Career Advancement of Black Nurses in Healthcare: The Lived Experience of Successful Leaders and Critical Elements Learned Along the Way

Priscilla Reese Yancey
St. John Fisher College, pry08586@sjfc.edu

Follow this and additional works at: https://fisherpub.sjfc.edu/education_etd

Part of the Education Commons

How has open access to Fisher Digital Publications benefited you?

Recommended Citation

Please note that the Recommended Citation provides general citation information and may not be appropriate for your discipline. To receive help in creating a citation based on your discipline, please visit http://libguides.sjfc.edu/citations.

This document is posted at https://fisherpub.sjfc.edu/education_etd/349 and is brought to you for free and open access by Fisher Digital Publications at St. John Fisher College. For more information, please contact fisherpub@sjfc.edu.
Career Advancement of Black Nurses in Healthcare: The Lived Experience of Successful Leaders and Critical Elements Learned Along the Way

Abstract
Current studies show that Black female nurses are underrepresented at the leadership level in healthcare. Racial and ethnic minority groups comprised only 12% of RNs, of whom 4.9% were Black. The leadership of Black female nurses is needed to ensure the delivery of culturally competent care for the expanding diverse patient population, as well as to provide role models to Black nurses aspiring to leadership positions. This qualitative study explored the perspectives of seven Black female nurses occupying leadership roles in healthcare in Syracuse New York. To collect data, face-to-face, semi-structured interviews were conducted, transcribed, coded, and analyzed. Bandura's social learning theory with a focus on self-efficacy was used as the theoretical framework. The researcher found that the participants attributed leadership accomplishments to: (a) strong family ties, (b) spiritual beliefs, (c) mentors and sponsors, and (d) self-belief and resiliency. The findings from this study help to understand what factors have contributed to the success of these women in healthcare and the perceived obstacles that may have been presented while pursuing their career paths. Future studies addressing self-efficacy and resiliency, as it pertains to leadership persistence of not only Black female nurses but all nurses, can be informed by this study. Recommendations are offered for nursing practice, education, and organizational policy.

Document Type
Dissertation

Degree Name
Doctor of Education (EdD)

Department
Executive Leadership

First Supervisor
C. Michael Robinson

Second Supervisor
Kim VanDerLinden

Subject Categories
Education

This dissertation is available at Fisher Digital Publications: https://fisherpub.sjfc.edu/education_etd/349
Career Advancement of Black Nurses in Healthcare: The Lived Experience of Successful Leaders and Critical Elements Learned Along the Way

By

Priscilla Reese Yancey

Submitted in partial fulfillment of the requirements for the degree Ed. D. in Executive Leadership

Supervised by
Dr. C. Michael Robinson

Committee Member
Dr. Kim VanDerLinden

Ralph C. Wilson, Jr. School of Education
St. John Fisher College

May 2018
Dedication

To God be the glory!! I dedicate this dissertation to my late father, Reverend Fred D. Reese, who taught me how to pray and to trust in the Lord, and to my mother, Altamease, for always displaying such courage and strength, even in times of despair. Thank you for being fearless leaders, role models, and mentors; this would not have been possible without you both.

I dedicate this work to my family because I don’t know where I would be without each one of you. To my husband, Keith, thank you for the continued words of encouragement. I’m so blessed to have you in my life. To my children, Khiary, Kyle, Zachia, and Zyier, thank you for being with me every step of the way on this beautiful journey. I live and breathe for you.

A special thank you goes to the St. John Fisher College faculty. I’m forever grateful for the opportunity to have worked with each of you. To Dr. Robinson, who encouraged me every step of the way, and when I thought about giving up, his kind and reassuring words helped me to stay the course. I can never thank you enough! To Dr. Linda Evans, thank you for the prayers, kind words and reassuring hugs. I’ve come a long way, and I owe it all to you!!

Finally, I would like to thank my cohort members who have been cheering me on since day one. You will always be in my thoughts and prayers. A sincere and heartfelt appreciation goes to team Core; I found real friendship in each of you, and I can’t thank you enough for all your wisdom and kindness.
Biographical Sketch

Priscilla Reese Yancey currently holds the position of Nurse Practitioner at National Grid power company in Syracuse, NY. Mrs. Yancey attended Upstate Medical College School of Nursing from 2006 to 2008 and graduated with a Bachelor of Science degree in Nursing in 2008. She completed her Master of Science degree in Nursing at Upstate Medical School of Nursing in 2011. Mrs. Yancey came to St. John Fisher College in the spring of 2015 and began doctoral studies in the Ed.D. Program in Executive Leadership. Mrs. Yancey pursued her research on the career advancement of Black nurses and the lived experiences of successful leaders under the direction of Dr. C. Michael Robinson and Dr. Kim VanDerLinden and received the Ed.D. degree in 2018.
Abstract

Current studies show that Black female nurses are underrepresented at the leadership level in healthcare. Racial and ethnic minority groups comprised only 12% of RNs, of whom 4.9% were Black. The leadership of Black female nurses is needed to ensure the delivery of culturally competent care for the expanding diverse patient population, as well as to provide role models to Black nurses aspiring to leadership positions.

This qualitative study explored the perspectives of seven Black female nurses occupying leadership roles in healthcare in Syracuse New York. To collect data, face-to-face, semi-structured interviews were conducted, transcribed, coded, and analyzed. Bandura’s social learning theory with a focus on self-efficacy was used as the theoretical framework. The researcher found that the participants attributed leadership accomplishments to: (a) strong family ties, (b) spiritual beliefs, (c) mentors and sponsors, and (d) self-belief and resiliency.

The findings from this study help to understand what factors have contributed to the success of these women in healthcare and the perceived obstacles that may have been presented while pursuing their career paths. Future studies addressing self-efficacy and resiliency, as it pertains to leadership persistence of not only Black female nurses but all nurses, can be informed by this study. Recommendations are offered for nursing practice, education, and organizational policy.
# Table of Contents

Dedication .................................................................................................................................................. iii

Biographical Sketch .................................................................................................................................. iv

Abstract ...................................................................................................................................................... v

Table of Contents ....................................................................................................................................... vi

List of Tables ................................................................................................................................................ x

List of Figures .............................................................................................................................................. xi

Chapter 1: Introduction ................................................................................................................................. 1

Problem Statement ..................................................................................................................................... 2

Theoretical Rationale ................................................................................................................................. 4

Statement of Purpose ................................................................................................................................. 5

Research Questions ................................................................................................................................... 6

Potential Significance of the Study ............................................................................................................ 6

Definitions of Terms .................................................................................................................................. 7

Chapter Summary ....................................................................................................................................... 8

Chapter 2: Review of the Literature ........................................................................................................... 10

Introduction and Purpose .......................................................................................................................... 10

Review of the Literature ........................................................................................................................... 11

Barriers to Career Advancement .............................................................................................................. 17

Facilitators for Success ............................................................................................................................. 27

Chapter Summary ....................................................................................................................................... 36
Chapter 3: Research Design Methodology

Table of Contents

Chapter 3: Research Design Methodology ................................................................. 38
  Introduction ................................................................................................................. 38
  Research Context ........................................................................................................ 39
  Research Participants ................................................................................................. 40
  Instruments Used in Data Collection ......................................................................... 41
  Procedures for Data Collection and Analysis ............................................................ 44
  Summary ...................................................................................................................... 45
Chapter 4: Results .................................................................................................... 47
  Research Questions ................................................................................................... 47
  Data Analysis and Findings ....................................................................................... 48
  Findings ....................................................................................................................... 48
  Closing Thoughts ...................................................................................................... 63
  Summary of Results ................................................................................................. 65
Chapter 5: Discussion ............................................................................................... 66
  Introduction ................................................................................................................. 66
  Implications of Findings ............................................................................................. 69
  Limitations .................................................................................................................. 77
  Recommendations ..................................................................................................... 77
  Conclusion .................................................................................................................. 81
  References .................................................................................................................. 86
  Appendix A ............................................................................................................... 94
List of Tables

<table>
<thead>
<tr>
<th>Item</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 4.1</td>
<td>Summary of Categories and Themes</td>
<td>49</td>
</tr>
</tbody>
</table>
## List of Figures

<table>
<thead>
<tr>
<th>Item</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 4.1</td>
<td>Self-Efficacy Diagram</td>
<td>64</td>
</tr>
</tbody>
</table>
Chapter 1: Introduction

A culturally diverse workforce is essential to meet the healthcare needs of a culturally changing population (Zajac, 2011). Racial and ethnic minority groups in America continue to grow, quickly becoming the new majority population. It is projected that by the year of 2042, 54% of the population will be composed of minorities (Institute of Medicine [IOM], 2003; U.S. Census Bureau, 2012). Health professionals at the decision-making level do not reflect the racial and ethnic diversity seen within the free population. (American Hospital Association [AHA], 2003; Office of Minority Health, 2009).

Registered nurses make up the largest group of health professionals, yet the profession remains predominately White, non-Hispanic (Health Resources and Services Administration, 2017). A growing body of evidence suggests that underrepresented populations do not have the same access to quality healthcare as the rest of the population in this country. A report by the Institute of Medicine confirmed the beliefs of many in healthcare, explicitly, that ethnic and racial minorities receive substandard care (IOM, 2003). Due to the lack diversity in leadership, healthcare facilities are underprepared to provide safe, quality, comprehensive services across the continuum of care for the increasingly diverse patient populations (Office of Minority Health, 2009; Sullivan Commission, 2004). There are emerging and essential forces that make the consideration of Black nurses and their underrepresentation in various positions of leadership an urgent and primary concern (Sullivan, 2004).
Exploring the challenges, barriers, and facilitators related to the career advancement of Black nurse leaders in healthcare can help ensure successful nursing leaders for the future. Understanding which factors influence leadership development is essential to help facilitate leadership development among minority nurses aspiring to become leaders (Georges, 2004).

**Problem Statement**

Data indicate that the percentage of Black female nurses in the healthcare profession is significantly less than the general population (Sullivan, 2004). In addition, data suggest that the interest of Black nurses in leadership positions, such as chief nursing officers, managers, and supervisors, is woefully low (Worth, 2004). These two conditions are related, and to promote a higher percentage of Black nurses in the nursing profession, the number of nurses in leadership positions needs to be increased (Catalyst, 2004). This study examines critical elements that have supported advancement for Black nurses in their respective fields and discusses the barriers, challenges, and obstacles faced along the way.

The problem of underrepresentation of racial and ethnic minority nurses in leadership positions warrants the need to explore further the complexities and challenges that Black nurses face as they pursue leadership appointments in healthcare. The nursing labor force contains 64% White/Non-Hispanic, compared to 12% African American (Bureau of Labor Statistics, 2012). A disparity exists in the lack of representation of Black nurses in positions of healthcare leadership (Johns, 2013). This disparity is a multifaceted problem that encompasses the quest for women’s equality, the fight for
equal representation for persons of color in healthcare facilities, and the issue of ethnic and cultural competence (Steefel, 2006).

Ethnic minorities have been poorly represented among the upper levels of management and administration as well as in middle management in hospitals and healthcare organizations and the demand exists for more nurse leaders of color (McBay, 1992). The composition of Blacks in senior leadership positions remains nearly the same today as it was 20 years ago in 1998 (Georges, 2004). Stable nursing leadership is critical not only to nursing divisions but to the entire healthcare organization. Nurse leaders create the vision and mission for departments of nursing, shape nursing practice, and ensure delivery of quality patient care (AHA, 2003; Erickson & Ditomassi, 2004; Georges, 2004).

There are a limited number of Black female nurses in leadership positions in healthcare organization today (American College of Healthcare Executives [ACHE], 2008; Steefel, 2006). Leadership diversity in the nursing population is needed to ensure the delivery of culturally competent care for the expanding unique patient population, as well as to provide role models to Black nurses aspiring to leadership positions (Georges, 2004; Palmer & Johnson-Bailey, 2005).

The scarcity of literature on the career development of Black female nurse leaders indicates that they may face many obstacles in their careers, such as gender and racial prejudice, lack of professional development opportunities, and little mentoring (Bessent, 2002; Erickson & Ditomassi, 2004; Villarruel & Peragallo, 2004). However, the career development of Black female nurse leaders has not been explored in depth, concerning
the influences, choices, and factors that have hindered and facilitated their advancement to leadership positions.

Theoretical Rationale

Social learning theory was founded by social psychologist Albert Bandura in 1977, and for this research, it served as the conceptual framework. Bandura’s social learning theory, later called social cognitive theory, provides a theoretical framework for understanding and explaining human behavior. The approach embraces an interactional model of causation and gives controlling power to cognitive, vicarious, and self-regulatory processes.

Social learning theory assumes that modeling influences operate predominantly through their informative function and that observers acquire mainly symbolic representations of modeled events rather than specific stimulus-response associations (Bandura, 1971). Social cognitive theory takes on an agent-like perspective to change, develop, and adapt. Bandura (1989b) described an agent as someone who intentionally influences one’s functioning and life circumstances; “In this view, people are self-organizing, proactive, self-regulating, and self-reflecting. They are contributors to their life circumstances, not just products of them” (Bandura, 1989, p. 11).

The goal of the social cognitive theory is to explain how behavior develops, through what process it can be changed, and how it is delivered. The most central of all mechanisms of self-regulation is self-efficacy, which is defined as the belief that one has the ability, with one’s actions, to bring about a certain outcome. People can learn leadership through observing leaders in action (Bandura, 1997).
Self-efficacy is considered the principal mechanism of behavior change, with successes heightening and failures lowering perceived self-efficacy. Bandura (1997) described self-efficacy as a person’s confidence in his/her ability to perform specific behaviors in specific situations. The theory suggests that for a person to develop within a role, the individual selectively regards information from four major sources: personal performance accomplishments (actual leadership experience), vicarious learning experiences (influence of models and mentors), verbal persuasion (feedback regarding leadership performance), and psychological cues or emotional arousal experienced by the individual (the degree to which a person is convinced he/she can perform as a leader) (Bandura, 1982).

A theory to practice the approach where models are adapted for racial, ethnic, gender, and cultural fit could be the key to understanding how Black females find themselves in leadership roles, when the odds may not be in their favor (Zajac, 2011). The power of verbal persuasion (interaction) or suggestion to sway or control human behavior is easily and readily used in our society (Bandura, 1977).

