

A Basic Qualitative Exploration into the Academic Persistence of  
Minority Nursing Students in Minority Nursing Programs

Dissertation Manuscript

Submitted to Northcentral University

School of Education

in Partial Fulfillment of the

Requirements for the Degree of

DOCTOR OF EDUCATION

by

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April 2021

Approval Page

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## Abstract

The academic persistence of minority nursing students has become a healthcare concern due to health disparities in minority groups. Evidence suggests that receiving healthcare from healthcare providers of the same ethnic or cultural background as the population served reduces health disparities, increases positive health outcomes, and decreases overall healthcare costs. Unlike previous studies of minority nursing students' persistence, this study was conducted solely in minority nursing programs. The problem addressed in this basic qualitative study was that a significant number of minority nursing students were not persisting to graduation in minority nursing programs. The purpose of this study was to provide nurse educators with prelicensure minority nursing students' perceptions of their lived academic experiences in minority nursing programs that lead to the students' decision to complete the nursing program or leave. Bean and Eaton's psychological model of college student retention and Jeffreys' nursing undergraduate retention and success model guided development of the study, research questions, and data analysis. An online survey of open and closed-ended questions was distributed by a third party via email to prelicensure minority nursing students attending minority nursing programs across the United States. Thematic analysis identified supportive faculty communication, cohesive classmate interactions, an academic environment that promotes confidence and self-efficacy, and culturally congruent educational experiences, advance motivation to persist in minority nursing students, enabling them to confront academic stressors and complete nursing education. To build student and faculty relationships that promote persistence, initiating faculty mentorship and cohort team-building activities from the outset of nursing education is recommended. Additionally, creating culturally congruent educational experiences in clinical assignments, course content, and assessments promotes a sense of

belonging, leading to persistence. To better accommodate various cultural and ethnic groups, it is recommended that future research specify the ethnic group, geographic location, and type of institution under study. A comparison study of the attitudes, values, and beliefs of various cultural and ethnic groups could help educators understand how to strengthen minority nursing students' motivation to persist. Lastly, including data from minority nursing students that stopped out, dropped out, or transferred out would add valuable context to the research.

## Acknowledgments

I wish to extend sincere thanks and gratitude to my dissertation committee, Dr. Linda Collins, Chair, Dr. Linda Cummins, SME, and Dr. Joanna Vance, AR, for their dedication towards the successful completion of this dissertation. A special thanks to Joy Rensel, Academic Advisor, for keeping me in the game with her infectious enthusiasm and timely assistance. I would also like to acknowledge Dr. Diane Mancino, Executive Director NSNA, for freely sharing her expertise. To the most important member of my dissertation team, my husband Erich, I could not have completed this doctorate without your encouragement, support, and insistence that I finish, and for reminding me that there are chapters in my story yet to be written.

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## **Chapter 1 Introduction**

Nursing has been considered one of the more noble professions since the days of Florence Nightingale (Billings & Halstead, 2016). It is also one of the few occupations with consistent employment opportunities, primarily due to cyclic nursing shortages. In 2017, the Health Resources and Services Administration released a report predicting another nursing shortage by 2025 due in part to baby boomer nurses retiring, nursing faculty aging out of the workforce, and the increasing age and diversity of the U.S. population. The report predicted a deficit of registered nurses based on state-level differences in demographics resulting in variations in the nursing workforce throughout the United States. Unlike previous nursing shortages, however, supply and demand for registered nurses in this shortage will not be evenly distributed over geographic areas or by ethnic and cultural groups (Buerhaus, Skinner, Auerbach, & Staiger, 2017). The Health Resources and Services Administration (2017b) projection of supply and demand for the nursing workforce noted that seven states, including Maryland and the District of Columbia, would be critically affected by the nursing shortage of ethnic and culturally underrepresented registered nurses.

Maryland and the District of Columbia are both highly diverse communities. Despite being highly diverse communities, the Health Resources and Services Administration (2017a) identified that healthcare providers within these communities, particularly nurses, do not correspond with the diversity of the populations they serve. An imbalance between the ethnic and cultural diversity of a community and its healthcare providers was identified as a leading health indicator of health disparities in Healthy People 2030 (U.S. Department of Health and Human Services, 2020). The literature shows that a culturally diverse nursing workforce is needed to provide culturally congruent care and decrease health inequities in an increasingly

diverse U.S. population (Noone, Wros, Cortez, Najjar, & Magdaleno, 2016). Evidence suggests that receiving healthcare from healthcare providers of the same ethnic or cultural background increases the probability of favorable health outcomes and reduces overall healthcare costs (Auerbach, Chattopadhyay, Zangaro, Staiger, & Buerhaus, 2017; DeBrew, Lewallen, & Chun, 2014). Improving health outcomes and minimizing health disparities is an underlying premise in the Development of Healthy People 2030 (U.S. Department of Health and Human Services, 2020).

To address the predicted nursing shortage, private and public nursing schools in the District of Columbia Metropolitan area increased efforts to recruit disadvantaged, underrepresented, and minority students from their respective communities. Their efforts produced an influx of applications from minority students seeking admission to nursing programs. Recruitment, however, was not the primary concern of most nursing programs. Qualified applicants were being turned away each year due to an aging nursing workforce that has resulted in declining numbers of nursing faculty (Buerhaus et al., 2017). With the decline of nursing faculty resulting in qualified applicants denied entry to nursing programs, students' retention claimed the most time and resources in colleges and universities (Bergman, Gross, Berry, & Shuck, 2014; Buerhaus et al., 2017). Historically, disadvantaged, underrepresented, and minority students have the highest attrition rate among nursing students (Barbe, Kimble, Bellury, & Rubenstein, 2018). Ultimately, if the nursing shortage is to be resolved, the number of disadvantaged, underrepresented, and minority nursing students that graduate must increase (Auerbach et al., 2017). Additionally, further research into why minority nursing students were not completing nursing programs is needed, or nursing will likely remain poorly diversified (White & Fulton, 2015).

Prior research on the attrition of minority nursing students identified common characteristics associated with increased risk of attrition. For example, in a study exploring predictors of nursing student attrition, Barbe et al. (2018) found that non-modifiable student characteristics that can be assessed before beginning a program have the strongest association with attrition. Examples of non-modifiable characteristics to mitigate include primary language and primary education. The importance of early identification and mitigation of factors that lead to attrition in minority nursing students was also stressed. However, efforts to mitigate student characteristics that lead to attrition produced mixed results where some students were academically successful and persisted to graduation, while others did not (Carthon, Nguyen, Chittams, Park, & Guevara, 2014). Identifying contributing factors that lead to academic success or failure in minority nursing students is a step toward increasing minority nursing students' persistence to complete their nursing programs.

Previous studies on attrition, retention, and persistence of nursing students in nursing programs categorized contributing factors (Carthon et al., 2014; Cross, 1981; Graham, Phillips, Newman, & Atz, 2016). Cross (1981) identified three broad categories of contributing factors: dispositional, situational, and institutional. Dispositional factors are student attributes. Situational factors involve life events. Institutional factors are governed by the organization. Bergman et al. (2014) found that institutional factors had the most significant effect on student persistence in nursing programs. Institutions where students “felt the institution overall was responsive to their needs” had a 63% increase in retention rates (Bergman et al., 2014, p. 97). However, minority students continue to have the highest attrition rates in nursing programs (Barbe et al., 2018). Also noteworthy was that prior studies of persistence among nursing students, including minority nursing students, were conducted at traditional, predominantly

White educational institutions (Ferrell & DeCrane, 2016; Harrell & Reglin, 2018; White & Fulton, 2015). Very few studies on attrition, retention, or persistence of minority nursing students in minority nursing programs were found (Allen, 1992; Barbe et al., 2018; Talley, Talley, & Collins-McNeil, 2016). For this study, a minority nursing program was defined as a nursing program located within a Historically Black College or University (HBCU), or within a Hispanic Serving Institution (HSI), or any nursing program where the majority but not all of the students, faculty, and staff identified as a minority (Gibson-Jones, 2017).

Prior research of persistence in nursing students identified institutional factors as heavily influencing persistence in minority nursing students. Barbe et al. (2018) observed that White nursing students were more likely to persist to graduation in traditional (predominantly White) nursing programs than African Americans or Hispanics. If non-minority nursing students were more likely to graduate from traditional nursing programs based on institutional factors, then minority nursing students should graduate from minority nursing programs at higher rates, based on institutional factors (Allen, 1992; Barbe et al., 2018; Talley et al., 2016). However, graduation rates of minorities in all types of entry-level professional nursing programs began to decline between 2014 and 2016, leading to increased research into why minority nursing students were leaving nursing programs (National League for Nursing, 2016).

Past research into the persistence of minority nursing students cited primarily nonacademic factors inhibiting students' completion of nursing programs, such as family responsibilities, finances, and students' resilience (Betts, Shirley, & Kennedy, 2017). However, recent studies such as Harrell and Reglin (2018) noted that non-academic factors alone do not account for the current decline in the completion of nursing programs by minority nursing students. For example, Ferrell and DeCrane (2016) studied thematic concepts of academic

success as viewed by minority nursing students. Ferrell and DeCrane concluded that additional research into the possibility that institutional conditions may affect academic success is needed. Moreover, they were not alone in their findings. Bergman, Gross, Berry, and Shuck (2014) also found that institutional factors significantly influenced adult student persistence and concluded that additional research regarding institution type and differences in student experiences was needed. Of particular interest was that neither set of researchers ruled out nonacademic factors in their entirety. Instead, they suggested expanding the inquiry to include students' perceptions of their academic environment and its effect on their academic progress.

### **Statement of the Problem**

The problem addressed in this study was that a significant number of minority nursing students were not persisting to graduation in minority nursing programs. For example, in 2015 (the most recent year with published retention statistics), Prince George's Community College (PGCC) had a diversity rating of 95.2% for students in credit granting programs, with a retention rate of 52.5% for college-ready students and 54.3% for developmental students (PGCC, 2017). Retention rates for PGCC were less than the national average of 62% for public 2-year institutions (National Center for Education Statistics, 2018). Several factors were identified that affect minority nursing students' persistence in traditional nursing programs, and strategies to alleviate those factors were initiated (Kennel & Ward-Smith, 2017; Williams, Bourgault, Valenti, Howie, & Mathur, 2018). Still, little remains known about why so many minority nursing students do not persist to graduation in minority nursing programs (Carthon et al., 2014). Without identifying factors that positively and negatively affect minority nursing students' persistence in minority nursing programs, the numbers of ethnic and cultural registered nurses needed to resolve the nursing shortage may not be attained (Williams et al., 2018).

## **Purpose of the Study**

The purpose of this basic qualitative study was to ascertain minority nursing students' perceptions of their academic experience in a minority nursing program and how these perceptions relate to students' persistence in the nursing program. A qualitative design enabled a description of the phenomenon through a critical lens ideally suited for exploring the many facets of academic persistence through students' perceptions (Baxter & Jack, 2008; Kennel & Ward-Smith, 2017). Academic persistence continues to be an unpredictable phenomenon with individualized triggers and effects. Comprehension of the context that triggers academic persistence in minority nursing students attending minority nursing programs required a hermeneutic research design (Merriam & Tisdell, 2016; Mertens, 2015; Yazan, 2015).

The study sample was to be drawn from nursing students at a college in the District of Columbia Metropolitan area. However, due to COVID-19 and the subsequent closures, a purposive sample of 26 pre-licensure minority nursing students attending minority nursing programs were recruited via email from the National Student Nurse Association's membership. Inclusion criteria were (a) member of a minority group, (b) matriculated into a minority nursing program, (c) 18 years of age or older, and (d) fluent in English (reading, writing, speaking). Exclusion criteria were (a) non-minority students, (b) seeking a second healthcare degree (nursing or ancillary disciplines), and (c) students who hold or have held a healthcare license (nursing or ancillary disciplines). Data were collected via a Qualtrics anonymous survey of open and closed-ended questions. Thematic analysis identified four themes (i.e., faculty and classmate interactions, self-efficacy, cultural congruence, and coping) that aligned with Jeffreys' NURS model (i.e., professional integration factors and student affective factors) and Bean and Eaton's psychological model (i.e., institutional environment and institutional fit and commitment).

## Conceptual Framework

Nursing curricula are unlike most disciplines (Billings & Halstead, 2016). For example, it requires mastering the application of didactic and practical nursing curricula (Hicks & Patterson, 2017). Finding a theory or concept that singularly was adaptive for studying minority nursing students' persistence in attending a minority nursing program was difficult (Allen, 1992). For this reason, elements of Bean and Eaton's (2001, 2016) psychological model of college student retention along with aspects of Jeffreys' (2012, 2015) nursing undergraduate retention and success model guided this study.

In the past, theoretical contributions to student persistence focused on the student's background and academic socialization to explain their choice of perseverance or departure (Betts et al., 2017; Ferrel & DeCrane, 2016). Previous research on persistence in college students identified an association between type of student (e.g., White, Black, or Hispanic), type of institution (i.e., 2 or 4-year, residential or commuter), socialization (i.e., instructional or social), and academics (e.g., grades and support services) (Jeffreys, 2012, 2015). Results reported that students in 4-year residential, educational institutions were more likely to leave due to socialization issues, whereas students attending 2-year commuter educational institutions were more likely to leave due to poor academics (Betts et al., 2017; Jeffreys, 2012, 2015). However, Bean and Eaton (2001, 2016) focused on the decision-making process of perseverance or college students' departure. They sought to identify the psychological triggers that lead to the behavior of persistence or separation. The triggers included faculty encouragement or microaggression and cohesive cohort interaction such as teamwork or aggressive competition.

To study persistence in minority nursing students attending a minority nursing program entailed the use of a qualitative approach that combined individuals' subjective experiences of

phenomena into an interpretive narrative describing the essence of the events, i.e., the whole is greater than the sum of its parts (Kafle, 2011). What an individual chooses to respond to and what an individual chooses to ignore is dependent on the individual's motivation, attitudes, reference points, and how the situation is structured (Bean & Eaton, 2001, 2016). Because these characteristics vary among individuals, different people tend to respond differently to the same event or may distort reality to fit their perceptions (Jeffreys, 2012, 2015). Leading to the assumption that every individual perceives, interprets, and responds to interactions and situations in the environment in their way (Reicher & Hopkins, 2016). For example, Bean and Metzner (1985) observed that community college students' responses place increased emphasis on their external environment, i.e., academics, more than social integration in the process of attrition.

Bean and Eaton's model emphasizes persistence and attrition (i.e., why students leave an educational program). Jeffreys' model emphasizes persistence and retention (i.e., why students stay in an educational program). Both models present a globally comprehensive approach to perseverance, a multidimensional phenomenon. In exploring how and why some minority nursing students persist in minority nursing programs while others do not, it was imperative to ascertain the students' perception of the lived experience. Attrition and retention are two very different effects that can result from the same academic experience (Betts, Shirley, & Kennedy, 2017; Tinto, 2017b).

### **Nature of the Study**

This study used a qualitative research method to examine how minority nursing students form perceptions of their educational experiences in a minority nursing program that resulted in students either completing the program or leaving. A qualitative approach allowed for flexibility of inquiry, which was particularly useful in a holistic examination of the persistence of minority



nursing students (Anaf, Drummond, & Sheppard, 2007). Qualitative research allowed for an inductive approach to explore an event in its natural environment (Baxter & Jack, 2008). Hence, a qualitative approach was used to examine the perceptions of minority nursing students attending a minority nursing program that allowed for a new holistic explanation of the phenomenon rather than a prescription (Lee, Mishna, & Brennenstuhl, 2010). Qualitative research is uniquely suited to addressing *what* and *how* minority nursing students form perceptions of a lived experience because it allows students to express viewpoints from their perspective and does not dictate the genre of their experience.

Ample research exists examining minority nursing students' persistence in traditional nursing programs (Gottfredson et al., 2008; White, 2018). However, the literature was sparse exploring minority nursing students' persistence in minority nursing programs (Talley, Talley, & Collins-McNeil, 2016). Unlike earlier works on the persistence of minority nursing students in traditional (predominantly White) nursing programs, the focus of this study was exclusively on the persistence of minority nursing students in minority nursing programs (i.e., HBCUs, HSIs, or programs with predominantly minority students, faculty, and staff).

Theory informs that people learn and solve problems using organizing principles that emphasize the organization of elements in the environment such that the whole is greater than the sum of its parts (Reicher & Hopkins, 2016; Reynolds et al., 2010). Emphasizing the process of perception of a lived educational experience illuminates triggers for persistence, attrition, and retention (Tinto, 2017b). Therefore, the goal of this study was to investigate the parts that make up the essence (whole) of a student's decision to persist in their nursing program or not.

To contribute to the conversation on why significant numbers of minority nursing students were not persisting to graduation in minority nursing programs, a basic qualitative

research approach based on Bean and Eaton's (2001, 2016) psychological model of college student retention and Jeffreys' (2012, 2015) nursing undergraduate retention and success model guided this study. Data collection was to be by survey and interview with an arts-based activity. Interview participants would have been given the opportunity to member-check transcripts of their interview and arts-based activity for accuracy and clarification of content. However, due to the COVID-19 pandemic and subsequent shut down of educational institutions and other restrictive mandates, interviews with the arts-based activity were removed from the study.

### **Research Questions**

Students' perception of an academic experience can lead to degree completion or separation from an educational institution (Tinto, 2017a). The number of minority nursing students that do not persist to degree completion has contributed to a national shortage of minority nurses (Health Resources and Services Administration, 2017b). Traditional nursing programs initiated measures to increase the retention of minority nursing students (Kennel & Ward-Smith, 2017). However, research remains sparse on why so many minority nursing students do not persist in minority nursing programs (National League for Nursing, 2016). The purpose of this study was to provide nurse educators with data to assist in increasing the number of minority nursing students who complete minority nursing programs. The following research questions guided this study to gain an understanding of minority students' perceptions:

**RQ1.** What are the perceptions of minority nursing students of their academic experience in a minority nursing program?

**RQ2.** How do minority nursing students' perceptions of their academic experience in a minority nursing program affect student persistence to complete the program?

## **Significance of the Study**

In response to the current shortage of minority nurses, schools of nursing across the country have attempted to increase the recruitment and graduation of minority nursing students (Noone et al., 2016). This study is significant because it provides nurse educators with minority students' perceptions of their lived academic experiences that result in the decision to complete the nursing program or leave. By enhancing comprehension of students' perceptions of their academic experience, nurse educators in traditional and minority nursing programs may be able to proficiently assist minority nursing students in being successful in nursing programs, increasing persistence to graduation.

Increasing the number of minority nursing students who graduate to practicing nurses will help reduce the shortage of minority nurses (Noone et al., 2016). Increasing the number of minority nurses will help reduce health disparities in minority and underrepresented populations (U.S. Department of Health and Human Services, 2020). Research has identified that treatment by a healthcare practitioner of the same ethnic or cultural background reduces health disparities, increases positive health outcomes, and decreases overall healthcare costs for the population being served (Auerbach et al., 2017; DeBrew et al., 2014).

Lastly, for some minority students, a public college or university may be the only option to obtain a college degree. Historically, state-funded public colleges' and universities' admission and progression criteria mirror the population they serve (Schmidt, 2013). They tend to offer more remediation courses and supportive programs than private institutions (Pratt, 2017). Adding minority students' perceptions of their academic experience gives educators of minority students additional insight to assist them in academic success (Noone et al., 2016).

## Definitions of Key Terms

**Attrition.** Attrition is the separation (voluntary or involuntary) from an educational program by a student after matriculation but before completion of the program. For this study, attrition is the loss or delay of nursing students' progression during a nursing program that results in a different number of nursing students that complete the program within the customary timeframe compared to the number of nursing students who began the program (Betts et al., 2017).

**Disadvantaged student.** A disadvantaged student is an individual born and educated in the United States who is from a socioeconomic or educational environment, such as specific rural or inner-city environments that directly deprived the individual "of a decent standard of living, education... by poverty and a lack of opportunity" (Nichols, 2016, p. 417).

**Minority.** A minority is a person who self-identifies or is identified, as a member of a racial, ethnic, or cultural group that is known to be statistically less than half of the dominant (i.e., numerical) or predominant (i.e., influential) group in the community, country, or organization in which the person exists. (Gipson-Jones, 2017). Examples are Native American, Hispanic/Latino, Black, Asian, African, Indian.

**Minority nursing program.** A minority nursing program is a nursing program located within a predominantly (i.e., prevailing) minority school, college, or university (e.g., Historical Black College or University or a Hispanic Serving Institution), or having a dominant (i.e., majority) of students, staff, faculty, and administrators that identify, or are identified, as being a member of a minority group (Gipson-Jones, 2017). It does not mean all of the students, faculty, and staff identify as a minority. It means the majority of persons associated with the program identify as a minority (i.e., a Minority Serving Institution).

**Persistence.** Persistence is a series of actions that are goal-driven. Persistence is a function of the nursing student that is measured by progression in the nursing program (Betts et al., 2017).

**Public college.** A public college (e.g., community college) is a state or county-funded educational institution. Generally, residents of the state or county that fund the college cannot be denied admission if they meet the minimal entrance criteria (Pratt, 2017). For example, the University of the District of Columbia Community College admits all DC residents who have earned a high school diploma, GED, or equivalent (UDC, 2017).

**Retention.** Retention is the ability to keep a student actively involved in the educational process. Retention is a function of the educational institution or organization measured by the number of students who return each academic term or year working toward graduation (Kennel & Ward-Smith, 2017).

**Traditional Nursing Program.** A traditional nursing program is located within a predominantly non-minority (i.e., White) school, college, or university, and having the majority of students, staff, faculty, and administrators that identify or are identified as members of the dominant (i.e., influential) non-minority group (Gipson-Jones, 2017). It does not mean that all of the students, faculty, and staff identify as a non-minority. It means the majority of persons associated with the program identify as a non-minority.

## **Summary**

The current shortage of minority nurses is hindering the reconciliation of health disparities in minority and underrepresented populations (Auerbach et al., 2017; DeBrew et al., 2014; Noone et al., 2016). To alleviate the shortage of minority nurses, nursing schools were encouraged to increase the recruitment and graduation of minority nursing students. However,

the number of minority nursing students that persisted to graduation per capita declined instead of increasing (Barbe et al., 2018). Moreover, minority nursing students attending minority nursing programs were not continuing to graduation in increasing numbers at a time when more minority nurses were needed. Traditional nursing schools have researched and initiated strategies to retain minority nursing students, but little remains known of why minority nursing students are not persisting in minority nursing programs (Kennel & Ward-Smith, 2017; Williams et al., 2018). To gain an understanding of minority nursing students' perception of their academic experience in a minority nursing program, a basic qualitative research approach was used to answer the research questions, (a) what are the perceptions of minority nursing students of their academic experience in a minority nursing program, and (b) how do minority nursing students' perceptions of their academic experience in a minority nursing program affect student persistence to complete the program?

## Chapter 2: Literature Review

The purpose of this qualitative research study was to gain an understanding of minority nursing students' perceptions of their academic experiences in a minority nursing program in the District of Columbia Metropolitan area and to use that understanding to potentially enhance completion rates, which may contribute to decreasing the projected nursing shortage. Unlike previous heterogeneous nursing shortages, the projected nursing shortage is unique to minority and underrepresented populations in specific geographic locations across the United States and its territories due in part to the clustering of ethnic groups (Health Resources and Services Administration, 2017b). For example, the World Atlas (2017a) places the most substantial numbers of Native Americans per capita in the United States in California, Oklahoma, and Arizona, respectively. The District of Columbia had the largest population of African Americans per capita (50.7%) in the United States, Maryland had the fifth largest population of African Americans per capita (30.1%), and Virginia had the tenth-largest population of African Americans per capita (19.9%) (US Census Bureau, 2014; World Atlas, 2017b). The largest population of Hispanic/Latino Americans per capita was found in the Southwestern states of New Mexico (48.5%), Texas (39.1%), California (38.9%), Arizona (30.9%), and Nevada (28.5%) (World Atlas, 2018). While Asian Americans were prominent on the east and west coasts of the United States, their population was highest per capita in Hawaii (57.4%) (World Atlas, 2017c). The District of Columbia, Central Maryland, and Northern Virginia comprise the District of Columbia Metropolitan area.

