital in the process (Schaefer & Schaefer, 2005). Nightingale created several patient services that contributed to improving the quality of healthcare. She was known as the "Lady with the Lamp." Florence Nightingale is broadly acknowledged and revered as the pioneer of modern nursing.



Nursing education has evolved over the decades. The 1893 World's Fair in Chicago introduced Americans to hamburgers, the Ferris wheel, the Pledge of Allegiance, and the idea of higher education for nurses. That exposition hosted “the first really global meeting of nurses,” said nurse historian Louise C. Selanders, RN, EdD, FAAN and professor of nursing at Michigan State University (“Nurse,” 2018). Nurse leaders of the time, including Nightingale, who did not attend the conference but had her last significant paper presented there, argued for an educated workforce with standards of practice, as opposed to one in which nurses served as apprentices in hospitals, which was customary at the time.

### **2010-2020 IOM Report on The Future of Nursing: Leading Change, Advancing Health**

According to the 2011 Future of Nursing report by IOM, nursing education is unique among the healthcare professions in the United States in that it has multiple educational pathways leading to an entry-level license to practice. For the past four decades, nursing students have been able to pursue three different educational pathways to become registered nurses (RNs): Bachelor of Science in Nursing (BSN), Associate Degree in Nursing (ADN), and a diploma in nursing (IOM, 2011). More recently, an accelerated, second-degree bachelor’s program for students who possess a baccalaureate degree in another field has become a popular option. This multiplicity of options has fragmented the nursing community and has created confusion among the public and other health professionals about the expectations for these educational options (IOM, 2011). However, these pathways also provide numerous opportunities for individuals of modest means and diverse backgrounds to access careers in an economically stable field (IOM, 2011). Although the 2010-2020 IOM report highlighted many issues within the health profession, the new 2020-2030 IOM report highlights the importance of equitable

work lagging within the health program and recommendations on how to address the systemic issues within health care.

### **2020-2030 Future of Nursing Report by the Institution of Medicine**

The 2011 IOM report on *The Future of Nursing: Leading Change, Advancing Health* focuses on actions that can build critical capacity in nursing to meet increased demand for care and advance health system improvement. Nursing programs have made significant progress in building the capacity called for in that report; however, more remains to be done. *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, the National Academy of Medicine (NAM) and the Robert Wood Johnson Foundation continue their steadfast collaboration toward promoting a culture of health for all. Both organizations believe that uneven access to conditions needed for good health across the United States has been well documented, as have the poor effects on health care as a result. The growing visibility of the impacts of systemic racism in almost every aspect of people’s lives—policing, health care, the economy, education—is evident (NASEM, 2021).

Now more than ever, the nation clearly sees the need for an equitable, just, and fair society—one that promotes racial equity, as well as equity across circumstances, communities, and abilities. The good news is that so many of us are asking, “How can we do better? How can I do better?” In a time marked by COVID-19’s unprecedented global health challenges, nurses have stepped up—many times at great personal cost to themselves. Nurses have seen firsthand this disease’s inequitable impact on those they serve. They have also experienced firsthand COVID-19’s inequitable impact on the profession. Nurses are more likely to die of COVID than are other health care professionals, and nurses of color are far more likely to die of COVID (NASEM, 2021).

## 21<sup>st</sup> Century Nursing

According to the Center for Disease Control and Prevention (CDC, 2003) the nursing profession exists in a social contract to improve the health of the population, promote health, prevent illness, and care for those who are ill and suffering disease. Major population trends shape the nursing practice, both demographic changes and the prevalence of health conditions. The identification of an increasing need for high-dependency nursing care delivered by highly skilled and qualified medical and nursing practitioners also potentially changes the profile of intensive care, as hospital-based care becomes increasingly more acute and complex. In addition, the continuing shortage of skilled nurses, coupled with recruitment and retention problems in specialist areas such as intensive care units, bring their own inherent problems that will need to be addressed. It is crucial to ascertain whether nursing curricula meets staffing challenges (Tornyay, 1992). Nursing education has a significant impact on the knowledge and competencies of nurses, as well as all health care providers. Nurses with Bachelor of Science in Nursing (BSN) degrees are enabled to meet various patients' needs; function as leaders; and advance science that benefits patients and the capacity of health professionals to deliver safe, quality patient care (Institute of Medicine, 2011). Additionally, Fawaz et al. (2018) also confirms the need for curriculum enhancement. Continuous curricular modifications are an essential phenomenon in nursing academia in order to level learning with the rapidly evolving professional practice.

Coombs (2018) pointed out modern program development and curriculum designs are transforming the way students learn—this includes blended learning, flipped classrooms, simulations, and virtual spaces. Ramsden (2008) highlighted most educational programs in the 21<sup>st</sup> century increased their use of technology, globalization, and independent learning in nursing education. Ramsden continues to emphasize that the role and purpose of higher education

institutions has come under scrutiny regarding the degree to which institutions emphasize lifelong learning as well as work readiness and practices. Higher education is generally changing views about the role of an academic education to reflect an increased emphasis on professionalism. Robinson and Aronica (2009) argue that education has become an impersonal linear process, a type of assembly line, similar to a factory production. They challenge this view and call for a less standardized pedagogy; more personalized to students' needs as well as talents. Education is not like a manufacturing production-line, since students are highly concerned about the quality of education they receive as opposed to motor cars, which are indifferent to the process by which they are manufactured.

Over the past decade, academics, universities, and colleges have developed a culture of professionalism associated with the teaching role in higher education. Some suggest the current challenges in higher education arise from the blurring of boundaries between academic and professional life, something with which nursing has been preoccupied for a number of years (Ramsden, 2008).

### **Nursing Education in Minnesota**

Minnesota is known for its many innovative advances within many disciplines and is recognized as a leader in the medical device and health care industries. In St. Paul, in August 1898, Theresa Ericksen and eight of her fellow nurses founded the United States' first centralized nursing registry. "Realizing that in union is strength," these nurses called themselves the Ramsey County Graduate Nurses' Associate (RCGNA). By their "mutual help and protection," they aspired "to advance the standing and best interest of graduates and to place the profession of nursing on the highest plane obtainable" (Preston, 2018, para. 4). Minnesota's strength within RCGNA and other initiatives like the MANE program has given Minnesota an

advantage to do better within nursing education. These strengths can be used to leverage the impact we can make in higher education, specifically in nursing education.

In continuing with this rich tradition of being the “first” within nursing education and the healthcare industry, Minnesota contributes to addressing the inevitable need for nurses in the impending future. One of the many approaches takes the form of the MANE program through Minnesota State. The MANE program is an alliance of nursing education institutions that have established a curriculum intended to help with producing baccalaureate prepared nurses that will one day be the leading force within the healthcare industry. MANE is comprised of seven community college institutions within the Minnesota State system and allows for students to be dually admitted into a baccalaureate degree in nursing through Metropolitan State University. The collaboration with Metropolitan State University puts MANE and the Minnesota State System in a unique position to help Students of Color who have already identified nursing as a pathway and who are enrolled within their institutions. MANE and Metropolitan State University can impact the nursing workforce and produce nurses of color.

### **Participation of Students of Color in Nursing Education**

My study concerned the need for nursing educational programs offered in higher education to attract, recruit, and retain diverse candidates to the nursing profession in the 21<sup>st</sup> century. Appropriate education of racially and ethnically diverse nurses and their entry into the nursing workforce is imperative (Amaro et al., 2006). Additionally, a diverse and culturally competent nursing workforce is essential to meet the changing demographics in the US. Those concerned with the future of nursing call for an increase in ethnic and racial diversity in the nursing workforce to improve healthcare outcomes (Ackerman-Barger & Hummel, 2015). Nurses of Color bring unique perspectives regarding how to serve diverse patients and

contribute to the advancement of the nursing profession. The most recent racial/ethnic profile of nursing students reported by the National League for Nursing (2015) revealed the following percentages of minority students: 12.2 % African American, 8.1% Hispanic, 5.9% Asian/Pacific Islander, 1.5% Native American, and 7.5% other, for a total of just over 35%.

The goal of nursing education is to facilitate the transition of knowledge from the classroom to a variety of clinical experiences, despite constraining factors (Bowers & McCarthy, 1993). A constraining factor might be a lack of cultural competence or familiarity with the work of the profession. To address a growing diverse population and issues of health equity, recruitment and retention of diverse and culturally competent nursing students continues as a mandate among healthcare stakeholders (Amaro et al., 2006). Alizadeh (2016) emphasized the lack of cultural knowledge within the nursing profession. Alizadeh stated, “a lack of cultural knowledge and skills in nurses can contribute to the development of difficulties in building relationships with patients and lead to inequality in the provision of care” (p. e125). Understanding the need for culturally aware nurses is vital in forming relationships that ultimately lead to health outcomes.

According to the Association of American Colleges and Universities (2016), diversity, equity, and inclusion are major goals in higher education, to promote student success, a vibrant democracy, and an effective workforce. As evidenced in this study, the faculty and student bodies of the institutions chosen for this study do not yet reflect the diversity of their communities. The lack of SOC in nursing education presents a number of challenges in nursing education. This lack of diversity presents issues within nursing education and its delivery. As evident from this study, students of color yearn for diversity within the classroom, and in clinical

settings. Providing examples of a diversified nursing practice within the curriculum can help with the challenges faced in nursing education.

### **Contemporary Issues and Challenges in Nursing Education Delivery**

Phillips and Malone (2014) explained as nursing continues to advance healthcare in the 21st century, the current shift in demographics, coupled with the ongoing disparities in healthcare and health outcomes, will warrant ongoing attention and action. As within all health professions, concerted efforts are needed to diversify the nation's healthcare workforce. The nursing profession, in particular, will be challenged to recruit and retain a culturally diverse workforce that mirrors the nation's change in demographics (Phillips & Malone, 2014). This increased need to enhance diversity in nursing is not new to the profession; however, the need to successfully address this issue has never been greater. Phillips and Malone also highlighted the need to increase diversity in nursing and its importance in reducing health disparities.

In 2008, to help alleviate the national nurse shortage and increase the diversity among nursing professionals, the New Careers in Nursing (NCIN) program was implemented. Funded by The Robert Wood Johnson Foundation and the American Association of Critical Care Nurses (AACN), an investment of over \$35 million was made to schools of nursing across the United States. For eight years (2008-2015), this national program supported more than 3,500 students from diverse or nontraditional backgrounds with partial scholarships to pursue degrees in accelerated baccalaureate and master's programs. However, despite this investment, nursing shortage is still at a chronic state. Moreover, evidence from the American Nurses Association (ANA) indicates that a need for more nurses is imminent. In the next section, I will discuss the shortage in nursing and the impact within nursing education.

## **Chronic Shortage in Nursing**

Nurses are a critical part of healthcare and make up the largest section of the health profession (Aiken et al., 2009). According to The American Nurses Association (ANA), more registered nurse jobs will be available through 2022 than any other profession in the United States. According to an article in the Nursing Times, The US Bureau of Labor Statistics projects that 11 million additional nurses are needed to avoid a further shortage. Employment opportunities for nurses are projected to grow at a faster rate (15%) than all other occupations from 2016 through 2026 (Haddad et al., 2020).

According to Schorr (1981), the bigger contribution to the chronic shortage of nursing is the impending baby boomer retirement age. This effect will hit the healthcare industry heavily and will more than likely contribute to a shortage of nurses due to the vast number of patients who will be using the healthcare system. The chronic shortage in nursing is not the absence of nurses; it is the demand for nursing services. Also, the scarcity of nursing instructors has caused an adverse effect on the availability of new nursing graduates needed to fill current and future open positions. The major barriers Fang and Bednash (2016) found were noncompetitive salaries and heavy workloads. Research indicated the gaining workforce issue would result in over 55% of nurse faculty planning to retire in the next 10 years (Holland, 2011).

Fulcher (2007) confirmed that both the nation's healthcare and nursing education systems are in crisis. While the care provided by registered nurses (RNs) is essential to patients' recovery from acute illness and to the effective management of their chronic conditions, the United States is experiencing a nursing shortage that is anticipated to increase as baby boomers age and require more healthcare. Murray (2002) shared a number of factors contributing to the shortage, including: an increase in the age of registered nurses, decreased school enrollment,



increased career opportunities for women, changes in the healthcare delivery system, nurse “burn-out,” and the public’s misunderstanding of what nurses do. Additionally, a number of social and economic trends will affect the healthcare delivery system in the future, such as: aging of the population, increased technology, the increase of the health/wellness movement, changes in employees’ work ethic, influence of Generation X and dot.com workers, and scarcity of entry-level and low-wage workers.

Nurses are the main active partners in any primary and secondary infectious disease prevention efforts. In every country, regardless of their socio-economic development, nursing is the top first line dedicated profession in the prevention of diseases and alleviation of suffering during and after a treatment of any disease, including COVID-19 (WHO, 2020a). Nurses were and still are the pioneers developing all the best practices in relevant to patient management and clinical safety. Their capacity and effectiveness thrive more during crisis, wars, disaster and even in infectious disease pandemics, such as the recent COVID-19 pandemic.

According to Kutney-Lee et al. (2016), organizations must be creative in meeting the needs of nurses while providing the best and safest care to the patients. An environment that empowers and motivates nurses is necessary to rejuvenate and sustain the nursing workforce. Empowerment in autonomy in staffing ratio decisions considering high volume and acuity levels will lead to less burnout and a strong desire to leave the workforce. Recognizing the need to be creative, in meeting the needs of the nursing workforce, is only one small step. More needs to be done in allowing nurses to feel autonomous and empowered. It is evident from the interviews of the participants how relationships among the various faculty and staff are key in combating racism in nursing education. In the next section, I will discuss racial disparities in nursing and the impact within nursing education.

### **Racial Disparities in Nursing**

While researching on the history of racism in the nursing profession, it was clear from the literature, racism in nursing is not just an issue in the United States. In the United Kingdom (UK), Black, Asian, and Minority Ethnic (BAME) women nurses also experience racism. Brathwaite (2018) offered an historical background of the Black, Asian, and Minority Ethnic (BAME) women nurses. Women BAME nurses in the 1970s and early 1980s experienced overt racism and lack of advancement. Although racism was less overt in the late 1980s and 1990s, these experiences continued and BAME women nurses' advancement levels remained lower than among their White counterparts. In the 21<sup>st</sup> century, significant differences in treatment of BAME women nurses compared with White nursing colleagues continues, with the enduring effects of the colonizer holding the power to impact the BAME woman nurse who is colonized, racially stereotyped, and less powerful (Brathwaite 2018). The persistent construct of colonialism and power needs to be recognized to acknowledge ongoing racialized inequalities experienced by BAME women nurses.

According to Brathwaite (2018), a recognition of racist and sexist discriminatory actions must occur to permit the development of equal opportunity strategies to address these unacceptable inequalities and generate a real cultural shift. Many BAME women nurses are considered inferior in ability (p. 254). Despite efforts towards equality, the National Health Service (NHS) remains stratified along gender lines (Regenold & Vindrola-Padros, 2021). The tendency for men to occupy positions of greater income, prestige, and power than women is referred to as vertical segregation (Risberg, 2004). Women account for 77% of the NHS workforce but only 47% of "very senior manager" roles (NHS Employers 2019). This gap is significantly wider for ethnic minority women: as of 2017, Asian/British Asian women

accounted for 1% and Black/Black British Women accounted for 0.5% of all very senior manager roles in the NHS (NHS Digital 2018b). This vertical segregation contributes to the NHS gender pay gap of 23% (Department of Health and Social Care 2019).

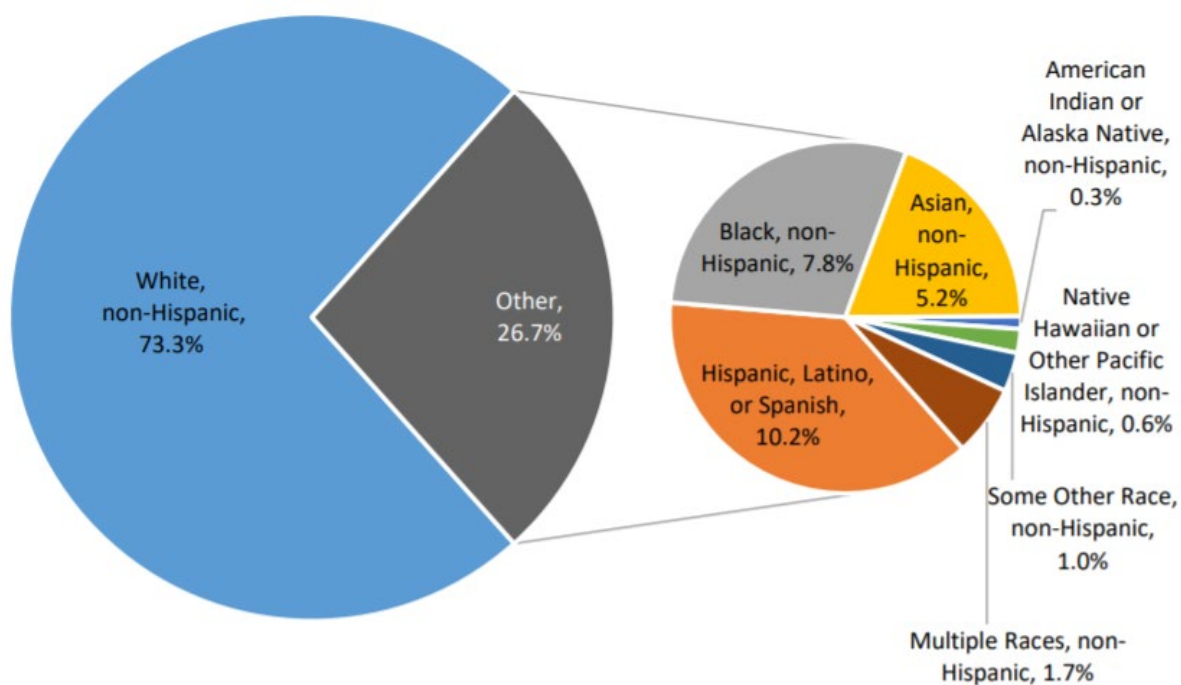
In the NHS, women make up the large majority (89%) of all nurses and health visitors (NHS Digital 2018a). Black, Asian, and Minority Ethnic (BAME) individuals account for 20% of NHS nurses and support staff (Cook et al. 2020). Internally, nursing is socially stratified along ethnic, gender, and class lines (Batnitzky & McDowell 2011; George 2007). As a result, fewer BAME nurses in higher positions, means less power to make changes that influence the cultural status quo that perpetuates racial discrimination and institutional racism (p. 256). While this study focused on UK nurses, a recognition of racist and sexist discriminatory actions must occur to permit the development of equal opportunity strategies to address these unacceptable inequalities and generate a real cultural shift within the United States.

Racial disparities within nursing are not new and there is a lack of research on this topic. As of December 31, 2017, there were an estimated 3,957,661 actively licensed registered nurses living in the United States, a 29% increase from 2008. Of those, 3,272,872 (83%) were actively licensed and employed in nursing (a 26% increase from 2008). Approximately 40% of the current RN workforce graduated from their initial nursing program in 2005 or later with an average of 18.9 years of experience post initial RN licensure (HRSA, 2018). White, non-Hispanic RNs accounted for the largest proportion (73.3%), followed by Hispanic RNs (10.2%), Black, non-Hispanic, RNs (7.8%), Asian, non-Hispanic RNs (5.2%), and RNs who identified as holding multiple races (1.7%). Racial and ethnic minority groups accounted for 26.7% of the RNs. In particular, for RNs who graduated in the past two decades, the proportion of minority groups appeared to be higher when compared to those licensed prior to that period. This increase

in proportion in minority groups is largely driven by Hispanic RNs (Figure 1). As noted in the NSSRN 2018 report, the nursing workforce also has an underrepresentation of men. However, according to the NSSRN 2018 report, men in nursing also continue to be a growing demographic. In 2018, male RNs represented 9.6% of the population, an increase from 7.1%. Although there seems to be some movement in male nurses, I argue that a shortage of men in nursing program is a problem when it comes to diversifying the nursing workforce. In the next section I will discuss recruiting and retaining underrepresented populations in nursing and identify successfully key characteristics for success.

### Figure 1

2018 Distribution of RNs by Race and Ethnicity



Note. Demographics and Diversity data of RNs. From the 2018 NSSRN Summary Report.

Dapremont (2013) offered an explanation on recruiting and retaining underrepresented minority groups in undergraduate nursing programs. Key characteristics, such as providing

academic and financial support, mentoring students, and working with community partners, were all deemed important to the successful recruitment and retention of underrepresented minority groups in nursing. The availability of minority faculty to provide support, along with peer and social support, was also deemed beneficial. Further, Dapremont (2013) viewed support prior to admission into a nursing program as very valuable, as was the ongoing support one receives during one's academic progression.

Continual efforts to diversify the nursing workforce should include a robust and measurable strategic plan for recruiting and retaining racial/ethnic minority individuals in nursing programs. According to Rosenberg (2011), a particular kind of strategic plan should be developed to attract and support a diverse population of students within a nursing program. This strategic plan, titled The Diversity Pyramid, includes a three-pronged approach focused on securing and demonstrating organizational commitment, providing financial support to students in need, and targeting resources to meet the needs of a diverse student population, all of which include measurable objectives (Rosenberg, 2011; See Figure 2). The university's overall strategic plan reflects the organizational commitment, complete with measurable diversity goals at the highest level of leadership, culminating at the faculty and staff level.

**Figure 2**

## The Diversity Pyramid



Note. From Rosenberg L., & O'Rourke, M. E. (2011).

All personnel in the organization are accountable for pursuing or attaining a diversity goal in their annual performance reviews (Rosenberg, 2011). Admission criteria, policies, and procedures reflect the university's commitment to ensuring a diverse student population. Individuals facing financial constraints have opportunities to apply for support through several grants, scholarships, and other financial set-asides. Finally, the recruitment and retention plan build on strong partnerships with high schools, colleges, and professional organizations with diverse representation. Collectively, these efforts are beginning to show favorable results. Nursing leadership for this initiative emphasized the invaluable role of institutional commitment in ensuring successful recruitment and success in nursing programs (Rosenberg, 2011).

