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The lived experience of African American nurses who attended predominantly white university baccalaureate programs: Characteristics of success and resilience

Carmen A. Stokes

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The Lived Experience of African-American Nurses Who Attended Predominantly White University Baccalaureate Programs: Characteristics of Success and Resilience

by

Carmen A. Stokes

Dissertation

Submitted to the Department of Teacher Education

Eastern Michigan University

In partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY
   Educational Studies
   Nursing Education

Dissertation Committee:

Ethan Lowenstein, PhD, (Co-Chair)
Barbara Scheffer, EdD (Co-Chair)
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May 10, 2013

Ypsilanti, Michigan
Dedication

To CG, you are the beginning of it all…

My husband, for calling me first a teacher,

My precious daughters- the best gifts from God,

And every beautiful brown girl who also dares to try~ and succeeds.

Now you understand - just why my heads not bowed
I don’t shout- or jump about- or have to talk real loud
When you see me passing, it ought to make you proud
’Cause I’m a woman. Phenomenally.

Phenomenal Woman, That’s me.

~Maya Angelou.
I can’t concern myself with the criticisms of cliché; I want to first acknowledge my Heavenly Father because I understand if I acknowledge Him on earth, He will acknowledge me in heaven- “You took everything I was, and made me what I am, and with all I have- I worship you” (Mary Mary, 2008). I thank you God, because so many didn’t make it- but I was one of the ones who did.

Others have proclaimed that the road to the doctorate is a lonely one, and for me, this was, in fact, true. As the first graduate of my program I had to do a lot alone but that is not to imply that lonely is bad because the best parts of me have been developed when I’ve been alone with me, reflecting on me, chastising and criticizing me and deciding to love and encourage me all over again. However, as Dr. Seuss says in Oh, The Places You Will Go, “alone is something you will be quite a lot!” I embrace the experience, the one I lived, the essence of success, failure, favor, and completion… so thank you, “me,” for never giving up.

I wish to acknowledge my husband, Antonio, who is avoiding his own PhD ☺ Thank you for identifying me as a teacher, for showing me our ministry, and for calling me by my real name. I could not have done this without your support, commitment, and belief. Cheers to having roots and wings, and diving into dolls and things... ballet, and movies, and dress-up and plays- when I was busy at the end writing it all. I hope that we can finally begin to travel again.

I am thankful to my daughters Aniyah (“God answered me”) and Eden (“delight and joy”). You held me close, kissed me often, brushed my brow, and loved me no matter what. Aniyah, you make me smile (and falter) with your commitment to excellence. I am so impressed by you, and I hope you truly believe that. Your gifts outnumber the letters on this
page, and your artistic and compassionate sides are so like me. *Know thyself, know thy love.*

Eden, I love (love, love) that you believe in yourself and me. Thank you for calling me Dr. Stokes often; well before time, and for wanting to be like me (the *other* side of me, the one that loves science). I’m not sure whether you will find your career in engineering (nursing anesthesia or library science ☺), if you will be Professor or Dr. Eden Stokes as you self-refer; but whatever it is, you will get there confidently! I want you to both know that being called mother always has been, and always will be, more important than being called Dr. anything [my greatest accomplishment is the two of you].

To my family- my parents and siblings… Michelle (a participant in the study) said it best~ “could I be who I am without them, without *this* story, without their imperfect love?”

No, I don’t believe I could. I know without my mother pushing, pressing, emphasizing (and sometimes yelling) that I must get an education to open the doors closed to her and so many women before, I would not have even known that I wanted to be here. And my father gave me the best racial socialization a girl could ask for! I am also grateful to my extended family: in-laws, aunts (Linda), uncles, and cousins too who loved and cheered along the way. I want to thank my grandmother for her encouragement, her encyclopedia *Britannica*, public television, and modeling a love for learning (I wish you were here to see that I ended up being “Dr. Carmen” after all). I am also grateful to Jean (MeMe). You were the best mother-in-law I could have asked for, you accepted me and loved me from day one. I miss you so much, especially our prayers and talks! You were right… God heard us and May brought His promise as you predicted. I wish you were here to celebrate (and brag to your boss about it ;-).
Friends- who are really sisters to me… Kathryn (I don’t like it), Melissa (no stress, no strain, no struggle), Geneva (Elizabeth & Mary), and Sandra (technology genius): God made up for the sisters I lacked in childhood with you. In your own way, you each have increased my heart. Thank you Miko (for the constant laughs) and Ruth (for trusting me with secrets). To the Praying Wives Ministry, prayers of the righteous availeth much! Thank you for letting me lead and follow.

I cannot say enough about my committee members. I would like to pretend that I chose you because of some brilliant strategic plan to build a “Dream Team,” but alas, I chose you for what I saw in your minds (which is so impressive!), and your hearts- which is more important anyway. Dr. Lowenstein- you supported me against a class of resistance, you acknowledged my lived experience and pain; you owned White Privilege and required others to do the same. Thank you for your calm, quiet belief and nudging the process along the way.

Dr. Scheffer- thank you for remembering me, responding to my inquiries, making sure that I applied to the program, and being an exemplar nurse educator and a constant support. Thank you too, for your hospitality- you embody the persona of nursing.

Dr. Polakow- there are no words. You live in the essence of phenomenology, and you breathed it into me. Because you told me “don’t let this go- this is your dissertation”- I felt firmly validated in my prior commitment not to sway. Thank you for that gift, your words, your work, your feedback, and your ethos of care.

Dr. Zamani-Gallaher, the first time I met you I saw what Black nursing students also long to see: someone who looks like me! Thank you for really understanding the lived experience and never threatening to revoke my ‘GP.’ You are a wealth of knowledge and I can’t recall one conversation where I did not learn something important and applicable.
Busy- but available, *phenomenally*. The final word- *you are a Dream Team, nothing else would do.*

To all my faculty- where you pushed, prodded, and ploughed. I hope you can see that there was growth. I thoroughly enjoyed my doctoral experience. This program embraced me and my thoughts, acknowledged them as valid and important to the discipline, and gave me the tools to critically evaluate urban education and its impact on nursing. Gracias to my UDM Deans who were considerate of my fulltime work and student status when deciding my teaching assignments. Dr. Scanzzor, you are unmatchable. What a statistical mind! Merci Beaucoup to you. Dr. Felicia Grace— since undergrad you have helped me navigate! Thanks for helping recruit.

For all of the friends and colleagues I have developed along the way (too many to name), thank you. Special thanks to my first group members- Clayton Hall and Johnny Lupinacci- for sharing parts of your life, thoughts, and work (and the community of scholars’ stage). Thank you to Dr. Ramona Meraz Lewis, for your consistency in strength, insight, and encouragement (as well as shared faith). You helped me more than words can ever say! A special thank you for sharing your mother: Ms. Lombardi, your transcription services were excellent and your prayers were worth more than any invoice I ever received ☺. To my “sisters” at UDM, so grateful that we are done. Celeste Hawkins, you already know. Thank you for sharing books and articles, fixing the boxes in my CM ☺, and being a sounding board! As you follow in the second cohort, may God’s favor light your way. Mother-to-mother, it can be done.

To each participant who shared her life and her story. You may never know the power of who you are but let me say that I do. I see how phenomenal you are. I (re)lived through
you— the joys and pains of who we are in our world of *Blacks in White*. I am proud, so proud of your resilience and strength. It has been said that the place to remove your sandals is whenever you travel on sacred ground. Thank you for sharing what was sacred to you, I hope this work captures your words like apples of gold in settings of silver (Proverbs 25:11).

Above all, I pray that what was learned and shared will allow many more to pass through the door of success too.

“And will you succeed? Yes, you will indeed, 98 and ¾ percent guaranteed!

    Go, move your mountains.”  ~Dr. Seuss  (*Oh The Places You Will Go*)
Abstract

This qualitative dissertation explores the lived experiences of successful African-American nurses who attended baccalaureate programs at predominantly White universities (PWUs). Only 5.4% of the national registered nurse workforce is identified as African American; yet African-American citizens account for approximately 12.9% of the United States’ population, and 24% of all enrollments in nursing programs nationwide is composed of African-American students. Past nursing education research has almost exclusively focused on the deficits of African-American students. This dissertation study focuses on a gap in the literature because it addresses the strengths and attributes of those African-American students who succeed, thereby contributing to an anti-deficit achievement framework (Harper, 2010).

The conceptual underpinnings of this research study include Critical Race Theory, Resilience Theory, Transitions Theory, and Jones and Shorter-Gooden’s theory of “Shifting.” This qualitative phenomenological study was completed with 11 participants from four different Midwestern universities. In-depth, face-to-face first and second interviews lasting 45 to 90 minutes were conducted using open-ended, semi-structured questions. Despite differences in location (urban versus suburban), Carnegie classifications (research versus teaching intensive), and student population (percentage of minority enrollment and student demographics/SES), the findings consistently reveal experiences of racism, discrimination, isolation, and “differentness,” and evidence of resilience to overcome those experiences. Strategies for success were also consistent among participants, and include maintaining positive academic self-efficacy, key support people, determination to persist and succeed, deftly reading the environment, using both approach and avoidant style coping, effectively
employing border crossing, biculturalism, and code switching, in addition to engaging in specific and study techniques.

Key Words: African-American, Anti-Deficit Achievement Framework, Biculturalism, Code Switching, Phenomenology, Predominantly White Universities, (Registered) Nurses, Resilience, Success, Students, Qualitative
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Chapter 1: Introduction

There is a significant shortage of registered nurses in the United States. According to a 2010 joint statement released by the Tri-Council for Nursing, “Action is needed now to put in place strategies to build a stronger nursing workforce” (para 1). While most national strategies have been targeted toward increasing the overall number of Registered Nurses (RNs) available, some attention has also been focused on increasing the diversity of nursing professionals. Diversity within nursing is necessary to generate a national workforce that is prepared to provide quality, culturally competent care representative of the ethnically diverse society we live in (National League for Nursing, 2010).

According to recent U.S. Census Bureau reports (2011), African Americans currently account for the largest ethnic minority group, which is approximately 12.9% of the U.S. population. In addition, recent enrollment statistics reveal that African-American nursing students compose 24% of nursing program enrollments (American Association of Colleges of Nursing, 2010). However, the National Sample Survey of Registered Nurses (NSSRN, 2008) indicates that only 5.4% of the registered nurse (RN) workforce is African American. There has been a call for action by several national nursing organizations (American Association of Colleges of Nursing, 2010; American Nurses Association, 1991; National League for Nursing, 2011) to reduce the shortage of minority nurses employed in the profession because it is believed that retaining and graduating more African-American nurses could both decrease the nursing shortage and possibly decrease health disparities (Bull & Miller, 2008).

The disparity in health outcomes between White and African-American citizens in the United States is so significant that public health officials have established its reduction as a
national health priority in *Healthy People 2020* (U.S. Department of Health and Human Services, 2010). Factors postulated as contributing to this disparity are

- Social determinants of health, including socioeconomic status, access to health care, education, and experiences of racism and discrimination (Koh, Oppenheimer, Massin-Short, Emmons, Gellar, & Viswanath, 2010; Solar & Irwin, 2007; U. S. Department of Health & Human Services, 2010; Williams & Jackson, 2006);

- Historical mistrust of the U.S. medical system by African Americans, which may delay the patient from presenting for treatment (Boulware, Cooper, Ratner, LaVeist, & Powe, 2003; King, 2003; Thom, Hall, & Paulson, 2004); and

- Misdiagnosis and/or ineffective medical treatment plans secondary to a lack of socio-cultural congruency between the provider and the patient (Ayanian, Weissman, Chasan-Taber, & Epstein, 1999; Epstein, Ayanian, Keogh, Noonan, Armistead, Clearly, et al., 2000; Singleton & Krause, 2009).

Another critical reason it is necessary to improve parity in health care outcomes is because minority groups, who are experiencing the fastest population growth in the United States, also presently have the highest incidence of poor health outcomes (Center for Disease Control and Prevention, 2010). Poor health outcomes significantly contribute to U.S. health care spending, which currently accounts for 17.6% of the Gross Domestic Product (GDP), and is projected to be over $4.3 trillion by 2018 (Kaiser Family Foundation, 2009). Bull and Miller (2008) suggested that health disparities (and consequently health care costs) might be mitigated by preparing more ethnically diverse practitioners who may share the lived
experience of their patient populations. Increasing the number of nurses prepared to provide culturally competent care necessitates an increase in graduating nursing students from diverse ethnic and cultural backgrounds to continually enter the nursing workforce (Gilchrist & Rector, 2007; Sullivan Commission, 2004; Sweet, 2012), because the current percentage of minority nurses is not expected to meet the needs of the growing diverse population (National Advisory Council on Nurse Education and Practice, 2008).

**Problem Statement**

Findings from the *Annual Survey of Schools of Nursing: Academic Year 2010-2011* indicate that African Americans accounted for nearly 24% of nursing students nationally. According to recent American Association of Colleges Nursing’s statistics (2012), only 12% of all Bachelor of Science (BSN) nursing students are African American. While these statistics seem promising, they are actually disheartening because there has been a steady downward trend of African-American student enrollment in nursing programs, decreasing by 5% in the last two years alone (National League for Nursing Annual Survey of Schools of Nursing, 2012). In addition, there remains a paucity of research related to the graduation rate of African-American nursing students. The National Sample Survey of Registered Nurses (NSSRN, 2008) indicates that only 5.4% of the registered nurse (RN) workforce is African American. Despite a comprehensive search, no data were found explicating the significant gap between reported enrollment and the current registered nurse workforce of African Americans.

Although many reasons are postulated as contributing to the shortage of African-American registered nurses, one issue consistently cited in the literature is the nursing program attrition rate for this ethnic minority group (Leroy, 2008). Jeffreys (2004) stated that
the reasons for attrition (stopping out, dropping out, or failing out) are multifaceted. Several barriers faced by many minority nursing students include academic under-preparedness, lack of financial support, increased family and work responsibilities, lack of mentors and role models in schools of nursing, lack of social integration and connectedness with peers and faculty, as well as experiences of racism, prejudice, and discrimination (France, Fields, & Garth, 2004; Gardner, 2005; Jeffreys, 2007; Johnson-Bailey, Valentine, Cervero, & Bowles, 2008; Pryjmachuk, Easton, & Littlewood, 2008; Sweet, 2012).

Previous nursing education research has primarily focused on student deficits and barriers that contribute to a lack of minority, specifically African American, student success. Despite staggering statistics which report attrition rates as high as 85% for minority nursing students (Leroy, 2008), at least 15% of these nursing students successfully complete their programs and enter the nursing profession.

The critical question is “What enables some African-American students to persist and succeed in their goal to become registered nurses?” A review of literature revealed that very few studies have been conducted with an emphasis on the characteristics of successful African-American nursing students (Krimsley, 1999; Love, 2008; Sands, 1988; Sutton, 1999; Sweet, 2012). To date no studies have been identified that explore how their life experiences shape their fortitude and resilience, or how resilience contributes to African-American student nurse success.

Purpose of the Study

The purpose of this qualitative research study is twofold: 1) to gain an in-depth understanding of the lived experiences of successful female African-American nurses who attended baccalaureate programs at predominantly White universities as students, and 2) to
better understand the characteristics and attributes that allowed them not only to survive but thrive when so many of their ethnic peers succumbed to attrition. The express goal of this research study is to shift the focus of nurse educators toward African-American nursing student’s strengths and attributes contributing to their success and away from (perceived) weaknesses and barriers that cause students to be unsuccessful.

Within the broader context of education literature, the gap in academic outcomes and achievement between White and African American K-12 and college students has historically been explained from three primary perspectives. The first perspective focuses on blaming the victim (Ryan, 1971) and is rooted in deficit theory, which supposes that African-American students are not as successful as White students because they are either inherently deficient in their intellectual capacity and/or lacking internal or external capital to succeed (Kim & Kim, 2008; Moynihan, 1965; Payne, 2005). Valencia (2011) expounds on contemporary deficit thinking and notes that the deficit thinking model purports that “linguistic shortcomings, lack of motivation to learn, and immoral behavior” contribute to these individual deficits, ignoring the role of systemic factors in school failure (p. 7).

The second perspective explaining the gap between White and African-American student achievement does acknowledge the contribution of institutional and educational practices and policies in the achievement gap, yet still concentrates on deficits and barriers—only this time, illuminating those of the education system (Gillborn, 2008; Kozol, 1991; Lipman, 2004; Reynolds, Rizvi, & Dolby, 2009).

Poverty has also been introduced to the discussion of inequity and is often considered a third explanation for this achievement gap. Noguera (2003) notes that “wherever poor people are concentrated and employment is scarce, [the] public schools are almost always
bad” (p. 3). Although public schools are not the only schools where children of color obtain their K-12 education, the majority of African-American students do (Kozol, 1991). In their report Ethnic and Racial Minorities & Socioeconomic Status, The American Psychological Association (2009) suggests that poverty and ethnic minority status almost exclusively go hand in hand.

Socioeconomic status (SES), race and ethnicity are intimately intertwined. Low SES and its correlates, such as lower education, poverty, and poor health ultimately affect our society as a whole. (p. 1)

Compared to White students, African-American students are more likely to attend high-poverty schools (National Center for Education Statistics, 2007). The American Psychological Association (2009) reiterates that high-poverty schools are a socioeconomic reality for many African-American students, and as such they present a compound effect on student achievement: high achieving African-American students in high-poverty schools are deprived of valuable capital afforded White students, including fewer resources, less rigorous curricula, and diminished academic expectations.

Within nursing education, very few studies have assessed the difference in educational outcomes or experiences between White and Black students (Jeffreys, 2007; Kossman, 2009). However, in the studies identified, explanations were still preponderantly focused on both student deficits (such as academic preparedness) and additional barriers (including institutional experiences of discrimination as well as financial resources and increased family responsibilities). However, there remains a lack of research dedicated to identifying characteristics of successful students in nursing education, specifically focused on
exploring an anti-deficit achievement framework. This gap in the literature indicates an appropriate inquiry for doctoral research.

**Justification and Significance**

According to the seminal research of Tinto (1987), lack of belonging or fitting in, lack of student engagement and attachment to the institution, and lack of institutional commitment to the student are all major factors that contribute to the attrition of minority students who attend predominantly White universities. As identified in the literature and previous pilot study that I conducted (Stokes, 2010), African-American nursing students face exclusion, stereotype threat, and racial discrimination on a frequent (if not daily) basis from faculty, peers, and patients who believe they are inherently of lower intelligence and less capable of success (Amaro, Abriam-Yago, & Yoder, 2006; Gardner, 2005; Kirkland, 1998). For some African-American nursing students, this experience of (almost) daily stress can lead to “racial battle fatigue.” Smith, Allen, and Danley (2007) define racial battle fatigue as “the physiological and psychological strain exacted on racially marginalized groups and the amount of energy lost dedicated to coping with racial microaggressions and racism” (p. 551).

It is important to recognize that such experiences faced by African-American students in higher education (in this case, nursing students) at predominantly White universities can impact self-concept, esteem, and academic efficacy, ultimately influencing either their success or failure (Harper, 2007).

Based on a limited review of literature, it is reasonable to expect that most African-American nursing students who attended predominantly White universities have experienced some degree of racism; and the experience of racism and discrimination does impact one’s academic self-efficacy and cognitive world view (Brown, 2008; Gillespie, Chaboyers, and
Wallis, 2007), which ultimately can affect persistence and success. African-American female nursing students who experience racially traumatic events in their nursing education must rebound from and overcome the physical and psychological effects of such experiences in order to succeed. Understanding the attributes associated with successful African-American nursing students may provide insight into retention program development and could ultimately attenuate the nursing shortage, and improve health outcomes for minority patients by increasing the number of health care providers who may share their lived experiences.

Jeffreys (2004), a noted nursing education expert, insists that nurse educators not only need to “openly acknowledge that prejudice, discrimination, and racism exist within nursing education and the profession” (p. 18) but also take action to eliminate it from academia, nursing, and health care. This research study is significant because it may assist nurse educators in modifying their worldview associated with (and their consequent behaviors toward) African-American nurses and nursing students, away from a worldview that is deficit driven and toward one that is focused on student strengths and attributes. This type of worldview has been cited by Harper (2010) as an anti-deficit achievement framework. A shift in nursing faculty’s worldview has implications for not only changing the nursing school experience for minority students but also the overall experience of minority patients and staff in health care.

**Research Questions**

Because this research study focuses on understanding the lived experience of successful African-American nurses who attended predominantly White universities, it is necessary to begin with an exploration of the phenomenon of interest. Such exploration is both emergent and flexible. While the following research questions helped guide the research
process (see Appendix A), a qualitative research approach provided an opportunity to gain insight into the unique lived experiences of the participants and, after employing critical analysis, led the researcher to identify themes across participants that tentatively clarify the phenomenon of interest (female African-American nurses who succeeded in baccalaureate nursing programs at predominantly White universities).

The principal research question guiding this dissertation study is: “What is the lived experience of African-American nurses who attended baccalaureate programs at predominantly White universities?” Other questions that have framed the research inquiry include “What is the role of resilience, if any, in the success of female African-American baccalaureate nursing students who attended predominantly White universities?” Additional research questions include

1. Do African-American female nurses who attended baccalaureate programs at predominantly White universities have a unique and different nursing education experience than that of their White peers?
2. Will the participants of this study be able to recall their lived experiences consciously and purposively?
3. How do multiplicative (macro and micro) factors affect the lived experience of African-American female nurses who attended baccalaureate programs at predominantly White universities?
4. How have the participants of this research study managed to persist and succeed in their nursing programs?

This research study was conducted using a phenomenological approach, incorporating principles of Van Manen (1990) and Munhall (2007). The purpose of phenomenology is to
get at both the manifest and latent forms of meaning, to relate the surface and obvious
information to the less obvious, albeit embedded information in pursuit of the essence of the
experience (Van Manen, 1990). The life world of each participant is a culmination of the
intellectual, emotional, cultural, physical, and social contexts of the person (Meder, 1997),
and that lived experience is the epicenter of this research inquiry.

A demographic survey was developed to capture information related to students’ age,
graduation year, overall GPA, time necessary to complete program, university attended, and
personal commitments that may have impacted their success in nursing school (see Appendix
B).

Chapter Summaries

Chapter 1 provides background to the study and introduces the research problem.
Chapter 2 is composed of a review of the literature, particularly focused on providing the
sociocultural and historical background in which the phenomenon is situated, specifically
exploring macro and micro influences on their educational experience. Chapter 3 describes
the methodology used in this study, explicitly the rationale for phenomenology to capture the
lived experiences of the participants. Chapter 4 provides a summary of seven participants and
four detailed case studies exposing the lived experience of female African-American nurses
who attended baccalaureate nursing programs at predominantly White universities. Chapter 5
offers a thematic analysis, tying together the common themes encountered by the research
participants in this study. Chapter 6 concludes with discussion, implications, and
recommendations for future research in nursing education and higher education that
investigates the phenomenon of successful African-American nursing students.
Definition of Terms

For the purposes of this paper, several terms were defined (see Appendix C).
Chapter 2: Context of the Study

This chapter will explore the historical, experiential, and theoretical contexts which frame the experience and phenomena of succeeding as an African-American female who attended a baccalaureate nursing program at a predominantly White university (PWU). Racial stereotypes and ingrained prejudices are deeply rooted and inextricably woven into the narrative quilt of the United States. It is impossible to comprehend the magnitude of educational disparities without acknowledging their impact. Furthermore, it is imperative to gain understanding about how African-American students, in this case nursing students, overcome such educational disparity and succeed.

Historical Context: Racism and Education

By definition, race is merely a classification of humans based on geographic and/or phenotypic characteristics. However, the meaning of race is a socially constructed phenomenon, and it still has a significant impact on the life opportunities and successes available to an individual born in this country (Giroux, 2009). Racism is an ideology that supports one race as intrinsically superior to other races and justifies discrimination and abuse by the superior race against the inferior race (Shelby, 2003; Apple, 2009, Mills, 1997). Racist ideology is not an individual belief but a network of beliefs that are widely shared, generally known, and the result of a system of thought which becomes normative. Those who embrace ideology do so in order to explain or justify their position of thought and/or action, and this is often done in “false consciousness” (meaning that the person holds beliefs while being unaware or ignorant of the real motives about why one holds it). Perhaps equally important is the notion that one knows why he/she holds the belief but chooses to maintain the belief due to the certain benefit it provides them (termed “White privilege,” Wise, 2000;
Shelby, 2003). Many continue to believe that racist ideology will persist, primarily because of the inability to escape the obvious difference between Blacks and Whites (Bell, 1992; Taylor, Gillborn, and Ladson-Billings, 2009).

As mentioned, ideologies have a significant impact on the social group’s beliefs and values, which can be leveraged to determine how others will be treated. Adhering to racist reifying ideology contributes to theCreation and intractability of social inequality— in income, wealth, political power, occupational status, access to health care, educational opportunities, levels of employment, and home ownership-making these inequalities seem justified, natural, and preordained. (Shelby, 2003. p. 178)

In many cases, this form of systemic (also known as institutionalized) racism has resulted in internalized feelings of inadequacy and decreased global and academic self-efficacy (belief that one can/will succeed; Brown & Tylka, 2011; Steele, 2010). There is research to support the notion that racism has taken a toll on African Americans in a variety of ways. Racism has been identified as pervasive and linked to both psychological and physiological consequences (Lightsey & Owen, 2007; Smith, Allen, & Danley, 2007). In general, African Americans are more likely to suffer from impoverished and violent living conditions, have inadequate educational preparation and experiences, and suffer higher disease mortality rates than White Americans (Brown, 2008; Collins & Solonas, 2010). Some of racism’s impact has broad implications as mentioned above, whereas some of its impact strikes at a very individual level (e. g. career selection, academic self-efficacy, general self-efficacy, career self-efficacy; Rollins and Valdez, 2006), which Steele (2010) has identified as one outcome of stereotype threat.
Since the beginning of documented U.S. history, there has been a demonstration of power and oppression exercised in society by wealthy White men against people of different races, different genders, and different social classes. Examples include pilfering of land from Native Americans, exploitation of Africans as slaves, previous miscegenation laws, opposition to the Women’s Rights Movement, opposing the Civil Rights Movement, and opposing current immigration laws (Eberhardt & Fiske, 1998). Racism’s longstanding impact on the education of African-American students can be traced back to slavery, when Blacks provided a cheap labor force needed to develop colonies and plantations. Stereotypes of inferiority and lower intelligence were reinforced by Terman’s (1916) intelligence tests, in order to justify denying them education.

Their dullness seems to be racial, or at least inherent in the family stocks from which they come, [therefore] children of this group should be segregated into special classes… they cannot master abstractions but they can often be made into efficient workers who are able to look after themselves. (pp. 91-93)

Separate but purportedly equal educational facilities were eventually made available to African Americans; however, many education historians indicate the Black schools were given resources and facilities substandard to that of schools for White students (Jackson, 2007; Kozol, 1991; Taylor, Gillborn, Ladson-Billings, 2009). To fight this inequality, the historic case of Brown vs. Board of Education (1954) was pursued “because it represented the most absurd, morally reprehensible example of an oxymoronic ‘separate but equal’ doctrine” (Anderson & Byrne, 2009, p. 170), which was considered merely a guise for masking White supremacy and perpetuating deficit theory (Valencia, 2011) and
discrimination against African Americans in order to maintain status quo (i.e. their inferior position in society; Gillborn, 2008; Giroux, 1997).

The U.S. Supreme Court’s unanimous decision in *Brown vs. Board of Education* concurred that separate schools were discriminatory. The decision of the court cited the United Nations Educational, Scientific, and Cultural Organizations (UNESCO) statement related to *The Race Question*, which specifically challenged the horrific treatment of Jews by Nazis in Germany based solely on race as criterion. Derrick Bell (1980), considered the forefather of critical race theory, alleged that the only reason victory was achieved in *Brown vs. Board of Education* at a peak time of national racial discord was because of what he termed “interest convergence.” This politically charged global environment caused the world to appraise the United States as the leader of the United Nations and to challenge their incongruent position for purporting *democratic ideology*, which advocated fighting for equal rights of people in other countries, when they would not acknowledge the rights and privileges of African-American citizens in their own (Dudziak, 1988, 2000). According to Bell (1980), Whites in America only allowed equal opportunity of African Americans when obtainment of equality converged with their interests— which, in this case, were to calm international political unrest and maintain their dominant position in the United Nations.

In 1965 President Lyndon B. Johnson signed Executive Order 11246, which was termed “affirmative action,” because the order communicated that such action was necessary to obliterate conditions contributing to discrimination. Requiring this action was important because previously discrimination was hidden within laws and legal precedents that allowed perpetuation of bias. The executive order specifically prohibited government and federally-assisted contractors from discriminating in employment decisions, based on race, color,
religion, sex, or national origin. Executive order 11246 was established to force institutions to comply with the Civil Rights Act of 1964 (previously signed by President John F. Kennedy).

In spite of the explicit goal of assuring equal opportunity, *Affirmative Action* has been accused of being a “quota” system that unfairly benefits minorities. This false presumption (again) reinforces the notion that Blacks are not intelligent or competent enough to participate in educational (work) environments on their own merit; rather, they are “given” an undeserved opportunity (Pitre, Pitre, Ray, & Hilton-Pitre, 2009; Delgado & Stefanic, 2012).

Since 1965 there have been a series of specific policy changes and legal actions to mitigate the advances made on behalf of African Americans (and other minorities) in education (see Appendix D). Most notable is *Gratz vs. Bollinger, 2003*, which resulted in the U.S. Supreme Court ruling that race-sensitive undergraduate admission policies at the University of Michigan were unconstitutional. Once this decision was rendered, many states and educational institutions of higher learning adopted similar policies and practices. In some cases, removal of admissions policies that positively considered the student’s race, in addition to other admissions criteria, resulted in African-American student matriculation dropping 20% in that year alone (University of Georgia, 2001). However, in the companion case, *Grutter v. Bollinger, 2003*, the U.S. Supreme Court ruled that in “narrowly tailored” affirmative action programs, race could still be used in admission criteria at the University of Michigan Law School but also implied that after 25 years, such programs should no longer be necessary (hence, should not be used).
In 2005, under the administration of President Bush, eligibility for Pell Grants was radically revised, having a significant and negative impact on low-income students (over 89,000 students no longer qualified). Although the Bush administration also attempted to eliminate Perkins Loans for low-income students, Congress rejected that proposal and continued to fund the program.

Despite the supposed socio-political advancements achieved through legal mandates in the 1950s and 60s, many African-American students still realize inferior educational opportunities and educational outcomes compared to White students as a result of inequitable policies and practices (Apple, 2009; Bell, 1980, Evans-Winters, 2011; Gillborn, 2008; Ladson-Billings, 2009; McKay, 2010). Several education critics (Giroux, 2009; Goldberg, 2009; Lipman, 2004) agree that there has been very little improvement in the educational equalities for African Americans since Brown vs. Board of Education and attest that such inequities transcend primary education through college, resulting in persistent economic inequalities (Taylor, Gillborn, Ladson-Billings, 2009). Before Brown, “separate-but-equal” education was anything but that. A review of education history reveals that only $43 per pupil was being spent on African-American (minority) children in public school, compared to $163 per White child in public schools (Pitre, Pitre, Ray, & Hilton-Pitre, 2009). After desegregation, many school systems experienced “White Flight.” This educational disparity was propagated by zoning school districts according to resident taxes, retaining additional funding and resources in wealthier (White suburban) communities than in poorer (Black/minority urban) communities. As indicated above, since Brown, there has been purposeful and concerted action to reverse both social understanding and legal guidelines that were originally meant to assure equality in educational opportunities and outcomes.
Lipman (2004) explicitly interjects that student opportunities to learn are “differentiated by race, ethnicity, and class” (p. 3). She elucidates several specific concerns, which include reproduction theory (that school policy reproduces educational and social inequalities); dysconscious and institutional racism (the uncritical acceptance of White dominance as norm); and school racialization (which maintains stereotypical assumptions about African-American student underachievement, language, culture, home environment, and ways of being in the world). Prevailing views of urban schools (and the youth that attend them) suggest that urban Black people are poor, shiftless, lazy, often dangerous criminals, who do not value education or work ethic (Lipman, 2004). These beliefs and stereotyped images are populated in multiple forms of media, politics, and intellectual discourse (Allen, 2001; Entman & Rojecki, 2000; Holt, 2013), further reinforcing negative stereotypes and racial bias.

Several scholars and educational organizations recognize that education is linked to workforce preparation (Anderson & Kharem, 2009; Bartee & Brown, 2007; Giroux 2009; Lipman, 2004; Steele, 2010). Wherever education is stratified, the labor force is stratified accordingly. This stratification is not exclusive to African Americans, it impacts migrant workers, Hispanic immigrants, Native Americans, poor Whites; and other groups marginalized in U.S. society.

Lipman (2004) explains that “education is a key determinant of whether one will be a high-paid knowledge worker or part of the down-graded sector of labor” (p. 63). Maintaining obvious disparities in K-12 education funding, eliminating federal funding for low-income students (i.e. Pell Grants), and liberating colleges and universities from admission practices
that are favorable or equalizing to minority students all contribute toward African-American (female) students remaining part of the down-graded labor sector.

**Historical Context: Racism and Nursing**

Nursing is historically and currently represented as a profession for White, middle to upper class women. However, Love (2009), notes that

People of African descent have a long, [yet] unrecognized, history in nursing.

Although Florence Nightingale is touted as the mother of modern nursing, there were many other nurses who were strong leaders before her time...however, as is often the case with writers of history, nurse historians excluded many of these stories to portray what was perceived as a ‘stronger image’ of nursing. (p. 24)

One example is when Florence Nightingale refused the help of Mary Seacole, an accomplished and educated Jamaican nurse because Nightingale believed “She did not fit the ‘right’ image of nursing,” which often excluded minority and low income women (Love, 2009, p. 24). In addition, other African-American nurses have significantly contributed to the profession, including Mary Eliza Mahoney, Susie King Taylor, Minerva Franklin, Adah Belle Thomas, and additional women from the Crimean and Civil Wars who were never acknowledged for their nursing service because of their skin color. Many African-American students are unaware of the rich and comprehensive history of Black women in White uniforms; thus they continue to be oppressed and marginalized, feeling like outsiders in the nursing profession (Hassouneh, 2008).

**Experiential Context: Hegemony in Nursing**

Secondary to inequitable educational opportunities and unequal educational outcomes between majority and minority students in their K-12 education (Kozol, 1991; Tatum, 1997;
Taylor, Gillborn, & Ladson-Billings, 2009), many African Americans are rendered academically under-prepared and ill equipped to succeed in their secondary (higher) education. This is equally true in nursing education, which is a microcosm of American society at large (Jeffreys, 2004).