**Statement of Purpose**

The purpose of this research is to identify the critical elements that contribute to the promotion and advancement of Black female nurses in healthcare. A qualitative phenomenological research design was used to identify these critical elements through the lived experiences of Black nurses who were promoted and advanced in healthcare. The study also identifies obstacles these nurses endured throughout their leadership journeys. The goal was to create a dialogue within the profession and promote resources for aspiring Black nurse leaders.
Research Questions

To better understand the lived experience of the subjects, the following questions drove this study:

1. From the perspective of the Black female nurse who has been promoted to a leadership position in healthcare, what critical elements contributed to this advancement?

2. From the perspective of the Black female nurse who has been promoted to a leadership position in healthcare, what experiences are perceived as obstacles/barriers to promotion or advancement?

Potential Significance of the Study

The study helps to achieve a better understanding of the perceived important elements encountered by the Black female nurse while trying to advance her career as a leader. The findings are relevant to women interested in attaining leadership roles in healthcare. The healthcare workforce and its ability to deliver quality care to racial and ethnic minorities can be improved substantially by increasing the proportion of underrepresented U.S. racial and ethnic minorities among health professionals (IOM, 2003).

Knowledge of critical elements is necessary to heighten awareness and give insight to the current and future generation of prospective leaders (Sullivan, 2004). Delivering quality healthcare for an increasingly diverse and aging patient population means the nursing profession must continue to work toward achieving a workforce that is more balanced in age, gender, race, and ethnicity (IOM, 2003). The significance of identifying the critical elements and obstacles to the delivery of quality healthcare gives a
deeper understanding of how to surpass the barriers that may be inhibiting Black female nurses from progressing in their careers. Despite the efforts of multiple parties, including the National Black Nurses Association and the federal Health Resources and Services Administration (2012, 2017), research relating to minorities in nursing leadership positions was, at best, dated or nonexistent.

**Definitions of Terms**

For the purpose of this study, the following terms are defined:


*Barriers* – structures and perspectives that reinforce hegemonic gendered constructions that result in gender and racial conflict.

*Connector* – people in a community who know large numbers of people and who are in the habit of making introductions. A connector is essentially the social equivalent of a computer network hub. These individuals usually know people across an array of social, cultural, professional, and economic circles. Connectors make a habit of introducing people who work or live in different circles. These people make a special point to link others up with the world (Gladwell, 2015).

*Leadership Position* – upper- to middle-management positions that include but are not limited to chief nursing officer, dean, assistant dean, chairperson, manager, supervisor, charge nurse, and decision-making positions.

*Sponsor* – someone in a position of power who uses his or her influence to advocate on one’s behalf. A sponsor could be anyone who is in a position to influence others and who knows an individual well enough to put his or her reputation on the line.
for that person. Mentors help individuals get better, while sponsors help individuals get ahead.

Chapter Summary

There is a convincing amount of data that suggests Black female nurses are underrepresented in healthcare today at the leadership level (Georges, 2004; Zey, 1984). Patient diversity continues to increase, and with this increase comes the need for healthcare leadership to reflect this change. Leadership diversity will ensure culturally competent healthcare as well (Sullivan, 2004; Wilson, 2014). To date, White nurse leaders exceed the number of Black nurse leaders, despite the link between better health outcomes with diversified healthcare professionals (Sullivan, 2004). This chapter discussed the increased need for more Black females at leadership levels in healthcare, but studies seem to only highlight the underrepresentation and possible reasons for the deficiency (Bessent, 2002). Little progress has been made to understand the critical elements that lead to success and the obstacles that presented themselves as current leaders climbed the ladder to success (Bessent, 2002).

Chapter 1 included the statement problem, gave a brief description of the theoretical rationale, explained the statement of purpose, the research questions, the potential significance of the study, and listed the key terms. Chapter 2 summarizes the relevant literature and current research pertaining to the underrepresentation of Black nurses in healthcare organizations, the role of mentors and sponsors, and social aspects of underrepresentation. The research design, methodology, context, participants, data collection, and analysis processes used in this study are detailed in Chapter 3. Chapter 4 reviews the major findings, and Chapter 5 discusses the implications of the research
results, the limitations of the study, and the recommendations for practice and further research.
Chapter 2: Review of the Literature

Introduction and Purpose

The profession of nursing comprises over 3 million documented registered nurses (RNs) nationwide (U.S. Department of Health and Human Services [USDHHS], 2008). According to a 2013 survey conducted by the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers, 83.2% of the RN population are White or Non-Hispanic, making the RN population substantially different from the U.S. population. The U.S. Bureau of Labor Statistics (2012) reported that ethnic and racial minority groups accounted for more than one-third of the U.S. population (37%) in 2012, and by the year of 2043, the Bureau of Labor statistics projects that minority populations will become the majority.

Professional nursing must rise to meet the needs of diversity to ensure cultural competency (Georges, 2004). The challenge of providing quality healthcare to minorities with culturally diverse needs continues to be a priority as the population increases. Access to healthcare provided by qualified culturally competent providers has been linked to positive outcomes and these outcomes are influenced greatly by race and ethnicity (Zajac, 2011). The healthcare professions continue to compound the problem of disparities with the underrepresentation of Black female nurses in decision-making positions (Zajac, 2011).

A literature search was performed to uncover any existing information on career development, perceived obstacles, and barriers to advancement of Black female nurses.
While many studies focus on the history and underrepresentation of minority nurses, there was little data that discussed the path taken to success. A scant amount of literature was found that addressed the leadership development of the minority nurse separately from nurses in general. The research did not uncover many theories that specifically address leadership development of Black nurses.

To further understand minority leadership development in nursing, Bandura’s (1997) theory of self-efficacy was used. Self-efficacy theory is a primary concept of social learning theory, and it provides a framework to study major components of leadership development. The use of this theory served as an integrative scope to describe minority leadership and mentoring. This theory has been used in very few studies, but it closely addresses the phenomenon of the lived experiences of Black nurse leaders.

Review of the Literature

The literature is organized into three sections. The first section of social learning theory is self-efficacy and it provides an overview of the theory and how it pertains to career advancement and mentoring of Black nurses. Because there are few studies that address this theory, some of the literature dates back over 30 years to 1988. The second section addresses the perceived barriers to career advancement for Black nurses, while the third section expands on the facilitators to career advancement.

Social learning theory: Self-efficacy. Social learning theory proposes that individuals do not simply respond to environmental influences, but rather, they actively seek and interpret information (Bandura, 1977). According to Bandura (2005), social cognitive theory takes on an agent-like perspective to change, develop, and adapt. Bandura described an agent as someone who intentionally influences one’s function and
life circumstances; “In this view, people are self-organizing, proactive, self-regulating, and self-reflecting. They are contributors to their life circumstances, not just products of them” (Bandura, 2005, p. 9). Self-efficacy was developed by Albert Bandura (1977) as part of the larger social learning theory, which has progressed to social cognitive theory. For the purposes of this study, the focus is on self-efficacy theory as it relates to the career advancements of Black female nurses. Self-efficacy beliefs are an important aspect of human motivation and behavior as well as influencing the actions that can affect one’s life. Bandura (1995) explained that self-efficacy refers to the belief in one’s capabilities to organize and execute the courses of action required to manage prospective situations. Bandura (1986) identified four techniques for enhancing self-efficacy: verbal persuasion, vicarious experience or modeling, performance outcomes, and affective or physiological (emotional) arousal.

Bandura (1977) referred to self-efficacy as one’s perceived capability in carrying out a specific action or task, and it is a significant predictor of performance. Self-efficacy is also important in promoting a sense of agency or the ability to regulate one’s actions (Bandura, 1989b; Schunk, 2012). Schunk (2012) explained that “self-regulation processes are self-observation, self-judgment, and self-reaction . . . [and] occur prior to, during, and following task engagement.” Self-efficacy can affect one’s effort and persistence to engage in activities (Schunk, 2012).

To judge how proficient one will be in executing, and even attempting, a behavior centers on one’s anticipation of success, which is also called “efficacy expectations” (Bandura, 1977). Sources of efficacy expectation, as described by Bandura (1977), include “performance accomplishments, vicarious experiences, verbal persuasion, and
physiologic states” (p. 198). Of the four sources, performance accomplishments and vicarious experiences are considered the most significant in developing self-efficacy expectations (Bandura, 1977; Schunk 2012). Sources of efficacy expectation are relevant to acquiring a strong sense of leadership self-efficacy.

**Performance accomplishments.** According to Bandura (1977), the strongest influences in developing self-efficacy are performance accomplishments that involve personal mastery experiences. Successful performances intensify the belief that future successes are possible, whereas recurrent failures weaken self-efficacy beliefs (Bandura, 1977). The research focused on understanding leadership self-efficacy, which is gained through performance accomplishments and is relevant to developing self-efficacy among Black nurses who aspire to be in decision-making roles.

**Vicarious experience.** A sense of self-efficacy is increased with vicarious experiences including observational learning. Through vicarious experiences, learners measure their self-efficacy in future performance based on observed successes or failures of models (Schunk, 2012; Zulosky, 2009). Observing an established leader succeed in carrying out a difficult task tends to raise the observer’s self-efficacy and motivation to attempt the same task. On the other hand, an observer who encounters a negative leadership experience doubts his or her ability, or the individual who simply performs poorly can be easily dissuaded from attempting the task (Schunk, 2012). Vicarious experiences through modeling can influence the self-efficacy development of both leaders and aspiring leaders.

Modeling, as previously described, is effective in raising self-efficacy when the environment facilitates success (Bandura, 1977). Effective mentoring programs, for
example, promote an environment that facilitates success of the mentees. Feldman, Arean, Marshall, Lovett, and O’Sullivan (2010) surveyed faculty at a health science university and found higher teaching self-efficacy scores for mentored faculty compared to faculty without a mentor. It was not known, however, if the faculty members with a high self-efficacy were more likely to seek out mentoring. Although no significant correlation between mentorship and enhanced self-efficacy was shown, the findings suggest mentees with more exposure to mentoring achieve a higher self-efficacy.

Likewise, Nowell (2014) explored lived experiences of six novice nursing instructors and found that observing mentors teaching students helped “gain a greater understanding of what clinical teaching might look like and how they could incorporate what they observed into their own teaching” (p. 123). Heale, Mossey, Lafoley, and Gorham (2009) examined clinical mentors’ self-efficacy with mentoring students in various health care disciplines, and they found that mentors commonly lacked confidence in their mentoring role.

Leadership development programs were identified as one of the most significant strategies to strengthen self-efficacy levels of mentors (Heale et al., 2009). These studies point to the importance of not only developing strong mentoring programs for aspiring leaders but also preparing mentors to model effective teaching strategies. In addition, these studies are consistent with Bandura’s (1977) findings that a structured learning environment enhances one’s self-efficacy in role performance.

**Verbal persuasion.** A way to enhance self-efficacy is through verbal persuasion. While not as effective in developing one’s self-efficacy as personal mastery, persuading someone that he or she can be successful contributes to raising self-efficacy (Bandura,
However, Bandura (1977) cautioned that verbal persuasion without providing the opportunity to “facilitate effective performance will most likely lead to failures that discredit the persuaders and further undermine the recipients’ perceived self-efficacy” (Bandura, 1977, p. 198).

Providing positive feedback is frequently identified in the nursing literature as essential in the mentoring process (Anderson, 2009; Barksdale et al., 2011; Dattilo, Brewer, & Streit, 2009; Dobie, Smith, & Robins, 2010; Dunham-Taylor, Lynn, Moore, Daniel, & Walker, 2008; Nowell, 2014; Roberts, Chrisman, & Flowers, 2013). Research conducted by Dattilo et al. (2009) on role perception among experienced nurse educators illustrates the importance of providing feedback in building self-efficacy of novice nurse educators. A major theme that emerged from the Roberts et al. (2013) study was the need for a dedicated mentor in addition to a thorough orientation.

Specifically, the ongoing guidance and feedback from a mentor was deemed as crucial to a successful transition to the academic role Dattilo et al. (2009). Stemming from Bandura’s (1989a) contention that verbal persuasion in the absence of enacting the behavior leads to failure and low self-efficacy, Heale et al. (2009) identified the value of incorporating measures of verbal persuasion, such as positive reinforcement, in healthcare mentoring-development programs to promote effective mentoring skills. Enhancing self-efficacy through verbal persuasion is relevant to mentors in successfully mentoring novice nurses who aspire to be in decision-making roles.

**Physiologic response.** Self-efficacy information can also be gleaned from emotional and physiological responses to stressful or demanding situations affecting perceived self-efficacy (Bandura, 1977). For example, an individual experiencing signs
of stress and anxiety may not feel capable of demonstrating a behavior, whereas an individual experiencing lower levels of stress may feel more efficacious in attempting the behavior (Bandura, 1977; Schunk, 2012).

Bandura’s (1977) theory on self-efficacy posited that anxiety and fear from stressful or threatening situations is considerably reduced and coping skills are learned when mastery is achieved through modeling (Bandura, 1977). Bandura also noted that learning to control fear from potential threats can lessen the perceived risk. At the same time, it is noteworthy that for a person with higher self-efficacy, anxiety can serve as a motivator, which leads to greater effort and persistence in accomplishing a task (Bandura, 1977; Schunk, 2012).

Bandura (1977) put forth four sources of information affecting self-efficacy beliefs: performance accomplishments from personal experiences leading to mastery, vicarious experiences providing opportunity to observe successes and failures of models, verbal persuasion received from others’ experiences, and physiological and emotional response such as stress and anxiety (Bandura, 1977; Schunk, 2012). Bandura’s (1977) theory of self-efficacy supports the notion that mentoring can improve the self-efficacy of mentees. Mentors can also achieve a high level of mentoring self-efficacy from successful interaction with mentees (Schunk, 2012). Early stages of transitioning to a mentoring role as a mentor or to a teaching role as a mentee are critical to the overall performance in these roles (Bandura, 1997).

The Bandura’s (1977) four sources or techniques are viewed as building blocks to help understand the lived experiences of successful nurse leaders. Redmond (2010) declared that verbal persuasion can be influenced by encouragement and discouragement
pertaining to an individual’s performance or ability to perform. Vicarious experiences can bring about high or low self-efficacy vicariously through other people’s performances. One person can watch another person perform and then compare their own competence to that of the other person’s competence (Bandura, 1977). Performance outcomes are said to be the most important source of self-efficacy. Positive and negative experiences can influence the ability of an individual to perform a given task such as taking on leadership roles in healthcare (Bandura, 1986). The critical elements and lived experiences of these nurses can determine the level of self-efficacy they’ve exerted.