Increasing the number of minority and underrepresented nurses is necessary to aid the reduction of health inequalities in minority populations by increasing the supply of culturally congruent healthcare providers (Noone et al., 2016). The County Health Rankings and

Roadmaps program, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (UWPHI), noted that areas, where a lack of ethnic and culturally congruent healthcare providers was most pronounced tend to demonstrate the most significant health disparities (UWPHI, 2018). Areas of increased health disparities further highlight the need to increase the number of minority and underrepresented practicing nurses because research suggests that receiving care from health providers of the same ethnic or cultural background increases the probability of favorable health outcomes (Auerbach et al., 2017; DeBrew et al., 2014). Enabling minority nursing students to complete nursing programs is an efficient way of contributing to a resolution to health inequalities and the shortage of minority nurses (Colville, Cotton, Robinette, Wald, & Waters, 2015). Uncovering what motivates minority nursing students to persist is an essential step in this process (Dewitty, Huerta, & Downing, 2016).

Retention is viewed as a function of the institution, while persistence is considered a function of the student (Dewberry & Jackson, 2018; Kennel & Ward-Smith, 2017). The institution strives to retain or increase the number of students that enroll each term (Dewberry & Jackson, 2018; Kennel & Ward-Smith, 2017). However, students do not want to be retained; they want to persist (Hicks & Patterson, 2017; Tinto, 2016). In a 2016 essay, Tinto succinctly identified three significant experiences that shape student motivation to stay in college and graduate: self-efficacy, a sense of belonging, and the curriculum's perceived value. Tinto (2017b) referred to self-efficacy as the student's learned belief in their ability to succeed in a specific task. Tinto (2017b) believes self-efficacy is not inherited or generalizable. Tinto (2017a) describes self-efficacy as malleable such that a student may enter a degree program with high self-efficacy then encounter difficulties that cause the student's self-efficacy to wane. This



phenomenon has been observed in multiple studies of student persistence (Beauvais, Stewart, DeNisco, & Beauvais, 2014; Harding, Bailey, & Stefka, 2017; Lewis, Milner, & Willingham, 2018).

Self-efficacy and a sense of belonging are frequently grounded in students' past experiences (Tinto, 2016). Self-efficacy is learned from previous successes and failures, just as a sense of belonging or rejection grows over time with familiarity (Han, Farruggia, & Moss, 2017; van der Riet, Levett-Jones, & Courtney-Pratt, 2018). A sense of belonging denotes a feeling of acceptance, a feeling of being valued, and a feeling to be oneself because the self-matters (Han et al., 2017). Tinto (2016) identified a sense of belonging as critical to a student's persistence in an educational program and proposed that students persist in an educational program despite challenges if a sense of belonging exists. The campus climate, interactions with others, and the quality of the interactions have the potential to increase motivation, which heavily influences persistence (Han et al., 2017; Tinto, 2016). In a landmark study of minority students attending minority and traditional institutions, Allen (1992) observed that minority students appeared to *fit* into the campus climate and were more successful when attending a minority institution as compared to minority students attending a traditional institution.

In addition to self-efficacy and a sense of belonging, Tinto (2016) proposed that the curriculum's perceived value in a program of study influenced students' motivation to persist. To perceive program content as having value, students need to feel the content is relevant, of sufficient quality, and applicable to issues and situations of personal concern (Talley et al., 2016; Tinto, 2016). Additionally, the curriculum should include cultural and ethnic content and experiences relevant to the students studying the curriculum (Han et al., 2017; Tinto, 2016; van der Riet et al., 2018). Tinto (2016) noted that institutions desiring to increase students'

motivation to persist require the institutions to understand the students' perception of the academic experience and how that experience contributes to students' motivation to persist.

This literature review delves into factors not commonly explored but most likely to influence minority students' persistence in higher education. This review has two parts. The first part focuses on specific challenges minority nursing students encounter in higher education that may lead to separation from an academic program. Particular components for the first part of the literature review were (a) the type of educational institution attended, (b) social integration in academia, and (c) professional integration. Each of these factors was explored explicitly regarding how they affect minority students' decision-making to persevere in a minority nursing program. The second part of this literature review focused on the academic models that comprised the study's conceptual framework. The seminal works of John P. Bean (2001, 2016), Shevawn B. Eaton (2001, 2016), and Marianne R. Jeffreys (2012, 2015) on persistence, attrition, and retention in higher education are reviewed with emphasis on minority nursing students. Chapter two concludes with a summary of the chapter's content.

The Northcentral University (NCU) library was the primary source of peer-reviewed materials used in this literature review. Databases used for the literature review include the Business Source Complete, Complementary Index, Cumulative Index to Nursing and Allied Health Literature Complete (CINAHL), EBSCO Host, Education Research Complete, Educational Resources Information Center (ERIC), Ovid Nursing Database, ProQuest Central, ProQuest Documents, Medline, PubMed, Sage Journals, ScienceDirect, SpringerLink, and Wiley Online. Dissertations, theses, and grey literature were searched with a focus on the relevance of the research topic. The primary search engines used were Google Scholar and NCU library's Roadrunner. The following search terms were used individually and in combination: attrition,

college, colonialism, color-blind, community, culture, curriculum, education, institution, integration, marginalization, minority, nursing, persistence, professional, program, retention, social, student, traditional, and university.

### **Conceptual Framework**

Self-efficacy, a sense of belonging, and commitment are essential to students' persistence in educational programs, especially for minority students (Johnson, Wasserman, Yildirim, & Yonai, 2014). The purpose of this study was to investigate minority students' perceptions of their academic experience in a minority nursing program and how these perceptions relate to students' persistence in the nursing program. This study used two conceptual frameworks that address student persistence in secondary education, the psychological model of college student retention (Bean & Eaton, 2001, 2016) and the model of nursing undergraduate retention and success (Jeffreys, 2012, 2015).

Bean and Eaton modified an earlier work by Bean and Metzner (i.e., A conceptual model of nontraditional undergraduate student attrition, *circa* 1985) that relied heavily on students' background variables (e.g., high school performance, age, gender, ethnicity), academic variables (e.g., study habits, attendance, academic major), and environmental variables (e.g., finances, employment, family responsibility) to predict student attrition (Bean & Metzner, 1985; Braxton, 2016). Bean and Metzner's conceptual model was developed when psychological approaches were beginning to be merged with sociological theories to evaluate student attrition (Bean & Metzner, 1985). Bean, having experimented with a synthetic (i.e., integrated) model in 1982, partnered with Eaton in 1995 to develop an integrated model of retention based on coping mechanisms (i.e., the approach/avoidance model) that provided the underpinnings for the psychological model (Braxton, 2016). Bean and Eaton's previous works to merge psychological

and sociological theories into retention modeling lead to the development of the psychological model of college student retention (Braxton, 2016).

The psychological model of college student retention is predicated on the assumption that departure from an educational institution is a psychologically motivated behavior (Braxton, 2016). Bean and Eaton's purpose is to describe the process students undertake when deciding to leave an educational program and the variables that initiate the process (Braxton, 2016). Bean and Eaton (2001, 2016) propose that students continuously engage in a series of self-assessments during interaction with academic and social environments. Students then use the self-assessment results to determine a course of action, a behavior such as persistence or departure. A single assessment does not determine behavior. Self-assessments are merged with past and present experiences to determine the choice of behavior (Bean & Eaton, 2001, 2016; Wood, Newman, & Harris III, 2015). The variables that influence a student's decision-making process include (a) entry characteristics such as self-efficacy, beliefs and values, motivation, and skills and abilities; (b) academic, social, and external interactions; (c) psychological processes like self-efficacy assessment, coping processes, and locus of control; (d) academic and social integration; and (e) attitudes associated with institutional fit and commitment (Bean & Eaton, 2001, 2016; Braxton, 2016).

Bean and Eaton (2001, 2016) focused the model on four theories related to retention: attitude-behavior theory, coping behavioral theory, self-efficacy theory, and attribution theory. In the psychological model of retention, the attitude-behavior theory presents a feedback loop between intention and behavior where beliefs become attitudes, attitudes become intentions, intentions become behavior, and behavior leads to persistence (Bean & Eaton, 2001, 2016; Braxton, 2016). Institutional fit and commitment lead to the beliefs, attitudes, intentions, and

behavior that result in persistence (Johnson et al., 2014). The coping behavioral theory presented by Bean and Eaton (2001, 2016) includes elements of their approach/avoidance model of college student attrition (Eaton & Bean, 1995) and the student integration model (Tinto, 1975). Coping is the behavior a student uses to integrate into the academic or social environment (Braxton, 2016). Academic and social integration are attitudinal outcomes of coping behaviors to environmental stressors (Braxton, 2016). Johnson et al. (2014) observed that stress in the academic environment directly affected commitment and had an indirect negative influence on persistence in students of color.

Bean and Eaton (2001, 2016) defined self-efficacy as task-specific, meaning an individual recognizes their ability to accomplish some tasks and not others. Bean and Eaton suggest that high levels of self-efficacy in academic competence before college leads to high levels of academic integration during college, which increases the likelihood of persistence. Wood et al. (2015) demonstrated that self-efficacy is malleable and that augmenting self-efficacy improves academic integration and, subsequently, persistence in minority students. Conversely, augmenting academic integration increases self-efficacy and, subsequently, persistence in minority students (Wood et al., 2015). Bean and Eaton (2001, 2016) include attribution theory, notably locus of control, in the retention model. Locus of control posits that if a person perceives they control the outcome of a goal or situation (i.e., internal locus of control), they are more likely to achieve that outcome (Braxton, 2016).

Conversely, if that person perceives they have no control over the outcome of a goal or situation (i.e., external locus of control), they are less likely to expend effort toward that outcome (Braxton, 2016). Interestingly, in a study of psychosocial factors in community college students' persistence and academic success, Fong et al. (2017) found that motivation and self-efficacy had

a more significant effect on persistence in community college students than internal locus of control. Internal locus of control was more strongly associated with academic achievement than persistence (Fong et al., 2017).

Bean and Eaton focused on college students' decision-making process and sought to identify the triggers that lead to persistence or departure. Bean and Eaton's (2001, 2016) model emphasizes persistence and attrition (i.e., why students leave). Jeffreys' (2012, 2015) nursing undergraduate retention and success model emphasizes persistence and retention (i.e., why students stay). Jeffreys' model focused on situations and events unique to nursing education that lead to persistence or departure. Together, the models present a globally comprehensive approach to the study of persistence in minority nursing students.

In 2001, Jeffreys and Zoucha published an article on transcultural nursing and culturally congruent care that, along with Bean and Metzner's (1985) work of nontraditional undergraduate students, provided the framework for Jeffreys' nontraditional undergraduate retention and success (NURS) model (Jeffreys, 2012, 2015; Jeffreys & Zoucha, 2017). The original NURS model was explicitly designed for nontraditional nursing students but was easily adaptable for use with other populations (Jeffreys, 2012, 2015). However, in 2004 Jeffreys revised the model to include traditional and non-traditional nursing students (i.e., other minorities and non-minorities) and renamed it the model of nursing undergraduate retention and success.

Jeffreys' (2012, 2015) model of nursing undergraduate retention and success differs from Bean and Eaton's (2001, 2016) model in that it is not linear. Where Bean and Eaton's model follows a progression of internal variables with an established feedback loop that readily allows for identification of intent to persist or depart, Jeffreys' NURS model is fluid with continuous feedback between variable sets that make it challenging to determine student intent to continue

or withdraw (Braxton, 2016; Jeffreys, 2012, 2015). Jeffreys' NURS model also includes extraneous variables not modifiable by nursing students (e.g., academic services, health care system, family's educational background, national and world events). However, the fluidity of variable sets and variables within sets in Jeffreys' model allows for the customization of variables to be considered (Jeffreys, 2012, 2015). For example, Barbe et al. (2018) selected two instruments, employed by Jeffreys, to predict attrition in nursing students that measures social factors, namely the Student Perception Appraisal-Revised and the Educational Requirements Subscale.

At the heart of Jeffreys' NURS model is professional integration (Jeffreys, 2012, 2015). Professional integration is central to nursing and nursing education (Lott, Montgomery, Burns, & Baker, 2018). Nursing students who lack professional integration are more likely to drop out (withdraw from the program) or stop out (take a break and return) from a nursing program (Barbe et al., 2018; Jeffreys, 2012, 2015). Dropping out or stopping out is especially true of minority nursing students in all types of minority institutions and programs (Jeffreys, 2012, 2015; Lott et al., 2018). Identifying factors to facilitate retention of minority nursing students may contribute to the nursing workforce's diversity and help alleviate the shortage of minority nurses (Loftin, Newman, Gilden, Bond, & Dumas, 2013).

Tinto's student integration model is featured prominently throughout this literature review because it provides the foundation for Bean and Eaton and Jeffreys models (Bean & Eaton, 2001, 2016; Braxton, 2016; Jeffreys, 2012, 2015). However, Tinto's model is not appropriate for this study because it includes, without the option to exclude, external pre-college variables (e.g., high school experience, prior schooling, family history, family support, and economic status) when evaluating for persistence in secondary education (Corengia, Pita,

Mesurado, & Centeno, 2012; Fong et al., 2017). This study does not include those variables. Bean and Eaton (2001, 2016) include internal pre-college variables (e.g., self-efficacy, beliefs and values, coping strategies, motivation, and skills and abilities). Jeffreys' (2012, 2015) model does consider external pre-college variables similar to Tinto (e.g., gender, ethnicity, age, family history, prior education, work experience, finances); however, Jeffreys' model is not all-inclusive because external pre-college variables may be excluded or minimized.

It may be argued that Tinto's model is a reflection of the period in which it was developed (*circa* 1975) when sociological theories alone were the backbone of research on student retention and attrition (Braxton, 2016). However, the value of Tinto's work on academic and social integration and its effect on student persistence and attrition is undeniable and surfaces in many works of student persistence (Bean & Eaton, 2001, 2016; Denson & Bowman, 2015). For example, Denson and Bowman (2015) employed Bean and Eaton's psychological model to assess the impact of student-institution fit or misfit on student retention. Denson and Bowman noted that a positive student-institution fit is associated with student retention, and a student-institution misfit is associated with student drop-out, stop-out, and transfer. These findings are consistent with prior studies and support Denson and Bowman's recommendation that institutions make students aware of environmental differences so that students may select an institution that more closely meets their needs and preferences.

### **Type of Educational Institution**

Educational institutions are classified in different ways, depending on the source consulted. For example, since 1983, U.S. News and World Report have provided a ranking of educational institutions annually based on location (i.e., national or regional), discipline (e.g., law, medicine, nursing), and national recognition (U.S. News & World Report, 2019). The U.S.



News and World Report also apply subcategories to institutions such as the type of student served (e.g., A-Plus or B students, minorities, veterans, and economic status). Although not as widely recognized publically, the Carnegie Commission on Higher Education has published a classification of colleges and universities since 1970 based on research activity and educational policies (Carnegie Foundation for the Advancement of Teaching, 2019). However, in 2014, the Carnegie Foundation transferred responsibility for the classification system to Indiana University but retained naming rights (Carnegie Foundation for the Advancement of Teaching, 2019). Hence, the 2018 edition of The Carnegie Classification of Institutions of Higher Education consists of six primary classifications (Indiana University, n.d.) based on the institution's focus (undergraduate and graduate programs), student profiles, and the size of the institution (Keating, 2011).

Familiar classifications of educational institutions include private (nonprofit and for-profit), public (federal, state, or regionally supported), sectarian (religious affiliation), community college, undergraduate, graduate, and research-based (intensive and extensive) institutions (Carnegie Foundation for the Advancement of Teaching, 2019; Hicks & Patterson, 2017; Keating, 2011). Nursing programs exist in a variety of institutions across a variety of settings (e.g., 2-year and 4-year colleges and universities, online programs, and nursing-only schools) (Hicks & Patterson, 2017; Keating, 2011). Each type of program offers a special allure for prospective students. However, it is student retention and successful completion of the program that defines a program (Breslin, Nuri-Robins, Ash, & Kirschling, 2017; Carthon, Nguyen, Chittams, Park, & Guevara, 2014; Harrell & Reglin, 2018). This study seeks to assist nurse educators in aiding minority nursing students to successful outcomes in minority nursing

programs by aggregating students' views and opinions of nursing education in minority institutions.

Numerous studies were conducted on the persistence of nursing students in traditional (predominantly White) nursing programs (Kennell & Ward-Smith, 2017; White & Fulton, 2015). A few of those studies have included minority nursing students (Allen, 1992; White & Fulton, 2015). However, few have focused solely on minority nursing students attending minority nursing programs. In a landmark study exploring the academic experiences of minority students attending historically Black colleges and universities (HBCUs) versus minority students attending predominantly White colleges and universities, Walter R. Allen (1992) noted that the *fit* between minority students and higher education was more *favorable* at HBCUs. From 1992 to well into the twenty-first century, minority nursing students persisted to graduation at consistently rising rates (Billings & Halstead, 2016). However, during the past decade, minority nursing students' completion rates have declined per capita (American Association of Colleges of Nursing, 2017), resulting in "a particular need to understand the effects of individual and institutional characteristics on student outcomes" (Allen, 1992, p. 32).

### **Nursing Education Background**

Nursing education in the United States has evolved from service-learning to research and theory to evidence-based practice (Melnik & Fineout-Overholt, 2015; Roux & Halstead, 2009). Early nursing programs (*circa* 1940) were mostly 3-year hospital-based diploma programs that were frequently owned and operated by physicians or wealthy business persons who catered to the health needs of specific communities (Bastable, 2014; Billings & Halstead, 2016; Cherry & Jacob, 2002). A primary difference in nursing education between then and now is that nursing students back then seldom attended formal classes; instead, nursing education was learn-as-you-

go while working in hospital units, a form of apprenticeship (Billings & Halstead, 2016). Nursing students were unpaid labor; many worked 12-hour shifts with little or no clinical supervision (Roux & Halstead, 2009). The few planned classes were irregularly scheduled and frequently were canceled if students were needed to staff the hospital units (Roux & Halstead, 2009). Despite the need for hospital staff, very few hospital-based nursing programs admitted minority students (White & Fulton, 2015). Minority nursing education was mainly limited to minority hospitals (Carnegie, 1986). Ironically, the catalyst for change in nursing education from service learning to scholarship and segregation to integration was World War II (Bastable, 2014; Billings & Halstead, 2016; Cherry & Jacob, 2002).

As the war evolved and the need for nurses grew, pressure on educational institutions to produce skilled nurses in less time increased, as did the use of minority nurses in the military (Billings & Halstead, 2016). In 1941 the Nurse Training Act (also known as the Bolton Act) passed, and the Army Nurse Corps set a quota to admit 56 minority nurses (Cherry & Jacob, 2002). In 1943 the Nurse Training Act was amended to bar racial bias, which led to the U.S. Navy dropping its restriction on minorities and admitting four minority nurses in 1945 (Cherry & Jacob, 2002). The amended Nurse Training Act of 1943 also established the Cadet Nurse Corps, a government grant program for nursing schools to increase enrollment and decrease training time (Cherry & Jacob, 2002; Lord, 2016). The amended Nurse Training Act's central requirement was the non-discriminatory clause that allowed 3000 African-Americans to join the Cadet Nurse Corps and obtain nurse training (Lord, 2016). Over its short existence, the Cadet Nurse Corps funded 21 minority nursing schools and 38 traditional nursing programs (that accepted minority students) with grants through the Nurse Training Act of 1943 (Lord, 2016).

The Cadet Nurse Corps was discontinued in 1948, but the integration of nursing education and advancement of the nursing curriculum continued (Lord, 2016).

In addition to integrating nursing education, the shift from service-learning to scholarship brought theory and a formal curriculum to nursing education (Billings & Halstead, 2016). The curriculum's focus moved from the bedside to research and out of hospitals into colleges and universities. In the late 1940s, there were approximately eleven hundred hospital-based nursing programs in the United States (Carnegie, 1986). Today there may be a dozen. Even then, not all minority nursing programs were in hospitals, given there were not many minority hospitals at that time. For example, in 1886, a nursing school for minority women was established at the Atlanta Baptist Seminary (Mahoney, Williams, & McClellan, 1996). This nursing school later became Spelman College (Mahoney et al., 1996).

As theory-based didactic courses were added to the nursing curriculum, nursing students spent less time at the bedside in clinical practice. The loss of nursing students as unpaid labor was the demise of many hospitals (Porter, 1999). The loss of hospitals posed a hardship for minority nursing programs as the Nurse Training Act of 1943 was influential in integrating hospital-based programs, but not so much in colleges and universities (Carnegie, 1986). The decrease of available hospitals prompted minority hospital-based nursing programs to merge with minority colleges and universities, mirroring traditional nursing programs integrated into traditional colleges and universities (Brush, 1999). For example, the Freedmen's Hospital School of Nursing (founded in 1893) merged with Howard University in Washington, District of Columbia. Still, it continued to bestow diplomas to graduates until 1970, when the program was restructured as Howard University College of Nursing and Allied Health (Carnegie, 1986). Unlike traditional nursing programs with multiple colleges and universities to select from for

mergers, there were only a handful of minority colleges or universities for alliances with minority hospital-based nursing programs forcing programs to consolidate or cease to exist (Brush, 1999; White & Fulton, 2015). Today there are 47 college or university-affiliated minority nursing programs in the United States, the District of Columbia, and the U.S. Virgin Islands (National Center for Education Statistics, 2018).

The transition from hospital-based to academic-based nursing education offered greater freedom of curriculum development, which extended to diversifying nursing education. Over time three types of pre-professional licensure nursing programs emerged: diploma, associate, and baccalaureate. While most traditional nursing programs are public (non-profit), there has been a 39% increase in private, not-for-profit nursing programs and a 759% increase in private for-profit nursing programs between 2002 and 2012 (Buerhaus, Auerbach, & Staiger, 2014). The rapid rise of private for-profit nursing programs has increased competition for students resulting in softening of admission criteria as exemplified by minimalization or elimination of ACT, SAT, and GRE requirements in many public and private colleges and universities (Epstein, 2009; Rhodes, 2018; “Three HBCUs,” 2014).

The proliferation of choices of nursing programs, particularly for minority students, affected how students approach education and students’ expectations of educational institutions (Metcalf & Neubrand, 2016; Mittelstaedt & Morris, 2017). Both factors can have a direct bearing on a student’s persistence to complete a nursing program. For example, the proliferation of student retention specialists, enhanced faculty advising, and the open-access policies of community colleges combined with pipeline programs (i.e., preparatory courses to increase student success) are incentives that increase the probability of a minority student completing a degree program (Carthon, Nguyen, Pancir, & Chittams, 2015; Katz, Barbosa-Leiker, &

Benavides-Vaello, 2016; Muronda, 2016). It is projected that by 2043 underrepresented minority groups will be the majority in the United States (Woodley & Lewallen, 2019).

Acquiring knowledge of minority students' perceptions of their educational experience will enable nurse educators to better assist minority students with achieving successful outcomes (Lott, Davis, Montgomery, Burns, & Baker, 2018).

### **Traditional Institutions**

A traditional educational institution tends to rely on long-established societal customs (Bucos & Dragulescu, 2018). Generally, the term traditional institution brings to mind a 4-year residential, educational institution with a formal curriculum instead of a non-traditional educational institution (e.g., 2-year commuter, community college, technical school, or online program) (Gipson-Jones, 2017; Harvey-Smith, 2016). A traditional educational institution consists of a majority of students, staff, faculty, and administrators that identify as members of the dominant (i.e., prevailing) ethnic or cultural group (Gipson-Jones, 2017). The dominant cultural group in an educational institution controls operational functions such as the curriculum, administrative structure, faculty, support services, and the institution's relationship with outside agencies, namely the community, clinical sites, and other academic institutions (Iwasiw, Goldenberg, & Andrusyszyn, 2009). Hence, members of the prevailing culture in an educational institution tend to construct the curriculum in programs to represent the cultural values of the dominant group (Analytic Laboratories of Merck & Company, 1899; Keating, 2011; White & Fulton, 2015). Every aspect of a nursing education program that is under the auspices of the dominant group has the potential to positively or negatively affect organizational phenomena such as student retention and attrition (Kennel & Ward-Smith, 2017).