Discrimination continues to contribute to the shortage of African-American nursing students because 1) their under-preparedness often results in them being unable to matriculate into a nursing program; and 2) even when they do matriculate, they often do not feel like they belong secondary to past and present experiences of exclusion; hence many stop out, drop out, or fail out of nursing.

A review of literature reveals that ethnic minority students in predominantly White nursing programs consistently report experiences of facing barriers, including alienation, loneliness, and rejection; experiences of adversity, discrimination, and exclusion; lack of faculty support or acknowledgement, and lack of peer acknowledgement. Puzan (2003) illustrates the hegemonic confines of nursing, in other words the leadership and predominance of Whites, as the “unbearable Whiteness” of the profession, which makes anyone defined as “Other” feel as if they don’t belong. Tinto’s (1987) seminal research describes the importance of connectedness and belonging to minority student success at college institutions, elucidating a positive correlating relationship: when feelings of belonging are increased, student success is increased.

Jeffreys (2004) developed the NURS Model to examine factors associated with undergraduate student attrition and success. The broad categories she identified include personal factors (under preparedness, academic skills, student affect, profile characteristics, and psychological factors); professional integration (faculty, mentoring, encouragement from
friends), and environmental factors (employment, finances, childcare, etc.). These concepts are similar to many included in Tinto’s model of student retention (1987), which demonstrates the relationship between prior qualifications, individual attributes, goal commitment, institutional commitment, academic integration, and social integration. Jeffreys further acknowledges racism as an institutional factor contributing to attrition, explaining that racism can generate feelings of isolation, stress, cultural pain, and low academic self-efficacy.

Findings from Gardner’s (2005) qualitative phenomenological research study support the propositions set forth by Jeffreys. She conducted 15 in-depth interviews with students of diverse minority backgrounds and identified eight emergent themes: loneliness and isolation, differentness, absence of acknowledgement of individuality from teachers, peers’ lack of understanding and knowledge about cultural differences, lack of support from teachers, coping with insensitivity and discrimination, determination to build a better future, and overcoming obstacles.

France, Fields, and Garth (2004) completed four in-depth interviews in order to discover the lived experience of all African Americans enrolled in their PWU’s nursing program. According to the authors, despite the small sample size “saturation was reached as evidenced by repeating/enduring patterns and themes across participants” (p. 29). The three primary themes that emerged were students being devalued and excluded, termed “shoved in a corner”; feeling that they must fight stereotypes and prove themselves as Blacks, in other words “strive to do the best I can;” and feeling that “you just have to maintain,” despite the repeated experiences of isolation, discrimination, and discount.
Most recently Sweet (2012) conducted research aimed at the phenomenological experience of culturally diverse baccalaureate nursing students’ persistence to graduation at a predominantly White religious university. Her study population consisted of eleven African-American students (ten females and one male). This study confirms previous research findings, which include negative student experiences of prejudice and discrimination, as well as lack of assistance and encouragement from faculty; authoritative/superior behavior by Caucasian peers (resulting in lack of peer relationships and exclusion); and a lack of minority role models or minority-related activities. However, Sweet (2012) also uncovered positive experiences that supported student persistence, which included emotional support from [certain] faculty, increased spirituality, and peer relationships/peers-helping-peers, particularly minority students sticking together. When Sweet specifically queried about why these participants persisted, the themes converged around faith in God, making their family proud, and not wanting to be a statistic.

Kowaski, Grams, Taylor, and Wilson (2001) conducted qualitative research to evaluate the caring group experiences of 10 African-American students ensuing from curricula revisions at State University of West Georgia (a predominantly White university). Their findings support Tinto’s (1987) prior research, which proposed that African-American students learn and thrive best in caring environments that allow opportunities to feel inclusion and make connections. Emergent themes from this study included feeling isolated and different, as well as dichotomies: bonding and nonbonding, connecting and disconnecting, and supporting or non-supporting.
**Academic under-preparedness.** Many African-American students are academically underprepared when they apply for admission to nursing school, which frequently results in denied entry. However, even when African-American students are admitted to nursing programs, they often express feeling inadequately prepared compared to their Caucasian peers (Jeffreys, 2004; Sweet, 2012). To a large degree, this un-preparedness or under-preparedness is beyond the control of the individual student. Typically African-American students live in urban environments and attend urban public schools, whose allocated resources and high school curricula are not supportive of college preparation in 90-95% of the cases (Lipman, 2004). Minority students often lack foundational critical reading and writing skills, which have been replaced with basic skills and high stakes testing preparation, secondary to neoliberal education policies (such as No Child Left Behind; Ladson-Billings, 1995, 2009; Lipman, 2004). In the urban environment, students are often steered toward military schools, vocational programs (i.e. cosmetology, culinary arts, or nursing assistant programs), and low wage customer service jobs in order to provide the human capital necessary to sustain the economy, which, in general, privileges those who are White and wealthy. If African-American students persist through the K-12 education system and are admitted to college and nursing programs, they still have a host of other barriers to overcome (Banks, 2009; Bosher & Pharris, 2009; Jeffreys, 2004; Rovai, Gallien, & Stiff-Williams, 2007).

**Lack of belonging and connectedness.** Minority students, particularly African Americans, experience stereotype threat and micro-aggressions, assaults, and insults as part of their educational experience (DeAngelis, 2009; Solórzano & Yosso, 2002; Sue et al., 2007; Yosso, 2005). As a result, African-American nursing students often feel intentionally
excluded from both White peers and faculty. This has been described as “being shoved into the corner” (France, Fields, & Garth, 2004). Tinto (1987) contends that a lack of belonging and connectedness account for a large portion of attrition seen in college by minority students. Allen, Epps, and Haniff’s (1991) prolific text *College in Black and White* painstakingly details findings of The National Study of Black College Students (NSBCS, 1981), comparing outcomes of African-American students in predominantly White and in historically Black institutions. Their analysis revealed that belonging and connectedness impact success, and further that the presence of belonging and connectedness in historically Black universities increases success, and their absence in predominantly White universities decreases success and increases attrition. This has also been empirically supported in nursing education research (Gardner, 2005; Jeffreys, 2004, Jeffreys, 2007; Love & Kruger, 2005).

**Experiences of adversity and discrimination.** Adversity is generally accepted to imply an unfavorable experience that the person views as causing hardship and suffering. In nursing, African-American students report such experiences secondary to discrimination. Some poignant examples include being targeted and identified as less competent merely as an extension of someone’s opinion, as opposed to evidence (Puzan, 2003).

In 2010 I conducted a pilot study, which included seven participants who attended predominantly White universities. The goal of this study was to extend a project conducted in a qualitative research class, where I attempted to explore what was unique about the experience of African-American nursing students. The purpose of the pilot study was to examine the unique experience of African-American females and compare those who were currently enrolled in their senior year capstone course (N= 3) to participants who had
graduated between 5 and 30 years prior (N= 4). One student participant from my pilot study had a poignant experience, divulging,

I would go home every day after clinical and cry. I just didn’t understand why they treated me that way, what did I do? I never got to pass medication that semester. All the White students passed medication but for me—she would put little pieces of balled-up paper in a cup and make me ‘pretend’ to pass the medication, even after I got all of her questions right.

A different student participant shared

When I walked in the room she (patient) said that I needed to empty her trash and requested that I go get the nurse. When I informed her that I was not housekeeping but instead I was a student nurse—she should have seen her face. It said it all… she never expected a Black person to be a nursing student—she automatically thought I was the housekeeper.

The experience of being mistaken as a housekeeper was shared by an RN with five year’s work experience and an RN with 30 year’s work experience. The saliency of this type of discrimination among the study participants was disturbing but not unique. Each participant disclosed at least one experience of adversity related to discrimination. As recently as February 13, 2013, Tonya Battle, an African-American nurse in Flint, Michigan, filed a lawsuit against her employer, Hurley Medical Center, alleging discrimination. In her lawsuit she claims that a White father (after showing an arm tattoo of a swastika symbol) stated that he did not want any Black nurses caring for his baby, and that the White nurse manager and White charge nurse honored his request, despite her clinical expertise and competence to care for the baby.
**Alienation (loneliness and rejection).** Many Black students at predominantly White universities acknowledge feeling alienation and loneliness (Allen, Epps, & Haniff, 1991; Davis, Dias-Bowie, Greenberg, Klukken, & Pollio, 2004; Fleming, 1984). Tinto (1987) and Steele (2010) concur that African-American students in predominantly White environments observe the obvious fact that by virtue of numbers, they are in minority and are consequently often alone or one of very few Blacks in a classroom. Nursing students also observe that there are very few other African Americans, and they complain that in addition to their small representation, they are further isolated by nursing faculty and administration, who “make sure we are never, ever in clinical together.” One student explicitly shared that she dreaded clinical because it was 12 hours when she was all alone and an outcast (Stokes, 2010).

**Resilience.** As outlined in the preceding discussion, African-American and other minority nursing students often have to overcome academic under-preparedness, lack of belonging and connectedness, alienation and rejection, and experiences of adversity and discrimination in order to succeed in their goal to become registered nurses. One prevalent psychological response that has been identified in the literature as essential to persistence in overcoming obstacles and/or adversity (including stereotype threat and microaggressions) is resilience. Bull and Miller (2008) describe resilience as “a dynamic process that allows individuals to bounce back, cope successfully, and function despite stress and adversity” (p. 157). As a concept, resilience has been studied broadly across several disciplines, including psychology, sociology, nursing, and education. Although there is not a consensus on the definition across the disciplines, there are some commonly shared characteristics. One such characteristic is the belief that resilience is a trait that can be developed and strengthened in individuals (Higgins, 1994; McAllistor & McKinnon, 2009).
In psychology and nursing, resilience has been investigated as it pertains to surviving significant illness, trauma, abuse, or restoring wellness and stability in the physiological and psychological domains (Denz-Penhey & Murdoch, 2008). In social work, sociology, and education, resilience research has entailed three essential categories: 1) internal characteristics (attitude, developmental stage, spirituality), 2) external characteristics (family support, mentor/role model) that enable children and adults to cope with trauma, abuse, and school and home obstacles, and 3) specific strategies (acknowledging trauma, verifying grief, and sharing what to expect with others).

Resilience theory originated in the work of Garmezy (1973) and was initially extended by the work of Werner & Smith (1982) and Rutter (1999). Resilience theory suggests that an individual can overcome adverse circumstances because of protective factors and adaptive functioning. Garmezy (1973) studied the antecedents of schizophrenia and postulated that there were specific and identifiable risk factors associated with children who developed the disease and those who did not, including personality and biological components.

Werner & Smith (1982) conducted the first longitudinal study on resilient (native) children and youth growing up in Hawaii. Participants were followed from the prenatal period (1955) to their 18th birthday, and then the study was extended to follow participants until the age of 30. The findings from their mixed-methods longitudinal research study indicated that environment (i.e. care within it) most closely related to resilience, followed by personality characteristics of the child. However, the authors also found interrelationships between risks, stress, sources of support, and coping. They concluded that “resilience is
developed either by decreasing the person’s exposure to stressful life events or by increasing the person’s exposure to protective factors” (p. 136).

Rutter (1985, 1987, 1993, 1999) investigated resilience in children and defined it as *resistance* to psychosocial risk experiences, believing that genetic, environmental, and family interactions impact (and impinge) the vulnerability of the individual. He suggests that positive experiences are not necessarily protective; rather, some degree of resilience depends on the child’s individual characteristics.

Further psychological research has been conducted on resilience, expanding the focus beyond children and genetic influences to adults and personality influences. Most notably, Higgins (1994) explored resilience in adults who had overcome “cruel pasts.” Higgins identified several themes in resilient adults, including developing a loci of hope, creating a nascent vision (individual ability to reject distorted perceptions projected unto them and replace with contradictory positive ones), adaptive distancing (developing insight into the growth opportunity available secondary to the trauma/adversity), and rejecting the victim role (instead, seeing themselves as survivors). Higgins surmised that resilience was a characteristic that could be developed and she concluded that “resilient people do more than merely get through emotional experienced… resilience captures the active process of self-righting and growth” (p. xii).

Additional psychological research has explored resilience in adolescents (Luthar, 2006) and adults (Frey & Keyes, 2010), with some explicitly focusing on identifying characteristics of resilient individuals (Glicken, 2006; Seligman & Csikszentmihalyi, 2000), resilience in the workplace (Hodges, Keeley, & Greer, 2005; Jackson, Firtko, &
Edenborough, 2007; Luthans, Cichetti, & Becker, 2000), and techniques for developing and/or enhancing resilience in individuals (Greene, 2002; McAllistor & Lowe, 2011).

It is necessary to acknowledge that demonstration of resilience is also a critical component of the experiential context of the study because the participants needed to overcome multiple barriers in order to obtain success in their goal to become registered nurses.

**Theoretical Context: Framework Guiding the Conceptualization and Design of the Study**

The following theoretical perspective provides the guiding framework for this research study, which seeks to illuminate the lived experiences of African-American nurses who succeeded in their baccalaureate programs at predominantly White universities, specifically engaging the participants in extending nursing knowledge and emancipation from adverse experiences through narrative story-telling.

**Critical race theory.** Critical race theory (CRT) provides the umbrella framework for this dissertation study because CRT seeks to identify social conditions of oppression and, through critique, help assist minorities in achieving emancipation. CRT can be traced back to the Civil Rights Movement (1960s-1970s) when several Black legal scholars (led by Thurgood Marshall through the National Association for the Advancement of Colored People, [NAACP]) convened to determine how U.S. constitutional law to invoke educational rights and other privileges inherently guaranteed to U.S. citizens but somehow still denied to African Americans. Despite *Brown vs. the Board of Education* (1954) and several other legal victories, Derrick Bell observed that the judicial system was both slow to enforce and otherwise ambiguous in their interpretations and execution of judicial law, which he
attributed to interest convergence. The goal of CRT and the original CRT scholars (Derrick Bell, Charles Lawrence, Richard Delgado, Lani Guiner, & Kimberle Crenshaw) was to openly “criticize the role of law construction and maintenance of racially based social and economic oppression” (Taylor, Gillborn, & Ladson-Billings, 2009, p. 12).

The foundational views of CRT include examining historical consequences of racism, acknowledging the pervasiveness of racism in American society, encompassing social justice in one’s world view, recognizing narrative “story telling” as a legitimate conveyance of knowledge, and engaging in multidisciplinary discussions to “analyze race relations and encourage change” (McDowell & Jeris, 2004, p. 83). CRT is an appropriate framework for this study and discourse because it acknowledges racism and White privilege as the invisible norm and engages African-American nurses in critical consciousness (Freire, 1970), presenting an opportunity to fight to pursue social justice for others.

Few studies have investigated the experiences of African-American nursing students attending predominantly White universities (France, Fields, & Garth, 2004; Gardner, 2005; Kowoski, Grams, Taylor, & Wilson, 2001; Love, 2009; Orduna, 2009; Sweet, 2012), and even fewer research studies have investigated the characteristics (attributes) of successful African-American nursing students (Childs, Jones, Nugent, & Cook, 2004, Smith, Crow, & Hartman, 2007). Although existing literature does elucidate some important aspects related to the lived experience of being Black at a predominantly White university (D’Augelli & Hershberger, 1993; Feagin, 1991; Lett & Wright, 2003), “conspicuously absent are the voices of the Black students themselves” (Davis, Dias-Bowie, Greenberg, Klukenk, Pollio, Thomas, & Thompson, 2004, p. 423). Kowoski, Grams, Taylor, and Wilson (2001) suggested that in order to understand the unique experiences of African-American nurses who attended
predominantly White universities, the researcher needs to “discover, describe, and analyze” the stories of the participants. Therefore, this study employed phenomenology as a research methodology, providing the participants an opportunity to share their story and “voice” their unique, lived experience.
Chapter 3: Research Design and Methods

This dissertation study utilized a qualitative research approach to explore the experiences of female African-American nurses who attended baccalaureate nursing programs at four different PWU’s located in a Midwest state. Data collection was conducted during spring and summer 2012. As researcher I functioned as the primary instrument and conducted open-ended and semi-structured interviews and administered a short demographic survey. Participants were interviewed twice and the themes of their narratives were analyzed. Twelve participants, ranging in age from 23 to 50 years old participated in the study. This chapter will provide an overview of the research design, information about the participant sample population, as well as discuss ethical considerations and limitations of the study design.

Qualitative Inquiry

According to Hatch (2002) and Munhall (2007), the decision to conduct a qualitative research study is a complex one, but the foremost reason predicating use of qualitative methods should be based on the research question. Roche (1973) describes the importance of knowing one’s self and one’s experiences when approaching research. My desire to know more about the experience and characteristics of success in African-American nurses, and get at the essence of how they were able to persist, is best suited to a qualitative approach.

The aim of my research question was to gain a deep understanding of the phenomenon of successful completion of baccalaureate nursing programs at predominantly White universities by African-American female students. Specifically, the goal was to get at the essence of “What is it about those African-American nurses who persist and succeed?” Davis et al. (2004) declared that the field of nursing is “ripe” for engaging in in-depth
exchanges that illuminate the meaning of these experiences. Qualitative research is considered appropriate for uncovering meaning (Glesne, 2006). Uncovering the meaning of experiences from the viewpoint of the participants, whom Geertz (1973) refers to as actors, is a fundamental aim of qualitative research; and if done well, a meaningful project will impart increased understanding of the phenomenon on behalf of the reader, the researcher, as well as a connection to the participants (Meraz Lewis, 2011).

**Phenomenology.** Phenomenology, as a method of inquiry, has a long history in the discipline of nursing and “the goal of phenomenological inquiry goes beyond identifying, appreciating, and explaining current and shared meaning, [i]t seeks to critique these meanings” (Munhall, 2007, p. 149).

Phenomenology is the study of the individual’s lifeworld, as experienced rather than as conceptualized, categorized, or theorized. Phenomenology aims for a deeper understanding of the nature or meaning of everyday life experiences…the aim is to understand the experience. (Munhall, 1994, p. 17)

The purpose of phenomenology is to focus on the meaning of a particular experience or phenomenon from the perspective of the people who share that lived experience. In other words, phenomenology is meant to share the “essence— the essential, invariant structure or central underlying meaning” (Schram, 2006, p. 98). Good qualitative research focuses on people’s stories and understanding their lives, not making them an object of one’s “gaze.” It means respecting the world of the “Other” and looking to learn what they will teach you; in the case of nursing students in this study, it refers to looking for points of strength and resilience (personal communication, V. Polakow, March 24, 2010). Phenomenological
research involves in-depth interviewing, critical self-reflection, bracketing (which is sometimes referred to as epoche), and thematic analysis (Denzin & Lincoln, 2005).

The general question guiding this research study is “What enables some African-American females to persist and succeed in their goal to become registered nurses?” In-depth interviewing should begin with a question that allows the participants to explore, answer, and relate feelings without the question leading them to a pre-determined researcher response (Seidman, 2006). The researcher should engage in critical self-reflection by bracketing, meaning the researcher should explore how she/he feels about the phenomenon prior to beginning the interviewing process and continually engage in this critical reflection throughout the research process (during the analysis and thematic coding). The researcher must also be open to setting aside her own perception (by acknowledging her bias) and receiving the information from the participant in the way it was actually experienced by the participant. Those choosing to engage in phenomenology need to attend to intentionality of consciousness, understanding that meaning is intentionally constructed by individuals within their lived contexts (Moustakas, 1994). Meaning is derived through language and reflection, and human behavior is understandable only within “the context of relationships to people, events, and situations” (Schram, 2000, p. 99).

Creswell (2007) describes phenomenological research as embedded in the lived experiences of individuals and suggests that shared (common) experience is what helps us to understand the phenomenon better and more deeply. Van Manen (1990) asserts that phenomenology consists of executing several important steps:
1) Identifying the phenomena of interest

2) Exploring the experience in the context of everyday life (as opposed to our pre-conceived perception of it),

3) Reflecting on the essential themes of phenomenon,

4) Describing the phenomenon (through writing and rewriting),

5) Maintaining a strong and pedagogical relation to the phenomenon, and

6) Balancing the research context by considering parts and the whole (pp. 30-31), which may also be considered critical reflection.

Munhall advocates that phenomenology is a method nurses can use to explore concepts that are complex and not easily observed or measured, emphasizing within that exploration is an emphasis on understanding that human reality is subjective. She outlines specific steps (similar to Van Manen’s above) that need to be attended to when using phenomenology as a methodology. These steps include critically reflecting on assumptions to decenter bias, communicating the phenomena, conducting the inquiry, analyzing the data, and writing the narrative. Her final step is contextual processing, which implies uncovering the connotation of the meanings.

In conclusion, phenomenology was useful as the methodology for my research topic because I was able to engage in in-depth interviewing and capture the experiences of successful female African-American nurses from their inside perspective, which is largely unrepresented in the literature. The essence of success as the phenomena of interest was unfolded and discovered without leading the participant to a pre-conceived representation of what the phenomenon meant to them as individuals.
**Personal nature of research inquiry.** Van Manen (1990) supposes that the research question should be an area of passion and deep interest to the researcher. As an African-American woman, registered nurse, board certified family nurse practitioner, and full-time nursing faculty member, I must disclose that all of my related collegiate educational and employment experiences transpired in predominantly White university environments, beginning with my undergraduate baccalaureate nursing program over 20 years ago. My research is clearly influenced by my own beliefs and experiences. Although I succeeded in both my undergraduate and graduate nursing education, I have always wondered why there are so few African Americans in nursing and why far more African Americans matriculate but not graduate from their nursing programs.

I, too, experienced microaggressions, microinsults, discrimination, and exclusion as an African-American nursing student when I attended a predominantly White university 23 years ago. My intelligence was constantly under surveillance by both faculty and peers who insinuated that I was not achieving my high academic grades on my own. One poignant example occurred in my fundamentals nursing courses when Professor “Mighty” excitedly announced, “For the first time in my ten-year history teaching this class, someone achieved 100% on the first exam. I would like to meet the person who achieved that, so when I call your name, please stand.” To my surprise and delight, she called my name. When I stood, I watched her facial expression change and more somberly she retorted, “Congratulations. However, you will need to continue to work hard because luck won’t get scores like this for long.” As I sat, I felt the burn of embarrassment and shame. What had I done wrong? Wasn’t she originally smiling and happy to announce someone’s achievement? Despite the fact that you could only enter the exam room with your pencil and Kleenex, from that day forward
whenever we had exams in her class, I always had at least two teaching assistants nearby watching me (I presume to catch me cheating). However, I achieved 100% on nearly every exam in her course.

On another occasion we were packing our backpacks after an intense pharmacology exam. The majority of students were distraught, panicking about the “what-ifs” should they fail the class and conversing about how their parents were paying tuition, and they could not afford to fail. I was asked by a White female student how I paid tuition and I responded I had a merit scholarship. She quickly responded, “It is so unfair that you get a minority scholarship— I wish I had one.” I explained that I did not have a minority scholarship and that my scholarship was based on high school GPA, but the student challenged dismissively that she had “never heard of such a thing.” The student did not back down until my friend Trish, an Asian-American student whom our peers presumed to be smart, answered, “It’s the same scholarship that I have, and it is based on grades and academic achievement.”

Each semester as a faculty member I observe very few Black faces in the classroom, and it repeatedly strikes me how egregious it is that our profession is void of students who are representative of the diverse nation in which we live. I have often contemplated the question “How did I make it when so many others did not?” When reflecting on other African-American nurses that I know (and fellowship with), I also wonder what is it about them, that they made it too? Of course I am aware of some obvious commonalities: we all appear to value education. However, suggesting that merely valuing education explains our success is simplistic and further reflects an attempt to intellectualize the phenomenon of success. While I am committed to the success of all of my nursing students, I have a personal kinship with non-traditional students (evidenced by their age, gender, ethnicity, etc.) who
have a decreased statistical likelihood to succeed and are currently underrepresented in nursing. I believe that ethnically diverse and nontraditional health care providers are necessary to improve health outcomes via sharing lived experiences with their patients.

Van Manen (1990) counseled, “There is a difference between comprehending… intellectually and understanding… ‘from the inside’” (p. 8). I want to understand, from the inside, what these women experienced in their predominantly White nursing programs and how they subsequently succeeded. Engaging in this research has allowed me to explore triumphant success, tragic trauma, and communal fortitude. Each interview was an opportunity to walk on sacred ground, to hear their individual stories, and discover in the complexity of differentness that there was an element of unique likeness.

Critical reflexivity and positionality. As an African-American nurse who attended predominantly White universities for all collegiate academic experiences (undergraduate, graduate, and now doctoral studies), it was imperative that I demonstrated extreme attention to critical reflexivity. I acknowledge that secondary to previously conducting class assignments and pilot studies related to this phenomenon, it was necessary to purposefully set aside any biases about what I might presume to be certain so that I did not project any expectations on the participant and instead received their interview disclosures as reality constructed by the person who has lived the experience I was interested in (LeCompte & Schensul, 2010; Peshkin, 1988). I needed to approach each participant’s interview afresh, with new wonder and awe (Meraz Lewis, 2011). A good phenomenological attitude has been described by Merleau Ponty (1942) as suspending presuppositions and by Husserl as re-evaluation of what one knows. Finley (2008) describes this posture as tenuous and explains,
The researcher slides between striving for reductive focus and reflexive self-awareness; between bracketing pre-understandings and exploiting them as a source of insight. Caught up in the dance, researchers wage a continuous iterative struggle to become aware of, and then manage, pre-understandings, and habitualities that inevitably linger. (p. 1)

In addition to positionality, it was necessary for me to consider rapport and access. Rapport is often considered the affinity that one has or builds for another. Travelbee (1963) defines rapport as “A process, a happening, an experience between two persons. It may not be mutual at first but with the sharing of experience and participation it grows as each person unfolds him- or herself in the interpersonal situation” (p. 70). Current nursing textbooks teach that rapport can be facilitated by providing a comfortable environment, demonstrating effort to provide privacy and confidentiality, focusing on the patient (participant) using observation skills to address nonverbal cues, respecting personal space, and using optimal pacing to not appear rushed (Taylor, Lillis, LeMone, & Lynn, 2011).

Though the relationship is clearly different, the researcher-respondent relationship still required an active responsibility on my behalf, to establish trust and affinity, or connections between myself and the participant (Schram, 2006). I recognized that the opposing challenges were to establish a connection, yet maintain professional distance, such that the participant did not feel so familiar with me that it distorted her responses. I also realized that I had to balance my natural reaction to some of their disclosures (i.e. anger, disgust, sympathy) with an interviewer stance which did not forget the reason for the encounter—within this highly intimate (and possibly emotional) personal encounter was a purpose: to conduct and gather important data about the phenomena and not get lost in it
(Glesne, 2006; Peshkin, 1988; Schram, 2006). However, I did want to simultaneously convey presence and authentic interest, with an ultimate goal that the participant got something out of the interview and felt as though it benefitted her as well (Glesne, 2006).

**Subjectivity.** Within the realm of research it is impossible to remove all subjectivity because subjectivity is “A garment that cannot be removed. It is insistently present in both the research and the nonresearch aspects of our lives” (Peshkin, 1988, p. 17). Subjectivity is the lens through which we view our world, our paradigm, and the essence of who we are (Peshkin, 1988). It is important to acknowledge that this thread is woven in our total person and not one aspect of our existence. Once we acknowledge such a profound concept, the next step is to honor it in others (Meraz Lewis, 2011). We respect the fact that another person’s subjectivity creates their personal paradigm and is the essence of how they live (and relive) their experiences. This means that we purposefully set aside what Munhall (1994) refers to as our “reality” (assumptions, language, etc.) and allow the participant to write her own narrative (biography). In order to do so, disciplined subjectivity and critical reflexivity are necessary throughout the research process (including during/after the interviews, during analysis and thematic coding; Schram, 2006). Creswell and Miller (2000) state that the legitimacy of qualitative research is dependent upon the researcher engaging in such self-reflection and self-disclosure related to their personal “assumptions, beliefs, and biases” (p. 4). For the purposes of this research study, engaging in critical self-reflection was done using a research journal.

The purpose of the journal was to allow myself as the researcher a place to bracket and record assumptions, presumptions, and biases, prior to beginning the research study. Bracketing the natural world and the world of interpretation was necessary because it kept
me aware of my subjectivities as they “crept into… consciousness” (Glesne, 2006, p. 120). Second, the researcher’s journal was also a place where I continually recorded impressions, observations, emotions, and responses elicited during the research process (Errante, 2000 Glesne, 2006; Jansen & Peshkin, 1992). One way to know when my subjectivity was engaged was to look for the “warm and cool spots,” attending to the experiences that inspired me to go beyond the purpose of the research and delve into the life of the participant or, conversely, evoked the desire to disengage from the participant’s narrative (Peshkin, 1988). During these occasions of awareness, it was imperative that I returned to my researcher’s journal, so that at the time of data analysis, I did not fail to maintain critical reflexivity.

**Trustworthiness and authenticity.** The aim of qualitative research is to ascertain veracity by authentically interpreting the data presented by the participants, while simultaneously understanding that there are multiple truths represented in the participant’s individual stories. Interpretive validity is established very differently in quantitative research in comparison to qualitative research (Hatch, 2002). Qualitative research considers consensual validity, structural corroboration, and referential adequacy as evidence of a research project’s trustworthiness (Eisner, 1991).

Structural corroboration is concerned with the persuasiveness and believability of the narrative (research) data and is demonstrated by grounded thematic analysis linked to the thick descriptions provided. Eisner (1991) suggests that structural corroboration occurs when repeated events observed in the data are interpreted to exemplify a situation, which in turn creates a degree of confidence in the findings. In this dissertation study, consensual validity was achieved when a comparison of the narratives led to the same thematic conclusions such that thematic saturation was achieved. This consensual validity was further supported by the
fact that the participants shared similar experiences despite attending four different universities.

Another goal of qualitative research is to create a sense of “being there” (Geertz, 1988) or being present for the reader, which I attempted to achieve through use of thick description, incorporating rich and vivid narratives. Alternative points of view provided disconfirming evidence from participants with dissenting voices.

Referential adequacy entails the use of other research findings and publications to demonstrate coherence between the data, theories, and existing literature on the subject. Some of the themes observed in this study, specifically loneliness, differentness, discrimination and rejection, dual consciousness, and academic unpreparedness or underpreparedness have been previously noted in other prominent research studies (Allen, Epps, & Haniff, 1991; Feagin, 1991; France, Fields, & Garth, 2004; Gardner, 2005; Jeffreys, 2004, 2007; Obiakor & Ford, 2002; Tinto 1987; Woodson, 1933), Multiple sources of literature were reviewed in order to analyze my research findings and present a critical discussion that both supports and critiques those findings (see Chapters 5 and 6).

**Study Design**

Phenomenology was the selected methodology for this research study because it bridges “the gap between stories of individual experience and phenomena of human existence… it allows us to reveal the experience as it is when it is lived through” (Madjar & Walton, 1999, p. 8). In-depth interviewing allowed the experiences of African-American nurses to be captured from their perspectives as former students who succeeded in baccalaureate nursing programs at predominantly White universities. This research topic is interdisciplinary, drawing on the fields of nursing, education, and psychology, as well as
African-American studies. The intersection of race and class discrimination necessitated utilizing critical race theory as the guiding theoretical framework. The use of storytelling as a both narrative and counter-narrative is a valuable way to illuminate understanding and develop new forms of subject-centered knowledge (Harper, 2007; Solórzano & Yosso, 2002), and is a central component of Critical Race Theory (CRT).

**Study Population**

For the purposes of this study, the targeted sample population was female African-American registered nurses ages 21 years and older who attended baccalaureate nursing programs at predominantly White universities. Inclusion criteria encompassed participants who were native to the United States, spoke English as their primary language, graduated in the past three years, and passed their RN licensure exam. Exclusionary criteria included being non-native to the United States; male gender; those who spoke English as a second language; and attendance at either an Associate degree nursing program or a historically Black college or university.¹

The experience of African-American nursing students at predominantly White universities is expected to be uniquely different than that of White students, particularly in terms of inclusion, belonging, and acceptance among faculty and peers. In addition, prior nursing education research has indicated that students who are not native to the U.S., students who speak English as a second language, and male students report even greater barriers and discrimination in their nursing education because they are minority in race/ethnicity, gender, as well as nationality and language (Gardner, 2005; Jeffreys, 2004). It has been noted that nurses experience the most stress and are more likely to leave the profession within the first

¹ Note: Some participants did have a bachelor’s degree in another field prior to obtaining their nursing degree. However, their nursing education experience occurred in a Baccalaureate program (not a community college).
three years following graduation (Sherrod, Roberts, & Little, 2008). Nurses who are within these crucial years of professional resilience may be continuing to engage in behaviors that helped them succeed in their nursing education (McAllistor & McKinnon, 2009). Passing the NCLEX-RN (National Council Licensure Exam for Registered Nurses) is considered, by national standards, to be evidence that demonstrates an individual’s mastery of nursing knowledge and professional competence and therefore was an appropriate measurement for “success” in this research study.

Access can be a concern due to mistrust when the researcher and the respondents are of different backgrounds (Glesne, 2006; Seidman, 2006), but that was not a concern in this research study because both the participants and I are African American. Educational achievement and socioeconomic status can sometimes be perceived as a barrier between researcher and respondents (Seidman, 2006), and consequently impede the participant from revealing her true self (Glesne, 2006). This is hopefully mitigated by the fact that I have no implied authority over the participants because they are no longer students engaging with a faculty researcher—they have already completed their nursing education and passed their licensure exams, deeming them professional colleagues. However, our difference in educational preparation may have influenced the interaction between the research participants and me. Great emphasis was placed on the fact that I was functioning in a student role, expressing to the participants that I desired to learn, and I needed them, as experts of their own experiences, to teach me.

**Sampling Frame and Techniques**

The target sample population was female African-American nurses who attended (and graduated from) predominantly White universities in a Midwestern state. In order to consider
whether differences in university classification had any impact on the women’s lived experiences, the sample pool was drawn from four universities given the following pseudonyms to predict their identities: AMU (Academic Midwestern University; a small/mid-sized public, suburban university), BMU (Bigtown Midwestern University; a public urban university), CMU (Christian Midwestern University; a private, religious urban university), and DMU (Dominant Midwestern University; a large public, suburban university; see Appendix E).