Research that looks at the career advancement of Black nurses and their leadership roles can best be introduced by considering the barriers that exist, the factors that facilitate promotion, and the existing predictors that aid in success. This research helped to understand the chronic underrepresentation of Black nurses in mid-level and senior-level leadership roles and details the critical elements, obstacles, and facilitators that enhanced their journeys.

**Barriers to Career Advancement**

The Federal Glass Ceiling Commission (1995) report noted barriers to career development of women and minorities as early as 1995. The report acknowledged numerous major barriers, including (a) lack of active recruitment of women and minorities, (b) corporate climates that eliminate and isolate women, (c) lack of mentoring, (d) lack of management training, (e) lack of visibility on major committees, and (f) lack of opportunities for career development. From the time when this report was published, many studies of women and minorities have indicated that, although career paths may be varied, barriers remain (Federal Glass Ceiling Commission [FGCC], 1995.
Wilson (2014) reported that the reference term, *the glass ceiling*, has come to embody more than just gender equality. The term embraces the quest of all minorities and their journey toward equality in the workplace. The author brought attention to the subject of diversity and culture as it relates to advancement in the workplace. The Wilson (2014) study cited stereotyping and bias, subtle racism, unwritten rules, societal barriers, governmental barriers, and internal organizational barriers as reasons for the glass ceiling. The stereotyping is said to come from social media, television, and above all—peers and family. Subtle racism in the form of not hiring individuals who do not look the same as most of the office personnel is a form of racism that continues to be a barrier to breaking the glass ceiling. Wilson (2014) found that to overcome these barriers, it would be important to recognize the strategies of success that help to surpass the barriers that are in place to deter progression. Establishing a clear plan of action will not only align the candidate for success, but it will also set the stage for partnering with a powerful mentor who can help build bridges to success.

Mayor (2004) reported barriers to nursing career development in a study conducted to determine how 88 successful Black, Asian, and Caribbean nurse managers engineered their careers and overcame social and political barriers to success. The Black participants stated that evidence of racism in nursing existed and that “they were more likely to experience the glass ceilings as their careers moved to the higher grades” (Mayor, 2004, p. 104). The study uncovered a clear relationship among race, class, gender, and personal characteristics that shaped the career development of all the participants. Because of this relationship, Mayor recommended that education and
training to eradicate racism be offered at the individual, professional, and organizational levels.

There has been an effort on the part of certain healthcare governing bodies to examine the achievements of their members. Specifically, in 1992, a survey was conducted by both the American College of Healthcare Executives (ACHE) and the National Association of Health Services Executives (NAHSE). The survey examined the existence of disparities between Blacks and Whites having the same higher level of education but functioning at different leadership levels (ACHE, 2008). It was discovered that Whites (24% and 20%) have a better chance of successfully acquiring an executive position, namely chief executive officer (CEO) and chief nursing officer (CNO), as opposed to Blacks (13% and 10%) with similar qualifications (ACHE, 2008).

Kuo-Rice (2005) conducted corresponding studies of Black women with a qualitative study of the career experiences and career developments among Chinese American professional women and found that several parallel factors influenced their career development and decisions. These factors included their life experiences, culture and gender issues, language and cultural barriers, family-career conflicts, challenges of work demand, fewer promotions, and the glass ceiling effect. Likewise, Kerka (2003) and Mathis (2001) showed that barriers to career advancement by African American women included not having an influential mentor or sponsor, lack of informal networking with influential colleagues, lack of company role models who were members of the same racial or ethnic group, and lack of high-visibility assignments.

The lack of Black female faculty in higher education is often reported as a barrier for the low matriculation of Black nursing students (Zajac, 2011). The Sullivan Report
(Sullivan, 2004) suggested activities that provide opportunities for leadership development in nursing. These activities should prepare minority nurses with graduate degrees for roles as scholars, faculty, and leaders in the profession. Institutions of higher learning and healthcare are required to be committed to, and accountable for, increasing diversity, which helps to meet the needs of the diverse population. Nursing leaders have made significant improvements in enlisting and advancing nurses that are in the image of the patient population. Still, additional work has to be done before satisfactory depiction of a diversified workforce becomes a reality (American Association of Colleges of Nursing, [AANC], 2011).

Gamble and Turner (2015) analyzed the elements and career pathways that may be of interest to African American females looking for leader-initiative positions in postsecondary institutions. The population for the study originated from Georgia, and the participants selected for the study included 10 women who met the conditions and mirrored the history of Black administrators in higher education. The ages of the participants ranged from 38-67 years, had they more than 10 years’ practice in management, and held a master’s degree. The qualitative phenomenological study included the merging of codes with data to ascertain associations among the qualitative data.

The literature acknowledges that the discernibility of women in powerful leadership and executive roles has progressively increased but while female college students outnumber male students, the moderately low number of African American women college supervisors indicates that leaders might be overlooking talent, intellect, and motivation from within. The glass ceiling was introduced in 1995 and symbolized
barriers that prevent people, who are qualified, from progressing within the workforce.

The literature suggests that mentoring and networking are helpful in breaking through the glass ceiling (Wilson, 2014).

There were 10 themes noted in terms of obstacles to Black female nurses securing a position in education administration. These include: lack of minority representation in postsecondary institutions, lack of African American mentors, influence of upbringing, lack of sponsoring, work-life balance, networking, the role a manager has played in career advancement, the need to take risks, a strong work ethic as a driving force for success, and the importance of leaving a legacy (Wilson, 2014). Wilson (2014) recommendations included:

- aid in advancing Black women and minorities into higher education administration to increase the practice of hiring more minority faculty,
- implementation of a diversity awareness program,
- regulating professional development to emphasize diversity, and
- employing a diverse mentorship and leadership program.

Mills-Wisneski (2005) studied 71 African American baccalaureate nursing students. The study concentrated on the students’ perceptions of the absence of minority nursing faculty; 51% of the students perceived that the absence of minority faculty was significant. The students provided written responses to the question, “How important is it to have African American faculty and/or clinical instructors employed at your nursing school?” Several themes emerged, including the lack of role models, making the connection, which makes it easier to establish a relationship with minority faculty, lack of
representation of minority faculty in the university, perseverance, (the desire to succeed and graduate), and discriminatory assumptions (Mills-Wisneski, 2005).

In keeping with the perceived absences of minority faculty, Zajac (2011) conducted a study addressing nursing workforce deficiencies and the lack of minority nurse educators. As the minority population continues to expand, so does the challenge of providing health care to minority patients with differing human service needs. The author maintains that the battle with retention and recruitment of diverse faculty exists because a single-loop approach was being relied upon to upkeep distinct admission policies, highlight numbers of minorities, and subdue adverse images of discrimination. In single-loop learning, people, organizations, or groups modify their actions according to the difference between the expected and reached outcomes. In other words, when something goes wrong or does not happen as desired, the problem is played out until the very end. The problem is only fixed after the trouble has been caused.

Zajac (2011) suggested a double-loop approach to enrollment and retention of minority nursing faculty would better address the issues at hand. In single-loop learning actions or behaviors are fixed to avoid mistakes, whereas in double-loop learning we also correct or change the underlying causes behind the problematic action. Double-loop actions are developed to achieve certain goals, but then they are assessed to monitor usefulness as well. Zajac (2011) believed the shortage of minority nursing faculty is estimated to continue long into the future of nursing, which will add to the problem of recruitment and retention of minority nursing students, therefore guaranteeing the underrepresentation of African American nursing leaders (Zajac, 2011).
Qaabidh, Wesley, Gulstone, and George-Jackson (2011) maintained that minority nurses have been underrepresented in nurse executive leadership roles. The authors believed that the underrepresentation has significantly obstructed impartiality in health care and cultural competency in nursing. The achievement of a leadership role is equated to looking with anticipation into a glass ceiling. It appears to be an unattainable goal, leaving potential leaders at the bedside or in clinical roles. The authors highlighted the Leadership Institute for Black Nurses (LIBN). The Institute was created to establish an environment that would embrace knowledge, professionalism, and educational leadership. The findings plainly underlined the inconsistencies in career advancement among Black nurses and shared LIBN fellows’ understanding as they confirmed problem-solving skills while they were mentored during the implementation and evaluation of their health disparity project.

Career development of Black and other women were studied from a feminist perspective by Byrd-Blake (2004). Byrd-Blake used a feminist methodology to study the career advancement of Black, Hispanic, and White female school administrators. Barriers to the career development of Black women included (a) lack of formal mentors, (b) lack of challenging assignments, (c) greater commitment to family than to occupation, and (d) greater personal responsibility compared with those of White women.

Increasing diversity in nursing roles pertaining to management, teaching, and leadership warrant ongoing attention and action (Phillips & Malone, 2014). The authors discussed healthcare disparities and demographic trends, predicting a population growth of underserved. The United States will become a majority-minority nation for the first time by the year 2043 (Phillips & Malone, 2014). The authors noted that this projected
growth in minority populations, together with the growing inequalities in healthcare and outcomes, which warrants a more diverse workforce. Phillips and Malone looked at data from organizations like Health Resources and Services Administration’s Division of Nursing and the 2008 National Survey of Registered Nurses to reveal low proportions of racial/ethnic minority groups in the nursing workforce.

Peer review articles published from 2003 to 2010 were used to identify the key elements needed for effective retention and recruitment of minorities. Influences, such as mentoring and working with community partners, were mentioned for success. The authors concluded that minority nurses in significant management roles are more likely to be better situated to directly influence resource allocations and the recruitment and retention of a diverse workforce, and they can shape administrative and general policies intended to eliminate health disparities (Phillips & Malone, 2014).

Kalra, Abel, and Esmail (2009) published a report through the National Health Service (NHS) that examined the different managerial interventions that are available to organizations that mirror the NHS, to provoke change in the area of advancement of Black and minority staff. The use of programs in the range of public and private organizations was reviewed with a focus on barriers to advancement. The interventions used to overcome these barriers were explored. Kalra et al. (2009) used the paradigm of institutional racism to examine the ways in which the NHS discriminated against certain workforce.

Schmieding (2000) explored the status of minority nurses in administration positions at the senior level in the military, nursing schools, well-being associations, government, proficient associations, and honor social orders. Schmieding characterized
minority as Black (non-Hispanic), Asian/Pacific Islander, Hispanic, and American Indian/Alaskan Native. The discoveries were enormously positive that minorities were underrepresented all through the different organizations, apart from the military. In nursing schools, Schmieding referred to the 1997-1998 demographics of minority nurses who were senior members and staff, as reported by the American Association of Colleges of Nursing. She showed that of the 560 dignitaries, 93.2% were White and 5% were Black. Schmieding (2000) suggested the conversation starter of who will address the assorted quality issues with the predetermined number of minorities in administrative positions. African American nurses in leadership positions serve as the ambassadors for selecting other African Americans into the profession (Schmieding, 2000).

The lack of Black leaders in organizations has been acknowledged with a publicized push to diversify the workforce. Nonetheless, from the literature and demographics, there seems to be a gap in documentation on how to expand opportunities to help Black nurses assume leadership roles in healthcare (Georges, 2004). Barriers to engagement of the Black nurse leaders in the areas of teaching, management, and senior-level leadership need to be explored (Zey, 1984).

Kalra et al. (2009) cited two interdependent barriers to promotion: those related to individuals, and those related to the organization. Individual barriers included lack of access to mentors and networks, stereotyping, and management experience/challenges.

Organizational barriers were admittedly less easy to conceptualize, which was due to being more systemic in nature. Kalra et al. (2009) noted that there is a lack of published research on such questions of diversity and equality from within the health
services with a range of institutional and individual barriers blocking the career progression of Black and minority ethnic staff.

Georges (2004) stated that to improve the gaps in health differences, leadership is required. The author described the astonishing morbidity and mortality rate in African Americans and other underrepresented communities that require leadership from all health professionals to better these conditions. The author suggested African American nursing leaders influence the decision-making process in communities throughout the United States. How does one develop this type of leader? What has worked and what needs to be done? Georges (2004) attempted to answer these questions from a nursing leader’s perspective. Georges mentioned that a leader should have one specific trait of motivation.

The process of leadership is the ability to influence others toward a specific goal or desired outcome. A healthcare model that uses collaborative interventions and partnerships to address community health disparities has been a training tool for leadership development for African American nurses. The National Black Nurse’s Association’s Community Collaboration Model supports nurses in collaboration with communities, physicians, and organizational partners to influence outcomes. The health disparities that continue to exist in the African American communities make it imperative for nurses of African American descent to provide volunteer services as a pathway to leadership.

Satcher (2009), a former U.S. Surgeon General, suggested that to make valuable changes within the healthcare system, healthcare leaders must establish policies, develop effective collaborations, and increase diversity within their own ranks. Satcher expressed
the need for healthcare leaders to represent the variety of backgrounds and experiences of all communities to effectively advocate for and communicate with the populations with the greatest need. There appears to be a connection between improving quality and eliminating racial and ethnic disparities in health care (Buell, 2011). Buell (2011) affirmed that the role of leadership is to address these issues; however, presenting the bottom line and associating quality of care to cost will more than likely garner cultural and financial support from leadership.

To address the issues of underrepresentation and disparities, organizations will need to be equipped with committed and high-performing leaders (Sullivan, 2004). Enhancement with a more expanded candidate pool is encouraged as part of structural tactical initiatives aligning with new ideas and continued growth among an ever-changing demographic society. No qualified candidate, despite gender or ethnic origin, should be overlooked in the search for the best healthcare leaders (Zajac, 2011). A disparity exists in the underrepresentation of Black females reaching senior healthcare leadership. Although Black Americans have made strides in career advancement, a delay is apparent in terms of representation.