The American Hospital Association (2002) stated to increase the diversity of the workforce, there also is a need for action to address the cultural competency of the current workforce, the majority of which is White. The National Advisory Council on Nurse Education and Practice (NACNEP; n.d.) described a culturally competent nurse as one who “has the ability to honor and respect the beliefs, attitudes, lifestyles, mores, traditions, customs and behaviors of

others and is able to develop interventions and services that affirm and reflect the value of different cultures” (p. 17). The NACNEP suggested accomplishing that goal by educating all nurses to provide culturally competent care, develop practice performance standards and measurements to assess when such care is insufficient, and to establish cultural competence standards in education and practice.

### **Gaps and Tensions in the Literature**

This study’s value lies in its unique opportunity to address gaps and tensions in literature about nursing education. According to the 2020 IOM Future of Nursing report, by 2030, the nursing profession will look vastly different. Nursing school curricula need to be strengthened so that nurses are prepared to help promote health equity, reduce health disparities, and improve the health and well-being of everyone. And nursing students—and faculty—not only need to reflect the diversity of the population, but also need to help break down barriers of structural racism prevalent in today’s nursing education. (p. xiv)

This is even more evident in the lack of student nurses matriculating from an associate degree program to bachelor’s degree program. As commented by Fletcher et al. (2003), given the current racial/ethnic background of the registered nurse population in the United States, there is an obvious disparity in the representation of minorities in the nursing profession, despite the increasing number of minorities represented in the general population. One prominent tension in the literature is the fact that nursing students of color within community colleges have lower matriculation rates than their White peers. Another foundational tension in the related literature, concerns the impact of a lack of cultural relevant pedagogy and how it influences students of color in nursing education.

The selected theories helped me to interpret my review findings and provide useful in analyzing the data collected. I begin with a summary of key tenants of each theory, and then use the theories to analyze the content review of literature.

### **Analytical Theory**

I adopted two theories to analyze my content review findings and serve as a theoretical framework for my qualitative study regarding the experiences of Students of Color in a nursing program. I first describe the general purpose and reasons for selecting theories and their relevance to conducting research and analyzing data. Following explanation for each selected theory, I also describe the alignment of the theory with the literature review, forming my conceptual framework. Theories serve as tools to analyze experience, providing a way of thinking and knowing about the world. The use of theory in qualitative studies provides a “broad explanation for behavior and attitudes” and also services as a “an overall orienting lens” (Creswell, 2018, p. 45). Important to qualitative research, “this lens becomes a transformative perspective that shapes the types of questions asked, informs how data are collected and analyzed, and provides a call for action or change” (Creswell, 2018, p. 161). The essence the experience of the participant and their trajectory in higher education, specifically in a nursing program, has the potential to make meaningful change in nursing education.

A combination of theories forming a theoretical framework is broadly defined as a combination of ideas, approaches, and perspectives used to interpret data and offer insights regarding human experiences. The structural metaphor of “framework” reveals the central role theory plays in informing research and interpreting data. According to Grant et al. (2014), a theoretical framework is:



the importance of theory-driven thinking and acting ... emphasized in relation to the selection of a topic, the development of research questions, the conceptualization of the literature review, the design approach, and the analysis plan for the dissertation study (Grant & Osanloo, 2014). According to Light (2011), a researcher's choice of framework is not arbitrary but reflects important personal beliefs and understandings about the nature of knowledge, how it exists (in the metaphysical sense) in relation to the observer, and the possible roles to be adopted, and tools to be employed consequently, by the researcher in his/her work. (p.12)

This study consisted of looking at the lived experience of SOC and how they conceptualize their experience and racial identity in a nursing program. The setting included two community college settings in the northern suburbs of a Midwestern city. Theory explaining the phases people experience, the dynamics of educational change, and the leadership approaches adopted during the various stages/phases of change helped to focus the structure of my study, data collection, and analysis. I adopted student development theory, because it offers a variety of lenses through which to view students in their developmental process. In particular, I have identified Chickering's theory of student development as particularly relevant because it provides ample scholarly work for higher education professionals to help with understanding the development of students. I also adopted critical race theory, because it offers intellectual inquiry that highlights racism in higher education.

### **Student Development Theory**

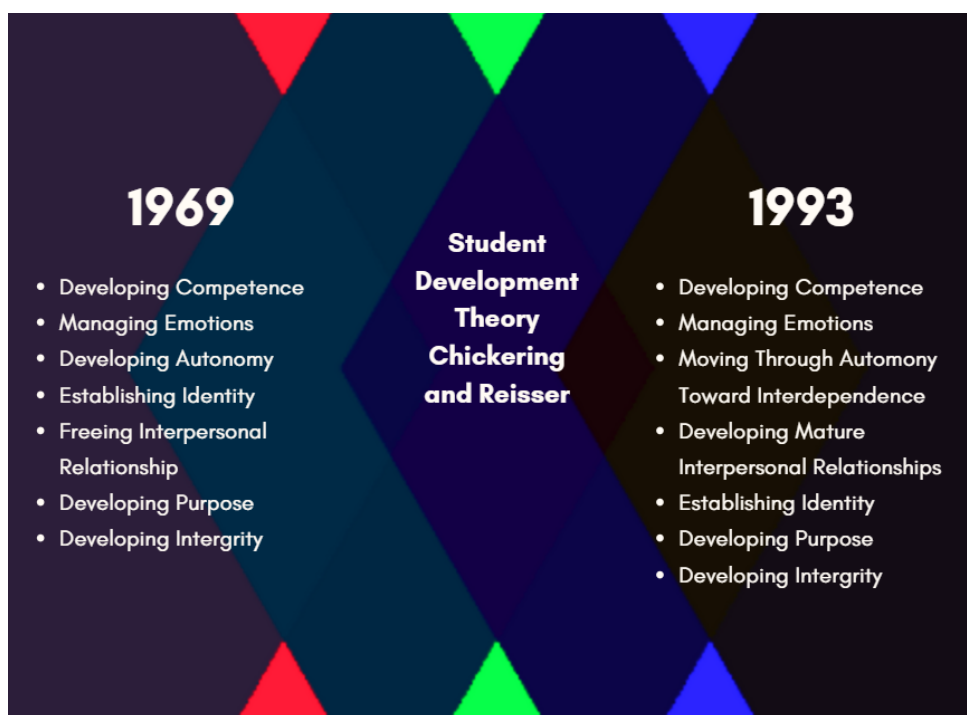
Faculty play a critical role in supporting the core components of postsecondary education, which include development and learning (Patton et al., 2016). Because of the complexities involved in student development, no single theory adequately explains the

development of the whole student (Patton et al., 2016). Floyd et al. (2015) acknowledged the variety of student development theories and noted the value the theories have in “providing a piece of a larger puzzle that continues to form new perspectives, new ways of looking at students” (p. 18). In the next section, I highlight Chickering’s student development theory and how Chickering’s seven vectors offers an application to help students with taking responsibility.

Chickering’s seven vectors developmental theory was first published in 1969, when the growth of student development theories was at a rise (Chickering, 1969). To describe how student development theory and the seven vectors can be used by administrators, faculty, and staff in helping students focus on their identity, Chickering and Reisser (1969) describe the process of using the vectors as a map towards helping students reach self-actualization, by allowing students to gain control of expression, awareness, and acceptance of their emotions. Chickering’s vectors were revised and updated in 1993 with Linda Reisser. Figure 3 shows the difference between 1969 vs 1993.

### Figure 3

#### *Chickering’s Seven Vectors of Identity Development 1969 vs. 1993*



In 1993, Reisser revisited the theory with Chickering. They reestablished the meaning and depth of the vectors to better illustrate how students in college develop an identity while navigating the many emotional, social, and physical factors that are present in any college environment. Chickering's work explored students' identity development while in higher education. As our world has evolved, so has identity theory. Several researchers have built on these models. Jones and McEwen (2000) stated, "Not only have researchers placed increasing emphasis upon identity development, but the number of identity development models has also increased" (p. 405). Each vector is considered a task that student must go through to fully develop their identity (Chickering, 1969). The seven vectors are:

**Vector One: Developing competence**, is the ability to develop competence that comes from the knowledge that the individuals is able to achieve goals and cope with adverse circumstances.

**Vector Two: Managing emotions**, is the ability to learn to understand, accept, and express emotions. Individuals learn how to appropriately act on feelings that they are experiencing.

**Vector Three: Moving through autonomy toward interdependence**, involves learning how to be emotionally independent. This includes becoming free from the consistent need for comfort, affirmation, and approval from others. Individuals also see growth in problem solving abilities, initiative, and self-direction.

**Vector Four: Developing mature interpersonal relationships**, individuals learn to appreciate and understand others. An individual also becomes competent in developing and maintain long-term intimate relationships. Some of the related tasks in this vector of development include cross-cultural tolerance and appreciation for differences of others.

**Vector Five: Establishing identity**, involves becoming comfortable with oneself. This includes becoming stable and gaining self-esteem. A person who has a well-developed identity can handle feedback and criticism from others.

**Vector Six: Developing purpose**, occurs when individuals develop commitment to the future and becomes more competent at making and following through on decision, even when they can be contested. It involves developing a sense of life vocation, creation of goals, and is influenced by the family and lifestyle of the individual.

**Vector Seven: Developing integrity**, involves the process of humanizing values encompasses the shift from a cold, stiff value system to one which is more balanced with the interests of others matched with the interest of the self.

This theory is focused on identity development and has a broad conceptual nature to facilitate application within diverse contexts (Chickering & Reisser, 1993). Central to these vectors is the theme of taking personal responsibility (Chickering & Reisser, 1993), an important component of a student-oriented approach to education. Chickering and Reisser (1993) asserted each of their proposed vectors is a map toward individuation and that no two individuals experience the maps in the same ways. The authors maintained that despite differences in learning, thinking, and deciding, all students move through the vectors in a developmental process that is infinitely complex (Chickering & Reisser, 1993).

The student development theory used in this study offers a wide range of opportunities that I believe will help student affairs professionals in their everyday interactions with students while aiding them to reach their capacities of beliefs, identity, and social relations. Student development theories hold relevance in today's higher education practices. Student development theory supports the concept of developmental progression and student growth. The theories offer

faculty a developmentally oriented process through which to meet students where they are and provide students with support in thinking reflectively and behaving responsibly (Wilson & Wolf-Wendel, 2005). This student-centered approach facilitates students' development of more complex ways of making meaning and functioning effectively as responsible members of the nursing program (Wilson & Wolf-Wendel, 2005).

The intent of this study is to provide nursing faculty tools to use in the development of nursing students. The use of student development theory would impact nursing education by allowing nursing faculty to develop and facilitate diverse contexts in the nursing curriculum. The development of students of color in a nursing program would benefit from knowledge of the seven vectors outlined in Chickering's theory of development. The findings of this study would aid the faculty to look at the whole student and offer students of color an opportunity to develop purposeful and mature interpersonal relationships benefiting them in their professional and personal lives.

Chickering's student development theory can help professionals and students with self-identification and understanding of self and systems within higher education. However, according to Patton et al., 2016,

theory alone cannot always suggest the best solution. In some instances, theory is not yet sophisticated enough to be of much assistance. For student affairs educators, it is particularly important to examine student development theory critically and seek opportunities to add to the information that already exists about how students change and grow during the college years. (p. 380)

Student development theory and critical race theory address looking at individuals and systems holistically can help identify some of the complexities of student life in higher education in

everyday practice. In the next section, I introduce Critical Race Theory (CRT). CRT speaks to the notion that racism is normal and it departs from mainstream legal scholarship by sometimes employing storytelling (Ladson-Billings, 1998).

### **Critical Race Theory**

Critical race theory (CRT) forces an examination of both the social constructs maintaining systems based on White privilege and power and the individual's role in maintaining those systems (Ortiz & Jani, 2010). Critical race theory posits the centrality of experiential knowledge through storytelling and contends that narratives of POC are legitimate approaches through which to examine race and racism in the law and society (Parker & Lynn, 2002). As with the stories of the participants of this study, CRT emphasis on the "ordinariness of racism makes it a logical backdrop for examining institutional as well as individual racism" (Hall & Fields, 2012, p. 26). Critical race theory is paradigm for investigating racial bias and health disparities and nursing education (Ford & Airhihenbuwa, 2010).

Critical race theory draws on experiential knowledge and critical consciousness to examine the roots of structural racism (Ford & Airhihenbuwa, 2010). Through knowledge production, the theory helps researchers remain attentive to equity. Storytelling is fundamental to CRT (Ackerman-Barger & Hummel, 2015; McCoy & Rodricks, 2015) and may serve as catalyst for conversation and change by allowing the "unseen and unknown" to become visible (Ackerman-Barger & Hummel, 2015, p. 45). CRT is rooted in the civil rights litigation during the Civil Rights Movement. It emerged as legal scholars began to openly criticize the legal system for playing an enormous role in racially based social and economic oppression in the United States. CRT differs from other theories in that it is an iterative methodology that requires researchers to be attentive to equity during research, scholarship, and practice (Ford &

Airhihenbuwa, 2010). All students, according to CRT, can expose the ways in which racism in college and university campuses has become more subtle, but no less pervasive (Yosso et al., 2009).

When applied to education, CRT involves a commitment to develop programs that acknowledge the multiple strengths each student brings into the classroom, and thereby value each student, making students more engaged in education and with learning (Yosso, 2005). As such, a CRT approach to education involves the commitment of institutions to recognize the various strengths that students and communities of color have to offer so that we move toward social and racial justice. CRT “refutes dominant ideology and White privilege while validating and focusing on the experiences of people of color” (Yosso, 2005, p. 69). Critical race theory maintains institutions should recognize culture as an important component when educating Students of Color, with a focus on Black students. Of equal importance is that other scholars, who may not consider themselves as proponents of critical race theory but perhaps as critical theorists, have similar thoughts on educating other students of color.

Grande (2004) questioned whether institutions acknowledge the relationship between education and culture and what that means when educating Native Americans. She advocated for multicultural education not only for Native American students but for all students. Grande (2004) also noted the importance of recognizing sociocultural behaviors such as alcohol abuse among Native American students and other factors such as the importance of family and how these play a major role in student success. Cleary and Peacock (1998) believed that for educators to effectively transition Native American students into an educational setting, they must first learn that “when there are strong differences between the culture of a student’s home and the culture of the school, school can be confusing to students” (p. 7). Believing in the power of transformative

education is key in fostering radical change in education. Nursing education is not immune to recognizing sociocultural behaviors; in fact, it has a huge opportunity to offer great awakening that would address healthcare disparities in underserved communities.

From an educational perspective, CRT recommends scholars and activists focus their work on eliminating racism, sexism, and poverty and all the influences of such in order to establish equality (Delgado & Stefancic, 2001). Critical race theorists also believe that, following the Civil Rights movement, this country has been in a state of regress instead of progress due to persistent and subtle forms of racism (Delgado & Stefancic, 2001). Therefore, by adopting CRT in this study, I hope institutional leaders would see the impact on students of color and address practices with the intent to eliminate racism, and sexism.

Exemplifying that stance, Delgado and Stefancic (2012), identify several tenets of CRT: racism is not aberrational; interest convergence, where the White majority has little incentive to change the status quo that benefits them, exists; race is a social construct rather than a scientific fact; differentiated racism occurs when different minority groups are discounted at different times depending on economic factors; intersectionality is the set of conditions a person experiences as the result of the intersection of their social statuses, for example one could be a male, Native American college student; and minorities are fundamentally able to talk about race and racism due to the fact that they are minorities. CRT provides an important theoretical framework while highlighting social constructs and the maintenance systems based on White privilege and power. CRT is pivotal to understanding the importance of the individualization of students of color in nursing education and the disparities that exist within higher education.



## Conclusion

The research in this study centered on the experience of SOC enrolled in a nursing program and the efforts needed to ensure student success and lessening the racial disparities in nursing education. Students' experiences shape their identity as nurses and are influenced by many things, including racially deficient practices, such as using stereotypical scenarios in case studies and not offering diversified clinical experiences within the nursing program. A student development theory lens provides an important method for analyzing the student developmental experience within nursing education. Continuing the lens of helping students understand the discourse within higher education, critical race theory speaks to the notion that racism is normal and it departs from mainstream legal scholarship by sometimes employing storytelling. Students' individual stories helped to examine how they conceptualize their experience and racial identity in a nursing program. I sought to uncover what Students of Color and institutions can do to support, enhance, and change the institutional practices within a nursing program. In the next chapter, I describe the methodology I adopted to conduct my study.

## CHAPTER THREE: METHODOLOGY

The purpose of this chapter is to explain the methodology of this study relevant to answering how students of color conceptualize their experience and racial identity in a nursing program. This study sought to determine underlying patterns encountered by students of color and how these patterns impact retention and completion in a nursing program. I adopted qualitative research methods to create an accurate account of the experiences of students of color in a nursing program in two community college settings in the northern suburbs in the state of Minnesota. To answer my research question, I employed a case study approach under the umbrella of qualitative research. The qualitative approach lends itself to studying issues in depth (Patton, 2015) and facilitates an examination of a complex process from the perspective of those who experience it (Creswell & Poth, 2018).

### **Qualitative Research Design**

Qualitative research permits the researcher to connect personally with the research participants to hear how they construct reality in their social environments (Creswell, 2018; Merriam, 2009). Based upon this interaction, the researcher obtains an in-depth understanding of complex issues from the viewpoint of the research participants and the reality they construct within their own social environment (Creswell, 2018; Merriam, 2009). Overall, qualitative researchers gain an understanding of how people make sense of their lives and experiences (Merriam, 2009). Qualitative research is grounded in a worldview, or paradigm, which understands reality as a subjective experience and seeks to understand reality through individual's situated, or contextual, experiences. In this worldview, what can be known is fundamentally and essentially associated with the contexts within which a person lives and individuals' experiences within those contexts.

Consequently, objective, and decontextualized methods of data collection and analysis are not primary in qualitative research. Instead, meanings associated within human experience are elicited through methods of human interaction and the researcher serves as the primary research instrument and analytic device. Because the use of language is a fundamental and universal means by which people come to understand human experience (Ray, 1994), qualitative research methods primarily rely on linguistic data. The product of qualitative research is both textual and contextual, bringing experience to life as written narrative.

### **Case Study Approach**

Yin (2003) recommends the use of a case study design when the intent of the study is to answer *how* questions, as well as in studies where the researcher cannot manipulate behavior of the participants. The case study approach facilitates the exploration of a contemporary phenomenon while utilizing a variety of data sources. Patton (1990) noted case studies are useful when attempting to understand a particular problem or unique situation. Further, Yin (2014) indicated the case study model provides an opportunity to investigate a specific case and still “retain a holistic and real-world perspective” (p. 4). This bounded case study explored the experiences of students of color in one nursing program. Findings suggest that participants are not the cause of the issues with attrition, matriculation, and retention in a nursing program. Students of color consistently navigate issues impacting their trajectory due to the curriculum, pedagogy and relationship dynamics between faculty and students. I adopted a case study approach within the qualitative traditions because this approach and method aligns with documenting the experiences of students of color. To legitimize ascertainment of one’s experience in terms of the researcher’s claims of “validity, reliability, and generalizability” (Ho, 2019, p. ix). The power of documenting the students’ experiences through case studies not only

accounts for everyone's personal experiences, but also how each person lives through and responds to those experiences. According to Yin (1994), case studies provide:

(a) construct validity, using active measures for the concepts being studied; (b) internal validity, used in explanatory or causal studies. A causal relationship, conditions are shown to lead to other conditions, as distinguished from spurious relationship; (c) external validity, the domain to which a study's findings can be generalized; and (d) reliability, which is the operations of a study and the data collection procedures. (p. 32-38)

In my study, I sought to learn about the experiences of students of color in a nursing program. Eight students of color, comprised of seven females and one male, participated in this study. This study welcomed participants who had finished and earned a nursing degree and those who transferred or withdrew from the nursing program. I examined their experiences to provide meaning despite the presence of inequities and systemic racism within the nursing program.

### **Limitations of Case Study Research**

According to Merriam (2009), case study research requires a great deal of time and resources to create thick descriptions about the phenomenon studied. The length of the descriptions can also make findings less actionable since the findings are often context specific. Case study research also requires a certain level of sensitivity and awareness by the researcher that may not always be present in order to combat biases. Harrison et al. (2017) outlined another key limitation of case study, the disagreement around whether case study research is a methodology or a method, along with the procedures required for case study research. In this study, I used case study research as a methodology to document the experiences of the students of color in a nursing program.

### **Institutional Review Board (IRB)**

The Institutional Review Board (IRB) at University of St. Thomas reviewed and approved this project (see Appendix A). Ethical considerations in selecting participants focus on informed consent, assessment of risks and benefits, and selection (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). I completed training in and passed the certification process for using human participants in a research study through the Collaborative Institutional Training Initiative (see Appendix B). The following section outlines the steps taken to ensure this study maintained the ethical principles required to conduct research.

All interview data was kept confidential. In any subsequent reporting of findings, I included information that would not identify the participants in any way. The following is a list of the types of records created and descriptions of how the data remained confidential.

#### **Transcriptions of Interview Data**

I uploaded all interview data to a cloud-based storage. I am the only person who has access to the cloud-based storage (OneDrive). The cloud-based storage is password protected. The password for the cloud-based storage has been secured by not allowing the feature “remembered” when given the option while working on my computer. The data collected will be erased from the cloud-based storage three years following completion of my research. During the interview, the participants’ responses were auto transcribed using the caption feature via Zoom. I recorded the interviews via Zoom; therefore, I reviewed the interview transcripts freely and as often as needed.

### **Master List of Participants**

I kept the master list of all participants selected for this study in a spreadsheet and maintained in cloud-storage. The list helped identify the interviewees should the researcher need to reconnect during the dissertation process. The master list included interviewees' names and contact information. The master list contained the date of the interview and the pseudonyms names assigned to each participant. I have since destroyed all paper copies of the master list and all electronic copies stored in cloud-based storage.

### **Cloud-Based Storage**

I created a OneDrive cloud-based storage space especially for this dissertation work. All copies of email conversations, recordings, transcripts, and notes are stored in this cloud-based storage. The password is solely known by the primary investigator and was changed as necessary to ensure safekeeping of all documents. All information is kept confidential.

Each participant was provided with a consent form prior to the interview. The consent form outlined the nature of the study as well as the risks and benefits of being in the study. The consent form also outlined the confidentiality of the data. All participants were asked to sign or accept consent via audio/video recording after these inquiries had been made. All participants were informed they had the right to withdraw from the study at any time.