The research participants were obtained using purposive sampling techniques. Purposive sampling (includes criterion sampling or snowball sampling) is appropriate and necessary when sample size is difficult to fulfill secondary to inclusionary and/or exclusionary criteria (Burns & Grove, 2011). Maxwell (2005) identifies two important goals of purposeful selection as achieving representativeness of individuals, settings, or activities, and adequately capturing the homogeneity in a population. Because the purpose of this study was to explore the lived experience, it was necessary to be intentional in selecting participants who met the inclusionary criteria and had a narrative to share that fulfilled the aims of the study.
Table 1

Demographics of the Sample

<table>
<thead>
<tr>
<th>Participant #</th>
<th>University</th>
<th>Age</th>
<th>Grad</th>
<th>GPA</th>
<th>Status</th>
<th>Children</th>
<th>Work hrs/mth</th>
<th>1st Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Academic</td>
<td>28</td>
<td>2011</td>
<td>3.9</td>
<td>M</td>
<td>N</td>
<td>0</td>
<td>Y</td>
</tr>
<tr>
<td>2.</td>
<td>Academic</td>
<td>30</td>
<td>2009</td>
<td>3.75</td>
<td>M</td>
<td>Yes</td>
<td>0</td>
<td>N</td>
</tr>
<tr>
<td>3.</td>
<td>Academic</td>
<td>27</td>
<td>2011</td>
<td>3.85</td>
<td>S</td>
<td>N</td>
<td>80</td>
<td>Y</td>
</tr>
<tr>
<td>4.</td>
<td>Bigtown</td>
<td>29</td>
<td>2011</td>
<td>4.0</td>
<td>M</td>
<td>N</td>
<td>0</td>
<td>Y</td>
</tr>
<tr>
<td>5.</td>
<td>Bigtown</td>
<td>28</td>
<td>2009</td>
<td>3.4</td>
<td>S</td>
<td>N</td>
<td>56</td>
<td>N</td>
</tr>
<tr>
<td>6.</td>
<td>Bigtown</td>
<td>33</td>
<td>2011</td>
<td>3.2</td>
<td>D</td>
<td>Yes</td>
<td>30</td>
<td>Y</td>
</tr>
<tr>
<td>7.</td>
<td>Christian</td>
<td>26</td>
<td>2010</td>
<td>3.4</td>
<td>S</td>
<td>N</td>
<td>24</td>
<td>Y</td>
</tr>
<tr>
<td>8.</td>
<td>Christian</td>
<td>23</td>
<td>2011</td>
<td>3.7</td>
<td>S</td>
<td>N</td>
<td>96</td>
<td>Y</td>
</tr>
<tr>
<td>9.</td>
<td>Christian</td>
<td>30</td>
<td>2009</td>
<td>3.0</td>
<td>G</td>
<td>N</td>
<td>36</td>
<td>N</td>
</tr>
<tr>
<td>10.</td>
<td>Dominant</td>
<td>30</td>
<td>2008</td>
<td>3.49</td>
<td>S</td>
<td>N</td>
<td>64</td>
<td>Y</td>
</tr>
<tr>
<td>11.</td>
<td>Dominant</td>
<td>50</td>
<td>2010</td>
<td>3.87</td>
<td>S</td>
<td>N</td>
<td>0</td>
<td>N</td>
</tr>
</tbody>
</table>

M= married, G= got married, D= divorced, S= single

Steps taken to obtain participant pool. First, a letter of explanation/intent (regarding the research study) was drafted and sent to a professional network of African-American colleagues. This preliminary letter explained the purpose of the study and informed the reader that I would soon contact them to discuss their ability to assist in recruitment for the study. Following Eastern Michigan University’s Human Subjects Review Committee’s (HSRC) approval of the dissertation research proposal (see Appendix F), that professional network of African-American colleagues, in addition to local chapters of several nursing organizations (Sigma Theta Tau, Chi Eta Phi, and the Black Nurses Association), were contacted and asked to identify potential research participants. Several referrals were obtained from these sources and I contacted the potential participants by email and phone to explain the study and offered a personal invitation to participate, then forwarded formal letters of explanation and consent. Whenever an individual expressed a commitment to
participate in the study, she was asked to consider contacting a friend or colleague who fit the inclusionary criteria from her alumni school.

This snowballing technique was quite effective, and representation was obtained for three of the four selected universities. However, my professional and social networking was devoid of sufficient contacts at the fourth university, and their nursing alumni representative was contacted and asked to assist with recruitment. I was given a list of names, with corresponding email addresses and last known phone numbers for all of the African-American nurses who graduated the past five years. From this list, I emailed and called participants to determine if they were previously Associate Degree prepared nurses from the university’s degree completion program (exclusionary criteria) or graduates of the baccalaureate nursing program, who met the inclusionary criteria.

**Safety and Protection of Participants**

Each participant was given a written (and verbal) explanation of the research study, as well as an opportunity to have questions answered in advance of signing the informed consent. At the time of introduction to the study, participants were asked to select a pseudonym to be used throughout the entire research process, to protect their identity. If they had not already done so, they were asked at the time of enrollment, after signing the informed consent. The informed consent (see Appendix G) included all potential risks and benefits related to participating in the research study. Following signature of their informed consent, each participant was given a demographic survey and instructed to complete it using their pseudonym. This survey inquired age, years since graduation, university attended, grade point average upon graduation from their nursing program, employment status while attending school, when they obtained their NCLEX licensure (how many attempts), time
lapse between graduation and NCLEX exam, marital status and number of children during nursing education, and current employment specialty area (see Appendix B).

All interviews were labeled using the participant’s selected pseudonym, numbered as first or second interview, digitally recorded, and stored on a thumb drive requiring a passcode to open files, which was preserved in a locked cabinet secured in a locked office. All digital recordings were transcribed verbatim by one transcriptionist contracted for this service, who had extensive prior experience transcribing interviews. All files were transferred electronically between the researcher and transcriptionist, using a secure online service protected by a password known only by sender and receiver (researcher and transcriptionist). An electronic copy of the transcribed files was also stored on a thumb drive requiring a passcode to open files. One copy of each transcription and demographic survey was printed and stored in a locked file cabinet, and only the participants’ selected pseudonyms were associated with the files. I, as researcher, was the only person with access to the locked file cabinet, which was secured in a locked office.

At the conclusion of each interview, the participants were given a color brochure (see Appendix H). The purpose of the brochure was to provide a list of professional and community resources that could be accessed in the event that participation caused any psychological discomfort secondary to remembering their lived experience.

Data Gathering

In total, fifteen participants agreed to join this study. However, three participants who originally agreed to partake in the study withdrew after a change in their schedule and availability. In addition, one participant refused to sign her consent form with her legal name (using her pseudonym instead) because of her concerns that she might somehow be
identified. Despite reviewing all precautions I was making to prevent that and reminding her that the consent form could not be linked to her transcription in anyway, she insisted on signing with her pseudonym. It had taken several “reschedules” to gain presence with this participant, and because I had consistently and repeatedly expressed that her story was important to me, I proceeded with conducting and transcribing her interview. However, after consulting with my committee members about this situation, I discovered I was unable to use her data in the narrative analysis of this study because the consent form requires signature of her legal name.

Other than the brief demographic survey, I (as researcher) served as the primary instrument. Whenever the researcher is the primary instrument, it is imperative that measures are taken to address subjectivity and critical reflexivity, which I monitored by keeping a research journal. Following each interview, detailed notes were logged; my responses, observations, and additional questions were recorded; and contextual thoughts related to the interview were documented.

The original research plan projected two in-person interviews, scheduled for 45 to 60 minutes, with each participant. The purpose of the first interview was to build rapport with the participant, focusing on her life history, including her background and childhood (details that may illuminate important individual survival factors and/or shared commonalities among research participants). The second interview was planned to concentrate on the details of the participant’s lived experience as a female African-American nursing student attending a predominantly White university, as well as clarify anything presented in the first interview that was unclear. However, phenomenology requires flexibility on behalf of the researcher. Although I intended to gather only background data during the first interview, all of the
participants spontaneously carried their narratives into questions I initially planned for the second interview. After this occurred the first time, committee members were consulted and I was encouraged to allow the participants to “write their own stories” and let them live in the experience they were recollecting. Seidman (2006) notes that alternatives to the planned interview structure and process are both necessary and acceptable in certain situations, emphasizing the vital importance of allowing participants to reconstruct and reflect upon their experience within the context of their lives. Ultimately, nine first and three second interviews were conducted. However, all participants expressed meaning making and reflection related to their experience.

One interview (with the participant who chose not to sign her legal name) lasted only 38 minutes. This was the most difficult interview I conducted because she was very closed and answered many of the questions with extremely brief (sometimes one-word) responses, requiring a lot of “pulling” on my behalf. I found this surprising because although she had rescheduled her interview several times, during the last conversation she initiated between us two days prior, she expressed excitement and anticipation about participating in the study. The remaining eleven participant interviews lasted between 50 to 98 minutes.

**Interview questions.** Open-ended and semi-structured questions were utilized (see below). However, phenomenology requires researcher flexibility so that follow-up questions are generated by the participant’s responses as the interview develops. Hence there were four broad questions that guided the interview(s), and relevant follow-up questions were generated by responses from participants. When clarification or supplementary information that emerged from the interview was necessary, additional questions were posed.
Interview #1-

- Tell me about yourself: what was your childhood and life like before you entered nursing school?
- Do you think your childhood [K-12] education impacted your nursing education experience in any way (positive or negative)?

Interview #2-

- How did you succeed as an African-American nursing student in a baccalaureate nursing program at a predominantly White university?
- Tell me about a significant experience you had in nursing school?
- *If necessary, I will also ask:* What would you tell current or future African-American female nursing students attending predominantly White universities to do in order to succeed in their goal of becoming a registered nurse?

Environment and milieu is critical to the interviewing process, particularly because of the necessity to audio-record for later transcription. I informed the participants that I would travel to their chosen location (as some interviewees lived and worked 45 to 60 minutes away). However, I explained that a quiet setting conducive to privacy and audio-recording was preferred, and proposed we meet at a study room in a local or university library near them. In some cases, I offered and/or the participant requested to meet at my private work office because of its location and convenience.

**Data Analysis: Applied Methodology**

For the analysis of this study, I chose to be guided by the principles of Van Manen (1990) and Munhall (1994, 2007). Munhall (2007) herself acknowledges both the usefulness and overlapping principles of her work and Van Manen’s work. Although Munhall
emphasizes that phenomenology is a philosophy, more than a methodology; she also admits that nursing as a science is looking for methodology, and as such—searching for steps. Munhall (2007) has loosely provided guiding steps and descriptions of those steps, while simultaneously suggesting that true phenomenology is not bound to steps, and certainly not bound to one particular person’s steps. She notes using a combination of approaches demonstrates flexibility and understanding of true phenomenology (Munhall, 2007).

In the earlier chapters of this dissertation I identified the (phenomenological) aim of this research inquiry, as well as explored the context of the experience (historically, experientially, and conceptually). During the analysis of findings, concurrent processes occurred; which included reflecting, analyzing, writing, rewriting, and reflecting again. Both Van Manen (1990) and Munhall (1994, 2007) convey that the aim of phenomenology is to understand the lifeworld of the participants, which is a person’s daily life experience. This daily experience, is formed through four existential dimensions which Munhall and Van Manen acknowledge as temporality (lived time), spatiality (lived space), corporeality (lived body), and relationality (lived relations). For these participants, the temporal aspect of the lived experience was reflected in the time they were in their nursing programs, as well as the historical and socio-political context leading up to (and concurrent with) their education in a predominantly white university. Spatiality is represented by the predominantly and historically white spaces they received their education. The corporeal component of the lived experience is related to the manifestation of psychological and physiological responses; particularly the anxiety, increased heart rate and blood pressure (if) exhibited. The relational aspect of the lived experience was captured by the relationships they developed with their faculty, White and African-American nursing peers, as well as family and extended support
systems. The description below captures how interviews were handled in order to engage in the work of reflection, analysis and writing of the findings.

The interviews, once transcribed verbatim were analyzed using thematic coding. Thematic coding helps to establish structural corroboration in research (Eisner, 1991). The purpose of thematic coding is to provide insight into personal experiences, values, and beliefs of the participant. Each transcription was read once while listening to the audio-recording, for accuracy and researcher reflection. The transcript was read a second time and important inflections were highlighted with yellow marker and keywords were written in the margins. The transcription was then read a third time and emergent themes were coded using a colored labeling system.

The coding was conducted in a progressive process which included sorting, defining, and resorting and redefining the collected data in order to ease the ability to organize and analyze it in a meaningful sequence (Glesne, 2006). Phenomenological description emerges from analyzing each woman’s transcribed interview for themes, then subsequently looking across interviews for commonalities and intersecting disclosures. According to Van Manen (1997), after identifying the phenomena and exploring in the context of the lived experience, it is necessary to reflect on the essential themes.

After each individual transcript was thematically labeled (color-coded), it was reread a fourth time and sub-codes were developed to represent themes that emerged across transcripts (interviews). After this sub-code identification, the transcripts were read a final time, and deeper reflection occurred; considering how these themes interacted with one another. This additional reflection provided an opportunity begin conceptually linking themes, and served as a basis for conducting the subsequent literature review. This final
reflection is what Munhall (2007) calls contextual processing, and Van Manen (1990), references as both maintaining a strong pedagogical relation to the phenomenon and balancing the research context, by considering the parts and the whole. The following table identifies the essential essences that emerged from the thematic analysis.²

Table 2

*Essential Themes and Subthemes Coded from Participant Narratives*

<table>
<thead>
<tr>
<th>Emergent Themes</th>
<th>Frequency</th>
<th>Alternate/Similar labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affirmation</td>
<td>28</td>
<td>reconfirming self, self confidence</td>
</tr>
<tr>
<td>2. Barriers</td>
<td>38</td>
<td>problems, racism, discrimination</td>
</tr>
<tr>
<td>3. Code Switching</td>
<td>35</td>
<td>speaking right language</td>
</tr>
<tr>
<td>4. Networking</td>
<td>13</td>
<td>mentor</td>
</tr>
<tr>
<td>5. Prove Self</td>
<td>23</td>
<td>determination, persistence</td>
</tr>
<tr>
<td>6. Reading the Environment</td>
<td>31</td>
<td>navigating</td>
</tr>
<tr>
<td>7. Rejection &amp; Exclusion</td>
<td>39*</td>
<td>isolation, stereotyping</td>
</tr>
<tr>
<td>8. Smart/success strategy</td>
<td>39*</td>
<td></td>
</tr>
<tr>
<td>9. Support</td>
<td>28</td>
<td>family, buddy, ethnic peers</td>
</tr>
<tr>
<td>10. Other Themes</td>
<td>14</td>
<td>Competition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faith</td>
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<td></td>
<td></td>
<td>Gender</td>
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<td></td>
<td></td>
<td>Independent</td>
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<td>Legacy</td>
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<td>Parental Push</td>
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<td></td>
<td>Professors</td>
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<tr>
<td></td>
<td></td>
<td>Responsible</td>
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<tr>
<td></td>
<td></td>
<td>Self-doubt, Self- questioning</td>
</tr>
</tbody>
</table>

Advantages and Disadvantages of Qualitative Research

There are several advantages inherent in employing qualitative research methodology which include the personal, intimate, and inside perspective of the participant’s experience. Qualitative methods allow me “to get inside a social phenomenon,” which is impossible to do so outside of the context of the experience (Hatch, 2002, p. 10). Qualitative methodology

²The emergent themes from the table below recurred so often that I thought it was significant to complete a frequency count of them.
also allowed me to incorporate observation and multiple informant resources, which are not captured in quantitative research. In addition, I had some degree of flexibility in questioning the participant to get to the essence of the topic (phenomenon/a) at hand, in order to clarify or further specify questions presented to the participants, instead of being limited to a survey questionnaire. Qualitative research methods also present an opportunity to employ multiple modes simultaneously. For example, I utilized phenomenological interviewing, yet analyzed the data using case study and narrative approaches. In addition, qualitative research methods are consistent with the tenets of Freire’s (1970) pedagogy of critical consciousness and of critical race theory; both of these approaches focused on the women’s experiences and their counter narratives. Such counter narratives are emancipatory as the participants gave voice to their narrative of success despite oppressive circumstances.

In their article entitled *Doing harm: An unintended consequence of qualitative inquiry*, Magolda and Weems (2002) depict the researcher-respondent relationship as potentially harmful, pointing out that some things may be shared that could expose the participant’s identity and cause unintended consequences, including the feeling of betrayed on by the researcher. They also suggest that there may be political consequences to dissemination of the research findings, thus the researcher has to engage in reflexivity and decide what is, and what is not included in the final write-up. As it pertains to power differentials, they suggest discussing the power inequities that exist and offering strategies for engaging in empowerment and resistance to the inequities. In my research study, this included helping these successful graduates consider how they can 1) teach me, as a student, so that I can glean knowledge from their expertise, 2) assist current students in rejecting false ideologies projected unto them, 3) create extended support networks, 4) role model effective
coping skills (including positive racial identity), and 5) facilitate development of social and cultural capital.

The power of these participants’ narratives is undeniable. The breadth and depth of their lived experiences affected me in ways I did not fully anticipate at the onset of the research study. I was permanently changed by hearing the unique way each woman lived her experience, and humbled by the opportunity to give voice to an otherwise marginalized group within the discipline of nursing. I, too, came to understand the significance of critical race theory, where narrative story-telling became a compelling way to convey resistance and resilience in the face of multiple life course obstacles and struggles.

**Conclusion**

In conclusion, the research question guiding this study was: What enables some African-American students, despite adversity, to persist and succeed in their goal to become registered nurses? I utilized a phenomenological approach to guide this research study. The research plan consisted of interviewing twelve participants and exploring their perception and experiences. In the end, 11 participant narratives were usable. The interpretive validity of the findings has been satisfied through consensual validity, structural corroboration, referential adequacy, and critical reflexivity.
Chapter 4: Characteristics of Successful Students

One aim of this research study was to get at the essence of success and to explore resilience among African-American nurses who attended baccalaureate programs at predominantly White universities. In other words, to understand what made them successful despite experiencing adversity and obstacles. The phenomenon has been captured primarily through the narratives of the women interviewed. This first part of this chapter provides a brief overview of the research participants, and the later part of the chapter focuses on providing a more detailed description of the lived experiences of four African-American nurses, encompassing their life history, family life, and subsequent experiences as minority students in a predominantly White university environment.

As discussed in earlier chapters, there are a variety of factors that contribute to poor representation of minority students in nursing schools, especially those attending predominantly White universities (PWUs). The secondary goal of this research study is to shift the focus of nurse educators toward an anti-deficit achievement framework, which focuses on student’s attributes and strengths that allow them to succeed. In order to really address the issue of African-American nursing student success, it is necessary to first, understand the lived experience of such students who succeeded in completing their programs at predominantly White colleges and universities; and second, gather additional information about their characteristics and strategies of success.

Overview of the Participants

Eleven participants were included in the data analysis of this dissertation. Each of the women have unique personal narratives, and it is through their voices that we come to
understand the lived experience of being an African-American female who attended a Baccalaureate nursing program at a predominantly White university (see Appendix I).

**Brief Summary of Seven Participants**

**Marie.** Marie, a first generation college student, came from a poor family and was raised by her biological grandmother in a large urban city. Her K-12 education occurred in a predominantly Black environment and she attended a magnet high school. She states that her father was absent and her mother had a “bunch of social issues,” which she later defined as substance abuse problems. Marie shares some sadness surrounding that whole situation, disclosing, “You wonder sometimes why they weren’t supportive enough or why they didn’t love you enough to be able to continue in their parent role.” However, Marie developed a loving and supportive relationship with her grandmother.

Marie indicates “the importance of education was drilled into me (by my grandmother) at an early age.” Because her grandmother cared for her, Marie felt compelled to “make her proud.” She has a half-sister ten years younger who was raised by her biological father but Marie states they have a close relationship and support one another. Originally Marie wanted to be a pharmacist but later decided that she wanted a career that allowed her to feel as if she *directly* helped someone. Marie also worked fulltime during nursing school to support herself, and describes herself as being “driven and having a strong work ethic.” Marie acknowledges,

They kept trying to say you *can’t* work in the nursing program. I kept thinking, “Well, I can’t *not* work. I’ve got bills to pay. So there I was trying to balance it all.

I’d only get two, three hours of sleep because I have to go to work, go to class, come
home, do homework- study. But I think it was just motivation, like when someone tells you that you can’t it just makes you work that much harder to prove a point.

Marie shares “sometimes you feel like an outsider when you don’t see other faces like you.” As a result, she feels a commitment to working in an urban environment, because “I can relate more to the patient population.” Marie feels that family support and self-support are an important part of success. She shares that both her and her sister chose to pursue difficult degree majors, and they needed those outside voices telling them “You haven’t made it this far for nothing, you can make it! Keep going, keep pushing.”

**Sarah.** Sarah was raised in a poor family, and is the eldest of two daughters. Sarah describes her childhood as involving her father who was often verbally abusive. However, she identifies the benefit of this experience as “learning to let things roll off my back; sometimes people say things in anger they don’t really mean.” She and her sister grew up in a suburb of a large urban city, which was diverse but known as a poor-to-working class community. Her K-12 education was obtained with students from various ethnic backgrounds and although she attended a traditional public high school, she selected advanced classes when she could. Sarah states that growing up she did not feel that she fit in due to both her biracial identity and being considered part of the “smart” crowd.

She explains that she technically is not a first generation college student because during her teen years her mother graduated community college twice, both times in health-science related fields. However, she discloses that as a child “we were raised on food stamps.” Feeling “like a fish out of water, like I had nobody” resurfaced in college— where she did not fit in the same socioeconomic class as the other students in her nursing program,
who were upper middle class. Sarah felt that her parents had a hands-off approach to her K-12 education.

They told us what we had better do, what they expected in our performance, and they even praised and rewarded us but they didn’t show us how— they didn’t check things. You develop a sense of obligation to get it done and figure it out. I guess, then in nursing you aren’t dissuaded, because you already know self-reliance.

Adrian. Adrian was raised and educated in a predominantly Black urban environment, and attended a magnet high school for youth with academic potential. She attended college as a first generation student. Her parents are still married and she has three siblings, though the death of one is what inspired her to pursue nursing as a career. Adrian states that her mother was somewhat strict and wanted her to pursue engineering instead of nursing because of the career possibilities but “when she could see I was serious, she got off my back.” Adrian discloses that she is especially fond of her mother’s help through nursing school.

I would call her and say, “we’ve got to study. Take these cards and flash me,” or “Ma- I’m about to pass out, I need you to type this paper for me.” I would read and she would type… that’s where she really came through for me.

Adrian disclosed several important themes as part of her lived experiences, including a sense of perceptiveness and tenacity. Adrian started college at a big-ten university but during her freshman year discovered that she did not like her major, nor did she think it was financially prudent to accumulate the excessive bill for tuition, room and board; so she decided to transfer universities and move back home. This is just one example of her demonstrating responsibility. Before beginning nursing school, Adrian pursued licensure as
an emergency medical technician and then worked fulltime while in nursing school to support herself without student loans. Adrian attributes her success in nursing school to her sense of independence and the amount of responsibility she shouldered during her K-12 educational pursuits. Adrian seems to understand the important benefits of being an independent learner, stating “my friends wouldn’t do what they needed to do unless their parents sat down and told them. Whereas my parents didn’t even know all that I was doing in school the majority of time. It taught me to be responsible and handle my business.” She notes she had good parents but because of her academic giftedness, they allowed her to lead her way- as long as her grades reflected achievement.

Adrian recognized the value of support. She did seek out, and eventually bonded with two other African-American students in the program. During nursing school she had one African-American faculty member who “really looked out for us. You could always call her, she was very helpful… perhaps the most helpful person in my entire experience in nursing school.” She states that African-American female support continued after nursing school, when a seasoned African-American nurse served as a formal mentor, telling her “you will NOT work here… you will find another job in a more challenging area” so you can grow as a registered nurse. Adrian admits that she was also informally mentored by Caucasians at her new hospital who questioned what her plans were beyond the bedside. “I wasn’t even thinking about grad school but they asked me ‘are you going to stay here forever?’” Adrian deeply reflects, and questions aloud “why don’t we mentor our own like that, and tell them about all the opportunities?”
**Jacqueline.** Jacqueline describes herself as coming from a large, “working-class” family, with three brothers and a close connectedness to her extended family. She also explains that she is second from youngest and her parents were married until she completed high school. Jacqueline lived in a suburban area, outside the state’s major city, and was enrolled in honors courses at a traditional public high school. She clarifies that her education was split between predominantly Black schools and the “integrated” schools that her parents sought for her and her brothers to attend. Jacqueline obtained her first degree in Communications with a minor marketing. She explains that it took her nearly seven years to obtain this degree because in the process she gave birth to her daughter, married her fiancé, and gave birth to her son. Jacqueline states that her husband’s encouragement is what convinced her to apply to nursing school and stick with it when it was difficult or frustrating. Jacqueline tells,

> There were many barriers to getting into nursing school. Number one, I had lost my job and we were down to one income, with mortgages, car notes, you know— all the things that go along with having a family. There was no financial aid really available because this was a second degree, and not a graduate degree. Another issue was getting information about the program. It was like pulling teeth, like it was a FBI secret or something. I called, I asked, I persisted and eventually I got what I needed— but if it hadn’t been for me making it happen, if I hadn’t persisted for myself, I wouldn’t be here today.

In addition to feeling as though the information about applying to the nursing program was not available to her, she also had concerns about how strong her application would be since her GPA had taken somewhat of a back seat to her family responsibilities.
I also didn’t feel like I was ready. I felt like my academics weren’t there. When I say academics, I mean I wasn’t sure that my GPA from my first degree would be high enough. I’m not saying that I didn’t feel academically prepared- like I couldn’t perform, I mean as far as getting accepted…but then I made the decision that I could do it.

She retook some of her key undergraduate classes and completed many other nursing prerequisite courses at a local community college. Jacqueline reveals that she felt that the community college presented a barrier, with the anatomy course faculty telling students it was a weed-out for nursing.

She told us on the first day how many people fail the course. And to hear that on the first day, it’s overwhelming. I dropped the class right away and enrolled back at my old university, where I felt at home. I didn’t feel intimidated there. The faculty there was even-keeled.

Jacqueline explains that another barrier she encountered was the nursing faculty expecting students to give up their entire lives to be a student. She adamantly resisted, explaining “family has always been important to me; and they are all that will be left when school is over. I did what I could but I did not give up my family time just to study, my husband and kids needed me.”

**Erika.** Erika was raised in what she described as a working class family, as an only child in a large urban city, and explains that her mother did not marry until she was almost 9 years old; when she gained an “awesome stepfather.” Erika states that her K-12 education occurred in predominantly Black environments, and she attended a both a magnet middle school and magnet high school. Despite attending these well regarded schools; Erika
complains “I didn’t think they prepared me compared to other students in my classes. It was college prep but not the same college prep that they had.” Erika states that she has experienced a lot of racism since beginning her nursing education; in the program but more so at the hospitals on clinical rotation.

It was so noticeable that I was the only Black. You know, all the attention is on you. The patients would sometimes say crazy things like “that Negro nurse” or other racial remarks. Sometimes when I walk in the room, the patient says “Hello, where is my nurse?” Why do they always assume that I can’t be the nurse? Sometimes I feel a little uncomfortable telling the older nurses, White nurses, what to do and (wonder) how they are going to take it.

She states that though it is hurtful and disturbing when racial remarks are made, she just considers it their ignorance, and pushes it aside. For Erika having a buddy was an important component of her success, stating several times during the interview that “you have got to have a support system, and determination.” She also discussed that on numerous occasions she felt she had to prove herself in nursing school, that she could do the work and that she could succeed. “We already had a strike against us for being Black, there were so few of us that we had to work harder.”

**Molly.** Molly grew up an only child in a working class family, and lived in a small suburban city. Her father was a previous military career man, and she explains that he was a very strict disciplinarian. Because of his poor upbringing, he was committed to assuring Molly had a better life than he did. Although he was not college educated, he stressed its importance often. Molly recalls,
My dad wanted a different life for me. He worked two jobs so we could live in a “nice” suburban neighborhood and I could go to “good” schools, and later a private high school.

Molly explains that her father wanted her to be a doctor because she had been such a strong student K-12. However, college was much harder than she thought it would be. “I didn’t feel quite prepared academically,” despite attending a prestigious private high school. There were several occasions in K-12 when Molly felt rejected. She explains that initially this rejection was based on her biracial ethnic heritage in a predominantly White neighborhood and school district. In high school, she describes the rejection as based less on her ethnicity, and more on religious affiliation since she was not Catholic and the overwhelming majority of students were. She explains, “It wasn’t that I was Black, it was that I was not Catholic that made me different and set apart from everyone else.” In K-8 Molly said she was treated different by her White school mates but eventually she found acceptance in her school mates who said that she wasn’t really Black based on her diction, social practices, and cultural norms. Molly credits her mother with significant patience and support, and being resourceful when it was necessary for her success.

Vanessa. Vanessa was born into a middle class family, and was a second generation college student. Her father attended college and constantly emphasized the expectation that Vanessa and her two sisters (one older and one younger) would attend college. Vanessa was born and initially raised in a suburban town, near a university where her father was employed as a faculty member. Her mother was a college educated homemaker who was very involved in her children’s lives and activities. Vanessa explains that she felt a lot of exclusion in her K-12 education because she and her sisters attended predominantly White schools for a
significant portion of their education. “The kids wouldn’t play with me because I was Black. It was the 70’s and they didn’t want to play with me, they didn’t want to play with us.”

She refers to herself as “smart,” and recalls how easy learning was for her prior to matriculating nursing school. Vanessa, who had a very successful career in technology before enrolling in nursing school, experienced a deep bruise to her confidence when entering nursing education. “I wanted to be around people who were caring and loving— but the teachers, the clinical teachers especially- they were mean and they’d yell at you. In what world are people allowed to humiliate others like that?” Vanessa decided that in order to press through to success, she would need to determine which battles to fight in order to win her war- graduating nursing school.

As a non-traditional (older, second career) minority student, Vanessa felt stings of exclusion and not belonging. “Sometimes I felt so alone and outcast.” She expounds that she chose to seek out support with the “older crowd,” and they bonded although she was the only minority, because ageism was what that they battled most in their nursing program. She also admits, however that she had “one Black friend in the nursing program” who knew where she “was coming from.” In addition, Vanessa disclosed that she suffered self-doubt and questioning herself; but relied on the support of her husband, her family, and her own positive self-talk to “pick myself up and make it through.” Vanessa states that the rejection was so significant, and courses were so difficult in nursing that,

If I had done this in my 20’s, I don’t think I would have made it. At 20, it was important for me to be with my friends and attend social events, and— live. In nursing school, I missed everything, all the weddings, and all the parties. I had to study. I’m not one of those people who just absorb things. I had to study a lot.
One significant theme that emerges from Vanessa’s interview was a sense of powerlessness. She questions out loud several times during the interview process, “does it really have to be this hard? Is it this hard for everyone?”

**Expanded Case Studies: Four Participants**

**Sherry- The “picture” of success.** Sherry is a 28 year old African-American woman who is extremely poised, articulate, goal-directed, and confident. She has paid meticulous attention to her ensemble and her makeup, which foreshadows how meticulous she is toward other details in her life. Sherry has sun kissed skin, and wears her long chestnut hair with honey highlights in a traditional Barbie-doll style, straightened with bangs flanking her eye brows. Sherry graduated 18 months ago and is currently working on an inpatient neurology unit. She is very enthusiastic and proud of her academic accomplishments, particularly becoming a Registered Nurse.

Sherry was born an only child. As she describes and explains it, she did not have a relationship with her father. Her mother, a high school graduate, raised Sherry as a single parent; however, Sherry was certain to point out that she lived two doors down from her grandfather, who played an important “male figure” role in her life. She explains that although she did not have her father, she had a father figure; and that she believed that positively shaped her.

My dad, he was nonexistent. He was a police officer, and he was drinking to cope with his issues. In the end, it was probably better that I grew up with my mother, instead of with them together but fighting and arguing all the time. My grandfather, he was a father figure to me. He was around to protect me, and talk to me and guide me. I appreciate that.
Sherry grew up on the east side of her large urban city, near a well-known road demarcating the city from the suburbs. She explains that there are pocket of beauty, “but just a few blocks over it was like being in a different world.” Sherry laughs as she reflects “…it’s funny, I didn’t know anybody in our neighborhood except my granddaddy.”

At one point in the interview, she says that other family members actually accused her mom of sheltering her too much. Sherry states that education was always the priority in her home growing up. Her mother was sure to expose her to arts and activities, so that she could see beyond the world and city blocks she lived in. She pauses to remember that her mother was loving but “strict and she kept me focused… she later told me that she did all that because she heard it increases your self-esteem and she didn’t want me having sex because I didn’t feel good about myself.”

Sherry identifies gymnastics, dance, and frequent visits to the public library and the museum as some of her childhood activities. Sherry relates that although she enjoyed these activities, she was one Black child in a group of girls who were slim, White, and had long blond hair.

Sherry describes her K-12 childhood education as split between private (Catholic) and public school. Upon her 4th grade entrance to public school she discovered she was an “outcast” because she was considered “smart.” She uses the word “hate” to describe how she believed the other students felt about her. “It’s like if you wanted to do well or were actually interested in learning, then you were a nerd. That hurt, you know, to have people not like you and kind of hate you for caring about academics.”

She did not feel she belonged in grades four through eight but she did meet two friends who were serious about their studies and actually wanted to do well in school because
that is what they, too, had been taught at home. She also had several teachers who validated her intelligence, by giving her extra (harder) work to do.

My teachers reinforced that I was smart and encouraged me to excel. I took a test to enter the Lutheran School, so I had already started a year early. My mom didn’t want me with the older, mature kids- so even though I could do the work she refused to let me skip a grade.

Sherry describes her high school experience as “much better” because she attended a Magnet school, which required an entrance exam for admission. Here she found most of the students valued education the way she did and were “regular kids, but at the same time focused.” Throughout her childhood her mom emphasized doing well in K-12 in order to get a scholarship because they could not afford to pay for college. Sherry did attain a scholarship to a large big-ten university in the Midwest area, where she maintained a 3.5 grade point average (GPA).