**Facilitators for Success**

Researchers have examined the relationship of the mentoring phenomenon in relation to career success (Hill, DelFavero, & Ropers-Huilman, 2005; Wilson, 2004; Zey, 1984). Career success is the outcome of a person’s career experiences, and it is defined as the achievement of desirable work-related outcomes at any point in a person’s work experiences over time (Arthur, Khapova, & Wilderom, 2005). Social inquiry establishes what some have learned through mentoring practices. Mentoring is supported
in education, corporate organizations, the military, and the healthcare industry. Physicians train medical students and residents, senior faculty members mentor junior faculty members in higher education, and college students serve as interns to obtain experience within their field of interest. These are just a few examples of how mentoring is used to support the growth and advancement opportunities of an individual’s career (Buell, 2011).

Heale et al. (2009) conducted a study of 121 clinical mentors across a variety of healthcare disciplines in Canada. The survey administered was based on the concept of self-efficacy and confidence levels associated with the mentor role. In addition, participants answered open-ended questions on supports and barriers to mentoring. Both the survey questions on self-efficacy and the open-ended questions had similar responses. Findings revealed that clinical mentors across all disciplines are not always confident in their mentoring role. Most notable was the lack of confidence in identifying the learning needs of students, adjusting to teaching styles when challenges to student learning arose, helping students apply research to practice, and evaluation of student learning (Heale et al., 2009).

Mentoring was not addressed in the nursing literature until the late 1970s (Vance & Olson, 1999). Vance, credited for being one of the first nurses to study mentoring in nursing (Vance & Olson, 1998), conducted a study among nurse leaders and concluded that mentorship is an important source of influence among nursing leaders.

The ANA’s Nursing’s Agenda for the Future suggests mentoring for an increase in diversity and leadership preparation. Mentoring has been shown as an effective strategy for career advancements in nursing, business, and education (Zey, 1984). A
literature search was done to identify existing information to expand on the critical elements that contributed to the career advancement of existing Black nurse leaders (Zey, 1984).

Does coaching make a difference? Eby, Allen, Evans, Ng, and DuBois (2008) conducted a multidisciplinary meta-examination of tutored and non-coached people. The reason for the study was to quantitatively survey tutoring in three distinct categories (youth, scholarly, workplace). The strategy utilized for the study was a hunt of written articles distributed from 1985-2006 to recognize the contrasts in the middle of protégés and non-protégés on an extensive variety of results. To meet the qualification criteria, the articles needed to examine tutored and non-guided people on an individual-level result (scholarly achievement, drug use, work states of mind). The study had to be composed in English. It needed to qualify the relationship in the middle of coaching, and the result had to utilize a measurement that could be changed over to an item/minute connection coefficient. The study needed to include young people, scholastic individuals, or workplace coaching members. Neither protégés nor coach could have experienced any sort of handicap. Results demonstrated that mentoring is associated with a wide range of favorable behavioral, attitudinal, health-related, relational, motivational, and career outcomes (Eby et al., 2008).

Washington, Erickson, and Ditomassi (2004) discussed the idea that diversity is critical to the prospect of nursing. The authors claimed that there has been a change in the configuration of the workforce and it is starting to mirror the composition of America’s patient population, but the leadership in health care has not shifted. Mentoring of minority nurses seeking a leadership career path is what the authors believed might be the
remedy. Acknowledging the existing demographics of the profession, it is not likely that the mentor and mentee will be a cultural match. Washington et al. (2004) said that this should not be regarded as an automatic barrier. They described the 5 Cs of mentoring in a minority nurse profession: candor, compromise, confidence, complexity, and champion. Washington et al. (2004) believed that an effective mentor to a minority professional helps develop an individual who is culturally and morally sound. Leadership styles are unique and individual, and the minority leaders who retain their culture bring distinctive qualities to an organization.

Hill et al. (2005) explored the role of mentoring in the development of African American nurses who had achieved leadership positions in baccalaureate and graduate nursing programs. A sequential mix design was used. Phase 1 consisted of 47 African Americans nurse leader participants. Of the 47, 10 were interviewed in Phase 2. The literature showed that mentoring is key to personal and professional development, and it also showed that the relevance of race varies in both same-race and cross-race mentoring relationships.

The Hill et al. (2005) study mentioned Levinson’s (1978, 1996) adult developmental theory because it specifically addressed both men and women during different phases of their lives. The study addressed three research questions, and the target population was African American academic nurse leaders who were holding or had previously held leadership positions at the time of the research. The two instruments used were the Mentoring Experience Survey (MES) and the Mentoring Interview (MEI). There were limitations to the study in the areas of sample size and instrumentation. The study concluded that mentoring does play a role in the development of African American nurse
leaders, and it is imperative that more mentoring should occur, regardless of race (Hill et al. 2005).

Hill et al. (2005) investigated mentoring at the nursing level. Tran (2014) examined how mentoring affected the development of women leaders of color in faculty positions. The traditional model of mentoring assigns a hierarchy to the mentor and mentee, an emerging model of mentoring emphasizes the non-hierarchical, collaborative approach, and the cross-cultural interaction emphasizes interactions between “mentoring partners.” A phenomenological study was used to frame the lived experiences of women of color in higher education who had held leadership roles at a 2-year or 4-year college/university (Hill et al. 2005).

The Hill et al. (2005) study included four women with leadership roles who were from diverse backgrounds (Asian American, Latina, and African American). Data collection included a semi-structured interview that ranged from 30-90 minutes. The interview protocol, along with consent, was sent out to all participants prior to the interview. The findings from the study revealed the following themes: mentors were not always visible, mentoring is a constant, mentoring is self-initiated, and mentoring is multi-dimensional. This data suggests that mentoring is a different experience for each individual, depending on their personality, personal experiences, and professional background. Mentoring can contribute to the success of women leaders of color (Hill et al. 2005).

Madison (1994) conducted a study on nursing administrators. The author examined the roles of mentors and how their relationship played a part in the professional lives of the administrators. The sample was taken from 367 nurse administrators who
reached top-level positions and were members of a nursing organization in California.

The method used to analyze the information was a qualitative study using descriptive, retrospective, exploratory, and self-administered survey. The responses were based on a 7-point Likert scale ranging from 1-7 with 1 and 2 representing very valuable, and 6-7 representing not valuable.

The findings of the Madison (1994) showed 56% of the nurse executives had at least one mentoring relationship; 7-point 80% of the nurses who had mentors found the mentoring relationship to be valuable in their professional lives. The use of the Likert scale made it hard to understand the specific attributes found to be valuable. Inquiry through interviewing led to specific details that consisted of a mentoring relationship. The results of the interviews showed that 97% of those who had a mentor indicated that their professional and personal lives changed for the better as a result of mentoring. There was an improvement in self-esteem, self-awareness, self-actualization, job enrichment, and professional skill development (Madison, 1994).

Holloran (1993) examined the mentoring experiences of nursing service executives from medical-center teaching hospitals. The sample came from approximately 7,000 hospitals that were members of the American Hospital Association. Utilizing a self-administered survey, 71% of the 274 female executives who participated in the study stated that they had a mentor, and 29% had not. Holloran (1993) concluded mentoring “is one effective means of preparing for leadership succession” (p. 53). Mentoring was found to be an important factor in the career advancement of the participants. It is through mentoring that the executives believed that they learned the essentials to being effective leaders when working in complex situations. Moreover, the author posited that based on
the experiences of the nurse executives in the study, administrators should seek out opportunities to identify and develop novice nurses. The specifics of how nurse administrators could identify and develop new nurses was not indicated (Holloran, 1993).

Grant and Ghee (2015) proposed the idea of mentoring as a subtle approach and effort to encourage an increase of positions for African American women in predominately White institutions. The study used an auto-ethnographic method that highlighted personal experiences as the main basis for social investigation. Two Black women at two trajectory academic stages attempted to succeed and shared their experiences in an open and honest dialog. Data collection consisted of journaling, participant observation, reflection, and content analysis, which contributed to the autobiographical accounts of both participants. The participants chose to interpret their shared and individual experiences, handwritten notes, conversations, reflections, and conference presentation feedback through the lens of mentoring experiences for data analysis. The findings of the Grant and Ghee (2015) study suggested that mentoring is important among African American women as a method of empowerment. Both participants acknowledged traditional mentoring, as well as non-traditional mentoring, proved to be salient in the preparation and advancement of careers in the academy.

Smith, McAllister, and Crawford (2001) examined mentoring advantages and issues for public health nurses. One of the issues examined by the authors was the underrepresentation of minority nurses in public healthcare. Mentoring among minority healthcare workers is difficult, due to the inability of the mentee to find and identify with mentors and role models. Smith et al. (2001) recommended that organizations develop mentoring programs to facilitate mentoring relationships. The significance of such
initiatives illustrates that actions are being taken to increase the likelihood of more minorities gravitating to the profession. However, there is still much to be accomplished to improve the low number of Black females in the profession of healthcare, particularly in leadership positions (Smith et al., 2001).

Friday, Friday, and Green (2004) addressed the differences in the term mentor and sponsor. The authors admitted that mentoring is highly regarded as a career-enhancing phenomenon, which is necessary for any aspiring executive. Several debates within the literature have made it nearly impossible to decipher the true definition of a mentor, the functions of a mentor, and the various types of a mentoring (Friday et al, 2004). The confusion may stem from the relationship and association of mentoring with the concept of sponsoring. Friday et al. (2004) presented two arguments for viewing and examining mentoring and sponsoring as distinctly different, non-mutually exclusive, and possibly concurrent phenomena. This study adds to the body of knowledge to aid aspiring nurse leaders in their decision-making process as to whether to select a mentor, a sponsor, or both. Mentoring is an enduring and dynamic phenomenon, which dates back to ancient Greece when Odysseus entrusted the eponymous character, Mentor, with his son, Telemachus, thousands of years ago in Homer’s Odyssey (Friday & Friday, 2002).

Mentoring has been proclaimed as one of the key career development and advancement tools in the organizational milieu over the last decade (Simonetti, Aris, & Martinez, 1999). In the organization literature, Kram’s (1985) work has been viewed as one of the most comprehensive treatments of the mentoring concept (Scandura, 1998). The first argument of Kram’s 1985 study suggests that an individual becomes a sponsor after becoming a mentor. The study cites many different definitions of the word mentor,
and Kram ultimately concluded that there is really no single universal definition of the word, but there should be. Kram (1985) offered these universal definitions:

- A mentor is a wise and trusted counselor or teacher;
- Mentoring is the guidance process that takes place between a mentor and protégé; and
- A mentorship is a mentoring relationship between a mentor and a protégé.

Sponsor, sponsoring, and sponsorship were offered as:

- A sponsor is a person who nominates or supports another person’s (protégé) promotion
- Sponsoring is the process of a sponsor nominating or supporting a protégé’s promotion; and
- A sponsorship is a supporting relationship between a sponsor and a protégé

The second argument in the Kram (1985) study for conceptualizing mentoring and sponsoring looked at formal and informal mentoring by examining the literature once again. The authors concluded that most mentors do not provide upward mobility for the protégé, which raises a question. If the mentor provides all of the other sub-functions of a mentor but does not provide upward mobility, is this a mentoring relationship?

The existing literature says “yes,” but the mentor is not sponsoring the protégé, therefore, they are not “true mentors.” Therefore, mentoring and sponsoring should be viewed as two distinctly different developmental relationships that are not necessarily exclusive in terms of being performed by the same individual. The universal definitions offered by Kram’s (1985) are said to be enduring. The definition will need not to be changed in different environments or circumstances (Wilson, 2014). Aspiring leaders
have new information that can help them develop a more effective career enhancement strategy that includes both mentors and sponsor.

In summary, a common thread regarding the advantages of being part of a mentoring relationship was shown throughout the literature. The positive benefits of mentoring outweigh the negatives (Wilson, 2014). While other professions clearly address the role of mentoring interactions for African Americans, nursing has yet to do this in a methodical way (Zey, 1984). Further research is needed to explore the experiences that mentoring has played in the development of African American nursing leaders who have succeeded at the upper levels of nursing leadership in healthcare (ACHE, 2002; Cook et al., 2002; Goodin, 2003; Mullen, 2007).

Chapter Summary

The literature reviews mentoring and sponsoring in general terms and how it enhances and shapes nurses for leadership roles. The literature also presents barriers to career advancement and ethnicity as it relates to the underrepresentation of Black female nurses at the leadership level. But there seems to be scant information available to address the critical elements that helped Black nurse leaders to progress in their careers. There is little information that speaks to the obstacles that these Black nurse leaders faced while pursuing professional careers.

The literature is saturated with information on mentoring, particularly the benefits and complexities of it. While other professions continue to address the role of mentoring relationships for Black Americans, nursing has yet to do this in a systematic way. The inclusion of Black nurses in the mentoring literature, as evidenced by the work of Bessent (2005), is just a start. Sponsorship is a concept that gets hidden in the dialog of
mentoring. Studies show that sponsors are just as important and relevant. The literature overwhelmingly supports the importance of mentoring in the development of nurse leaders. Career advancement into leadership roles can prove to be difficult for Black females because of the limited literature on pathways to success. The purpose of the study is to examine the critical elements that helped Black nurse leaders progress and the obstacles that proved challenging to their career journeys.
Chapter 3: Research Design Methodology

Introduction

The purpose of this study was to identify the critical elements that contribute to the promotion and advancement of Black female nurse leaders in healthcare. A qualitative phenomenological research design was used to identify the career development of Black female nurse leaders in terms of the influences, choices, and the factors that hindered and facilitated their advancement to leadership positions.

The lack of Black female nurse leadership has been acknowledged by healthcare organizations for some time. When interpreting information derived from the literature and demographics, there seems to be a disconnection regarding how to expand opportunities for people of color to assume leadership roles (Sullivan, 2004). Ethnic and racial minority groups accounted for more than one-third of the U.S. population (37%) in 2012. By the year 2043, it is projected that minority populations will become the majority (USDHHS, 2012).

The qualitative phenomenological inquiry revealed data to answer the following research questions:

1. From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what critical elements contributed to this advancement?
2. From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what experiences are perceived as obstacles/barriers to promotion or advancement?

The research design for the study of exploring the critical elements, obstacles, supports, and opportunities that shape the careers of Black female nurse leaders was a qualitative method with a phenomenological inquiry. A research design links the purpose or question to an appropriate method of data collection (Andrew & Halcomb, 2009). Merriam (2002) stated that exploratory qualitative inquiry should be used if the researcher is interested in understanding a phenomenon and discovering how participants define their situations. Thus, the research study was designed to provide a better understanding, from the perspective of a Black female nurse leaders in healthcare, the critical elements that contributed to their promotional success and the perceived obstacles that impacted their career journey.