### **Role of the Researcher**

My lived experience undoubtedly influenced the findings in this study. However, Patton (2015) called the researcher an "instrument of qualitative methods" (p. 70). Creswell and Poth (2018) argued written work reflects and is influenced by the culture, gender, social class, experience, and political orientation of the researcher. Patton (2015) further stated self-awareness and mindfulness proves critical for success in qualitative inquiry due to the inevitable influence

of the researcher on the selection, interpretation, and responses of the participants. In the next sections, I explain how my experience could have influenced my analysis of the data, and my efforts to mitigate this influence.

I serve as a program advisor in a nursing program. I care about students and take great pride in my everyday interaction and helping students reach their academic goals. I know firsthand how education can provide a “way out” for many students of color and serves as an important indicator of success for many students both personally and professionally. I have developed a profound belief and value education and the process to achieve a degree.

I am the son of a single mother (Ana) who also was a Certified Nurse Assistant (CNA). My mother was a healthcare advocate in her community. Ana educated me and my sibling that there were disparities in our communities, and she was determined to help her community at large. Ana instilled in her boys to not turn their backs on our community.

My low socioeconomic upbringing and the lack of education within my nuclear family empowered me to seek an education and upward mobility. I see my mother’s journey in the students I interviewed, and I believe they too can succeed if they work hard and receive the support they need to overcome the disparities that exist in higher education. Further, I explore the many different dynamics within each student’s experience and interact professionally with compassion to help students see that they can achieve their goals of obtaining a nursing degree.

This study documented the lived experience of students of color in a nursing program and how they navigated their identity in a Predominantly White Institution (PWI). As the researcher, I asked questions without inserting my feelings and without overly emphasizing my beliefs and values. According to Yin (2018), a good listener is not trapped by preconceptions. My experience as an advisor embedded in a nursing program was a great opportunity and I do not

regret my time with the students in this study. In the next section, I discuss how I selected and recruited the participants in this study.

## **Research Setting and Participant Recruitment**

### **Research Setting**

The institution in this study consisted of two campuses of one institution that offer two-year degree programs along with affiliated baccalaureate degrees through multiple universities across the state of Minnesota. The main campus resides in Chamberlain, Minnesota and the sister campus in Cumberland, Minnesota. Both community college nursing programs are accredited by the Accreditation Commission for Education in Nursing (ACEN). The nursing programs operate under the annual approval of the Minnesota State Board of Nursing (MBN). The nursing programs have two enrollment cycles (fall and spring semesters) of 112 students each cycle. Students accepted into the programs must complete all designated and approved general education (pre-nursing) courses prior to entry into the nursing program.

The size of each campus differs by location. The main campus is the Chamberlain location, north of a metropolitan midwestern city and the Cumberland campus is the sister campus. Cumberland is considered the “sister” campus because the student enrollment is lower. However, both campuses operate two levels of classroom and collegiate spaces. The Chamberlain campus is older, built with brick and with primarily carpeted flooring, with impressive views of the Mississippi River. Both campuses have buildings with large hallways and stairwells, and large windows allowing for the natural light from the outside. The design of the buildings differs by the obvious dated periods and architectural designs. Well-maintained landscapes and clean appearances surround each campus. Despite the differences in appearance and locations, both campuses possess modern classroom designs, up-to-date technologies, and



various resources for active learning. The data provided Table 1 illustrates the number of nursing students enrolled in the nursing program from Spring 2017 through Spring 2019. This table represents the number of students that persisted and graduated. The purpose of this table is to show the significant disparities between the numbers of students of color and their White peers.

Table 1

*Persistence Data from Spring 2017 through Spring 2019 by Ethnicity and Campus*

Ethnicity	Chamberlain Campus		Cumberland Campus	
	n	Percent (%)	n	Percent (%)
Asian	17	4%	1	1%
Black	27	7%	5	5%
Hispanic	18	4%	2	1%
Other	17	4%	5	5%
White	318	80%	98	88%
Totals	397		111	

Note. This table represents the number of students enrolled in the MANE nursing program at both Chamberlain and Cumberland campuses, n = enrollment numbers by ethnicity and % = number of nursing student who graduated the program. This table show the disparities between the students of color and their White peers.

The data presented in Table 1 is key to understand the disparities between students of color and their White peers in nursing education. By looking at this persistence data from both campuses within the MANE program, the number of students of color that do not matriculate in nursing programs is alarming and this study will be a welcome addition to scholarly research in nursing education. In the next section, I will discuss how I recruited participants.

### **Participant Recruitment**

I recruited, via email, adult students from five cohorts (spring 2017- spring 2019) within the MANE Nursing Program at both the Chamberlian and Cumberland campuses who met one of these three criteria: 1) successfully graduated the nursing program; 2) transferred out of the

nursing program; or 3) failed out of the nursing program. This is a total of 560 nursing students admitted. After careful review of student retention data, I emailed 68 participants from the programs who identified as a student of color which is the primary focus of this study. See Appendix E for example invitation email to participants. Potential participants for this study were selected by their disclosed preferred ethnicity. I received access to this information from the institution provost and the academic dean of nursing at the community college. A letter granting permission can be found in the IRB application. A total of eight participants responded to my inquiry.

After initial consent, I met with participants via Zoom to explain the purpose of the study, obtain informed consent, assure confidentiality, and outline the responsibilities of the researcher and participants in supported ethical principles in human research (Knudson, 2001). I informed participants of the voluntary nature of the study, explained the option of declining to answer any interview questions, and the ability to withdraw from the study to ensure they did not feel pressured. Interviews were scheduled and conducted after obtaining the participant's acknowledgment of the consent form. The next section details my data collection process.

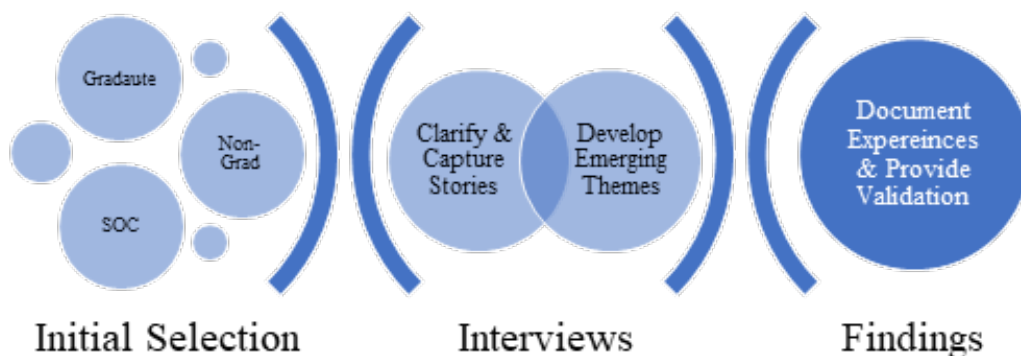
### **Data Collection**

The purpose of this qualitative study was to explore the lived experiences of students of color in a nursing program. Using a case study methodology, I sought to examine the lived experiences of those students who were enrolled in and/or graduated from a nursing program.

Figure 4 below shows the data collection and analysis process.

**Figure 4**

## Data Collection and Analysis



The institution utilized for the study is a Predominantly White Institution (PWI) and therefore the sample size of students of color was small. A Predominantly white institution (PWI) is the term used to describe institutions of higher learning in which Whites account for 50% or greater of the student enrollment (Lomotey, 2010). The central question of this study, how Students of Color conceptualize their experience and racial identity in a nursing program, was key in the selection process. The criteria used was strictly based on the student's demographic identifier. Only 12.5% of the students enrolled identified as students of color from both Chamberlain and Cumberland campuses.

Additionally, out of the 68 students of color enrolled in the nursing program, only eight students responded to this study. I began interviews amid a global pandemic on Saturday, June 27, 2020. Research participant interviews concluded on Sunday, September 6, 2020. During this timeframe, I conducted the interviews via Zoom. Zoom interviews lasted between 45-90 minutes in duration. I asked all participants ten questions (see Appendix D for interview questions). The interview was semi-structured and recorded via Zoom. The interview process started with a

presentation reviewing the consent form and offering participants to ask any clarifying questions. Appendix F provides one table for each question highlighting the participants' responses to all interview questions.

## **Interviews**

Through interviewing, each participant shared their story. This case study allowed me to gain permission and attempt to describe and interpret the participants' lived experiences between people and groups (Berg, 2004). Maxwell (2013) wrote about two types of interviewing methodology formats; one being structured and the other unstructured. I used a semi-structured approach as I wanted to ensure a conversational approach to interviewing, allowing participants to be comfortable in answering questions with ease.

Due to the current global pandemic and the spread of COVID-19, all researchers have been directed, by the office of Institutional Review Board, to stop all in-person research procedures and person-to-person recruitment immediately. Online research and digital data collection that do not require person-to-person contact may continue as planned. This directive has moved all in-person interviews, in-person surveys, and all research activities which occur in person, regardless of any promises to maintain physical distance between participants. Therefore, each interview session, originally scheduled for in-person, was rescheduled to be conducted via Zoom. All interviews conducted lasted 45-90 minutes. I conducted "in depth interviews (IDIs)" (Keegan, 2009, p. 78). The use of IDIs, in addition to open-ended, and discovery-oriented questions help with obtaining detailed information about each participant.

I sought to interview participants with a range of experiences in the nursing program. Additionally, students who participated in the program were categorized as graduates and non-graduates. Graduates are students who successfully navigated the nursing program, graduated,

and completed the nursing program. Non-graduate are students who were enrolled in the same enrollment period but did not successfully navigate the program and did not graduate.

### **Participant Demographics**

I believe the current global pandemic impacted the response rate for this study. The total enrollment data, from enrollment period spring 2014 through spring 2020 for all nursing students enrolled in the nursing program from its inception were 1,270 students. A total of 998, or 78%, students identified as White. The other 272 (21%) identified as non-White. I utilized purposeful sampling to identify interview participants who were enrolled in the nursing program. As seen in Table 2, Spring 2017 through Spring 2019 Enrollment Data 42% of the students self-identified as Black. The data in this table shows the disparity with Black students who graduate the nursing program.

The participants selected for this study were from the enrollment period from spring 2017 through spring 2019. A total of 68 students identified as Black/other and were enrolled in and/or graduated from the nursing program. A total of eight students participated in this study. Six were graduates and two who did not complete the program. Of the eight participants interviewed, eight identified as women and one identified as a man. In addition, all eight participants self-identified as African Black.

**Table 2***Spring 2017 through Spring 2019 Enrollment Data*

<b>Ethnicity</b>	<b># Enrolled</b>	<b># Graduated</b>	<b>%</b>
	<b>n</b>	<b>n</b>	
Asian	86	42	49%
Black	132	56	42%
Hawaiian or Pacific Islander	3	3	100%
Hispanic Native	29	16	55%
American/Alaskan Native	8	0	0%
Other	14	12	86%
White	998	746	78%
<b>Totals</b>	<b>1,270</b>	<b>875</b>	<b>69%</b>

Note. This table represents the enrollment data for all the MANE schools by ethnicity. This table helps with showing the overall big picture of the lack of diversity in the MANE program across the alliance. The data in this table shows the disparity with Black students who graduate the nursing program.

### **Participant Information**

I interviewed eight participants from the nursing program over the course of four months. The interviews lasted between 45-90 minutes. I conducted individual interviews via Zoom which were recorded and stored in the cloud. Seven out of the eight participants I interviewed identified as female and one identified as male. Seven of the women identified as Black; the male student also identified as Black. Seven of the participants earned prior work experience in the health care industry, see table 3. To protect the identity of the participants in this study, I assigned pseudonyms, see table 5.

The institution utilized for the study is a predominantly White institution and therefore the sample size was small. I collected a variety of demographic data from students. The majority

of participants in this study were from African descent (n=8). See table 4 for participant demographic information.

**Table 3**

*Participant' Level of Nursing Industry Experience*

Length of Years in Health care Industry	n
Home Health Care	5
Hospital	2
Personal Aide	1
None	2

**Table 4**

*Participants' Demographic Data & Nursing Related Certifications at the time of study*

Pseudonym	Race	Biological Sex Indicator	Age	Certification
Raquel	Black	F	40	LPN Certified
Inez	Black	F	28	CNA Certified
Sonrisa	Black	F	43	CNA Certified
Juanita	Black	F	35	CNA Certified
Graciela	Black	F	34	NONE
Paula	Black	F	41	CNA Certified
Raul	Black	M	27	CNA Certified
Carmen	Black	F	27	CNA Certified

Note: The certification levels illustrated in this table shown, Licensed Practical Nurse (LPN) and Certified Nursing Assistant (CNA) both prepare individuals to provide entry-level patient care. LPNs provide a higher level of care than a CNA in most settings. They work under the supervision of registered nurses (RNs) and physicians monitoring patients, administering first aid, and updating health records. CNAs provide basic care and help patients with daily living tasks under the direction of LPNs and RNs. Source: <https://nursejournal.org/resources/lpn-vs-cna/>

I sought to work with participants across education levels and length of career experience. Secondarily, I had hoped to interview a balance of participants across levels in CNA and LPN. Many students who attend nursing school come with other educational

backgrounds outside of nursing. Tables 4 and 5 describe the participants' healthcare related certification, level of higher education degree attainment.

**Table 5**

*Participant Level of Higher Education Degree Attainment post study*

Current Educational Status	n
Currently enrolled in an associate degree in Nursing	1
Currently enrolled in a bachelor's degree in Nursing	3
Completed a bachelor's degree in Nursing	3
Currently not pursuing a degree	1

Note: This table illustrates the degree attainment of each participant in this study. This study interviewed both graduates of the nursing program and non-graduates who went onto other nursing programs to complete their nursing education. Degree attainment does not necessary reflect attainment during the time of interviews at the time of this study.

### **Response Rate**

A sample size of 68 students were identified using persistence data from the enrollment period of spring 2017 through spring 2019. During the first round of recruitment, four out of the 68 students responded and agreed to be interviewed via Zoom. This a resulted in a response rate of 5%. A second round of recruitment was needed to capture more participants. In this round of recruitment, 10 students were identified which consisted of non-graduates of the program from the same enrollment period; four students responded and agreed to be interviewed via Zoom. This resulted in a response rate of 40% which ultimately contributed to the overall number of participants of eight students.

Students' completion is a critical metric upon which the effectiveness of the nursing program is measured. While the response to this study was small, the need to understand the way the students see themselves in the nursing program is vital to enhancing the program for future generations.



## **Introduction of Participants**

From the very beginning of the interview and recruitment process it was evident there was a deep commitment to the nursing industry due to many participants' direct relationships with nurses and health care professionals. Participants acknowledged their family ties and self-motivation while also recognizing an obligation to the health industry ignited their passion to pursue nursing school. Next, I will introduce the participants.

### ***Raquel***

Raquel is a single parent and refugee from Liberia. Raquel is a Licensed Practical Nurse (LPN) who earned an associate degree in liberal arts prior to attending the nursing program with many years of experience in the health care field. Raquel comes from a family of nurses and healthcare professionals. Her nuclear family and her extended family are all practicing nurses. Her mother practiced midwifery, served as public health nurse, and operated her own clinic in Liberia. Raquel reported that she is very fortunate to have completed her nursing degree and is now working full-time as a registered nurse. Raquel is currently finishing her undergraduate degree in nursing.

### ***Inez***

Inez is a single Black female who does not have any children. She holds a bachelor's degree from a Historically Black College (HBC). She is the youngest of two and is currently pursuing her options in health care. Her father moved the entire family to America from Liberia to pursue a college education and the family lived in the campus dormitory for many months. Inez lived most of her early years in Minnesota, in the northern suburbs of the Twin Cities, in a predominantly White community. Her mother is a practicing registered nurse, who obtained an

associate and bachelor's degree in nursing and is currently a registered nurse. Inez graduated from the program and had several years of patient care experience.

### ***Sonrisa***

Sonrisa comes from Central Africa, has five children and is married. She holds bachelor's degrees in history and anthropology from her home country. She also has several years of experience in healthcare. She comes from a long line of teachers in her family. Her aunt is a nurse, and she currently has a few immediate family members currently enrolled and pursuing a nursing degree. Sonrisa is currently enrolled and is on track to graduate with an undergraduate degree in nursing in fall 2021. Sonrisa graduated in December 2021 with her BSN from another nursing program in the Twin Cities. She is currently studying for her Registered Nurse licensure exam. At the time of her interview, scheduled date had been set for her to take her exam.

### ***Juanita***

Juanita is married and a mother of three children. Juanita holds an undergraduate degree in public health from California. She has a lot of family back home, in Somalia and provides financial support to them. Juanita is the only nurse in the family. Juanita made the move from California to Minnesota specially to pursue her Registered Nurse (RN) license. She is currently working back in California. Juanita is a proud nurse and plays a vital part in her community.

### ***Paula***

Paula is married and a mother of two children. She comes from a family of agriculture and farming. Paula currently has a farm in the northern suburbs of the Twin Cities. She is from Central Africa, where her family has been persecuted and members of her family have been killed due to village tension. Paula has transitioned from the family farm to the corridors of the hospital with passion to cultivate, enrich, and nurture her patients and fellow co-workers. Paula

struggled in the nursing program and did not graduate. Paula is currently pursuing her options and is not giving up on obtaining a nursing degree. She is well-educated and holds a graduate degree in Communication from her home country and worked as a broadcast journalist.

### ***Raul***

Raul is a single Black male from the Middle East who immigrated to the United States in pursuit of the American dream. He struggled in the nursing program and did not graduate. Raul is currently pursuing his undergraduate degree in nursing and is scheduled to graduate in the spring of 2021. Raul considers himself a Muslim first and an American immigrant second. He first lived in Maine and later transitioned to Minnesota. He is the only one in his family pursuing a nursing degree. He has doctors and healthcare professionals in his family.

### ***Carmen***

Carmen is a single Black female originally from Jamaica. Carmen does not have any family in Minnesota and does not have a healthcare certificate. She does have several years of experience in the healthcare industry. She is pursuing a nursing degree to better her life and to gain economic mobility. Her admission into the program was not easy; when she enrolled in the program, she was homeless and was the last to be admitted in her cohort. She struggled in the program and did not graduate. Carmen is currently not seeking a nursing degree and is working full-time in the health care industry as a CNA.

### ***Graciela***

Graciela is married and a mother of two children, and she does not have a nursing background or hold any healthcare certificate. Graciela is very passionate about helping the elderly and hopes one day return to Liberia to provide help in an assisted living facility. She is

passionate about helping people, health care, and any nursing related topics. She struggled in the nursing program and did not graduate. She is currently enrolled in a nursing program and will graduate in fall 2021.

The next section describes the methods used in data analysis in this case study, the units of data analysis, ethical considerations, and the validity of qualitative research.

### **Data Analysis**

This case study included multiple units of data analyses using a variety of sources. I conducted open-ended online virtual Zoom interviews, in depth interviews, and accessed transcribed data from recorded interviews. Data analysis is the process of “making sense out of the data” (Merriam & Tisdell, 2016, p. 202). The first step is to play with the data, searching for patterns and insights (Yin, 2018). The process of data analysis involves organizing the data, coding, and organizing themes, and interpreting the findings (Creswell & Poth, 2018). I used these methods in analyzing the data.

According to Ogden (2010), the structure of questions in qualitative interviewing has been found to influence the richness of data generated, and so, requires attention; empirical research shows that open-ended questions, which I asked later in the interview, tend to produce richer data. Also, Kaiser and Marconi (2017) noted that methodological study sheds further light on the problem of specifying and demonstrating saturation. The analysis of interview data showed that *code saturation* (i.e., the point at which no additional issues are identified) was achieved at eight interviews. I noted common themes emerging from the data, such as social exclusion, microaggressions, and lack of cultural competence due to the experiences shared by the participants.

As the themes emerged from the data, I categorized and coded each theme. The process of coding is central to qualitative research and involves making sense of the text collected from interviews, (Creswell and Poth, 2018, p. 190). Coding helped me to discover relevant information to interpret the data. I organized the data collected by each participant's experience gained through the caption of Zoom online interviews. In this study, I documented the lived experiences of Students of Color in a nursing program and how they conceptualize their experience and racial identity. I followed their accounts by analyzing their experiences within their journey in a nursing program.

I organized the data into three themes. Each theme describes the significant of their experiences in the nursing program. All the accounts begin in a community college setting, and include their family structure, academic experiences, and the significant influences their relationships with nursing faculty have impacted their journey.

### **Reliability and Validity in Qualitative Research**

According to Creswell and Poth (2018), noted reliability in qualitative research refers to the consistency and stability of the study. Verification of facts, findings, and "measurement process" all contribute to the reliability of the research. Validity is an evolving construct meaning that a broad understanding of both traditional and contemporary perspective is essential for informing the work of qualitative researchers and readers of qualitative research (p. 259). Moreover, the reliability and validity of a study depends upon the ethics of the investigator. Several strategic approaches can be taken to promote reliability and validity:

- (1) triangulation: using multiple investigators, (2) member checks: taking data and tentative interpretation back to the people from whom they were derived and asking if they are plausible, (3) adequate engagement in the data collection: adequate time spent

collecting data, (4) researcher's position or reflectivity: critical self-reflection by the researcher regarding assumptions, (5) peer review/examination: discussions with colleagues regarding the process of study, (6) audit trail: a detailed account of the methods, (7) rich, thick descriptions: providing enough description to contextualize the study and (8) maximum variation: purposefully seeking variation or diversity in sample selection to allow for a great range in application and the findings (Merriam, 2009, p. 229).

I carefully vetted the data collected for accuracy throughout the study. Several strategies were used to promote reliability and validity. The first strategy used was (2) member checks; all eight participants were invited, via email, to review interview transcripts and clear up any misrepresentation in the data. I gave two weeks to all participants to respond with any changes; no one responded.

The second strategy used was (3) adequate engagement in the data collection; all the data collected for this study was captured via closed captioning in Zoom. The data was sifted through, and the data was coded, identified codes and then identified emerging themes.

The third strategy used was (4) researcher's position or reflectivity: critical self-reflection by the researcher regarding assumptions; to verify validity is to identify any assumptions, experiences, beliefs, and theories the researcher may have influencing the study (Merriam, 2009). I disclosed to the participants that I have a vested interest in finding ways to improve processes to better understand the experiences of students of color. This study allowed me to use my own experiences to help interpret and acknowledge a potential bias in the data due to personal experience as a person of color who too witnessed similar events.

The fourth strategy used was (7) rich, thick descriptions: providing enough description to contextualize the study; the data enrollment data, participant demographics and interview responses provided a rich and thick description of the problem statement and research issue. The participants in this study offered rich experiences.