During the reconstruction of nursing education from apprenticeship to scholarship, it was the White nurse leaders that led to the professionalization of nursing and nursing education in the United States (White & Fulton, 2015). As the number of nursing schools grew, so did the need to standardize nursing education. In 1893, the Society of Superintendents of Training Schools of the United States and Canada was formed (Rush, 1992). A historical note of interest is that the Society of Superintendents of Training Schools later became the National League for Nursing Education, which evolved into the National League for Nursing (Rush, 1992). The mission, policies, and curriculum in nursing schools were sculpted to mirror the dominant culture's beliefs and values, which frequently places minority students on the periphery, academically and socially, in traditional institutions (Gipson-Jones, 2017; Moore, Michael, & Penick-Parks, 2018).

**Marginalization of Minority Students.** For a large number of minority students in traditional educational institutions, marginalization is another obstacle they must navigate on the path to a degree (Talley et al., 2016). The concept of marginalization in nursing is not new. It has been in nursing for a very long time. It keeps changing faces such that it is not readily recognized. Marginalization in nursing was simple and straightforward when it was a matter of skin color, accent, religion, or years of nursing experience (Waite & Nardi, 2017). No matter how it presents, marginalization plays a prominent role in a minority student's decision to persist in an educational program or separate from the institution (Allen, 1992; Graham, Phillips, Newman, & Atz, 2016; Hall, 1999).

Two types of curriculum exist in educational settings: formal and informal (Keating, 2011). A formal curriculum is a planned schedule of studies for a discipline usually found in institutional catalogs (Keating, 2011; Iwasiw et al., 2009). The formal curriculum serves as the outline for course construction. The formal curriculum identifies a discipline's objectives,

content, scheduled learning experiences, available resources, and assessment required to earn a degree in that discipline (Iwasiw et al., 2009). An informal curriculum (sometimes referred to as the co-curricular) includes planned and unplanned student activities outside of, but in conjunction with, the formal curriculum (Keating, 2011). An informal curriculum may consist of guest speakers, collaborative projects with other academic disciplines, student organization meetings and activities, community outreach, volunteer programs, pinning and white coat ceremonies, and student affairs meetings (Keating, 2011; Rodriguez & Lapid-Bluhm, 2018). Some medical educators contend there are three types of curriculum: formal, informal, and hidden (Doja et al., 2016; Murphy, 2019). A hidden curriculum is “a set of unwritten, unofficial, and unintended lessons, values, and perspectives....at the level of organizational culture” (Gardeshi, Amini, & Nabeiei, 2018, p. 1). A hidden curriculum and an informal curriculum are often conflated in the literature, but they are not synonymous (Murphy, 2019). A hidden curriculum has the potential to produce significant negative consequences on students' educational development due to embedded, latent messages within and between an institution's culture (Doja et al., 2016; Murphy, 2019). A medical education, such as nursing, is a cultural process reflective of the dominant culture within an educational institution (Doja et al., 2016; Foronda et al., 2018). Sedgwick, Oosterbroek, and Ponomar (2014) apperceived the existence of bias and discrimination at individual and institutional levels.

Nursing is a practice-oriented discipline (Melnik & Fineout-Overholt, 2015). A nursing curriculum consists of didactic, clinical, and simulation pedagogy (Bastable, 2014; Billings & Halstead, 2016). Practice-oriented instruction, such as occurs in the simulation laboratory or during a clinical rotation, are designed to develop students' proficiency and confidence in nursing skills (Benner, Sutphen, Leonard, & Day, 2010; Fuselier, Baldwin, & Townsend-



Chambers, 2016; Potter, Perry, Stockert, & Hall, 2017). However, unlike didactic instruction that involves abstract knowledge presented out of context, clinical education embraces *situated learning* where knowledge is acquired within the framework of practice enabling understanding of context and theory concurrently (Benner et al., 2010; Gonen, Lev-Ari, Sharon, & Amzalag, 2016). Consistent with the curriculum in an educational institution, *situated coaching* (an active teaching strategy) is constructed within the institution's cultural confines (Benner et al., 2010; Gonen et al., 2016). Situated coaching, therefore, places the potential for marginalization of minority students within the body of the practice-oriented curriculum (Gonen et al., 2016; Murray, 2015).

Previous research has identified that practice-oriented instructional settings too often become an isolating component of nursing education for minority students (Clements, Kinman, Leggetter, Teoh, & Guppy, 2016; Eick, Williamson, & Hearth, 2012). Graham, Phillips, Newman, and Atz (2016) extrapolated three perceived barriers to clinical education by minority nursing students, namely (a) discrimination from faculty, peers, nursing staff, and patients; (b) bias in grading practices; and (c) isolation. Although listed as a singular barrier, discrimination is woven throughout students' perceptions of the clinical experience (Clements et al., 2016; Foronda, Baptiste, & Ockimey, 2017). The most commonly reported form of discrimination is microaggressions, which are subtle messages delivered verbally, through body language, or behavior that communicates disparaging, sometimes hostile, insults, and remarks (Murphy, 2019; Murray, 2015). For example, in a qualitative study of African American nursing students' educational experience in a traditional nursing program, participants identified *standing out* as the salient theme (White, 2018). Some students described standing out as *being watched*, "every little thing that I say, every little thing that I do...you walk in and you feel the energy shift in the

room” (White, 2018, p. 348). Other students described standing out as *being ignored*, “I’ve had enough interaction to know him and for him to know me. He’ll actually look [at me] and he won’t speak [to me].” (White, 2018, p. 348).

Not all microaggressions are intentional. For example, nursing programs tend to select clinical sites for students based on the institution’s mission and standards and the community the institution serves (Jeffries, 2007). Agreements with clinical sites frequently are established in advance of students registering for a specific course (Abraham & Cordova, 2019). The increasing number of nursing programs has saturated clinical sites limiting the availability of clinical sites (Jeffries, 2007). If a student is assigned to a clinical site that is culturally significantly different from the student’s culture, the potential for an isolating clinical experience exists but is most likely unintentional (Clements et al., 2016; Foronda et al., 2017). There have been reports from minority nursing students assigned to culturally different clinical sites of receiving disparaging remarks from facility staff; other students have reported being rebuked by patients (Debrew, Lewallen, & Chun, 2014; Hansen & Beaver, 2012). The saturation of clinical sites lends itself to creative alternatives in nursing pedagogy.

The limited availability of clinical sites has increased the use of simulation laboratories in nursing education (Billings & Halstead, 2016; Gaberson & Oermann, 2010). The increased use of simulation to introduce and practice nursing skills has highlighted the need to diversify the simulation laboratory (Jeffries, 2007). In response, nursing programs have attempted to integrate simulation laboratories with manikins of color. In a quantitative descriptive study of minority nursing students attending a traditional institution, Foronda et al. (2017) noted that while minority nursing students were appreciative of having at least one manikin of color in a

simulation lab, the students noted that the manikins had European features that were not congruent with the color of the manikin.

Additionally, students noted that some manikins and body parts were colors no humans possess (i.e., true black, grey, or white) (Foronda et al., 2017). Unrealistic manikin features increased students' perceptions of discrimination and isolation, leading some students' to heightened perceptivity to keep the peace in the simulation lab while feeling pressure to perform (Foronda et al., 2017; Ogunyemi et al., 2019). An unexpected finding by Fuselier et al. (2016) was that some minority nursing students felt the presence of manikins of color in the lab gave them a sense of inclusiveness despite the manikins' noncongruent features. Recognizing the importance of inclusion, and despite efforts to be inclusive of all ethnicities and cultures, nurse educators sometimes fail to meet minority students' needs, creating fringe or marginalized cohorts (Bleich, MacWilliams, & Schmidt, 2015).

### **Minority Institutions**

A connection exists in the history of minority nursing between the past and present policies and practices. "History consists of many stories....using different sources and offering distinct perspectives. When considered as a whole, these histories provide a much richer understanding of time, place, and political forces that inform broad social and health policies" (Fairman & D'Antonio, 2013, p. 346).

Before the Civil War (1861-1865), public policy and other statutory provisions prohibited the education of minorities in the south, resulting in no recognized educational institutions for minorities in the south (U.S. Dept. of Education, 1991). However, Oberlin College in Ohio and Bowdoin College in Maine were known to admit minorities before the Civil War (Brown, 2013). In 1837 the Institute for Colored Youth (now known as Cheyney State University) was founded

in Pennsylvania, followed by Lincoln University (Pennsylvania) in 1854, and Wilberforce University (Ohio) in 1856 (Brown, 2013; U.S. Dept. of Education, 1991). Pennsylvania and Ohio sit above the Mason-Dixon line and are therefore considered northern states. The Mason-Dixon line is the demarcation between the north (free states) and south (slave states) determined at the 39<sup>th</sup> parallel separating Pennsylvania as north and Maryland as south (Danson, 2000).

Despite being called institute and university, the Institute for Colored Youth and Lincoln University initially provided elementary and secondary education to minorities with no previous training (Lewis, 2019; U.S. Dept. of Education, 1991). Postsecondary education was not offered at the Institute for Colored Youth or Lincoln University until the early 1900s (Brown, 2013; U.S. Dept. of Education, 1991). However, Wilberforce University provided postsecondary education to minorities from its beginning (Brown, 2013).

Around the time of the Civil War, religious organizations were the primary sponsors of minority education (Lewis, 2019). However, by the late 1800s, states began funding schools for minorities (Lewis, 2019). In 1862 the Morrill Act was signed into law by President Abraham Lincoln (Library of Congress, 2017). The Morrill Act provided federal land to several states to fund the creation of colleges for the benefit of agriculture and the mechanic arts. The land grants funded 69 colleges, including Cornell University and the Massachusetts Institute of Technology (Library of Congress, 2017). In 1890, a Second Morrill Act required states with racially segregated education systems to provide a land-grant institution for minority students whenever a restricted White only land-grant institution was established (Library of Congress, 2017; U.S. Dept. of Education, 1991). The Second Morrill Act resulted in 16 land-grant minority colleges being established (U.S. Dept. of Education, 1991).

Minority institutions (e.g., Historically Black Colleges and Universities) emerged because minority students could not attend traditional institutions by law or by custom (Tyson, Kenon, & Nance, 2018; U.S. Dept. of Education, 1991). From inception, minority institutions accepted students from all racial, ethnic, and cultural groups (U.S. Dept. of Education, 1991). In contrast to traditional educational institutions, a minority educational institution has the majority of students, staff, faculty, and administrators that identify as being a member of a minority group (Gipson-Jones, 2017). However, this has not always been true. In the early years following the reconstruction of nursing programs, several minority schools of nursing had the majority of their faculty and administrators identify as White (Brown, 2013; U.S. Department of Education, 1991). The mission, policies, and curriculum in these minority nursing programs emulated the mission, policies, and curriculum in traditional nursing programs (Lewis, 2019). A historical note of interest is that Wilberforce University (Ohio) is the first minority educational institution after the Civil War to be minority controlled from inception (Brown, 2013).

**Ethnicity of Disease.** By adopting traditional educational institutions' missions, policies, and curriculum, minority educational institutions propagated the dominant culture's values and beliefs. In the late 1800s, Western medicine and its education were based on the physiology, presentation of illness, and therapeutic response of the White male (Beers & Berkow, 1999; Merck, 1899). It was not until the 20th century that Western medicine began to document pathophysiological differences by gender and biocultural ecology (i.e., inherited variations in ethnic and racial groups) (Aschenbrenner & Venable, 2012; Conti, 2018; Huether & McCance, 2017). The recognition of the intersectionality of culture, ethnicity, and gender in healthcare brought changes to treatment approaches (Green, Evans, & Subramanian, 2017; Moradi & Grzanka, 2017). By the late 20th century, early 21st century treatment of minorities for disorders

such as Huntington's, Alzheimer's, and cardiovascular disease were modified to reflect intrinsic biological variations in disease processes and presentation (Graff-Radford, Besser, Crook, Kukull, & Dickson, 2016; Kaufman, Dolman, Rushani, & Cooper, 2015; Rawlins et al., 2016).

Kaufman et al. (2015) noted an exceptionally prolific period of published genomic research between 2007 and 2014. Genomic research stimulated substantial changes to healthcare protocols, some positive, some negative. For example, the differences in cardiovascular disease presentation between men and women and between minority and non-minority women were not initially recognized or accepted (Plank-Bazinet et al., 2016). However, changes to the assessment and treatment of women with cardiovascular disease (CVD) were needed to stem the high mortality rate of minority and non-minority women with CVD (Kaufman et al., 2015; Plank-Bazinet et al., 2016). Research stimulated change by highlighting differences in presentation between genders and differences in pathobiology between minority and non-minority women with CVD (Kaufman et al., 2015; Plank-Bazinet, 2016).

Other changes were made based on false beliefs of biological differences. For example, in a study on pain management Hoffman, Trawalter, Axt, and Oliver (2016) found that minorities are systematically undertreated for pain relative to non-minorities. When minorities receive pain treatment, they are less likely to receive opioids, the dosage is not as strong, and the duration is not as long as for non-minorities with similar self-reports of pain (Hoffman et al., 2016). A contributing factor noted in the research is that healthcare workers (primarily non-minority laypersons and medical students) generally believed minorities have stronger bodies and less sensitive skin than non-minorities and thus feel less pain (Hoffman et al., 2016; Overland et al., 2019). The belief that minorities are fundamentally different from non-minorities can be traced back to slavery (Hoffman et al., 2016). The conditions of slavery are

widely disseminated in the literature. However, the biological differences between minorities and non-minorities are not widely disseminated; the depth and breadth of information are inconsistently published (Aschenbrenner & Venable, 2012; Burchum & Rosenthal, 2016; Huether & McCance, 2017; Ignatavicius & Workman, 2016).

Tinto (2016) proposed that the curriculum's perceived value in an educational program influenced students' motivation to persist. To perceive program content as having value, students need to feel the content is relevant, of sufficient quality, and applicable to issues and situations of personal concern (Talley et al., 2016; Tinto, 2016). Value is perceived when cultural and ethnic content and experiences are included in the curriculum that is relevant to the students studying the curriculum (Han et al., 2017; Tinto, 2016; van der Riet et al., 2018). Minority-controlled colleges and universities recognize cultural differences and nurture those differences (Brown, 2013).

However, a series of judicial mandates to end racial segregation in higher education (e.g., *Brown v. the Board of Education* in 1954, *Adams v. Richardson* in 1972, the *United States v. Fordice* in 1992) forced traditional institutions in the south to admit minority students, and minority institutions to increase enrollment of non-minority students (Henry & Closson, 2010; Kobayashi, Lawson, & Sanders, 2014). The state and federal mandates were enforced by increasing funding to institutions that increased enrollment of mandated students or withholding funds to institutions that did not (Henry & Closson, 2010; Kobayashi et al., 2014). Minority institutions across the south were challenged to overcome the stigmatism associated with attending a minority institution and attract non-minority students (Henry & Closson, 2010; Kobayashi et al., 2014; *Whitening of Public Black Colleges*, 1996).

Attracting non-minority students to minority institutions in the south was no easy task. States and minority institutions created scholarships and grants for non-minorities; some provided full scholarships with room and board and books included (Andrews, No, Powell, Rey, & Yigletu, 2016; Whitening of Public Black Colleges, 1996). Other minority colleges and universities restructured the curriculum around non-minority students, built new facilities to attract non-minority students, established new programs of particular interest to non-minority students, and hired non-minority faculty (Andrews et al., 2016; Whitening of Public Black Colleges, 1996). For example, Southern University in Louisiana established doctoral programs in biomedical sciences and forestry; Savannah State University in Georgia established a marine biology program; Fort Valley State College in Georgia established a veterinary science program; North Carolina Central University established a Big Brothers/Big Sisters program to help non-minority students adjust to campus life in a minority environment; Florida Agricultural and Mechanical University in Tallahassee opened schools of pharmacy, nursing, and graduate studies; and the University of Arkansas at Pine Bluffs established an aquaculture program (Pitzer, 2010; Whitening of Public Black Colleges, 1996).

The integration of minority public colleges and universities with non-minority students and faculty may have enhanced the curriculum in a few public minority institutions. Still, at the same time, integration efforts removed some of the cultural nurturing that distinguished education in minority institutions from traditional institutions for minority students (Andrews et al., 2015; Henry & Closson, 2010; Kobayashi et al., 2014). The depth of diversification in minority institutions (e.g., altering the curriculum to attract non-minority students) disrupted minority students' connectedness with minority institutions (Henry & Closson, 2010; Pichon, 2018). Some minority institutions marketed racial and ethnic diversity as premier features of



student life on their campuses without acknowledging the fundamental social change issues that diversity brings with it (Kobayashi et al., 2014).

### **Social Integration**

A sense of belonging is as much a product of the campus environment as it is the curriculum (Allen, 1992; Bowman, Jarratt, Jang, & Bono, 2019; Tinto, 2016). Social interaction on minority campuses historically reflects the ethnicity and culture of the student body. It is a place where minority students feel safe and empowered to embrace their racial identities (Gasman & Samayoa, 2017). For example, stepping (a form of dance) and calls (vocal utterances, either sounds or words) are popular practices of minority Greek-Lettered organizations (DeGregory, 2015). Stepping and calls originated in Africa as a form of communication and continue to provide social cohesiveness to Black sororities and fraternities on campuses today (DeGregory, 2015).

Tinto (2016) identified a sense of belonging as critical to student persistence. Tinto noted that students would persist despite challenges as long as a sense of belonging exists. The introduction of non-minority students on minority campuses in response to state and federal mandates and the resultant social and curricular changes to accommodate the non-minority students changed the dynamics of social integration on minority campuses for minority students (Delaney, 1998; Han et al., 2017). No longer are minority college campuses the demesne of minority students. In a study of discrimination, diversity, and a sense of belonging in students of color, Hussian and Jones (2019) noted that minority students tend to be more uncertain than non-minority students about their *belongingness* on college campuses.

Enrollment of non-minority students at historically minority colleges and universities increased significantly following the initiation of judicial mandates designed to end racial

segregation in higher education (Henry & Closson, 2010; Kobayashi et al., 2014; Whitening of Public Black Colleges, 1996). The offer of full scholarships (i.e., tuition, books, and room and board) lured many non-minority students to minority institutions (Andrews et al., 2016; Whitening of Public Black Colleges, 1996). Subsequently, two prominent HBCUs, Lincoln University (Missouri) and Bluefield State University (West Virginia), report that recent student enrollments are majority White (Henry & Closson, 2010). More recently, West Virginia State University (an HBCU) reported that 62.8% of the fall 2017 student enrollments were non-minority (Jones, 2018).

Enrollment of non-minority students at minority institutions increased nationally from 15% in 1976 to 24% in 2017 (National Center for Education Statistics, 2018). Ironically, in Washington, District of Columbia, an area with the highest percentage of minorities per capita in the United States and identified as one of the geographic regions with a shortage of minority nurses, the University of the District of Columbia (a land grant institution) had a total student enrollment of 4,247 in the fall of 2017 (National Center for Education Statistics, 2018; US Census Bureau, 2014; World Atlas, 2017b). However, of the 4,247 students enrolled, only 2,781 students identified with a minority group (National Center for Education Statistics, 2018).

### **Color-Blind Ideology**

From a historical perspective, HBCUs were established to educate the descendants of slaves in a racially segregated society while maintaining an open-door policy toward all cultures and ethnicities from the outset (Henry & Closson, 2010; Jones, 2018). Establishing HBCUs was necessary because minorities were not permitted to attend non-minority institutions. Additionally, research shows that “White teachers (whatever their *conscious* intent) tend to treat Black [students] as having less than average ability” (Gillborn, 2019, p. 113). Still, others

believe that minorities have smaller brains than non-minorities (Overland et al., 2019). Tinto (2016) noted that how students perceive their educational environment directly affects their motivation and the desire to persist. When students perceive a positive intrinsic value in an academic setting, they are more likely to be motivated to persist (Flores & Park, 2015; Han, Farruggia, & Moss, 2017). Minority institutions have historically strived to create an accepting, nurturing environment for minority students despite political mandates and policies or the political climate (Jones, 2018).

After many years of minority students turning away from minority institutions, HBCUs are experiencing a renaissance (Flores & Park, 2015; Johnson, 2017). Johnson noted a resurgence in minority students' enrollment in HBCUs, specifically Blacks and Hispanics, and set out to discover what was driving the renaissance. Through a series of interviews with HBCU students and administrators, Johnson ascertained that (a) the negative narrative associated with HBCUs no longer exists, (b) HBCUs offer more financial aid options for minorities and disadvantaged students than traditional institutions, (c) the cultural climate in the country has minority students contemplating microaggression and quality-of-life issues, and (d) minority students want to be on a campus where they feel valued and appreciated. Gasman and Samayoa (2017) noted that most minority students identified the HBCU campus as culturally comfortable.

There has also been a cultural and ethnic shift within minority groups attending HBCUs. For example, Saint Phillip's College (an HBCU in Texas) reported that Black students comprise 11% of the student population, White students comprise 26% of the student population, and Hispanic students comprise 56% of the student population (Jones, 2018). While significant, this demographic shift is geographically limited to Texas and the southwest, areas with an increasing Hispanic population (Jones, 2018; US Census Bureau, 2014; World Atlas, 2017a). Students

from other cultures and ethnicities (e.g., Asian, Pacific Islanders, and Native Americans) who frequently are first-generation or low-income find HBCUs to be financially and culturally comfortable environments (Gasman & Samayoa, 2017; Jones, 2018). On average, HBCUs cost about \$6,000 less per year than traditional institutions; however, it is the *ethos of success* grounded in the idea of family that is the most compelling draw for students (Gasman & Samayoa, 2017; Johnson, 2017).

Unlike most traditional educational institutions, many HBCUs stress collaboration over competition, where one student's success is tied to other students' success (Gasman & Samayoa, 2017). For example, Morehouse College (Georgia) uses peer-to-peer learning in a cohort model where students support and assist each other in completing degrees as a strategy for success (Gasman & Samayoa, 2017). The cohort model of collaboration works well in HBCUs because students share a familial base steeped in culture on which to build success (Ferrell & DeCrane, 2016; Hussain & Jones, 2019). Introducing students into a familial cohort model without the cultural foundation frequently results in a cultural faux pas. For example, when the all-White Zeta Tau Alpha stepping team from the University of Arkansas entered the February 2010 stepping competition in Atlanta, Georgia (a minority cultural event), heated debates on cultural theft and cultural appropriation erupted across minority campuses (DeGregory, 2015). Minority students claimed that stepping, which is associated with minority Greek-Letter organizations, is a cultural tradition adapted from African dance and storytelling, and that non-minority students appropriated the dance moves (DeGregory, 2015). Another example occurred at Virginia Polytechnic Institute and State University (a majority land grant institution) when the Farmhouse (a White fraternity) produced a video of the institution's Greek Unity Stroll-Off event depicting dancing movements that mimicked stepping (DeGregory, 2015).

A cultural faux pas can result from ignorance of a culture or a deliberate act (Gillborn, 2019). Regardless of the cause, when a cultural faux pas occurs within the comfort zone for minority students, it further erodes the students' identity with and belongingness in that environment (Gillborn 2019; McDonald, Chang, Dispenza, & O'Hara, 2019). McDonald et al. (2019) examined the relationship between racial identity and the effects of racial discrimination on minority persons. In a study of racial ideology, McDonald et al. (2019) noted that minority persons who recognized blatant racial issues were more likely to identify as outsiders and distance themselves from the system than minority persons who did not recognize racial issues and subsequently integrated into the system.

A color-blind ideology is complicated and frequently depends on from which direction the issue is approached, i.e., as a minority or a non-minority, and an understanding of the critical issues it entails, e.g., power and privilege (Gillborn, 2019; McDonald et al., 2019). Minority students attending minority institutions embrace the culturally nurturing environment conducive to cultural expression (Gasman and Samayoa, 2017). The influx of non-minority students and the resultant curricular and institutional changes to accommodate the non-minority students initially fueled minority students' departure from minority institutions (Delaney, 1998; Han et al., 2017). However, the current political climate is aiding the resurgence of minorities seeking admission to minority institutions (Johnson, 2017). Jones (2018) noted that non-minority students attending minority institutions do not report experiencing microaggression at the same frequency or intensity as minority students attending traditional institutions. In a study of the biological effects of discrimination, Overland et al. (2019) describe microaggression as more than the little things that hurt people's feelings. It is about being repeatedly dismissed, alienated, insulted, and invalidated that reinforces the differences in power and privilege.