Her first memory about wanting to attend nursing school traces back to when she and her mom were in a critical car accident, and she determined as a 6 year old child that the nurses were like guardian angels. During her first undergraduate experience Sherry seriously contemplated pursing nursing but she observed peers enrolled in the pre-med and nursing/science majors and she says, I “didn’t think I could cut the course work. I was just petrified of anything math or science related…. I knew what I wanted but I just didn’t think I could do it.” However, when she talked to mentors about pursuing a career in law, they encouraged her to follow her passion. She used that encouragement to begin to volunteer at a hospital, and subsequently start nursing pre-requisite courses. As she gained her confidence
in her ability to handle the coursework, she became more convinced nursing was exactly what she wanted to pursue.

She was admitted to nursing school as a highly regarded candidate due to her 4.0 GPA in pre-requisite coursework. She was awarded several scholarships and unlike many of the majority (White) students in her nursing class—she did not have to pay (or take loans) for this second degree. As a result, however, she experienced judgment and discrimination, being told “I wish I were Black so I could get a scholarship.” She explains, “I just thought it was so ignorant people would say that. Do you really wish you didn’t get to grow up in suburbia and go to Magnificent Country Prep School just to get a scholarship?

Sherry expressed frustration because the bulk of her scholarships were based on academics. She was particularly irritated about the one minority scholarship she did get. “Whenever they hear minority they automatically think skin color,” and she shares she was the only Black person to get that particular scholarship, all the rest were White males who are also considered “minorities” in nursing.

Sherry had additional experiences of rejection and feeling like an outcast, including clinical placements (being assigned after other students were allowed to choose sites) and treatment by faculty (showing shock and surprise when she performed well or excelled). She explains:

I couldn’t believe that we were treated like we didn’t matter, like we were invisible. The White students were asked about their clinical site preference but we were just assigned… the left overs. And the surprise, it always seemed to be astonishing when we did better than anyone in the class. Why can’t they believe we are smart too? It was a shock the first time it [rejection] happened because I came from an
environment where I had friends and it was normal to be accepted as smart. I think the initial experience was the most shocking and hurtful…even going back to elementary and middle school but when this came at me, you know- it was like I said: I had a taste of this before, so whatever!

She continued to excel academically in the nursing program, achieving some of the highest scores on exams, which were posted in the hallway\(^3\), where other students could see. This made her feel like an outcast again because it reminded her of the experience in 4\(^{th}\) grade “You’re smart. I don’t like you” or “You get scholarships, so I don’t like you.” Sherry reveals that she was selected by the Dean to deliver the commencement speech but explains this was not a distinction appreciated by her White classmates.

I always felt like there was this underlying whisper, and it was worse during our senior year. There was one commencement speaker selected by the Dean and one commencement speaker that was selected by the graduating class. When the Dean announced that she had selected me- she couldn’t even get the other stuff out- you could hear people saying “I thought we were supposed to select!” Then the Dean explained… I maintained a 4.0 GPA through the entire program.

Sherry feels that she was successful in nursing school because of the support she had from family but specifically her husband who was a doctoral student at the same time she was in nursing school. Although they have only been married two years, Sherry states that they have been a couple for almost 10 years. Because of her family’s support, she did not have to work during her nursing education. She maintains a close relationship with her mother and especially her grandmother, who was her cheerleader in nursing school.

\(^3\) Sherry states that even in 2010 exam grades were posted in aggregates, with names grouped under “highest, excellent, great, good, and poor.”
My husband really supported me. He was like a Chia pet, you know? My husband would help clean up the apartment, and that type of stuff. He didn’t put any pressure on me or have ridiculous expectations of me. He was a student too [at the same time], so he understands. I think that made it a lot easier. My family, they knew I needed space to do well in school, so they didn’t pressure me to show up to all the family events. And as far as encouragement, my family gave it- but they didn’t need to. My mom had already planted all those seeds, so I was motivated. What I needed was just to not be burdened, and my family did that for me.

Some strategies that she employed for success included taking several of the harder science courses (i.e. Pathophysiology and Pharmacology) prior to beginning the nursing program, audio recording lectures and taking notes in class, then re-reading her notes and listening to lectures more than one time. In addition, she feels that reading the material from the book is critical. She states “I would not feel confident taking a test without reading the book. And I know a lot of how you perform is confidence in your head… I never took a test without reading the chapter.” Sherry emphasizes repetition as a key to success, as well as devoting time to studying to master the material. In addition, Sherry explains the importance of teamwork in the program, having other students with whom you can share and receive information.

We were a tight group. The truth is we couldn’t make it without each other. We had to share information, encourage each other, and work together. For example, one semester we had a crazy clinical faculty member who didn’t want to help us with anything. We would, you know, show each other the first time, then we’d come in a room and kind of talk each other through it, like what the instructor probably should
have done. We also had a site where we would post study guides that we created on
our own, we tried to share in order to help each other.

Sherry said she relied on things her mother taught her growing up, including advice to
“not care what people say about you.” Her intelligence was often downplayed by fellow
students, so she emerged with an attitude “I’ll show them,” generating a greater commitment
to succeed, and in fact outshine her peers. She shared that she felt like she had dealt with this
treatment before because it was somewhat a repeat of experiences in 4th through 8th grade.

When asked about characteristics of students who were not successful, Sherry says
there were very few unsuccessful students in the second degree program but they were also
minority. She believes that they either did not fit in and/or they were not able to devote the
time to studying (due to other work/life responsibilities).

We had like six or seven people leave, and four of them were males. They didn’t
leave voluntarily. They couldn’t cut it. One of the guys would always text me, and
ask a lot of questions- the type of things that were in the syllabus.

In addition, she thinks that minority students who did not fit in often did not know
how to fit in (i.e. have the right mannerisms, diction, and behaviors considered acceptable to
the majority [White] students).

My cousins used to tease me and say “you talk White” and I would say in my head,
“no, I talk smart- I use proper diction.” I’m not saying that “talking White” is, I don’t
even know if it’s good to think that way because it sounds like I am saying that White
equates to intelligence, do you know what I mean? But those who didn’t, didn’t fit in.

Sherry’s advice for future nursing students is to identify their support system, to share
information, to devote sufficient time to studying, and to learn information so that you do not
merely memorize it. She emphasizes knowing who you are, and remembering that you are also a high achiever who deserves to be here.

**Michelle- fighting for success.** When Michelle, a thirty-three year old single mother of two daughters arrives at the interview, her Afrocentrism is obvious. Although she is very petite, she is also very audacious. Michelle is assertive, and the first clue to her being firmly her own person is evidenced in her chosen hair style—she wears her hair dread-locked, and references this as “being a part of me that I appreciate, it’s something that reflects my own beauty.” Notwithstanding her Afrocentrism, Michelle articulates Standard English well and if you were not looking directly at her, you could easily mistake her for a Caucasian woman based on the rhythm, stress, and intonation of her speech.

Michelle, an only child, was born to a drug-addicted mother and abusive father. When she reflects on her childhood, she remembers her mother prior to the drug abuse, saying:

She was educated, smart, a culinary arts student, beautiful, fun. She was outgoing. I remember wanting to just fix her. My father, he had end-stage renal disease when they reconciled, and I was about ten years old. So from that point on, I spent lots of time in hospitals, lots of time dealing with somebody with a chronic illness that I couldn’t fix- once again. With him, he had a lot more, a lot of other issues, in the way that he handled stress, the way that he handled anger, the way that he handled just life period but I remember wanting to fix him. And I think that’s something that made me decide to be a nurse is like the teaching (patients) aspect but also the fixing aspect. Because when you grow up with stuff, and you don’t have any control over it, you want to look for stuff that you can fix. Like, “Hey, yeah, I might not have been able to
fix this issue when I was younger but I bet I can teach how to use that tracheostomy. I can teach you and fix this issue.”

Michelle had a positive K-12 experience, attending predominantly Black schools. Because of her parent’s instability, Michelle was bounced around between relatives, particularly her cousin and her grandmother. She indicates that despite the chaos she was able to excel in school, often taking accelerated classes. Michelle felt that school was a haven for her because it represented a place she felt she had a sense of control and it was one place that she could count on adults to take care of her, instead of her needing to take care of them.

As long as I was able to do what was asked of me, I could get a pat on the back that I wouldn’t always get from relatives because of everything else they were handling…but I could go to my class and my teacher would say “Yes, you are great!” and I’m like, “Yeah, I’m great!”

Michelle indicates that her grades started to take a dive in high school, and she attributes this to newfound freedom and the identity-seeking she believes most teenagers experience.

I was living out loud in high school. I was completely distracted but I knew that I could do the minimum and always catch back up… I was mature because of all the things going on at home. I was really close to a lot of the teachers and they knew what was going on at home so that played into sympathy… a lot of times, instead of pushing me and having someone push me, I was able to go around playing and just skate by.

Nursing school was a challenge to Michelle due to all the life stressors she was trying to manage but she was determined that she would make it through successfully. Michelle felt
that her role as a mother was important, and it was a source of motivation for her to succeed. She wanted to be a good mother, and to her a good mother was both present and able to provide. She divorced in her junior year of nursing school, after ten years of marriage (which included a separation immediately prior to beginning her nursing education). She recalls during her divorce process that classmates and faculty alike telling her that this would be the time to consider a leave of absence, because that’s what leave of absences were for. She retorted,

I remember saying “If I pause again, if I pause right now, will I be able to pull it off?” The resilience, the drive, and the vision I have for myself says I can make it through this… Every semester after the separation and divorce, I ended up in the hospital… every time I would get to that point I said, “you know what? I’m going to keep going, no matter what… that is what I can tell my daughters, no matter how hard this situation might look, there’s no other option. What’s the other option, failure? I told them (my family) no, I’m getting this done.”

Michelle graduated nursing school with a 3.2 GPA, while working 30 or more hours per week throughout her entire education in order to “take care of my kids and provide for our needs.”

Michelle states that there are several strategies that contribute to success in nursing school at a predominantly White university, the first of which she defines as “networking.” Michelle explains that she did not realize at first that the other students, specifically the White (majority) students, were engaging in team effort, from which she was excluded.

I was over here focusing on trying to just get through these classes and teams are being formed behind me. Groups and alliances are being made and it’s so interesting
because by my second semester I started understanding more and realized like people that were able to get A’s that first semester were able to get those A’s because they weren’t working by themselves. They were actually working in teams and I needed to learn how to… I wish I had been able to get on a team earlier and have those allies along with me earlier…

Michelle deeply reflects on why there seemed to be separation between the African-American and White students, particularly why they would not allow Blacks into their “network.” She asserts that this division is secondary to their racial biases,

[White] people have this persona, this image of what they think a Black person is supposed to be. I’m always amazed, like- where did you get this from? Maybe it’s what you are taking in, like from those stupid TV shows or videos you are watching! I have never snapped my neck or popped my fingers and snapped… they don’t feel we have anything to offer so they exclude us and keep us locked out.

Michelle shares that she studied a lot and used tutoring and supplemental services when they were available. She also states she recorded her lectures, and would go over her notes multiple times and rewrite them. She also would put her notes together in different study forms, and participate in a study group when she could.

I wasn’t always able to participate in these little aspects that would allow me to… study with some of the other groups because a lot of times I was either at work or I had the girls.

In her second year, Michelle was able to build a team with two other African-American nursing students. She recalls that they were her lifeline and she divulges, “This was my support team, these were the people I studied with who helped me, especially in that
senior year when you’re stressed and that last semester when you don’t know everything that’s going on…if it hadn’t for those girls, it’s like rrrr.” She also shares that her friends had to encourage her to take her NCLEX exam.

I kept postponing it. I told one friend “I’m going to push the date back again.” She slapped me in the face, literally slapped me and said “You’re smarter than me, and there is no way you are going to push that date back again. If you push it back, [I know you and] you are not going to take it.” After having her slap me in my face, I sat there and thought—this only happens in movies but I set myself a date and didn’t move it from that point. And I took my exam.

Michelle also shares her observations that unsuccessful students were unable to prioritize (studying over partying), and were entrenched in stubbornness (not knowing when to allow the person in authority to be “right.”)

I feel like a lot of times when people don’t have power, it might be like women, when they get power sometimes—minority groups sometimes—when they get power they become corrupted… and when you’re going against someone like that… they have the power to destroy your whole academic career; they become like little demigods. And if you are too stubborn to be able to allow them to even just perceive they’re right, you’re out.

Despite her success in school and on her NCLEX exam, Michelle still feels like “there is no sense of security.” Michelle is transparent in her vulnerability when she explains that she is still fearful, still anxious, still trying to fit in and feel competent. She realizes that the alliances that made majority [White] students successful in nursing school are now being built in the work environment and she says:
I am still trying—forcing myself to build (those) alliances. I have to invite myself, and learn their world to be a part of the group…it’s a lot of compromise that you have to do in order to have friends of other cultures. And they don’t have to. I don’t see them willing to compromise at all. They aren’t trying to learn my culture or go the places I like to hang out. Since the moment I stepped out of the womb I have been taught their culture through every aspect of the media. They have given me no choice but to understand their culture, the dominant culture.

Michelle articulates that although she has succeeded, she plans to continue forward in her nursing career because she is willing to “do what it takes.” Although she expresses fatigue and frustration from having to accommodate and assimilate, she believes that anything worth having is worth “fighting for.”

**Kimberly- experiencing success after failure.** Kimberly is a tall, slender, 30 year old African-American woman with chestnut brown skin who wears her hair in long individual braids, which are tied back into a ponytail. She smiles often but is very reserved and soft spoken.

Kimberly, the younger of two daughters states that she had a “good childhood” and speaks warmly of her sister, as well as her parents. Kimberly shares that her parents are still married, referencing them as “a good team.” She fondly recalls how in childhood her mother would encourage her by saying that she could do anything she put her mind to; whereas her (ex-military) dad would tell her “You’re a Jackson- we can do anything.” Her father especially gave her a sense of legacy, telling her about the strengths of her ancestors, reminding her of ways that he, too, has overcome; as well as giving homage to God as the source of blessings and strength.
She married at the mid-point of her nursing education, and has one child, born approximately 6 months after graduation. Kimberly graduated over two years ago, and her GPA upon the completion of her nursing courses was 3.0 cumulative. She states that she did have several stressors during her nursing education, including her marriage and the diagnosis of breast cancer in a close aunt. Kimberly is honest in admitting that she encountered several “stop” points during her pursuit of nursing but her graduation and licensure as a registered nurse proves that she was successful in her endeavor.

Kimberly actually pursued nursing as a second undergraduate degree. She indicated that her first degree came from the same undergraduate university. Because she had such a wonderful experience attaining her communications degree, Kimberly was convinced that her nursing education would be equally satisfying. However, she quickly realized that the expectations from the two departments (programs) were vastly different.

When asked what influenced her to become a nurse, Kimberly states “nursing chose me” and she proceeds to explain that during her freshman year (of first degree) her best friend was injured in a pedestrian-vehicle accident, rendering her a quadriplegic. Kimberly would visit her often, and her best friends’ mother taught her how to provide nursing care (including catheterization, organization, hygiene, medications, and nursing notes). She expounds that after graduating with her first degree and contemplating the next steps in her career, she spent time nearly every day caring for her best friend. During quiet times in between providing the required care, she was looking on-line for jobs at careerbuilder.com. “I kept seeing all these jobs for RNs. It just hit me... the Spirit hit me, I realized that nursing was what I was supposed to do.” To be sure, she had a follow-up conversation with her
mother’s friend who was a nurse, and that’s when she found out about the option of second degree programs.

Kimberly shares that her K-12 educational experience was attained at predominantly Black schools. She does not disclose any other significant experiences or thoughts related to her earlier education. However, Kimberly is unique from the other participants because she encountered a real failure during her nursing school experience.

The very first class, I ended up failing. I, I take responsibility. Maybe I didn’t study hard enough but I didn’t know how to study either; because I never had to study like this. So when I failed my very first class it was kind of traumatic, I didn’t even fail by a point, it was less than a half a point. I needed 75 and I had 74.58. I kind of felt like, I felt like I was stupid, I felt like I was a failure.

Consistent with most nursing school programs, there is a minimum cut-off point for a passing grade, and rounding does not occur. In addition, due to the nursing curricula, classes are often offered only once per year, so failure means you will have to “stop” out and return an entire academic year behind your original cohort. When asked what made her decide to push through that and return, Kimberly’s response was “I don’t give up easy.” She states that early on in the semester she feared that failure might occur based on her cumulative grades in the course but the faculty kept assuring her that had never happened before (in the past) and that she “would be fine.” This false hope made the failure even more traumatizing to her but she decided that she would try again.

However, Kimberly used several strategies to rebound from this trauma and succeed on her second attempt. Her first step was to “get over the fact that I had failed and had never
failed at anything.” She references her faith in God and the support of family and friends as pillars that helped her pull through this difficult time.

She also obtained a job at a hospital as a nursing assistant and took as many courses as she could in the interim of returning to her nursing program plan. “I took everything that didn’t have a clinical attached,” which included pathophysiology, pharmacology, and nursing research (classes historically known to weed out weaker students). Consequently she felt much more prepared the second time because she was familiar with medical terminology and nursing skills from her hospital employment; as well as positioned to have a lighter academic load that allowed her to devote her energy toward the nursing courses associated with clinical.

Kimberly experienced isolation and exclusion in her nursing program compared to her first undergraduate degree at the same institution, which surprised her. When asked to explain she stated “it seemed as if certain students could get information from some of the instructors that they wouldn’t share with everybody… it seemed as if certain instructors favored other [White] students more.”

Some of the students could get certain information from some of the instructors- they [instructors] wouldn’t share with everybody. If you aren’t on that student’s close circle prior to nursing school, you didn’t get the information… sometimes I felt like the other students had a heads up on certain things, I don’t know how but I felt they did. When we [Black students] did get access to this information it was mainly because it was shared by some of the cool Caucasian students... when one of them had some kind of connection they felt they wanted to share. And another thing I
noticed and observed a whole lot was the Caucasian students seemed to be able to get the internships they wanted.

Kimberly delineates one significant strategy for success as getting into a diverse study group; yet she simultaneously divulges that this is difficult to do because majority [White] students usually did not want minorities in their study groups.

I tried to get into diverse study groups, I did. But the study groups I was in were predominantly Black. The other students wouldn’t be so open, not wanting to open up and share. And, I’m not into begging…but you didn’t really know about the other study sessions.

Kimberly suggests that there were some minority students who fulfilled the White students’ stereotypes because they were “always running late, just never on time, presenting themselves poorly in uniforms that were unclean or not ironed, and appearing less likely to contribute to the work of a group.”

Additional strategies that she thought contributed to her success included developing relationships with her instructors, and going to them when she did not understand something; attending all of her classes, arriving on time, demonstrating a commitment and readiness to learn (behaviors which opposed the stereotype of minority students); asking for help when needed from classmates and faculty; and having a study group before exams. As far as her personal study habits, she would remove all distractions (such as TV or phone), read the material and take notes. Later she would compare her notes to the information provided by the instructor and compile it into a study guide. She would also ask others to quiz her on the information.
Kimberly encountered two additional traumatic events while completing her nursing education. The second trauma (after failing her first class) was learning that a very close aunt had breast cancer. Although she remained employed and enrolled in school, due to her close relationship with this aunt, some of her coveted time was spent at doctor’s visits and chemotherapy appointments. Her aunt responded well and went into remission, which allowed Kimberly to concentrate more on her studies again during the peak difficulty of the program. However after celebrating the first cancer-free anniversary, her aunt was diagnosed with metastasis and began treatment again, this time including radiation therapy. Even though this second diagnosis concurred with graduation and there were less school-related demands, it coincided with her preparation for the NCLEX exam (nursing licensure boards) and the unexpected news of Kimberly’s pregnancy.

I could barely keep my eyes open, I was hot, tired, my aunt’s going through chemo and radiation all over again, I started a new job, I’m pregnant and I was kind of forced to take boards because hospital policy states that you must take them within 90 days of hire. I made all these decisions in February not knowing anything about June. I just knew that I had a job that started in June. So when boards came I was pretty much forced to take it, I wasn’t ready. I knew I wasn’t ready.

Kimberly states that she was intuitively certain that she did not pass the NCLEX the same day that she originally took it, which was her third traumatic event. She waited until four months later in her pregnancy, gave herself more time to prepare (which was available because she lost her job after not passing on her first attempt), and successfully passed boards on her second attempt. In order to prepare for the second NCLEX exam attempt she attended private tutoring and study group sessions. Although she has successfully passed her
licensure exam and is employed as a registered nurse, she expresses some uncertainty about her ability to balance it all. She still feels as though she is barely “making it” between marriage, working full time, and being the mom of a toddler.

When asked explicitly what she would recommend to future students to help them succeed, she retorts “put your best foot forward and keep the lines of communication with faculty open, they will not know to help you unless you put yourself out there.” In addition, she suggests getting into a study group and being confident enough to ask for help when it is needed. Furthermore, Kimberly believes that faith and family are also extremely important to success. Reflecting on students who did not succeed, Kimberly observed:

Some people weren’t ready, they didn’t go to a good high school, and they just weren’t prepared for college. Then some, they had life issues. They had other family issues going on. It’s probably not that they didn’t want it, other things just took precedence. Sometimes the university just teaches one way- but everybody doesn’t learn information exactly the same. So the fact that some students don’t learn the same and don’t get the help they need, that can make them unsuccessful and cause them not to make it… but it is because of what happened to them, maybe they didn’t have resources and the necessary things that they needed to succeed.

Tameka: Resisting stereotypes to achieve success. Tameka is a deep brown skinned, 26 year old, who wears her shoulder length hair in a straightened, blunt cut. Her reading glasses are fashionable and reveal her youthfulness. Tameka’s family is solidly middle class, and she is a second generation college student. Her K-12 education was obtained in two distinctly different school districts. The first district, which accounts for all but 1 year of her education, was predominantly Black in a large urban area. Her brief second
school experience occurred in a predominantly White suburban district, approximately 45 minutes from the first.

Tameka describes the one year experience in the predominantly White school as very “isolating.” She often felt marginalized because the students seemed to “know” the grade level concepts with a degree of confidence and mastery that she did not feel. In addition, although this school did have several minority students in the classroom, she was the only African American and she did not have a group where she fit in. Tameka is the only participant of the eleven who defined herself as a B/C student (instead of an “A” student). Although she felt she was a strong student in her predominantly Black district, she realized that in the predominantly White district she “struggled in certain areas, like math.” She chose to overcome this barrier by seeking additional assistance from her teachers after school. After a year, Tameka decided to return to her old school district because she “longed to belong again.”

Nursing school was a jarring and awakening experience for Tameka. Although her university was located in an urban (and predominantly Black) area, she was surprised at how few African-American students there were. In addition, she once again encountered feeling that the students were more academically prepared than she was. However, Tameka shares an even deeper experience of exclusion.

I always felt like they would leave me out of the group. We would be in a group and maybe two or three of my group members would know things I didn’t know, because they had talked on the phone about it… and they forgot to communicate it to me. At other times, Tameka felt that the White students treated her very stereotypically.
I can’t say exactly but one particular day a peer of mine said to me “Girl, I know you went off.” Or something like that. And I said, “Why do you know that? Why do you think-, no I didn’t go off on them. Yes, I was upset but I didn’t go off.” It’s always that way though, they always act like they know Black people or Black culture but they only know stereotypes that we are ghetto, angry, or hollering, or hostile.

According to Tameka, it wasn’t only White students who stereotyped her.

One faculty instructor, she said to me at the end of the semester, “well- I guess you made it through.” What was that supposed to mean? Obviously she didn’t think I would make it through but what was she basing that on? I have an A in almost every nursing class I’ve taken!

Tameka states it is also the unspoken stuff, stuff that you just cannot quite put your finger on- but you know in your gut something is wrong with it. One time we were in clinical, and the instructor had us going around the table and sharing our experience. When it was my turn, two White girls started laughing even before I spoke. I stopped a few times and glanced at them. I mean, I was speaking proper and clearly, so I couldn’t figure out what the problem was. I confronted them and told them they were rude. I asked what exactly they were laughing at. They just kept looking at each other and giggling, so I knew it was about me; but I never knew what about me was so funny.

As she continued to reflect, I could see frustration building in her.

They say really rude stuff to us and about us. Like once a student said “I just had my clinical down there at the Inner City Hospital- the patients there are so poor, jobless, and uneducated.” They always say things like that about people from the inner city.
But I am familiar with the hospital, and people from various incomes are admitted there, so I asked her- “How do you know that is true?” Instead of providing evidence, she dismisses me and says- “we all know it’s true, that why they have high blood pressure and diabetes and stuff.” And I said, “They are sick and uneducated because they are disadvantaged by the system- not lazy.” But when things like that happen, I always have to think. I can’t respond the way I want to because I already know what they think about me and I don’t want to give them grounds to say, “see- it’s true.”

Tameka’s lived experience validates what has been cited by other African-American students in higher education (Harper, 2010). Being successful requires more than developing competence intellectually, it also requires an ability to overcome stigma and stereotypes that that many African-American students face.

**Commonalities of the Lived Experience: Across Participants**

All of the participants reported seeing themselves as different at some point during their educational experiences. For many, the first experience of their “differentness” occurred during K-12, and was re-experienced during their nursing education. This experience of “differentness” was contextual and resulted in the participants being either heralded or shunned for their academic aptitude.

**The first time: You’re not like us, you’re different! (You’re smart).** Ten of the eleven participants perceived themselves as “good students” during their elementary, middle, and high school educational experiences. This message was directly communicated to them by their teachers and their peers, and indirectly reinforced through grades and special attention. Often, as K-12 students, the participants felt proud of their accomplishments and happy to receive the praise that resulted from being (perceived as) a good student, otherwise
known as being “smart.” There were positive benefits associated with being smart, which included acknowledgement, being given harder (advanced) work, being identified for magnet/special programs, being recommended for double promotion, and receiving “A” grades. Adrian states “I love school— I always, always loved school. I loved all of my teachers and they were very nurturing towards me.” Adrian’s feelings are mirrored by nine other participants who felt that their teachers believed in them and believed that they were smart. Sherry explains,

My teachers would tell my mom “She is really performing at this level (using her hands to motion higher), and she could really move on.” One science instructor I had saw that I was doing more, that I was really interested, and she let me borrow some of her science books. I also had an English teacher who saw that I loved to write, and he would tell me, “You know I think you will have a career in journalism someday.”

Three participants were recommended for double promotion. However, all of their parents declined, feeling that it was not in their daughters’ best interest developmentally, despite their demonstrated academic performance. This acknowledgement from the school’s principal and teacher(s) solidified the student’s view of themselves as academically smart or gifted.

In addition, their performance in K-8th grade often determined high school admission opportunities. Nine of the women attended schools tailored toward students who 1) had evidence of strong academic performance, and 2) scored well on the standardized admissions testing. (Two attended private high schools and seven attended magnet public high schools with specialized college preparatory curricula).
Many of the participants reported comfort (and confidence) because they attended schools with peers who had similar academic goals and aspirations. Sherry comments “my high school experience was great, everyone was a bit more serious [than in K-8th], and wanted to do well in school, we were serious about learning.” Tameka concurs, “My school was more advanced. All of my peers and colleagues were basically at the same education level. Everyone had career goals, or wanted to pursue school [college]. I had a lot of teachers and professors I could come to if I needed more help.” Adrian reveals that although she was an honor roll student in elementary and middle school,

I wasn’t even thinking about what high school I was going to go to. And they were doing tests for the Magnet Schools and one of my teachers asked “Are you going to take this test?” And I was like “Absolutely.” But if I hadn’t taken that test I would have ended up at the local Dilapidated Urban School. I said, “Yeah, I can do that.” I told my cousins and they were so excited. So I took the test and then it was an option whether I was going to Magnet School A or Magnet School B.

Several of the participants also disclosed that during elementary and middle school they were identified as “smart” students with scholastic aptitude and recommended for a State Promise scholarship, which paid all tuition and fees for an in-state public 4-year university as long as they maintained a 3.0 grade point average throughout middle and high school, and scored a minimum of 21 on their ACT exam. For many students, this distinction marked the beginning of their understanding that strong school performance had significant reward and internalization that they were students who would succeed.
You’re smart and we don’t like it! (Choosing to hold back). Despite the advantages many students experienced for “being smart,” several shared that it was also a burden. For example, some were isolated, rejected, and excluded by their peers because of it. Sherry shares, “I was an outcast. It was the worst experience. People hated me. In addition, she recalls an especially painful time,

We had these journals in English class. And someone wrote all over my journal, just awful profanity, just like (looking away from me)…. And I’m like “Why would they do this?” I was about to start to cry, and I showed my teacher. He was like, “What?” He’s responded, “So what? Why should you care?” He’s like, “Here’s a new journal.” He didn’t let it… I thought he was going to have a stronger reaction, like “Who did this?” But I was happy that he did not because it was kind of like just showing me, “Let it roll off. It doesn’t matter.” I always remembered that.

Erika agrees that it was a little rough for her too “because I was always known as the teacher’s pet, you know- the smart kid.” She explains,

I think it was hard because, with peer pressure and everything you feel like you have to hold yourself back from what you can really, from how smart you really are, because you may want to fit in and have certain friends. So that was difficult. People don’t tend to like the teacher’s pet. I found that a little difficult.

Kimberly divulges that even though she was in the honors programs in school, she also “tried to suppress being the smartest, or knowing things” to avoid ridicule or rejection.

Although they were distinguished as being different, these women shared commonalities with their K-12 school peers. One significant commonality was their minority ethnicity. Most of the participants’ elementary, middle, and high school educations occurred
in predominantly Black and urban environments (with the exception of Sarah and Molly, both of whom are mixed race; and Vanessa, who moved frequently due her father changing university employers).

A second commonality was social class. Nine of the participants were first generation college students. Past research has shown that most first generation college students come from working class families who desire vertical and intergenerational structural mobility for their children (U.S. Department of Education, 1998; Hirudayaraj, 2011).

According to the National Center for Children in Poverty (NCCP, 2012), the definition for a “poor” family was an annual income (less than the federal guidelines for poverty) of $22,050 for a family of four with two children. Low-income families were defined as a family income less than two times that of the poor family (i.e. income less than $44,100). The federal poverty guidelines indicate that an annual income of $70,000.00 is approximately 300% above the poverty level; and would be considered by many to be middle class (though not officially defined as such by the NCCP).

Marie, Sarah, and Michelle came from poor families, who learned that education was a gateway to escape poverty. Based on the explanations they shared, their family incomes were below the federal poverty levels. Sherry, Adrian, Jacqueline, Kimberly, Erika, and Molly described family incomes as above low-income (ranging between 200% up to 300% of the federal poverty guidelines). In addition, they described their families as having a strong commitment to education, work ethic, and attaining middle class status. Tameka and Vanessa expressed that their parents expected them to be second generation college students. They described themselves as coming from middle class families, whose annual incomes topped
over $100,000 per year due to their parents’ high-wage earning jobs (secondary to their own college educations).

The second time: You’re not like us, you’re different! (My smart is better than your smart.) There is an old adage, which implies there is something strong and familiar about having a life experience “the second time around.” Despite having familiarity with “differentness”— the subsequent time was equally, if not more powerful, than the first time.

The majority of the participants described how during nursing school they were again seen as different by both faculty and peers, now based on perceived diminished academic aptitude. This time differentness held a negative connotation, as African-American students they were often discounted; presumed to be less intelligent than, and ultimately excluded from majority group activities (France, Fields, & Garth, 2004). In fact, most participants reported shock and disbelief at the “different” treatment they received. Some of their shock and disbelief was attributed to originally being seen as different in a positive, or “advanced” way by their Black peers and teachers, and now being seen as different in a negative, or “diminished” way by their White peers and teachers.

All of the women expressed frustration because they believed that after surviving the competitive process of being admitted to nursing school, they would find equality and acceptance of their intellect with other nursing candidates. Instead, they discovered that their intellect and ability to contribute to group work was constantly questioned. Adrian divulges

What was surprising to me was like the segregation in nursing school. It’s strange of course, because it’s competitive before you get into nursing school… you know, everyone’s competitive and no one wants to help [you]. I thought once you got into the program that would stop. But it did not, it got worse.
Erika concurs,

I thought we would come together, stay together, and support each other. And no, it wasn’t like that. And I just couldn’t understand that, I just couldn’t understand it… even the last year you would think that people would get out of the competition mentality, and they just didn’t.

In addition, Adrian expressed hurt that her contributions were not valued. She explains “sometimes people don’t want to listen to you. They brush off what you have to say.” Tameka concurs, “I remember… I always had to explain myself, show, you know, I can do this, I can do that. I did a lot of things to kind of show that I am a participant and I can do things too!” Marie agrees

For this one class we had to do a skit- three or four of us were supposed to do this together- but the other two White girls just got together and did it, and then emailed it out to everyone. I emailed back and said “I thought we were doing this together,” and she said “No, we’ve got it covered.”

Jacqueline elucidates the profundity of being discounted as having anything to contribute intellectually.

Even when I first started the program, my first class in the program, I was the only Black girl and they really didn’t gravitate toward me, they kind of made friends among themselves. I was the last to be picked in a group, you know, I think there was a question about my intellectual ability. I know it was “What can this Black girl do?”

During their K-12 education their intelligence was socially acknowledged and validated, though the treatment they received was either positive praise or negative bantering and rejection. They did not experience the impact of their minority status because they shared
commonality with the other African-American students and were the numerical majority. Research conducted by Fordham and Ogbu (1986) defines this type of minority status as *autonomous minorities*. However, during their nursing education their intelligence was not socially acknowledged or validated, and the treatment they received was negative, resulting in them being discounted, rejected, and excluded. Here they were excluded because of their minority status and forced to accept the “Otherness” projected unto them; which is defined by Fordham and Ogbu (1986) as *involuntary minorities*.

According to Validation Theory (Rendon, 1994; Redon-Linares & Munoz, 2011), validation helps students gain confidence that they “can do it.” Validation helps the learner feel accepted, translating into an experience of being connected and cared for as a person. Competitive learning environments lack a culture of validation and the authors warn that “environments that pit student against student, this kind of “no pain, no gain” learning context greatly disadvantages nontraditional student populations such as working class, women and minorities” (p. 16).

This lack of social acknowledgement and validation did cause some of the participants to question their aptitude and intelligence, often resulting in a perceived need to prove self. Adrian shares:

I feel like people try to put unnecessary pressure on you, little seeds in your head, you know and if you let them, they’ll succeed in breaking you down and putting things into your head to have you questioning yourself.

Jacqueline confirms, “It’s just being looked at like your less than. It was always just feeling like you had to prove yourself.” Tameka observed that there was an expectation that African-American students would not succeed because there were so few of them but “if I’m
that one person who goes beyond expectation, that’s a drive. I feel like I have to prove people
wrong, the way that they perceive me.” Sherry further explains it was disappointing because
“We are in this program where it was competitive to get in. Everyone here is high achievers,
so it ticked me off a little… [but] it pushed me, I was like, Ok, I’ll show them!”