### **Ethical Tensions**

Researchers should consider what biases or assumptions they bring to the research process and note what steps they took to recognize and temper their biases (Merriam, 2009). In this section, I discuss my background, both personal and professional, that I brought to this research study. I also reflect on my biases and what I did to ensure that my biases were checked to ensure the data collection and analysis were not tainted. My personal and professional background brought me to this study. I have an associate degree in a discipline similar to nursing, and I worked as an academic advisor within a nursing program. In my professional journey, I have worked closely with students of color on their educational path. The personnel with whom I worked were predominately White female administrators and faculty. While my experience and background brought me to this study, I recognized potential biases that may affect this study. I believe in the work of the faculty, and I understand the barriers many students of color endure daily. I am a person of color who believes deeply in self-reliance. Academic advising and student affairs work is not easy. As student affairs professionals, we develop close ties to students, and many relationships mirror those of family members. Many student affairs professionals I have encountered identify as White and are all from the United States. Paterson (2018) confirms and validates this notion, stating,

“women account for 71% of student affairs professionals, with 56% of top officers being women, a bigger share than overall administrative positions in higher ed. White men

account for 20% of student affairs positions and 24% of students. Also, among this cohort of student affairs professionals, roughly three-quarters are women (77%) and White (75%).” (para. 2)

Being reflexive about my biases and keeping them bracketed as I collected and analyzed the data was essential. I continually reflected on my potential biases, an essential part of keeping biases in check throughout this study (Bogdan & Biklen, 2007). I also devoted time to talking with many colleagues and classmates, debriefing generally about the research. This served as another important way to keep biases in check (Bogdan & Biklen, 2007) because it helped me identify my blind spots.

### **Reflexive Statement**

As the advocate for many students within a nursing program, I play a significant role in being the voice for my nursing students. My professional experience as an advisor has given me a seat at the table allowing impartial discussions regarding their experiences. Advising has its challenges; one of the biggest challenges I have encountered is not allowing my own experiences to impact this study. However, my trajectory as an advisor has gone from *full* student-focused advocacy with no holding back, to advocacy with mindfulness allowing for self-reflection for the students and myself.

Working in a community college setting, where the goal is to prepare students for jobs and working with industry leaders to develop a relevant workforce for the future, involves many considerations to allow attentive, conscious, and intentional dialogue. Listening to the experiences of students and allowing industry partners an opportunity to interject can offer a better experience for all involved. As an advisor, it is not easy to simply listen without interjecting my biases. However, I have learned that the best and the only way to not allow my



biases in is to not get in the way of the data and to simply document and listen to the participants. As a leader and expert of my research topic, I highlighted the students' voices through interviews. Not only did this elevate the student experience, but it also offers endorsement of successful practices.

Interviews also offered an opportunity to self-question and self-reflect. Self-reflecting allowed me to question the process of my research. My understanding of the process and my own experiences did not impact this study. I learned through the process that each participant had very similar experiences and I captured their experiences in their own unique way. It was challenging and difficult to hear and document their experiences and not interject my own biases. Another challenge was to not allow myself to take on their experiences and look at their experiences as my fault or analyze how I contributed to their experiences. I provided the participants with the space to organically have a conversation with me which helped me to capture authentic moments. This study has given me the necessary experience to look at the data and interpret what has been documented and let the data speak for itself.

I reminded the participants in this study that anything shared in this study was confidential and would offer great insight to scholarly research. I also promised their efforts will bring attention to the inequities in higher education without judgement. Therefore, throughout the process of interviewing, I encouraged each participant to share without fear allowing for sincere conversation that enriched the interview process. Allowing for this basic and powerful interaction to resonate throughout the interview really brought forward openness, sensitivity, respect, and awareness of their experiences and place throughout their program.

## Chapter Summary

In this section, I described my qualitative case study methodology and explained how I adhered to the ethical principles and standards required of a researcher working with human subjects. I explained my qualitative data analysis process and detail how I analyzed the data and formulated categories and themes. As the primary researcher, I carefully considered how my own experience and background influenced my interpretation of data (Patton, 2015). The undertaking of this study has provided some valuable insight from students of color in a nursing program who felt underrepresented.

The participants expressed their discomfort and sadness. Their experiences are not unique but do have a direct impact on the number of nurses of color evidenced by the slow growth in numbers of underrepresented people of color in the health care field. In the next chapter, I highlight the students voice and align their experiences with the theories used in this study and the themes that emerged from the data collected through interviews. Throughout this study, I reminded myself that it is my duty to document the experience of the students with privacy, integrity, humility, and it was an honor to do so.

## CHAPTER FOUR: FINDINGS

I interviewed students of color to document their experiences and to learn how they conceptualized their racial identity in a nursing program. Students who self-identified as people of color who were 18 years of age or above were able to participate in this study. These criteria were necessary because participants must identify as people of color to speak to the lived experiences of students of color. In this chapter, I identify the themes that arose in the qualitative data gathered through my individual interviews with participants. The themes that arose were: 1) Social Exclusion; 2) Microaggressions; and 3) Lack of Representation and Cultural Competence.

### **Social Exclusion**

The participants in this study described interactions with their peers and professors as not conducive to forming positive relationships. The interactions documented in this study clearly speak to the struggles many students of color encounter in the nursing program. Participants also spoke to the realities of the school communities and how the systems were pitched to help but ultimately were seen by students of color as a “band-aid.” The real issues of students of color were their interactions with their peers and professors. The participants’ interactions with their peers and professors in classes and school communities were so onerous that many experienced social exclusions in a variety of ways.

According to Umlauf and Dalbert (2017), the term social exclusion is used in social sciences and in sociology to investigate key aspects of social disparity. Feelings of social exclusion; however, may be the result of psychological processes as the result of experiences with injustice. Eight participants, Raquel, Inez, Graciela, Paula, Raul, Carmen, Sonrisa, and Juanita all expressed they experienced unjust practices within the nursing program leading them

to social exclusion in many areas of the program. From the faculty to the administration, students felt they were treated unjustly.

Raquel's social exclusion experience occurred both in and outside of the classroom.

Raquel recalled her first day of lecture. Raquel mentioned,

I remember walking into the lecture hall and noticing students segregated and seated in clusters. The White students were sitting with their peers and the Black students were scattered in the front of the class. It felt weird, but I quickly knew this was not happenstance.

Raquel also shared that as she progressed, many other instances of social exclusion occurred.

Similar to Raquel, Inez felt socially excluded. Inez recalled feeling like she was being challenged and always watched. Inez stated,

I would have to prove myself. I remember entering the classroom and all the White students would stop talking. I felt like they were talking about me. I also remember events of social unrest in the community would trigger White students to look to me for answers, as if I had all the answers for the Black community. The events outside of the classroom would cause my White peers to exclude me from conversations because they did not know how to approach the situation.

Inez's encounter with her White peers was not unique, and her experience called for courageous conversations around how White students process social unrest in the community. However, without an opportunity to allow for reflection or dialogue, feelings and emotions are not resolved. Graciela also felt the effects of social exclusion. She attributed her experience to her skin tone and her accent. Graciela stated,

The entire time I was in the program that I felt like I was not welcomed or wanted. I had a lot of problems with the faculty and with the White students. I remember the time I approached a White student and asked if I had offended her in any way. I had to do this because she treated me unfairly and I wanted to make it right with her. This encounter led to an argument and later I was the one penalized. I left the program feeling defeated and told myself, this was not the program for me. I will continue to pursue nursing and will show the faculty and the White students in the program that I too deserve a degree in nursing.

Graciela's reflection echoes the sentiments expressed by other students of color who were frustrated and experienced social exclusion. Aronson (2002) describes social exclusion as more than an emotional and social problem, although it also is an academic problem. Academic problems associated with exclusion manifest in multiple ways. Students are excluded or disliked for being different, for having qualities—behavioral or physical—that make them stand out (p. 363).

Graciela was not alone. Paula considered leaving the program due to the amount of stress and trauma that faculty and her peers caused her due to her accent and how they made her feel like an “other” to the point of social exclusion. Paula recalled feeling like she wanted to quit the program because she was consistently asked to speak in a different way due to her accent. Paula recalled how her accent contributed to social exclusion, stating,

from the very beginning I felt like an outsider. I remember the division within the cohort and how that made me feel, I did not like it, they would consistently ask me to repeat myself because they could not understand what I was saying because of my accent. Up to this day, I cannot help to think about how excluded I felt in the nursing program.

These experiences informed my analysis. Paula's experience suggested, through her encounters with her peers, she felt socially excluded. Some White students were reluctant to accept her and did not welcome her perspective. They chose to dismiss and exclude her.

According to Ochoa and Pineda (2008), these general differences in expectations and perspectives between students of color and White students highlight the distinct epistemological orientations that students bring to the classroom. Discrimination refers to unfair treatment which disadvantages such individuals in society (Thornicroft, 2006). Moreover, racial discrimination in higher education creates a partisan, culturally divided learning environment, frequently normalized in academic leadership.

Raul felt he was not appreciated because he was different. A dark skin complexion caused Raul to feel socially excluded. Raul was stereotyped and treated differently than his White peers, which contributed to being socially excluded from important, in class discussions, and group activities. Raul stated, "I ... [am a] Black African man ... [I am] Muslim. I am [from a] different culture. I can understand why White people identified ... [me as] Black." Raul felt his identity was limited to being a Black student. Raul's Muslim culture and identity was not recognized in the nursing program. Raul understood why and did not want to challenge anyone about his cultural identity because he did not want to cause any tension.

Not only did Raul's experience minimize his identity, but it also impacted his trajectory in the program. Raul also mentioned how the modes of communication in academia stifled his level of contributions in the program. Raul's example of the lack of knowledge and understanding of his religious obligations was an example of assimilationist demands from the faculty and administration that impacted his trust and ability to stay focused in the nursing program. According to Ochoa and Pineda (2008), many of these modes are based on an

assimilationist imperative that demands and privileges so-called standard practices, middle- to upper-class styles of comportment, and no emotions (p. 53).

Carmen also experienced exclusion due to discrimination. Carmen perceived that her darker complexion and accent led to being socially excluded. Carmen felt challenged on everything she said. Her experience in the nursing program made her upset and irritated. Carmen adamantly recalled her feelings, saying,

I ... [would] see students that were White being treated better than students of color in terms of how much help they were willing to give. If a student of color, ... [answered a] question, ... [the] instructor ... [would say] wow, I didn't expect you to know that answer. This is ... offensive. I didn't really feel welcomed within that atmosphere.

Carmen's experience revealed an opportunity within higher education to help students transition into academia in the early stages of nursing school and their learning experience.

Throughout the interviews, students spoke clearly about their complex social allegiances and exclusions. Students also displayed a strong sense for what was "normal" behavior and spoke frankly of the ways they were treated by their peers and program faculty. In effect, this translated to social spaces in which students who failed to "measure up" appeared both subject, and capable of subjecting others to, a range of painful and complex pressures in their everyday lives. Sonrisa shared Carmen's sentiments.

Sonrisa said White students were racist in the program. Racist behavior contributed to feelings of isolation and exclusion. She recalled how she was treated like she was an "other" in a clinical setting, stating,

Once ... [in the] second semester ... [I felt] most of the marginalization from the patient, especially when it was the older patients ... [he said] I don't want that black girl in ... [my room]. Of course, ... [I felt] bad. Everybody ... [felt] bad because everybody doesn't want to be ... [made to be different] especially in a mean ... [way] what are you going to do with that? Because some people would just cry and want to run. But for me, I felt bad, but I never let that ... [get] me down.

Sonrisa's account of marginalization offers future nursing students an opportunity to reflect and self-identify what behavior they would choose to react with such encounter.

According to Aramburo, (2005), the feeling of racism does not surpass the feeling of exclusion, but the intersection of race and the Black student experience (and other identities), "compound[s] the hardship and increase[s] the barriers to success" (p. 16). Although challenged by racist educational practices, Black students' ability to resist oppression is a conscious act. According to Williamson (2007), Black students not only value education but are willing to do whatever it takes to make it to graduation. Resiliency and the ability to do what it takes to graduate describes how Juanita's experience aligns with social exclusion.

Juanita, a Muslim female who wears a Hijab, was very aware of how the Hijab made others feel and was very conscientious of her surroundings. Juanita recalled entering the lecture hall, stating,

So, I walked into ... [the hall and sat down] and no one will come and sit with me automatically. People will just sit together and then maybe someone might sit two seats away from me, are three seats away from me. I've had that experience my whole life. I don't even notice it anymore. At some point I used to feel something but not anymore. I don't feel anything. The first day of class, I came, I sat down, my ... [row was] empty. No



one sat with me. [Sonrisa] sat one ... [seat] behind me. And then the second week of class, she came in, she sat next to me. Initially started talking to me. I felt really grateful that she took the time to come and sit with me, she created a partnership between us.

These types of silent aggressions were Juanita's experience in the nursing program, which led to her feeling socially excluded from many of her peers. With no one to bargain for equitable treatment in the nursing program and adequate support, students of color are left to advocate for themselves. Many students of color continue to be frustrated by unjust treatment and condescending attitudes causing many to feel socially excluded. Compounding the feeling of feeling excluded, many students of color also commented on feeling microaggressed by faculty in and outside of the classroom, as I address in the next section. These accounts are indicative of the heavy lift and burdens students of color carry to earn a degree, The extra pressures have an impact that can only be effectively processed with others who have relatable experiences.

### **Microaggressions**

The concept of microaggressions was first introduced by Pierce (1970), an African American medical doctor and psychiatrist, in his attempt to name the everyday racism that Black people experience. While any instance taken in isolation might be in itself minor and may seem inconsequential, according to Pierce, microaggressions manifest a pattern that is relentless and repetitive and has harmful effects over time (Applebaum, 2019). According to Pierce, microaggressions function as one of the major and inescapable expressions of racism in contemporary United States.

According to Tyner (2002), microaggressions are part of the daily actions and routines students encounter as they move through a campus and interact with a diverse student body. Racist acts occur in spaces in particular ways and get their meaning from being spatialized. For

instance, microaggressive spatial practices are exhibited through the lack of representation on the walls, halls, and classrooms on campus. Moreover, if students of color cannot see themselves in their respective areas of study, these spatial practices confirm the accounts of the participants in this study by intentional interpersonal aggressions such as: the turning of heads, silences, funny looks, whispers, and harassment. Tyner (2002) further explains that more emphasis needs to be given to how these explicit and implicit hostilities limit social and spatial mobility. These subtle and often overt behaviors contribute to producing uneven landscapes that run counter to the official representation of college campuses as integrated multicultural spaces (p. 445).

As a member of the admission, advising, and administration leadership team in the nursing program, it was evident to me that many nursing students were White females, young, and with few outwardly apparent additional life responsibilities. I have personally heard faculty members comment on a White female student saying, “That student was me twenty years ago; she will be just fine, and I am confident she will be a great nurse.” The same sentiments were not shared when a faculty member commented on a student of color saying, something like, “They have too much going on in their lives right now. Most of them work full-time, take care of family outside of the United States, and have small children at home; this may not be the right time for them to pursue a nursing degree.” This type of interaction with students of color contributes to the authority structures that exist in higher education. Many students of color do not understand and take them very personally, and it impacts their learning.

Higher education can be very stressful for students. Additionally, the overt structural racism and oppressive language can impact students of color. According to Simms et al. (2008), “the politics of authority structures, racism, and oppressive language and academic policies often work against students to acquire language, an academic foundation, and a healthy cultural

identity” (p. 394). Inez, Sonrisa, Paula, Raul, and Carmen all described feelings of marginalization when it came to articulation of concepts, group projects, and class participation. Inez felt like every time she spoke to her peers she experienced and lack of support or inequitable actions towards her. Inez recalled,

There was one time, I think ... [it was] the first or second semester, I was doing a group project and we had all done our parts and we will just put the proper answer. I was going through my PowerPoint and everybody else ... [was] going through their ... [part] nobody else had their books out. But as soon as my ... [slides] came up, there was one of the girls in my class, she put out a book, ... [indicating] like fact checking everything that I had on my ... [slide]. I was like whatever, like I don't want to put a bias on her. I get to the end of the ... [slide] and she says, “what you had on your slide was wrong.” And I was like, well, that's not what I had on the page that I started. I'm not gonna argue about this because if I ... [said something] I'm once again the angry Black woman. I don't really benefit from being ... [angry]. I let her correct ... [me]. And when she changed my citation and then we went to ... [present in class] I'm going through this slide and I'm reading off, but she changed the thing, people were raising their hands after our presentation, we're asking a question about the medication that I put on my slide that she changed. And there were like, isn't this something else? Like ... [isn't] this another medication. I felt so stupid that I didn't stand up for myself. Now, I looked like I don't know what I'm talking about, when I really originally did and I can't be like, it wasn't me. I was stuck and ... [beside myself].

Inez was dominated by her peers and felt like, because she was Black she did not have the power to stand up for herself. This account is a common thread within this study. Many students of

color felt like what they encountered was unjust and simply did not resist due to the negative consequences by their peers and faculty.

Inez's example represented how her peers commit microaggressions frequently, subtly, and unintentionally; thus, microaggressions are characterized by ambiguity because of the differing perspectives of the microaggressor and the target. This is exactly what Inez experienced, and Sonrisa also was microaggressed by faculty, staff, and administration. According to Theobald and Ramsbotham (2019), it is clinical reasoning that constitutes "thinking like a nurse" and the profession specific know-how that students need to acquire to practice as a nurse (p. 59). Many participants in this study mentioned instances where they were told to "think like a nurse." This aggressive approach only perpetuates the stress students experience and their ability to continue in the path of becoming a nurse.

The assessment of "thinking like a nurse" is consistently used to stiffen the student's ability to identify as a nurse without the approval of the faculty or administration. "Thinking like a nurse" is a form of engaged moral reasoning. Educational practices must help students engage with patients with a deep concern for their well-being. Clinical reasoning must arise from this engaged, concerned stance, always in relation to a particular patient and situation and informed by generalized knowledge and rational processes, but never as an objective, detached exercise (Tanner, 2006, as cited in Stone & Holm 2010, p. 15). Another example of this was shared by Sonrisa, who felt like she was not heard. Sonrisa recalled being told she was not good enough. She recalled faculty telling her,

You are not thinking like a nurse. "You cannot possibly have that life experience; you are too young." I felt like I was not being heard or given the opportunity to prove myself. I felt like I am in a mental war with my feelings and how I was advancing in the program.

It was not fair that faculty continually spoke to us that way; it affected our wellbeing, and it was not healthy.

According to Hollingsworth et al. (2017) and Torres et al. (2010), these microaggressions cause stress on the individuals and negatively impact both mental health and physical health. Sonrisa's experience is an example of how racial microaggressions have an overall negative effect on mental health among Black, Latinos, Asians, and multiracial individuals (Nadal et al., 2014). Paula and Raul shared additional accounts of microaggressions within the nursing program. Paula and Raul remember how they felt when they were being microaggressed.

Paula recalled an encounter with a faculty member, stating,

I don't know for sure if I was the only student, I went back to that simulation that was created just for me. They ... [would] not tell me who they are if it was a student of color. But as I said, that I was being marginalized because not everybody did that simulation. It was just ... [me]. I will never be able to comprehend why I had to go back to that simulation. I don't know how they have their explanation. But in my brain, I was marginalized. You treat me like ... [this] because I was Black. I used to see when we approach from teachers, some of them are more receptive to the White students though. We watch, we look around, we watch, we see, we hear. The same way I will take up a problem to a teacher and how ... [they] receive that sometimes is different. It's very different because some of them they don't want to deal with ... [students of color]. Maybe their understanding is not ... [broad enough]. Like, I don't know if it's because of the accent or because I speak low.

Paula's account of being marginalized was specific to her and how she interpreted her interactions with faculty. Her lack of understanding of the reasoning behind faculty requiring her

to redo a simulation did not register in her mind and she took that as being marginalized. The fact that no explanation was provided added to her lack of trust of the faculty.

These microaggressive behaviors were extremely difficult to hear and process for many students of color. Raul recalled being put on the spot. He had to defend himself due to the numerous times faculty instructed him to do something and later contradicted what was said, putting the emphasis back on the student. Raul remembered,

I don't know if ... [it was my] facial expressions ... [I] had a hard time talking with ... [faculty], ... [maybe it] was my accent or whatever. But still I had to repeat myself. That was like a very unique experience for me throughout the nursing program.

This is a classic racial microaggression. According to Sue et al. (2007), racial microaggressions occur when the recipients are typically unsure about what actually occurred, lack awareness on how to respond, are concerned about negative repercussions that may occur if they do respond, perceive that it may be better to do nothing, or somehow convince themselves that what happened really did not happen.

Carmen also accounted for additional microaggression practices from a faculty member. Carmen recalled her tipping point, sharing,

This instructor ... [was] aggressive, disrespectful and just outright racist to people of color. And this wasn't just ... [coming] from students of color, it was coming from students. And like when you have both parties, the White and the Black student stating that you are a racist, we have a problem. But when that was brought up to the director of nursing, it was dismissed. It was like, oh, oh, no, no, that's bad. [There was a] microaggression that was occurring on the clinical setting with Students of Color, making an Asian young woman cry. Degrading her in front of everybody and thinking it's funny

or speaking to Students of Color as if they're stupid while you're taking the time to help White students. I reported these ...[behaviors] and I was told that, okay, so I think it was going to be done about it. The director of nursing she's not ...[very] nice. They basically ... [said] things needed to happen ... [but did not] document the next step.

This account contributed to Carmen not feeling heard. She did not appreciate the interactions with this faculty and many times felt like she was being targeted due to her status of being a student of color in the nursing program.

The accounts documented in this study speak to the experiences of many students of color in the nursing program. Despite the accounts documented and awareness of racial microaggressions in the nursing program, many fail to react in a proactive matter. Consequently, racial microaggression often go unchecked and often result in students of color feeling frustrated.

According to Harris and Moffitt (2019), students of color who attended a PWI believed that, regardless of their status, they were “subjected to a countless microaggressions as a result of racism, racial prejudice, and stereotyping” by peers, faculty, administrators, and others in diverse social contexts on campus (p. 70). The accounts documented in this study highlighted the many verbal and nonverbal actions repeatedly committed daily basis and varied in degree of severity and intensity. Participants expressed concern over the lack of cultural competence in the program and what they felt was a deliberate practice of exclusion. In the next section, I describe the lack of diversity in the nursing program and the effects on the participants. The experiences of the students of color in this study offers an opportunity to reflect and realize the problem does not lie in the students but rather in the institutions and systems in place that many students of color navigate on a daily basis.