The differences in power and privilege are driving the renaissance of minority institutions and the success of minority students in most disciplines (Johnson, 2017). The health professions, especially medical schools, in minority institutions are thriving, while nursing programs are progressing more slowly (Ferrell & DeCrane, 2016; Goode & Landefeld, 2018; Overland et al., 2019). Minority institutions with medical programs are experiencing increased admissions and graduating record numbers of minority physicians, male and female (Hamilton & Cheng, 2018). However, nursing programs, many at the same minority institutions with medical programs, are experiencing small numbers of applications for admission and increased numbers of dropouts and transfer-outs at a time when more minority nurses are needed (Harrell & Reglin, 2018; Jean-Baptiste, 2019). Educational institutions that strive to bolster students' *academic mindsets* (i.e., academic self-efficacy, motivation, and sense of belonging) tend to graduate higher numbers of students (Han et al., 2017).

### **Professional Integration**

Supporting students' academic mindsets, particularly self-efficacy, builds a strong foundation for student success in practical professions such as nursing (Strouse, Nickerson, & McCloskey, 2018). Han et al. (2017) noted that non-cognitive factors might have a more significant role in positive academic outcomes than cognitive skills. Han et al. propose that a positive academic mindset is more likely to lead to persistence in an educational program. Dimitriadou, Pizirtzidou, and Lavdaniti (2013) conceptualize education as a specialized form of socialization into professions such as nursing. Integration into professional nursing is a process that begins in the first nursing course and culminates with the internalization of nursing culture and development of the nursing identity (Mariet, 2016; Weinstein et al., 2018).

Professional integration into nursing encompasses formal and informal socialization (Mariet, 2016; Salisu, Nayeri, Yakubu, & Ebrahimpour, 2019). Formal socialization (i.e., planned, structured lessons) occurs as part of the formal curriculum (i.e., scheduled lessons) and as part of the informal curriculum (i.e., planned and unplanned activities outside of but in conjunction with the formal curriculum) (Keating, 2011; Mariet, 2016). Formal socialization introduces students to the knowledge, skills, values, beliefs, attitudes, and accepted written standards of nursing culture (Mariet, 2016; Rodriguez & Lapid-Bluhm, 2018). Informal socialization (i.e., incidental lessons) tends to occur as part of an informal curriculum (i.e., usually unplanned) and as part of a hidden curriculum (i.e., unwritten, unofficial, and sometimes unintended lessons) (Gardeshi et al., 2018; Mariet, 2016). Informal socialization may occur in classroom settings; however, in nursing, it most frequently occurs in clinical practice settings (Murphy, 2019). A hidden curriculum has the potential to produce significant negative consequences due to embedded, hidden messages within a culture (Doja et al., 2016; Murphy, 2019). Tinto (2017a) concurred that curricula are not just facts but contain the values of the prevailing culture that determines not only the content of the curricula but also how the curricula are to be applied, presented, and evaluated.

Informal socialization experiences in nursing tend to be more powerful and memorable in clinical practice settings than formal socialization experiences (Mariet, 2016). Dimitriadou et al. (2013) contend that the most significant portion of professional socialization begins during undergraduate training. In undergraduate training, nurse educators and preceptors are the primary initiators of socialization into the nursing profession (Strouse et al., 2018). However, not all nurse educators are academically prepared to teach in an adult education program (Salisu et al., 2019). Not all nursing preceptors are formally trained to mentor new graduate nurses and

nursing students in a clinical setting (Salisu et al., 2019). And not all nurse educators and preceptors can isolate personal bias and prejudice from interactions with nursing students and new graduate nurses (Overland et al., 2019; Strouse & Nickerson, 2016).

### **Enculturation of Nursing Students**

Nurse educators and preceptors have a vital role in assisting students' transition into the nursing profession (Strouse et al., 2018). Nurse educators and preceptors frequently employ role-modeling and challenging students' perspectives as teaching strategies to promote socialization in clinical skills laboratories and clinical care environments (Ewertsson, Bagga-Gupta, & Blomberg, 2017). A significant number of nursing students identify the clinical practice setting as the most challenging and stressful aspect of attaining a nursing identity (Ewertsson et al., 2017; Goodare, 2015). Nursing students and new graduates have reported that adapting to the workplace culture is more complicated than putting nursing theory into practice (Goodare, 2015). Nursing students and new graduate nurses tend to rely on nurse educators, preceptors, and experienced nurses for guidance when assimilating into the nursing culture (Shelley, 2018). Nonetheless, nursing students and new graduate nurses have reported instances of incivility following interaction with nurse educators, preceptors, and experienced nurses in clinical settings (Anderson & Morgan, 2017; Loversidge & Demb, 2015; Shelley, 2018).

Incivility within the nursing profession (also known as lateral violence), particularly in clinical settings, has been attributed to staffing shortages, exhaustion due to working consecutive shifts, insufficient training of mentors, inappropriate expectations of new nurses and nursing students, and sometimes power and privilege (Hall, 1999; Loversidge & Demb, 2015; Shelley, 2018). In a study of interprofessional education in nursing, roughly half of the students participating in the study witnessed incivility in a clinical setting or were the victim of incivility



(Loversidge & Demb, 2015). Some faculty in the study believe the number of adjunct faculty, and clinical only faculty, in a nursing program contributes to student stress in clinical settings (Loversidge & Demb, 2015). Adjunct faculty and clinical only faculty may not be aware of a student's learning needs owing that they may have a student for only one clinical rotation, and adjunct faculty are not required to attend all faculty meetings (Loversidge & Demb, 2015).

However, the faculty acknowledged that adjuncts and clinical only faculty are necessary due to the number of students in nursing programs and the student/faculty ratio required in clinical settings (Loversidge & Demb, 2015). Other faculty were concerned that student perceptions of the nursing profession would be affected by interaction with negative influences. Students might adopt the attitudes and cultural norms enculturated in rigid hierarchies and power structures (Loversidge & Demb, 2015).

Incivility in interactions with nursing students frequently occurs as a reprove of the nursing student's professional inexperience or deficient nursing skills (Anderson & Morgan, 2017; Shelley, 2018). Nursing students' self-efficacy is especially vulnerable during initiation to clinical practice (Clark & Gorton, 2019). Self-efficacy (the belief in one's ability to complete a task) is grounded in success and failure (Tinto, 2017a). In clinical settings, nursing students have a high rate of exposure to chronologically older, experienced nurses from different generations (Anderson & Morgan, 2017). Exposure to seasoned nurses forces nursing students to confront self-efficacy in their nursing ability and communication with different generations of nurses concurrently in the clinical setting (Anderson & Morgan, 2017; Tinto, 2017b). In a quantitative study of persistence and attrition in nursing education, Betts, Shirley, and Kennedy (2017) found that maladaptive student/faculty interactions and discrepancy between a student's experience in

nursing education and the student's perception of the nursing profession increases the likelihood that the student will not persist in the nursing program.

Professional integration issues in nursing education significantly increase the probability of attrition for nursing students, just as social integration issues in the campus environment increase the likelihood of departure (Anderson & Morgan, 2017; Betts et al., 2017). With the aging of the nursing workforce and the scarcity of diversity in practicing nurses, intergenerational and intercultural communication has become commonplace in clinical settings (Anderson & Morgan, 2017; Buerhaus et al., 2017). Unfortunately, for minority students, communication between experienced nurses and nursing students too often includes microinvalidations (comments that nullify the experiential reality of students), microinsults (rude, insensitive comments that demean the student), and microassaults (explicit derogations intended to hurt) (Ogunyemi et al., 2019). Communicative microaggressions have become socialized within individual institutions and groups on a macro level (Anderson & Morgan, 2017; Ogunyemi et al., 2019). Within nursing, microaggressions have become socialized to the extent that it is not unusual to have an older, experienced nurse describe the interaction with new graduate nurses and nursing students as *nurses eat their young* (Anderson & Morgan, 2017).

Clinical placements in nursing education allow students to develop nursing skills, but it is also the beginning of professional socialization (Clements, Kinman, Leggetter, Teoh, & Guppy, 2016). When nursing students are confronted with microaggression in clinical settings, it affects their nursing attitude (i.e., self-efficacy) and may weaken their commitment to the profession (Clements et al., 2016; Ogunyemi et al., 2019). Previous studies noted that nursing students frequently cite negative interactions in a clinical setting as a rationale for leaving nursing education (Barbe et al., 2018; Eick, Williamson, & Harth, 2012). Nursing students' professional

identity may be threatened when experienced nurses rebuke students because nursing students tend to seek experienced nurses to help define their professional identity and build a positive nursing self-image (Clements et al., 2016). Nursing students tend to view professionalism, a nursing identity, and commitment to the nursing profession as tightly interwoven (Clements et al., 2016). Commitment to the nursing profession is essential to persistence in nursing and nursing education (Clements et al., 2016).

### **Summary**

The purpose of this study was to gain an understanding of minority nursing students' perceptions of their academic experiences in a minority nursing program to potentially enhance completion rates, which may contribute to decreasing the projected nursing shortage. Unlike previous nursing shortages, the 2025 nursing shortage is unique to minority populations in specific geographic locations across the United States (Health Resources and Services Administration, 2017). Therefore, uncovering what motivates minority nursing students to persist in a minority nursing program is an essential step toward increasing the number of practicing minority nurses (Dewitty, Huerta, & Downing, 2016). Two conceptual frameworks, The psychological model of college student retention (Bean & Eaton, 2001, 2016) and the model of nursing undergraduate retention and success (Jeffreys, 2012, 2015), guided exploration of minority students' persistence in nursing education.

Academic persistence is considered a function of the student (Dewberry & Jackson, 2018; Kennel & Ward-Smith, 2017). Tinto (2016) identified three experiences that shape student motivation to persist in an educational program: self-efficacy, a sense of belonging, and the curriculum's perceived value. Self-efficacy and a sense of belonging are grounded in students' past experiences (Tinto, 2016). Self-efficacy is learned from previous successes and

failures, just as a sense of belonging or rejection grows over time with familiarity (Han et al., 2017; van der Riet et al., 2018). Tinto (2016) proposed that students will persist in an educational program despite challenges if a sense of belonging exists. To perceive a curriculum has value, students need to feel the content is relevant, of sufficient quality, and applicable to issues and situations of personal concern (Talley et al., 2016; Tinto, 2016).

This literature review presented factors not commonly explored but most likely to influence minority students' persistence in higher education. The factors explored in the literature review are (a) the type of educational institution attended (value of the curriculum), (b) social integration in academia (sense of belonging), and (c) professional integration (self-efficacy). The two types of institutions discussed in this review are traditional and minority. Within traditional educational institutions, minority students are often marginalized and met with intentional and unintentional microaggression in formal and informal educational settings (Jeffreys, 2007; Talley et al., 2016). In minority institutions, minority students who historically were culturally nurtured are finding increasing numbers of non-minority students, a changing curriculum, and cultural appropriation prompting many to leave minority institutions (DeGregory, 2015; Gilborn, 2019; Han et al., 2017; McDonald et al., 2019).

The current political climate is aiding the renaissance of minority institutions (Johnson, 2017). Minority students find minority campuses less stressful than traditional college campuses despite curricular and cultural changes (Han et al., 2017; Overland et al., 2019). And yet, a decline in completion rates of minority nursing students attending nursing programs at predominantly minority institutions continues (National Center for Education Statistics, 2018). Ample research exists on nursing students' persistence, including minority nursing students, attending traditional, predominantly White institutions (Ferrell & DeCrane, 2016; Harrell &

Reglin, 2018; White & Fulton, 2015). However, a gap in the research remains on minority nursing students' persistence in predominantly minority nursing programs (Allen, 1992; Barbe et al., 2017; Talley et al., 2016). The intent of this study was to provide nurse educators with minority nursing students' perceptions of their lived academic experiences in minority nursing programs that lead to students' decision to complete the nursing program or leave. By enhancing comprehension of minority nursing students' perceptions of their academic experience, nurse educators in traditional and minority nursing programs may be able to proficiently assist minority nursing students in being successful in nursing programs, increasing persistence to graduation.

### **Chapter 3: Research Method**

The purpose of this basic qualitative study was to ascertain minority nursing students' perceptions of their academic experience in a minority nursing program and how these perceptions relate to students' persistence in the nursing program. Unlike earlier works in the persistence of minority nursing students in traditional (predominantly White) nursing programs, this study's focus was exclusively on minority nursing students' persistence in minority nursing programs. Prior research identified institutional factors as heavily influencing persistence in minority nursing students (Talley et al., 2016). Barbe et al. (2018) observed that White nursing students were more likely to persist to graduation in traditional nursing programs than African-Americans or Hispanics. If non-minority nursing students are more likely to graduate from traditional nursing programs based on institutional factors, then minority nursing students should be graduating from minority nursing programs at higher rates based on institutional factors (Allen, 1992; Barbe et al., 2018; Talley et al., 2016).

The problem remains that a significant number of minority nursing students were not persisting to graduation in minority nursing programs. For example, in 2015 (the most recent year with published retention statistics), Prince George's Community College (PGCC) had a diversity rating of 95.2% for students in credit granting programs, with a retention rate of 52.5% for college-ready students and 54.3% for developmental students (PGCC, 2017). Several factors affecting minority nursing students' persistence in traditional nursing programs have been identified, with efforts to alleviate those factors initiated. Still, little remained known about why so many minority nursing students were not persisting to graduation in minority nursing programs. Without identifying factors that affect minority nursing students' persistence in

minority nursing programs, the numbers of ethnic and cultural registered nurses needed to resolve the projected nursing shortage may not be attained.

The purpose of this qualitative study was to explore minority students' perceptions of their academic experience in a minority nursing program and how these perceptions relate to students' persistence in the nursing program. A basic qualitative research design was used because it enables a thorough description of complex phenomena through a critical lens by combining various qualitative research strategies, which is ideally suited for exploring the many facets of academic persistence through students' perceptions (Baxter & Jack, 2008; Kennel & Ward-Smith, 2017). Academic persistence is an unpredictable phenomenon with individualized triggers and effects. To gain an understanding of the context that triggers academic persistence in minority nursing students attending minority nursing programs suggests using a hermeneutic approach (Merriam & Tisdell, 2016; Mertens, 2015; Yazan, 2015).

This chapter begins with an explanation of the study methodology and design. The rationale for selecting a basic qualitative research design with a hermeneutic approach and a description of how the design aligns with the research questions is presented. Criteria for site selection, sample selection, data collection methods, instrumentation, and data analysis are presented. The principal assumption, i.e., every individual perceives, interprets, and responds to interactions and situations in their environment in their way, is expounded with study limitations and delimitations outlined. The trustworthiness of findings (i.e., authenticity, transferability, and confirmability) and the ethical standards applied to maintain the sample's respect and dignity are discussed. The chapter concludes with a summary of its contents.

## Research Methodology and Design

A qualitative research approach facilitated inquiry of how minority nursing students form perceptions of their educational experience in a minority nursing program that results in students either completing the program, stopping out, then completing the program at a later time, or leaving. The process of investigating triggers to student persistence in nursing education was accomplished by interpretive assignment using qualitative inquiry rather than a scientific task utilizing quantitative methods due to the individual, subjective nature of perception (Merriam & Tisdell, 2016; Yin, 2018). Interpretive research acknowledges that multiple realities or interpretations can occur from a single lived experience (Braxton, 2016; Merriam & Tisdell, 2016). A basic qualitative approach blends individuals' subjective experiences of phenomena into an interpretive narrative that describes multiple essences of the phenomena (Kafle, 2011). Qualitative research is about *understanding* lived experiences (a subjective overview) (Merriam & Tisdell, 2016). Quantitative research seeks to identify the *causality* of experiences (an objective overview) (Black, 2005). Quantitative research is inherently deductive. It is improbable that all or most minority nursing students in a minority nursing program will have the same trigger(s) or perception(s) of the lived experience to pinpoint the causality of persistence or attrition. Additionally, it would not be insightful to prescribe response options. For this study, a qualitative approach was most effective.

Qualitative studies are inherently inductive. A qualitative approach allowed exploration of the phenomenon without imposing preexisting expectations, which facilitated investigation of the event without the limitations of predetermined categories (Mertens, 2015). The purpose of this study was to explore minority students' perceptions of their academic experience in a minority nursing program and how these perceptions relate to students' persistence in the nursing



program. Gathering minority students' perceptions of their educational experience give educators of minority students insight to help students achieve academic success. However, individual perceptions cannot be readily obtained using quantitative measurement tools (Eaton & Bean, 1995; Yin, 2018). To elicit subjective responses from study participants necessitated using open-ended questions to obtain reflective thought (Creswell & Poth, 2018; Snow, Tweedie, & Pederson, 2018). This study has two central research questions highlighting the students' perception of their academic experience from an institutional perspective. The questions are:

**RQ1.** What are the perceptions of minority nursing students of their academic experience in a minority nursing program?

**RQ2.** How do minority nursing students' perceptions of their academic experience in a minority nursing program affect student persistence to complete the program?

Previous research on student persistence has focused on institutional factors such as social interaction with faculty and peers (Ewertsson, Bagga-Gupta, & Blomberg, 2017), minority nursing students' perceptions of traditional nursing programs (White, 2018), the effect of faculty advisors on retention of nursing students (Harrell & Reglin, 2018), and the effect of the campus climate and stress on student persistence (Johnson, Wasserman, Yildirim, & Yonai, 2014).

This study used a basic qualitative design to elucidate persistence in minority nursing students attending a minority nursing program. Merriam and Tisdell (2016) describe a basic research approach as pure constructivism. A constructivist seeks to understand a phenomenon through the participants' description of their experiences (Creswell & Poth, 2018). Questions were open-ended so that participants could construct their meaning of the phenomenon (Creswell & Poth, 2018). Merriam and Tisdale (2016) define basic qualitative research as exploring "how people interpret their experiences, how they construct their worlds, and what meaning they

attribute to their experiences” (p. 24). A basic qualitative study shares the concept of a central phenomenon with other qualitative designs. However, the central phenomenon in basic qualitative research is singularly constructed (i.e., interpretivism). For example, this study sought to understand the perception of minority nursing students’ academic experience attending a minority nursing program to persist to graduation or not — a single concept that draws directly, and only, from the nursing students.

Conversely, Ewertsson et al. (2017) used an ethnographic approach to map how nursing students are socialized into clinical nursing practice using embodied nursing beliefs and values, a binary concept. To achieve their goal, Ewertsson et al. (2017) explored nursing students’ relationships with nursing instructors, preceptors, and patients, as well as the students’ interactions within the work culture of the clinical setting. On the surface, it appears that an ethnographic approach is feasible for the current study owing to the cultural element of minority nursing students attending a minority nursing program. However, using an ethnographic approach would shift the study focus from understanding how minority nursing students’ academic experience in a minority nursing program affects persistence to a description of minority nursing students attending a minority nursing program (Creswell & Poth, 2018). Additionally, an ethnographic research design requires lengthy immersion in the study culture (i.e., minority nursing program), which is not feasible given the time constraints of this dissertation (Creswell & Poth, 2018).

This qualitative study most closely resembled a phenomenology because it sought individuals’ perception of a lived experience in its original environment (Kafle, 2011; Merriam & Tisdell, 2016; Merten, 2015). The goal of phenomenology is to interpret individuals’ perceptions of a lived experience (a phenomenon) to form a cumulative description of the

essence(s) of an event (Merriam & Tisdell, 2016; Merten, 2015). Kafle (2011) refers to phenomenology as the study of essences. For example, Porteous and Machin (2018) used a hermeneutical phenomenological approach to explore first-year nursing students' lived experiences. Porteous and Machin (2018) extrapolated five themes (essences): uncertainty, expectations, seeking support, learning to survive, and moving forward to form the whole of the phenomenon (i.e., intrinsic motivation and coping skills). This study departs from phenomenology in the description of the event. This study did not seek to explicate a common meaning of minority nursing students' subjective perceptions of attending a minority nursing program (Creswell & Poth, 2018). Instead, it aimed to offer the unabridged opinions of minority nursing students' motivation to complete a minority nursing program. This basic qualitative study borrowed an emic perspective from ethnography, the essence of shared experience from phenomenology, and clarity of focus from case study research (Merriam & Tisdell, 2016; Yin, 2018).

A basic qualitative study is most effective with a survey approach, whether web-based (e.g., questionnaires) or face-to-face (e.g., interviews and focus groups) (Yin, 2018). A hermeneutic philosophy may be paired with multiple qualitative research designs, including a basic qualitative design. Hermeneutics is the practice of interpretative understanding or meaning, rooted in the constructivist paradigm, where there is not a single truth; all truth is relative (Mertens, 2015; Patterson & Higgs, 2005). By applying previous direct experience (denotative meaning) to the current lived experience (expository meaning), construct reality was aligned with constructivism (Utley, 2011). Reflective thinking in this study was an active, inductive process. For example, asking minority nursing students to give their perception of attending a minority nursing program and how their perception of the nursing program affects

their decision to continue in the nursing program or not required each student to reflect on previous educational experiences, identify and apply similarities to the current educational experience, and assign value to the experience. The value a student assigned to the experience, positive or negative, informed the decision to persist to graduation or separate from the program. The principal assumption of this study was that every individual perceives, interprets, and responds to interactions and situations in the environment in their way (Reicher & Hopkins, 2016). For these reasons, a basic qualitative design with a hermeneutic approach was most appropriate for this study.

### **Population and Sample**

The study population was pre-licensure minority nursing students 18 years and older attending a minority nursing program. Crossover of students between traditional and minority institutions increased the probability of encountering non-minority students attending minority institutions (Henry & Closson, 2010; Kobayashi, Lawson, & Sanders, 2014 ). Hence, the target population of minority nursing students was self-identified from nursing students attending predominantly minority institutions. Examples of minority students solicited were African, American Black, Asian, Hispanic/Latino, and Native American. Initially, it was the intention to conduct this study at a predominantly minority college in the District of Columbia Metropolitan area (i.e., District of Columbia, Central Maryland, or Northern Virginia). However, the closing of educational institutions due to COVID-19 required the study to be conducted virtually.

Inclusion criteria were (a) the student must self-identify as a member of a minority group, (b) student is matriculated into a minority nursing program, (c) student must be 18 years of age or older, (d) student must be fluent in English (reading, writing, and speaking), (e) student could be a transfer student from a traditional or minority program, and (f) student could be repeating

courses from a traditional or minority program. Transfer students and students retaking courses exhibited the phenomenon under study, persistence (Harding, Bailey, & Stefka, 2017; Lewis, 2018). Exclusion criteria were (a) non-minority students, (b) students seeking a second healthcare degree, and (c) students who hold or have held a healthcare license (e.g., registered nurse, licensed practical/vocational nurse, paramedic, respiratory or physical therapist, or EMS). Students seeking a second healthcare degree or who hold or have held a healthcare license tend to have different academic experiences and expectations than the desired study sample of pre-licensure minority nursing students due to prior exposure to health education (Millett, Stickler, & Wang, 2015).

Purposeful sampling is used most frequently in qualitative research. Theoretical sampling, a type of purposeful sampling most commonly associated with constructivist grounded theory research, was initially considered for this study (Butler, Copnell, & Hall, 2018; Creswell & Poth, 2018). Theoretical sampling does not adhere to strict guidelines because “sampling is done in conjunction with data collection” (Merriam & Tisdell, 2016, p. 100). However, when data collection diverged from a two-tier process to a single virtual survey due to COVID-19 restrictions, theoretical sampling could not be completed (Butler et al., 2018; Charmaz, 2014). Therefore, sampling was based solely on inclusion and exclusion criteria (i.e., criterion-based sampling). Criterion-based sampling directly reflects the study purpose, the participants' attributes, type of study site and works well when all participants have experienced the same phenomenon (Bloomberg & Volpe, 2016; Merriam & Tisdell, 2016). Neither the number of respondents to the web-based survey or their responses could be determined a priori.