Despite a lack of external validation and confirmation of their knowledge, the women
choose to be reflective, turning inward for acknowledgement and validation. In other words,
the women took inventory of their accumulated social and cultural capital, emphasizing their
assets, skills, and knowledge (Bourdieu, 1986; Carter, 2009). Despite receiving an opposing
message from the dominant race; they were able to positively reconcile their academic self-
efficacy. Some of this reflexivity traced back to their prior experiences with positive micro-
messaging, for example racial socialization messages (in their families) and affirmative self-
talk (McAdoo, 1998). Solórzano and Yosso (2002) explicate that counter-stories are
imperative and essential for the survival and liberation of people of color and oppressed
groups. Steele (1988, 2010) suggests that people need a positive self-regard and self-
perception of their adequacy to succeed academically. The development of self-identity
involves the process of choosing one’s identity from the multiple and possible “selves.”

Taylor, Gillborn, and Ladson-Billings (2009) further explain that:

Communities of color have constructed counter-discourse in home, church, and
[informal] school cultures in order to maintain their sense of humanity. They know
too well that their sanity and development, both as individuals and collective, depend
on alternative… knowledge. (p. 268)
It is important to note that these successful women made a purposeful decision to view themselves and their aptitude positively, despite the divergent images projected unto them.

**Commonalities of the Lived Experience: Highlighting the Case Studies**

Although Sherry, Kimberly, Michelle, and Tameka have very different backgrounds, they share several common characteristics: 1) they encountered racial bias in nursing school, resulting in rejection and exclusion; 2) they depended on support from key people to facilitate their success; and 3) they demonstrated persistence and determination in the face of adversity.

**Racial Bias: Micro-aggressions and Exclusion.** Sherry, Michelle, Kimberly, and Tameka each disclosed stories where racial bias influenced how they were treated by White students in their nursing program cohort. This bias, prejudice, and stereotyping usually resulted in the women feeling rejected and excluded. All four women shared a consensus that their academic ability and intelligence was constantly under surveillance. They presumed that this was secondary to incorrect, prejudicial beliefs that they were inferior. For example, Sherry experienced definitive racial bias when her academic aptitude and scholarship worthiness was reduced to her qualifying for funding because she is “Black” instead of qualifying based on her intellectual aptitude. Sherry’s response was one of anger and bewilderment, since she had always been an exceptional student in her academic environments.

Michelle divulges that she experienced racial bias as a nursing student, and she continues to experience them as a Registered Nurse. Michelle admits that as a nontraditional (working) student she was not available to participate in nursing school activities as much as
some of the other students but she emphasizes that even when she was available she was excluded from the important networking that was occurring among White students. Once Michelle did establish a team, it was only with other African-American students.

We wanted to be mixed, we discovered early on it’s very hard to get other cultures to interact with us… we welcomed anybody. People would see that. One of us would get a really good grade on a test, and somebody would hear about the grade and all of a sudden, they would just dip in- not actually being willing to share- these people would dip into our group every now and then. They had study notes set up, people were making outlines, doing all kinds of things but they would have their own little teams and alliances formed, and those resources were kept to them. When they saw there was something that we could offer them, then they would come into us. But other than that, it was really like segregated. It’s so irritating!

Kimberly also experienced racial bias. She revealed her encounters manifested as exclusion from study groups. Kimberly vividly recalls understanding the importance of getting into a diverse study group, yet simultaneously understanding that the White students did not want or value her participation in their study groups. “The other (non-Black) students wouldn’t always be so open or friendly… you didn’t really know about their study sessions. There was some inside information you could only get it if… they wanted to share.” This rejection was mirrored by faculty who, in Kimberly’s opinion, favored other students more” and sometimes were the sources providing the inside information (to the White students) in the first place.

Tameka shared multiple experiences of stereotype and discrimination, particularly several events of microaggressions. For example, Tameka reveals her peers assuming that
she would respond to an upsetting situation as an “angry Black woman,” and pejoratively stating that the patients in inner city hospitals are “poor, jobless, and lazy.”

Race and ethnicity are often discounted as contributing to the attrition (i.e. failure) of African-American nursing students. However, Jeffreys (2004) suggests that power imbalances that are present within the university institution sustain the marginalization of students based on perpetuating societal hierarchy and oppression. She states,

In order for nurse educators to understand the numerous ways in which race and ethnicity impact upon retention, they must openly acknowledge stereotyping, prejudice, discrimination, and racism exist within nursing education and the nursing profession. The myth that these problems do not exist is a major barrier…University environments are microcosms of the larger society and may therefore portray and perpetuate racially insensitive practices… that create isolation among underrepresented groups. (p. 18)

Sue et al., (2007) defines racial microaggressions as “subtle, innocuous, preconscious, or unconscious degradation, and put downs aimed at [Blacks]… designed to reduce, dilute, atomize, and encase” them. According to Sue et al. (2007), minority persons encounter racial microaggressions in their daily lives; and these encounters have a cumulative psychological impact on recipients. Yosso, Smith, Ceja, and Solórzano (2009) suggest that frequency of these encounters ultimately can lead to “an erosion of self-confidence and self-image” (p. 660). There are three (sub) types of microagressions: microassaults (intentional actions and slurs), microinsults (rude and insensitive verbal/nonverbal communications that demean heritage or imply achievements are related to affirmative action or quota systems instead of
merit), and microinvalidations (comments and actions that negate or nullify the experience(s) of people of color).

Sherry’s scholarship experiences, as well as her selection as commencement speaker, are examples of microinsults because her academic aptitude was attributed to affirmative action instead of intelligence. However, Kimberly experienced a more traditional form of microassault because she was directly overlooked in favor of White students when it was time to select members of study groups. Michelle’s instance of also being excluded from study groups—until the White students felt she had something to offer them—is an example of both microinvalidation (her contribution was devalued) and microassault (White students would not allow her to network with them). Whereas, Tameka’s attempt to defend patients at inner city hospitals when she explained they were “sick and uneducated because of the system— not laziness” was negated by the White student saying “we all know it’s true.” This is a classic example of a both a microassault (intentional slur) and microinvalidation (comments nullify the experience of the people of color).

France, Fields, and Garth (2004), and Love (2010) echo that African-American nursing students often feel “shoved in a corner,” ignored, isolated, and excluded. The impact of exclusion can be traced back to Tinto’s Theory of Retention (1987), where he clearly establishes the relationship between belonging and persisting at a college or university. Rovai, Gallien, and Wighting (2005) suggest that experiences of isolation actually impede the student’s ability to learn maximally, which can ultimately impede their success.

Despite consistent messages from their peers that they did not belong (or that they were inferior), each woman found a way to overcome and establish her “place” in the nursing program, and the university-at-large. Sherry felt that she was rejected and excluded by her
White peers because of her strong performance on class exams; instead of being acknowledged and accepted for her intellect, she was “outcast” for being smart. Sherry countered the negative messages of rejection that she received with an intuitive understanding that “a lot of how you perform is in your head.” Sherry came to understand that regardless to the environmental micro-aggressive messages she received about not belonging, the impact of those messages could be countered by what she chose to perceive about her own competence.

Claude Steele’s (2010) theory of stereotype threat concurs that “the things that people do in reaction to threat- vigilance to the settings, rumination, disengagement, and so on-are costly… the worry about devaluation can be just as costly as the devaluation itself” (p. 164). According to Steele (2010), there has to be a period of (self) affirmation to ward off environmental cues that threaten one’s sense of aptitude, otherwise there is a significant and real risk for underperformance.

Although Michelle chooses to use the word “irritating” when she described the segregation she experienced, her body language and intonation revealed emotion more consistent with anger, bewilderment, and disgust. She reflects that after the White students discovered her all Black group had something useful to offer for exam preparation, they would occasionally study with her group. “Then everybody was like, ‘Oh you guys are so cool.’ I’m like, ‘You wasted, isolated us for this long and you’re just now realizing we’re kind of cool?’”

Tameka’s shares her fear of responding in a certain way because she did not want to give her White peers grounds to say, “See- it’s true,” further perpetuating the negative stereotypes they held about African Americans.
In general, these women handled their experiences of rejection and microaggressions by seeking solace and support from other African Americans. This practice is not uncommon and Tatum (1997) reports how this happens in K-12 setting in her text, *Why are all the Black kids sitting together in the cafeteria,*” where she explains “Black students turn to each other for the much needed support [related to racially biased encounters] they are not likely to find anywhere else” (p. 60). Since bonding and belonging has been shown to be an important part of student persistence and success in higher education, these students created a sense of intergroup belonging and acceptance. This form of intentional segregation is often the result of experiencing institutional segregation (Sweet, 2012).

**Support is key: Success is a team effort.** Sherry, Kimberly, Michelle, and Tameka allude to the importance of support in their academic success. Although Sherry emphasizes how significant her husband’s support was during her nursing education, she also clearly sees a connection between her mother’s lifelong support of her academic goals, as well as her grandmother and grandfather’s involvement in her life. Sherry says that in the beginning of the program she was unsure how she would pay for it and she was informed that she was not eligible for many student loans since this was her second undergraduate degree. She recalls that she phoned her grandmother, who immediately encouraged Sherry by reminding her “God will make a way.” She found out the next day that she had been awarded academic scholarships. In addition to her husband’s moral support, his classification as a doctoral student and teaching assistant at the university qualified her for a 50% reduction in tuition costs. Furthermore, she describes him as “self-sufficient and very understanding-” characteristics she believes provided her the freedom to study as often and as long as she felt necessary. Beyond her family, Sherry also admits that she had a core group of nursing peers
that she would study with; stating they were collectively “very supportive of one another. I wouldn’t have made it without my family or my friends, we learned to depend on one another, we were there for each other…supporting each other.”

Kimberly did work part-time hours throughout her nursing education but because of her husband’s support, she did not have consistent domestic responsibilities (cleaning, laundry, cooking) to distract from her studying for long and frequent periods. Kimberly was able to get connected with a good study group, although she admits that this is hard to do. The factor she hails as most supportive for her success in nursing school is her faith and her family.

Having a connection with my Father in heaven, kept me going you know, me being able to talk to Him at any time. And then my family, I have a very good supportive family. And I think that’s positive because I guess there are some people who may not have family or may not have family in the area. I guess not having that extra oomph behind you or support behind you can get you down. But I did have good support from my husband, my parents, from my aunts and uncles. I had a good support system even though having them, it was still hard. And having my faith, it was still hard, you know- having to go through but I made it.

For Kimberly, her faith and her family support were often intertwined. “My family, they kept encouraging me. They would encourage me and tell me, you know, just keep believing, you know, keep striving through it, you’ll be fine! “I’m like, I’m failing,” and they were like “you’ll be fine.” In addition, she says that her dad’s revelation about their family history was a reminder of what other “Jacksons” had achieved, and a foundation for believing “the Lord would bring me through,” provided a belief that success was possible.
Kimberly’s disclosure is consistent with the literature, which indicates that for African-American students, faith can be paramount for success (Bailey-Johnson, Valentine, Cerverao, & Bowles, 2008; Walker & Dixon, 2002). Knox, Langhough, Walters, and Rowley (1998), illustrate that spirituality and faith can have a positive impact on a student developing high esteem and low anti-social behavior. The role of spirituality, as it pertains to improved coping in stressful situations, which include persisting in college at predominantly White universities and in high-stress jobs as a racial minority, has been demonstrated in several studies (Constantine, Wilton, Gainor, & Lewis, 2002; Patton & McClure, 2009; Walker & Dixon, 2002). Sweet (2012) found a similar result in her recent research study examining African-American nursing students at a religious PWU, identifying how their faith was one of the three essential themes identified as helping these students to persist.

Michelle did not have the same family support as Sherry, Kimberly, and Tameka. In childhood, she was disconnected from her nuclear family, and she divorced during her junior year of her nursing program. However, Michelle definitively acknowledges her supportive African-American friends who also served as her “team” (study group). Although her friends excelled with independent studying, they would agree to have study group sessions because they knew this would help Michelle. Michelle fondly recalls one specific friend, and comments how much she loves her as a sister. Michelle also credits the support of a minority enrichment program and its dedicated African-American female coordinator, with her success in nursing school.

Michelle explains that she attempted to utilize whatever resources were available to her, including supplemental tutoring and mentoring though the nursing program. Tutoring and mentoring can play critical roles in African-American student success (Amaro, Abriam-
Yago, & Yoder, 2006; Gilchrist & Rector, 2007; Jeffreys, 2004, 2007). In an empirical study investigating the effectiveness of tutoring and mentoring on minority student nurse success, tutoring was found to demonstrate significant positive impacts.

Quantitative evidence that tutoring positively impacted student success was found in the leadership-management capstone course. Students who participated in the ARMS (At-Risk Minority Success) program had final course grades higher than those who did not (p <0.001). In addition, student narratives indicated that tutoring was helpful stating, “Without you, I wouldn’t have passed,” “the study sessions really helped,” “I want to continue with tutoring,” and “I got an A on the test!” (Sutherland, Hamilton, and Goodman, 1999).

Robinson and Neimer (2011) implemented and evaluated a peer based mentor tutor program (PMTP) with Baccalaureate nursing students. Findings showed statistically significantly higher scores in the formative and summative grades (p< 0.001) of students in the intervention group compared to the control group. Other recent studies investigating the relationship between tutoring and student success in Associate Degree Nurses and Licensed Practical Nurses have shown similar, positive results (Bryer, 2012).

**Persistence and determination.** A final theme shared by these four participants is their commitment or determination to persist and succeed in spite of adverse circumstances. Sherry was emphatic that the more majority students tried to minimize her intellect and aptitude, the more determined she became to prove them wrong. France, Fields, and Garth’s (2004) qualitative research study investigating the lived experience of Black nursing students being isolated and discounted, also illuminated that African-American students feel compelled to strive to do the best they can to prove themselves, providing a counter-narrative for the general belief that they cannot make it.
When asked what helped her push through despite her failures, Kimberly answered “I don’t give up easy.” Authors Duckworth, Peterson, Matthews, & Kelly (2007), explain that the single most important factor related to success is a term they have coined “grit,” which means perseverance and passion for (attaining) long term goals. In fact these authors suggest that grit is as crucial to success as intelligence. In Kimberly’s case, she needed to demonstrate a high level of “grit” to overcome failing her first nursing class, and then again when she failed her NCLEX exam.

Despite Michelle’s unstable childhood, and early marriage and pregnancy, she too was determined to fulfill her goal of becoming a registered nurse. Her demonstration of determination, perseverance, and grit was best exemplified when she disclosed overcoming multiple barriers using resilience and drive to push through, no matter what her circumstances.

The impact of determination and commitment to persevere cannot be underestimated. Hill-Cill (as cited in Bosher & Pharris, 2009), an African-American nurse educator, indicated that student determination to succeed and persevere is key to minority student persistence. She explains how she developed determination and resilience, stating:

I made a conscious decision to succeed… I told myself every day, “I am going to be an RN.” I made myself a visual action board, with my goal written on top and action steps written beneath. Whenever I encountered a negative response, I looked at my visual, took a deep breath, and said to myself, “I am going to be an RN.” After a while I didn’t need the visual, it was ingrained in me… I was going to succeed… I teach this same thing to my nursing students today. (p. 80)
Further exploration of persistence is demonstrated by the participants in this study will be discussed further in Chapter 5.

In conclusion, this chapter introduced four compelling participants from the research study that were vastly different in their educational and family backgrounds; yet Sherry, Kimberly, Michelle, and Tameka share several common characteristics in addition to successfully completing their nursing programs at predominantly White universities. These commonalities include: 1) encountering racial bias and discrimination in nursing school, resulting in rejection and exclusion; 2) depending on support from key people to facilitate their success; and 3) demonstrating persistence and determination in the face of adversity. The following chapter will discuss additional findings related to strategies for success.
Chapter 5: Strategies for Success

In addition to the overarching themes discussed previously in chapter 4 (differentness, the encounter of rejection and exclusion, key support people, and determination and persistence to succeed), several additional commonalities emerged during analysis of the interviews. While each woman was unique and told her own individual story of success, the following chapter attempts to elucidate pervasive themes and subthemes that overlapped some or all of the participants’ narratives.

Racial Socialization

Several of the participants in this study emphasized that one factor contributing to their success was related to receiving positive messages of cultural pride and perseverance throughout their lives from family. Kimberly states that her father often encouraged her:

He would talk about my grandfather, who I never met, and my grandmother, my great-great grandma… the things they have done and how strong they were, the things they had to endure and go through; even the things he went through in the South. He started telling me about the things he had to go through in the military- like “I’ve been shot twice but it is okay, you know- I got through. You’re a Jackson! You can do this.”

Marie states that her grandmother was a positive source of inspiration to her and she was always reminding her that she would be successful, like the Negro spiritual we shall overcome someday. “You’re strong. You can do it, you’re almost there.”

Tameka also received messages that she could complete school because her mother, father, sister, and her aunts and uncles on her father’s side had- “so it was an obligation,” but also a legacy of her family to be educated. Vanessa shares, “my father was a math professor.
It [going to college] was expected. My father was the first in his family to go to college but he said “you're going to college.” We never thought we weren’t. There was no other expectation but to go to college… no other expectation but to succeed. Failure was not an option.”

Jacqueline confirms the pressure to fulfill the legacy set before her, confiding “I’m representing my family and I’m also representing my race.” Nasir, McLaughlin, and Jones (2009), investigated the constructions of race and academic identity and found that a high identification with ethnic identity in African-American high school youth predicted school achievement, and what the authors called a “positive school” identity. Positive school identity indicated that the students viewed themselves as succeeding in their role as students and as belonging in the school environment.

Sherry had a period where she idealized Caucasians. “I was for sure holding myself to very European standards of beauty- yeah, I was the only one shaving my legs. I wanted to be skinny. I wanted to be blonde. And when my mom saw that she was like “Baby, what is wrong with you? Don’t you know that Black is beautiful?” Later in adolescence, as Sherry really began to discover herself, she realized that she could not change her ethnicity and now she is proud of it. “I’m proud to be a Black woman, proud to represent my culture. All the women in my family I felt were very proud to be Black women and, you know, felt confident and beautiful and told me the same. We look damn good. I’m so happy to be a Black lady.”

The nursing literature does not identify racial socialization as a factor contributing toward the success of minority students, however, the educational and psychological literature does. In a study conducted by Brown and Tylka (2011), the authors explicate that racial socialization occurring in childhood is a protective factor that prepares the individual
for bias and discriminatory treatment. The authors found that the exact content of the
socialization messages from childhood varied but common themes found included cultural
pride, knowledge, a sense of heritage, and preparation for experiences of bias treatment.

Hughes et al. (2006) defined cultural socialization as transmitting knowledge about
heritage, history, cultural figures, and celebrating cultural practices, foods, artifacts, books,
language, and music. Preparation for bias, according to Hughes et al. (2006) is a specific
component of racial socialization. Parents in ethnic-racial groups who have historically
experienced pervasive racism socialize their children to understanding the historical
oppression that has been endured, as well as the likelihood that the child will also experience
it too. Further, children come to know ways to cope with the bias and discrimination.

Promotion of mistrust is another component of racial socialization that is transmitted
intergenerationally. Hughes et al (2006) further illuminate that parents communicate a need
for cautiousness and wariness in interracial interactions, particularly as it pertains to barriers
to success.

In this study however, not all of the participants expressed sentiments of cultural
pride. Molly and Sarah, both of whom have mixed heritage and self-identified as Black, did
not express experiences of positive racial socialization. In fact, in many ways they both
repudiated their African-American heritage as contributing to their success; instead
pinpointing the hazards of being Black and conveying a sense of expecting different, albeit
prejudicial, treatment in life based on it.

Molly states,

I felt like I had a lot of things going against me because I was a minority. I kind of
grew up White. There is this great divide even in my own family, you know. I have
cousins that have lots of kids, you know, they’re struggling and on welfare, trying to make a living and not really educated. If I had grown up like that… I think I would have been treated differently. I don’t think I would have made the friends I made, because you know my friends, they’re like “Molly’s Black but she’s not really Black.

Sarah indicated that she tended to lean more towards African Americans in her K-12 education but “there weren’t too many African Americans in nursing school, so I just did my thing and kind of hung out with the smarter crowd.” Sarah readily admits that Whites often did not recognize her heritage. For example, “some patients that were racist against African Americans had no inclination that I was bi-racial and had no problems with me” taking care of them.

It is important to note that both Sarah and Molly have long, fine textured, wavy Black hair and extremely fair skin, thus the unaware eye might presume that they are not members of an ethnic minority group. Their ability to connect and identify with White students/groups might possibly be attributed to their outward appearance. Yet, despite their physical appearance, they both repeatedly and consistently referred to themselves as Black, and often as “the only Black.”

**Academic Self-Efficacy and Self-Concept**

In spite of experiences of racism, exclusion, and rejection, these eleven women were successful in their nursing education and nursing licensure exams. During their K-12 education all of the participants developed a sense of competence and belief they could and would succeed. This was more than just being labeled as different, albeit “smart”— rather, it was a psychological and emotional belief that the label was positive and true about oneself. In opposition to the disconfirming data that they encountered about their likelihood of
success, these women definitively decided that they would persist and succeed, no matter what. Michelle explains,

No, I always knew that school was something that I could do and excel in. I never had a question with that, even when I was not doing well. It set up the fact that I could survive anything. I had no question whether I could survive.

Academic self-efficacy, sometimes termed academic self-concept, emphasizes the individuals’ belief in his/her ability to successfully complete academic tasks (Ferla, Valcke, and Cia, 2009). It is a conviction that they can “attain a specific academic goal” (McGrew, 2011, para 1). In their nursing programs the participants often engaged in positive self-talk to encourage and persuade themselves that they would succeed. When asked specifically, “how were you able to make it through?” Sherry bubbled “I just had to pick myself up, I had to you know, do self-talk…look around, and remember what’s going on… you could feel so alone sometimes. [I said to myself] It’s the program, its’ not you. It’s just the nature of the beast, you can do this.” Kimberly explains that she would look at her grade point average and her ability to function in clinical situations and see that other students were struggling, and “this gave me reassurance that I wasn’t, you know, a bad person.”

Tameka reiterates,

I felt like they were labeling and stereotyping me. And I’m like, you are, you are no different than me and I am no different than you as a person. So why do I have to reconfirm myself as a person? I have smart people in my family just like you do… I had to constantly reassure who I was, reassure myself.

Other participants used their academic successes in nursing school as a basis of evidence that they could succeed. Molly (originally a biology major) explains that her
roommate who was a nursing student, encouraged her to take nursing classes too, certain Molly would like them. Molly confides, “I was like at the top of my class for the nursing stuff when I struggled in all the other classes. And I realized, ‘OK, I’m not dumb. You know, I can do this. And so I took my pre-reqs and was like a 4.0’” Vanessa corroborates, “I know myself. I know that I am smart, and when you take a test or you turn in an assignment and you, you pass, you know you can do it. You passed this one, you can pass the next one.” Sherry agrees past encounters help you navigate your current experience, particularly when it involves overcoming obstacles or believing you can succeed, “I had done it before. I did well in my other classes, so I thought of this as kind of a repeat.”

Their belief they could succeed seems to be related to their past acknowledgement and validation that they were “smart,” and competent, able to achieve their academic endeavors. Their belief that they would succeed seems to be related to their current successes and performance despite the counter narrative being projected unto them by others.

In addition to academic self-efficacy and academic self-concept, the participants shared several other characteristics for success, which included 1) strategically reading the environment and 2) engaging in specific study strategies.

**Reading the Environment**

In order to survive and thrive in an environment that was often uncomfortable, hostile, and exclusionary, the participants had to demonstrate the ability to read their environment. Reading the environment has been defined in this paper as the ability to employ strategic skills that allowed the participants to observe and recognize the state of affairs impacting them and their goals (for success). Specifically, reading the environment requires 1) assessing the context of the situation, 2) discerning both the covert and overt
meanings inherent to the situation, and 3) then applying that information to their decision making in order to develop an idyllic resolution. A person who demonstrates effectively reading the environment will harness not only an awareness of their place but also the position of others and their relation to them; including cognizance of power and oppression. Successfully reading the environment in their nursing programs at predominantly White universities required these women to adroitly employ effective coping skills and deftly negotiate their identities.

According to the literature, coping is a “complex and multidimensional process…of managing external and internal demands that tax or exceed the resources of the person” (Kilburn & Whitlock, 2005, p.1). Lazarus and Folkman’s (1980, 1984) seminal work identifies coping as using an assortment of behavioral and cognitive strategies to manage stress(ors). In addition, their work identifies two principal types of coping: approach (also known as active or problem-focused) coping and emotional (avoidance) coping. Emotional (avoidant) coping is directed at easing the emotional distress caused by the stressor or problem, whereas approach (problem-focused) coping is directed at developing strategies that eliminate or manage the problem causing stress (Lazarus & Folkman, 1984). Historically, approach (problem-focused) coping is considered positive and avoidant coping is considered negative (Lipman, 2006), however recent psychological and educational literature suggests that avoidant coping- particularly in the case of racism and hostility- may actually be positive because it is protective of the psyche. The participants of this dissertation study engaged in both types of coping strategies.

When the women in this study encountered overt racism and/or prejudice they frequently engaged in emotion-based (avoidance) coping. According to Feagin’s (1991)
study of anti-Black discrimination in public places, the decision to engage in avoidance coping can be protective for African Americans facing racial discrimination because confrontation can be too costly in time and energy; and specifically, when the perception of danger, harm, and lasting negative outcome is higher, people withdraw or resign acceptance.

Vanessa powerfully illuminates,

Some instructors were biased. They’d yell at you. When that happens, what do you do? Some people cried, and some people would fight back- which is not a good idea. Knowing this is only 13 weeks, it’s going to be over in a minute, if you fight back, you might get kicked out. You know, just let it go… Just suffer it and move on. Play to their ego, you know, just be a little timid and let them win. And then, and then you’ll win. [I constantly asked myself] What is my goal? To get through this and pass. For 13 weeks, I am just going to have to let them be because they are not going to change for me.

Marie states,

We had a lot of prejudice. I knew that was going to be, because I’m [Black], I was looked down on a lot but, like my family said, “Go, and get what you came to get. Don’t worry about that.” I just used my ability to stay focused and not let the negativity affect me.

Michelle posits,

They have the power to destroy your academic career. Something that I learned— I look and avoid the problem beforehand. If I see a problem coming, I try to head it off at the pass.
When discussing how she was able to be successful, Jacqueline further expounds on the notion that you must be able to read the environment and resolve how to respond based on the context of the situation. “Sometimes, sometimes it’s not even worth it… I’m not going to do anything to jeopardize anything of mine.” She is alluding to the fact that you must allow some things, despite their injustice, to roll off your back and not affect you. Two of the participants (Adrian and Sherry) explicitly referred to the ability to take what is dished out as “developing tough skin.” Adrian states that she would advise future students to “develop some thick skin, and not let their [usual] personality or inner feelings dictate your actions.” She explicates that you might normally be tough, even aggressive; but in delicate situations like this you need have a neutral personality, and not be easily offended or angered. Sherry suggests that developing tougher skin helps one anticipate situations in advance so that they are not a shock.

Although several of the prior examples illustrate the women using avoidance coping to manage the treatment they received, some participants chose to “fight back” and advocate for themselves against their perceived discrimination. For example, Marie emphasizes that on occasion you just have to defend yourself. “I’m shy by nature but I think if you don’t voice your opinion sometime you will kind of get run over. Not necessarily being overly aggressive but just able to speak up to be heard and just being an advocate for yourself.” Adrian elucidates that you have to stand your ground and let people know that you will not allow them to deter you from your goal- no matter what it takes, even if it requires you knocking them out of your path.

Jacqueline shares a specific situation where she had to advocate for herself.
We had this obnoxious guy in our group who seemed to only mess with me. He was about a 45 year old White male and ex-military medic. During our clinical rotation I had to literally walk out of a patient room because he was constantly on my back telling me how to perform tasks and do things—like a simple blue pad [that goes underneath a patient]. I tried to talk to him but he approached me in the break room swearing. And being the person that I am, I immediately went to get the instructor because I’m not going to talk behind your back. I told him “I cannot handle this micro management. I understand you are an ex-military medic and you feel like you have your skills together, you’ve been out in the field; but I will not have you discussing things with me over patients. The instructor was like, “Yeah, you cannot do that, you know, regardless of the skills you have.” After that he kept, you know, picking at me but I would never give in. He eventually got himself kicked out of the program.

Erika explains that you have to “be assertive and let them know from the very beginning how you’re going to do, that they are not going to run over you. You’ve got to be able to speak up when something is not right, you know.” Adrian also shares an experience where she advocated for herself but eventually decided to back down because as she “read the environment,” she saw that the risk did not outweigh the benefit.

I had one White instructor who was trying to explain to me Black culture. She was really intense and I told her, “No, you can’t tell me about Black culture— you can tell me about your culture— but you can’t tell me about my culture.” But she would not back down, so I said “Ok, fine.” I’m not going to ruin the rest of my experience. I heard enough horror stories. [In my mind] I was like, you know what? I am going to
get through my program and I’m not going let you have me messing up what I need to do. I’m not going to make waves (any more), I’m going to do what I need to do.

Skillfully reading the environment entails knowing both when it is necessary to back down and when it is imperative to stand up and advocate for yourself or push back. Tameka shares an example of advocating for herself when she felt she needed additional assistance from the faculty. Although they did not readily offer advice or extra help and support to African-American students, Tameka would persist until they would meet with her. “You have to pursue them on your own. I would ask questions. You can’t be afraid to ask questions just because people are very judgmental. Speak with them, talk to them, and meet with your professors.” Admittedly, she felt that she should approach her professors because of her past experience and belief that they were supposed help her succeed. She explains that when she was in middle school and she didn’t understand [a concept] she would ask the teachers questions until she did, and she repeated this experience in nursing school too. “If it wasn’t for me doing that, I probably wouldn’t pass certain things, or you know- have the knowledge that I do.” She confesses that she also had to do this peers at times. She explains, “You have to ask questions. You have to ask your peers- not everyone is willing to help you but you have to ask to understand.”

Kirkland (1998) conducted a research study on African-American nurses attending predominantly White universities, and she found that successful students engaged in approach (active) coping, specifically taking action to remove or circumvent the stressor, seeking social support from those in a position to help (instrumental), and seeking social support from family and friends (emotional). The findings of this research study support her premise that African-American nurses engage in seeking both instrumental and social
support. However, significantly more women in this study sought support from family and friends. This support was primarily social, meaning it was sought for emotional reasons— to help them manage and survive the trauma they often experienced in nursing school. These women sought instrumental help. Tameka’s example of seeking faculty assistance serves as an excellent example; but sometimes instrumental support was also sought among their own ethnic peer group through the scaffolding of study groups, where the women were able to leverage their knowledge and exchange information to help one another access (instrumental) information vital to their success. Michelle eloquently referred to this in her case study (p. 78). Michelle also elaborates that the “other two girls in my group could study alone and figure it out but me—I needed the study group—that was the only way I could figure it out, after they had explained it to me completely. Marie further explicates the importance of ethnic peers as instrumental support,

I did connect with a couple of girls, Black girls, and we pretty much studied together a lot. This one girl, Shelly (pseudonym), she used to come over to study with me. It was so good having her, she was just a really God-sent person to me in the program, she was really good. She helped me understand a lot.

In addition to advocating for oneself through seeking support, using approach (active, problem focused) coping entails the ability to discern the resources required for success, as well as how to obtain and/or utilize them when necessary (Greer & Chwalisz, 1998; Hamachek, 2007). Some of the specific resources the participants identified as necessary for the success of an African-American student in a nursing program at a predominantly White university included the ability to master border crossing, biculturalism, and code switching.
In order to execute these strategies effectively, it was necessary for the women to deftly negotiate their identities.

**Cultural border crossing.** Chang (2009) helps paint a vivid picture of border crossing by defining borders, boundaries, and borderlands. In each example he explains the delineation of borders/boundaries as a line of demarcation between two separate entities. He eloquently explains, a literal border does not represent a neutral boundary but instead is political in nature and “across a border power is exercised, as in the political border between two nations” (para 4). As the case when one literally crosses a border between two countries, there are gate keepers (immigration officers) at the border; and permission to travel across the border line requires possession of the appropriate documentation. When likening a political and physical border to that of a cultural border, he explicates that the cultural border

Connotes a barrier that a more powerful side constructs to guard its own political power, cultural knowledge, and privileges. It is a symbol of power that imposes inclusion and exclusion. The more privileged-dominant-hegemonic-side will actively control the border to keep the border crossers out (para 5).

Other researchers (Apple, 2009; Bell, 1980; Kendall, 2006; Lipman, 2004; Taylor, Gillborn, Ladson-Billings, 2009) have shown that White is the dominant culture (power) in the United States, and being White in America is associated with inherent rights and privileges. “White Privilege,” a concept interpreted by Peggy McIntosh (1988) and Tim Wise (2000), indicates that one salient privilege of “being White means never having to think about it” (Wise, 2000). Wise further explains,
The virtual invisibility that Whiteness affords those of us who have it is like psychological money in the bank, the proceeds from which we cash in every day while others are in a perpetual state of overdraft. (p. 2, para3)

Those who do not possess “White Privilege” are therefore constantly aware of the absence of the same opportunities afforded others merely because of their skin color; and in many cases they are equally concerned with the desire to get across the border to access some of the benefits they perceive on the other side. Education has historically been seen as a way to get to the other side, the side which represents an opportunity to achieve the “American Dream.” Although the definition of the “American Dream” is in many ways contextual, in general it represents a compilation of ideals which purport everyone should have the opportunity to achieve success, prosperity, and upward social mobility as a consequence of their hard work, “life should be better and richer and fuller for everyone, with an opportunity for each according to ability and achievement regardless of social class” (Adams, 1931).

The African-American women who participated in this study (as well as other African Americans who pursue higher education) were convinced that obtaining their nursing degree and licensure would give them access to their dreams of professional work, middle class status, and economic stability; in other words, it represented a way out of their current situations. Marie, who grew up poor, explains that she pursued her education because she didn’t want to end up like many of the people she knew. “I was determined that wasn’t going to be me. I wanted something better for my future kids.” Michelle, who grew up with her grandmother after experiencing parental instability concurs, “My daughters are going to have a mother that has their back and has the financial means to have their backs…that’s what I am going to pass on to my kids. And I have them believing right now, there’s nothing
they can’t do- if momma can do it, then gosh darn it, I can too.” Jacqueline divulges, “I made the decision to go to (nursing) school because, one- it offers stability- good pay and good benefits; and two- because I care about people.”