**Research Context**

Employment data on Black female nurses in leadership roles was collected and analyzed from SUNY Upstate University Hospital. This healthcare facility has long held the distinction of caring for the most seriously ill and injured people in the state. The facility is a Level-I trauma center and features the region’s only children’s hospital. Upstate University Hospital is a general medical and surgical hospital in Syracuse, NY, with 608 beds. Upstate Medical University in Syracuse, NY is the only academic medical center in Central New York. It is also the region’s largest employer with 9,460 employees.
Research Participants

The participants represented a convenience sample of seven accomplished Black female nurses at Upstate Medical University and who were known to the researcher. The participants had roles such as nurse manager, shift supervisor, educator, nurse practitioner, or the equivalent. Each participant had been employed at least 1 year in their respective roles.

The participants in the study needed to be carefully chosen individuals who had experienced the phenomenon in question so that, in the end, the researcher could forge a common understanding (Creswell, 2013). The participants needed to meet the following inclusion criteria:

- Female
- Self-identify as Black using the definition in the study
- Employed as a supervisor, manager, or administrator in healthcare for at least 1 year.

The participants were selected for further follow up if they answered favorably to an email distributed questionnaire from the Diversity and Inclusion Department of Upstate Medical University. The office had access to all employees who self-identify as Black female nurses in leadership roles. The participants were chosen based on their email responses to generalized questions of ethnicity, job titles, and a desire to participate in the study.

Creswell (2013) stated that there is no true answer to how many participants are enough, although the author suggested three participants as the minimum. Participant size is guided by saturation when no new or relevant data emerges (Morse, 2000), and
saturation was achieved at seven participants. To ensure informed consent, the purpose of the study was explained in detail with the potential participants, and participation in the study was voluntary. Written consent was obtained from each participant. Confidentiality was maintained by the removal of any identifying information such names, organizations, locations, or dates, in any and all documents pertaining to the participants.

**Instruments Used in Data Collection**

After establishing consent, the qualitative data was generated through individual, semi-structured interviews, utilizing a phenomenological approach, in order to collect, interpret, and synthesize the rich data to assist in the understanding of the phenomenon (Holzemer, 2009). Primary methods of data collection in qualitative inquiry are observation, participant observation, interviews, and documentation analysis (Creswell, 2013). Unstructured or semi-structured interviews may be used in qualitative research. Unstructured interviews are usually conducted in an everyday conversational style, where the participant takes the lead in sharing his or her stories rather than the researcher directing the interview; whereas, semi-structured interviews promote a more focused examination of a specific topic using an interview guide (Fossey, Harvey, McDermott, & Davidson, 2002). Face-to-face semi-structured interviews were conducted because they are the most traditional method of survey research and have become the primary data collection procedure in current research (Creswell, 2013).

Trustworthiness was established by consistency of the data collected from the pilot questions. At the end of each interaction there was a review of the information with the participant for accuracy. For the accuracy of this study, the focus was to get to the
true representation of the participants’ experiences. The collected information was categorized into themes related to the discussion trends and key terms.

There is a direct relationship between the research questions and the procedures of data collection. The questions were carefully constructed for the interview process. Creswell (2013) advised developing questions that are open-ended, general, and focused on understanding the central phenomenon in the study (Creswell, 2013).

In order to provide the most open-ended and objective data collection as possible, the questions were brief and simple, without steering the interviewee in a particular direction. Formulating the interview questions is the most important aspect of the research, as the findings are based solely on the information collected during the interviews, and the information collected is dependent upon the questions asked. The trustworthiness of the study depends upon the research tool, so the research questions related to the objectives of this study (Kumar, 2005). The goal was to elicit insightful, descriptive information regarding the critical elements of the lived experiences of Black female nurses. The following questions guided the interviews:

- What barriers did you experience while pursuing career advancement in healthcare?
- When you began working as a nurse, what was your experience in getting promotions?
- What were some identified obstacles that you encountered on your career journey?
- What are some of the more challenging aspects of your leadership role?
As you reflect on your career journey, what event or events had the most significant impact on your career experience as a nurse leader?

What would be your advice to aspiring AA/BA nurse leaders?

Open-ended questions are primarily used in qualitative research to allow participants to answer in their own words and allow the researcher the flexibility to probe more deeply and encourage expansion of responses (Creswell, 2013). To eliminate inconsistencies and to further establish trustworthiness, the questions were pre-tested in a pilot study with colleagues who were not participating in the study. The pilot test also allowed for practice and assisted in the revision of the research questions. Second-level questions were developed as well. One must develop an interview protocol for interviewing and recording answers. This protocol includes a heading to include date, place, interviewer, and interviewee; instructions to ensure procedural consistency; the interview questions; follow-up questions, and a strategy to organize all the materials (Creswell, 2013).

All sessions were conducted as individual face-to-face interviews. The purpose of the study was explained ahead of time to the potential participants. The actual interviews were audio-recorded and transcribed verbatim. Even though a recording device was used, notes were taken in the event of equipment failure. Research integrity was maintained by recording and transcribing every spoken word. Bogdan and Biklin (1998) suggested these guiding steps for the interview process: (a) after the first few interviews, narrow the focus; (b) adjust research questions as needed; (c) transcribe the interviews verbatim; (d) quickly transcribe each interview and refine questions based on reviewing the notes; and (e) record insights as soon as possible to be able to reflect on the collected data. The
interviews were personally transcribed for the researcher to become familiarized with the data firsthand.

**Procedures for Data Collection and Analysis**

Analysis of the data can be done using a number of different approaches. The method chosen should be consistent with the type of phenomenological approach. Qualitative analysis is a process of reviewing, synthesizing, and interpreting data to describe and explain the phenomenon or social world being studied (Fossey et al., 2002).

A code in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data (Saldana, 2015). The coding process permits the research of the gather data for themes, ideas, and categories. One is able to visibly make comparisons of analysis after indicating related passages of text with a coded label. For the purpose of this research, the data consisted of interview transcripts and participant observation field notes. Coding started as soon as the data were collected and formatted and not after completion of all the fieldwork (Saldana, 2015).

Saldana’s (2015) coding manual presents the first and second cycle of coding. The first cycle is the initial coding process, and it is divided into seven subcategories: grammatical, elemental, affective, literacy and language, exploratory, procedural, and theming the data. These subcategories also comprise specific coding methods. The second cycle requires more analytic skills because the researcher is required to classify, prioritize, integrate, synthesize, abstract, conceptualize, and construct theory.

Grammatical methods represent the basic principle of a technique and attribute coding is a part of grammatical coding. Attribute coding was used to record the important
information about the data and demographic characteristics of the participants. Elemental methods are principal to qualitative data analysis and descriptive coding is a part of elemental coding (Saldana, 2015). Coding involves the identification of passages of text and applying labels that indicate the thematic idea. This process helped to gather all the text and other data associated with the theme. In order to avoid becoming overwhelmed by the quantity of the data and writing, the cyclical process of collecting and analyzing data was utilized. This process helped the researcher to understand the topic of interest. Interpreting data is the process of trying to make sense of a large amount of information (Saldana, 2015).

Summary

This study explored the critical elements and lived experiences of female Black American nurses in leadership roles. First, the data were analyzed pertaining to the positions of leadership held by the participants at Upstate Medical University. This information was used to determine inclusion of further research studies. The study proposal was submitted to the Institutional Review Board (IRB) of St. John Fisher College in Rochester, NY before any data collection began. Upstate Medical University indicated that IRB approval from the institution would not be needed for the study. A letter of support was obtained (Appendix A). The researcher contacted the Office of Inclusion and Diversity and requested that the staff forward information was provided by the researcher to their employees who self-identified as Black American on their employment application. A letter was included to be sent to the prospective participants, introducing the researcher, the study, and explaining the possibility of further inquiry
once all information was collected and analyzed. The collected data will remain under lock and key at the researcher’s residence for a period of 3 years.
Chapter 4: Results

Research Questions

The purpose this study was to explore and report factors impacting the critical elements that have supported advancement for Black nurses in their respective fields and examined the barriers, challenges, and obstacles faced along the way. For the nurse participants, convenience sampling was incorporated, and the data were collected using semi-structured interviews. The interviews included open-ended questions that allowed each nurse participant to speak about her individual experience as a pioneer and change agent in the healthcare arena. During the interviews, each nurse participant shared information about factors that allowed her to persist and continue to work toward securing a place in a very competitive work environment. Each of the participants met individually with the researcher during the summer of 2017 to share their stories. Data gathered from the seven Black female nurse participants represented nurses who had a great deal of knowledge contribution pertaining to career advancement in healthcare.

Research Questions

1. From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what critical elements contributed to this advancement?

2. From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what experiences are perceived as obstacles/barriers to promotion or advancement?
Data Analysis and Findings

In addition to the research questions, Bandura’s (1977) social learning/self-efficacy theory informed the study. Using initial, descriptive, and axial coding of the data, themes were developed. The themes generated from the initial coding were further analyzed through descriptive coding. The descriptive coding provided opportunities to synthesize the data gathered from the nurse responses. Axial coding was the last coding process used to finalize the themes developed from the data analysis process.

Findings

The purpose of Chapter 4 is to report the findings of the research, along with the categories and key themes that emerged. The information in this chapter details the insight from Black female nurse participants about the critical elements of their journey in healthcare. The information in this chapter reveals the lived experiences and the importance of positive mentor relationships, the need to have family support, and advice for aspiring nurses looking to make a difference in healthcare outcomes.

This chapter is organized into four categories and eight themes that emerged from the research questions. The first category, deciding to become a nurse, incorporates two themes: (a) preparing for the journey and (b) relationships. The second category, barriers that were encountered along the way incorporates three themes: (a) unequal advancement, (b) lack of leadership preparation, and (c) lack of allies. The third category, facilitators to success, incorporates three themes: (a) mentors and sponsors, (b) spiritual beliefs, and (c) support systems. The fourth and final category, self-efficacy, incorporates two themes: (a) resilience and (b) believing in your capabilities. Table 4.1
illustrates a summary of the categories and themes as well as providing a description or the essence of the themes.

Table 4.1

Summary of Categories and Themes

<table>
<thead>
<tr>
<th>Categories</th>
<th>Themes</th>
<th>Essence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becoming a nurse</td>
<td>Preparing for the journey</td>
<td>Speaking into existence</td>
</tr>
<tr>
<td></td>
<td>Relationships</td>
<td>Family/friends/early influences</td>
</tr>
<tr>
<td>Barriers encountered along the way</td>
<td>Unequal advancement</td>
<td>Stereotyping</td>
</tr>
<tr>
<td></td>
<td>Lack of leadership preparation</td>
<td>Training for management was reserved</td>
</tr>
<tr>
<td></td>
<td>Lack of allies</td>
<td>Not many people to emulate after</td>
</tr>
<tr>
<td>Facilitators that helped in the process of promotion</td>
<td>Spiritual beliefs</td>
<td>Higher power</td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td>Family/mentors/sponsors</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>Resilience</td>
<td>Confidence</td>
</tr>
<tr>
<td></td>
<td>Self-belief</td>
<td></td>
</tr>
</tbody>
</table>

Each of the participants had vivid recollections of their journeys. To capture their respective voices and as an introduction to the findings, the researcher used verbatim statements and remarks to paint a profile of each participant.

**Category 1: The decision to become a nurse.** The first category, the decision to become a nurse, emerged as a broad, multifaceted category when the participants described their journeys from contemplating the nursing profession to preparing for and navigating the obstacles and relationships encountered while preparing for a career in a predominantly White workplace. The two themes identified under this category include (a) preparing for the journey and (b) relationships. The essences were also identified to add quality and increase understanding of the participants’ experiences (Husserl, 1998).
Preparing for the journey. Bessent (2002) noted that one must be authentic, credible, respectful of others, and assume responsibility for enveloping a vision. Black female nurses are challenged with the dissonances of prejudice, racism, sexism, and cultural chauvinism. Many of the study participants described previous experiences in life, education, occupation, their thoughtful contemplations, and the long journey in preparing for leadership and accomplishment. When asked, “Why did you decide to become a nurse?” Participant 4 stated:

I didn’t really know what it was that I wanted to do, but I knew that I wanted to make a difference. Nursing is such an extensive field that I knew I could find a place that would allow me to apply my interest in science and the natural world as well as my desire to help people in need. (p. 2)

Participant 2 stated that she originally thought she wanted to be a hairdresser or even a secretary before she found her true calling:

I was still trying to figure out what I wanted to do when my aunt, who worked as a nurse at a local nursing home, helped me get a job as a nursing assistant. I did that for about 5 years, and it was a good experience. (p. 14)

Participant 3 mentioned the reason why she chose a nursing career:

I just feel that nursing has always been natural to me, and I just always felt . . . I always wanted to know how to fix something or how to fix the person. I always felt a level of empathy that was beyond normal. I concerned myself about why is this person sick, what can I do to help them? When I was, I’d say 15, my grandfather got sick. He had congestive heart failure. He was in the hospital, and I just remember those nurses taking such good care of him. I saw how they
interacted with my family, and they weren’t my family, but they felt like my family by the end of that time. He did eventually pass away in the hospital, but that time that the nurses spent with us, it just made me gravitate towards that field. I’m like, “I can do that. I want to do that.” That’s where I started my plan in high school. (p. 2)

Participant 4 recalled preparing for nursing in her junior year of high school:

I feel that there were a million and one barriers that I just didn’t know were in place, but the area that I grew up in was low income, what would be considered ghetto . . . like, where I live now. My best friend, who lived just two houses down the street, attended high school in the suburbs while I attended the local high school. We both knew we wanted to do nursing, but the opportunities in the suburbia high school were far more abundant for my best friend than were the opportunities for me at my high school. For example, there was a bridge program for high school students where you could start your junior year of high school as an LPN and start a bridge program with the local community college, and you would essentially earn college credits while you’re in high school. The bridge program was free and never made it to our population of kids. The only reason I knew about the program was because my friend was going to a school that wasn’t [in the] inner city. (p. 7)

Participant 7 chose nursing as her second career:

I chose nursing as a career because learning new things has always appealed to me. Nursing is a very challenging field in the sense that you learn something new every day. I have a degree in social work, and I started out working in a child-
protective setting for a local agency. I didn’t feel like it was my true calling, because I went home every night feeling like I didn’t make a difference. I continued to work as a social worker in different settings until I could save up enough money to go back to school for nursing. (p. 4)