Forecasting a sample size to obtain saturation in a qualitative study involves weighing several factors. For example, participants in this study were relatively homogeneous (diversity)

and specific to the study topic (narrow range); hence a small sample size of 10-20 students were expected to yield a rich description of the phenomenon (Peterson, 2001; Sim, Saunders, Waterfield, & Kingstone, 2018). Initially, two different size samples of the same population were planned using a two-tier data collection process. The first tier was interviews where 10 participants were expected for saturation. The second tier was a web-based survey where 25-50 participants were expected for saturation (Creswell & Poth, 2018). The actual study had one tier of data collection where saturation was reached with 16 participants using a virtual, anonymous survey. A web-based survey was selected for data collection due to the sensitive nature of the research questions and COVID-19 restrictions. The purpose of this study was to elicit the unadulterated perceptions of minority nursing students of their academic experience in a minority nursing program. An anonymous web-based survey afforded students the platform to express their attitudes and opinions in an unexposed setting (Butler et al., 2018; Yin, 2018).

### **Materials/Instrumentation**

Creswell and Poth (2018) affirmed that the researcher is the key instrument in qualitative research. The researcher interviews participants and transcribes data. In qualitative research, the phenomenon under study frequently does not conform to established instruments requiring the researcher to modify a pre-existing instrument or create an instrument. Qualitative researchers tend to use instruments designed by the researcher using open-ended questions. “They do not tend to use...instruments developed by other researchers” (Creswell & Poth, 2018, p. 43).

Very few studies were found that focused solely on persistence in minority nursing students attending a minority nursing program. Consequently, the instrument used in this study was based on concepts found in Bean and Eaton’s (2001, 2016) psychological model of college student retention and Jeffreys’ (2012, 2015) nursing undergraduate retention and success model.

The instrument used was a Qualtrics web-based survey of closed and open-ended questions. Initially, the web-based survey was the first tier of theoretical sampling, and the interview was to be the second tier. The arts-based research activity was to be an extension of the interview. It consisted of a metaphorical drawing depicting students' perception of their academic experience in a minority nursing program. The survey and interview questions were reviewed in a field study (Appendix F) by two nurse educators. When the interview with arts-based activity was discontinued due to COVID-19 restrictions, the interview and arts-based questions were incorporated into the virtual survey with open and closed-ended questions. The NCU IRB approved final survey questions before the survey was distributed to participants. Virtual interviews were not done to maintain the anonymity of participants.

Initially, all nursing students in the selected program were offered the opportunity to participate in the web-based survey of closed-ended demographic questions to ascertain inclusion in the study. Participation was voluntary. Students had to meet the inclusion criteria to be permitted to continue to the web-based research questions. Students who meet inclusion criteria were required to complete a web-based consent form to continue (Appendix A). Responses to the web-based survey questions were categorized, and themes were identified during analysis via NVivo 12.

Providing trustworthiness in a qualitative study requires the study to have *meaningful coherence*, i.e., the study must connect literature, questions, and findings (Merriam & Tisdell, 2016). Merriam and Tisdell purport that all research is designed to produce reliable, valid knowledge. Additionally, the results should significantly contribute to the research problem and resonate across multiple audiences (Merten, 2015).

In this study, the web-based demographic and survey questions (Appendix B), the interview questions (Appendix C), and directions for the arts-based research activity (Appendix D) were reviewed by the Northcentral University (NCU) Dissertation team consisting of a Chair, Subject Matter Expert; and Academic Reader before administration. Additionally, two nurse educators at a minority nursing program participated in a field study (Appendices E and F). The web-based survey questions were reviewed for appropriateness and the degree to which the items address the research questions, study purpose, and the proposed sample (Krathwohl, 2009).

### **Study Procedures**

In keeping with the study's purpose, the goal of the study site was a minority nursing program in a community college selected based on the population demographics of the area. Hence the District of Columbia, with the highest percentage of minorities per capita, was the first choice, Maryland was the second choice, and Virginia was the third. Selected sites were systematically contacted to ascertain interest and feasibility for the study until a site consented to the study (Appendix H). After the nursing program gave consent, the NCU Internal Review Board (IRB) and the site's IRB protocol were followed, and approvals were obtained. After all approvals were received, a recruitment flyer (Appendix I) was to be given to the program director for distribution to all nursing students in the program. The recruitment flyer identified the study's purpose, what was expected of participants, stated a timeline for each section of the study, and provided the web address for the initial survey. However, before the study could be initiated, COVID-19 restrictions caused the school to close, requiring the study to be converted to a web-based survey.

The study was initially designed to occur in three stages. The first stage consisted of a web-based survey. The plan was that the survey would open with a description of the study,



followed by an explanation of participation, how confidentiality was to be maintained, and lastly, the consent form (Appendix A). The web-based survey was anonymous. Virtual interviews were not done to maintain the anonymity of participants. Participation in the study was voluntary. Should the student elect not to complete the web-based consent form, the survey would terminate, and the student would receive a termination statement.

The web-based survey consisted of three sections. The study began with demographic questions that identify inclusion and exclusion criteria. Should a student identify with exclusion criteria, the questionnaire would terminate with a brief explanation and a statement of appreciation for the participant's consideration. In the original survey, the second section asked four general open-ended questions on selecting and attending a minority nursing program. In the original survey, the third section presented the opportunity to participate in one-to-one interviews. Students who elected to participate in interviews could choose a fictitious name or create a numerical code as an identifier. However, students who elected to participate in interviews were required to provide a method of contact at the time of selection and complete a written consent form before the interview (Appendix G). Identifying information was to be held in strict confidence. Only the researcher, NCU IRB, and the NCU Dissertation Team would have access to participant private information.

Initially, the second stage of the study consisted of audio-recorded semi-structured interviews (Appendix C). The duration of the interview was estimated at 60 to 90 minutes. The interview was to consist of focused, open-ended questions guided by participants' responses, followed by an arts-based research activity (Appendix D). Students would receive a stipend (\$20 gift card) for participation in interviews and the arts-based research activity.

The third stage of the initial study was reconciliation. Following transcription of collected data, students who participated in interviews would be asked to member check transcripts of their interview and arts-based activity, and affirm, adjust, or add comments to the transcript. While students could not change the presented text, space was provided for editorial comments. Final interview transcripts were to be merged with data collected via the web-based survey for analysis.

### **Data Collection and Analysis**

A qualitative research approach allowed researchers to examine how people construct reality (assign meaning to life events) (Merriam & Tisdell, 2016). Typically, this is achieved through observation (what people do) or interview (what people say) (Merriam & Tisdell, 2016; Yin, 2018). Initially, data collection was to include a web-based survey, followed by interviews and an arts-based activity. Rae and Green (2016) proposed that an arts-based approach can open up exploration of self-awareness. Using creative self-expression (i.e., drawings) as data collection directly related to the study may uncover more profound insights into how a phenomenon is perceived (Merriam & Tisdell, 2016; Walji-Jivraj & Schwind, 2016). However, school closures due to COVID-19 restrictions caused data collection to be limited to the web-based survey.

Participants were recruited via email from the membership of the National Student Nurse Association (NSNA). The NSNA distributed the recruitment letter by email to minority members; hence the researcher had no contact with or knowledge of the participants. Data for this study were collected via a web-based survey. Participants in this qualitative study were highly representative of the study population, i.e., pre-licensure minority nursing students attending a minority nursing program (Butler et al., 2018; Merriam & Tisdell, 2016). A

homogeneous sample was used because a rich description and understanding of the group's traits was the goal, i.e., triggers to persistence in minority nursing students attending a minority nursing program (Krathwohl, 2009).

Nursing practice and nursing education are inherently collaborative (Homtvedt, Nordsteien, Fermann, & Severinsson, 2018; Lankshear & Limoges, 2018; Melnyk & Fineout-Overholt, 2015). Therefore nursing students are a close functioning cohort. A web-based survey was selected for data collection owing to the sensitive nature of the research questions. Students are more likely to express perceptions and opinions in an unexposed setting (Butler et al., 2018; Yin, 2018). Also, because unadulterated perceptions were desired, focus groups were not used in this study due to the likelihood participants may withhold thoughts or impressions in a group environment or groupthink (reflect the collective views of the group) (Creswell & Poth, 2018; Yin, 2018).

Unlike statistical analysis and some qualitative methods with established protocols, there are no set guidelines or formulas to analyze data in a basic qualitative study (Creswell & Poth, 2018; Merriam & Tisdell, 2016; Yin, 2018). The methodology is researcher dependent. Therefore, minority nursing students' perceptions of their experiences in a minority nursing program were collected via a virtual, anonymous survey using Qualtrics software. The Qualtrics data were converted to Excel format and exported to NVivo 12 for initial coding. Qualtrics' standard survey report format groups a question with all responses to that question such that the mindset of individual respondents cannot be discerned. Discourse analysis began with organizing the questions and responses into respondents' individual transcripts in Word (Office 365). Reviewing participants' survey responses sequentially in transcript format eased discourse analysis and highlighted the narrative's context and structure. The data analysis process used in

this study was adapted from a *data analysis spiral* (Creswell & Poth, 2018). The data analysis process used in this study borrowed the first three steps of the data analysis spiral, namely organizing the data, coding and memoing ideas, and classifying codes into themes. Data analysis proceeded with documenting confirming and non-confirming quotes to relating themes with the research questions.

Analysis began with organizing the questions and responses into 16 individual transcripts in Word (Office 365). Lack of personal contact required the researcher to rely solely on the written words of the participants. Transcripts were reviewed through a discourse analysis lens to appreciate participants' student agency (how individuals construct reality in nursing education) (Braxton, 2016). Agency implies self-efficacy and responsibility (Braxton, 2016). How a student uses verbs and pronouns illustrates the "processes of persistence" in student agency (Braxton, 2016, p. 162). Participants' statements that were significantly different in context, i.e., outliers, were identified via negative case analysis. The results contain no predetermined codes; participants' transcripts provided *in vivo* codes and the key concepts for themes. The emergent codes and ideas identified in the transcripts were combined, creating *document memos* (Creswell & Poth, 2018, p. 189). The key concepts and ideas in the document memos were aggregated into themes. Next, confirming and non-confirming participant quotes were associated with each theme. After organizing the data, coding and memoing ideas, and classifying codes into themes, themes and quotes were assessed for alignment with the research questions and conceptual framework.

An inductive coding method was used in this study. Incorporating interview and arts-based activity questions into the virtual survey allowed for broader distribution of an anonymous survey resulting in concise, thick descriptions of minority nursing students' educational

experiences. Students' thick descriptions of their educational experiences produced saturation at 16 participants. The smaller number of participants allowed for transcripts to be manually coded using a line-by-line open coding process. This study sought minority nursing students' unadulterated perceptions. Hence no presumptions were made to categories or themes.

This study assumed a relativist orientation to the triangulation of data representing the multiple realities of the study participants' perspective of the phenomenon (Yin, 2018). Results were reviewed and compared with categories derived from the transcripts' manual analysis to strengthen the study results' accuracy. Krathwohl (2009) noted that “we do not look for truth, however we define it; it is what we find that is knowledge.... what we fail to find is not truth but certainty” (p. 35).

### **Assumptions**

Six assumptions were made about this study. The principal assumption underlying this study was that every individual perceives, interprets, and responds to interactions and situations in their environment in their way (Reicher & Hopkins, 2016). This assumption captures the essence of this study. Two students can experience the same educational phenomena and have two different responses. Second, the study assumes minority nursing students want to succeed in minority nursing programs and share their educational experiences to propagate success for themselves and others. This study provided an anonymous platform for minority nursing students to share their opinions. Third, it was assumed that participants would be honest and forthright in their responses, and responses would be solely their own. Participants, being located across the United States, and data collected via an anonymous online survey, limited collaboration amongst participants. Fourth, it was assumed that expanding data collection to multiple geographic locations querying multiple ethnicities would enrich the contexture of the

data collected. Nursing faculty would be better prepared to help minority nursing students succeed in minority nursing programs if faculty were aware of students' opinions of their educational experiences from multiple ethnic groups (Han et al., 2017). Fifth, it was assumed that the survey questions asked would accurately query the perceptions of minority nursing students' experiences in a minority nursing program. The survey questions were aligned with the study's research questions and purpose. Lastly, it was assumed that participants would be able to understand the research questions and respond appropriately. Written materials for participant use in the research project had readability less than or equal to the ninth-grade level (Bloomberg & Volpe, 2016; Merriam & Tisdell, 2016). Additionally, participants attested to matriculation in an educational program at the collegiate level.

### **Limitations**

The study had several limitations. This study's most significant limitation was not collecting ethnic or cultural data from participants. A few participants stated their ethnicity, type of institution, or geographic location in survey responses, which enabled identifying similarities and differences in motivation to persist across ethnicities. However, findings would have been more definitive if all participants' demographics were known. Another limitation was that data was not collected from minority nursing students that stopped out, dropped out, or transferred out before completing the program. The perceptions of minority nursing students that separated before completing the program would add valuable context to the findings.

The scarcity of research on persistence in minority nursing students attending minority nursing programs complicated the study's methodological congruence. Reviewing prior works on a research topic aids selection of research methodology and conceptual framework (Bloomberg & Volpe, 2016). Prior research usually offers insight and recommendations for

future research of the same or similar phenomena. The scarcity of research made a somewhat exploratory approach necessary, validating the use of a basic qualitative design that harnessed other qualitative designs' concepts and principles. While personal characteristics such as family and finance were intentionally removed from the study, the use of an online survey limited data collection to specific aspects of the educational environment. Follow-up via virtual interviews was not done to preserve the anonymity of participants.

Data collected in this study could not be objectively verified. An online survey of open and closed-ended questions solicited perceptions of minority nursing students' experiences of attending minority nursing programs across the United States. Self-report was the primary means of data collection. The participants were anonymous and had control of data content; hence, the researcher could not objectively verify the results. However, participants could edit responses and check for accuracy while taking the survey, and participants could return to the survey within 48 hours to make changes or additions if desired.

### **Delimitations**

The study had several delimitations. The study sample was intentionally narrow (homogeneity). The study was confined to minority nursing students in minority nursing programs in the United States and its territories. Further, participants were required to attest to age (must be 18 years or older), English fluency, matriculation in a nursing program, not seeking a second healthcare-related degree or certificate, and not holding or have ever held a healthcare-related license. The research questions and survey questions intentionally did not address participants' characteristics such as employment, family issues, and responsibilities. The study topic was limited to student experiences in the academic environment. Lastly, a delimitation was using a virtual survey as the sole data collection method.

## **Ethical Assurances**

Before contacting the study participants or data collection, Northcentral University Internal Review Board (IRB) approval was obtained. There were no significant risks for the study site or study participants; however, all research has some risk. The study site's risks were that (a) participants could have disclosed information in the course of the study that is unique to the study site exposing the identification of the site, and (b) participants could have disclosed information that identifies institutional deficits or internal conflicts. This study aimed to gather students' perceptions of their academic experience, not to characterize the institution. Data collected were de-identified to maintain the confidentiality of the study participants.

The participants' risks were that (a) participants may disclose information unique to themselves that enables identification by others, and (b) although no direct identifiers were collected for the online survey, the survey program may include internet protocol (IP) addresses with data collection. However, Qualtrics software allows researchers to elect not to collect participants' IP addresses with research data. No IP addresses were collected in this study. Students participating in the study could withdraw from the study at any time without explanation or penalty. Undue influence in the study was minimized because no prior relationship existed with the study site or the participants, and the study was anonymous.

No identifying information was collected from participants in the web-based survey. However, participants had to provide virtual Informed Consent allowing their responses to be included in the study. Data collected in the study has been secured in encrypted cloud storage (web-based survey transcripts) or locked in a file cabinet (hard copies of survey questions and responses) in the researcher's private office. Data were de-identified before storage.



## Summary

A basic qualitative study design was used to investigate minority nursing students' perceptions of their academic experience in a minority nursing program and how these perceptions relate to students' persistence in the nursing program. Initially, the study was to be conducted at a predominantly minority institution. However, COVID-19 mandates and subsequent closures of educational institutions did not allow for direct contact; hence the study was conducted virtually. The study population was pre-licensure minority nursing students 18 years and older. Inclusion criteria were (a) the student must self-identify as a member of a minority group, (b) student must be matriculated into a minority nursing program, (c) student must be fluent in English (reading, writing, and speaking), (d) student could be a transfer student from a traditional or minority program, and (e) student could be repeating courses from a traditional or minority program. Exclusion criteria were (a) non-minority students, (b) students seeking a second healthcare degree, and (c) students who hold or have held a healthcare license. Data collection was initially a two-tier process from two different activities in the study (i.e., web-based surveys and interviews with drawings) requiring two samples from the same population. It was estimated that the web-based survey would require 25-50 participants, and the interviews with arts-based activity would require 10-20 participants for saturation (Creswell & Poth, 2018).

Qualitative research is about understanding lived experiences (a subjective overview) (Merriam & Tisdell, 2016). The process of investigating triggers to student persistence is best accomplished as interpretive research that acknowledges multiple realities from a single lived experience (Braxton, 2016; Merriam & Tisdell, 2016). The principal assumption underlying this study was that every individual perceives, interprets, and responds to interactions and situations

in their environment in their way (Reicher & Hopkins, 2016). Therefore, research questions and activities were structured so that participants were free to construct their meaning of the phenomenon (i.e., the academic experience) (Creswell & Poth, 2018).

Before data collection, IRB approval was obtained from NCU, and approval was obtained from the NSNA. Participants' risk was that participants could have disclosed information unique to themselves, enabling re-identification, or their IP address could have been retained with the web-based survey. The study site's risk was that participants might have disclosed information unique to the study site, or that identifies institutional deficits or internal conflicts, or both.

Data collection and analysis were illuminating and recursive (Merriam & Tisdell, 2016). NVivo Transcription software would have been used to transcribe interviews and arts-based activity audio files, except these activities were removed from the study due to COVID-19. NVivo 12 software was used in the analysis of survey data. Interview data would have been coded as it was collected to precipitate meaningful results (i.e., theoretical sampling). Web-based survey data was aggregated, and the initial coding was performed via NVivo 12. Data would have then been compared with notes taken (i.e., memoing) as the interviews progressed. Following member checks of the data, a final analysis was to be performed.

## **Chapter 4: Findings**

The purpose of this basic qualitative research study was to present a small purposeful sample of minority students' perceptions of their academic experience in a minority nursing program and how these perceptions related to students' persistence in the nursing program. The problem addressed in this study was that a significant number of minority nursing students were not persisting to graduation in minority nursing programs (American Association of Colleges of Nursing, 2017). Minority nursing programs have experienced decreasing numbers of admissions applications and increased numbers of minority students dropping out, stopping out, or transferring to traditional nursing programs (Harrell & Reglin, 2018; Jean-Baptiste, 2019). From 2010 to 2016, minority nursing students' completion rates have declined per capita, adding to a nursing shortage of minority nurses in specific geographic locations across the United States (American Association of Colleges of Nursing, 2017; Health Resources and Services Administration, 2017b).

The purpose of this study was achieved by delving into the perceptions of minority nursing students within the context of Bean and Eaton's (2001, 2016) psychological model of college student retention and Jeffreys' (2012, 2015) model of nursing undergraduate retention and success. The study's objective was to inform educators of minority nursing students of the institutional factors that influenced minority students' decision to persist in a minority nursing program or separate from the program. The focus on institutional factors and minority nursing students did not discount other factors; it enhanced the literature.

The chapter begins with a commentary on the trustworthiness of the data and findings. An overview of the study follows with a description of participants, a presentation of the study

questions, and a rich narrative of the results. The chapter concludes with an evaluation of the findings.

### **Trustworthiness of the Data**

Trustworthiness of the data in a qualitative study requires the study to have *meaningful coherence*, i.e., the study must connect literature, research questions, and the findings (Merriam & Tisdell, 2016). Additionally, the study should be mindfully guided, and the results should make a significant contribution to the research problem and resonate across multiple audiences (Merten, 2015). The data's trustworthiness is obtained when the research is conducted ethically, and the findings are supported by the original data received from the participants (Korstjens & Moser, 2018). To be accepted as trustworthy, data analysis must be precise, consistent, and exhaustive (Nowell, Norris, White, & Moules, 2017).

Credibility is inferred when enough data analysis details are disclosed to enable the reader to determine the process is credible (Nowell et al., 2017). Member checking, triangulation, discourse analysis, and negative case analysis confirmed credibility (how accurately the researcher represented the participants' views) (Bloomberg & Volpe, 2016; Pratt, Kaplan, & Whittington, 2019). This study was initially designed to recruit minority nursing students online from a single minority institution and follow-up with interviews and an arts-based activity. However, school closures and government mandates due to the COVID-19 pandemic required the study to be conducted entirely online. A survey of open and closed-ended questions was composed, with the distribution of recruitment materials and the survey link via email by a third party. Participants were given the opportunity to edit responses and check for accuracy while taking the survey, and participants could return to the survey within 48 hours to

further edit responses. The 48 hours gave participants time to reflect on responses and make changes or additions if desired.

Qualtrics were used to conduct the survey. Reviewing participants' responses grouped by question (the standard format for Qualtrics) limited the reader's understanding of participants' responses to a snapshot of a single item. Interpretation accuracy was enhanced through discourse analysis (a linguistic analysis) based on Robert Johnson Jr.'s discourse-oriented approach (Braxton, 2016; Merriam & Tisdell, 2016). Johnson's pragmatic approach to linguistics enables examination of the structural features of speech, i.e., the use of verbs, pronouns, and politeness, to illuminate aspects of communication that reveal the construction of reality (Braxton, 2016). Survey questions were copied into a Word document along with the corresponding responses from participants. Copying questions and responses to Word enabled the clustering of each participants' responses, resulting in individual transcripts for the 16 participants. Reviewing participants' survey responses sequentially in transcript format eased discourse analysis and highlighted the narrative's context and structure. Negative case analysis was used to identify data that did not coincide with the researcher's interpretation of the data (Johnson, Adkins, & Chauvin, 2020). Member checking, discourse analysis, and negative case analysis support the accuracy of the findings.

Traditionally, data sources for triangulation consisted of various data collection methods, e.g., interviews, observation, and surveys (Creswell & Poth, 2018). Initially, this study was to have three data collection points, i.e., a survey, interviews, and arts-based activity, from a single minority institution that featured one minority group. Two benefits of the COVID-19 restrictions were (a) removing the study from a single institution and (b) increasing the diversity of the study sample. The study population was 16 minority nursing students located across the United States

who were members of the National Student Nurse Association. Known minority groups represented in the study were African, American Black, Asian/Pacific Islander, and Hispanic/Latino. Identifying as a member of a specific minority group was not a requirement of the study; hence not all participants revealed their ethnicity in survey responses.

Korstjens and Moser (2018) noted that triangulation was not limited to data collection methods; it included space (different geographic locations) and persons (different ethnicities of people with differing perspectives). Triangulation occurred from the results of differing perspectives based on ethnicity, culture, and geographic location within the context of the study's conceptual framework. Triangulation identified that all minority nursing students intended to persist to completion in their respective nursing programs, but their rationale for persisting differed by culture and ethnicity. Credibility of the findings was achieved with “data collected from people with different perspectives,” such as ethnic and cultural diversity, and located across the United States (Merriam & Tisdell, 2016, p. 245).

Transferability is the applicability of the findings to other sites and situations (Bloomberg & Volpe, 2016). Qualitative researchers cannot definitively demonstrate that their data is transferable. However, researchers can establish that transferability is likely. Purposive sampling intentionally draws participants who optimize data sources to answer research questions (Johnson et al., 2020). Purposive sampling was used in this study to solicit participants with characteristics specifically related to the research questions. Transferability is enriched when theory is used to analyze the data (Yin, 2018). Data analysis was guided by Bean and Eaton's (2001, 2016) psychological model of college student retention and Jeffreys' (2012, 2015) nursing undergraduate retention and success model. Data collected from the sample of minority nursing students representing multiple ethnicities located across the United States

provided a thick, rich description of minority nursing students' perceptions of attending a minority nursing program (Johnson, Adkins, & Chauvin, 2020). Providing a thick description of the data allows others interested in the phenomenon under study to judge the findings' transferability to other situations (Newell et al., 2017).