In order to succeed in their academic and professional pursuits these women realized that it was necessary to obtain passports that would permit them to border cross. The ability to successfully border cross between the worlds of African American and White requires an expert ability to scrutinize (read) the environment, as well as attainment of key behaviors and skills. The participants in this study demonstrate understanding the need to master dominant White social and cultural capital in order to border cross. Evans-Winters & Esposito (2010) explain the importance of developing and utilizing such cultural capital in order to yield successful education experiences. In her book Black women underg ___iates, cultural capital, and college success, Banks (2009) details that, in order to succeed in college, African-American women must resist and navigate oppressive consequences associated with the intersection of their race, class, and gender. She explains that although all college students have to “engage in work beyond traditional academics while trying to obtain a degree,” for African-American women- learning to engage in this work, itself, becomes cultural capital. Banks expounds,

The focus in this analysis… is not just what the women know or that they have an understanding of how history, biography, and society intersect but also what having this knowledge allows and inspires them to do as they make their way through the social structures such as higher education. (p. 45)

Mastery of their ability to border cross is evidenced by acquisition of mores, lifeways, and values consistent with that of dominant White culture, which encompass education,
intellect, style of dress, and speech. She is quick to point out that developing this discourse on cultural capital is not the same as suggesting that African-American women who succeed are merely “acting White,” which implies they Whites students legitimately have a claim on academic success not shared by African-American students. Rather, she is suggesting that these women make purposeful decisions about how to implement their knowledge in a way that results in success.

Two participants, Michelle and Tameka, both discussed how outward appearance and style of dress (specifically hair) impact the ability border cross. Tameka recounts being mentored on the mores of Professional (White) America, stating,

My sister, an attorney, explained that having twisties or do-knots, or braids or some styles that African-Americans wear- we know it’s just a way to maintain our hair because our hair is different- but you can’t wear that you know, per se, because it doesn’t look appropriate. The minute I wear my hair down [like that], I am considered “less,” that I seem less knowledgeable, like I don’t know what I’m talking about.

In her book, Hair matters: Beauty, power, and Black women’s consciousness, Banks (2000) reports that the discussion of “appropriate” Black hair styles in professional (i.e. White) America is so prominent, that even the 20/20 television show dedicated an entire episode to it. She states “one woman was terminated because management saw her hairstyle as extreme, and another woman was written up because her braids were deemed “too ethnic” (p. 16). Banks (2000) proposes that Black hair is “symbolic of age, occupation, clan, and status… hair is the… symbol of things people want to be… its social-cultural significance should not be underestimated” (p. 7).
However, in response to being asked “What do you think contributed to your success as an African American in a Bachelor’s degree nursing program at a Predominantly White University,” almost all of the participants 1) directly identified their ability to communicate well, or 2) alluded to their ability to speak the “right” language. Speaking and communicating in the preferred language of the local natives is one technique used for (effective) border crossing.

**Code switching.** In the field of linguistics, code switching was traditionally recognized as switching between two or more languages, particularly when the individual interchanged between their primary and secondary spoken languages within the same conversation (Hill, 2009). However, recent social linguistic scholarship has expanded the definition to encompass the act of switching among dialects, something often practiced by African Americans in their use of Standard English and African-American Vernacular English, depending on the context or social setting they are engaged. Alim and Smitherman (2012) highlight that one of the primary reasons African Americans engage in code-switching is to travel between formal and informal social situations.

The tension between being rewarded and criticized for the dialect of their oral language was a recurring strain for the most of participants in this study. When the participants engaged in Standard American English (SAE), they were often accused of “acting White” by Black family and peers, whereas White faculty and peers would act astonished and comment “you articulate so well.” Marie explains,

Inner city African Americans, you know, the way they speak or the language they use, and I know sometimes it’s a cultural thing like the Ebonics and the slang but I
feel like there is an appropriate time and place for you to use it… even sometimes within our race, you sort of get discrimination… when they say “why do you talk like that? You’re talking White.”

Several research studies have investigated the notion of “acting White” in K-12 students, most notably Ogbu and Fordham (1986), who suggest that acting White is defined as succeeding academically in school. They propose that acting White places a burden on the African-American student, impacting their self-esteem and relation to other Blacks. However, more recent research on “acting White,” suggests that the phenomenon is more comprehensive and includes imitating the speech of Whites, through tone, diction, and vernacular; emulating their fashion styles; preferring social interactions with Whites; and assuming superiority toward in-group members (Horvat & Conner, 2006).

Michelle reiterates that when she hangs out with her African-American friends she is considered the “most White” in the group, in other words, “what they believe that a person that’s White is supposed to act like.” But she emphasizes,

I can alter it when I’m with different friends in different settings, because you don’t want to make anyone uncomfortable. You don’t want to sit there and sound haughty. And a lot of times when you sound proper and you’re with African Americans, your African-American friends, unless you’re all at the same level, you sound like, “Oh, she thinks she’s too good for us. She sounds so— oh, so you know how to use a proper sentence.”

In his book, Stigma: Notes on the management of spoiled identity, Goffman (1963) began a conversation about being stigmatized for being different, and expounded on what stereotyping does to personal identity, noting that one’s social identity must be negotiated. In
the case of African Americans, this stigmatization often occurs secondary being racialized; including intellectually and linguistically. One mode of negotiating social identity is to harness mastery of Standard American English. Failure to do so has significant implications, as duly noted by Barack Obama (2006),

None of us— Black, White, Latino, or Asian— is immune to the stereotypes that our culture continues to feed us, especially stereotypes about Black criminality, Black intelligence, or the Black work ethic. In general, members of every minority group continue to be measured largely by the degree of assimilation— how closely our speech patterns, dress, or demeanor conform to the dominant White culture— and the more that minority strays from these external markers, the more he or she is subject to negative assumptions. (Alim & Smitherman, 2012, p. xi)

One participant, Michelle inculcates:

If they can’t understand what you are saying, if you don’t know how to communicate with them, you’re not even going to be able to pass through an interview and later the instructor is going to be like “Now that is not somebody that I want representing Nursing University. Oh no, I can’t have her representing us, she’s ghetto. If you’re unable to communicate, then you won’t even make it through talking to your classmates. You have group projects to get done and nobody wants to have that person in their group- the one that can’t communicate.

Adrian explicates, ‘people try to, they kind of judge you by the way you talk and they put you in a certain box, like “Ok, you’re probably going to be this kind of person, nurse, this kind of student.” She admittedly struggles with the tension between being so-called “professional” and being “relaxed.” “Everybody is not from your same walk of life. You
can’t talk to everybody the same way… I don’t know where I picked it up- but you have to adapt” your speech.

Alim and Smitherman (2012) further illuminate the implications of what it means to be *Articulate While Black*, inviting the reader to acknowledge that language is more complicated than merely what is said but also *how* it is said, and further how “Black linguistic practice is perceived” (p. xiv). In addition, the text also reveals how being called “articulate” as a Black person can be received as offensive, depending upon the orientation of the conversation partner.

Again, Michelle poignantly explicates

I’ve taken my daughters to fine-dining restaurants, and they’re like “You’re daughters are so well spoken.” And I sit there and laugh in my head, I’m like— yes, because *of course* they’re supposed to sound [ghetto] like they’re on the Parkers (television show) or they’re supposed to sound like Madea’s Family Reunion.

In order to survive and thrive, many African-American students in higher education at predominantly White universities have felt compelled to adopt dual personalities and engage in code switching (Morris, 2007).

**Double consciousness/Bi-culturalism.** The notion of having a dual personality can be linked to the explication of “double consciousness.” W.E.B., Du Bois introduced the concept of double consciousness in his text, *The Souls of Black Folks* (1903). Here, Du Bois asserts that double consciousness is “a sense of always looking at ones’ self through the eyes of others” and explains that Black people are caught between two worlds and two interpretations of themselves: their beauty and value, which they instinctively know to be true, and rejection and “Otherness,” which he emphasizes culminates in their experiences of
prejudice, mistreatment, and being outcast. He explains that the American Negro cannot escape his two-ness—“an American, a negro, two souls, two thoughts, two un-reconciled strivings, two warring ideals in one dark body…” (Du Bois, 1903, p. 3). Fanon (1967) presented a similar duality in his book *Black Skin, White Mask*, which he coined “dual consciousness.” He asserts that dual consciousness is different than double consciousness, because dual consciousness indicates a simultaneous awareness of both identities, as opposed to a competition of them. Evans-Winters (2011) states, “African-American students must learn to incorporate both Afrocentrism and Eurocentrism into their lives” (p. 41). Additionally, she acknowledges that this reconciliation can produce tension, because African-American females experience the struggle of classism, racism, and sexism combined.

In discussing the complexity of establishing one’s identity, Fine and Sirin (2007) argue that such dual consciousness produces hyphenated selves, which is subjected to interpretations of self and Others, and also bound in social and political contexts. Built on Lewis’ (1951) theory of change and Du Bois’ discussion of dual consciousness, Fine and Sirin (2007) define the hyphenated self as one trying to “make meaning, speak back, incorporate and resist the contradictory messages that swirl around them” (p. 17). They describe life at the hyphen as “a dynamic social-psychological space where political arrangements and individual subjectivities meet” (p. 21). In their post-911 research, many Muslim-American youths pictorially represented themselves as split, essentially dichotomous.

This dual personality of sorts resonates with the experience of many African-American nurses and nursing students who achieved good academic standing in order to be
accepted into their nursing programs but then were rejected as “Other” from the professional group they are striving to be included in, and often also rejected within their own ethnic group for “acting White” or “selling out” (in order to gain entry into the “Other’s” world). If unresolved, this can cause a warring of ideals and identity.

However, the women in this study demonstrated an unwavering ability to read their environment and one final strategic skill they employed to negotiate identity (and resolve this internal tension) was by engaging in biculturalism. Biculturalism is a concept that was also generated in the field of sociology, and describes the co-existence of two distinct cultures. LaFromboise, Hardin, Coleman, and Gerton (1993) propose that biculturalism reflects individuals “who live at the juncture between two cultures and can lay claim to belonging to both cultures” (p. 385). The authors assert that becoming successfully bi-cultured involves some degree of alternation (instead of assimilation), which implies that the student can participate in two worlds, and alternate their behavior depending on the context of the social situation. However, in cases of assimilation, one culture is replaced with the other. The participants in this study had a clear understanding and commitment to the notion that they were not replacing their Black culture with White culture, rather, they were intentionally alternating between the two- as a way to prevent the warring of their souls” that Du Bois described.

Biculturalism is considered psychologically protective because the individual is allowed to function in the two competing environments, without having to choose one identity- they can preserve the identities required to enjoy both cultures when necessitated. LaFromboise, Hardin, Coleman, and Gerton (1993) point out, “African Americans can
function effectively and productively within the context of America’s core institutions while retaining a sense of self and African ethnic identity” (p. 399).

In addition, mastering biculturalism within an alternation model, allows the student to engage in what the literature refers to as code-switching, which entails using different language patterns in different social contexts based on perceived acceptability and anticipated reward or punishment (Hill, 2009; Steele, 2010). The inability to navigate the norms and expectations set forth in the nursing profession often leads to stereotyping, discrimination, isolation, and ultimately the attrition of minority nursing students (Jeffreys, 2007); whereas individuals who alternate their behavior between the two cultures can experience less stress than those who assimilate because assimilation can cause psychological distress and dissatisfaction regarding personal identity (LaFromboise, Hardin, Coleman, & Gerton, 1993). Sarah and Molly are unique examples in this sample (and likely in general) because they literally do belong to both cultural groups. Consequently by their own admission, they experienced more ease and acceptance when crossing between two worlds.

In many ways, these women’s ability to read the environment might be likened to a strategic game of chess. Prior to starting the game, both players must acknowledge and accept that the White player always moves first. For the African-American participants in this research study, acknowledging the salience of White privilege was a critical first step toward success. Next, the game of chess requires each player to understand the role of all the playing pieces, and remain constantly aware of the position of their playing pieces and their opponent’s playing pieces. The ultimate goal of chess is to checkmate the opponent’s King. This requires using complex strategies that allow one to know when, where, and how to
move their playing pieces, while simultaneously anticipating when, where, and how the opponent will move hers. Finally, a successful chess player knows when to draw and resign, or hold-out for the ultimate victory.

Learning how to communicate and navigate the system required being savvy. Once the women mastered the ability to border cross through the technique of code switching and subsequently demonstrated biculturalism (shifting between two worlds), they were able to acquire the resources needed for success, which included networking, affording them access to opportunities otherwise not extended to them.

All of the participants indicated that minority students who were unsuccessful did not fit in, often because they did not master the right language (e.g. talked improper or “ghetto”), were too stubborn (didn’t know when to back down and let something roll off), had too many competing (family/work) responsibilities, and/or were academically under prepared.

**Successful Study Strategies and Skills**

Despite the variations of the study participants’ age, educational institution attended, socioeconomic background, employment status, and family/marital responsibilities, these women shared similar study techniques and strategies (see Appendix I). The top seven strategies engaged in by at least seven of the eleven participant of the sample include: attending class, reading the text, re-writing notes, discussing course information, having a study buddy, sharing resources, and including increased amounts of personal study time. Admittedly, many of these strategies are shared by successful college students of any ethnic background and therefore are not unique to this participant group. However, future African-American students who are interested in success strategies, as well as the nurse educators committed to aiding their success may benefit from the brief discussion that follows.
Class attendance, reading the text, and rewriting notes. Ten participants in the sample utilized class attendance as their foundational academic success strategy. Kimberly explained that the professors would usually emphasize the concepts they thought most important during the class lecture, and this would help her narrow her focus for exams preparation. The second most frequent strategy was reading the text book. Eight participants reported utilizing this strategy in preparation of class. The remaining three women often relegated reading until after they attended lecture and encountered concepts they did not easily understand, specifically seeking those content areas. Eight of the women also disclosed that they would rewrite their notes, although there were variations in the manner which they rewrote them. Several of the participants admitted that they would draft notes at the time they initially read the text prior to class lecture, and rewrite them again closer to the exam date. Some participants stated that they would wait and take notes during lecture (often using the faculty’s power point slides/handouts as a guide), and recopy those notes later. Still others would choose to rewrite their notes in the form of flashcards, outlines, or study guides [usually generated by one or more students and subsequently shared as a resource].

Discussing class information. Discussing class information was a strategy employed in one form or another, by every single participant. Eight women revealed “group talk” as their primary approach to discussion. The participants would get together with a group of other students and study by asking and answering questions, clarifying concepts, and reviewing study guides. Talking aloud and hearing others talk reinforced their knowledge. In addition, this exchange of information, specifically when they contributed information to the discussion, validated one’s sense of knowledge acquisition. Sarah surmises, “I started doing
different study groups and then, like being able to put in my input, and people appreciating my input and me as a person, then it made me feel better [about what I knew].”

Oral language and communal education are foundational in the socialization of many minority groups, including African-American children (Guild, 1994). Hughes et al. (2006) suggest that African-American families socialize their children in these areas so that they can self-identity as a group member, and function within the group structure. The sense of community (also described as a “people within a people”) is evidenced through the development of extended kinships and evolved as a result of slavery. This adaptive strategy was used to survive and thrive, despite rejection from the larger [White] community. For this reason, self-reliance and reliance on kinship-based relationships (i.e. community), in addition to reliance on oral communication (since written communication and reading were prohibited for over a century), are integral parts of African-American culture and African-American learning-style preferences, as well as other minority groups (Bartee & Brown, 2007; Pitre, Pitre, Ray, & Hilton-Pitre, 2009).

Since the 1960s (and in response to theories of cultural deprivation of minority students) social anthropologists and educators have explored cultural differences and learning styles that contribute to the academic performance of ethnic minority students. Notable scholarship includes Ramirez and Castaneda (1974), Hale-Benson (1986), Boykin (1986), and Banks (1995). These authors argue that culturally and ethnically diverse students have preferred learning styles based on their cultural heritage and background.

While it appears that these study participants’ predilection for “discussion” as a vital learning strategy is consistent with Boykin’s concept of orality (information learned and transmitted orally, particularly through a call and response pattern) and their preference for
group success is consistent with Boykin’s concept of communalism (interdependence on people and a social orientation to the wellbeing of the group over individualism); it would be a premature conjecture to assume that cultural learning styles take precedence over individual learning styles (Irvine and Eleanor, 1995).

There were two additional approaches that the participants used for discussion, the “teaching someone else” approach, and the “being quizzed aloud” approach. Marie and Erika both declare that teaching the concepts to someone else (peer, family, or friend) helped them solidify their confidence that they understood the information. Marie asserts, “If I could explain something to someone else then that really meant that I kind of knew what I was talking about- so that definitely helped.” However, Kimberly and Michelle proclaim being quizzed by someone else helped them master the information. “We went over the notes and asked each other questions, we drilled (quizzed) each other; and that worked well.”

Cognitive psychologists has termed this the “testing effect,” and posit that being tested on information, instead of merely reciting it, “can have a greater positive impact on future retention of the material, even when performance on the test is far from perfect and you receive no feedback” (Roediger and Karpicke, 2006).

**Study buddy (bonding).** The majority of the women also indicted that they had at least one study partner. Erika coined the term “study buddy,” which conveys a sense of intimacy and connection, companionship and friendship. Study buddies were almost exclusively of African-American ethnicity (unless participant was of mixed ethnicity, or perceived age as a barrier to belonging). The women described the importance of this person

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4 It is important to note that oral and communal learning strategies are not unique to African-American students, rather a common finding among multiple ethnic minority groups, including Latino/a and Asian learners.
as an intellectual partner but also as a support person. In the case of study buddies, there was more investment from each individual in the success of the other, and additionally there was also a sense of safety (secondary to shared ethnicity and in many cases, lived experience) embedded in this relationship. This was a time that the participants were free to be who they genuinely believed themselves to be, instead of needing to ascribe to the expectation projected on them. Michelle explains, “A lot of times I feel like I’m switching costumes and there’s few people that I can just be and just be myself [with].” Many of the women expressed the ability to be “relaxed” with their ethnic peer group, specifically their study buddies, which meant they could dress and speak freely. One participant shares, “when I’m with them [White peers] I find myself explaining, defending, translating and communicating,” but when I’m with “us” [African-American peers] I don’t.

**Sharing resources.** For these participants, sharing resources meant attempting to access materials available to the larger diverse group by convincing someone in that group to “share” the resources with them, so that they in turn could disseminate those resources among their ethnic peer group. This particular strategy is linked to the women’s ability to read the environment and navigate the dominant culture, as evidenced by border crossing, code switching, and mastering biculturalism.

In order to get access to dominant resources, the women needed to network; and networking meant building bridges and relationships across cultural groups. For some of the participants, recognizing the need for networking occurred later in their educational journey. Michelle explains,

I’m a pretty introverted person and I didn’t realize how much networking team effort actually went into nursing school. [Later] I realized, ok- this is something I need to
learn how to, this is a skill that I actually need to learn how to manage, and put it as one of the skills I use… my study buddy was very outgoing, and because of her personality, she was better linked into the larger diverse groups and able to access some of the information they had access to.

The majority of the women recounted how they were discounted as having anything to contribute, except when they outperformed their White peers on exams or attained resources deemed useful. When that happened, members of the larger group would come to them to inquire what they did to be successful, and want to share resources too. Sherry explains, “When we found some resources, something we thought helped, we were always asked to post them” [on the online student group site for everyone to see.]

**Individual study time (repetition).** The final two strategies are decidedly interwoven, and include investing increased time toward (individual) study and repeating concepts over and over. Seven of the participants indicated the necessity of devoting considerable time toward studying and reviewing concepts on their own. Repetition seems to be an important element of individual study time. Vanessa states, “that’s how I do it… you just have to get it to sink in, and just keep going over it again and again.” Molly reiterates, “I mean I was studying all the time, reviewing it over and over.” Sarah confirms, “I would go into my room and close my door and sit there all day studying, going over things over, and over, and over, and over again.”

**Relevant Literature on Successful Study Strategies**

There is a paucity of research investigating study strategies for successful African-American college students. The following research captures literature related to successful
study strategies that are not ethnically unique, rather appropriate across student groups or particularly useful in other marginalized student groups.

One recent dissertation study (Smith, 2012) investigated *effective strategies for academic success among African-American male student athletes*. The author found that the factors most contributory to their success included: family & peer support, academic support services, a positive peer group, setting goals and staying focused, and regular class attendance and good time management.

Wood and Essien-Wood (2010) also completed dissertation research investigating success and persistence of African-American university students. However, her study focused on undergraduate African-American women in science majors. Her findings conclude that persistence, family, friends, and religion positively impacted student success, whereas employment, lack of cultural diversity, cultural dissonance, faculty, advisors, and classmates negatively impacted student success.

Benford and Gess-Newsome (2006) conducted a study exploring student success at the University of Arizona. This study did not focus on African Americans, nursing students, or females specifically. Instead, it looked at students across racial ethnicities, gender, socioeconomic status/social class and college majors (including business, sciences, education, etc.). Their results elucidate several interesting findings related to successful academic study habits. There was a positive relationship between class attendance (attending class 95% of the time or more) and student success (*p*=0.012), regardless of ethnicity (which was not found to be significant). Students who completed homework in preparation of class demonstrated increased success when compared to students who did not (regardless to ethnicity, gender, or major). Homework strategies included completing assigned readings.
[and making notes] (p= 0.000), and discussing and exchanging ideas from class outside of class (p=0.032). Another factor found to have a significant impact on student success was related to their perception of academic preparedness for the course; a finding which did have significant differences across ethnic groups (p= 0.011). Students most likely to describe themselves as prepared and least likely to describe themselves as ill-prepared were Caucasian students. In this sample, African-American students were most likely to describe themselves as unprepared. The more “prepared” a student ascribed him or herself to be, the better they performed in a course. More research is needed in this area but one possible explanation is linked to the discussion of academic self-efficacy.

Findings from this research study are similar to other research studies conducted investigating academic habits of successful students. In her book, How to Survive (and Maybe Even Love) Nursing School, Dunham (2001, 2004, 2008), describes similar strategies of attending class, writing notes, and participating in study groups as beneficial to nursing student success.

In conclusion, several persistent themes emerged from this thematic analysis, which includes encountering differentness and otherness, developing academic self-efficacy and academic self-concept, as well as experiencing positive racial socialization messages. In addition, the participants in this research study demonstrated an ability to navigate their educational system by reading the(ir) environment (through coping, border-crossing, code-switching, and biculturalism), and engaging in specific study strategies, which included: attending class, reading the textbook, rewriting notes, engaging in discussion (group, quizzing, and teaching it to others) identifying a study buddy, sharing resources, and being committed to individual study time to recite and repeat the information they desired to learn.
Chapter 6: Conclusion, Implications, and Recommendations

The purpose of this phenomenological dissertation study was twofold: to gain an in-depth understanding of the lived experiences of female African-American nurses who attended baccalaureate programs at predominantly white universities as students; and to better understand the characteristics and attributes that allowed them to succeed in their goal of becoming a registered nurse.

Specific themes that emerged as part of the lived experience of these women, and were also consistently echoed in previous nursing education research studies, were racial bias and discrimination, exclusion, differentness (otherness), presumptions of inferiority, and devaluing—particularly by Caucasian peers. Some researchers note that these experiences have been so emotionally and psychologically draining and/or traumatic, that an egregious percent of African-American students who matriculate do not successfully complete their nursing programs (Leroy, 2008; Jeffreys, 2007; Sweet, 2012).

Interpretation of the Findings

Based on a review of extant literature, pilot studies, and personal communications with current African-American students and colleagues, most African-American nursing students at predominantly White universities have experienced some degree of adversity. Frequent encounters with adversity, in the forms of exclusion, alienation, discrimination, and lack of belonging can produce “Racial Battle Fatigue (RBF),” which is subsequent to existing in a racially hostile environment (i.e. predominantly White university). There are both physical and psychological effects associated with frequent (traumatic) experiences of racism and discrimination (Smith, 2010; Smith, Allen, & Danley, 2007). The physiological effects are similar to anxiety-related symptoms, which include tension headaches, loss of appetite,
elevated heart rate and rapid breathing, as well as increased blood pressure. The psychological effects include constant worry and anxiety, loss of self-confidence, high effort coping (John Henryism), anger, and can lead to social or emotional withdrawal (depression; Smith, Allen, & Danley, 2007). In addition, constant adversity can impact one’s academic self-efficacy and cognitive world view (Brown, 2008), which ultimately can effect persistence and success. However in this study, in spite the adversities they faced, these African-American women demonstrated the ability to rebound and overcome such experiences in order to succeed in achieving their Baccalaureate Nursing degree.

**Resilience.** Nurses Gillespie, Chaboyers, and Wallis (2007) postulated a theoretically derived model of resilience. This model defined the antecedents of resilience (adversity, interpretation as traumatic, cognitive ability, and realistic world view), attributes of resilience (self-efficacy, hope, and coping), and the consequences of resilience (integration, control, adjustment, and growth). Their resilience model is appropriate for helping conceptualize how the women in this study persisted to success. Although these women did experience adversity (i.e. racism, exclusion, course difficulty, and failure) as traumatic, they also demonstrated cognitive ability (as evidenced by their past experiences with academic success), and maintained a realistic world view that- despite the adversity faced- they were capable of succeeding. Within this realistic worldview, they were required to make decisions about what they could change, and what- for example, they needed to develop tough skin and let “roll off.” Each woman verbalized a sense of self-efficacy and use of effective coping strategies, as well as perpetual hope (belief) that they would succeed in their goal of becoming an RN. The consequence of these aforementioned interactions is that these women were able to integrate their skills, reflexivity, knowledge and insight, as well as experiences
of adversity toward developing a nascent vision of self, whereby they evidenced adjustment (to obstacles) and growth (emotional and psychological) through recognizing (and exercising) their locus of control.

The transition process. Schlossberg (1984) has investigated the development and adjustment of adults through “transitions,” which she defined as an event or nonevent resulting in change “in relationships, routines, assumptions, and/or roles within the settings of self, work, family, health, and/or economics” (p. 43). There are four primary types of transitions: anticipated, which are expected changes that an individual can anticipate; unanticipated, which are unpredictable or unscheduled events that disrupt life; chronic hassles, which can erode self-esteem and are characterized by their persistent and pervasive nature; and nonevent transitions, which were expected to occur but did not manifest.

Schlossberg explained a transition is not referenced as a crisis because the term crises presumes a negative connotation; but rather, a turning point in development between stable periods of life and change. She further explicates that this transition (change) is not necessarily an actual change, because a perceived change can have the same impact. The transition process involves response to the change, phases of assimilation (integrating the change), and appraisal of the transition, as evidenced by outcome and life satisfaction.

Schlossberg’s transition process is applicable to this participant population, because they manifested several transitions through their life course from K-12 through completion of their nursing education. Although they anticipated a transition from high school to college, by their own admission the unanticipated change was the degree of racial bias, exclusion, and competition. In addition to not expecting this change, it became a pervasive and chronic hassle. At each juncture of transition, the women had to decide how they would define the
events (in other words, which of the four transition labels they would assign), as well as
determine how they would respond, appraise, and assimilate through the transition by reading
the environment.

According to Schlossberg, assimilation is impacted by individual variables, such as
psychological resources, coping responses, and problem solving; and environmental
variables, such as social support. Within assimilation, the individual may experience self-
doubt, disbelief, meaning-making, and integration. These women who succeeded at
predominantly White nursing programs acknowledged feeling some self-doubt and disbelief
but that they processed that experience into one of meaning-making. They had to use
reflexivity and choose whether they would accept or reject false ideology being projected
unto them. Ultimately they chose to draw on their psychological capital (self-esteem and
positive view of self), and implement active and avoidance coping strategies as they deemed
appropriate. In addition, they ascertained when to seek and engage in social support to buffer
the impact of the transitions and changes they experienced in their nursing programs.

Educational resilience is defined “as the heightened likelihood of educational success
despite personal vulnerabilities and adversities brought on by environmental conditions and
experiences (Wang, Hartel, & Walber, 1997). Evans-Winters (2011), whose resilience
research focuses on African-American girls, also described educational resilience as “the
ability to recover from or adjust to problems, adversities, and stress” (p. 23). As discussed in
chapter five, two critical strategies that the research participants deftly employed were
strategically reading the environment and using effective study strategies and skills in order
to succeed. Their ability to navigate their environment through border crossing, code
switching, and biculturalism is evidence that the women integrated the knowledge and skills
they acquired through their life transitions and adversity, into permanent intellectual and psychosocial capital that can be utilized in future situations. In other words, their ability to exhibit educational resilience is evidence that integration has occurred.

**Consequences and outcomes associated with resilient behavior.** Gillespie, Chaboyers, and Wallis’ (2007) model of resilience identifies four explicit consequences (outcomes) of resilience, which include integration, control, adjustment, and growth. Gillespie, Chaboyers, and Wallis (2007) do not provide a formal definition of integration but a review of literature involving use of their model suggests that integration occurs when the individual incorporates their triumph over their adverse experiences into their psychological perspective. Schlossberg (1984) identified integration and subsequent life satisfaction as essential outcomes of the transition process. According to Schlossberg, integration occurs when the individual incorporates his or her life transition experience(s), “for better or worse,” into their self. Integration is complete when internalization of the experience has been achieved (Schlossberg, 1984, p. 58).

One poignant example of integration, from Schlossberg’s transition process and the consequences of resilience (i.e. integration, control, adjustment, and growth) in the resilience model (Gillespie, Chaboyers, Wallis, 2007), demonstrated by the women in this study includes their “shifting” behaviors. In the national research study, *African-American Women’s Voices Project*, Jones and Shorter-Gooden (2003) surveyed 333 participants (ages 18-88) and conducted in-depth interviews with 71 women (ages 18 to 80), from urban and rural environments (residing in twenty-four of the fifty states). They indicate that the women who participated in the study conveyed being deeply enthused that someone
expressed interest in their lives and their stories. The major finding from their research reveals that African-American women are:

Relentlessly pushed to serve and satisfy others and made to hide their true selves to placate White colleagues, Black men, and other segments of the community. They shift to accommodate differences in class as well as gender and ethnicity. From one moment to the next they change their outward behavior, attitude, or tone, shifting “White,” then “Black” again, shifting “corporate,” shifting “cool.” And shifting has become such an integral part of Black women’s behavior that some adopt an alternate pose or voice as easily as they blink their eyes or draw a breath—(p. 7).

Jones and Shorter-Gooden (2003) describe shifting as a coping strategy, with cognitive and behavioral aspects. They assert that 97 percent of the African-American female participants in their research frequently used shifting strategies to cope with prevalent experiences of bigotry (racism, stereotype, and discrimination) they had encountered. The six specific “shifting” strategies are identified in the Table 3 below and compared to emergent themes and behaviors from the participants in this study. In addition to these shifting behaviors aligning with the ‘consequences’ of resilience, they also align with integration in the transitions process. The women internalized their knowledge and skills in order to cope and succeed in their PWU environment.
Table 3

*Examples of “Shifting” by Study Participants*

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
<th>Participant Examples</th>
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</thead>
<tbody>
<tr>
<td>1. Battling the Myths</td>
<td>AA women alter their behavior to disprove &amp; transcend myths (stereotypes) about them</td>
<td>“Proving oneself”</td>
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<td></td>
<td></td>
<td>“Study strategies”</td>
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<td></td>
<td></td>
<td>Sherry</td>
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<td></td>
<td></td>
<td>Jacqueline</td>
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<tr>
<td></td>
<td></td>
<td>Tameka</td>
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<tr>
<td>2. Scanning, surveying, and</td>
<td>AA women cope by carefully monitoring how they are perceived at every turn</td>
<td>“Strategically reading the</td>
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<tr>
<td>environment”</td>
<td></td>
<td>“Border crossing”</td>
</tr>
<tr>
<td>Scrutinizing the environment</td>
<td></td>
<td>Sarah</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Molly</td>
</tr>
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<td></td>
<td></td>
<td>Tameka</td>
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<tr>
<td></td>
<td></td>
<td>Vanessa</td>
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<tr>
<td>3. Walling off the impact</td>
<td>Downplaying, ignoring, or denying the role of racism or sexism</td>
<td>“Emotion (avoidant)- focused</td>
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<td>coping” of discrimination</td>
<td></td>
<td>“Biculturalism”</td>
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<td></td>
<td></td>
<td>Marie</td>
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<tr>
<td></td>
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<td>Jacqueline</td>
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<tr>
<td></td>
<td></td>
<td>Molly</td>
</tr>
<tr>
<td>4. Seeking spiritual and</td>
<td>AA women build emotional connections and find higher purpose in order to rise above the daily onslaught of racism &amp; sexism</td>
<td>“Active (approach)- focused</td>
</tr>
<tr>
<td>coping” emotional support</td>
<td></td>
<td>“Study Buddy/bonding together”</td>
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<tr>
<td></td>
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<td>“Relationship with God”</td>
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<td></td>
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<td>Kimberly</td>
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<td></td>
<td></td>
<td>Michelle</td>
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<td></td>
<td></td>
<td>Sherry</td>
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<tr>
<td>5. Retreating to the Black</td>
<td>AA women return to their community for relief/solace but are pressured to abide by different cultural conventions and codes</td>
<td>“Code switching”</td>
</tr>
<tr>
<td>community and abiding by home</td>
<td></td>
<td>“Biculturalism”</td>
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<tr>
<td>codes</td>
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<td>Michelle</td>
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<td>Marie</td>
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<td>Tameka</td>
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<tr>
<td>6. Fighting Back coping”</td>
<td>AA women may directly challenge and work to overturn racism and sexism</td>
<td>“Active (approach)- focused</td>
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<td></td>
<td></td>
<td>Erika</td>
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<td>Adrian</td>
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(Adapted from Jones and Shorter-Goeden, 2003, p. 67).
Envisioning an Interpretive Emergent Conceptual Model of African-American Nursing Student’s Transition to Success

Race, Class, Gender, Roles, Religion, Cognitive Worldview

Coping Skills | Hope | Racial Socialization | Support | Academic Self-Efficacy

Student

Chronic hassles
Non Event

Anticipated
Unanticipated

RBF

Awareness

Disorganization of Self

Retreat

Reflect

Educational Resilience
Not Achieved

Educational Resilience Achieved

Integration
Control
Adjustment

Reorganization of Self “shifting”

New Identity/Self

Educational Skills

Hope

Academic Self-Efficacy

Coping Skills

Racial Socialization

Support

Academic Self-Efficacy

Chronic hassles
Non Event

Anticipated
Unanticipated

New Identity/Self

Integration
Control
Adjustment

Reorganization of Self “shifting”
Explanation of the Interpretive Emergent Conceptual Model of African-American Nursing Student’s Transition to Success

How the African-American female nursing student, who attended a baccalaureate program at a predominantly White university, succeeds in her goal of becoming an RN is a complex process. I have incorporated several existing theories to glean insight into this process but each individual theory is not comprehensive enough to capture their evolution to success. This portion of the dissertation will offer an emergent interpretive model, which attempts to link the key concepts and findings uncovered in this phenomenological study (see Figure 1.1 on previous page). This emerging conceptual model is meant to indicate that this transition is developmental, and is—of course—preceded by antecedents in the individual’s lives that influence the developmental process but may not be captured in the model itself.