Likewise, Participant 4 reflected:

I had finished high school and, originally, I wanted to go into the Air Force, because I always was fascinated with flying. I just wanted to get out of Syracuse. I just wanted to be worldly, and then I ended up getting pregnant with my son, I was 19. I was going to OCC. I didn’t really know what I wanted to do with my life. I really didn’t know what my interests were. I went to OCC for about 2 ½ years, and I was in their humanities program. At the time, I was also working at Crouse Hospital on a women’s health floor as a secretary. By the time, I got to my fifth or sixth semester, I’m like, “Okay, what am I going to do?” Working with nurses and interacting with the patients is kind of how I got into nursing—just being exposed to the environment. (p. 3)

**Relationships.** The second theme revealed by analysis of the data was relationships. Another theme that was discussed by each of the participants was the importance of creating and maintaining relationships as a strategy they used to achieve career success. The participants defined relationships as having a connection and involvement with others. The following statements provide a further understanding of why the participants felt this theme was so beneficial to their career. Participant 5 recounted:
I feel like I was kind of lucky because I did have people who were very helpful to me such as teachers in school who saw me as somebody who wanted to learn. I was a good student. I cared about my schoolwork. I went to school. I never missed school; so, I think when you show that you are a hard worker, you want to do something with your life, you’re interested in higher education, then there are teachers who gravitate towards you and will try and help you, like, “Oh, let’s get your application. Did you do your SATs yet? I’ll help you with whatever you need, to make sure that you get the applications to all the schools that you’re interested in going. Have you looked at this school?” I had the support of family, and I had people that I could look up to in my family. That’s all they, “Yup, you’re going to go.” There was nothing else other than, you’re going to go to college, you’re going to have a career; that’s what you’re going to do. There’s no other way but that. I think having a supportive family and having supportive educators in your life is something that was essential for me to be successful, but I also had to have the desire and drive to be able to pursue some of the things that I was interested in. (p. 3)

Participant 7 offered:

There was always encouragement and support in my circle. I had great friends and co-workers that I went through the nursing program with. The moment I developed the relationship with my, now, mentor, I knew that we would be friends for life. At home, the support was there as well. I can remember crying on several nights about the assignments that I had or the tough patients. My husband
couldn’t really sympathize with me because he’s not in healthcare, but he’s always there to listen. (p. 20)
**Category 2: Barriers encountered along the way.** Every nurse’s journey through the success process is different. The participants’ discussions centered on the many challenges facing them as they navigated through the hiring and advancement process in the workplace. These challenges included being stereotyped as not being smart enough, not having as much experience as other candidates, or, possibly, not being considered for advancement because of race. To address these obstacles, the participants were asked what their experiences were with getting job promotions.

**Unequal advancement.** In 1992, a survey was conducted by both the ACHE and the NAHSE. The survey examined the existence of disparities between Blacks and Whites who had the same level of higher education but who were functioning at different leadership levels. Participant 7 stated:

I can recall applying for a position as a nurse manager after working on my unit for over 7 years. The 7-year stint was longer than anyone else on the unit, but I was told that I needed more experience. The job was awarded to a new graduate that had only 3 years of experience as a clinical nurse. (p. 4)

Participant 5 summarized her feelings about the challenges she endured,

I do remember applying for a supervisory position, and I did not get that supervisory position on my floor. There were no other nurse managers, and this was below a nurse manager. It was a nurse coordinator in the hospital. The only other nurse manager I knew of was on the orthopedic floor. She was a nurse manager, and she was the only African-American nurse manager in the whole hospital, and that’s crazy. When I applied for the position, I did not get that
position, even though I was [the] most qualified. They ended up giving it to
another person. (p. 5)

Color classification is one way of narrowing advancement, and it could have a
bearing on income potential for Black nurses. Participant 6 reminisced about how she
was offered a management job but at such a decrease in pay, she couldn’t possibly take it.

I interviewed for assistant manager. I got the job, but when it came down to
salary, it wasn’t like . . . I was making more at what I’m doing now, versus going
into management. I feel like the salary that they offered me would have been
different for a Caucasian nurse applying for the same position. (p. 3)

Participant 3 remembered getting her first job promotion because she was a team player
and was viewed as a leader early in her career.

When I started working, I was on evening shift, and you had a little more
camaraderie. There was a lot of support and everyone worked together. When a
job came available for a charge nurse, I was almost asked to take the position
because I was a leader. The funny thing was that most of my support came from
White nurses and not Black nurses whom I thought were my friends. (p. 16)

Participant 5 remembered being one of two nurses of color on her floor:

There were two of us on the burn unit when I started out, but because the other
Black female nurse was very outspoken and confident in her work, she was seen
as a threat to our manager at the time. She didn’t make it on the burn unit and was
transferred to a different unit. (p. 14)

*Lack of leadership preparation.* For nurses to be promoted to managerial
positions, they must first take part in classes to prepare for the transition. According to
the nurses that were interviewed, this invitation was extended to only the chosen few.

Participant 7 remembered how she received extra training for the charge nurse position.

It seemed as if every nurse on my unit was being trained for the charge nurse position, even the new nurses. I’d been working on the unit for years and had never been acclimated to the charge nurse position. I went to my manager at the time and asked why I wasn’t being trained. Her reply was that she couldn’t afford to have a “strong nurse” train for 2 weeks because it would leave the floor short. After watching other nurses continue to train for the position, I had to contact my union representative to intervene. I eventually trained for the position and ultimately transitioned to [be] the manager of my unit, but if I would not have spoken up . . . I would still be overlooked and underestimated. (p. 10)

Participant 1 said:

I feel like, as a Black nurse manager, I must show and prove 10 times more than my counterparts. My behavior is critiqued 10 times more. As a Black nurse, my knowledge base is questioned, and that’s very hard because, as a new manager, confidence in my abilities can be very easily lost. I found myself second-guessing things that I knew very well—just because my counterparts felt that my knowledge base was subpar to theirs. (p. 5)

Participant 3 was in line for the role of clinical manager. She recalled the pushback she got while trying to secure the position:

When I would ask the assistant director about the management training courses, and time to transition into the role . . . she would just tell me no. It was like she was trying to set me up for failure by not showing me the ropes. (p. 11)
Lack of allies. Sometimes when a person of color is promoted to a leadership role, she finds herself alone without a sounding board or someone who is willing to help her navigate through the process. Participant 4 talked about having another person of color to pass along ideas and fears with:

I feel like because there are so few women of color in senior roles, it’s hard to make friends. Because you are so busy proving that you belong in the position, you worry about being betrayed by peers. This may sound like paranoia, but I’ve seen it happen by both people of color and of the opposite race. I just keep my ideas to myself, and if I have a problem, I make sure I voice it in such a manner as to not be labeled “the mad Black women.” It seems that when a White woman has issues . . . she’s voicing concern, but if I have an issue . . . I’m considered “mad.” (p. 10)

Category 3: Facilitators to success. There are many things that my participants viewed as facilitators that catapulted their success, but from all of the information gathered, the following themes played the biggest part in their achievements.

Mentors and sponsors. Mentors, role models, faculty, friends, and colleagues played instrumental roles and were influential in the career development of these participants. While the mentors, role models, friends, and colleagues could be distinct individuals, one individual could serve in several roles. Parents were also identified as serving in these roles. This finding was not a surprise.

The participants found mentors in different forms; many of them were not in healthcare, but they influenced the participants by helping them make the right choices at pivotal moments in their lives. Mentors assisted when the participants struggled with the
issue of trying to achieve a balance between their desire to advance professionally and their need to be at home with family. Participant 7 offered:

I can totally remember struggling with my home life. My husband had gotten a promotion, and he couldn’t be home a few nights a week, and I was working as a floor nurse supervisor [charge nurse] at the time. I had been offered the job of manager, but it required long hours as well. I almost didn’t take the job because of family obligations. My mentor in Christ helped me to understand that this was a good move and that the opportunity was exactly what I needed to advance my leadership goals. She even watched my kids for me the first few long nights I had.

(p. 3)

The mentors were found to not only care about the participants’ career advancement needs, but they also showed them that their potential was endless and encouraged them to do their absolute best.

Support systems. Support systems were necessary to the success of these individuals. For many of the participants, the influential individuals were inspiring and offered guidance during the participants’ career progression. Luckily, most participants had mentoring relationships and positive role models during their careers. The participants, for the most part, had positive mentors and role models during their career journeys. These women understood that their success was important not only to them but to their family members and their communities.

Encouragement was a frequent response when discussing how instrumental mentors were in helping these nurses in getting promoted or advancing their careers.
Mentors functioned in a supportive role either directly or indirectly for the interviewees. Participant 5 said:

You need somebody who’s been there to tell you, “You can do it. It’s fine. That happens. I did that. I made that mistake. I got through it. This is what I did. Don’t do that.” You know what I mean? You need somebody to help you with those kinds of things. Yes. I did have a mentor. I ended up having a mentor who was my previous supervisor. She was younger, so she had a different kind of mindset. She moved quickly up the ranks, and she was a White woman. I’ve used her as a mentor on gaining some of those skills that she has as far as communicating with higher-ups and that lateral management and how to do that. Yeah, so she’s helped me quite a bit. (p.10)

**Faith/spirituality.** When the participants were asked how they knew whether a career opportunity was right for them, four of the seven participants acknowledged that they relied on their faith in God to lead and guide their careers decisions. The participants defined faith/spirituality as a trust in God, and a relationship that directs them to answer to a higher being. Participant 7 expanded on her faith:

I have always relied on my faith in God to lead and guide my way. My faith is a very important factor of who I am. I do not make any decisions personally or professionally without going to God first in prayer to ask for his will for my life. So, when a career opportunity comes my way, I am not too quick to jump on it until after I have had time to pray and seek God’s guidance. (p. 6)
To the same effect, Participant 3 offered:

I like to keep in mind that God is not looking for talent, charisma, personality, or skill; he’s looking for obedience. For me, I like to spend some time with my Maker before making a move I will later regret. God has always led me in the right direction when I go to Him first. My career is no different from my personal life in that God is the center of my being. He is the one who orders my steps and shows me my way. (p. 6)

**Category 4: Self-Efficacy.** Self-efficacy comes into play when there is an actual or perceived threat to one’s ability to deal with potentially aversive events (Bandura, 1982). The participants described such events as challenging but readily met. The nurses spoke candidly about their experiences.

**Resilience.** Participant 4 stated:

I think the system wasn’t designed to support me, per se, a woman of color. It just wasn’t designed to support me. While I do feel that I’m self-efficient, I feel I’m confident in what I know, in what I do. I’m assertive in my leadership abilities. I am not intimidated, nor do I feel like I’m lesser than any of my counterparts, but I think that it only takes you so far. You can have it, and I think you should have it, but until the system changes, those opportunities for leadership and for promotions [are] not going to be there. They’re just not going to be there. I think it’s the culture, and the culture needs to change. The idea of being respected for my knowledge, my education, also the culture of being respected for me as an African-American woman. (p. 12)

Participant 4 went on to state:
I think once that changes, I think we'll be able to move up further. For me, I feel like I have it. I’m self-sufficient. If the culture has a thought process of believing in one way, it doesn’t matter how confident you feel, like, you are in your abilities, you’re not moving. I learned to believe in myself. My confidence grew and once realizing I had abilities, I recognized where I could go with them. My mentor made me feel more comfortable and competent in my skills and knowledge. I knew I had something to offer and, subsequently, I could not be as easily intimidated when the challenges came; and they did come. (p. 6)

Participant 3 strongly believed that self-efficacy has everything to do with promotion:

If you don’t see yourself as capable, then you won’t fight to push yourself to find resources, to push for it to say, “I can do this” . . . “I can get it done.” For me, working as an RN and then saying I’ve got to go to school. I was getting frustrated. I was giving the resident the orders that needed to be done when I could do it myself. (p. 8)

Participant 5 also felt that self-efficacy plays a key part, not only in promotion, but in life:

It should start early. You can’t start telling somebody that they’re worthy when they’re 18, when all their life they felt that they weren’t, so that they can feel comfortable to sit next to these other women who always felt worthy. That’s all they know. They’ve never known anything different, whereas somebody else, they’ve known not to be worthy all their life. Then to be put in the same setting is very difficult because then you will feel down. You’re not going to speak up. You’ll probably not do well on a test and then just quit. Somebody will tell you,
“It’s too hard.” Before I started, somebody told me, “Oh, it’s too hard. Everybody fails. I don’t know why you’re trying to go to nursing school.” (p. 14)

**Self-belief.** How important is it to have confidence that you can achieve anything?

The participants were asked if self-belief had any bearing on getting job promotions. Participant 1 believed that believing in your own capabilities is the only thing that gets you the promotion. She stated:

It took me a long time to realize that I am the captain of my ship. It got to a point where I would dare someone to challenge me about what I knew. I maintain a level of competency that precedes me, and as a Black female nurse, I feel that self-belief is the only reason I have such structure. (p. 7)

Participant 5 added:

Self-belief is extremely important. When you’re in class with the 25 White women who have always been told that whatever they say is good, and the opportunities are for them alone. American culture leads us to belief that we, as Black women, will never be chosen for leadership positions first. You must believe in your abilities as a leader and as a change maker. Self-efficacy and self-belief are extremely critical for success. I feel that I’m confident in what I know—in what I do. I’m assertive in my leadership abilities, and I’m not intimidated by my counterparts. (p. 5)

**Closing Thoughts**

At the end of each interview, the participants were asked if they had any additional comments about their career experiences and if they could give one piece of
advice to aspiring Black nurses who are looking to advance their careers. Participant 5 gave this advice:

I think the advice would be to go for it. First, you must want to be a leader because you can’t just say, “I want to be a supervisor, and I want to boss people around.” That can’t be the only reason why. It should be because you have a passion for changing policy or changing guidelines that don’t fit each person who comes to receive healthcare at that setting. I think you should have a bigger picture of why you’re doing what you’re doing in the sense of patient-centered care, competent care to our patients, culturally competent care, and looking at the bigger picture. It must be all-encompassing and bigger than me. Look at the bigger picture and the vision of what you want to see—the change you want to see in healthcare. (p. 14)

Figure 4.1 is a diagram of the key steps needed to climb the ladder to success. The diagram was created by the researcher as a way of describing self-efficacy as it relates to promotion.