## **Lack of Representation**

Participants in the study revealed a lack of representation in the nursing program. Unanimously, all participants mentioned they did not see themselves in the curriculum or in clinical settings. This fact contributed to feelings of social exclusion. The analysis of the data showed that students of color felt their White peers were extra hard on them and constantly needed to prove themselves. As a result, students associated faculty and their White peers' behaviors as contributing factors to feeling socially isolated and feeling a sense of not belonging in the nursing program. These factors made them feel racially targeted.

Participants felt their contributions to projects or class discussions were unfairly highly criticized and that their peers expected them to perform above expectations. They felt consistently questioned and monitored for possible cheating or plagiarism. At times many participated in group projects and were so angered by the experience that afterward many would cry in frustration.

Participants in this study felt pressured by the faculty to be perfect. The pressure felt by students of color in a nursing program contributes a need to overcompensate in every interaction with the nursing faculty. According to the participants in this study, they believed this pressure was due to the lack of representation of people of color and cultural awareness among the faculty.

In addition to overcompensating and feeling the need to prove themselves in the program, many students in this study expressed a concern that they were not welcomed or did not feel the faculty wanted "their kind" in the industry or in the program. Participants shared many instances where they felt like they were not seen or heard and did not feel the faculty wanted to "pass the



baton” due to their accents, skin tone and overall appearance. Carmen, for instance, recalled feeling like she did not belong in the nursing program.

I was standing there, and I was talking to one of the lab instructors. This instructor came and she full bumps me into my shoulder. I knew she did it on purpose. I looked up ... [in the direction of the instructor]. She ... [looked] me up and down and walked away. I was ..., I wanted to respond in a not so professional way. I had ... [to take a] deep breath because I was like, you just assaulted me. I've experienced a lot but that one stuck in my mind. I froze for a little bit there. I don't know what's going on.

Carmen’s story provides an example of faculty discomfort with students outside of their “kind” and the potential to intentionally favor the White females in the program that share the social identities of many nursing faculty.

It was evident from the experiences of students of color that White female faculty consistently called on White nursing students that think and act like they do. This provided a level of comfort for White female instructors and contributed to “traditional” traits that only “their kind” would carry and maintain their perceived “nursing norms” in the profession. This process is generally known as “homosocial reproduction” because it tends to reproduce the social characteristics of individuals that are like-minded (Tang, 2011 & Elliot et al., 2004). Homosocial reproduction is evident within nursing schools primarily dominated by White women. From the participants’ responses, this practice was common and was expressed intentionally by many nursing faculty.

These experiences were a direct result of the practices within the classroom and throughout the nursing program. In addition to lack of representation, many participants also mentioned the lack of cultural competence in the faculty that directly impacted their experience

in the nursing program. The duality many students of color have to overcome has been documented in this study. The experience of the participants offer validity to the fact that they cannot become or attain what they do not see. It is hard for many students of color to attain their goals in nursing education when there is a lack of representation in and outside of the classroom.

### **Cultural Competence**

Many of the struggles students of color experienced in the program were a direct result of the lack of cultural sensitivity and knowledge from everyone with whom they interacted. Participants in this study consistently mentioned that they felt like they had to be the one to educate and “fill in” the knowledge gap when it came to diversity conversations in the classroom. This added responsibility was a heavy load on many students of color in the nursing program. These instances, at times, caused students of color to disengage in critical conversations. Many participants stated that they disengaged because they were physically and emotionally exhausted. Students of color in this study were tired of being the one to explain the injustices and inequalities apparent within the nursing program.

Many participants discussed their White peers’ lack of cultural knowledge and competence as a barrier for their White peers. Participants expressed feeling exasperated by their classmates’ limited cultural knowledge, which they attributed to a lack of exposure to diversity. Others attributed it to being “uneducated” or “uncomprehending.” Some participants indicated limited cultural content in the program’s curricula as a concern which contributed to the continual lack of cultural competence in nursing education.

From the head of the classroom to the lab and simulation experiences, participants spoke to the lack of cultural competence prevalent throughout the nursing program. Participants continually spoke of the lack of representation and the lack of culturally relevant examples in the

classroom, case studies, and scenarios used while addressing curricula and culturally responsive health concerns.

Inez, Sonrisa, Juanita, and Carmen all spoke to their experience in the nursing program and how the lack of culturally responsive examples was a disappointment. Inez recalled an experience in the clinical setting, stating,

I went to the Cumberland campus, which is very ... [significantly] less diverse than ... [Chamberlian]. I felt like even the clinical sites that we went to, I was dealing with a very ... [little] diverse population. Sometimes I was having to overcome cultural bias when I was entering the room. I felt like I had to overcompensate a little bit to let people know that I was qualified, that I didn't just walk in here or like validate my intellect, so that people would know that I was ... [to be] here. We went to a long-term care center. It was ... [the second] semester. I ... [would] find a patient, elderly and I usually almost always anticipate that I'll have to do a little bit more because the older generations are more conservative generation [and] aren't really open to a lot of other things. So, I entered the room, I introduce myself. I was very open, and she asked me, how did you get in the program? I said I passed the test ... [like] everyone else. And the client asked me, so do they know that you're here? That question was a trigger for me because I didn't know ... [what] she was referring, like, did I sneak in and steal somebody's uniform? Was it a question of ... [because] my name ... [was] African and I somehow found my way in this country illegally or something? Like I didn't know what she was saying, but I just ignored the question because I also felt like I couldn't address without being ... [emotional] and I don't want to be labeled an angry Black woman. I don't want to be mistaken for being aggressive or assaulting a client.

This encounter in the clinical setting for Inez seemed very difficult; not only did she have to find creative ways to start conversations with the client, but she also felt like she had to overcompensate to “fit in” to the stereotypes of the population with which she was working. Inez’s encounter serves as an example of the lack of cultural awareness in the clinical setting offered to her as a nursing student.

In this example, there seems to be a lack of cultural awareness. According to Zarzycka et al. (2020), cultural awareness is defined as a process of making an independent assessment of the impact of one’s own culture on other cultures and of recognizing the similarities and differences between other cultures and one’s own culture. The lack of cultural awareness in nursing faculty contributes to the use of White-centric examples in addressing health disparities. Likewise, Sharifi et al. (2019) explain cultural knowledge as a process by which the healthcare professional (faculty) seeks and obtains a thorough education on cultural diversity, which helps them in analyzing data. In this process, the healthcare professional should integrate the aspect of healthcare practice with health related and cultural values as well as with the epidemiology of diseases and effectiveness of their treatment.

According to Ingram (2012), possessing cultural knowledge generates an image of social reality; it initiates action in cultural competence, and should serve as the basis for developing the personality of a culturally sensitive nurse. Carmen also felt she was deprived of an inclusive education. Carmen recalled,

I found the hospital to be ... [very] ... racial like, I found mostly White people. I was very confused by that ... [having] all the students of color, but ...[don’t] have enough ... [nurses] cannot see yourself. When we would do this assignment, and most of them who was white. But we have this one family that was Black, but it was like the stereotypical

Black family. The mother is basically on welfare. The child does not have a father. A was just a stereotypical image of a black families. So ... it was very disappointing. I'm just reading everyday stereotypical picture of what you think a Black family is ... [like]. But then when you take that in comparison to the other case studies of the White families, they had the two parent households.

Carmen's experience is indicative of the lack of diversity in the nursing program in curriculum, classroom, and the clinical setting. The lack of exposure to diverse representation in textbooks as well as actual patients was alarming.

According to AACN, ANA (2013), and NLN (2009), noted nursing students all deserve a chance to learn and work with diverse communities and patients. Nursing professional organizations have called for nursing programs to prioritize program outcomes to address cultural competency, healthcare disparities, and access to care for underserved populations. The fact that AACN, ANA, and NLN all called for priorities to be set by nursing programs to address cultural competencies is validation of this study. In addition, Barber et al. (2020) states, institution-wide approaches focused on equity in student learning and catalyzing culture shifts in the academy are fundamental to eliminating structural racism in higher education (p. 1440).

### **Chapter Conclusion**

From the qualitative data collected in this study, students seek to find meaning and within a nursing program. Many believe the sense of belonging will help them succeed and understand the overall purpose in attaining a degree. Participants in my study described a variety of experiences that contributed to their level of belongingness and how it affected their trajectory in the nursing program. The experiences documented provide valuable insight to the need for faculty, staff, and administration to adhere to new and inclusive practices to help students of

color succeed in nursing school. No one likes to fail or feel like an “other,” so I hope this study leads to meaningful change in nursing education.

Further, the inability from the nursing faculty to foster relationships with students in a nursing program has profound impact in the industry as we produce nurses for the future. I believe the lack of urgency to help students of color be successful in nursing school is offensive to the community at large and hurts the profession of nursing. The unmet needs to produce a nurse of color with the intent to impact the health disparities in our nation is frustrating and disheartened for communities of color and the nursing profession.

## CHAPTER FIVE: THEORETICAL ANALYSIS

In this chapter, I analyze the data through the analytical framing of Chickering's (1969) theory of identity development and Delgado and Stefancic's (2012) Critical Race Theory (CRT). Both theories provide a helpful contextual framing that describes how the participants navigated higher education and their surroundings to make meaning of their experiences and experience self-development. These theories are widely referenced in relation to college student development and the important issues people face as their lives progress, such as how to define themselves, their relationships with others, and what to do with their lives.

### **Chickering's Student Development Theory**

The participants made decisions based on their status as students of color and their relationships with faculty, staff, and administration. Chickering's (1969) theory in identity development addresses the psychosocial stages of individuals processing their experiences, and how a student develops in a college setting. Chickering's theory also helps with understanding how students are affected emotionally, socially, physically, and intellectually, particularly in the formation of identity. This theory provides educators insight regarding student development and experiences of students and how they conceptualize their identity within higher education. Through student development theory we come to understand how to address the "whole person," and complement academic progress. This psychosocial theory has important educational applications. I begin the analysis by using Chickering's (1969) in identity development.

One theory of student development is explained by Chickering (1969) in the seven vectors of student development model. The purpose of the seven vectors was to illustrate how a student's development in the college setting or environment can affect them emotionally,

socially, physically, and intellectually particularly in the formation of identity (Garfield & David, 1986).

Students possess characteristics that change as they progress in their years within their program at any college or university. Discovering emotions, feelings, independence, and achievements are part of a college student's transition and exploration in establishing identity and developing characteristics. Examining student developmental theories help us to understand why students sometimes display certain characteristics by illustrating stages of development.

Most of the participants in my study were Black women except for one Black male student. All students had attended a predominantly white institution (PWI) and felt like the institution was not welcoming to or inclusive of students of color. Chickering and Reisser's seven vectors explanation of the development of students within higher education can provide some clarity around the way students interact with their peers and professors in the classrooms and in the institution. Chickering's student development theory is a useful instrument to listen to the students' experience by applying the seven vectors of understanding the conceptualization of the student's experience in higher education.

### **Chickering's Student Development Theory: Seven Vectors**

To help with aligning the participants' accounts, I relied on Chickering's seven vectors theory to understand the development of the student experience (Chickering, 1969; Chickering & Reisser, 1993). The participants' experiences aligned with Chickering's seven vectors supported my research in my review of the literature on student development. Many participants in my study asked me what I hoped to accomplish by researching and writing my dissertation. My answer was always the same: I told them that I hoped to document and validate their experiences as students of color in a nursing program and reassured them that their voice will affect change



in terms of the relationship between faculty and students of color, to enhance curriculum allowing for a more inclusive experience for all students. Table 6 summarizes the alignment between the seven vector and the participant experience from the data collected and Chickering's (1969) theory. The documented experience of each student of color in this study directly aligned with Chickering seven vectors within student development theory. I begin by explaining how students develop competence and how students' direct quotes align with Chickering's vectors using student development theory.

Table 6

*Alignment of Chickering's Seven Vectors with the Participants' Accounts of their Experiences.*

<b>Alignment to Chickering's (2016) Seven Vectors</b>	<b>Participant</b>
Developing competence	Graciela, Paula
Managing emotions	Carmen
Moving through autonomy to independence	Juanita
Developing mature interpersonal relationships	Raul, Inez
Establishing identity	Juanita
Developing purpose	Graciela, Sonrisa, Raquel
Developing integrity	Carmen

### **Developing Competence**

The first vector identified is *development of competence*. Chickering and Reisser (1993) explained this wide-ranging vector as the inclusion of intellectual, physical, and interpersonal qualities. An intellectual level of competence involves using one's mind to build skill using analytical and comprehensive thought and the development of forming points of view in dealing with experiences in life. The physical and manual aspect involves athletic and artistic achievement, respectively, as well as an increase in self-discipline, strength and fitness, competition, and creation. Interpersonal characteristics encompass skills of listening, understanding, and communicating and functioning in different relationships.

Graciela and Paula's experience in the nursing program directly aligns with this vector. Throughout their time in the nursing program Graciela and Paula felt they had to develop their own level of competence. They achieved this by relying on each other and not on the faculty or the systems in place within the institution or program. The administration within the program spoke highly of the programs and services in place to help students of color achieve success. However, participants in my study did not feel the programs were intentional and did not provide the support needed for them to be successful. Many students commented the services did not address the real issue within the program: the faculty-student relationship dynamics and how these impacted learning and sense of belonging among students in the program. Participants agreed that the administration worked hard to establish programming and a variety of other services to help students, such as providing a professional embedded tutors in the nursing program, providing designated study areas throughout the campus, and offering peer tutors in the labs and common areas within the nursing building. Although the services were all well intended approaches, many students of color did not take advantage of these services.

### ***Graciela***

Graciela had a distinct perspective about the services offered by the program. Her ability to be self-reliant and self-motivated enabled her to navigate the program. Graciela said,

We are self-reliant individuals. The services offered are a smack in the face. My culture and my own ability to develop ways to reach the level of competence to achieve success in this program will have to come from me and from my fellow peers. We are in this program together and understand each other's struggles. The institution is not here to help us; we are simply a number and that is all we are to this program and administration.

Graciela's ability to be self-reliant is in line with Chickering's assessment of developing competence. Graciela used her own skills to analyze and understand what was going on, in her journey of becoming a nurse, which gave her the ability to use her lived experience to overcome her situation.

### ***Paula***

Similarly, Paula's overall experience in the program impacted her ability to see the services as meaningful contributions. Paula spoke to the lack of intentional resources, which impacted her ability to learn. Paula said,

It is hard to own your level of competence. We all tried hard to reach the level of competence the faculty wanted us to reach. The issue was the lack of support from the faculty and resources offered by the institution. We had to develop our own ways to reach a level of competence to graduate and become great nurses. This program is not set up to support students of color; many of us feel like we are in the program because we meet a quota, that is all, there is no genuine support for us.

Paula's ability to conceptualize the reality on the lack of support from the institution allowed her to develop competence to graduate the nursing program. These accounts speak to the level of emotions each student endured to partake in the nursing program. I next discuss how participants managed their emotions throughout the program.

### **Managing Emotions**

Managing emotions represents the second vector of Chickering's theory. Managing emotions is important and helps with feelings such as: anxiety, anger, depression, desire, guilt, shame, and embarrassment so that these emotions do not interfere with educational proceedings. Knowing and becoming aware of these emotions at their minimum and maximum levels and

finding out ways to cope with them are key to moving through this vector (Chickering & Reisser, 1993).

Carmen recalled starting the program from a place of despair. Carmen described herself as an unhoused individual with limited or nonexistent resources. She was the last student to be added to the cohort. Carmen recalled feeling emotional and exhausted from the very beginning. She further explained,

The level of maturity I had to have to manage my emotion was epic. I did not have time to cry, feel or hear what was going on around me. I just started the program and navigated all the barriers and obstacles that came my way. The program was tough. However, the faculty was tougher, they were brutal, and they all knew about my struggles, and I believe many used it against me to the degree of making me do extra to prove my spot in the program.

Carmen's emphatic account of her experience in the nursing program offers a great example of the importance of managing emotions. Her ability to suppress and push through the program offers a great account of how much managing emotions is important if you want to be a nurse.

Many students within the nursing program had to learn to deal with managing their emotions. Persistence was key to the success of many students of color in the program. Many had to each deal their own emotions and were forced to develop independence. I next discuss moving through autonomy to independence and how the participants' responses align with Chickering's third vector.

### **Moving Through Autonomy Toward Independence**

The third vector of the developmental theory is moving through autonomy toward interdependence. Chickering and Reisser (1993) noted the transition from autonomy toward

interdependence requires emotional and instrumental independence. Additionally, emotional independence occurs when a student experiences a separation from a support group, such as parents, peers, and teachers. Thus, one must accept voluntarily to lose the support group to strive for one's goals in life and express their own opinions. A student achieves instrumental independence once they can organize activities and learn how to solve problems on their own.

Juanita's experience aligns well with the third vector. Juanita recalled,

I came to Minnesota for this nursing program. I did not have family in this state; this was my way out of my current situation. When I started the program, I was confident and was very independent. I learned quickly that I had to progress through this program alone.

That was the only way I could have developed my independence.

Juanita holds an undergraduate degree in health sciences and this program was another degree she needed to reach her goal of being a public health nurse. She achieved her goals and moved through autonomously and now is independent and a public health nurse. I next discuss the fourth vector, developing mature interpersonal relationships and the impact on the participants using their direct quotes and documented experiences.

### **Developing Mature Interpersonal Relationships**

Chickering and Reisser (1993) describe the fourth vector, *developing mature interpersonal relationships*. The main two aspects of this vector are "(1) tolerance and appreciation of differences [and] (2) capacity for intimacy" (Chickering & Reisser, 1993, p. 48). Tolerance is both intercultural and interpersonal.

Raul elaborated on how he moved through the fourth vector while in the nursing program. Raul recalled being the only male in his cohort. It was hard for him to develop mature interpersonal relationships with other nursing students because they were all woman-identified.

Raul comes from a culture that respects women and he did not want to encroach on his woman-identified peers to the point of disrespect. Raul said,

My voice, my volume actually goes up ... [it's] inevitable, especially when dealing with other, especially White female teachers, professors. I had to always ... [watch] the volume ... [and how I talked], always reminding myself, okay, I don't know if you can ... [talk] with them, ... [is it] my accent or whatever. But still I had to repeat myself. It was a very unique experience for me throughout the nursing program.

Raul's hyper awareness of his tone of voice was an experience with which he was not familiar. He mentioned that his voice would rise when he spoke to White female teachers, which may be due to him overcompensating to sound clearer, but it was perceived as being loud. There seems to be a clear misunderstanding of or a lack of cultural understanding on both sides.

Inez had similar experiences; however, her experiences were more from an observational perspective. Inez said,

I felt like I was constantly having to explain my Blackness. I was proud of being Black. I've always been proud of being Black, especially after being at a Historically Black College [HBC] ... [has] really empowered me. And I don't think I would've been equipped to have been ... [educated] ... [if] I have not gone ... [to an HBC]. But when it came to ... [Philando Castile] being killed and it being so close to home and the nature of his death, it was really painful to the point where I would go to school, people were still kind of talking about it. The ... [things] that the students would say, I was just like, I didn't know you guys will be feeling this way about people. Like thinking about Black Lives Matter I feel like there were assigning a lot of negative stereotypes ... [of] every Black person because of what they were seeing on television. They were assigning

negative stereotypes ... [about] Black people and saying very negative things about people that look like me. And I couldn't do anything but take ... [it] personal. So my identity in my last semester of nursing school, I felt like I was ... [the only] person of color in ... [the program].

Inez's processing the injustice of the current climate around her influenced her identity in the program. The fact that she would enter a room and her peers would be talking about the current Black Lives Matter events accounted for emotions that would affect her view of her peers in and outside of the classroom. She could not separate herself from the conversations her peers were having, and it affected her experiences as a Black student in the nursing program.

Openness to developing an understanding a person for what qualities they possess, instead of stereotyping, is an increase in tolerance. The capacity for intimacy factor entails moving from a significant amount of dependence on others toward an interdependence between people in one's environment (Chickering & Reisser, 1993). I next describe how another participant establishing identity was important to the development of the participants in my study. Juanita recounts her experience in which she discovered she was establishing her identity in the nursing program which in turn helped her to develop an awareness of how she would navigate the program.

### **Establishing Identity**

Knowing oneself is important in establishing identity. The development of identity includes the following:

- (1) comfort with body and appearance, (2) comfort with gender and sexual orientation,
- (3) sense of self in a social, historical, and cultural context, (4) clarification of self-concept through roles and life-style, (5) sense of self in response to feedback from valued

others, (6) self-acceptance and self-esteem, and (7) personal stability and integration.

(Chickering & Reisser, 1993, p. 49)

Juanita's experience directly aligned with the fifth vector, establishing identity. Juanita recalled having difficult conversations with her peers and how she had to continually prove herself to everyone in the program. Juanita recalls one particular incident, stating,

I came into the program during the first week of class. I did not even attend orientation and did not get to know my cohort. From the very beginning of my experience in this program I had to develop my own identity and show others who I was and how I was going to make it through this program. It was a continual struggle and I had to establish who I was at any given point in my existence while in the program. As you can imagine this was very hard and at times exhausting. This ultimately caused my demise and I believe contributed to me not successfully completing this program.

Juanita's experience also confirmed how many students struggled in finding their own way in developing an identity in the program. Juanita's experience in establishing an identity in the program was important because it encompasses her development. I next describe developing purpose and how the participants worked through the program finding purpose and meaning throughout their experience in the nursing program. Graciela, Sonrisa, and Raquel all spoke about their experience and how they continually had to remind themselves of their purpose in the nursing program.

### **Developing Purpose**

Developing purpose is the sixth vector in Chickering's theory of identity development. Many nursing students enter the profession because they feel a sense of purpose. Several



participants in this study shared their family ties and their lived experience that contributed to their decision to pursue a nursing degree. Graciela stated with authority,

I am a person of faith. Things happen for a reason. I am not giving up. Things happen because God allows them to happen and knowing this gives me peace. I am who God intended me to be. I will not let this program destroy my purpose in life. I will continue to persevere and try my best to become a nurse one day.