To say that a study is trustworthy implies that the study is dependable. Dependability in qualitative research suggests that a study's methodology and design are consistent and sound (Korstjens & Moser, 2018). The steps involved in planning and designing this study were laid out extensively in chapter 3. The steps for analyzing the data include an audit trail to provide the data's trustworthiness and dependability and are documented later in this chapter in the Results section. Removing interviews and the arts-based activity from the study did not change the quality or rigor built into the survey portion of the study. To complete the study under COVID-19 guidelines, the survey was expanded to include the interview and arts-based activity questions. Including the interview and arts-based activity questions in the survey made it possible to fashion the entire study anonymous and recruit from a broader base expanding data collection from one location and one ethnic group to multiple ethnic groups in various locations. Dependability required the research process to be logical, traceable, and clearly documented, such that the study may be practically replicated (Nowell et al., 2017). These measures of dependability have been met in this study.

Confirmability is a characteristic of the data and refers to the level of confidence that the findings are grounded in the data (Korstjens & Moser, 2018; Pratt et al., 2019). It is impossible to remove bias from qualitative research altogether. Researcher bias is present throughout a qualitative research project, from determining the research question to deciding how to present the results. In this study, the researcher's ethnicity and experience, i.e., having taught African,

American Blacks, and Hispanic/Latino nursing students over the past 15 years, added a degree of familiarity that allowed the researcher to view minority nursing education objectively and avoid preconceived opinions. Additionally, the survey was anonymous, and the researcher had no personal contact with the participants or knowledge of the participants' geographic location or demographics.

Furthermore, most participants did not reveal their ethnicity or other demographics in survey responses leaving the researcher virtually blind to participant characteristics. Therefore, during data analysis, the researcher set aside personal bias by reflecting on past experiences so that they did not color interpretation of the data but allowed the phenomenon under study to be revealed through the participants' lived experiences. Setting aside personal bias enabled the researcher to review participant data objectively during coding and theme development and apply discourse analysis to participants' perspectives along with negative case analysis to illuminate unexpected findings such as experiences or viewpoints that differ from the main body of evidence (Johnson et al., 2020; Korstjens & Moser, 2018). The rationale to design, implement, and analyze this study is discussed throughout this manuscript.

## **Results**

Faculty and classmate interaction appeared prominently in participants' responses. Both positive and negative faculty and classmate interactions had a cumulative effect on students' persistence. Participants' responses also pointed to clinical experiences as key to building self-efficacy in nursing tasks. Twelve participants recounted clinical experiences that enhanced self-efficacy. Two participants emphasized the benefits of culturally congruent clinical experiences. However, no participant reported having a negative clinical experience. Despite cultural differences, geographic differences, and differences in nursing programs, fourteen participants



expressed optimism in the educational process and confidence in their ability to complete the nursing program. The sameness of the responses was unexpected. Participants overwhelmingly cited self-confidence and coping strategies as enablers to academic success.

Participants were recruited via email from the membership roster of the National Student Nurse Association (NSNA). The NSNA distributed the recruitment letter by email (Appendix J); hence the researcher had no contact with or knowledge of the participants. The participants, however, were given a brief introduction to the research and the researcher in the recruitment letter and informed consent. Interest in the project was significant; 336 nursing students reviewed eligibility; however, only 39 nursing students met the inclusion criteria (See Table 1). Of the 39 nursing students that met inclusion criteria, 26 students gave consent to participate, four students declined, and nine students dropped from the project without response. Of the 26 nursing students who consented to participate, 16 students answered most or all of the survey questions with significant responses, and ten students either did not answer any survey questions or provided responses that were unrelated to the research questions.

Table 1

*Participant Inclusion Criteria*

Inclusion Criteria
Officially admitted into a minority nursing program
Identify as a member of a minority group
Age 18 years of age or older
Read, write, and speak English without difficulty
Do not have a healthcare-related certificate, diploma, or degree
Do not have or have ever had a healthcare-related license
Currently attending an HBCU, HSI, or any nursing program where the majority of students, faculty, and staff identify as belonging to a minority group

*Note.* HBCU = Historically Black College or University; HSI = Hispanic Serving Institution

Ethnicities identified in participants' survey responses represent a diverse group (African, American Black, Asian/Pacific Islander, and Hispanic/Latino) that were specific to the research topic (narrow range) (see Table 2). Hence a small sample size of 16 students yielded a rich description of the phenomenon (Peterson, 2001; Sim et al., 2018).

Confidentiality was maintained by (a) having the participant recruitment letter emailed by the NSNA and (b) having the survey distributed electronically using the Qualtrics' anonymous survey setting. Questions with responses were downloaded from Qualtrics in Excel format. Participants being unknown were identified as Participants 1-16. Despite the survey being anonymous, one participant included the name and location of their school in a question response. The school's name and location were redacted before the de-identified Excel file was exported to NVivo 12.

Table 2  
*Demographics of Participants (n = 16)*

Attribute	Number of Participants
Identify as a transfer student	3
Acknowledge repeating a nursing course	5
Have a non-healthcare related certificate, diploma, or degree	6
Speak English and at least one additional language at home	10

*Note.* Gender, specific age, and specific ethnicity were not requested for inclusion in the study. However, a few participants stated their ethnicity in survey responses.

### **Research Question 1: What are the perceptions of minority nursing students of their academic experience in a minority nursing program?**

In education, retention is viewed as a function of the institution, while persistence is considered a function of the student (Dewberry & Jackson, 2018; Kennel & Ward-Smith, 2017). Tinto (2016) identified three experiences that motivate students to persist: self-efficacy, a sense of belonging, and the perceived value of the curriculum. Self-efficacy is a belief in the ability to succeed in a specific task. A sense of belonging denotes feeling accepted and valued. Tinto proposed that students will persist despite challenges if a sense of belonging exists. To perceive value in the curriculum, it must be relevant and applicable to students' issues and personal concerns. Three primary survey questions elicited descriptions of minority nursing students' expectations and experiences of attending a minority nursing program. Participants' descriptions of events included elements of Jeffreys' (2012, 2015) professional integration factors and Bean and Eaton's (2001, 2016) institutional environment.

**Theme 1: Professional integration factors.** In the NURS model, professional integration factors represent a crossroads in nursing education where students' educational experiences come together to form the decision to drop out, stop out, or persist (Jeffreys, 2012,

2015). Central to the decision-making process are students' interactions with faculty and classmates. Jeffreys equates faculty and classmate interactions in professional socialization as being a *particularly powerful* component of the social system within the college environment for minority nursing students. Further, these interactions have a cumulative effect on persistence, where the whole is greater than the sum of each separate and distinct interaction. Every participant in the study described at least one interaction with faculty, classmates, or both that had a role in their educational experience. Some participants described motivating interactions, while others expressed frustration.

***Faculty and classmates.*** Some participants described interactions as supportive and nurturing. Participant 10 commented on “The dean. How involved she is with the students and what she does for them. If there’s any issue, I know I can reach out to her.”

Participant 4 described a faculty member as caring and encouraging:

I actually had way more help and assistance in areas I didn’t think professors and instructors would help me both in the classroom and personally. My instructor seeing how on edge I was and pulling me into her office to allow me to cry and working so hard to comfort me. She then began sending messages of strength and encouragement to me and a few others to try to help us get by. It proved [to me] and showed me some professors really are here for me. They don’t just see me as a potential failure or the “minority,” but they truly care about me, my health, and my future.

Participant 8 recited an instructional encounter reminiscent of the adage *nurses eat their young*:

In the beginning, week one, I failed the skills check-off of handwashing. The teacher stopped, pushed her finger up to her glasses, lifted her eyes to look at me, and said,

“Honey, you are just not ready.” I failed. I cried. I wondered what the hell I was doing there. The same teacher was my clinical instructor [for] the final semester, and she not only told me that she trusted me to take care of her family, but she gave me a secret letter of recommendation that not all students got. Best day ever.

Other participants described faculty as discouraging, indifferent, and even traumatizing.

Nevertheless, all participants remained in their nursing programs. None indicated the intention to leave, although Participant 7 seemed to doubt faculty intention, “at times students felt that they were not heard, some assignments and objectives seemed questionable or irrelevant to our overall growth and development.”

Participant 1 described a combination of faculty interactions:

Faculty must be thoughtful to each individual student, for I had a great experience when I needed assistance with emergencies some [faculty] were understanding. They shouldn’t be indifferent nor give discouraging advice to quit.

Participant 3 characterized classmates as unsupportive and faculty as discouraging and bullies:

I was hoping to further my education in [an] organized and respectable environment with supporting classmates and staff employed by the school. The staff members are bullies towards students, and we are just viewed as a dollar sign and numbers. They choose who gets to proceed moving forward and who gets to stay behind. Staff and classmates are not supporting at all. The staff uses their power to scare you out of school and your dreams. Completely discouraging experience, and thankful to have graduated and be done with that school. [Participant 3 graduated June 2020] Yes, I am traumatized for life that the same people who teach us to be compassionate and have empathy do not have those same values themselves towards students when they were once us.

**Theme 2: Institutional environment.** Bean and Eaton's (2001, 2016) institutional environment is represented by a continuous feedback loop between a student's institutional interactions, self-assessments, and academic and social integration that lead to the decision to drop out, stop out or persist (Braxton, 2016). The feedback loop is intended to explain the motivation "to make choices that lead to or away from any given behavior" (Braxton, 2016, p. 56). Self-efficacy is central to self-assessments and the decision-making process to persist. Self-efficacy assessments are ongoing.

***Self-efficacy.*** Twelve of the sixteen participants recounted a clinical event at some point in the survey. Four participants described burgeoning self-efficacy within a scenario that occurred in a clinical setting, denoting the significance of clinical education to minority nursing students' academic and professional growth.

Participant 8 shared the effect of clinical experiences on their mindset:

I am more open to other ideas, less judgmental. I take it easy more. I appreciate the small things. I understand clearly, without a doubt, that my actions have a ripple effect in not only my life but the life of others. I walk a straighter line now, and I understand that with no question, everything in life can be taken away at any moment. I have a profound respect for life now more than ever, and I am grateful for every day that I walk this earth.

Participant 2 shared a clinical encounter that demonstrated the concept of *giving of self*:

I was able to be with a family who was Spanish speaking and had to go through an unexpected cesarean delivery of their baby. They decided to go ahead with the surgery but asked if I [Hispanic/Latino student] would be there with them. When I said I would, they were visibly more confident in their decision. Being able to offer my abilities even

as I was developing the fundamental nursing skills I needed to succeed made the journey meaningful and fulfilling. I knew that I was where I needed to be.

Participant 11 explained an opportunity to provide patient teaching:

I am only in my first year of the nursing education program; the most memorable moment for me was creating a chart to help a patient understand his ten medications. This chart included the name of the medication, dosage, when they should be taken, how they help him specifically, and [the] most common side effects. The patient had a low education level and was very appreciative of the chart because they were put into terms he could understand. I felt like I change[d] his entire perception of him taking his medication. While explaining the chart to him, I was surprised at the number of medications he felt like he shouldn't be taking because he didn't understand why he was taking them. I felt like me being able to teach him and explain everything impacted him greatly. It's one thing to read about the importance of patient communication and advocacy, but this experience gave me a real-life scenario to see for myself how important communication is. After all, he was admitted to the hospital during this visit for failure to take his medications in the first place.

Participant 16 described a clinical encounter where a staff nurse successfully advocated for a patient:

I was part of a huddle when an RN on the L & D [labor and delivery] floor was advocating for her patient who wanted to have a natural birth vs. a C-section that her OB was insisting she needed. The MD that ran the huddle told the RN to keep fighting for her [patient] and that he [MD] will speak to the OB. [The} patient ended up having a natural birth despite the OB being upset with the RN. That showed me why nurses are so

important. I saw first-hand patient advocacy. The patient was a minority, and like many know that C-sections bring in more money than natural births do. But this RN didn't care about that; she cared about what the patient wanted and was able to do. I know if things weren't going right that the RN would speak and advise the patient about the possibility of C-section, but there wasn't anything that was causing Mom or baby any distress during L & D. The RN fought for the pt [patient] until the moment she started pushing the baby [out]. I listen to my patients and find myself advocating for them more. I give my input and ask questions to the nurses that I shadow for the day on the floor. I ask why, and I ask why not.

**Research Question 2: How do minority nursing students' perceptions of their academic experience in a minority nursing program affect student persistence to complete the program?**

Three primary survey questions were presented to elicit descriptions of why students persist or depart minority nursing programs. Two themes emerged from students' responses, Jeffreys (2012, 2015) Student Affective Factors and Bean and Eaton's (2001, 2016) Institutional Fit and Commitment. Students' affective factors were instrumental in helping students determine *cultural* fit. Furthermore, self-assessments (i.e., self-efficacy, coping, and locus of control) were instrumental in helping students determine *institutional* fit (Braxton, 2016).

**Theme 1: Student affective factors.** Student affective factors are a student's core attitudes, values, and beliefs specific to nursing education and the ability to succeed in a nursing program (Jeffreys, 2012, 2015). Affective factors differ from student characteristics in that



affective factors are malleable; they change over time with experience. Culture, cultural congruence, and enculturation are concepts underlying students' attitudes, values, and beliefs.

***Cultural congruence.*** Cultural congruence refers to how well a student's values and beliefs coincide with their environment's values and beliefs (Jeffreys, 2012, 2015). Lack of cultural fit (cultural incongruence) increases students' stress, resulting in poor academic outcomes. One of the questions asked of participants was what advice would you give to someone thinking of enrolling in a minority nursing program. Participant 6 simply responded, "Don't. You need to be prepared before walking into the hospital. All programs do not do that." Participant 1 offered:

Prepare to be uprooted, torn, and molded on a whole other level. Develop good study habits. DO NOT PROCRASTINATE and pray, pray, pray, because this program is indeed rigorous and rightly so as we are tasked with other people's lives.

Participant 4 discussed the idea of inclusion and marginalization:

Go for it and work hard. Never give anyone the opportunity to think anything negative about you because you are always on top of your business. There will be times, whether it be in clinical, the classroom among students, or some teachers, where [you] may feel as though you are being treated unfairly or not being really included unless [you] throw [yourself] into the loop. All nursing students should know it does not matter to be included or treated fairly. What matters is finishing what you start and obtaining your degree so you can be who someone sees like them later on [in] life and make a difference.

Participant 5 describes difficulty understanding the curriculum from a cultural perspective:

Ensure you really want to study and pay the price. Because usually, nursing have this conception outside [of nursing] that it is not valued and unimportant without knowing

that you are studying the same thing with the doctors and requires you to know a lot in physiology, anatomy, chemistry, biology, math even if you are not a science student [Nursing is considered a lowly profession in some parts of Africa (Bah & Sey-Sawo, 2018)]. To be honest, coming from Africa, I do not understand what the teachers say sometimes. They speak too fast. I have to record sometimes. Some of the innuendos in the language I do not get it. Some examples used in everyday life here are novel to me, like the names of the food and what they look like and some terms used in assessing the human body.

Participant 11 shared thoughts on HBCUs:

I would say, do it! Although nursing school is difficult, it's not impossible. The rewards are ongoing while in the program, and once you're finished, you will be well equipped to really make a difference. Also, HBCUs give their students education about Black history in America, which gave me even more motivation to really make a difference. It's important to know why you are doing something. Yes, nursing is good job security, but that will get old eventually. If you're not doing something for the right reasons, it's nothing but a job, and lack of interest will eventually pursue. Knowing the "why" of making a difference, particularly in minority communities where resources are lacking, can make a huge difference in students' perception, goals, and mentality of why they want to become a nurse at an HBCU.

Participant 2 stressed the importance of self-confidence:

My school [redacted] is a Hispanic-serving institution, but my classmates were still mostly White and Asian/Pacific Islander. Most of my professors were also White. For me, it was strange that my Spanish speaking abilities were seen as such an asset to any

unit I was assigned to because I grew up in the same city where I went to college and grew up with a lot of classmates who spoke multiple languages. I think it is important to recognize the value that you bring to a nursing program even if you have trouble relating to other students. It can be difficult to find your voice and your confidence when entering into the role and responsibilities of nursing. However, I believe in the advancement of nursing as a profession. In order to provide community-driven and culturally competent care, it is important to diversify the training programs by respecting various perspectives of nursing students.

When participants were asked what expectations they had about attending a minority nursing program, Participant 1 thought it would “be extremely rigorous.” Participant 5 thought it “was going to be like other courses I have taken.” Participant 15 “did not really have any expectations.” And Participant 2, “did not expect so many of my classmates to have family who have been nurses for generations.” Two participants described hearing stories about nursing school before starting their programs. Both participants described overcoming the stories:

Participant 4 recounted:

I expected the experience to be difficult yet rewarding. I expected the workload to be extremely difficult and a bit harder for me due to my hearing and knowing stories about not really receiving as much concern or help from the majority. I learned not to let the stories I’ve heard alter my mind about what an experience will be. The program is amazing. The faculty is awesome and very knowledgeable. The school is phenomenal. It’s where I’m meant to be.

Participant 9 explained:

I know nursing students have a caring heart. That's why they want to become nurses and directly work with patients. However, I've heard many stories from other nursing students that the relationship between nursing students is strained due to the high competition. After all, all the students are aiming to get the same jobs after the program is over...talk about that kind of environment was very intimidating. The program itself is accelerated. It's also very difficult to get into. Especially after the whole COVID-19 situation, a lot of the nursing students were worried the school would not accept a new cohort for Fall 2020. Fortunately, I made it into the small number they accepted (the count was cut by half of the normal acceptance number). This kind of achievement gives me a great drive to finish what I worked so hard to get into.

**Theme 2: Institutional fit and commitment.** Bean and Eaton (2001, 2016) identified increased confidence and integration as essential to institutional fit and commitment. Confidence inspires adjustment and integration; integration leads to institutional fit and commitment; fit and commitment inspire persistence (Braxton, 2016). Institutional fit, however, is not all-inclusive. A student may fit academically, but not socially. A student may fit socially but not academically. Coping processes (adjustment) permit students to weigh personal attitudes, values, and beliefs against circumstances to determine a behavior (Braxton, 2016).

**Coping.** Bean and Eaton (2001, 2016) included the approach/avoidance concept of coping in the retention model to describe how students adjust to circumstances and build the confidence to persist. The values students attributed to their decision-making process were varied, complex, and many. Participant 9 spoke of confidence and ethnicity:

Have confidence. Your ethnicity is part of your identity, but don't let it cloud your self-confidence. Before you are a minority, you are a hard-working student who worked hard to be where you are today. You earned it. Be proud. Always know that before your ethnicity, you are simply a nursing student who has the ability to succeed [happy emoticon]

Participant 2 shared how family values seeded confidence:

My grandmother was the first person in my family to immigrate to the U.S., and though she was educated, learning English and navigating the various public services was very difficult for her and her children. She faced horrible discrimination and prejudice as an immigrant, and I am aware of the barriers to accessibility of excellent healthcare to many families. Helping others with what I have is a natural inclination of mine, but I also like the challenge that comes with mastering the many sciences of nursing (pathophysiology, pharmacology, physiology). I have felt like the values align with my personal values, allow me to help others, and further the education of my family.

Participant 3 echoed a sentiment mentioned by other participants:

I have learned [that] not everyone in life you come across has the same intentions as you. You have no friends in nursing school. You go into school thinking you will make friends who will help and inspire you, and push you to be better, but everyone is out for themselves. It is more like [a] cut-throat environment. I just keep reminding myself why I started this journey, and it keeps me on track.

Participant 15 recounted a confidence-building exercise:

One of my professors had us prepare a talent that we would perform in front of the class. She said that we need to build our confidence because we will need it when talking to

patients and their families. I realized that a lot of the things I do can be a foundation for becoming a good nurse, even though I did not realize it when I did it. I have become more organized with my tasks. I have also learned to trust in my other colleagues (especially with group projects).

Participants were asked if they would attend another minority nursing program if they had to leave their current nursing program and start over. Thirteen participants indicated they would attend another minority nursing program and offered words of encouragement.

Participant 7 recommended that students “empower yourself and each other. By believing in yourself, by supporting your peers, you can achieve more together. And by having confidence in yourself, you can have the confidence to advocate for those who need you”.

Participant 8 talked about attitude:

Go for it! Open your mind. We are all here to learn, and it does not matter who you go to school with. What matters most is your attitude. Because nursing school is full of competition and at times is cut-throat, and people are nasty sometimes. What matters is being true to yourself and running your own race. We have to remember that all people are not always as kind to us as we are to others, and sadly you need thick skin sometimes.

Participant 16 addressed fear:

Do not let your fears get the best of you. If and when you feel overwhelmed, talk to someone on the faculty. Never give up because you don’t see anyone with the same cultural background as you. This should be motivation to continue and finish. You can do hard things. Be flexible. Things change at the drop of a hat.

Three participants indicated they would not attend another minority nursing program.

Participant 3 responded that minority nursing programs needed “more organization, better

communication, and more supportive staff.” Participant 6 stated that minority nursing programs “aren’t organized or professional.” However, Participant 9 gave an unexpected response to attending other minority nursing programs:

Being in a predominantly minority nursing program can be greatly intimidating. I personally found that being around other students who are the same ethnicity as me to be more stressful than being around other ethnic students. Perhaps it’s a cultural or societal pressure to do better than someone who looks like me? I’m not entirely sure what it is other than the manifestation of the Asian hierarchy. Nonetheless, not being bogged down by this toxic mindset that I am just a minuscule statistic, rather than the important, valued student that I am. I didn’t choose to attend my current nursing program because it was a predominately minority nursing program. I simply wanted to get into this program [accelerated], and it so happened that the majority of the accepted students were a particular minority group. If I had to attend a different program, I would want to apply simply because of the program, rather than for its demography.

### **Evaluation of the Findings**

The purpose of this basic qualitative study was to explore minority nursing students’ perceptions of their academic experience in a minority nursing program and how these perceptions relate to students’ persistence in the nursing program. Given the participants’ diversity of ethnicities and geographic locations, the amount of similarity in survey responses was unexpected. The findings were congruent with Bean and Eaton’s (2001, 2016) psychological model of college student retention and Jeffreys’ (2012, 2015) NURS model. Four themes emerged, two from Jeffreys, i.e., professional integration factors and student affective

factors, and two from Bean and Eaton, i.e., institutional environment and institutional fit and commitment.

**RQ1. What are the perceptions of minority nursing students of their academic experience in a minority nursing program?**

**Professional integration factors.** Jeffreys (2012, 2015) identified faculty and cohort interactions as pivotal to professional integration and socialization in minority nursing students. Positive faculty and cohort interactions propagate a sense of belonging that promotes persistence in minority students (Dewberry & Jackson, 2018; van der Riet et al., 2018). Conversely, microaggression in faculty or cohort interactions promotes stop out or drop out (Murphy, 2019; Murray, 2015). The level of microaggression reported by participants in this study was remarkable. Participant 3 described the faculty as “bullies” and lacking “empathy.” Participant 6 said faculty “tried to use my concerns against me.” Several participants characterized cohort interactions as highly competitive. Two participants described interactions with classmates as “cut-throat.” Participant 7 stated, “that even the littlest event or gesture can affect someone’s day so much.”

Tinto (2016) proposed that students will persist in an educational program despite challenges if a sense of belonging exists. Seven participants, including a few discouraged by microaggression, described teamwork with classmates in clinical and laboratory situations as motivating. Participant 14 recounted a “memorable event being the teamwork involved in community service with my school and all my colleagues.” Participant 1 described a disaster drill where “everyone pulled together.” Other participants detailed actions by faculty that made them feel supported. Participant 4 described a faculty that sent “messages of strength and encouragement” to students. Fourteen of sixteen participants expressed the intent to persist.



Two participants stated they recently graduated. These findings support Jeffreys' (2012, 2015) theory that faculty and cohort interactions are pivotal to minority nursing student persistence.

**Institutional environment.** Practical experiences have been in nursing education since its inception. Nursing education originated as an apprenticeship, later incorporated theory, and moved into colleges and universities (Cherry & Jacobs, 2002; Roux & Halstead, 2009). Nursing education continues to include practical experiences. However, today students learn nursing skills in a simulation laboratory before entering the hospital (Billings & Halstead, 2016).