Prior to their nursing school contact, these students have had positive and negative educational experiences that impacted them and their cognitive ability and world view. However, for the purposes of this model, we will begin with contact into nursing school as our entry point. When African-American females encounter their nursing programs, they are faced with four types of change experiences: those anticipated, unanticipated, chronic hassles, and non-events. Successful students were able to meet admission criteria established for program entry. The competitive experience of admission is expected, in other words, the students “anticipate” that application into college is serious and competitive.

“Unanticipated” experiences include facing microaggressions (in the form of rejection, bias, exclusion), and discounting. Plausible reasons the students do not anticipate these hostile experiences are because they expected the competitiveness to end with admission, and for collegiality to begin with matriculation into the “caring” profession they
had chosen to enter. The chronic hassles they experience are varied and include continuous exposure to the invisible norm of racism, as well as resultant physical and psychological manifestations; in addition to pressure to perform successfully in an academically rigorous and inflexible program (2 or more C-’s result in dismissal). The last type of change experienced by successful African-American women is defined as non-event, which include any experience that the student expected but did not manifest. The student, represented by their lifeworlds: spatial, temporal, corporeal, and relational (Van Manen, 1990), has to process the changes experienced. The student filters processing her educational experiences through her race, gender, class, religion, and cognitive world view. The result of processing her experiences through her filter(s) results in an increased (social) awareness. Increasing one’s awareness is directly influenced by the student’s (past and current) support, hope, racial socialization, academic self-efficacy, and coping skills. It is within this place of increased awareness that the student must extract and analyze the voices that are bombarding her with messages that confirm or disconfirm her sense of self and intelligence.

From the place of awareness, the student will engage in positive or negative self-talk and construct positive or negative counter narratives (this occurs along the directional lines noted between RBF and retreat or reflect). Negative self-talk and an inability to provide a counter narrative to the disconfirming messages bombarding the individual, can lead to racial battle fatigue (RBF). Similar to General Adaptation Syndrome (Selye, 1936), exhaustion from racial battle fatigue can result in disorganization of self. If this occurs, educational resilience is not achieved, and the student will succumb, which then results in attrition. Alternatively, if the student elects reflection, and engages in positive self-talk and counter narratives, a reorganization of self occurs. For these successful African-American women,
efficacious reorganization was dependent on their ability to utilize “shifting” skills. As previously discussed, shifting involves battling the myths, scanning the environment, walling off the impact of discrimination, seeking support, retreating to the Black community, and fighting back (Jones & Gooden-Shorter, 2003). As the student adjusts, establishes a regained sense of control, and integrates these strategies into her self-concept; she emerges with a new identity and new (or improved) skill set, which includes biculturalism, study skills, reading the environment, and communication adaptation.

**Implications of research findings.** It is anticipated that this research study is significant because it will add to the disciplines of nursing and education. This study helps fill a gap in the literature because it specifically addresses both the lived experience of African-American nurses who attended predominantly White universities for their in baccalaureate degree. It also identifies common characteristics of success shared by the 11 participants, as well as elucidates the role of resilience in the ability to persist and succeed in their nursing programs. The implications of these research findings are applicable to nursing: practice, programs, nursing educators and education, students; as well as higher education practices and higher education policies. “Academic programs, research, practice, and public policy” related to nursing need to facilitate the creation of an environment that “integrates diversity and cultural competence” (De Leon Siantz, 2008, p.137), to help eliminate health disparities.

**Education implications.**

**K-12 implications and policies.** There are a host of implications from this study related to K-12 education practices (and policies). Current practices that are deeply embedded in our educational structure include the unfair distribution of resources to
suburban (predominantly White) public schools when compared to urban (predominantly African-American) public schools. Repeated research has shown that access to improved educational resources has a positive impact on educational outcomes. Educational policy makers and constituents need to fight in the political and legal realms to assure that more equitable resources are available to students of color (Ford, 1996; Hurtado, Milem, Clayton-Pederson, & Allen, 1999; Jackson, 2007; Pitre, Pitre, Ray, & Hilton-Pitre, 2009).

It is important to note that all of the participants in this study attended public schools at some point in their educational experience; and in their public schools they were identified as academically talented. K-12 teachers and administrators need to be alert for students who express early academic aptitude and steer them toward honors courses, as well as magnet programs, or programs developed for gifted and talented students. Although Oaks (2005) has characterized the practice of grouping students by academic ability as “tracking,” something she and Collins (2009) believe actually perpetuates class and racial inequalities in American Society; until we overhaul the American education system, this practice provides at least some talented African-American students a chance to access educational curricula otherwise afforded to their White peers. In fact, it appears that these participants’ internalized the belief that they were high achievers, who not only could but also would succeed- despite the counter narratives projected unto them in nursing school- is linked back to this early academic identification and labeling. According to Oakes (2005),

Being identified in such a public way as to their intellectual capabilities and accomplishments… individual students in these [high achieving] groups come to be defined as… a high achieving person, bright, smart, and quick, and in the eyes of many, good (p. 3).
Ultimately, the goal should be to develop curricula throughout urban public schools that are more academically challenging and invite ALL students to rise to the challenge, instead of perpetuating the current “tracking” system which benefits some, and disadvantages others. Lewis (2010) suggests that embracing this philosophy is necessary to transform teacher education, which will subsequently transform the American education system. In current U.S. education practices, urban students are not afforded equal opportunities for academic success and college preparation because they are, “to a certain extent, structurally excluded from being able to enjoy advantages of their more materially and racially advantaged counterparts” (p. xiii). He further proposes that students fail to engage or remain engaged in their education when they (rightfully) determine that “the game of school success is rigged from the very beginning” (p. xiii). Hence, providing access to academically challenging curricula which supports the success of all students conveys a message that all students are both worthy, and able to be high achievers.

Individual teachers also played an important role in encouraging, acknowledging, and soliciting these participants’ strong academic performance. On several occasions it was a K-12 teacher who reinforced the student’s academic self-efficacy and positive racial socialization, reminding them of their aptitude and college opportunities. Moreover, K-12 educators were pivotal in connecting these students with resources, including knowledge about magnet programs, testing requirements, and admission processes. Because many of these participants attended predominantly Black schools during their K-12 experiences, teachers also contributed to providing support, hope, role modeling, and transmission of coping skills to their student’s development. The power of this influence cannot be
underestimated. K-12 educators can engage in validation theory (Redon-Linares & Munoz, 2011) and corroborate students’ belief that they “can do it.”

Nursing is a rigorous program and several participants in this study revealed that they felt academically under prepared. Higher education administration and faculty have complained that recent high school graduates do not seem as academically prepared as graduates of the past (Personal communication, B. Scheffer, March 26, 2012). In order to increase all students’ success in the higher education pursuits, K-12 educators and administrators should take note to develop responsive programs and curricula that better prepare students for higher education success. In urban public schools, this means that special attention should be devoted to “college preparatory” curricula that enhance the science and critical thinking skills needed in nursing programs, including high school exposure to anatomy and physiology, and applied (organic) chemistry [the basis of nursing pharmacology and pathophysiology], so that students do not experience attrition in the courses known for “weeding out” pre-nursing students in the pre-admission phase of nursing school.

**Higher education practice and policy implications.** There are also several implications for higher education faculty and administration. First, higher education institutions and universities, specifically predominantly and historically White spaces, must make a deliberate and concerted effort to provide a learning environment that is inclusive of racial, ethnic, cultural, and learning diversities (Yarborough, Keane, & Grumbach, 2008). For years there has been rhetoric about the importance of, and the academy’s commitment to diversity, however equally persistent is the research and student voices which deny the achievement of this (Zamani-Gallaher, Green, Brown, & Stovall, 2009). In their text, The
case for Affirmative Action on campus: Concepts of equity, considerations for practice, Zamani-Gallaher, Green, Brown, and Stovall (2009) clearly explicate opportunities in policy and practice to achieve this goal. As an initial stride towards progressing in this effort, higher education needs to move from talk to action and fully implement and evaluate measurable outcomes related to diversity program effectiveness, instead of merely discussing and planning diversity initiatives.

Recent research has shown that students of color not only face exclusion, bias, macro and microaggressions; but that minority faculty and minority administration share many of these experiences (Bosher & Pharris, 2009; Stevenson, 2012). In order to change the university culture to one that is inclusive and safe for students of color, policies need to be explored that welcome diverse faculty and administrators as well (Eberhart & Fiske, 1998; Howell & Truitt, 2003). In addition, the focus needs to shift away from cultural competence discussions, and toward conversations about racial inclusion and respect. This will require the academy to take an affirmative stand as it relates to supporting, recruiting, and maintaining faculty and administrators of color who are experts in their fields and whom are assets to the academy. Further, higher education institutions must acknowledge their minority faculty’s competence from the top down, emphasizing that their competence is what warranted an invitation to the table and that their contributions necessitate respect by both administration, colleagues, and students.

University faculty and administration, in addition to the student body, should be required to participate in racial identity development programs (Helms & Cook, 1999), where acceptable and expected behaviors as well as consequences are communicated. Many of the tensions between Whites and minority groups in America are related to false ideologies and
“common sense” that has been inaccurately transmitted. What it means to be White is significantly related to what it means to not be Black, and being Black is directly influenced by what it means to not be White (Irvin Painter, 2010). Acknowledging the pervasiveness of racism, and providing an infrastructure to explore racial identity can influence the life ways, values, assumptions, daily encounters and interactions between Whites and others in the academic environment (Helms, 1990). It is necessary that universities make a long-term commitment to changing the environment because “developing multicultural sensitivity and competence, particularly for those culturally encapsulated and unaware of their long-term ethnic biases is a long-term developmental task” (Sabnani, Ponterotto, & Borodovsky, 1991, p. 77). Emphasis should be placed on the long-term aspect of this developmental process, hence institutional and university administration commitment is warranted and necessary.

Concerted effort needs to be extended to bridging the gap between the student’s K-12 preparedness and the skills necessary for academic success. Now that many universities have abolished affirmative action policies and programs, educationally and economically disadvantaged students are once again experiencing diminished opportunities and access to the university education that is likely to change their socioeconomic class and result in higher wage as opposed to lower wage labor workers. Higher education should revisit enacting equitable policies and practices that admit African-American students (and other students of color) with academic capacity who have not have the same educational opportunities and/or advantages as their White peers.
Nursing implications.

Nursing practice and program implications. The profession of nursing lacks minority representation. As of 2010, the large majority (83.2%) of the registered nursing workforce is identified as White (NSSRN, 2008). The AACN’s 2010-2011 report indicated that minority students (ethnicities combined) constitute approximately 26.1% of nursing school enrollment. However, according to the National Sample Survey of Registered Nurses (NSSRN, 2008), approximately sixteen percent of graduated RN’s have racial or ethnic minority backgrounds (only 5.4% of those are African American). The gap between enrollment, graduation, and licensure of African-American students indicates an area of vital concern. Why are so many more minority students enrolled in nursing programs than are successfully graduating and completing those programs? This dissertation research seeks to illuminate possible causes of attrition, including experiences of racism, discrimination, and lack of belonging. Further, this dissertation identifies key strategies of success, such as border crossing, biculturalism, and strategically reading the environment; as well as specific study skills, which can be taught to future nursing students, particularly those attending predominantly White universities.

Based on this research study and extant research included in the review of literature, concrete strategies to increase the numbers of minority nursing professionals can be realistically achieved. This increase may mitigate the nursing shortage, and improve health disparities because of the lived experience that may be shared between the minority nurse and minority patient (Bull & Miller, 2008). The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) were designed in response to various stakeholders and in an endeavor to build a “responsive” baccalaureate curricula for the 21st
century. Three specific essentials directly address the need to improve diversity education and training because such skills impact communication, professional values (which are developed in tandem with self-awareness), and the general practice competencies of a baccalaureate prepared nurse.

Essential VI is titled *Interprofessional Communication and Collaboration for Improving Patient Health Care Outcomes*. This essential focuses on the nurse’s ability to participate in teamwork, which is associated with the delivery of high quality, safe patient care; and specifies that the nurse has an ability to collaborate, socialize, and communicate with diverse cultures and demonstrate “caring” behaviors toward those of diverse cultures (AACN, 2008, P. 23).

Essential VIII is titled *Professionalism and Professional Values* and centers on developing awareness and accountability for one’s own practice. Objectives listed under this essential include: demonstrating civility which is an inherent set of behaviors that converge with altruism, respect, communication, human dignity (irrespective of person’s color or culture), and social justice- which obliterates prejudice and biases, and mandates fair treatment regardless of race, ethnicity, economic status, citizenship, disability, or sexual orientation. Cultural humility, awareness, and recognizing the impact of ones’ attitudes, values, and expectations are critical objectives identified in this essential (AACN, 2008).

Essential IX, describes *The Baccalaureate Generalist Nursing Practice*, which elucidates the “minimum” competencies expected of a baccalaureate nurse. Some of the most prevalent competencies involve mandating “an attention to diversity in order to provide safe, humanistic, high quality care” so that professional nurses are prepared to “practice in a multicultural environment” (AACN, 2008, p. 30).
In order to achieve these essentials, nursing as a profession needs to move from voice and written words to action; and consequently implement a plan that assures commitment to changing the current education culture, which is exclusionary and hostile toward African Americans and other minorities. An evidentiary change would lead to a decrease in the nursing shortage and health disparities, and increase satisfaction of African-American nursing student experiences. In addition, “minority health care professionals are more likely than their White peers to work in underserved communities, which in turn, improves access among underrepresented groups,” and might ultimately improve patient satisfaction (Huston, 2014, p. 136).

Nationally, admission criteria for nursing programs have become more stringent over the last decade (Personal Communication, B. Scheffer, March 26, 2012). Typical admission criteria includes an applicant’s score on the nursing entrance test (NET) or other math and writing focused exam, grade point average from high school and pre-requisite courses, ACT (or SAT) score; and in some cases, admission essays and interviews. For many African-American nurses, these criteria preclude them from gaining admission into a nursing program. The process is highly competitive, and the AACN (2009) indicates that nationwide, the number of nursing applicants far exceeds the number of admitted student the program has the capacity to admit. Several of the findings from this research study that pertain to the participant’s K-12 education experience, as well as a general understanding of urban (K-12) school experiences that many African-American students have prior to college, demonstrate severe disparities in their educational opportunities and educational outcomes.

According to Kozol (1991), the difference between education in suburban (White) and urban (Black) schools systems is unequivocally, a “savage inequality.” The implications
that specifically pertain to the K-12 experience were discussed in the preceding section but it is important for nursing programs to acknowledge that there are often important differences in academic preparedness between many of their African-American (minority) and majority White students. Further, as a profession that purports caring as the foundation of our discipline, it is imperative that nursing develop programs to help “bridge” the gap between the knowledge and skills necessary to succeed in a nursing program customized to address the student’s actual pre-college preparation.

Several universities use “Bridge” programs and have been successful in their student success outcomes. For example, the University of Michigan established its bridge program, referred to as Comprehensive Studies Program (CSP) in 1975. Since that time they have documented an improvement in student retention and persistence to graduation (Steele, 2010). In addition, Harper and Quaye (2009) asserted that (summer) bridge programs are efficacious because they enable and support student engagement. By providing entrance into the university environment prior to the start of the academic year, students are afforded an opportunity to “navigate the campus climate in the company of their [ethnic and socioeconomic] peers who are also striving to do the same…gathering knowledge and skills that will prepare them for their upcoming academic experience” (p. 170), while simultaneously creating a sense of belonging and inclusion. According to Perry (1997), bridge programs are also critical to the retention of African-American (minority) students in nursing education— which mirrors issues plaguing higher education.

In addition, failure of nursing programs to create caring educational environments results in cognitive dissonance on behalf of the minority students (and faculty), who expect to find support and caring in their profession, and instead encounter exclusion and rejection.
Noddings (2007) presents an ethic of care in regard to education, and distinguishes between “natural” caring and “ethical” caring. In natural caring, she described a somewhat extemporaneous response to another’s plight, where motive to care arises on its own and without summons or demand. Ethical caring, as she explained it, does have to be beckoned because the supposed duty to care (or act in caring ways) often conflicts with the individual will and lack of motivation to do so. Noddings (2007), further explicates that within the ethic of care, caring does not occur if there is not a relation between the care giver and the cared-for; meaning that the cared-for must recognize “care” in order for it to have occurred. She advocates providing an atmosphere of moral education, where modeling, dialogue, practice, and conformation occur such that reciprocity eventually is achieved.

Kowaski, Grams, Taylor, and Willis (2001) found that nursing students believe that caring is essential to their professional identities and students who did not encounter caring were hurt and disillusioned. However, the implementation of intercultural caring groups helped students with minority and otherwise diverse background experience greater inclusion in the nursing education program, some building bonds that have lasted beyond graduation. In addition, the caring groups provided an opportunity for modeling (faculty and care group leaders), dialogue (mutual construction of a caring experience), practice (opportunities to give and receive care in the educational environment), and confirmation (acknowledging and affirming the best in others). Several participants in her caring groups discovered that RN’s in practice were sometimes less caring than the groups they had participated in but they still felt empowered to dialogue, reflect, and engage in self-awareness so that they could maintain their personal commitment to demonstrating and demanding caring behaviors in the professional environment.
Nursing educator (faculty) implications. The results of this research study have also implications for nursing faculty educators. Bosher and Pharris (2009) indicate that transforming nursing education requires a culturally inclusive environment and they charge nurse educators with the responsibility for creating this environment. Often nurse educators unintentionally wield power through their behaviors—depending on whether or not they are welcoming or unwelcoming (Kossman, 2009).

The nursing profession is predominantly White, the student population is predominantly White, and nursing education typically occurs in predominantly White universities and institutions. “Predominantly White universities and institutions” may convey a mental and visual image of an individual place, an isolated experience, or infrequent occurrence. However, referencing as the educational environment as a “historically White space” provides a much stronger connotation of both the temperament of the environment and the legacy of the experience (personal communication, E. Zamani-Gallaher, February 15, 2013). Referencing the educational environment in this way illuminates the historic connection between racism, exclusion, and education; as well as communicates the notion that education was originally created and reserved for Whites and was not a space that African Americans were welcomed or expected. A review of educational history reveals that both educational providers and institutions had to be policed in order to embrace diversity.

Nursing educators (faculty members) are representative of one sector of White society. As revealed by several educators (Kossman, 2009; Kozol 1991, Wise, 2000), membership in the dominant culture affords one the ability to agree with the major values, “including individualism, democracy, meritocracy… and equal opportunity for all students to succeed through individual effort,” without considering both the current and historical
practices that unfairly “advantages Whites at the expense of people of color” (Kossman, 2009, p. 33). This research study seeks to encourage nurse educators to confront the hegemonic practices, values, and beliefs that many (often unknowingly) bring with them to the educational environment, and to shift their view of African-American students from one that is deficit based to one that is strength based.

One way to assist nurse educators in acknowledging the hegemony plaguing the nursing profession is to educate them explicitly about the role of racism, classism, bias, and privilege in the nursing profession. In order to have candid conversations which result in personal development and change, it is imperative that nurses reflect on their personal bias and privilege. This will require assessment of the nurses’ current stage of cultural awareness and racial identity.

According to Campinha-Bacote (2007), the main concepts of the Process of Cultural Competence Model includes: cultural awareness, knowledge, skill, encounters, and desire. In the “awareness” stage, the individual examines his/her own biases and beliefs, and acknowledges that racism and other “isms” exist in health care. The “knowledge” stage consists of the individual obtaining and seeking information about cultural diverse groups, specifically integrating the relationship between health related beliefs, cultural values, and disease incidence and prevalence. During the “skill” stage, individuals are able to apply cultural knowledge to assessments (physical, educational, psychological, community, needs, etc.). The “encounter” stage is an opportunity for individuals to engage in direct cross cultural exchanges, that modify previous bias beliefs, and prevents stereotyping. In the final “desire” stage, the individual should emerge with a motivation to want to (seek) engage in cultural competence and appreciation, as opposed to an external demand that they have to.
The model emphasizes that the concept relationships are interdependent, and no matter where the practitioner enters, all five domains must be addressed. Campinha-Bacote (2007) has also developed a copyrighted acronym to assist nurse educators in teaching and learning of the process of developing cultural competence (using the stages listed above).

Nurse educators Hassounah-Phillips and Becker (2003), Kossman (2009), and Nairn (2009), suggest that there is a distinct difference between how nurses understand culture and how nurses understand race and racism. According to Nairn (2009), the denial of race is a discursive strategy and a critical characteristic of contemporary racism. Multiculturalism as a concept has been utilized to help soften the role of blatant racism existing today in health care. Conceptually, multiculturalism conveys a “strategy of caring, which takes into account, with sensitivity and consideration, the individual’s culture, specific values, beliefs, and practices” (Nairn, 2009, p. 69). But focusing on culture, without addressing race is futile. For example, students may emerge from their nursing education understanding how dietary practices can correlate with specific health diseases (i.e. hypertension, diabetes, obesity, and cardiovascular disease) and their role in caring for those patients; but may never have been challenged to reflect on how they feel about the group of people to whom they are providing care, not how those unacknowledged feelings influence the care they provide.

Confronting one’s own racial beliefs and racial identity is critical in the process of achieving cultural competence, as discussed above. Helms’ (1990) White Racial Identity Development Model incorporates six stages in the developmental continuum: contact, disintegration, reintegration, pseudo independence, immersion/emersion, and autonomy. In order for White educators and students to engage with their African-American colleagues and
peers affectively and inclusively, it is imperative that as individuals, they engage in reflecting on their White identity, in addition to learning about and reflecting on Black identity.

In the contact stage, Helms explains that individuals are not aware of racism— they are oblivious to it; primarily because they have adopted a “color blind philosophy.” The “disintegration” stage involves the individual becoming increasingly conscious of their Whiteness, and dissonance develops as a result of unresolvable moral dilemmas, such as having to choose between a humane response and one that demonstrates group-loyalty and prior beliefs. The next stage, “reintegration,” the individual has to process the guilt that often accompanies disintegration. In order to justify their prior values and beliefs, individuals often reaffirm their alignment with dominant ideology. The fourth stage, “pseudo-independence” occurs when the individual is jarred by an event that reawakens their sensitivity to racial issues, and prompts him/her to engage in cognitive exercises related to race; as well as seek interaction with minority group members. During the “immersion/emersion” stage individuals explore self as racial being and engage in affective exercises that allow him/her to confront their own biases and possibly engage in activism against oppression. The final stage, “autonomy,” is marked by increased self-awareness, knowledge regarding racial/cultural issues, and renewed commitment to abandon White entitlement in favor of a nonracist White identity. Because nurse educators wield significant power as role models and mentors, it is critical that developmental change begin with them, and trickle-down to students in the program as well.

**Nursing student implications.** Both African American and White students are affected by the issues identified in this study. For African-American students, the findings implicate that experiencing positive racial socialization, academic self-efficacy, and positive
coping skills can all have a constructive impact on educational outcomes, even within the context of their K-12 education. Fortunately, the prior skills and insights can be learned by African-American students. In particular, nursing students who are seeking advice on how to succeed at predominantly White schools of nursing can look to the findings of this research study and identify very specific strategies that attributed to the success of others. For example, employing specific study skills (such as group discussion, repetition, having a study buddy) and strategically reading the environment through communication adaptation and biculturalism also assisted these students in success throughout their educational experiences. Often colleges and universities have an Academic Services department that hosts programs to assist student with developing note-taking and study skills, time management skills, life/coping skills, as well as demonstrating how to communicate with faculty. African-American nursing students could take advantage of these programs and services to (further) develop the aforementioned skills, which are linked to student success across race, ethnicity, social class, and college major or discipline.

In addition, African-American nursing students could seek out opportunities to become involved in racial-ethnically supportive groups (such as Chi Eta Phi, the National Black Nurses Association, the Mary Mahoney Professional Nurse Organization), or start their own campus group. The findings of this study and others indicate that belonging is critical to minority student success, hence connectedness and academic and social validation are a benefit of participating in such groups (Boshner & Pharris, 2009).

African-American nurses and upper level students who have demonstrated success in their programs must be motivated to action and assist others in the process. This can be done by sharing their stories and strategies for success, serving as mentors to encourage current
minority students, as well as returning to the academy to assume faculty positions, which will provide all students an opportunity to see intelligent and competent women of color role modeling in a position of authority, knowledge, and skill.

For White students, the findings from this research study are important because they illuminate the degree of exclusion, peer authority, discrimination and racism experienced by their African-American peers. It is plausible that many White students do not intend to discount their peers and exclude them in the learning environment. However, the first step in correcting the frequent macro and microaggressions exhibited by White students (in historically White spaces) is to first acknowledge its occurrence. In order to impact these future nurses’ behaviors and attitudes towards all minorities they encounter (patients and peers alike), it is necessary that these students learn about both Black and White racial identity, “White privilege,” and the type of behaviors they participate in that express authority over African-American students. In addition, issues of superiority, “presumed equal opportunity,” bias related to African-American intelligence, work ethic, and culture; as well as an accurate historical account of affirmative action, and nursing program admission guidelines should be directly addressed with the entire student body to dispel myths and false ideologies.

Finally, White students who do not engage in biased or unfair treatment of their African-American peers (or patients) must also be drawn to action. Although African-American and other minority students will need to resist oppression and advocate on their own behalf, White students (and faculty) supporters are required to join the cause in speaking out against/sanctioning inappropriate behaviors among their peers and promoting a safe, inclusive, and caring environment for all nursing peers.


Theoretical Implications.

Critical race theory. Critical race theory (CRT) guided the inquiry and analysis of the findings, providing an opportunity for the participants to use their narratives and storytelling to convey empirical knowledge. Several of the participants mentioned that no one else had ever asked them about their experiences as an ethnic minority student in a PWU, and further that even when they did try to convey their experience to their White faculty or White peers, their reality was discounted or ignored. Jacqueline was especially excited about our interview.

I am just so happy I agreed to do this. When I saw your email, I was like “Yes!” I was excited. I wanted to call all my cousins, and say, “You need to interview with this lady.” I was excited, happy like. I participate in studies here and there but this one- I was so elated that someone has really started to approach this, because it is really there. And racism is prominent in nursing- as much as we try to sweep it under the rug and act like it’s not, it’s prominent.

It is imperative that we consider the stories of those impacted by experiences of prejudice, racism, and discrimination. “Stories by people of color can catalyze the necessary cognitive conflict to jar dysconscious racism (Taylor, Gillborn, & Ladson-Billings, 2009, p. 24). Their unique narratives provide an alternate view of history and the experience of oppression that their White counter-parts are unlikely to know (Delgado & Stefanic, 2012).

This proved true as a part of this dissertation research and writing. My nurse educator colleagues who were aware of my work inquired about my findings and repeatedly demonstrated “surprise” and disbelief that recent graduates would have so many encounters with racism and stories of bias and exclusion. One colleague went so far as to suggest that it
was the student’s *perception* of the events, not the reality of them. Again, this ignorance and discounting of the African-American students’ voice serves to invalidate their experience and perpetuate silence. Yet, Delgado and Stefanic (2012) emphasize this as the very reason counter-narratives are valuable—because they represent the differend, and provide language to bridge the gap between what the majority believes to be truth and what the minority experiences as truth. Critical race theory surmises that it is difficult to address or eradicate racism because it is largely unacknowledged, especially in “nice” fields like education and nursing (Ladson-Billings, 2009).

However, not acknowledging racism does not obliterate its impact on the performance or success of African-American nursing students attending baccalaureate programs at predominantly White universities. Throughout the dissertation data collection, participants shared stories of encountering microaggressions. Previous research has shown that when African-American students encounter constant negative stereotypes (such as surveillance of their intelligence), it can create feelings of inadequacy, self-questioning, and diminished self-efficacy (Taylor, Gillborn, & Ladson-Billings, 2009). Steele’s (2010) explanation of stereotype threat correlates with Cross’s (1991) explication of “spotlight anxiety.” Both imply that the myth of inferiority generates internal inferiority anxiety, which in turn, can cause the person to underperform—despite actual ability and capacity—because the psychological energy needed to learn and complete cognitive tasks is diverted toward fear that one will confirm the alleged stereotype. Rather than retreat into a downward progression secondary to the environmental cues, these women’s desire to prove the stereotype wrong, in combination with positive self-talk and counter-storytelling, is what enabled them to succeed.
For many participants of this research study, using their own words to tell their story allowed them to critically reflect on their past experience, the world they live in, and who they are presently as a person. Late one night, in the process of writing up the results of this dissertation, I received a text message from Sarah Jones:

Sorry to text so late. I’m watching CNN’s “Who’s is Black in America.” I would like to personally thank you. Sitting down and discussing with you my upbringing and the struggles categorizing myself and profiling has really opened my eyes and allowed me to draw my own conclusions. I know it wasn’t a counseling session but in a sense it was. It really opened my eyes. Thank you for that! 😊

Several of the participants graciously received the brochure I presented at the end of each first interview, which provided a list of resources for them in the event that they might desire counseling for emotions and feelings uncovered as a result of sharing their experience (see Appendix H). Although none of the women indicated that they would follow-up with any of the psychological services mentioned, several women expressed explicit excitement to see the list of African-American professional nursing organizations that they could become involved in, such as Chi Eta Phi, the National Black Nurses’ Association (local chapter), and the National Council of Negro women, indicating their willingness to participate in social justice and the subsequent action that CRT calls for. One participant stated:

I wish I had known about these organizations when I was a student. Well, do they even accept students? What a difference it would make if someone was talking about this experience, and if someone offered the minority students a safe place to go. Sometimes the African-American faculty are that place, that person. But sometimes…. They have too much pressure on them to help you. If you hear about
any efforts to match nurses to students, I would be happy to help- because I wish someone could’ve helped me (Sherry).

Another participant, Marie, talked more once the recorder was off:

I’m a survivor, I’m gonna make it, I’m a survivor, I’m not gonna give up (quoting a popular song by Beyoncé). The truth is- we are all survivors. I never thought about it this deep until today. We have to do something about this. We have to get more people to survive. Nursing doesn’t want us there. Medicine, they have made their amends- but nursing, we can’t be successful because we can’t even get in. No one tells you how to get in, and that’s where it starts. If you aren’t persistent from day one, if you don’t push- it may never happen for you.

Critical race theory provides a theoretical umbrella to ground this research because it critically examines racism in higher education; offers an important analysis to define the influence of race in educational inequality and provides a lens through which educational policies and practices can be examined. Further, CRT may help enlighten both White and Black nurse educators on the pervasive and salient experiences of racism impacting African-American students. Critical race theory “recognizes that both race and class are central to an analysis of hegemony and one should not go without the other when examining racial constructs” and inequities (Rouse, 2011, p. 61).

The findings from this study also offer an opportunity to extend the theoretical implications of critical race theory. Two important threads of critical race theory include emancipation and transformation. One theoretical implication to be considered for future research is: How does narrativity, and the conditions through which one develops their narrative voice, lead one to emancipation? How does this transformation occur in minority
students in predominantly white university environments- Is it the development of resiliency, which is an ability to bounce back and survive in adverse environments, that ultimately explains their success; or the development of self-agency, which is an ability to project oneself in efficacious ways in order to achieve the results they desire, that explains their success?

Critical race theory is both comprehensive and transformative. Since its inception, CRT has represented both a social movement that has challenged social, legal, and political discourse; as well as been a vehicle for equity and social justice. It challenges White nurse educators to consider their overt and covert racial biases, as well as examine how racialized notions, stereotypes and microaggressions undergird the collegiate experience and impact college access, persistence, and the graduation of African-American student nurses.

“Adopting and adapting CRT as a framework for educational [research, and subsequent] equity means that we will have to expose racism in education and propose radical solutions for addressing it.” (Ladson-Billings, 1998, p. 22)

There are multiple inequitable policies and practices in nursing education programs that need to be deconstructed. Three specific dimensions of CRT linked to the lived experience of African-American nurses who attended predominantly White universities include,

1. Acknowledging CRT’s foundational assumptions regarding the prevalence of racism and it’s persistence in U.S. society is necessary to effectuate social change.
2. Dominant legal claims of neutrality, objectivity, color blindness, and meritocracy actually camouflage the self-interest of powerful groups in society: without challenge, this practice will remain persistent.

3. CRT crosses epistemological boundaries: and consequently invites a multidisciplinary approach to deconstructing the way discipline paradigms have, within themselves, “influenced thinking and policy development related to the education of people of color.” (Rouse, 2011, p. 66)

Continuing to enlighten nurse educators and nursing professionals about the complexities of “isms” in nursing (including race, gender, class, ability), will send a strong message that our profession must transform, and develop a critical consciousness regarding “institutional discrimination, racial injustices against minority students, hidden political agendas, and exclusionary practices that hinder underrepresented student access and success” (Rouse, 2011, p. 70). Further, understanding the lived experience of the participants in this study can help shed light on understanding experiences of minority students from different ethnic/racial groups in nursing and higher education.

**Critical race feminism.** As mentioned previously, CRT is an umbrella to other critical theories that critique the society we live in, including Critical Race Feminism, Latin Critical Race studies (LatCrit), Asian Critical Race studies (AsianCrit), and Tribal Critical Race studies (TribalCrit). Critical race feminism explicitly states that one effort of the theory is to “emphasize the legal concerns of a significant group of people—those who are both women and members of today’s racial/ethnic minorities, as well as disproportionately poor” (p. 1). Critical race feminists believe that the pervasiveness of both racism and genderism are not easily remedied by law because, as proposed by Bell (1980, 1987, 1992) and Mills (1979),
the status quo of the elite is intentionally preserved through the law and societal norms and practices.