Graciela did not graduate from the program. She said that her inability to complete the program was a direct result of her negative experience. Sonrisa also had to develop a purpose. Sonrisa is a parent of five children, and her purpose goes beyond nursing school. Sonrisa recounted her experience in the program as a necessary step to provide for her family and to ultimately prove to her children that with hard work and perseverance you can do anything. Sonrisa said,

I am not doing this program for just me; I have a family and a community that is cheering me on, and I have to complete this program. I remember how I would celebrate my victories. I would treat myself and my children whenever I passed an exam and progressed to the next semester. These events provided me a reminder of my purpose and how my development was not simply another degree but an advancement for all my family and my community.

A strong sense of purpose was evident from many of the participants in this study. The need and want to become a nurse are a direct correlation to Chickering's vector of developing purpose.

Raquel also had a purpose. Raquel had the support of her community and family. Raquel explained that she was not simply going through the for her own benefit, but her family was also going through the program. Raquel reminisced at times how she had come far in her journey to becoming a nurse and that the program had provided her with a purpose and helped her with her

calling of being a nurse. Raquel also mentioned that she was not the only one going through the program; her sister also graduated from the program. Raquel said,

You know, this nursing program is a family affair for me. My sister also went through this program. She had difficulties, but she finished and graduated. This program has given me a new outlook on higher education. I know now that it's not easy and things are not set up for students of color to achieve their goals but with purpose and drive, we can conquer the systems that are here to keep us from progressing.

Raquel is honest and with a lot of integrity, she mentored and helped many students along the way while she was in nursing school. Although she had purpose prior to entering the nursing program, she understood that she must further develop her purpose in order to overcome the disparities in the nursing program.

Carmen benefited from Raquel's integrity. As documented by Graciela, Sonrisa, and Raquel's experiences, developing a purpose for why one attends college varies and depends on career goals, personal aspirations, and commitments to family and other aspects of one's own life. Individuals must make decisions to learn to balance these career goals, personal aspirations, and commitments to family and self (Chickering & Reisser, 1993). The final vector is developing integrity. I next provide an in-depth explanation of how Carmen's experience aligns with Chickering's seventh and final vector.

### **Developing Integrity**

The seventh and final vector of Chickering's theory is developing integrity. In college, students develop integrity related to their beliefs, values, and purposes. Also, thinking about other beliefs and points of view and the willingness to preserve self-respect while monitoring behavior is important in college students' development (Chickering & Reisser, 1993).

Carmen knew she had to develop integrity while in the program, not only because she was the last to enter the cohort but also because she had overcome such great obstacles prior to starting nursing school. Carmen stated,

You're in an environment that isn't ... [welcoming]. You have to think ... [to not] have your body language seem aggressive, you just can't be who you are naturally. You're constantly thinking about not offending [people]. It made me feel very sad, very, very ...[sad]. But I think it made me feel sad and ... [made me] feel disappointed. Because for me, from what I understand ... [this] establishment continuously spoke about diversity a whole community group for our diversity program, but I do not see it within the ... [things] within that room. But once you step out of that room, you're back into that world. I think it became very apparent that my identity was not valued, ... [I was] really not wanted or didn't matter in a clinical setting.

This feeling of not being welcomed forced Carmen to clearly establish her values and purposes which helped her progress in the program.

It is critical to note that no student in this study used the victim mentality as a way to explain their inability to finish school. All students accepted their experience as a matter of fact and moved toward their goals to complete their degree, with and outside of MANE despite of the struggles and rigor of the program without hesitation. Their experiences are commendable and noteworthy. It is clear the experience of the students of color in this study is consistent with the systemic racism that exists within academia. The participants' understanding of the systems in place within higher education, and how they contributed to their experience only helped them to navigate the inequities they faced in their journey to obtain a degree. In this next section, I highlight a number of tenets of CRT related to the participants' experience.

### Critical Race Theory

For Black students who attend PWIs, the experience can be marginalizing. PWIs tend to be settings rampant with race-related stressors such as seeing few other Black students on campus and experiencing discrimination (Harper, 2013). Isolated and cumulative discriminatory experiences can be cognitively and emotionally taxing and interfere with students' ability to achieve at their full potential. Given the frequency with which Black students at PWIs encounter race-related stressors, students will likely employ several coping responses across their time at the PWI (Hoggard et al., 2012).

Existing literature does not adequately address the experiences of nursing students of color and the influence of faculty and peers on those experiences. An understanding of the experiences of nursing students of color while navigating the educational system can provide insight for nurse educators, who desire, and perhaps struggle, to meet the learning needs of their students from ethnically and culturally diverse backgrounds (Ackerman-Barger & Hummel, 2015). Trivialization within the curriculum could have been easily overlooked without the application of a CRT lens, because participants encountered moments with faculty in which faculty *seemed* open to help, but only in the way in which they saw best.

Participants shared several stories regarding how faculty felt about asking questions in their classes. Some faculty did not mind, while others thought questioning was distracting and pushed against students of color sitting up front or too close to the front of in class. Critical race theory offers a few suggestions to help with the understanding of how race operates in academia. Not all tenets outlined in CRT align directly with the data collected for this study; however, three tenets do stand out: the idea that racism is ordinary and the concept of interest convergence.

## **Racism is Ordinary**

The first tenet I synthesize is “racism is ordinary,” meaning racism is not aberrational, but is the usual way society does business, the common, everyday experience of most people of color in this country. According to Delgado and Stefancic (2000), the “ordinariness” of racism means that racism is difficult to cure or address. Color-blind, or “formal,” conceptions of equality, expressed in rules that insist only on treatment that is the same across the board, can thus remedy only the most blatant forms of discrimination. The refusal of selecting a Black nursing student to lead a student group, and rather selecting a White nursing student is much easier for many White nursing faculty. Many participants expressed that faculty operated with a “color-blind” mentality that contributed to the equitable practices in the nursing program.

Carmen recalls an interaction with a faculty member who claimed that they “did not see color.”

Carmen, recalled,

I remember when I first encountered racism in the nursing program. A faculty member looked at me and said, “don’t you come here pulling the race card with me, I see no color, we all bleed red.” I was extremely uncomfortable and my interactions within her classroom were always passive aggressive and very insulting for all students of color.

This account from Carmen provides evidence of how White nursing faculty try to normalize race by putting the blame on the students of color rather than seeing the issues of inequality in the classroom. As racial issues arose and civil unrest spread throughout our communities, interest convergence became a necessity for many nursing faculty.

## **Whiteness is Property**

The CRT tenet of Whiteness as property refers to U.S. history where property rights were and are more important than human rights (Ladson-Billings, 1998; Ladson-Billings & Tate, 1995). From

the founding of the United States, a person who owned property was able to participate in the governance of the Union; whereas, a person who did not own property could not participate. Starting with the takeover of Native American land, the Whites were the only people who could legally own property, while African-Americans could not own property and they themselves became property who could be traded and sold. Property ownership afforded the property owner with incredible power, privilege, status, and rights, based simply on skin color.

Whiteness as property is defined in CRT in education leadership publications. Pollack and Zirkel (2013) pose two questions for school leaders to consider prior to implementing equity change: “What forms of ‘property’ are at stake in this area in which we believe change is needed? Whose material interests are likely to be adversely affected?” (p. 300). The narrative of students of color in this study, clearly identified Whiteness has power and many participants believed their racial identity impacted their experience in the nursing program. The most extensive examination of Whiteness as property within the curriculum can be seen by intentionally examining the lack of equity practices, which failed to focus on racially relevant pedagogy. A critical audit of nursing curriculum with this in mind would be advantageous for program leadership. The equity practices suggested would provide students of color an opportunity to participate in relevant scenarios in labs, clinical settings, and in the curriculum. Pollack and Zirkel explain that the property interests of students and their families “including a superior and more engaging curriculum, exclusivity, status, and a substantial competitive advantage” would offer an opportunity to implement equity change. (p. 301)

### **Interest Convergence**

The second featured tenet, “interest convergence” or material determinism, adds a further dimension to analysis of the data. As emphasized by Delgado and Stefancic (2000), because

racism advances the interests of both White elites (materially) and working-class people (psychically), large segments of society have little incentive to eradicate it. This is evident from the data collected in this qualitative study. Nursing faculty shockingly practiced racist behaviors within their academic power, such as offering only White-centric opportunities to students, with little to no regard to eradicate their behavior and pedagogy. These practices caused harm and trauma for many students of color in the nursing program. Students of color noticed and at times would revolutionize, which resulted in faculty to be more interested in helping Black students. Unfortunately, these revolutionary moments were demanding on the students of color and at times their efforts would be dismissed, leading to no incentive for the White majority to change the status quo. Interest convergence only worked for short periods of time and did not offer great triumph moments that would advance equitable practice within nursing education.

### **Chapter Conclusion**

I believe nursing faculty have the capacity to triumph over racism. Their work demonstrates the importance of addressing racism when examining student interactions in a nursing program. An equitable lens framework exposes how structural inequality shapes individual experiences and problems in meaningful yet often inconspicuous ways.

Pre-existing research has established inequalities and forms of segregation within academia. The findings in this study expose the dangers of these pre-existing inequalities by exhibiting how they are exacerbated, which contributes to a disproportionate burden on students of color. Similarly, the findings of this study add to the body of research on the importance of student development. The findings also underscore how the systems in place must be addressed and how the pressures students of color face were intensified by the inequitable practices in nursing education. In the next chapter, I discuss the limitations, implications and my

recommendations that arose from this study. I will present the limitations from the case study findings, followed by a discussion of recommendations.



## CHAPTER SIX: DISCUSSION, LIMITATIONS, IMPLICATIONS, AND RECOMMENDATIONS

In this final chapter, I discuss the limitations, implications and my recommendations of the findings that arose from this study. I present the limitations from the case study findings, followed by a discussion of recommendations connected to existing literature. This chapter then explores the implications of the findings of this study for nursing education, nursing faculty, and nursing research. I also present my recommendation for further study. I interviewed students of color in a nursing program within a community college setting and applied student development and critical race theories. I adopted semi-structured interviews to capture the lived experience and document their journeys of inequities, resilience, and grit.

### **Discussion**

This study revealed how the experiences of students of color in academia are impacted by their relationships with their White peers and faculty. The three themes that arose, which impacted the journey of students of color, were: a) social exclusion, b) microaggressions, and c) lack of cultural competence. I begin by explaining how social exclusion contributed to the experience of students of color in nursing education. Social exclusion is a multi-causal, dynamic, structural, and multi-dimensional phenomenon (Devicienti & Poggi, 2011; Jahnukainen, 2014; Wang, 2012). It is evident from the accounts in this study that social exclusion situations arose often, which challenged participants' ability to learn. These incidents of social exclusion impacted the progress of students of color. In some cases, students failed to meet required benchmarks. Students in this study attributed their academic failure to the relationships with their White peers and faculty which made their journey very difficult.

The second theme that arose in this study pertained to the experiences of microaggressions participants faced. Sue et al. (2007) define microaggressions as verbal, behavioral, or environmental slights that are rude, insensitive, or demeaning Sue et al., (2007). Microaggressions are often administered unintentionally, and such experiences are a part of everyday life for people of color. There are three types of microaggressions, which include microassaults (i.e., purposeful), microinsults (i.e., rude, insensitive, or demeaning) and microinvalidations (i.e., exclude, negate, or nullify). Students of color experienced all levels of microaggression in the nursing program. Their experiences impacted their learning and ability to find meaning and purpose. Purposefully picking a White student in class discussion before a student of color are types of microassaults and are less likely to occur socially. However, microinsults and microinvalidations, such as suggesting students of color were admitted into the nursing program to meet a quota or making comments that undermine a student's experience, are more common, especially in higher education (Sue et al., 2007, p. 272).

The final theme that emerged was lack of cultural competence. Cultural competence embraces, values, and transcends all forms of differences in relationships (Chun and Evans, 2016). The embracing of differences allows for a diversification of learning modules, and scenarios. However, the lack of systematic attention to diversity learning outcomes across the faculty and administrative domains leads to disconnection, resulting in a plethora of piecemeal and often redundant activities. An additional challenge arises from the separation of faculty and staff reward systems within disciplinary or institutional silos, making it difficult to create more integrative learning experiences for students (Reynolds-Keefer et al., 2011).

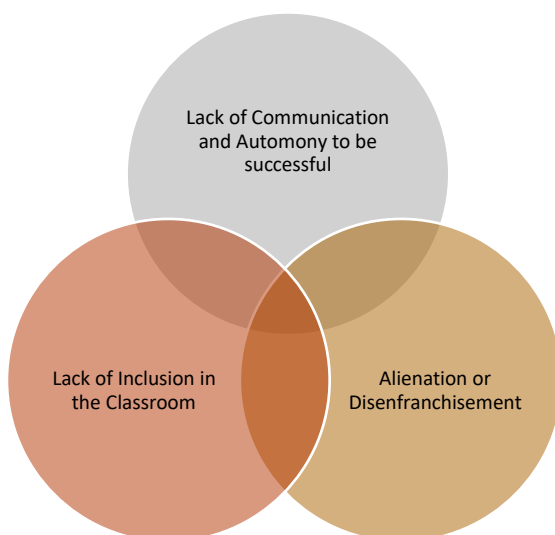
These encounters impacted the experience of students of color and their tenure in nursing school. Their recollections of microaggressions by White peers, faculty, and administration reinforced the belief that anyone participants encountered lacked cultural competence which hindered their ability to successfully complete their academic journey. I further explain the impact of these themes and how they impacted the experience of students of color. I begin with social exclusion and the perspectives of students of color enrolled in a nursing degree program.

### **Social Exclusion**

The students in this study defined social exclusion as a feeling of being left out of many tasks, projects, and important milestones within the nursing program. Participants' explanation regarding the impact of social exclusion included: (1) lack of communication and autonomy to successfully contribute to a project; (2) feeling of alienation or disenfranchisement from their White peers; (3) lack of inclusion from faculty and administrators from instructional activities in the classroom. Figure 5 illustrates the intersectionality of Social Exclusion Experienced by Participants.

Figure 5

*The Impact and Intersectionality of Social Exclusion Experienced by Participants*



## **Microaggressions**

Microaggressive acts were rampant in the nursing program in many ways. These acts of microaggressions included but were not limited to verbal assaults by their White peers and faculty. These acts compounded the perception of being targeted due to participants feeling different than most of the population. Microaggressions felt intentional, disrespectful, and contributed to low self-esteem. For some participants, these microaggressive acts diminished their desire to continue in the nursing program. However, participants developed an ability to adapt to these microaggressions, which helped with overcoming the feeling of disrespect from their White peers, faculty, and administrators.

Many participants expressed optimistic attitudes, and they hoped the acts of microaggressions would lessen as they progressed and built relationships with their White peers and faculty. However, as their journey continued, the level of intensity of microaggressions increased. For example, in the classroom, when students of color asked questions or contributed to projects, their peers and faculty made comments that caused many to doubt their level of knowledge and understanding of the nursing rigor. This contributed to a decline in participation and caused many to withdraw. This practice solidified the notion that faculty did not want participants to be successful in the program and in the healthcare industry. These acts also exemplify a lack of cultural competence in the program. In the next section, I will define lack of cultural competence and the impact on students of color.

## **Lack of Cultural Competence**

The experience of students of color in this study outlined a need for more diversity and inclusion in the nursing program. Participants provided many examples of a lack of cultural competence existed within the nursing program. For instance, students reported a lack of student

representation, lack of diversity in the curriculum, lack of diversity in clinical settings and blatant acts of discrimination in the nursing program. This lack of awareness and lack of skill set contributed to the deficit in preparing nursing students for the health care disparities that exists in the communities at large.

Participants shared the perception that the lack of cultural competence in the nursing program was due to a lack of urgency. These perceptions were later demonstrated by a lack of understanding and need to learn new cultures, from their fellow White peers, faculty, and administration. Cultural deficits in the program further widened the scarcity of resources impacting the students' opportunities to experience working with a diverse population. Participants expressed the need to heighten diversity in the curriculum by implementing culturally responsive case studies, and scenarios preparing students for the real world. Many believed the necessity to prepare nursing students for the diverse populations in the community must be at the forefront in nursing education. The impact of a lack of cultural competence within the program limited new nursing graduates in their preparation of being ready to serve their future patients. In the next section, I will describe the limitations of this study and how it impacted the selection of participants.

## **Study Limitations**

### **Time Limitations and Demographics of Participants**

Although this study aimed to capture experiences of graduates of an associate degree level program and the experience of recent non-graduates in a nursing program, I encountered several limitations. First, 2020 was defined by dual pandemics: (a) COVID-19, which as of March 26, 2022, has taken over 6 million human lives across the world and infected millions more, and (b) the rising awareness of systemic racism in the United States that came to a zenith

after a White police officer killed a Black man named George Floyd on May 25, 2020, in Minneapolis, Minnesota (Endo, 2021). I changed my original intended number of participants from 20 students to eight students. I found that many participants were completely consumed by the pandemic by way of working, taking care of parents, and/or homeschooling their children. Second, I strongly believe COVID-19 also contributed to the low response rate due to the lack of technology, constraints to the bandwidth with internet providers and potential participants not having the proper devices to conduct an interview via Zoom. These factors contributed to the response rate and ability to capture a wider and inclusive set of participants for this study.

Although these limitations existed, I did capture data reflecting the experiences of associate degree level students in a nursing program. I believe expanding the inclusion criteria would provide a larger participation rate and more perspectives. Finally, to ensure another layer of credibility, participation from an increased variety of genders would yield a more inclusive study. I was not able to analyze results by comparing across genders. All but one participant identified as a female and Black. This limitation invites opportunities for further research. As further research is considered, I must acknowledge the implications that follow due to the findings in this study. In the next section, I describe these implications.

### **Implications**

This study aimed to document the experiences of students of color in a nursing program and how they conceptualize their experiences. I interviewed associate degree level students, both those who graduated from the program as well as and non-graduates. The findings revealed three themes: (a) social exclusion, (b) microaggressions, and (c) lack of cultural competence. The participants shared information that aligned with these themes.

This study added to the literature review base of nursing education by highlighting Chickering and Reissier's (1993) work on student development, in particular their work on updating the seven vectors in student development. Chickering's student development theory will provide a means to help understand the different stages of development a student would experience in their educational development within higher education, which can be applied to nursing education. This study also highlighted the work of Ford and Airhihenbuwa (2010), who suggested that students of color experience systemic racism, through the lens of CRT and how it draws on experiential knowledge and critical consciousness to examine the roots of structural racism. Through knowledge production, these theories can help researchers remain attentive to equity.

Practical implications highlighted the influence nursing faculty can have on the academic journey of their students. The themes that emerged can help nursing educators identify strategies that will provide opportunities to encourage nursing faculty to intentionally find ways to improve relationships and pedagogical practices in the classroom. Participants discussed strategies to help faculty develop opportunities for increased student engagement in nursing programs. According to the data collected in this study, participants identified marginalizing experiences a) in the classroom; b) within interactions with faculty; c) in clinical settings; and d) within the curriculum. Table 7 below represents the areas in which the themes occur according to the participants.

Table 7

*Emerging Themes and Placements within the Student Experience*

Emerging Themes	In the Classroom	Interactions with Faculty	Clinical Settings	Curriculum
Social Exclusion	X	X		X
Microaggressions	X	X	X	
Lack of Cultural Competence	X	X		X

Students identified everyday challenges that contributed to their learning experience. Social exclusion, for instance, frequently occurred in the classroom. Participants experienced deliberately not being called on or picked to participate in class discussions. Social exclusion also manifested while interacting with faculty outside of the classroom. According to their accounts, students were occasionally excluded from one-on-one meetings with faculty which impacted their ability to seek advice from faculty. Participants also saw evidence of exclusion within the curriculum. Many commented on the lack of representation in the curriculum, like the fact that faculty did not use case studies that accurately represented the diversity of patients. The lack of representation at times contributed to microaggressive acts from faculty, students, and administration.

Microaggressive acts frequently appeared in the classroom. Participants shared experiences of receiving dismissive responses to their questions during in-class discussions. Continuing the level of exclusion and microaggressive acts many students also mentioned challenging interactions with faculty. Microaggressive acts clearly pointed to the lack of cultural competence in the faculty, their peers, and administration.

Lack of cultural competency in the faculty was clear to participants from the very beginning of their course work. Participants mentioned that they did not see themselves in the curriculum and their interactions with faculty were not edifying. The lack of competence in the classroom was alarming to many students of color; they thought the student population would be more diverse. Many did not sense a genuine feeling of belonging and immediately had to adjust to their environment. The lack of representation in the classroom, within the faculty, and in the curriculum was a huge disappointment to participants. Those who graduated mentioned that they were not prepared to take care of the diversity of patients in their community due to the lack of



exposure in the nursing program. In the next section, I will introduce recommendations to address areas of opportunities to help with social exclusion, microaggression and cultural competence in nursing education.

### **Recommendations**

In this section I identify critical areas of improvement for faculty in nursing schools. I introduce the readers to cultural humility, faculty cultural readiness, and positive regard. To help students of color with their fears of being socially excluded, I recommend a deep dive into the classroom dynamics. Understanding the dynamics within the classroom would offer a window into an intentional approach used by faculty that allow students of color to interact in classroom discussions. Faculty must make an intentional effort, allowing students of color opportunities to participate and feel welcomed in the classroom. I recommend the following steps to improve the experience of students of color in a nursing program:

1. Increase diverse representation among nursing faculty by recruiting and retaining a diverse faculty community.
2. Provide real world examples that allow students of color to bring their whole self to the discussion.
3. Listen to the needs of the students and allow for interdisciplinary interactions that foster inclusion.
4. Bring the community into the classroom. The inclusion of the community allows students of color to see themselves in real time and encourage conversations that are topical and bring meaning inside the classroom.

From the accounts of each participant, nursing faculty lack cultural humility and self-assessment. Cultural humility involves remaining open to cultural diversity and valuing people

of different cultures (Worthington et al., 2017, p. 314). I recommend nursing faculty, staff, and administrators apply the work done by Worthington and practice cultural humility. Worthington et al. (2017) identified three core aspects and five various forms of humility. The three core aspects include an accurate self-assessment with awareness of personal limitations, modest self-representation, and a focus on service to others. Figure 6 illustrates the three-core form of humility for faculty self-assessment. The five forms of humility range from intellectual, and cultural to political, religious, and spiritual; together, these form general humility. Figure 7 illustrates the five forms of humility. Humility leads to benefits for individuals, relationships, and society.