In Bean and Eaton's (2001, 2016) model, self-efficacy is a continuous, task-specific self-assessment. The more specific the task, the more accurate the individual can assess self-efficacy for the task (Braxton, 2016). Twelve participants in the study recounted a clinical experience in the sim lab or at the bedside that elevated their self-efficacy in nursing tasks. Participant 2 recited, "Being able to offer my abilities even as I was developing the fundamental skills I needed to succeed made the journey meaningful and fulfilling." Participant 8 stated that working with patients "demonstrated growth and reaffirmed my skills and abilities." Participant 16 recounted, "I give my input and ask questions to the nurses that I shadow for the day on the floor. I ask why, and I ask why not." Participant 15 affirmed, "I have become more organized with my tasks."

Two participants emphasized the benefits of placing students in culturally congruent clinical experiences. Participant 11 stated, "I want to educate my fellow minorities as lack of education can be a primary reason for certain increases in health disparities in the minority communities." Participant 2 shared:

Coming from a Mexican background, I have learned that community is most important...To be able to serve that [Hispanic] family with my skills was a sign to me

that society is progressing, and even if it was a nursing student, patients can expect competent and accessible healthcare.

Participants' responses highlighted the significance of practical nursing education experiences for building self-efficacy in nursing tasks for minority nursing students (Benner et al., 2010; Fuselier et al., 2016). Further, participants' descriptions of their clinical experiences placed them in culturally congruent clinical positions (Barb et al., 2017; Clements et al., 2016; Foronda et al., 2017). Noteworthy is that no participant in the study reported having a negative clinical experience during education in a minority nursing program.

**RQ2. How do minority nursing students' perceptions of their academic experience in a minority nursing program affect student persistence to complete the program?**

**Student affective factors.** During nursing education, students are enculturated into the standards and code of ethics of nursing practice (Billings & Halstead, 2016). During nursing education, faculty tend to treat all students the same and expect all students to adhere to the same reactionary standard without considering culture as a determining factor in student behavior (Keating, 2011). Given the diversity of the participants' ethnicities and Jeffreys' (2012, 2015) concept of student affective factors, i.e., students' core attitudes, values, and beliefs about nursing education and the ability to succeed, the sameness of the participants' attitude toward nursing education were unanticipated.

Jeffreys (2012, 2015) referred to cultural congruence as how well a student's values and beliefs coincide with the values and beliefs of their environment. Han et al. (2017) found that educational institutions that focused on students' academic mindsets, i.e., academic self-efficacy, motivation, and sense of belonging, tend to graduate higher numbers of students. Despite cultural differences, geographic differences, and differences in nursing programs (HBCU, HSI,

predominantly minority), 14 participants expressed optimism in the educational process and confidence in their ability to complete the nursing program.

Tinto (2016) proposed that the perceived value of the curriculum influenced students' motivation to persist. To perceive value, students need to feel the curriculum content applies to issues of personal concern and include cultural and ethnic content relevant to the students studying the curriculum (Talley et al., 2016; Tinto, 2016; van der Riet et al., 2018). Participants' descriptions of culturally congruent clinical experiences extolled the importance participants placed on the clinical experiences.

**Institutional fit and commitment.** Eaton and Bean's (1995) approach/avoidance model is incorporated into Bean and Eaton's (2001, 2016) psychological model and lays the groundwork for understanding coping in minority nursing students. Approach behaviors confront stressors directly, leading to persistence. Avoidance behaviors side-step stressors frequently resulting in departure. Bean and Eaton (2001, 2016) identified increased confidence and academic and social integration as crucial to institutional fit and commitment. Academic and social integration are explained as attitudinal outcomes of coping behaviors in the educational environment. In this study, participants overwhelmingly identified confidence as the foundation of institutional fit and commitment. Participants also identified coping behaviors to attain and maintain self-confidence.

Students who perceive a positive intrinsic value in an academic setting were more likely to persist (Flores & Park, 2015; Han et al., 2017). Several participants described nursing education as a deeply seeded goal. Participant 9 stated, "Before you are a minority, you are a hard-working student who worked hard to be where you are today." Participant 2 spoke of family values inspiring confidence, "I felt like the values align with my personal values, allow

me to help others, and further the education of my family.” Participant 8 identified attitude as inspiring confidence, “We are all here to learn, and it does not matter who you go to school with. What matters most is your attitude because nursing school is full of competition.”

Coping behaviors identified by participants included self-talk. Participant 3 said, “I just keep reminding myself why I started this journey, and it keeps me on track.” Participant 15 recounted a confidence-building exercise in the classroom. Participant 16 addressed fear and advised talking to faculty “if and when you feel overwhelmed.”

### **Summary**

Theory informs that learning and problem-solving use organizing principles that emphasize the elements in our environment (Reicher & Hopkins, 2016; Reynolds et al., 2010). Highlighting the perception of minority nursing students’ lived experience in a minority nursing program illuminates triggers for persistence and attrition (Tinto, 2017b). The goal of this study was to investigate the parts that make up the essence of a student’s decision to persist in their nursing program or not. Four themes emerged from participants responses that align with Bean and Eaton’s (2001, 2016) psychological model of college student retention (i.e., institutional environment, and institutional fit and commitment) and Jeffreys’ (2012, 2015) nursing undergraduate retention and success model (i.e., professional integration factors, and student affective factors).

Faculty and classmate interactions appeared prominently in participants’ responses. Jeffreys’ (2012, 2015) professional integration factors indicate faculty and cohort interactions are a powerful component of the social system within the college environment. Additionally, faculty and cohort interactions have a cumulative effect on the persistence of minority nursing students. Every participant in the study recounted an interaction with faculty, classmates, or both. Some

participants indicated faculty interactions were discouraging, indifferent, and traumatizing, while others described faculty interactions as supportive, nurturing, and encouraging. Two participants described cohort interactions as cut-throat, while others expounded on teamwork.

Participants' responses pointed to clinical experiences in nursing education as key to building self-efficacy in nursing tasks for minority nursing students. Bean and Eaton (2001, 2016) describe self-efficacy as a continuous task-specific self-assessment. The more specific the task, the more accurately self-efficacy can be assessed (Braxton, 2016). Twelve participants recounted a clinical experience that enhanced self-efficacy. Two participants emphasized the benefits of a culturally congruent clinical experience. No participant reported having a negative clinical experience.

Cultural congruence refers to how well a student's values and beliefs align with the values and beliefs of their environment (Jeffreys, 2012, 2015). Jeffreys' student affective factors are students' attitudes, values, and beliefs about nursing education and the ability to succeed in a nursing program. Despite cultural differences (African, American Black, Asian/Pacific Islander, and Hispanic/Latino students), geographic differences (located across the US), and differences in nursing programs (HBCU, HSI, predominantly minority), fourteen of sixteen participants expressed optimism in the educational process and confidence in their ability to complete the nursing program. Two participants stated graduation in 2020. The sameness of responses was unexpected. However, these findings support Allen's (1992) position that minority students *fit* into and are more successful when attending a minority institution. Several participants identified attending nursing programs commensurate with their ethnic or cultural background.

The coping process is a collection of behaviors students use to achieve integration and institutional fit (Braxton, 2016). Confidence, academic integration, and social integration are

pivotal to Bean and Eaton's (2001, 2016) concept of institutional fit and commitment. Students who successfully cope in academia are more likely to achieve integration, institutional fit, and institutional commitment (Braxton, 2016). Participants in this study overwhelmingly cited confidence as the foundation of institutional fit and commitment. Additionally, participants described behaviors for attaining and maintaining confidence in nursing education. Participants noted self-talk, not procrastinating, and providing peer support as confidence-building behaviors.

## **Chapter 5: Implications, Recommendations, and Conclusions**

The problem addressed in this study was that a significant number of minority nursing students were not persisting to graduation in minority nursing programs (Barbe et al., 2018). In 2017, the Health Resources and Services Administration predicted another nursing shortage by 2025. However, this nursing shortage was not based on the number of available nurses but the diversity of available nurses. To address the ethnic and cultural disparity in available nurses, nursing programs successfully focused recruitment efforts on disadvantaged, underrepresented, and minority students. Historically, this group of students had the highest attrition rate among nursing students (Barbe et al., 2018). Traditional nursing programs identified factors that affect minority students' persistence and initiated strategies to alleviate those factors (Kennel & Ward-Smith, 2017; Williams et al., 2018). However, little remained known about why so many minority nursing students did not persist to graduation in minority nursing programs (Carthon et al., 2014; Williams et al., 2018).

The purpose of this basic qualitative study was to ascertain minority nursing students' perceptions of their academic experience in minority nursing programs and how their perceptions relate to students' persistence in nursing programs. Unlike earlier research in minority nursing students' persistence in traditional nursing programs, this study focused exclusively on persistence in minority nursing students attending minority nursing programs. Academic persistence is an unpredictable phenomenon with individualized triggers and effects (Reicher & Hopkins, 2016). The principal assumption underlying this study was that every individual perceives, interprets, and responds to interactions and situations in their environment in their unique way.

A qualitative approach helped to facilitate inquiry of how minority nursing students form perceptions of educational experiences in a minority nursing program that result in students completing the program, stopping out, dropping out, or transferring to traditional programs (Baxter & Jack, 2008; Kennel & Ward-Smith, 2017). Investigating students' triggers to persist was accomplished by interpretive assignment (Merriam & Tisdale, 2016; Yin 2018). Interpretive research acknowledges that multiple realities can occur from a single lived experience (Braxton, 2016; Merriam & Tisdale, 2016). A basic qualitative approach blended individuals' subjective experiences of phenomena into an interpretive narrative that described multiple essentialities of the phenomena (Kafle, 2011).

Data were collected via an anonymous online survey of open and closed-ended questions distributed by the National Student Nurses Association to minority members across the United States. Interest in the study was significant; 336 minority nursing students reviewed the study's eligibility. However, only 39 minority nursing students met the inclusion criteria. Sixteen of the 39 respondents that met inclusion criteria provided substantive data relevant to the study. Participants' responses emphasized the importance of culturally congruent clinical experiences, faculty communication that is supportive and encouraging, cohesive cohort interactions, and establishing an academic environment that promotes confidence and self-efficacy personally and in nursing tasks.

The limitations anticipated initially in this study did not manifest due to changes in data procurement methods resulting from COVID-19 mandates. However, changing the data procurement method without changing the underlying study produced new limitations. Initially, the study sample was to be recruited from one minority institution that featured one minority group. School closures changed recruitment from one institution featuring one ethnic group to



multiple institutions across the United States that featured multiple ethnic groups. Therefore, a significant limitation of the study was not making participants' ethnicity part of the demographic data collected. A few participants mentioned their ethnicity in survey responses. Those participants' survey responses indicated similar perceptions of and outcomes to the phenomena, but the triggers to persist differed from one ethnic group to another. Another limitation was that the study did not contain data from minority nursing students that stopped out, dropped out, or transferred out before completing the program. Some researchers believe that autopsy data (data collected after a participant has separated from the phenomenon) skews study results because the act of deciding to separate from the phenomenon colors the response given after separation (Braxton, 2016). The findings in this study reflect one side of the question, which is minority nursing students who persisted. A more comprehensive view of minority nursing students' motivation to persist in minority nursing programs might have been obtained if the perceptions of minority nursing students that did not persist to completion were included in the data.

The remainder of this chapter includes a discussion of the implications of the findings, recommendations for practice, and suggestions for future research. Discussions emphasize how the study results contribute to practice in nursing education of minority nursing students. The chapter concludes with a summary of the study, the problem, and its importance.

### **Implications**

Minority nursing students were queried as a part of this study to discern what was driving the decline in completion rates of minority nursing students attending nursing programs at predominantly minority institutions. The completion rate for minority students attending private minority institutions full-time was 66.7%, and the completion rate for minority students attending public minority institutions full-time was 61.8% (Gasman & Samayoa, 2017).

However, the completion rate for minority students in all nursing programs was 33.1% in 2019 (AACN, 2020). This study's findings may help nurse educators of minority nursing students in their pursuit to graduate increasing numbers of competent practicing minority nurses.

Two research questions were used to ascertain how minority nursing students formed perceptions of their academic experience in a minority nursing program that resulted in students completing the program, (a) what are the perceptions of minority nursing students of their academic experience in a minority nursing program, and (b) how do minority nursing students' perceptions of their academic experience in a minority nursing program affect student persistence to complete the program. Participants' responses were candid and concise. Utilizing Jeffreys' (2012, 2015) NURS model and Bean and Eaton's (2001, 2016) psychological model of college student retention to analyze study results, four themes emerged that aligned with the NURS model (i.e., professional integration factors and student affective factors) and the psychological model of college student retention (i.e., institutional environment and institutional fit and commitment).

**Research question one.** Findings showed that participants' perception of their academic experience hinged on interactions with faculty and classmates and the opportunity to develop nursing self-efficacy. Some study participants recounted supportive and nurturing interactions with faculty. In contrast, other participants recounted inspiring interactions with classmates. This implies that ensuring faculty support in the absence of cohort support will promote minority nursing students' persistence; conversely, ensuring cohort support in the absence of faculty support will promote persistence. Jeffreys' (2012, 2015) professional integration factors identified faculty and classmate interaction as central to the decision-making process to drop out, stop out, or persist. All participants indicated the intent to persist in their nursing programs

regardless of the type of interaction experienced with faculty, classmates, or both. However, in this study, the level of microaggression from faculty and between classmates recounted by participants was remarkable. That all participants remained in their respective nursing programs despite experiencing microaggression does not support Murphy's (2019) or Murray's (2015) assertion that microaggression in faculty or cohort interactions promotes stop out or drop out. It does, however, support Tinto's (2016) assertion that a relationship exists between persistence and a sense of belonging.

Most faculty incivility occurs as a reprove of the student's inexperience or deficient nursing skills (Anderson & Morgan, 2017; Shelley, 2018). Many nursing students identified the clinical setting as the most challenging and stressful aspect of nursing education (Ewertsson et al., 2017; Goodare, 2015). The data support these statements and highlight the negative effect of faculty incivility on students' mindset, specifically self-efficacy (belief in one's ability to complete a task). Participants who recounted being rebuked by faculty but supported by their cohort, and vice versa, expressed the intent to persist. Bean and Eaton (2001, 2016) assign self-efficacy as the heart of the institutional environment in the feedback loop, noting that self-efficacy assessment is continuous and cumulative. All of the study participants recounted an interaction with faculty, classmates, or both that directly affected nursing self-efficacy. Tinto (2017a) proposed that self-efficacy is grounded in success and failure. Offsetting interactions could explain how all participants remained in their respective nursing programs despite experiencing microaggression from faculty or classmates.

Faculty and cohort interactions during nursing education profoundly affected students' perception of self-efficacy and the decision to persist (Jeffreys, 2012, 2015). Study results showed that minority nursing students could maintain self-efficacy and persist in nursing

education independent of faculty support in the presence of supportive classmates. Several participants described competitive interaction with classmates. Two participants identified activities during nursing education that promoted teamwork. This implies that incorporating educational activities that decrease competition and encourage teamwork among classmates will promote a positive perception of nursing education in minority nursing students. Results also showed that participants who received faculty support expressed favorable opinions of nursing, nursing education and willingly accepted clinical assignments during nursing education that augmented self-efficacy. An additional implication is that faculty encouragement will help facilitate students' success in clinical assignments and strengthen students' nursing identity, promoting persistence in nursing education. Enhancing minority nursing students' self-efficacy increases the probability of persistence in minority nursing programs (Jeffreys, 2012, 2015).

**Research question two.** Study findings showed that cultural congruence of the educational experience and self-confidence within the educational environment was essential to minority nursing students' persistence. The implication is that prioritizing culturally congruent experiences in clinical and classroom settings that emulate the student body's attitudes, values, and beliefs may increase the probability of minority nursing students' persistence in nursing education. Jeffreys' (2012, 2015) student affective factors recognized the influence that culturally congruent educational experiences levy on minority nursing students' motivation to persist. The findings support Tinto's (2016) assertion that for a curriculum to be perceived as having value, students needed to feel the curriculum was relevant and applicable to personal concerns. Study findings also support Farruggia and Moss's (2017) assertion that students who perceive a positive intrinsic value in an academic setting are more likely to persist.

Persistence has been defined as a function of the student (Dewberry & Jackson, 2018; Kennel & Ward-Smith, 2017). Persistence is a subjectively motivated objective behavior. This study was based on students' individuality. The principal assumption underlying the study was that every individual perceives, interprets, and responds to interactions and situations in their environment in their way (Reicher & Hopkins, 2016). Given the diversity of the participants' ethnicities, geographic locations, and types of programs (HBCU, HSI, predominantly minority), the sameness of participants' responses was unexpected. In this study, minority nursing students from different ethnic and cultural groups responded to a given phenomenon in the same way. Study participants overwhelmingly identified self-confidence as central to persistence in nursing education. The implication is that identifying and enhancing motivational triggers to build self-confidence in minority nursing students based on ethnicity, location, and type of nursing program may increase academic persistence. Bean and Eaton (2001, 2016) identified confidence as essential to institutional fit and commitment. Bean and Eaton contended that coping processes permit students to weigh personal attitudes, values, and beliefs against circumstances to determine behavior. And that students use coping behaviors to integrate into academic or social environments. Study participants recounted coping behaviors to build and maintain self-confidence to persist academically. What differed was the motivational triggers to coping behaviors that promoted persistence.

The motivational triggers participants attributed to the decision-making process were varied, complex, and many. Eaton and Bean's (1995) approach/avoidance model incorporated into Bean and Eaton's (2001, 2016) psychological model states that approach behaviors confront stressors directly while avoidance behaviors side-step stressors. Academic and social integration represent attitudinal outcomes of coping behaviors to environmental stressors (Braxton, 2016).

All study participants indicated an intent to persist, confronting stressors directly, which does not support Johnson et al.'s (2014) observation that stress in the academic environment directly affected commitment and had an indirect negative influence on persistence in students of color. Motivational triggers reported by participants included deep-seated family values, feeling marginalized, cohort competition, and need. Bean and Eaton (2001, 2016) included internal locus of control (i.e., attribution theory) in the psychological model, which posits that if a person perceives they control the outcome of a goal or situation, they are more likely to achieve that outcome. Results support Wood et al.'s (2015) assertion that augmenting academic integration improves self-efficacy and subsequently persistence in minority students, and vice versa. Results also support Fong et al.'s (2017) assertion that motivation and self-efficacy have a more significant effect on persistence than internal locus of control. In this study, what participants perceived differed, but the response was the same; all participants expressed the intent to persist.

### **Recommendations for Practice**

This basic qualitative study into the persistence of minority nursing students approaches practice recommendations from the students' perspective, not the institution or faculty. Hence minority nursing students were queried as part of this study, not faculty or administrators. Minority nursing students' perception of minority nursing programs and the motivation to persist are subjective and vary by ethnic and cultural group, type of institution (HBCU, HSI, predominantly minority), and geographic location. Data reported here reflects a campus-based phenomenon (Aljohani, 2016). Therefore, while specific to the study participants' perceptions of their academic experiences, practice recommendations are broad to allow the reader to accommodate the cultural and geographic variances of their position.

All participants in this study expressed the intent to persist in nursing education in minority nursing programs despite experiencing events identified as precursors to drop-out, stop-out, or transfer-out. Drawing from the study participants' perceptions, cohort interaction, faculty support, and culturally congruent learning experiences were identified as instrumental to persistence in nursing education for minority nursing students. Historically, minority students were drawn to minority educational institutions because of the culturally nurturing environment and cohort collaboration (Gasman & Samayoa, 2017; Hussain & Jones, 2019). This study supported that assertion and revealed an inverse relationship between participants' interaction with faculty and participants' interaction with classmates that enabled persistence.

Participants in this study expressed the intent to persist in nursing education in minority nursing programs independent of faculty support in the presence of supportive classmates. However, several study participants recounted experiencing microaggression in competitive interactions with classmates that were discouraging and harmful to self-confidence. Other participants described educational activities that promoted teamwork and how teamwork increased their self-confidence and self-efficacy in the nursing program. Nursing is a collaborative profession. Minority institutions are known to stress collaboration over competition in cohort interactions, where one student's success is tied to another student's success (Gasman & Samayoa, 2017). Therefore, it is recommended that minority nursing programs incorporate educational activities that decrease competition among classmates and promote teamwork in didactic and practical educational experiences. Areas in nursing education conducive to teamwork include, but are not limited to, patient assignments, community service, simulation laboratory, student case study creation and presentation, gaming, concept map

posters, and program town hall meetings. A sense of belonging and cohort collaboration empower minority nursing students' self-confidence (Bowman et al., 2019; Tinto, 2016).

The other side of the relationship was that participants who received faculty support but not cohort support also expressed the intent to persist in nursing education in minority nursing programs. Participants' responses identified supportive faculty interactions as pivotal to minority nursing students' persistence in the absence of cohort support. Study findings showed that participants relied on faculty for guidance in developing self-efficacy in nursing skills and a nursing identity. By incorporating active integration programs such as mentorship for minority nursing students from the outset of nursing education, minority nursing programs could increase student persistence. Mentorship guides students through the process of building a nursing identity while building relationships with the faculty. Mentorship reminds faculty of their journey from novice to nurse, forming a blueprint to guide nursing students and avoid the pitfalls common to nursing education (e.g., *nurses eat their young*).

Ideally, students and faculty of coequal ethnic and cultural backgrounds would be matched for mentorship. Guiding students in developing a nursing identity requires a mentor to understand the process as the student perceives it (Benner et al., 2010; Gonen et al., 2016). Given the disproportionate numbers of faculty and students, minority nursing programs might solicit mentors from local chapters of national nurse organizations (e.g., Asian American Pacific Islander Nurses Association, International Organization of African Nurses, National Association of Hispanic Nurses, National Black Nurses Association). Combining cohort teamwork-building activities with faculty mentorship in a culturally congruent curriculum could significantly improve minority nursing students' persistence leading to increased completion rates and increased numbers of practicing minority nurses.



Lastly, study findings highlighted the importance of culturally congruent educational experiences to persistence of minority nursing students. Nursing programs created to educate a specific ethnic group generally understand the culture's nuances and produce educational experiences that promote success for that ethnic group (Bowman et al., 2019; Gasman & Samayoa, 2017). Creating educational experiences for specific ethnic groups becomes complicated when a single institution has multiple ethnic groups in a nursing program. However, study participants identified culturally congruent clinical experiences as consequential to academic success in single and multi-cultural nursing programs. Therefore, nursing programs should be mindful of students' cultural backgrounds and adjust the curriculum to include students' cultural norms and values (Talley et al., 2016; Tinto, 2016). In addition to culturally congruent faculty, mentors, course materials, and clinical assignments, students' norms and values need to be included in course assessments (formative, summative, and high-stakes). For example, Participant 5 did not understand "the innuendos in language" during lectures, had never heard of some "names of the food" mentioned in course materials, or "terms used in assessing the human body." Lack of understanding of course content and assessments is not limited to nursing students who received education outside the United States. The quality of education varies within our borders. How course content and assessments are phrased can be the difference between success and failure for minority nursing students.

### **Recommendations for Future Research**

This study was conceived to investigate the perceptions of one ethnic group at one educational institution. The pandemic of 2020 necessitated a change in data procurement method that resulted in data collection from multiple ethnic groups at multiple educational sites across the United States. This seemingly simple change from interviews to an online survey

exposed similarities in minority students' perceptions of nursing education across ethnicities; however, it also glimpsed their differences. All participants in this study indicated the intent to persist in nursing education in a minority nursing program. However, the motivation that led to the decision to persist differed among cultural and ethnic groups. Therefore, future research is needed that delves into the attitudes, values, and beliefs of specific cultural and ethnic groups attending minority nursing programs to facilitate academic success in specific ethnic and cultural groups. Additionally, a study comparing differences and similarities in attitudes, values, and beliefs toward nursing education among cultural and ethnic groups attending minority nursing programs could help nurse educators understand how to strengthen minority nursing students' motivation to persist.