Figure 4.1. Self-Efficacy Diagram.
Summary of Results

Each of the seven participants in this study had been successful at attaining certain levels of leadership in the nursing field. Despite the success of these women, the career path for Black nurses required tenacity, hard work, commitment, and diligence. There are still levels of leadership that the women had not accomplished, but through faith and hard work, they were optimistic. The findings provided insight on how Black females can navigate their careers as told in their own words. The key strategies identified by the participants were determination, support systems, faith/spirituality, and self-efficacy.
Chapter 5: Discussion

Introduction

The purpose of this study was to explore the career advancements of Black female nurses with an interpretation of the factors that both facilitated and possibly hindered the career development of these up-and-coming leaders in healthcare organizations. In this chapter, there is an overview of the study and a discussion of the methodology and findings. Through a phenomenological approach and in-depth interviews, this study investigated, analyzed, and describes the barriers and facilitators of career development of Black nurses.

The participants told stories of career development, which were analyzed to extract codes and themes, including the influences of support systems, guidance, diversity, and self-efficacy. The study reveals how these categories and themes affected the development of the participant nurses’ careers. The women in this study advanced in their careers, but as they became somewhat successful, they encountered both facilitators and barriers that ultimately provided their journeys’ destination and the positions they held at the time of this research.

The Institutional Review Board of St. John Fisher College approved the study, participation was voluntary, and informed consent was obtained. Data were collected during interviews with the seven study participants who represent one of Upstate New York’s largest medical facilities. Measures were taken to protect the participants’
identities and the confidentiality of the data. Names and demographic details were not used. Ethical research conduct was important as the issues could have been complex.

The researcher used semi-structured open-ended questions that addressed the guiding research questions:

1. From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what critical elements contributed to this advancement?
2. From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what experiences are perceived as obstacles/barriers to promotion or advancement?

To develop interview questions that would elicit pertinent information regarding the lived experiences of these Black female nurses, numerous research was reviewed and generated. Using Bandura’s (1977) social learning theory of self-efficacy, the research attempted to elicit a general interpretation of the participants’ sense of self-determination derived from navigating through the career advancement process.

The questions and prompts that were developed to interview the study participants included:

1. Why did you decide to become a nurse?
2. What was your experience with getting promotions in your department?
3. What were some identified obstacles/barriers that you faced at the leadership level?
4. What were some identified facilitators that helped you navigate through what can be considered a competitive environment for Black female nurses?
5. In your role today, what do you find most challenging?

6. In your opinion, are mentors or sponsors helpful for career advancement?

7. Did you have a mentor or someone who helped you advance your career? This help could have been in the form of moral support, financial support, or anything that you found helpful.

8. From your perspective, does self-efficacy (the belief that one has the ability, with one’s actions, to bring about a certain outcome) have anything to do with success?

To protect the confidentiality of the nurse participants, no demographic information was collected, but field notes were compiled during the audio-taped interviews, and member checking was used to increase trustworthiness and credibility of the data collected.

Thematic analysis of the data followed a precise protocol as Moustakas (1994) suggested: (a) list every significant statement with equal value, (b) cluster the data into categories and themes, (c) bracket the researcher’s preconceived experiences to better understand the experiences of all of the participants, and (d) reduce the meanings of the participants’ experiences to the essentials of the experience. This protocol emphasized the organization and rich description of the data. The phases of thematic analysis include:

Phase 1: Become familiar with the data/transcription.

Phase 2: Generate initial codes/data reduction.

Phase 3: Search for categories/themes.

Phase 4: Review themes.

Level 1: Do the themes form coherent patterns?

Level 2: How the themes connect to the data set?
Phase 5: Define and naming themes.

Phase 6: Produce the report.

A large number of categories and themes emerged from the data. The four main categories incorporated elements related to the career advancement of Black female nurses: (a) decision to become a nurse, (b) barriers encountered along the journey to success, (c) facilitators that enhanced the process, and (d) self-efficacy. The categories were further expanded into themes including: (a) preparing for the journey, (b) relationships (c) unequal advancement, (d) lack of leadership preparation, (e) lack of allies, (f) spiritual beliefs, (g) support systems, (h) resilience, and (i) self-belief. The themes encompassed a spectrum of factors that facilitated or impeded their success.

This chapter summarizes the research process that uncovered the factors affecting the success of Black female nurses aspiring to hold leadership roles. Implications of the research findings are discussed, and limitations of the study are explored. Recommendations for the nursing profession are offered, and a conclusion is presented.

**Implications of Findings**

This phenomenological study contributes to an understanding of the career development of Black female nurses. This study is one of few that addresses the career development of Black nurses in a healthcare setting. With the increasingly diverse population, it is imperative that organizations attract, hire, develop, retain, and advance qualified Black nurses. Healthcare disparities and patient safety concerns are better addressed with diversity in leadership. This study presents an understanding of the career advancement of Black nurses into leadership roles. These categories and themes represent
some of the issues Black female nurses face while working toward securing leadership roles in healthcare.

The interview guide was intended to answer the research questions, and the themes that emerged also addressed the research questions. In this section, the researcher describes the extent to which the findings address each research question. The first question (From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what critical elements contributed to this advancement?) related findings are discussed first.

The participants identified several barriers to their career development. These barriers and challenges included: unequal advancement, lack of leadership preparation, and lack of visible Black leaders in practice. This study sides with the findings of the Federal Glass Ceiling Commission (1995) report that revealed some major barriers to the advancement of women in organizations. These findings include: (a) lack of active recruitment of women and minorities, (b) corporate climates that eliminated and isolated women, (c) lack of mentoring, (d) lack of management training, (e) lack of visibility on major committees, and (f) lack of opportunities for career development. While the Federal Glass Ceiling Commission report indicated that their participants perceived they had hit the glass ceiling for career advancement, this was not a finding in this study. The next section discusses the application of Bandura’s (1977) self-efficacy.

To summarize the findings for the second research question (From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what experiences are perceived as facilitators or critical elements contributing to promotion or advancement to leadership positions?), the participants reported a variety of
facilitators to their successful career development. These facilitators can all be
categorized by Bandura’s (1997) social learning theory as it pertains to not only career
development but also self-development.

**Mentors and sponsors.** For the participants in this current study, mentors and
sponsors were important to their success. Mentors served in roles such as advisor,
educator, confidant, and friend. These findings matched with the findings of many of the
studies on the role of mentors (ACHE, 2002; Cook et al., 2002; Goodin, 2003; Mullen,
2007). Observing an established leader succeed in carrying out a difficult task tends to
raise the observer’s motivation to attempt the same task. On the other hand, an observer
who encounters a negative leadership experience will doubt his or her ability or simply
perform poorly and can be easily dissuaded from attempting future tasks (Schunk, 2012).
This concept often applies to Black female students who aspire to nurse leadership
positions in healthcare organizations that lack diversity. Although barriers to career
advancement exist, role models serve as a reminder that goals can still be attained
(Goodin, 2003).

Cook et al. (2002), in addition, added that if given the opportunity, White mentors
should not neglect the chance to mentor outside of their race. The participants in the
study did not mention the race of their mentors and/or sponsors, but for most of them, the
researcher could surmise that they were of the same race. The specific gender of the
mentors and sponsors was not mentioned at all.

Byars-Winston (2010) also mentioned that racial and ethnic minority clients are
entering a workforce where people of their own racial/ethnic group are occupying lower
level positions that underutilize their skills, and this finding could contribute to the
client’s perceptions of the opportunities that are available to them. This observation also underlines the value of same-race mentors and same-race role models in the career development of Black women. However, while mentors were mentioned by most participants in this study as important for their career development, only two of the participants specifically noted the importance of same-race mentors and role models, and the lack of same-race mentors or role models was expressed as a barrier to their career development. However, Gunn (2005) conducted a quantitative study of 468 African American women on the barriers that these women faced as they sought leadership positions that involve policy formation. Gunn found that having African American male mentors and role models were positive predictors of their success.

Another finding of the study was how valuable role models were in the career development of these females. Role models served a major role in the informal learning of these women. The women learned from individuals whose behaviors they wanted to emulate.

**Faith/spirituality.** There was no question that faith and spirituality played a huge role in the career development of these participants. The spiritual community was noted as a critical component of these participants’ success. Career theorists that focus on trends have mentioned career development as more of a collective interaction among the individual, the community, and the environment through a holistic and systems view (Patton & McMahon, 1999). A growing body of evidence suggests that the beginning of the 21st century has put greater emphasis on the importance of faith and religion on the career development of individuals (Jean-Marie, 2004). The majority of the participants in
this study attributed their continued success to a higher power. They made it clear that God came first in their lives.

Studies in career development must continue to include the influence of spirituality on career development. The participants of this study attributed faith and spirituality as helping them develop a sense of community and a call to leadership development. Their spiritual practices, belief in God, and devotion to biblical principles allowed the women to manage the challenges in their lives. For the participants, the mantra was “God’s will” as well as the notion that their career path was ordered and influenced by God.

While there were comparable stories from the women, their stories were not intended to reflect identical views of every Black women’s career development. Consequently, through their similar stories, others may learn how they managed their careers and the important roles of family, friends, church, and community on their career journeys. They were united by strong Black families; the importance of school, home, church, and society; and their faith and spiritual grounding. Also, education was valued, and there was a commitment to excel. The nurse participants in this study demonstrated perseverance and resilience in the face of racial and organizational barriers.

**Support systems.** Parents, teachers, extended family, and grandparents were indicated as the most influential in the development of the participants’ careers. These influences gave sound advice and helped the participants to see their potential early in life. They believed at an early age that they could make a difference by helping others.

Although a majority of the participants did not reference any specific career advice from parents or teachers regarding their career choice, there was no information
revealing that their parents forced their children into a specific career. Moreover, their influence was, in Participant 7’s words, “getting a good education” so that “you can take care of yourself” with a goal of having a better life than the parents. It appears from the findings that career choice was determined by the participants.

Once the participants identified their careers, they were aided in their career development by their support systems. Initial career development required educationally prepared individuals and a commitment to ongoing staff development. Throughout their lives, they were faced with barriers and challenges, mainly from the impact of racism. Despite their experiences with discrimination when it came to career advancement, none of the participants viewed their experiences from a victim perspective. Instead, these women found inner strength that helped them channel their inner strength to meet challenges and to demonstrate career resilience.

**Self-efficacy.** Bandura (1977) referred to self-efficacy as one’s perceived capability in carrying out a specific action or task, and it is a significant predictor of performance. Self-efficacy is also important in promoting a sense of agency or the ability to regulate one’s actions (Bandura, 1989b; Schunk, 2012). In this view, people are self-organizing, proactive, self-regulating, and self-reflecting. The participants were contributors to their life circumstances, they were not just products of them (Bandura, 2005). Strong self-definition was dominant among the participants in this study.

Starting from their childhood and shaped by their nurturing families and communities, the participants in this current study were confident and determined throughout their lives. Self-efficacy was exhibited at many stages of their career development. According to Hackett and Betz (1981), whose social cognitive career theme
is based on Bandura’s (1982, 1997, & 2005) work, the implication of self-efficacy on one’s career influences career choice, effort, persistence, and career performance reflects one’s ability to succeed.

**Resilience.** Hart, Brannon, and DeChesney (2014) added that understanding resilience, the ability to effectively cope in challenging situations, can assist in helping minority nurses. The findings from this study reveal that the participants displayed resilience when faced with career and life adversities. They used words, such as willpower, determination, and claiming what they knew was theirs, to describe the process of career development. They kept a positive attitude, managed their emotions effectively, and always kept their focus on the goal. To succeed in an environment filled with obstacles, challenges, and stress, the study participants developed a personal resilience to overcome and, in some ways, grow stronger from the experience.

London’s (1983) theory of career motivation reflects the interaction of the individual characteristics and situational variables as evidenced by one’s career decisions and behaviors. Individual characteristics represent three domains: (a) career identity, (b) career insight, and (c) career resilience. Career identity is how central one’s career is to one’s identity. Career insight is the extent to which the person has realistic perceptions of him- or herself, the organization, and his or her career goals. Career resilience is a person’s resistance to career disruption in less than an optimal environment. Career vulnerability, the opposite of career resilience, is the inability to manage when confronted with less than optimal environments. Bandura (1989) put forth four sources of information affecting self-efficacy and resilience beliefs: performance accomplishments from personal experiences leads to mastery, vicarious experiences providing opportunity
to observe successes and failures of models, verbal persuasion received from others’ experiences, and physiological and emotional responses such as stress and anxiety (Bandura, 1977; Schunk, 2012). Bandura’s (1977) theory of self-efficacy supports the notion that mentoring can improve self-efficacy of mentees. Mentors can also achieve a high level of mentoring self-efficacy from successful interaction with mentees. Early stages of transitioning to a mentoring role as a mentor or to a teaching role as a mentee are critical to the overall performance in these roles.

The four techniques are viewed as building blocks to help understand the lived experiences of these successful nurse leaders. Redmond (2010) declared verbal persuasion can be influenced by encouragement and discouragement pertaining to an individual’s performance or ability to perform. Vicarious experiences can bring about high or low self-efficacy vicariously through other people’s performances. A person can watch another person perform and then compare their own competence to that of the other person’s competence (Bandura, 1977). Performance outcomes are said to be the most important source of self-efficacy. Positive and negative experiences can influence the ability of an individual to perform a given task such as taking on leadership roles in healthcare.

The nursing participants in this study reflected high levels of self-efficacy and resilience, which was demonstrated by their readiness to take on roles that were perceived as real challenges. Their resilience helped the participants to keep their heads above water, bend but not break, grow in the wake of challenges, weather the storms, and survive to overcome adversity. Self-efficacy, risk-taking, and dependency constitute career resilience.
Barriers are anything that impede an individual’s career development, and facilitators are anything that enhance or propel an individual’s career development. Family, friends, colleagues, and mentors contributed as facilitators and barriers to the participants’ career development, which were unequal opportunities for advancement, lack of leadership preparation, and lack of comradery at leadership levels. Educational support was reported by most of the participants as the most frequent healthcare organization facilitator of their careers. Overall, the perceived barriers that these women faced were unanimously agreed to as challenges, which, with effort and time, could be managed.