Figure 6

*Three Core Forms of Humility Assessments (Worthington et al., 2017).*

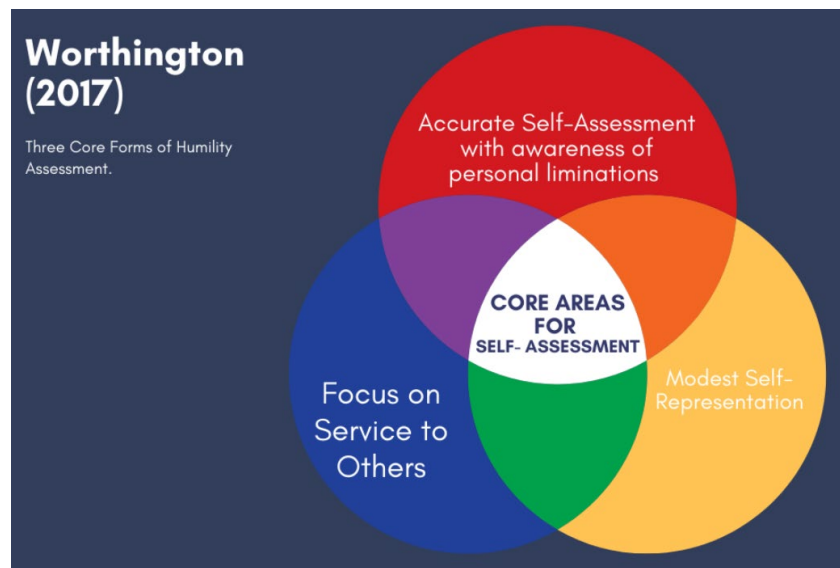
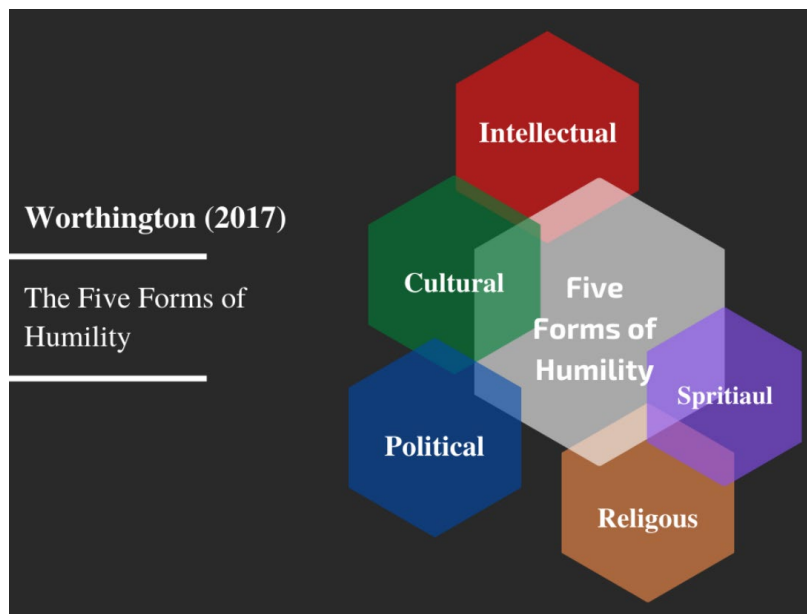


Figure 7

## Five Forms of Humility



Cultural humility also consists of intrapersonal and interpersonal awareness. The experiences of the participants suggest a need for increased inter- and intrapersonal awareness among nursing faculty. Intrapersonal awareness comprises a recognition of the limits of one's own cultural worldview and limited ability to understand the cultural background and experiences of others. Interpersonal awareness involves a stance that is other-oriented, or open to, the other's cultural background and worldview (Hook et al., 2013). Cultural humility, identified as a life-long learning process (Borman et al., 2008; Chang, et al., 2012), prioritizes developing mutual respect and partnerships with culturally different populations (Dong et al., 2011).

Nursing educators are primarily White women, and as the non-racial-minority group, many are guarded and defensive when discussing race and its impact (Eliason, 1999). According to Hassouneh (2006), nursing faculty must be mindful of their students, both racial-minority and non-racial-minority, and why their interactions make them feel unsafe to discuss the issue either

in the classroom or in clinical experiences due to negative past experiences. This is also true in both academia and the health care industry. Wilson (2007) reported that minority faculty were feeling invisible. Graduate nurses in minority groups report racial exclusion from their colleagues while working in the hospital and feel professionally isolated (Robinson, 2013).

Nursing programs must raise the sense of urgency in the development of methods to help the discussions of racial issues in a brave and respectful learning environment. Participants expressed the need to have conversations critical to the future of nursing education and the nursing profession. Also, nursing curriculum ought to consider the presence of minority groups in the curriculum with intentionality, meaningfulness, and deliberate outcomes in addressing health disparities in underrepresented populations.

History provides enough literature, experiences, and documented case studies to help nursing faculty develop and understanding of the students' educational experience. Race can, and should be, discussed by nursing faculty who feel competent to address salient issues. The development of real-world culturally relevant care plans and culturally relevant simulation scenarios benefiting all students within nursing education must become a realization in nursing education.

Culturally adapting relevant practices will convey inclusion in nursing education. Participants shared recommendation for a diversity of patient's scenarios, and clinical experiences. Students of color want to be seen, heard, and want to work intentionally towards impacting health disparities in a nonthreatening and nonjudgmental environment. The participants unanimously stated that these approaches would help with promoting a message of inclusion. One of the discoveries from the participant interviews highlighted how nursing faculty

lacks cultural readiness and the use of positive regard towards nursing students, especially students of color. In the next section I discuss faculty cultural readiness and recommendations.

### **Faculty Cultural Readiness**

The participants called for a change in nursing faculty responses and behavior towards students of color. Moreover, nursing faculty lacked awareness of cultural differences in the student experience, which contributed to many explicitly derogatory practices. Participants' narratives support the claim that nursing faculty must be culturally ready and look for opportunities to approach curriculum in a culturally relevant matter with the result of reaching students of color.

As Smith (1998) points out, cultural competence is a continuous process of cultural growth in which faculty increase their cultural awareness, knowledge, skill, interaction, and sensitivity. Baldwin et al., (2003) found that scholars increasingly link cultural competence to reducing health disparities among racial, ethnic, and underserved populations. According to Baker (1997), most models of cultural competence provide categories for nurses to identify patients' cultural beliefs, norms, and values. The main purpose of such models is to ensure nurses provide care that is responsive to the client's cultural perspectives and health care beliefs.

The National Academic Advising Association (2006) suggests that by building relationships, students learn to become members of their community, to think critically, and to prepare for life outside of the educational environment. This supports the notion that thoughtful consideration to how higher education professionals' engagement practices can help to create the conditions necessary for students to be successful in their academic and life pursuits. This study intends to establish a foundation of understanding regarding the knowledge, preparation, and engaged practices of nursing faculty in relation to use of student development theory in the

community college setting. The deliberate implementation of these practices carries implications for faculty, staff, administrators, and community college students. Participants also noted a lack of positive feedback or positive regard about their education experience in a nursing program. In the next section, I introduce you to the definition of positive regard and how it impacts faculty and student relationships.

### ***Positive Regard***

Positive regard refers to one having a non-judgmental approach, along with acceptance, value, and warmth. Positive regard embraces a relationship where growth is cultivated (Shefer et al., 2018). Participants in this study expressed feeling judged and not valued. This not only contributed to their overall experience in the program; it also poisoned their view of the faculty. This led to trust issues on both ends. With trust, the interpersonal relationship between instructor and students improves (Bryan et al., 2015; Shefer et al., 2018). Positive regard also entails affirming and acknowledging the potential of the student. When instructors demonstrate positive regard, they suggest to students that they realize that they are not perfect, and they can make mistakes. Also, an intentional practice of positive regard does not allow for a faculty member's value system to influence their perception of the student. A faculty member who demonstrates positive regard would also create a more conducive learning environment (Clarke, 2014).

This study uncovered challenges faced by students which in turn impacted progression, completion, and degree attainment for many students of color. Examining the findings from this study and its use to improve practices could lead to 1) consistent training for faculty, 2) a culturally humble faculty community, 3) increased effectiveness of interactions between faculty and students, and 4) increased engagement of students, leading to higher retention and completion rates at the community colleges.

### ***Freire's Critical Pedagogy Practices***

In the *Origins of Critical Pedagogy*, Freire's work teaching peasants in Brazil led to the development of an approach to education that requires a deconstruction of the relationship between the teacher and student (Freire, 1970). The traditional relationship between the two takes the form of the "banking" model, whereby the teacher possesses knowledge and imparts that knowledge to the student. In this model, the relationship between teacher and student is hierarchical. The teacher is higher in the hierarchy and because he is imparting the beliefs of the dominant society, he is an agent of the establishment. To Freire, this allows oppressors in a society to maintain dominant status by creating a "culture of silence" among the oppressed. The teacher and student are oblivious to this system that stifles true knowledge because true communication is nonexistent. The communication between the teacher and student lacks meaning because to Freire, "only through communication can human life hold meaning" (Freire, 1970, p. 77). Only a student's original thinking about reality can authenticate the teacher's thinking, and "thought has meaning only when generated by action upon the world" (Freire, 1970, p. 77).

Freire's (1970) approach is popular among those who believe social justice plays an important role in education. Unfortunately, inequality and injustice have not disappeared in our educational system since Freire's time. Freire's pedagogy acknowledges and encourages an integral relationship among education, politics, and society. This dynamic has great potential and threatens to the dominant group. Although CRT is rooted in radical feminism and critical legal studies, there is significant overlap between Freire's (1970) philosophy and CRT. For example, both Freire and CRT resist the hegemony that has been shaped by the dominant culture. They suggest that for social justice to occur, the belief system imposed by the dominant culture must

be challenged and dismantled. The teacher is a tool of the system, perpetuating the paradigm of dominance. When the teacher becomes aware, this awareness changes the fundamental role of the teacher from imposing dominant beliefs and supporting the status quo. Thus, faculty can work directly with students to create an understanding of reality and changing it to further social justice.

Notably, Freire (1970) declared that the greatest humanistic and historical task of the oppressed is first to liberate themselves. He further posited that education is the central method for accomplishing this task, as education ensures that useful and beneficial knowledge and skills are acquired by an oppressed people in order to transform their reality:

Education either functions as an instrument which is used to facilitate integration of the younger generation into the logic of the present system and bring about conformity or it becomes the practice of freedom, the means by which men and women deal critically and creatively with reality and discover how to participate in the transformation of their world. (Freire, 1970, p. 34)

Educators can help students of color internalize the knowledge and critical consciousness that will enable them to understand societal agents of oppression, and develop problem-solving skills (e.g., strategies for activism, resistance, institution-building, and self-sufficiency) that can be used to challenge and dismantle such oppressive agents (Codrington 2014). Critical race theory is also a pertinent curriculum to advance the decolonization of the academy. As it stands, deeply embedded Whiteness must be challenged via the institutionally sanctioned curriculum. White terrain as it relates to curriculum omits diverse viewpoints and permits entrenchment of a Eurocentric lens that aligns more with white individual's experiences (Cabrera et al., 2017).



Moreover, when the curriculum integrates discussions on race, enhances racial literacy, and advances students' understanding of racism, a problematic issue arises for Whites in higher education to confront, especially when it requires Whites to recognize that their privilege substantially plays a part in upholding cycles of inequality for people of color in higher education. Consequently, learning about race necessitates "difficult knowledge," specifically knowledge that faculty, staff, and students may find emotionally charged and contentious, especially when delving into how power and privilege preserve normativity and hegemony at the expense of people of color (Arday, 2018, p. 144).

Therefore, I recommend that institutions of higher education add classes discussing culture and politics, while noting significant and contributing Black nurses in the United States, into university curriculum in order to inform students and create an atmosphere of awareness. Such changes in the curriculum will aid in eradicating inherent bias and fear-based responses.

Additionally, inviting prominent Black nurses in the community and society at large to speak at community college campuses will introduce students and faculty to actual prominent and contributing members of society—Black nurses who are making a positive impact in the United States and the world at large. Finally, encouraging the formation and growth of Black Nurses Associations on campuses will hopefully recruit a diverse array of individuals who will work together to promote community and awareness.

### **Recommendations for Future Research**

The findings in this study suggest that a mixed-method approach or a more expansive qualitative study is necessary. Several findings in this study could be further examined to help with understanding the achievement gap between Black, White, and non-Hispanic students. A deeper look into the experiences of Black students and their accounts in the classroom could

result in a better understanding of the contrast between the experiences of White students and students of color. Also, due to the limitations of this study with regard to lack of male participants, analysis of the experience of male students and how their experiences differ from female students would be beneficial to further the literature in nursing education.

As CRT assumes racism is institutionalized and exists in education, a look at what experiences students of color, nursing faculty, and administrators share might enrich the narrative of CRT in nursing education. Furthering the need to expand this study, one area would be how educational experiences vary between nursing faculty and students of color. How do administrators perceive the services provided within the institution impact the experiences of students in differing racial groups? Also, how do students of color perceive the closeness and conflict variables with their nursing faculty as affecting their academic performance? How do White nursing faculty perceive this variable in relations to students' academic performance? Such changes in the curriculum will aid in eradicating inherent bias and fear-based responses.

Moving forward, Walters et al., 2017, noted structural and tangible transformations are vital to dismantling organizational racial bias along with a steadfast assessment of institutional blind spots. The implementation of well-intended actions frequently lacks an in-depth and systematic understanding of the dynamic circumstances that produced present-day realities. We must position space and groundwork for honest, authentic inquiry and action steps within society and higher education. As higher education institutions take on this form of critical self-scrutiny, eliminating current approaches, taking transformative steps, and new tools will need to be employed (p.219). These recommendations of implementing actions to further understand the

dynamics within higher education will enhance the students' experience and provide resources for faculty and administrators in nursing education.

### **Conclusion**

This study has contributed to broader and more in-depth understanding of the impact nursing faculty has on the student experience in nursing education. I believe the unique perceptions of students of color and their experiences, through their lenses of self-identity and belonging, will cause a paradigm shift regarding how nursing faculty engage in influencing students in nursing education. This study has revealed the potential for improved processes and practices that could aid nursing faculty in their academic profession.

In my experience, working within a nursing program at a community college level for over six years, there has been a huge, missed opportunity to engage and offer culturally relevant education within nursing education. Throughout my experience, the representation of faculty of color in academia has not matched the vast enrollment of students of color within colleges and universities. The majority of academic faculty identifies as White (Vasquez Heilig et al., 2019). As a result, students of color on college campuses interact with many White faculty who do not have shared experiences with racism and prejudice, and therefore may not understand how such experiences can impact student functioning. Moreover, most faculty in nursing education enter academia with a primary focus on transitioning from industry to academia with minimal to no exposure to pedagogical practices that best serve students. Students from underrepresented backgrounds may find themselves struggling to navigate lectures, required labs and other meetings with faculty, particularly when faculty engage in behavior that promotes an unwelcoming campus environment.

The accounts of students of color further document the argument that predominantly white institutions are unwelcoming and hostile environments for Black Americans (Dancy & Hotchkins, 2017; Rankin & Reason, 2005; Solórzano et al., 2000). There is a false notion within nursing education of equity and inclusion. Many nursing faculty operate under the notion of “we all bleed red,” which implies no discrimination in nursing. This act of intentionality in campus diversity programs and practices is synonymous with “magical thinking” or the assumption that the attainment of a diverse student body automatically leads to realization of the educational benefits of diversity (Chang, 2007; Chang et al., 2005).

The COVID-19 pandemic has amplified the need for more racially diverse nurses. My experience in nursing education has been within an associate degree program, with imbedded racism in their practices in the curriculum and within the institution from the administration to the faculty. The only way nursing education can contribute to the production of more Black or non-White nurses is by overhauling student and faculty recruitment practices, and intentionally looking at changes within pedagogical approaches in the classroom. There is also understanding of a need to change but there is a resistance due to the lack of faculty from diverse communities.

My experience in nursing education and my relationships with healthcare industry partners has been one of great awakening. From my experience, I know nursing professionals who have been looking to institutions to produce better culturally diverse nurses that would help with the health disparities in the communities. This demand has been amplified by the COVID-19 pandemic and has caused a shift in nursing education. The participants in the study inspired me to find ways I can impact the future of nursing education. Leaders need to challenge the status quo and develop nursing programs that will prepare nurses that are culturally responsive and highly skilled to take care of their communities. This need has motivated me to take on the

challenge to help develop a new nursing school at a liberal arts university within the Twin Cities. My experience has afforded me to take the leap and contribute to the development of a nursing school that is responsive to the industry demands and the need to recruit diverse students and faculty with an intention to change nursing education for the future generations.

The future of nursing 2020-2030 report indicates that nurses are bridge builders and collaborators who engage and connect with people, communities, and organizations to promote health and well-being (p. 14). Future nurses need ongoing support from the systems that educate, train, employ, and enable nurses to advance health equity. The COVID-19 pandemic has starkly revealed the challenges nurses face every day and has added significant new challenges. It has also given some nurses more autonomy, shifted payment models, and sparked overdue conversations about dismantling racism in health care (p. 15). Policy makers and system leaders should seize this moment to support, strengthen, and transform the largest segment of the health workforce, so nurses can help chart our country's course to good health and well-being for all.

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## Appendix A



All for the Common Good™



Date: April 20, 2020

To: Victor Quinones

From: Sarah Muenster-Blakley, Institutional Review Board

Project Title: [1474779-1] RACIAL DISPARITIES IN NURSING EDUCATION

Reference: New Project

Action: Project Approved

Approval Date: April 20, 2020

Expiration: April 19, 2021

Dear Victor:

I have reviewed your protocol and approved your project as reflected in the application that you submitted. Please note that all research conducted with this project title must be done in accordance with this approved submission.

Please remember that informed consent is a process beginning with a description of the project and assurance that the project is understood by the participants and their signing of the approved consent form. The informed consent process must continue throughout the project via a dialogue between you and your research participants. Federal law requires that each person participating in this study receive a copy of the consent form. All original records relating to participant consent must be retained for a minimum of three years upon completion of the project.

Amendments to targeted participants, risk level, recruitment, research procedures, or the consent process as approved by the IRB must be reviewed and approved by the IRB prior to implementing changes to the research study. No changes may be made without IRB approval *except* to eliminate apparent immediate hazards to the participant.

**Any problems involving project participants or others must be reported to the IRB within one (1) business day of the principal investigator's knowledge of the problem. A problem reporting form is available in the IRBNet Document Library or on the IRB website and should be submitted to [muen0526@stthomas.edu](mailto:muen0526@stthomas.edu). Any non-compliance or complaints relating to the project must be reported immediately.**

Approval to work with human participants with this project will expire on **April 19, 2021**. Please direct questions at any time to Sarah Muenster-Blakley at (651) 962-6035 or [muen0526@stthomas.edu](mailto:muen0526@stthomas.edu). I wish you success with your project!

Sincerely,

A handwritten signature in black ink that reads "Sarah Muenster-Blakley".

Sarah Muenster-Blakley, M.A., CIP  
Chair, Institutional Review Board

**Appendix B**

Completion Date 12-Feb-2019  
Expiration Date 11-Feb-2023  
Record ID 30561689

This is to certify that:

**Victor Quinones**

Has completed the following CITI Program course:

**Human Subjects Research (HSR)**

(Curriculum Group)

**Human Subjects Research Training: Social-Behavioral-Educational Researchers**

(Course Learner Group)

**1 - Basic Course**

(Stage)

Under requirements set by:

**University of St. Thomas - Minnesota**

**CITI**  
Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?wc46ccd85-771f-45d4-a3f2-975addf52f7c-30561689](http://www.citiprogram.org/verify/?wc46ccd85-771f-45d4-a3f2-975addf52f7c-30561689)

## Appendix C

### Research Participation Key Information

#### What you will be asked to do:

We ask participants to conduct an online interview via Zoom, interviews will be recorded using smartphone or audio recorder.

The time commitment is about 90 minutes, and the study will take place online interview via Zoom.

#### Participating in this study has risks:

- Possibility of confidentiality of data breach
- Possible emotional distress
- Probing for personal or sensitive information

#### Please read this form and ask any questions you may have before agreeing to be in the study.

You are invited to participate in a research study about the lived experiences of Students of Color who attended an all-White institution in the northern suburbs of the Twin Cities areas in Minnesota. The title of this study is Checking the Pulse: Racial Disparities in Nursing Education. You were selected as a possible participant and are eligible to participate in the study because you have attended and completed nursing courses at NorthEnd Community College. The following information is provided to help you make an informed decision whether you would like to participate or not.

#### What will you be asked to do?

If you agree to participate in this study, I will ask you to do the following things:

- Participate in an online interview (approximately 90 minutes). The interview will be via Zoom and recorded on a smartphone or audio recorder.
- Provide basic demographic data including name, educational background, race/ethnicity, and provide your experience as a student of color who attended an all-White institution in the northern suburbs of the Twin Cities areas in Minnesota.
- After the interview, you will be asked to review the transcript to make any corrections and for clarification to the narrative. You will have the opportunity to review the analysis (interviews, documents, and observations) to ensure your meaning and intent are accurately captured.
- Total time commitment: 2-3 hours

#### What are the risks of being in the study?

The study has risks:

- Possibility of confidentiality of data breach: Although I will take all necessary precautions to maintain confidentiality of data, there is always a possibility of a breach of confidentiality. The participant's will be sharing their lived experiences through the interview process. If a confidentiality breach would occur, it is possible that the breach can impact their previous relationships between participant and college officials.
- Possibility emotional distress: All participants of this study are Students of Color (SOC) who have completed course work in a nursing program. SOC are a historically marginalized demographic within higher education therefore emotional distress may occur. As such, it may be emotional for some to talk about their experience in a predominately White institution.
- Probing for personal or sensitive information in interviews: Due to the nature of this study, I expect that I will learn about each participant's background including but not limited to the personal family dynamics and their cultural background and what attracted them to a career in nursing, which will be personal for many. I am also asking about their lived experience, which is in of itself, is personal and sensitive information.

**Here is more information about why we are doing this study:**

This study is being conducted by Victor Manuel Quiñones, a Doctoral candidate, at the School of Education, under the guidance and direction of Dr. Aura Wharton-Beck, my dissertation chair and advisor, in the Educational Leadership and Learning Program at the University of St. Thomas, St. Paul, Minnesota. This study was reviewed for risks and approved by the Institutional Review Board at the University of St. Thomas.