The tenets of critical race feminism overlap those of CRT, and include 1) the use of storytelling, 2) the consideration of critical race feminism (CRF) as both a theory and a praxis, 3) the critique of feminist notion that there is an essential feminist voice, and 4) the multiplicative identity of African-American women, meaning their “multiple identities are multiplied together to create one holistic One when analyzing the nature of discrimination against them” (Wing, 2003). Adrienne Wing (1993), considered the founding mother of CRF, explains:

We as Black women can no longer afford to think of ourselves or let the law think of us as merely a sum of separate parts that can be added together or subtracted from… the actuality of our layered experience is multiplicative, multiply each of our parts together, 1x 1x 1x 1x, and you still get one indivisible being. If you divide one of these parts from one you still have one. (p. 31)

Although gender did not overtly present as a cause of discrimination and bias experienced by these participants— given that they are women in a female dominated profession— the effect of oppression experienced by these participants over their lifetime is confounded by their gender. In general, Black women are relegated to the lowest rank in society, being subordinate first in race to Whites, and second in gender to males. As Erika, one of the participants explains, Black women’s oppression starts early in their educational experiences.

We as Black females are at a disadvantage from the very beginning— starting in elementary school. The boys are groomed for athletics but no one pays attention to us
unless we show some academic potential. But then when you get to college you see how deep our disadvantage is. You’re in calculus class with kids from China who have been doing math in their head their whole life, they don’t even use calculators. Until I started dating my husband, who was on a sport’s team, I didn’t experience diversity at the university, I didn’t really experience college life, that isn’t fair. Of all the students there, we [Black females] were invisible… but this study helped me look back and see what it was that I came through.

Gender roles definitely influenced the lived experience of participants in this study. Jacqueline, Michelle, Sherry, and Vanessa all explained how the rigorous demands of the nursing program competed with their family responsibilities. However, Sherry and Vanessa revealed that their husbands and families “released them” from their usual obligations for housekeeping, cooking, and attending family events, which they cited as imperative to their success. Jacqueline conversely explained how her gender roles as mother and wife (second income provider) did prevent her from spending as much time studying as the program recommended. Additionally, Michelle disclosed that her role as single mother and sole provider meant that she could not engage in most networking and study sessions because she was either working, or “had the girls with me.”

In clinical and employment situations, these women are likely to endure the full impact of the intersectionality between their race, class, and gender because they are subject to ethnic/racial discrimination secondary to their Black ethnicity; and gender/role oppressions secondary to their subjugation to doctors (Black nurses are subjugated to both doctors and White nurses); and class discrimination because many African-American nurses remain in a lower socioeconomic class than their White, middle-class peers and colleagues. hooks (1981,
1984, 1990), would argue that the women experienced themselves in a complex context of marginalization; where inferiority was projected unto them from the perspective of race, class, and gender status. It is important to note that the two biracial participants in this research study did not experience the same intersectionality as the other participants. Despite sharing the same social class as the other participants, the biracial women were afforded greater ability and ease when effectuating their biculturalism, because presumptions from peers, faculty, and colleagues were that they were not Black (in the traditional sense), and hence better able to fit in because they were consequently “more” acceptable. In other words, while socioeconomic class and gender affected their lived experience, race did not further compound it to the same degree as it did the other participants.

When using CRF as both a theory and praxis, there is an expectation that I magnify the voice in this marginalized group, using the research findings to develop practical strategies and practices that will assure similar students come to discover their emancipatory knowledge (Chinn & Kramer, 2008), and provides an opportunity for future African-American nursing students at predominantly White universities to recognize their voice and refuse to have it silenced. In other words, my research and resultant activism should help successful African-American nursing students “understand how it came to be, uncover explanations and possibilities for change,” (Chinn & Kramer, 2008, p. 81), and then implement those changes for the benefit of others facing the same predicament.

CRF provides an opportunity to give voice to the otherwise marginalized and vulnerable minority in the nursing profession who experience discrimination and oppression based on race/ethnicity, class, gender, and often political and religious views; as well as nationality (Pratt-Clarke, 2010). The goal of phenomenological research in the vein of CRT
and CRF is to provide an opportunity for individuals to tell their story, thereby contributing to a broadened understanding of life worlds. Within their story-telling a sense of freedom and social activism should emerge, as indicated in the stories of the participants above. In addition, the participant should feel as if she has benefitted from the research as much as the researcher has, and this was confirmed by Sarah Jones in her text message above.

The findings from this research study should be carefully considered by nurse educators, who despite multiple research studies indicating the unique and racialized experience of African-American nursing students, still have not implemented sufficient strategies or programs to mitigate the discrimination, discount, and exclusion encountered by minority students. A number of recent research studies exploring the phenomenon of African-American nursing students attending predominantly White Baccalaureate nursing programs (Love, 2009; Orduna, 2009; Sweet, 2012) have consistently revealed the previous themes as barriers to success.

According to Sweet (2012), the primary focus of nursing education research remains on student and institutional deficits and attrition, rather than persistence. Even the dearth of studies that have investigated student persistence have not explicitly attempted to elucidate characteristics of success. This dissertation study begins to fill this gap, and attempts to shift the focus of nurse educators toward African-American nursing students’ strengths and attributes contributing to their success and away from (perceived) weaknesses and barriers that cause students to be unsuccessful. The strength-based approach, used in education and social work practice, emerged from resilience theory; and as the name suggests, focuses on the strengths of individuals, rather than their deficits or obstacles (Masten, 2001). Nursing as
a discipline needs to invest in a strength-based approach or engage in an anti-deficit achievement framework.

Such a shift in focus will inspire and guide nurse educators to view their African-American (female) students as strong and intellectually competent individuals who have both transferable skills, as well as the social and psychological capital necessary to succeed. The participants from this study demonstrated: academic self-efficacy, flexibility and adaptive coping strategies, an astuteness for strategically reading the environment, knowing when to advocate for themselves and when to have tough skin, and let it “roll off,” which are all variations of resilient behaviors. In addition, the women established a realistic worldview of themselves based on racial socialization and positive self-talk, as well as understanding the complexities of oppression and critical pedagogy.

**Delimitations and Limitations of the Study**

The purpose of this qualitative research study was to explore the essence of the lived experiences of African-American nursing students and to that end, the findings are not generalizable according to traditional positivist criteria. However, good qualitative research does establish dependability, theoretical transferability, and interpretive generalizability. Thus as the reader delves into the thick descriptions of this study, it is my hope that insights are gleaned that can be applied to other contexts (Lincoln & Guba, 1985). While this research study is binary, in that it focused on the lived experiences of African-American students in predominantly White environments, the findings provide a tentative interpretation that might help one understand the experiences of other minority groups in nursing education programs. For example, what is the lived experience of Asian, Indian, Hispanic, or foreign born nursing students in predominantly White university environments? How do the findings of this
research study help us to understand the lived experience of male students, as a gender minority group? Understanding the study implications in a broader context could influence both nursing education theory development, as well as critical race theory extension.

Moreover, the emergent themes of this study might facilitate the reader’s contemplation of the intersection between ethnicity, linguistics, gender, class, and primary education on the secondary (higher) education success of other minority groups in the United States. Lincoln and Guba (1985), and Munhall (1994) all discuss the notion of transferability, suggesting that its presence inspires the reader to “see” the possibility of truth in situations beyond the confines of the original research project.

**Recommendations for Future Research**

Several additional potential questions emerged as a result of completing this phenomenological research study. Questions which merit future investigation include qualitative studies that continue to explore the lived experience of students in nursing programs utilizing a different sample population (i.e. ethnicity, gender, geographical locale) and understand their characteristics of success. In addition, investigating African-American nurses who attended Historically Black Colleges and Universities (HBCUs) could yield an expanded understanding of the African-American nursing students’ lived experience. A third possibility for a future qualitative study includes interviewing White nurses who attended Baccalaureate nursing program at the same universities in this study, and compare their lived experience to the experience of ethnically and racially diverse nurses who graduated at the same time.

Several quantitative studies could also be conducted. For example, the findings from this research study identified several characteristics and behaviors that successful African-

177
American students engaged in. I can use these behaviors to develop a “Successful Nursing Student Behavior Inventory (SNSBI),” which could then be piloted with large numbers of racially and ethnically diverse nursing students. This quantitative study might reveal the frequency that successful students engage in specific behaviors on the inventory, and whether those behaviors are associated with all successful students, or have patterns of engagement among certain racial and ethnic groups. Another possible research study could employ a mixed-methods approach, using both interview and survey methods. A phenomenological interview could be conducted with each participant asking how they handled adverse experiences, particularly in nursing school. One to two weeks after completing the interview, each participant would complete Wagnild & Young’s (1993) “Resilience Scale” to establish an individual resilience score. The researcher would then thematically code the interviews and compare their RS score to the individual’s narrative description of their resilience and its impact on their success in nursing school, to determine if there is a correlation between how students describe their resilience and how they score their resilience on an instrument with established validity and reliability.

**Recommendations for Nursing Education**

The following provides a list of recommendations for nursing education administrators, faculty, and programs to consider that might facilitate the success of not only African-American students, but nursing students from various minority and/or nontraditional backgrounds and educational preparations.

1. **Infuse anti-racist ideology into nursing education curricula.**
competence into the professional issues nursing course for all 1st semester nursing students, and recur the themes throughout their entire nursing education.

3. Create “Bridge” programs to assist African Americans (and other minorities), non-traditional, and at-risk students in achieving success.

4. Hire and demonstrate support for African-American (and other minority) faculty members.

5. Create opportunities for minority students to give feedback to the university and nursing program administration about the experiences they are having with faculty and students, in clinical and classroom settings; **affirmatively address** issues and concerns that communicate discrimination, prejudice, and discounting.

6. Be purposeful in the planning and implementation of the Community Health Nursing class, where most African-American (and other minority) students express frequent cultural disregard and experiences of stereotyping and cultural pain.

7. Create and support caring (learning) groups for African-American (and other minority) students that convey belonging, inclusivity, and safety to share and vent [when necessary].

**Conclusion: A Final Call for Transformative Action**

The purpose of this qualitative research study was to gain an in-depth understanding of the lived experiences of successful female African-American nurses who attended predominantly White universities as students, and to better understand the characteristics and attributes that allowed them not only to survive but thrive when so many of their ethnic peers succumbed to attrition. The express goal of this research study is to shift the focus of nurse educators **toward** African-American nursing student’s strengths and attributes contributing
to their success and away from (perceived) weaknesses and barriers that cause students to be unsuccessful; thereby introducing an anti-deficit framework for nurse educators.

A “critical consciousness is an ongoing, life-long, developmental process” (Rouse, 2011, p. 208). As such, it is necessary for nursing professionals and nurse educators to engage in acknowledging, understanding, and critiquing the complex inequities and social oppressions that impact our African-American (and other minority) peers and patients (Rouse, 2011). Further, it is imperative that our profession mandate engagement in developmental processes related to self-awareness and consequential growth. Although students, nurses, and nurse educators are at various stations along the developmental continuum outlined in Campinha-Bacote’s (2007) Process of Cultural Competence Model and their stage of racial identity (Cross, 1991; Helms, 1990), the nursing profession must obligate all nursing professionals to engage in the personal work necessary to advance them forward in their development.

This research study fulfills a gap in the nursing education literature because, although there are limited research studies investigating the experience of African-American nursing students in predominantly White universities, there is even less research that focuses on the attributes and characteristics of successful African-American students. This study intended to inform the reader of the lived experiences of African-American nurses who attended predominantly White universities and illuminate their characteristics and strategies of success; as well as to invoke action within nursing education as a discipline.

It is time that we move beyond merely the “call for action” initiated by the NLN and other nursing organizations and begin engagement in transformative action. Promoting equity and inclusion in the nursing profession invites diverse groups (both oppressed and privileged)
to converge their perspectives around the important work outlined in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008)—to provide high quality, culturally competent care in culturally inclusive environments, which results in improved health outcomes and diminished health disparities for all Americans.

Achievement of this monumental task requires nursing education programs and higher education institutions to embody a spirit of agency, fostering empowerment and self-authorship in students of color. Baxter Magolda (2004) defines self-authorship as a “holistic meaning making experience,” which is characterized by “generating and coordinating one’s beliefs, values, and internal loyalties; simultaneously differentiating parts of self from parts of others, distinguishing between roles and relationships…developing a sense of authority,” and demonstrating evolution over time (Baxter Magolda, Creamer, & Mezaros, 2010, p. 4).

When universities cultivate a commitment to social justice, and a change in the professional and institutional climates effecting nursing students, educators, and administrators, then more students of color can engage in self-authorship and empowerment that leads to success (Rouse, 2011). Consequently, comprehensive education about, and critical evaluation of the multiple structures of oppression in U.S. society may result in preparing excellent nursing (education) leaders and scholars who simultaneously function as social action change agents.
References


http://www.aacn.nche.edu/Media/pdf/diversityFS.pdf

American Association of Colleges of Nursing. (2010a). *Race and ethnicity of students enrolled in generic (entry level) baccalaureate, master's and doctoral (research-focused) programs of nursing, 2000-2010.* Retrieved from:

http://www.aacn.nche.edu/IDS/


Appendix A: Open-ended and Semi-Structured Questions Used to Guide Interview Protocol

1. Tell me about yourself: what was your childhood and life like before you entered nursing school?

2. Do you think your childhood (K-12) education impacted your nursing education experience in any way (positive or negative)?

3. How did you succeed as an African-American student in a Baccalaureate nursing program at a Predominantly White University.

4. Did you observe any common characteristics of students who were unsuccessful in the nursing program?

5. What was your worst experience in nursing school, and how did you overcome it?

6. What advice would you give future nursing students about how to succeed in their goal of becoming a registered nurse?
Appendix B: Characteristics of Successful African-American Nurses: Demographic Survey

1. Please provide a Pseudonym (first and last name) ________________________________ 

2. Birthday _____/_____/______ (mm/dd/year) 

3. Please check the university you attended and graduated from* 
   - Academic Midwestern University 
   - Big town Midwestern University 
   - Christian Midwestern University 
   - Dominant Midwestern University 

4. Year of your graduation ____/_______ (mm/year) 

5. Grade point average at time of undergraduate graduation ______ (on 4.0 GPA scale) 

6. How many hours per month did you work during nursing school? ________ (average, if none write zero). 

7. How many years did it take you to complete your program and graduate 
   - 4 years 
   - 5 years 
   - 6 years 
   - Other ________ (write in number of years) 

8. How many months after graduation did you take your NCLEX (RN exam)? _________ 

9. Did you pass NCLEX (RN licensure exam) on your 1st attempt? _____Yes _____NO 
   i. If no, how many attempts ______ 

10. What is your current work specialty area? ________________________ 

11. Please answer the following questions. During your nursing education— 
   - Did you get Married _____Yes _____NO 
   - Were you already married _____Yes _____NO 
   - Did you get divorced _____Yes _____NO 
   - Did you have a new baby _____Yes _____NO 
   - Were you raising children _____Yes _____NO 
     i. If yes, how many______ 

12. Did you have any health concerns during school? 

13. Did you reside on campus or commute? ________________ 
   - If you commuted, how long was commute? ________________
Appendix C: Definition of Terms

**African American**: Black, U.S. native born individual who speaks English as a primary language; obtaining primary and secondary education in the United States of America.

*African American is used interchangeably with Black, as other research and writer’s works reference this ethnic minority group in this way.

**Biculturalism**: intended to convey the idea that an individual is able to attain sufficient African-American and White social and cultural capital, and adequately assimilate in either cultural world they choose at the time they are functioning in it.

**Border Crossing**: the notion that an individual who has attained bicultural skills can use his/her capital to successfully navigate across and between the worlds of African-American culture and Caucasian culture, retaining distinct cultural characteristics (persona) in each unique world.

**Code Switching**: the ability of participants in this research study to- not only engage in African-American Vernacular English and Standard American English but also- effortlessly switch between the dialects and employ the technique as prudently necessary.

**Nurse**: Female, 21 years or older, who attended a Predominantly White University and is legally a registered nurse (RN)

**Nursing Program**: a Baccalaureate nursing school program, consisting of 4+ years of undergraduate training and education.

**“Otherness”**: the condition of being different and understanding one’s differentness as society’s justification for exclusion, rejection, and discrimination
**Predominantly White University:** (PWU) any college or university not designated as Historically Black College and University (HBCU), not designated as a community college, and having a student population less than 60% African-American

**Resilience:** “The ability to recover from problems or adjust to problems, adversities, and stress” (Evans-Winters, 2011, p. 23). Educational resilience is delineated as the ability to resist oppression based on (negative) stereotypical assumptions about aptitude and capital.

**Success:** Having graduated from a Predominantly White University with a bachelor’s degree in nursing science, passed NCLEX licensure exam, and having no restrictions for employment as an RN.
Appendix D: Timeline of Legal Events and Policy Changes that Influence the Rights of Blacks in the United States

1619  The first slaves brought to Virginia
1808  The U.S. bans the import of slaves
1857  Supreme Court Decision *Dred Scott vs. Sanford*. Decision: slaves do not have a right to bring a case to court and are not considered citizens
1861  Abraham Lincoln becomes President, Civil War begins
1863  Lincoln signs the Emancipation Proclamation
1865  Civil War ends, 13th Amendment Abolishes Slavery (Lincoln assassinated)
1868  14th Amendment grants citizenship to former slaves *but prohibits voting rights of women*
1870  15th Amendment prohibits states from denying voting rights based on race (Black men granted right to vote)
1896  *Plessy versus Ferguson*. Decision: Supreme Court upholds the constitutionality of state laws requiring segregation, i.e. “separate but equal”
1920  19th Amendment: Women (White) granted voting rights
1954  *Brown versus the Board of Education*. Decision: Supreme Court orders schools to desegregate
1961  Executive Order 10925 issued by President Kennedy: government agencies could not discriminate based on race, color, creed, or national origin; and that they take “affirmative action” to make sure they are employed and treated fairly during employment without regard to race, color, or creed, or national origin
1964  The Civil Rights Act prohibits discrimination based on race, color, religion, or Gender
1967  Thurgood Marshall elected to the Supreme Court
1967  Executive order 11375 issued by President Johnson: added “sex” to affirmative action requirements, already applicable to race, color, creed, or national origin
1972  Equal Employment Rights Act passed by Congress
1986  *Wygant v. Jackson Board of Education*. Decision: Supreme Court ruled that affirmative action decisions are lawful only when it fulfills an important interest of the state
2003  *Gratz v. Bollinger*. U.S. Circuit court of Michigan ruled that the University of Michigan’s undergraduate admission policy was acceptable only when narrowly tailored as a method to achieve diversity
2003  *Grutter v. Bollinger*. U.S. Circuit court of Michigan held that the University of Michigan’s Law School could not use race in admission decisions.
## Appendix E: University Comparisons

<table>
<thead>
<tr>
<th>University</th>
<th>University Type</th>
<th>Carnegie Classification</th>
<th>Cost of attendance 2011-2012</th>
<th>Total Student Population (undergrad)</th>
<th>Enrollment by ethnicities</th>
<th>Enrollment by Gender</th>
<th>6 year graduation rate (among ethnicities)</th>
<th>Number of nursing students enrolled in program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Midwestern University</td>
<td>Public, medium, suburban</td>
<td>M/L Master’s degree, large</td>
<td>$8684.00</td>
<td>18,554</td>
<td>AA- 30.3% White- 48.3% Other- (-1.8)</td>
<td>M- 42% F- 58%</td>
<td>AA- 10% Alien- 45% Asian- 54% White- 44% Other-</td>
<td>170</td>
</tr>
<tr>
<td>Bigtown Midwestern University</td>
<td>Public, large urban</td>
<td>RU/VH Research university, very high activity</td>
<td>$9809.00</td>
<td>20,837</td>
<td>AA- 30.3% White- 48.3% Other- (-2.7)</td>
<td>M- 42.9% F- 57.1%</td>
<td>AA- 22% Alien- 52% Asian- 55% White- 43%</td>
<td>105</td>
</tr>
<tr>
<td>Christian Midwestern University</td>
<td>Private, small urban</td>
<td>M/L Master’s degree, large</td>
<td>$32,500.00</td>
<td>3,065</td>
<td>AA- 16% White- 55.5% Other- (-5.4)</td>
<td>M- 42.9% F- 57.1%</td>
<td>AA- 35% Alien- 50% Asian- 2% White- 61%</td>
<td>332</td>
</tr>
<tr>
<td>Dominant Midwestern University</td>
<td>Public, large suburban</td>
<td>RU/VH Research university, very high activity</td>
<td>$12,634.00</td>
<td>27,027</td>
<td>AA- 4.5% White- 66% Other- (-1.8)</td>
<td>M- 51.9% F- 49.1%</td>
<td>AA- 78% Alien- 82% Asian- 91% White- 91%</td>
<td>203</td>
</tr>
</tbody>
</table>
Appendix F: Human Subjects Review Committee Approval for Dissertation Project

EASTERN MICHIGAN UNIVERSITY

April 25, 2012

To: Carmen Stakes
College of Education

Re: UHSRC # 120403
Category: EXEMPT #3
Approval Date: April 24, 2012

Title: The Life Experiences of Successful African American Nurses who Attended Bachelor of Science Nursing Programs at Predominantly White Universities: The Role of Resilience

The Eastern Michigan University Human Subjects Review Committee (UHSRC) has completed their review of your project. I am pleased to advise you that your research has been deemed as exempt in accordance with federal regulations.

The UHSRC has found that your research project meets the criteria for exempt status and the criteria for the protection of human subjects in exempt research. Under our exempt policy the Principal Investigator assumes the responsibility for the protection of human subjects in this project as outlined in the assurance letter and exempt educational material.

Revisions: Exempt protocols do not need to be renewed. If the project is completed, please submit the Human Subjects Study Completion Form (found on the UHSRC website).

Revisions: Exempt protocols do not require revisions. However, if changes are made to a protocol that may no longer meet the exempt criteria, a Human Subjects Minor Modification Form or new Human Subjects Approval Request Form (if major changes) will be required (see UHSRC website for forms).

Problems: If issues should arise during the conduct of the research, such as unanticipated problems, adverse events, or any problem that may increase the risk to human subjects and change the category of review, notify the UHSRC office within 24 hours. Any complaints from participants regarding the risk and benefits of the project must be reported to the UHSRC.

Follow-up: If your exempt project is not completed and closed after three years, the UHSRC office will contact you regarding the status of the project and to verify that no changes have occurred that may affect exempt status.

Please use the UHSRC number found above on any forms submitted that relate to this project, or on any correspondence with the UHSRC office.

Good luck in your research. If we can be of further assistance, please contact us at 734-487-0042 or via e-mail at human.subjects@emich.edu. Thank you for your cooperation.

Sincerely,

Deb de Luchi-Smith, Ph.D.
Interim Dean
Graduate School
Administrative Co-Chair
University Human Subjects Review Committee

University Human Subjects Review Committee - Eastern Michigan University - 300 Beach Hall
Ypsilanti, Michigan 48197
Phone: 734-487-0042 Fax: 734-487-0095
E-mail: human.subjects@emich.edu
www.emich.edu (see Federal Compliance)

The EMU UHSRC complies with the Title 45 Code of Federal Regulations part 46 (45 CFR 46) under PWA00000059.
Appendix G: Informed Consent

Letter of Introduction to Professional Nursing Organizations

April 5, 2012

Dear African-American Registered Nurse,

As you have probably observed, there is currently a significant shortage of minority nursing professionals. The U.S. Census Bureau reports that the nation's minority population to be approximately 34% of the U.S. population in 2011 (ACCNE website). According to the latest National Sample Survey of Registered Nurses (NSSRN) from March 2008, minority nurses represent 10.7% of the registered nurse (RN) workforce. However, only 5.4% of the RN population is African American.*

The experience of minority students, specifically African-Americans, may differ from that of other nursing students. The purpose of this research study is to explore the characteristics of successful African-American nurse who attended predominantly White universities, to determine if there are any themes or similarities in the reported experience.

This research design is “qualitative” and means that the researcher wants to engage in personal discussion (via interview) with the participant for the purpose of gathering data that can better inform nurse educators about what makes some African-American students successful when others are not.

The researcher, Carmen Stokes, is an African-American RN and nurse practitioner (currently enrolled in doctoral study at Eastern Michigan University). I am committed to attenuating the shortage of minority nurses. Your assistance in this project is greatly needed—please forward this letter and the attached Explanation of Study and Informed Consent to your membership via email distribution. In a few days I will contact you directly to schedule a time I might come during a general membership meeting/gathering to be available to make an announcement about the research study and answer any questions. If you have any questions for clarification or concerns, please do not hesitate to contact me at cstokes4@emich.edu. Please see the attached consent form if you are interested in participating.

Sincerely,

Carmen Stokes, RN, FNP-BC, PhD(c)
Explanation of the Study

Study Title: **Characteristics of Successful Female African-American nurses who attended Baccalaureate Nursing Programs at Predominantly White Institutions.**

**Brief Information**
I am a student in the Educational Studies Doctoral Program at Eastern Michigan University. I am conducting a dissertation research study, exploring the life experiences of successful female African-American nursing nurses who attended Baccalaureate nursing programs at predominantly White institutions (aka universities). Only 5.4% of all registered nurses are African American. Although the drop out, stop out, and fail out rate is higher for African Americans in nursing school, some (like yourself) succeed. This research is significant because to date, no research studies have been identified that explore the life experiences of those who have been successful (although several studies have looked at barriers to success).

This is a qualitative research study, and involves a very brief (12 question) demographic survey, and two separate face-to-face, audio-taped interviews. The interviews will last approximately 60 minutes and will be at a location of your choosing and comfort. Participation in this study is completely voluntary, and you have the right to withdraw at any time without fear of any negative consequences. You will be assured of complete confidentiality if you choose to participate. No information will be taken that identifies you to your survey, and you will select a pseudonym for your interviews. Completed surveys will be transcribed verbatim, and maintained in a locked file cabinet in a locker office, separate from the consent forms. Only Carmen Stokes, the principal investigator, will have key access to the assigned area and documents.

**Benefits of the Project**
This dissertation research project will provide a deeper understanding of the essence of what it is about female African-American nurses who succeeded in Baccalaureate nursing programs at predominantly White institutions. This data may help me identify strategies to assist future African-American nursing students in developing successful personal behaviors and responses to educational challenges. It may also assist me in helping future nurse educators in understanding and supporting the lived experience of their African-American nursing students. The benefits to you as a participant may be an opportunity to reflect on your own perceptions and experiences as an African-American student who survived (and thrived) in a nursing program at a predominantly White institution. There are no foreseeable risks to participating in this study, except that you may relive some emotion related your nursing school experience. In the event that you experience psychological discomfort, a list of community mental health resources will be distributed to all participants (please see the attached page for referral services).

**Study Findings**
Because this research study is in partial fulfillment of the dissertation, the study findings in aggregate format will be disseminated in a final printed dissertation report, which will be available through the library UMI system. In addition, as a requirement for fulfilling the doctoral degree, the aggregate findings will also be shared in a public oral defense, manuscripts, and presentations. However, your identity will remain anonymous, only your selected pseudonym will be used in all written or oral dissemination. You may contact Carmen Stokes at cstokes4@emich.edu for any additional questions or study results. Final reports will be available in a brief summary form via electronic PDF document for interested participants.

If you would like to participate in this research study, please read and sign the informed consent below
Informed Consent

Study Title: **Characteristics of Successful Female African-American nurses who attended Baccalaureate Nursing Programs at Predominantly White Institutions.**

I, ___________________________ agree to complete a demographic survey and participate in two audio-taped interviews (lasting approximately 60 minutes) regarding my experience as an African-American female student in a Baccalaureate nursing program at a predominantly White university. This interview will be conducted by Carmen Stokes as part of a doctoral dissertation at Eastern Michigan University.

Participation is completely voluntary and I may withdraw from the interview (study) at any time if I choose to do so without any negative consequences. There are no foreseeable risks for me as a participant, except it may cause me to reflect on my nursing school experiences. At the end of each interview, a list of community mental health resources will be provided for use, should the need arise to access them. There are no direct benefits to me, except that I might discover/acknowledge my strength and perseverance as a result of participating in the interview. This research may be beneficial to future nurse educators and nursing students, because it could change the common perception of African-American nursing students, and illuminate behaviors that contribute toward success.

Confidentiality will be protected at all times and a fictitious name (pseudonym), selected by me, will be used in all documents, unless otherwise requested. I am aware that the interviews will be digitally recorded and transcribed verbatim, and copies of the interviews will be stored in a locked cabinet in a private locked office which can only be accessed by the researcher. At the conclusion of the study all recordings and transcriptions will be destroyed. I was informed that I may request copies of the taped interview and/or transcriptions of my interview, and that I may also request that portions of the tape or transcriptions be deleted, if I find necessary.

I understand the interviews will be for the dissertation research study conducted by Carmen Stokes, in partial fulfillment of a doctoral degree in Educational Studies at Eastern Michigan University. Aggregate findings from this research will be disseminated in a public forum (oral dissertation defense), as well as in written publications (final dissertation report), and may also be presented in professional journals, or at research conferences. My identity will remain confidential, and the findings will be reported using a pseudonym selected prior to the beginning of the first interview.

If I have further questions I may contact Carmen Stokes, RN, FNP-BC, PhD (c) via email at cstokes4@emich.edu.

OR I may contact the Dissertation Chair persons:
This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee for the period of April 1, 2012 to April 1, 2013. If you have any questions about the approval process, please contact Dr. Deb de Laski-Smith (734. 487. 0042), Interim Dean of the Graduate School and Administrative Co-chair of the UHSCR.

Signing this document indicates that all of my questions have been answered to my satisfaction and I have no additional concerns at this time.

Interviewer Signature:___________________________ Date:_____________

Participant’s Name (Print):___________________________ Date:_____________

Participant’s Signature:___________________________ Date:_____________
Appendix H: **Brief Overview of Participants** (SES in childhood, emergent individual themes)

<table>
<thead>
<tr>
<th>Name</th>
<th>Class, Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle</td>
<td>poor class, fighting against multiple barriers to find success</td>
</tr>
<tr>
<td>Marie</td>
<td>poor class, overcoming parental abandonment and poverty to find success</td>
</tr>
<tr>
<td>Sarah</td>
<td>poor class, overcoming poverty and differentness as a biracial student to succeed</td>
</tr>
<tr>
<td>Adrian</td>
<td>working class, strong sense of self and responsibility aided in success</td>
</tr>
<tr>
<td>Jacqueline</td>
<td>working class, multiple family and financial obligations challenged success</td>
</tr>
<tr>
<td>Kimberly</td>
<td>working class, caregiver who overcame failure to succeed</td>
</tr>
<tr>
<td>Sherry</td>
<td>working class, socially prepared for success</td>
</tr>
<tr>
<td>Erika</td>
<td>working class, academically under-prepared for success</td>
</tr>
<tr>
<td>Molly</td>
<td>working/lower middle class, “acting White” to be successful</td>
</tr>
<tr>
<td>Tameka</td>
<td>middle class, succeeding against the stereotype</td>
</tr>
<tr>
<td>Vanessa</td>
<td>middle class, succeeding in spite of age and uncertainty</td>
</tr>
</tbody>
</table>
# Appendix I: Table of Success Strategies

<table>
<thead>
<tr>
<th>Study Strategies / Name</th>
<th>Sherry</th>
<th>Vanessa</th>
<th>Erika</th>
<th>Adrian</th>
<th>Sarah</th>
<th>Tameka</th>
<th>Kimberly</th>
<th>Marie</th>
<th>Molly</th>
<th>Jackie</th>
<th>Michelle</th>
<th>*NS</th>
<th>Total Subjects who Used this Strategy</th>
<th>% Subjects Used Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend Class</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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NEED SOMEONE TO TALK TO?
OUTPATIENT COUNSELING SERVICES

Access Christian Counseling
29260 Franklin Road, Suite 120, Southfield, MI 48034.
Phone: 248-355-4300
www.accesschristiancounsel.com

Detroit Central City Community Mental Health, Inc.
10 Peterboro Street
Detroit MI 48201.
Phone: 313-831-3160
www.dcccmh.org

Family Service- Dearborn
19855 West Outer Drive, Suite 104W,
Dearborn, MI 48124.

Cruz Clinic, P.C.
17177 North Laurel Park Drive, Suite 131- Livonia MI 48152
Phone: (734) 462-3210
www.mycruzclinic.com

Garden City Hospital Brookfield

"When odds are one in a million, be that one."

Carmen Stokes, RN, FNP
Doctoral Student- Research Investigator
Eastern Michigan University

for information, please contact:
cstokes4@emich.edu

*T Not everything that is faced can be changed but nothing can be changed until it is faced.”
-James Baldwin

“Our lives begin to end the day we become silent about things that matter.”
-Martin Luther King,
Appendix I: Table of Success Strategies

The Ethnic Minority Fellowship Program (EMFP) of the American Nurses Association (ANA) has been engaged in the challenge of reshaping the profile of nurse leaders in research, clinical practice, and academia.

Mailing Address:
American Nurses Association SAMHSA Minority Fellowship Program
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492
Phone: 301.628.5247
Fax: 301.628.5339
E-mail: janet.jackson@ana.org

Chi Eta Phi

http://www.chietaphi.com/about

Chi Eta Phi Sorority, Inc. is a professional association for registered professional nurses and student nurses (male and female) representing many cultures and diverse ethnic backgrounds.

Black Career Women

http://www.bcw.org/

Black Career Women (BCW) is a national organization headquartered in Cincinnati, OH. Although the organization does not have chapters, its membership is national.

Minority Fellowship Program

The Ethnic Minority Fellowship Program (EMFP) of the American Nurses Association (ANA) has been engaged in the challenge of reshaping the profile of nurse leaders in research, clinical practice, and academia.

Mailing Address:
American Nurses Association SAMHSA Minority Fellowship Program
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492
Phone: 301.628.5247
Fax: 301.628.5339
E-mail: janet.jackson@ana.org

The National Black Nurses Association, Inc. (NBNA)

http://www.nbna.org/

The National Black Nurses Association's mission is to provide a forum for collective action by black nurses to investigate, define and advocate for the health care minority nurses in America.

Chi Eta Phi

http://www.chietaphi.com/about

Chi Eta Phi Sorority, Inc. is a professional association for registered professional nurses and student nurses (male and female) representing many cultures and diverse ethnic backgrounds.

Minority Nurses

http://www.minoritynurse.com/

We provide resources and information pertaining to education, career development and minority health for the growing population of minority nurses in America.

“You may encounter many defeats but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it.”

Maya Angelou
Appendix I: Table of Success Strategies