Limitations

A limitation of this study was that the sample comprised seven Black female nurses in leadership roles who were employed at a medical facility in Upstate New York. Although overall generalization of study findings could not be made to larger populations, specific findings of the study were generalizable, especially to aspiring nurses who desire leadership positions in a healthcare setting like those of the participants (Creswell, 2013; Donmoyer, 1990; Guba & Lincoln, 1981).

Recommendations

Practice. The researcher underscores the American Organization of Nurse Executives’ (AONE, 2006) recommendation that future nurse leaders assess their personal, professional, and career goals, and undertake career planning and seek mentorship from respected colleagues. Actively seeking a mentoring relationship with someone can provide guidance for nurse leaders’ career paths. Mentors are influential; they open doors and provide support for their mentees.
Because there are very few studies that address, specifically, the career advancements of Black nurses in healthcare, it is recommended that more participants be included in the interview phase to gain a broader perspective of Black female nurse leaders in healthcare. Additional replications of this research employing other race nurse leaders in different areas of the nursing profession, such as the education setting, could also provide valuable findings.

Policy development. The findings of this current study revealed that organizations must do a better job mentoring and promoting Black female nurses into positions of leadership, and they need to establish specific policies and procedures that address career advancement. It should be the organization’s duty to value diversity. Created strategies that reflect the commitment to diversity is a must. In “Advancing Diversity in Leadership in Healthcare,” Witt/Kieffer (2007) identified that according to minority leaders, a lack of commitment by top management, the board, and human resource departments are barriers to diversity recruitment, retention, and the leadership development of minorities.

Recommendations from the Witt/Kieffer (2007) report for enhancing diversity recruitment included: (a) being sensitive to cultural differences, (b) mentoring employees, (c) establishing a specific diversity recruitment program, and (d) developing relationships with search firms committed to diversity. Given that most of the participants in this current study were advanced as internal hires within their organizations, it is imperative that the organizations provide the infrastructure for career advancement. This infrastructure must include procedures to (a) scan the environment, (b) identify those
with leadership potential, (c) create a plan for structured and unstructured mentoring, and (d) provide training and development.

Organizations with the required expertise can create internal leadership programs and provide opportunities to attend external fellowship and leadership programs. The training and development programs can include the strategies identified by the participants in this study for their career advancement. Black nurses interested in leadership positions benefit from leadership training and development programs, but healthcare organizations also benefit by ensuring prepared, qualified, and ready individuals will ascend into leadership roles.

The AONE (2006) reported that hospitals are likely to undergo a sizable turnover of nurse leaders because of an aging workforce. As a result, organizations must be proactive in developing their needed workforce. Critical to the success of developing the workforce is the role of mentors in helping to prepare these nurses for future nursing leadership positions. Organizations must provide the management and the leadership development, the networking and the mentoring experiences required to develop future nurse leaders.

Hite (1998) explained that since women of color are twice removed from the ranks of dominant culture, based on race as well as gender, their potential need for the benefits of mentoring would appear to be even greater than that of their White female colleagues. Mentor-mentee relationships, regardless of race or gender, can be created either through assessment and selection or volunteering. With a comprehensive set of goals and objectives to be accomplished, time must be dedicated to this important endeavor. Depending on the scope and the needs of mentees, informal mentoring could
be relevant for attaining the required developmental goals. Strengthening the collaboration between organizations and the community may provide networking opportunities. Organizations must facilitate a culture where issues of racism and diversity can be addressed, and where policies and strategies can be created and implemented to address these issues.

**Future research.** Based on the findings of this study and the literature, there are several implications for future research. First, in the area of career development, future studies should focus on the impact of risk-taking and resilience on the development of individuals and the career development of nurse leaders. Second, based on a limitation of this study of interviews with only seven participants, another study should be replicated with participants from other cities and states to determine any differences in the findings. Such a study would expand the transferability of the findings from the present study. Third, for nursing, the role of spirituality in the lives, careers, and career development of nurses should be explored. Finally, studies on the career development of Black female nurse managers and leaders should continue to be investigated.

Existing literature regarding Black female nurses and their experiences with getting promotions are limited. Most of the literature is centered on statistics of women in leadership or on minorities grouped as African Americans, which could translate as all ethnicities that are of color. To date, there is a lack of studies regarding Black female nurses who aspire to become leaders in the healthcare industry. This study adds to the body of literature that describes the quest for leadership in healthcare.

The findings from this study can serve as a roadmap for recording one’s career development, as depicted by the emerging career development model of Black female
nurses who aspire to be the best and to obtain roles that directly impact healthier outcomes for the public. The results of the study are encouraging, not only for Black female nurses who aspire to be in leadership roles, but for all women. Nurses aspiring to the decision-making level in healthcare would benefit from networking with those who have made it and are successful in these roles. Aspiring nurses would also benefit from those who can facilitate their career development and help them to navigate the barriers to their career development.

Continued research should be documented on proven strategies that could help in the promotion of Black females in healthcare and other disciplines. It is recommended that healthcare organizations expand their knowledge on the benefits of having minorities and women leadership roles. It is also recommended that Black female nurses advance their knowledge of hiring practices that may impact their advancement. These nurses should always seek out management opportunities. Minority patient populations continue to grow, and organizations have an opportunity to raise culture awareness and decrease disparities by ensuring that leadership composition resembles the community being served.

Conclusion

In conclusion, the goal of this study was to explore the career advancements of Black female nurses with an interpretation of the factors that both facilitated and possibly hindered their career development. Current studies show that Black female nurses are underrepresented at the leadership level in healthcare. Racial and ethnic minority groups comprised only 12% of RNs, of whom 4.9% were Black (USDHHS, 2012.
The leadership of Black female nurses is needed to ensure the delivery of culturally competent care for the expanding diverse patient population, as well as to provide role models to Black nurses aspiring to leadership positions (Georges, 2004). As the nursing profession faces the challenges of culturally competent care to diverse populations, increasing the number of minorities at the decision-making level could be a possible solution to the crisis. The increase in leadership diversity could be accomplished by understanding the facilitators and barriers that may be encountered while obtaining leadership positions. Self-efficacy theory was used to describe and explain the motivation of leadership and the ability to look inside one’s self to propel forward. Given the lack of diversity in upper-level management, self-efficacy is a topic that could positively impact future minority leaders in healthcare.

The investigation into studying career advancement of Black female nurses is lacking in the literature. Regarding underrepresentation, the research field has focused on glass ceiling reports and diversity and culture differences as they relate to advancement in the workplace. The literature has not tackled positive affirmation or personal attributes that influence persistence. The purpose of this study was to explore the career advancement of Black female nurses as it relates to facilitators that helped and possible obstacles that presented as challenges. This research will impact future leaders in healthcare and answer the call for culturally competent care of diverse populations.

Professional nursing must rise to meet the needs of diversity to ensure cultural competency. The challenge of providing quality healthcare to minorities with culturally diverse needs continues to be a priority as the population increases. Access to healthcare
offered by qualified culturally competent providers has been linked to positive outcomes and these outcomes are influenced greatly by race and ethnicity (Zajac, 2011).

The research design for this study of exploring the critical elements, obstacles, supports, and opportunities that shape the careers of Black female nurse leaders is a qualitative method with phenomenological inquiry. A research design links the purpose or question to an appropriate method of data collection (Andrew & Halcomb, 2009).

Seven Black female nurses, working at one of the largest healthcare facilities in Upstate New York, were interviewed. The findings of the study were derived from the guiding research questions:

1. From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what critical elements contributed to this advancement?

2. From the perspective of a Black female nurse who has been promoted to a leadership position in healthcare, what experiences are perceived as obstacles to promotion or advancement to leadership positions?

Many categories and themes emerged from the data. The four main categories incorporated elements related to the career advancement of these nurse leaders were: (a) becoming a nurse, (b) barriers encountered along the way, (c) facilitators that helped with promotion, and (d) self-efficacy. The themes encompassed a spectrum of factors that facilitated or hindered these nurse leaders’ success. Essences were also identified to add quality and increase an understanding of the participants’ experiences (Husserl, 1998).

The first category, becoming a nurse, emerged as a broad, multifaceted category when the participants described their journey from contemplating the nursing profession
to preparing for and navigating relationships encountered in the nursing education process as nursing students and novice nurses. The two themes identified under this category include (a) preparing for the journey, and (b) relationships.

The second category that emerged from the data analysis was the discussion of barriers these leaders faced while pursuing their careers. The themes identified include (a) unequal advancement, (b) lack of leadership preparation, and (c) lack of allies. The third category, facilitators, which propelled the participants’ careers were identified as (a) spiritual beliefs and (b) support systems. The fourth and final category revealed was self-efficacy. The themes uncovered from the data include (a) resiliency and (b) self-belief.

The findings from this study indicate that these women attributed family, mentors, strong faith in a higher power, and self-efficacy as the reasons for their continued success. Furthermore, evidence from this study supports the literature surrounding the overall benefits of mentoring and a strong sense of self. For the participants of this study, benefits, such as increased self-confidence and self-awareness, were evident from the collected data. Moreover, mentoring was also found to be influential in the professional development of these nurse leaders.

Outwardly, it would appear that the issue of race is not a key element in the establishment of a mentoring relationship, as evidenced by the large percentage of nurse leaders who have engaged in cross-race mentoring relationships. However, when exploring deeper into the phenomenon of race, there seems to be some degree of comfort associated with having the same race in common. In their discussions of race, the participants wavered in their views.
What was evident was despite taking a strong position on the unimportance of race in a mentoring relationship, some of the nurse leaders still admitted in nursing, a female-dominated profession, women are expected to rise to the top. Subjectively, studies and articles have indicated a lack of minority representation in the nursing leadership role. This study focused on how Black female nurses have changed their environment, both personal and situational, to become successful and achieve decision making roles.

Rather than single events propelling the participants to their leadership positions, it was the result of numerous factors that were critical to their career advancements. The ability to learn, take risks, effectively manage challenges and barriers, and work with supportive role-models and mentors propelled these individuals to the top.

Although a small proportion of Black female nurses achieved positions at the same level as non-minority nurses, there remains a scarcity of Black female nurses in decision-making positions of authority, which raised the question of what factors contributed to this lack of advancement, but, more importantly, what factors have contributed to the success of the few who have achieved such level of success in healthcare organizations.
References


Chen, J., Vargas-Bustamante, A., Mortensen, K., & Ortega, A. N. (2016). Racial and ethnic disparities in health care access and utilization under the Affordable Care Act. Medical Care, 54(2), 140-146.


Appendix A

Letter of Support

March 13, 2017
RE: IRB Letter of Support

Dear Institutional Review Board Chair and Members:

I am writing this letter of support for one of our mentored doctoral candidates, Priscilla Gayle.

It is our intention to support Priscilla Gayle and her research on Career Advancement of Black Nurses in Healthcare: The Lived Experience of Successful Leaders and Critical Elements Learned Along the Way. Participants in this research effort are all employees of Upstate Medical University.

Research Overview

Data indicates that the percentage of Black nurse in the healthcare profession is significantly less than the general population. In addition, data suggests that the percentage of Black Nurses in leadership positions such as chief nursing officers, managers, and supervisors is woefully low. These two conditions are related, and in order to promote a higher percentage of Black nurses in the nursing profession, the number of such nurses in leadership positions needs to be increased. This study examines critical elements that have supported advancement for Black nurses and barriers or challenges that occurred along the way. The problem of underrepresentation of racial and ethnic nurses in leadership positions warrants the need to further explore the complexities and challenges that Black nurses face as they pursue leadership appointments in healthcare.

Sincerely,

Maxine Thompson, MSW, LCSW-R
Assistant Vice President and Chief Diversity Officer
Appendix B
St. John Fisher College IRB Approval

June 27, 2017

File No: 3752-052517-12

Priscilla Gayle
St. John Fisher College

Dear Ms. Gayle:

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, “Career Advancement of Black Nurses in Healthcare: The Lived Experience of Successful Leaders and Critical Elements Learned Along the Way."

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at irb@sjfc.edu.

Sincerely,

Eileen Lynd-Balta, Ph.D.
Chair, Institutional Review Board

ELB: jdr
Appendix C

Informed Consent

St. John Fisher College
INFORMED CONSENT FORM

Career Advancement of Black Female Nurses in Healthcare: The Lived Experience
of Successful Leaders and the Critical Elements Learned Along the Way

Title of study: ____________________________________________________________

Name(s) of researcher(s): ________________________________________________

Faculty Supervisor: Dr. C. Michael Robinson, Phone for further information: (585) 738-1567

Purpose of study: To identify the critical elements that contribute to promotion and advancement of Black female nurses. To identify the obstacles endured throughout the leadership journeys.

Place of study: Upstate Medical Hospital Length of participation: 60-90 minutes

Risks and benefits: The expected risks and benefits of participation in this study are explained below:

The research through face to face interviews will not manipulate behavior or induce stress. The recall of obstacles to promotion may result in low level anxiety, for which the participant should seek medical guidance from a licensed professional of their choice. The data will advance opportunities for Black female nurses seeking leadership roles in healthcare. The level of risk is minimal.

Method for protecting confidentiality/privacy: Confidentiality will be maintained by the removal of any identifying information such as names, organizations, locations, titles, or dates.

Your rights: As a research participant, you have the right to:

1. Have the purpose of the study, and the expected risks and benefits fully explained to you before you choose to participate.
2. Withdraw from participation at any time without penalty.
3. Refuse to answer a particular question without penalty.
4. Be informed of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to you.
5. Be informed of the results of the study.

I have read the above, received a copy of this form, and I agree to participate in the above-mentioned study.

Print name (Participant) ___________________________ Signature ___________________________ Date __________

Priscilla Gayle ___________________________ ___________________________ __________

Print name (Investigator) ___________________________ Signature ___________________________ Date __________

If you have any further questions regarding this study, please contact the researcher listed above. If you experience emotional or physical discomfort due to participation in this study, please contact the Health and Wellness Center at (585) 385-8289 for appropriate referrals.

The Institutional Review Board (IRB) of St. John Fisher College has reviewed this project. For any concerns regarding this study and/or if you experience any physical or emotional discomfort, you can contact Jill Ratliff by phone at 585.385.8012 or by email at: irb@sjfc.edu.