Future research into minority nursing students' persistence in minority nursing programs needs to expressly state the cultural or ethnic group under study, the type of institution attended, and the student and institution's geographic location. A significant limitation of this study was not collecting ethnic or cultural data from participants. A few participants mentioned their ethnicity, type of institution, or geographic location in survey responses. This data enabled the identification of similarities and differences across ethnicities and geographic locations. However, findings would have been more definitive and comprehensive if all participants' ethnicities, type of institution attended, and geographic locations were known. Having complete data would allow nurse educators to create teaching strategies that incorporate the cultural and ethnic nuances of the student body and the geographic area where the institution is located.

Another limitation was that data was not collected from minority nursing students that stopped out, dropped out, or transferred out before completing the program. It is recommended that future research include students who have separated from the program before completion.

Survey participants demonstrate a predilection that motivates them to participate (Braxton, 2016). In qualitative research, it is the participant's predilection that the researcher seeks to capture. The perceptions of minority nursing students attending a minority nursing program that stopped out, dropped out, or transferred out would add valuable context to the research. Knowing, understanding, and being equipped to counteract why minority nursing students leave minority nursing programs before completion may increase persistence and completion rates in minority nursing students.

Lastly, it is recommended that future qualitative research into minority nursing students' perceptions of nursing education incorporate an arts-based data collection format. Qualitative research embodies a subjective view of how people construct reality (assign meaning to life events). Rae and Green (2016) suggest that an arts-based approach to data collection can open up self-expression. Using creative self-expression directly related to a research study may uncover more profound insights into how a phenomenon is perceived (Walji-Jivraj & Schwind, 2016). Artistic expression (e.g., music, art, and dance) are popular forms of self-expression in many ethnic and cultural groups (Chamberlain, McGuigan, Anstiss, & Marshall, 2018; Gil, Huss, & Slinim-Nevo, 2021).

## **Conclusions**

The purpose of this basic qualitative study was to ascertain minority nursing students' perceptions of their academic experience in a minority nursing program and the effect these perceptions had on students' persistence in nursing education. Minority nursing students historically have the highest attrition rates among nursing students (Barbe et al., 2018). Low graduation rates of minority nursing students have contributed to poor health outcomes and health inequities in disadvantaged, underrepresented, and minority communities (U.S.

Department of Health and Human Services, 2020). Prior studies of minority nursing students' persistence were primarily conducted at traditional, predominantly non-minority educational institutions (Ferrell & DeCrane, 2016; Harrel & Reglin, 2018). This study procured the perceptions of minority nursing students attending minority nursing programs across the United States.

Study data aligned with segments of Bean and Eaton's (2001, 2016) psychological model of college student retention (i.e., institutional environment and institutional fit and commitment) and Jeffreys' (2012, 2015) NURS model (i.e., professional integration factors and student affective factors). The data indicate supportive and encouraging faculty communication, cohesive classmate interactions, an academic environment that promotes confidence and self-efficacy, and culturally congruent educational experiences advance motivation to persist in minority nursing students enabling students to confront academic stressors and complete nursing education.

Culturally congruent learning experiences during nursing education added value to students' perception of the educational experience and increased minority nursing students' motivation to persist. Moreover, individual student-dependent triggers initiated coping behaviors that decreased stress and increased self-confidence, promoting the motivation to persist. Minority nursing students can maintain self-efficacy and persist in nursing education independent of faculty support in the presence of supportive classmates and vice versa. Study participants expressed the intent to persist in their respective minority nursing programs despite being disparaged by faculty or classmates. Students who received faculty support but reported being disparaged by their cohort cited the intent to persist. Conversely, students who received cohort support but reported being disparaged by faculty cited the intend to persist.

The significance of culturally congruent educational experiences and how they positively affect students' confidence, self-efficacy, and motivation to persist is evident in the data. No participant reported a negative experience at a clinical site or a simulation laboratory in a minority nursing program. Including students' attitudes, values, and beliefs in didactic and practical curriculum promote a sense of belongingness, increasing the motivation to persist. Educational institutions that focus on students' self-efficacy, motivation, and sense of belonging tend to graduate higher numbers of students (Han et al., 2017).

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## Appendices

- A. Online Informed Consent Form
- B. Online Survey Questions
- C. Interview Protocol
- D. Arts-Based Activity Protocol
- E. Research, Survey, and Interview Questions
- F. Validation Rubric
- G. Interview Informed Consent Form
- H. Site Recruitment Letter
- I. Participant Recruitment Flyer
- J. NSNA Participant Recruitment Letter

## Appendix A: Online Informed Consent Form

### **Introduction:**

My name is Marta Coleman. I am a doctoral student at Northcentral University and am conducting a research study on how your experience in a minority nursing program relates to your academic outcome. I am seeking your consent to participate in this study. Your participation is completely voluntary, and I am here to address your questions or concerns at any point during the study.

### **Activities:**

In this study, participants will:

1. Answer eligibility questions that take about 5 minutes to complete.
2. Answer survey questions that take about 30 minutes to complete.

### **Eligibility:**

You may participate in this study if you:

1. Are a minority nursing student
2. Are 18 years of age or older
3. Are formally accepted into a nursing program
4. Are fluent in English (reading, writing, and speaking)
5. Are a transfer student
6. Are repeating nursing courses

You may **not** participate in this study if you:

1. Are working on a second healthcare degree
2. Have ever had a healthcare- related license (RN, LPN, EMS, etc.)

I hope to include a minimum of 25 people in this study.

### **Risks:**

Some possible risks include: other students or faculty may recognize something you said that allows them to identify you as a participant in the study.

To decrease the impact of these risks, you can write short sentences, skip the question, or stop participating in the study.

### **Benefits:**

If you decide to participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this study.



**Privacy and Confidentiality:**

In this study, certain identifying/private information may be collected. Any information you provide will be kept confidential to the extent allowable by law. Some steps I will take to keep your information confidential are: I will not ask your name.

The people who will have access to your information are my dissertation chair, my dissertation committee, and me. The Institutional Review Board may also review my research and view your information.

I will secure your information with these steps: locking it in a file cabinet and locking the computer with a password.

I will securely store your data for 3 years. Then, I will delete electronic data and destroy paper data.

**Contact Information:**

If you have questions for me, you can contact me at:

My dissertation chair's name is Dr. Linda Collins. They work at Northcentral University and is supervising me on the research. You can contact them at:

If you contact us, your information will not be linked to your responses if the study is anonymous.

If you have questions about your rights in the research or if a problem or injury has occurred during your participation, please contact the NCU Institutional Review Board at [irb@ncu.edu](mailto:irb@ncu.edu) or 1-888-327-2877 extension 8014.

**Voluntary Participation:**

If you decide not to participate, or if you stop participation after you start, there will be no penalty to you. You will not lose any benefit to which you are otherwise entitled.

**Consent:**

Clicking the start survey button means you have read and understand the consent form, and give permission for your responses to the demographic and research questions to be used in this study.

## Appendix B: Online Survey Questions

### Opening Statement:

Thank you for participating in this research study. My name is Marta Coleman. The purpose of the study is to get your opinion on how your experience in a minority nursing program relates to your desire to complete the program.

All responses to questions in this survey are confidential. There are no right or wrong answers in this survey because the answers are your thoughts and feelings about your experience. Feel free to skip any questions you are not comfortable answering. Thank you again for your participation.

### Demographic Questions: Closed Response

1. Are you officially admitted into the nursing program?
2. Do you consider yourself a member of a minority group?  
(example: Black, Hispanic, African, American Indian, Eastern Indian)
3. Is English the only language spoken in your home?
4. Do you have or have you ever had a healthcare-related license?  
(example: LPN/LVN, respiratory or physical therapist, EMS, or paramedic)
5. Are you a transfer student (have you attended a nursing program before)?
6. Do you have a college degree from another program or school?
7. Are you now repeating, or have you ever repeated a nursing course?
8. Are you 18 years of age or older?
9. Do you read, write, and speak English fluently?

### Eligibility:

If participant responses to questions indicate they do not meet eligibility criteria the survey will terminate at this point. The following statement will appear:

Thank you for your interest in this research study. Unfortunately, one or more of your responses to the previous questions indicate you do not meet the inclusion criteria for this study. Your enthusiasm to participate in research is valued. Continue to look for opportunities to participate in research. Again, thank you for your interest in this study.

**Research Questions: Essay Response**

1. Why did you choose this nursing program for your nursing education?
2. Describe two things you like most about the nursing program and explain why.
3. If you were in charge of the nursing program, what would you change about the program? Explain why you would make the change.
4. Describe your experience as a student in the nursing program. Please give an example of the experience to explain your response.

**Invitation to Participate in an Interview:**

Thank you for taking the time to complete the survey. Your participation in this research project adds valuable data and is greatly appreciated.

The next part of the research study consists of an interview. The interview will take 60-90 minutes and is divided into two parts. The first half involves answering questions. The second half involves drawing a picture. Participation is voluntary. You will receive a \$20 gift card at the end of the interview. Participation involves disclosing contact information (email address) to arrange a time and place for the interview. All information collected is confidential.

(insert YES button) Yes, I want to participate in the research interview.

(insert NO button) No, I do not want to participate in the research interview.

**Note:**

Clicking the YES button sends the participant to a form to enter their contact information. Clicking the NO button ends the session.

## Appendix C: Interview Protocol

### Introduction:

*Hello, my name is Marta Coleman. I want to thank you for taking the time to talk with me today. Before we begin, however, I need you to read and sign a consent form to participate in the interview and to use an audio recording device during the interview. (Give the consent form to the participant) I am here to answer any questions you may have about the consent form.*

*Thank you for completing the consent form. I would like to begin the audio recording. Do I have your permission to start the recording for the study? Thank you.*

### Interview Questions:

1. What were your expectations of the nursing program before you started?
  - a. Has the nursing program fulfilled your expectations?
    - i. If yes, has the nursing program exceeded your expectations, and how?
    - ii. If not, what parts of the program did not meet your expectations?
2. How likely are you to graduate from the nursing program?
  - a. Likely: What specifically is it about the nursing program at (name of school) that motivates you to want to graduate?
  - b. Not likely: What specifically is it about the nursing program that discourages you from wanting to continue your education at (name of school)?
3. What advice would you give to someone who is thinking about enrolling in a minority nursing program?
  - a. Why is this important to an incoming student?
4. If you had to leave this program and start over, would you choose a minority nursing program again? Explain your response.

### **Appendix D: Arts-Based Activity Protocol**

The arts-based activity is an extension of the interview. The informed consent for the interview included the arts-based activity.

#### **Directions:**

Provide blank paper, colored pencils, and a comfortable writing surface for the participant.

#### **Instructions:**

*For this part of the study, you will describe the most memorable event you have experienced in the nursing program using a metaphorical drawing. A metaphor is using one thing to represent something else. For example, a really hard exam could be represented as a rock, or a difficult clinical situation could be represented as a bear. It does not have to be perfect. It is your representation of your experience.*

*To begin, take a moment and reflect on everything you have experienced since you started in the nursing program. Picture those thoughts as objects. Next, tell the story of your experience by drawing the objects on the paper. For example, you can start with how you felt about a situation or interaction. Draw an object for how you felt. Continue drawing objects about your experience until your objects form a complete picture. There is no right or wrong way to think or feel about your experience. It is what you experienced.*

Allow about 30 minutes for drawing. Remind the participant not to write any identifying information on the drawing, such as a name or date, because the drawing may appear in the research report, and someone may recognize their handwriting.

When the drawing is complete, have the participant describe the experience in the metaphorical drawing and explain each object.

1. *Why do you think this event had such a great effect on you?*
2. *Has anything changed as a result of this experience?*

#### **Closing Statement:**

*The purpose of this study is to explore your experience in a minority nursing program and how your experience in the program relates to your persistence to complete the nursing program.*

*Is there anything you would like to share that I have not asked you?*

*Thank you for your participation in this study. You will be notified by email when your transcript is ready for review. As a token of my appreciation for your participation, I would like you to have this \$20 gift card. I realize it does not compare to the value of your input in this study; it is just my way of saying thank you for contributing to the project.*

## Appendix E: Research, Survey, and Interview Questions

Research Questions	Corresponding Survey and Interview Questions
<p>1. What are the perceptions of minority nursing students of their academic experience in a minority nursing program?</p>	<ol style="list-style-type: none"> <li>1. Why did you pick a minority nursing program for your nursing education?</li> <li>2. Describe two things you like most about the nursing program and explain why.</li> <li>3. If you were in charge of the nursing program, what would you change about the program? Explain why you would make the changes.</li> <li>4. What were your expectations about the nursing program before you started?               <ol style="list-style-type: none"> <li>a. Has the nursing program fulfilled your expectations?                   <ol style="list-style-type: none"> <li>i. If yes, has the nursing program exceeded your expectations, and how?</li> <li>ii. If not, what parts of the program did not meet your expectations?</li> </ol> </li> </ol> </li> <li>5. Describe the most memorable event you have experienced in the nursing program.               <ol style="list-style-type: none"> <li>a. Why do you think this event had such a great effect on you?</li> <li>b. Has anything changed as a result of this experience?</li> </ol> </li> </ol>
<p>2. How do minority nursing students' perceptions of their academic experience in a minority nursing program affect student persistence to complete the program?</p>	<ol style="list-style-type: none"> <li>1. Describe your experience as a student in the nursing program. Give an example to explain your response.</li> <li>2. How likely are you to graduate from the nursing program?               <ol style="list-style-type: none"> <li>a. Likely: What specifically is it about the nursing program that motivates you to want to graduate?</li> <li>b. Not likely: What specifically is it about the nursing program that discourages you from graduating?</li> </ol> </li> <li>3. What advice would you give to someone thinking about enrolling in a minority nursing program?               <ol style="list-style-type: none"> <li>a. Why is this important to an incoming student?</li> </ol> </li> <li>4. If you had the chance to start over, would you choose a minority nursing program again? Explain your response.</li> </ol>

Appendix F: Validation Rubric

**Survey/Interview Validation Rubric for Expert Panel - VREP©**  
By Marilyn K. Simon with input from Jacquelyn White

Criteria	Operational Definitions	Score				Questions NOT meeting standard (List page and question number) and need to be revised.  <i>Please use the comments and suggestions section to recommend revisions.</i>
		1=Not Acceptable (major modifications needed) 2=Below Expectations (some modifications needed) 3=Meets Expectations (no modifications needed but could be improved with minor changes) 4=Exceeds Expectations (no modifications needed)	1	2	3	4
Clarity	<ul style="list-style-type: none"> <li>The questions are direct and specific.</li> <li>Only one question is asked at a time.</li> <li>The participants can understand what is being asked.</li> <li>There are no <i>double-barreled</i> questions (two questions in one).</li> </ul>					
Wordiness	<ul style="list-style-type: none"> <li>Questions are concise.</li> <li>There are no unnecessary words.</li> </ul>					
Negative Wording	<ul style="list-style-type: none"> <li>Questions are asked using the affirmative (e.g., Instead of asking, "Which methods are not used?", the researcher asks, "Which methods <i>are</i> used?")</li> </ul>					



<b>Overlapping Responses</b> (closed questions)	<ul style="list-style-type: none"> <li>• No response covers more than one choice.</li> <li>• All possibilities are considered.</li> <li>• There are no ambiguous questions.</li> </ul>							
<b>Balance</b>	<ul style="list-style-type: none"> <li>• The questions are unbiased and do not lead the participants to a response. The questions are asked using a neutral tone.</li> </ul>							
<b>Use of Jargon</b>	<ul style="list-style-type: none"> <li>• The terms used are understandable by the target population.</li> <li>• There are no clichés or hyperbole in the wording of the questions.</li> </ul>							
<b>Appropriateness of Responses Listed</b> (closed questions)	<ul style="list-style-type: none"> <li>• The choices listed allow participants to respond appropriately.</li> <li>• The responses apply to all situations or offer a way for those to respond with unique situations.</li> </ul>							
<b>Use of Technical Language</b>	<ul style="list-style-type: none"> <li>• The use of technical language is minimal and appropriate.</li> <li>• All acronyms are defined.</li> </ul>							
<b>Application to Praxis</b>	<ul style="list-style-type: none"> <li>• The questions asked relate to the daily practices or expertise of the potential participants.</li> </ul>							
<b>Relationship to Problem</b>	<ul style="list-style-type: none"> <li>• The questions are sufficient to answer the research questions.</li> <li>• The questions are sufficient to obtain the purpose of the study.</li> </ul>							

Measure of Construct: A: (Persistence)	The survey adequately solicits students' perceptions of their academic experience in a minority nursing program.						
Measure of Construct: B: (Persistence)	The survey adequately solicits students' rationale for completing their nursing education in a minority nursing program or separating from the program before completion.						

*Permission to use this survey, and include in the dissertation manuscript was granted by the authors, Marilyn K. Simon, and Jacquelyn White. All rights are reserved by the authors. Any other use or reproduction of this material is prohibited.*

**Comments and Suggestions**

## Appendix G: Interview Informed Consent Form

### **Introduction:**

My name is Marta Coleman. I am a doctoral student at Northcentral University and am conducting a research study on how your experience in a minority nursing program relates to your academic outcome. I am seeking your consent to participate in this study. Your participation is entirely voluntary, and I am here to address your questions or concerns at any point during the study.

### **Activities:**

In this study, participants will:

1. Answer interview questions for about 30 minutes.
2. Draw a picture and explain what it means, which takes about 30 minutes.

### **Eligibility:**

You may participate in this study if you:

1. Are a minority nursing student
2. Are 18 years of age or older.
3. Are formally accepted into a nursing program
4. Are fluent in English (reading, writing, and speaking)
5. Are a transfer student
6. Are repeating nursing courses

You may **not** participate in this study if you:

1. Are not a minority nursing student
2. Are working on a second degree
3. Have ever had a healthcare-related license (RN, LPN, EMS, etc.)

I hope to include 10 people in this research.

### **Risks:**

Some possible risks include: other students or faculty may recognize something you said that allows them to identify you as a participant in the study.

To decrease the impact of these risks, you can: skip the question, or stop participating in the study.

### **Benefits:**

If you participate, there are no direct benefits to you.

This research may increase the body of knowledge in the subject area of this study.

**Privacy and Confidentiality:**

In this study, certain identifying/private information may be collected. Any information you provide will be kept confidential to the extent allowable by law. Some steps I will take to keep your information confidential are: I will use a number as your identity, and I will keep your information separate from your answers to study questions.

The people who will have access to your information are my dissertation chair, my dissertation committee, and me. The Institutional Review Board may also review my research and view your information.

I will secure your information with these steps: locking it in a file cabinet and locking the computer with a password.

Even with this effort, there is a chance that your identifying/ private information may be accidentally released.

I will keep your data for 3 years. Then, I will delete the electronic data and destroy paper data.

**Contact Information:**

If you have questions, you can contact me at

My dissertation chair's name is Dr. Linda Collins. They work at Northcentral University and is supervising me on the research. You can contact them at

If you contact us, your information will not be linked to your responses if your study is anonymous.

If you have questions about your rights in the research or if a problem or injury has occurred during your participation, please contact the NCU Institutional Review Board at [irb@ncu.edu](mailto:irb@ncu.edu) or 1-888-327-2877 extension 8014.

**Voluntary Participation:**

If you decide not to participate, or if you stop participation after you start, there will be no penalty to you: you will not lose any benefit to which you are otherwise entitled.

**Audiotaping:**

I would like to use a voice recorder to record your responses. You can still participate if you do not wish to be recorded.

Please sign here if I can record you for the purpose of this study: \_\_\_\_\_

**Compensation/Incentives:**

To thank you for your willingness to participate, you will be given a \$20 gift card.

**Signature:**

A signature indicates your understanding of this consent form. You will be given a copy of the form for your records.

Participant Signature

Printed Name

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Researcher Signature

Printed Name

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix H: Site Recruitment Letter

Date

Name of Program Director or Chairperson

Name of Program

School Address

City, State, Zip

Dear (program director or chairperson),

My name is Marta Coleman. I am a registered nurse and certified nurse educator with fourteen years of teaching experience at the practical, associate, and baccalaureate levels. Currently, I am a doctoral candidate pursuing a Doctorate in Education with a Specialization in Nursing Education at Northcentral University (NCU).

During my studies, I came across a report released by the U.S. Health Resources and Services Administration, predicting another nursing shortage by 2025. However, unlike previous nursing shortages, supply and demand for registered nurses in this shortage are not evenly distributed over geographic areas or across ethnic and cultural groups. This nursing shortage is specific to minorities and underrepresented populations in specific geographic regions, including the District of Columbia Metropolitan area.

The prediction of this new and unusual nursing shortage is why I am contacting you. The purpose of this letter is to request the participation of your nursing program in my dissertation on academic persistence in minority nursing students. The study is designed so that it will not interrupt course work, consume class time, or interfere with the daily operation of your program.

Please note that Northcentral University's IRB approval to conduct research is site-specific, meaning IRB approval is not given until after all site permissions are received by NCU's Internal Review Board (IRB).

For more information on how to participate in the study, or if you have questions, I can be reached by cell phone at \_\_\_\_\_, or email \_\_\_\_\_

Thank you for considering being a part of this study. I look forward to hearing from you.

Sincerely,

Marta Coleman, MS, RN, CNE  
Doctoral Candidate Northcentral University



## Appendix I: Participant Recruitment Flyer



## How Minority Nursing Students' Perceptions of Their Academic Experience Relates to Persistence in a Minority Nursing Program

Principal Investigator: Marta Coleman

THE PURPOSE OF THIS STUDY IS AIMED AT UNDERSTANDING HOW YOUR EXPERIENCE IN A MINORITY NURSING PROGRAM RELATES TO YOUR DESIRE TO COMPLETE THE PROGRAM

Participation in this study involves:

- ✓ Completing an online survey that takes 20 to 30 minutes.
- ✓ Participating in a one-to-one interview that takes about 90 minutes. You will receive a \$20 gift card for completing the interview.
- ✓ Reviewing the study results online.
- ✓ All information is confidential.

To participate in this study you must:

- ✓ Be a member of a minority group
- ✓ Be a nursing student
- ✓ Be 18 years of age or older
- ✓ Be fluent in English (speaking and writing)

**To participate in the research study:**  
enter the web address below into your web browser to start the online survey:

▶ ▶ ▶ (address will be placed here)

The online survey will be open from (date) to (date).



### Contact Information

For questions about this study, please contact:

Marta Coleman, Doctoral Student at NCU  
M.Coleman2129@o365.ncu.edu

## Appendix J: NSNA Participant Recruitment Letter

Dear NSNA nursing student,

My name is Marta Coleman. I am a minority, a nurse educator, and a doctoral student studying nursing education.

I am conducting a survey to gather minority nursing students' thoughts and opinions of their educational experience in a predominantly minority nursing program. A minority nursing program can be an HBCU (Historically Black College or University), a HSI (Hispanic Serving Institution), or any nursing program where the majority of students, faculty and staff identify as a minority (i.e., Black, Hispanic, Asian, African, Indian, etc.).

My hope is to better understand what influences and motivates minority students in nursing education to help inform the development of nursing curricula.

I would greatly appreciate your participation in this study.

When you click the link below, you will be asked to answer 8 yes or no demographic questions, but no identifying information will be collected or used for this study – all results will be completely anonymous. The survey program, Qualtrics®, encrypts all personal information so that it cannot be identified and linked to participants.

Next you will be prompted to respond to five yes or no questions, and five to eight essay questions (number of questions depends on responses to previous questions). You may skip any question you are uncomfortable answering. The entire survey should take 20 to 30 minutes to complete.

Thank you so much for taking the time to help me with my dissertation! If you know of other pre-licensure minority nursing students in the U.S. who would be interested in this study, please share this email and study link.

Sincerely,

Marta Coleman, MS, RN, CNE  
Student Investigator  
Doctoral Candidate School of Education  
Northcentral University

Dr. Linda Collins, EdD  
Dissertation Chair  
Distinguished Core Adjunct Faculty  
Northcentral University School of Education

**To access the survey:** Click on the link below to consent to participate in this research study. If you do not wish to participate, simply close your web browser. **Survey ends July 24, 2020 at 11:59 pm.**

[Nursing Student](#)