The purpose of this study is to document the lived experiences of Students of Color who attended an all-White institution in the northern suburbs of the Twin Cities areas in Minnesota. There is limited research on the experiences of Students of Color enrolled in a baccalaureate degree program within a community college setting in Minnesota. I plan to analyze the educational barriers and inequalities that presents itself in higher education that impact the learning experiences of Students of Color.

The direct benefits you will receive for participating is that you will contribute to the body of knowledge and scholarship related to this topic. You or your fellow classmates lived experiences will provide future generations with examples of how you navigated and survived a baccalaureate degree program.

**We believe your privacy and confidentiality is important. Here is how we will protect your personal information:**

Your privacy will be protected while you participate in this study. All interviews will be via Zoom, recorded on a smartphone or audio recorder and stored in a UST OneDrive cloud-based storage only accessible by me. All interviews will be transcribed, and participant's names will not be used. The interviewees name and any identifying data will be removed. I will make every effort to maintain confidentiality in this study, as outlined below.

Confidentiality: All interview data will be kept confidential. In any reporting of findings, I will not include information that will identify the participant in any way.

The records of this study will be kept confidential. In any reports I publish, I will not include information that will make it possible to identify you. The types of records I will create include:

- **Cloud-Based Storage:** I created a UST OneDrive cloud-based storage especially for this dissertation work. The user name is [quin0131@stthomas.edu](mailto:quin0131@stthomas.edu) all copies of email conversations, recording, transcripts, and notes are stored in this cloud-based storage. The password is solely known by the primary investigator and will change as necessary to ensure safekeeping of all shredded documents. All information is kept confidential.
- **Transcription of interview data:** All interview data will be uploaded to my cloud-based storage, UST OneDrive only accessible by me. The cloud-based storage will be password protected. The password for the cloud-based storage will not be “remembered” when given the option while working on my computer. The data collected will be erased from the cloud-based storage three years following final approval of my research.
- **Audio and Video Recording:** All interviews will be conducted via Zoom and recorded on a smartphone or audio recorder. Audio and video recordings will be kept in a safe cloud-based storage only accessible by me. All audio and video recordings will be destroyed after final dissertation approval is granted and no later than July 31, 2021.
- **Notes and coding of the interview data:** During the interview, I will personally transcribe the participant’s responses. Notes will not be duplicated or disclosed. All notes during the coding process will be incorporating into the writing of this research project. All notes will be kept in a safe cloud-based storage system for up to three years following the final approval of my dissertation.
- **Master List of Interviews:** I will keep a master list of all conducted interviews, a spreadsheet will be developed and maintained in the cloud-storage. This list will be intended to help me identify the interviewees should I need to reconnect with them during the dissertation process. My master list will include interviewee’s name and contact information. I will also contain the date of the interview and the pseudonyms name that was assigned to each participant. I will destroy any paper copies of the master list and all electronic copies will be stored in the cloud-based storage for up to three years.

All signed consent forms will be kept for a minimum of three years once the study is completed. Institutional Review Board officials at the University of St. Thomas have the right to inspect all research records for researcher compliance purposes.

**This study is voluntary and you have the right to withdraw from the research with no penalties of any kind.**

Your participation in this study is entirely voluntary. Your decision whether to participate or not will not affect your current or future relations with NorthEnd Community College or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will be destroyed unless it is already de-identified or published



and I can no longer delete your data. You can withdraw by stating to me that you no longer want to participate, or at any time later until December 31, 2020. You are also free to skip any questions I may ask at anytime during the interview if you feel that questions are too emotional and can potentially lead to sensitive information.

**Who you should contact if you have a question:**

My name is Victor Manuel Quiñones. You may ask any questions you have now and at any time during or after the research procedures. If you have questions before or after we meet, you may contact me at [REDACTED] or [REDACTED] or Dr. [REDACTED], University of St. Thomas, my advisor and dissertation chair, at [REDACTED] or [REDACTED]. Information about study participant rights is available online at <https://www.stthomas.edu/irb/policiesandprocedures/forstudyparticipants/>. You may also contact Sarah Muenster-Blakley with the University of St. Thomas Institutional Review Board at 651-962-6035 or [muen0526@stthomas.edu](mailto:muen0526@stthomas.edu) with any questions or concerns (reference project number 1474779-1.)

**STATEMENT OF CONSENT:**

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction and I consent to participate in the study. I am at least 18 years of age. I give permission to participate in an online interview via Zoom and allow for the use of a smartphone or audio recorder device during the interview.

**You will be given a copy of this form to keep for your records.**

---

**Signature of Study Participant**

**Date**

---

**Print Name of Study Participant**

---

**Signature of Researcher**

**Date**



## Appendix D

### Interview Questions

1. Tell me about your family history, how did you end up in Minnesota? History of nursing, in your family? Tell me about your immediate family, describe your marital status and members within your household.
2. Explain or describe your level of experience in the health care industry, prior to nursing school. Did you have a health care related certification (ie. Certified Nursing Aide (CNA) Licensed Practical Nurse (LPN)) prior to starting the nursing program?
3. Explain or describe a time you have seen yourself in the nursing program curriculum (case studies, clinical settings, on-campus simulations, etc.).
4. Explain or describe your experience as a student of color in the nursing program.
5. Explain or describe how do you perceive your identity as a student of color and how has your experience influenced you in the nursing program?
6. Explain or describe how you conceptualize the color of your skin influenced your experience as a student of color in the nursing program?
7. Recall a time where you felt marginalized or made to feel like you were the other in the room? How did that make you feel?
8. What recommendations do you have for prospective Students of Color to help them prepare for the reality of nursing school?
9. What recommendations do you have for administrators, faculty, and staff to help Students of Color who are transitioning into nursing school? Describe or explain any programs or approaches you see that would benefit Students of Color.

## Appendix E

### Participant Recruitment Email

Hello \_\_\_\_\_,

It's me Victor, with \_\_\_\_\_. You may or may not know, I am a Doctoral candidate at the School of Education at St Thomas University in Minneapolis, MN. I am in my final phase of my program—dissertation and research!

I am conducting a study on how you conceptualized your experience and racial identity in a nursing program. I am inviting you to participate because you are a former nursing student at \_\_\_\_\_ Community College.

To participate in this research, you will be asked to conduct an interview to help me document your experience in the nursing program. No compensation will be awarded to you, your participation is strictly voluntary. Your participation is vital to the success of current and future students and the improvement of the nursing program at \_\_\_\_\_.

My goal is to document the lived experience of 5-10 Students of Color who have attended the nursing program at \_\_\_\_\_ Community College. I am conducting interviews via Zoom and recorded using a smartphone or audio recorder. I anticipate the interview will only take up 90 minutes of your time. The interview will be transcribed so that I can use it for my data analysis. All personal identifying data will be scrubbed from the data collected. If you like, a copy of the interview transcription will be provided to you for review.

It would be an honor to document your experience, if you are willing to take part in my research study, please contact me at \_\_\_\_\_ or reply to this email with a simply, "Yes, I am interested in being a part of this research." I will follow up with a consent form and coordinate a date and time that works best for you to meet via Zoom.

Respectfully submitted,

Victor Manuel Quinones  
Doctoral Candidate  
School of Education  
University of St Thomas  
Minneapolis, Minnesota

\_\_\_\_\_|p \_\_\_\_\_

## Appendix F

### Participant Response to all Interview Questions

RQ#1: Tell me about your family history, how did you end up in Minnesota? History of nursing, in your family? Tell me about your immediate family, describe your marital status and members within your household.

Participants	Response
Raquel	My mother was a nurse, midwife back home. My sister is a nurse here in MN.
Inez	Mom is a nurse; associate degree in nursing; is a RN; BSN in nursing.
Sonrisa	My aunt is a nurse My cousins who are nurses
Juanita	No nursing history in family. Always been interested in nursing; hold a public health undergrad degree.
Graciela	My cousins, back in my country are nurses and doctors.
Paula	Sister is an LPN Nurses in my husband family Stepsister is a nurse
Raul	I have nurses and doctors in my family
Carmen	My mom is a nurse Two other nurses an aunt Two male doctors in my family

RQ#2: Explain or describe your level of experience in the health care industry, prior to nursing school. Did you have a health care related certification (ie. Certified Nursing Aide (CNA) Licensed Practical Nurse (LPN)) prior to starting the nursing program?

Participants	Response
Raquel	I was a LPN prior to nursing school
Inez	CNA Certified
Sonrisa	I have experience in health care CNA certified
Juanita	I did have a CNA certificate in high school. Worked for two years as a CNA. PCA towards end of the semester. I have a public health undergrad degree.
Graciela	I did not have any nursing experience here in the US. Worked as a medical assistance back in my country.
Paula	CNA certified Worked in assistant living
Raul	CNA Certified
Carmen	CNA certified; with several years of experience

RQ#3: Explain or describe a time you have seen yourself in the nursing program curriculum (case studies, clinical settings, on-campus simulations, etc.).

Participants	Response
Raquel	No representation in the textbooks or case studies Clinical setting was more White people All the manikin were White. The teachers that teach the program, were White When we would be talking about hypertension and diabetes it's always the African Americans families
Inez	No representation in the program. I had to valid my experience as a student of color, for instance, patients would ask how did I get into the program, do they know you are here? I did not want to be mistaken to be angry Black women. The examples they used of People of Color, it was not a normal example, very stereotypical, like an absent father, other examples like the typical diabetes, hypertension, etc. they seemed to be reinforcing the negative stereotypical biases.
Sonrisa	No Representation I do not think the program in any way was culturally aware, they didn't take into consideration different cultures when that curriculum was made, it was a purely an American way of doing things. You had to just follow the curriculum and take yourself, take your whole personal identity and put it on side and just do what you're supposed to do.
Juanita	No representation I do remember a case study that was very inaccurate when it came to the cultural aspect of the family, they used in the case study. The example was very outdated and not representative of the current culture practices today.
Graciela	No representation in the program. Did not see any patients in the clinical settings.
Paula	Not a lot of representation in the program Examples of People of Color, more in line of what diseases are typical for People of Color. Had a patient in the clinical setting who was a Black male with kidney failure. No nurses of color on the clinical sites No manikin of color No People of Color in simulations
Raul	We had one example on campus simulation about a Muslim woman; I could relate to the simulation. No case studies Nothing in the textbook No People of Color working at the clinical setting
Carmen	No representation in the program Clinical setting was very White I did not see myself in the program The case studies that were assigned were very stereotypical Black family and racist, mom was on public assistance; the mom was diabetic, hypertension. The contrast was the White family was affluent and did not have any health issue. The populations representative were always White people

## RQ#4: Explain or describe your experience as a student of color in the nursing program.

Participants	Response
Raquel	We had White and Black students, my class, was divide it? Divided in the sense of racially.
Inez	I started with 3 Students of Color in my cohort and by the end of the program I was the only student of color left in the program. I looked around and did not see anyone like me; I had to overcompensate. I did not want to be seen as stupid. I would take more of the workload in group projects. I would volunteer to show that I was good enough to be in the program. I felt like I cannot be the last one to submit my assignment.
Sonrisa	To be honest with you, when you get into the program you have no identity, as a student of color. You are just a nursing student trying to go through the program. I always remember I was viewed differently. I had to always prove myself way, way out of the way to succeed. So that was always in my mind. In my study group we were mostly minorities. We had a slogan. "You do not piss them off, just study, read, pass and leave." It was that was we told ourselves each day. So we always reminded each other that don't forget, you are a minority.
Juanita	I am a Muslim student who wears a hijab so I always stand out. I sheltered myself. I never had any expectations, do not have any preconceive notions. I come in with a clean slate.
Graciela	I felt a lot of challenges, I felt alone, no one helped me. I felt ignored by my faculty. I felt alone in the nursing program. Nobody would help me in lab, I felt alone. I had a bad experience in the nursing program. I felt like in the nursing program they did not want me to achieve my goal to be a nurse.
Paula	I feel strong to go through this program being the only student of color in the program I felt intimidate I feel like the treatment I received was because I was a student of color I felt I was being treated differently from White students White students have an advantage over Students of Color because they are a part of the culture and it is easy for them to understand the material; Students of Color from Africa have a harder time processing the material/curriculum Cultural differences are hard to deal with I had to be very cautious and find myself making mistakes
Raul	My voice volume is an issue; people think I always talking loud, I don't feel like I am loud but this is something I noticed always come up I had to adjust voice when I spoke with my female White instructors because of my accent
Carmen	I felt insulted on many occasions Faculty would say to me "oh my gosh" you speak so well for a person from Africa I would see White students treated better than Black students I did not feel welcomed I felt like I was in the program because I met a quota

RQ#5: Explain or describe how do you perceive your identity as a student of color and how has your experience influenced you in the nursing program?

Participants	Response
Raquel	I had prepared my mind to not really focus on racism. Being a person of color, it makes it more difficult to go to the nursing program. I was always encouraging other Black students, you know, telling them You can do it
Inez	I knew from the very beginning of my program I would not build any relationships; I did not think relationship would be genuine. I do think my skin color did affected my experience in the program. The unrest in the community outside of nursing school really affected me through the program. I felt like students would say things about Black minds matter, a lot of the things they would say were negative about people that look like me.
Sonrisa	You will be surprised. How mean and racist a lot of students in their young age are in school. White students think Black students do not know anything? In the clinical setting most of the marginalization or differences came from the patients, especially when it was the older patients. They would say, I do not want that Black girl in room. I mean once in a while I hear teachers talking about my accent. I just kept reminding them, you know, just as I'm taking my time to listen to the words that are coming out of your mouth, if you do the same, you won't notice any differing.
Juanita	I told myself to not look at myself as a Muslim student, I do not have an identity. I conditioned myself to not see the negative feelings or any obstacle that may hinder my progression in the program.
Graciela	My experience was bad. I felt I was alone. Nobody wanted to work with me.
Paula	I felt like I was beginning targeted I felt like if I ask questions, to the faculty, they made it difficult for me because they say they do not understand me; it makes me feel like I am saying something wrong My accent is a problem for many faculty I was always afraid that I may do something wrong and fail a skill
Raul	The fact that I had to adjust how I had to approach the White female instructors, that was very stressful I would not approach certain faculty because they treated me differently
Carmen	I felt like I was a huge target I felt like I needed to speak a certain way to valid my intellectual level My identity was not welcome or wanted I have been bullied by a faculty but I could not report faculty because I knew it would be a problem for me so I did not report it



RQ#6: Explain or describe how you conceptualize the color of your skin influenced your experience as a student of color in the nursing program?

Participants	Response
Raquel	I've always felt my skin was an issue. I think it was harder when I began, when I came to the country first. It was really hard experience. Just entering the class. I going to fit here? Are people going to accept me or not accept me. So I think that's more than an individual thing. But if you can overcome that thought in your mind, you can succeed even if there's a big, big, big with racial gap, you know.
Inez	I did not feel like I identified with anyone. I felt like my Blackness was a threat to everyone. My skin color was a factor when it came to my school assignments, group projects, I did not feel like I was supported in the nursing because of the color of my skin.
Sonrisa	Many faculty have assumptions of African students, they assume we do not know English We must remind faculty of where we come from and educate them that our country speaks English We at times are questioned because the assumption is that since we are not Americas there is no possible way we can write or articulate our understanding without difficulty. I personally always try to study as much as I can because I knew I had to pass
Juanita	My identity first is my religion then my status as a student of color. I told myself that I am a student and I was here to get an education. I did not come to the program to make friends; I did not come into the program to be friends with faculty. My mindset coming into the program, I told myself to focus on the program and what I needed to do to graduate. I did not mind being invisible.
Graciela	The color of my skin did play a huge part on how I was treated by faculty and students in the program. My faculty would not help me. I felt that everyone was out to get me.
Paula	Its more about the way people are looking at me because I look differently I have felt like quitting because the way I am being treated I feel like I am asked to speak in a different way because of my accent
Raul	My skin has never been an issue prior to nursing school I struggled understanding how my skin color was a problem in America and the race issues here in America I was not viewed as a Somali I was seen as a Black student My identity was limited to just a Black student, my culture disappeared I was stereotyped
Carmen	I must always think about what I said because it seemed like everything, I said was challenged I must be consistently thinking about how my actions were being received by the dominant culture I felt like I needed to be careful not to offend the dominant culture If I had an issue, I felt like I could not go to anyone within the program that would understand me from my perceptive as a student of color My experience made me sad vs anger

RQ#7: Recall a time where you felt marginalized or made to feel like you were the other in the room? How did that make you feel?

Participants	Response
Raquel	I remember at the clinical site, I was trying to get a table and someone told me this was reserved for someone, a White student. So I had no table. There was a table by itself, so I went and sat there, and a teacher came and sat by me. I was the only Black student in the clinical setting that day
Inez	I was doing a group project; everyone did their part...as soon as my part of the project was reviewed, I was questioned on the work I presented. My work was changed I felt like I was picked on because I was the only Black student in the group. Every time I entered the room and people were talking about the other things happening in the environment, i.e. Philando Castillo's death, I felt the race conversation was intense. But they would turn to me and say, no not you, you are not like them, you are one of the "good ones."
Sonrisa	We had a test the week after that spring break and that our second test of the semester. I think I got a 46/50 on my first test. After that test, I quickly understood how this teacher set her questions on the test, because in nursing school, you have to know your teachers. So when we had the second test, I got a 50/50. I was worried after that because everywhere I went, every teacher had to make a comment; about how I got 50/50; they were like, "what did you do to get 50/50." I responded that I studied, I had a week break, and I studied, that helped me. It seemed like a big deal for the teachers. I left like the teachers were going to have an eye on me and what I did and what I did not do. As a minority student you don't want teachers to know you in a negative way. Teachers felt I was not supposed to get 50/50 on my exam.
Juanita	I always feel like an other, I never feel like I am a part of a group. I would mostly be on my own, if I was not with other Students of Color, I would be alone. White students would ignore me, so I would ignore them; I did not have feelings towards them, I would simply move on and not think nothing other than that.
Graciela	The White students did not want to help me; they would ignore me. My faculty advisor did not want to help me, she did not respond to any of my emails. I felt targeted by White students in the program. I did not feel comfortable in the nursing program.
Paula	I had to prove to the faculty I was smart enough, so I had been asked to do extra work I have also been asked to do things that I felt was unfair to do because other students were not asked to do things Some faculty would ask questions that are not related to the skill to through me off and that makes me feel like I am not welcomed or wanted in the program I feel like faculty keeps asking me to do simple skills over because they are not satisfied on how I complete the skill Faculty said to you that you don't look ready to be a nurse
Raul	I always feel like an other, especially in the airport As a Somali person I must do things differently, I must show up early because I have barriers to overcome I had to study with Students of Color otherwise you always must explain myself to White students In the class discussions I felt like I was invisible, I would sit in the back of the class

	<p>When I participated, I felt a lot of pressure, I had to ask the right questions, I would think others would judge me</p> <p>I had an incident where the faculty did not respect my religion accommodations</p>
Carmen	<p>I have been made to feel like I was less than</p> <p>I would be in class with my hand up to participate in class, the faculty would not pick on me to participate, but when a White students would raise their hands up, they would be picked on to participate</p> <p>I have reported faculty for what I thought was racist behavior towards me but my reports have been dismiss by the administration, I felt dismissed and not validated</p> <p>I have also been reprimanded in from of the entire class by a faculty due to other students talking around me and she assumed that I was talking and was not paying attention, so she said, “you should have been paying attention” I did not respond because I did not want my grade to be affected</p>

RQ#8: What recommendations do you have for prospective Students of Color to help them prepare for the reality of nursing school?

Participants	Response
Raquel	Complete CNA/LPN program. Experience in healthcare Be curious Be courageous
Inez	Address the conflicts when it comes to race. Form groups, like a multicultural club within nursing, to help students tackle the biases they will confront within the nursing program. Take more initiative to address the inappropriate stereotypes to educate the White students helping them understand their biases.
Sonrisa	Save money and focus on school Try not to work too much; if you must work, work part-time, dedicate yourself to nursing school Study hard Set boundaries at home Build relationships with other Students of Color Utilize the resources offered at the college
Juanita	Go out the way to find students that look like you, find students who have the same mindset as you. Do not let the negative experience impact your goal to finish the program. Know how to study, know how to break down material.
Graciela	Do not give up. Do not let anyone destroy your goals. Nursing program is not easy. I do not recommend this nursing program, go where you are supported. Go where you are wanted.
Paula	Be strong Be resilient The program is a lot of work for those that have a family and children Have good study habits I would recommend students do an CNA or LPN program prior to starting the RN program
Raul	Get to know who to talk to in the program Find a study group Learn how to study Fight for what you want
Carmen	Be very aware of what you are getting yourself into Get to know who the people are to report any issues to vs not Keep your head down and pretend that nothing is happening Complete a CNA program, it would help with clinical portion of the program Work in the health care industry

RQ#9: What recommendations do you have for administrators, faculty, and staff to help Students of Color who are transitioning into nursing school? Describe or explain any programs or approaches you see that would benefit Students of Color.

Participants	Response
Raquel	Engage Students of Color Believe in Students of Color
Inez	Faculty be more available to help students deal with issues that arise. Be more resourceful. Valid the Students of Color experience. Have mannequin that look like the Students of Color, have mannequin that are dark complexion, that show bruising to help the non-color students. Racial ignorance needs to be address. Do not ignore the issues. Have a culture of respect for the Students of Color.
Sonrisa	Be inclusive and allow Students of Color to participate more in class Have an approachable demeanor Listen and respond to issues as they arise Stop forming alliances with each other faculty and be more student focused
Juanita	Use manikin of color Bring in faculty that are of color from a diverse background. Have more representation in the classroom. Have faculty who have experience teaching ESL students.
Graciela	Change the way you conduct yourself with Students of Color. Faculty need to help students achieve their goals and be more resourceful. Stop concentrating on the color of the skin. Treat all students the same when it comes to discipline, do not discipline Students of Color more severity. Stop being so judgmental towards Students of Color. Listen to the Students of Color experiences and do not be dismissive.
Paula	Faculty should be more receptive to student of color concerns Faculty should listen more to students and understand their experiences More support from faculty Try not to be so judgmental Look at the grading/point system within the program
Raul	Limit the class size, too many students in a classroom is intimidating for foreign students Have more support for Students of Color Have a strategy on how to help students overcome their challenges Get to know the students so you can help them succeed Computerized testing Faculty should be more accessible
Carmen	Have more representation in the program Hire more People of Color Do not teach diverse topics without a diverse presenter Treat Students of Color with the same respect as you treat White students