

2020

## The Lived Experiences of African American Nurses Transitioning to the Workforce

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*Walden University*

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# Walden University

College of Health Sciences

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Stephanie Mitchell

has been found to be complete and satisfactory in all respects,  
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Walden University

2020

Abstract

The Lived Experiences of African American Nurses Transitioning to the Workforce

by

Stephanie Mitchell

MSN, The University of Alabama at Birmingham, 1993

BSN, Tuskegee University, 1983

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing Education

Walden University

November 2020

## Abstract

Newly licensed registered nurses face many challenges as they transition from school to the nursing workforce. The challenges may lead to their desire to leave the workforce which negatively affects nursing retention and contributes to the nursing shortage. African American registered nurses are underrepresented when compared to the percentage of the African American population in the United States. Retaining African American nurses can make a significant contribution to the increasing diversity of the nursing workforce. The purpose of this qualitative phenomenological study was to explore the perceptions of African American registered nurses as they transition to the nursing workforce using Bandura's social cognitive theory as a theoretical framework. Semi-structured interviews were completed with 10 African American registered nurses that met the selection criteria. Data were collected until data saturation was achieved. Data were analyzed using Moustakas modification of the Van Kaam methods of phenomenological data analysis. Key findings from this study included 5 prominent themes. African American nurses felt disrespected, experienced inappropriate staffing practices, noted a lack of teamwork and support, and encountered conditions which led to feelings of stress in the working environment. Recommendations for further research include examining the experiences of African American nurses on a regional or national level. Results from this study can be used to promote positive social change by serving to guide nurse educators, administrators, and healthcare organizations to develop programs that promote the effective transition of newly graduated African American registered nurses to ensure a culturally diverse workforce.

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## Dedication

This study is dedicated to nurses everywhere. The profession you have chosen is one with endless potential for impacting the lives of the professionals you work with, the clients you care for, and the communities in which they live.

## Acknowledgments

To my immediate family, words cannot express how much I appreciate you for believing in me and providing your love and the emotional support I needed to bring this journey to fruition. Arthur, you have been my rock forever and I appreciate all that you do for me and our family. Lena and Luci, thank you for believing in me and encouraging me especially in those times when I wanted to give up. To my grands, Cayleb and Laylah, I love you more than words can say. I finally have the time I want to spend with you without having to tell you that “Nana is doing her school work right now”.

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## Table of Contents

List of Tables .....	v
List of Figures .....	vi
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement.....	4
Purpose of Study.....	5
Research Question .....	6
Theoretical Foundation.....	6
Nature of the Study.....	7
Definitions.....	7
Assumptions.....	8
Scope and Delimitations .....	9
Limitations .....	9
Significance.....	10
Summary .....	11
Chapter 2: Literature Review .....	12
Introduction.....	12
Literature Search Strategy.....	13
Theoretical Framework.....	14
Key Concepts .....	16
Diversity in the Nursing Workforce .....	16



Nurse Turnover .....	19
Transitioning from School to the Nursing Workforce .....	20
Summary and Conclusions .....	21
Chapter 3: Research Method.....	23
Research Design and Rationale .....	23
Role of the Researcher .....	23
Methodology .....	25
Population .....	25
Sampling and Sampling Procedures .....	25
Instrumentation .....	26
Procedures for Recruitment, Participation, and Data Collection .....	28
Data Analysis .....	29
Issues of Trustworthiness.....	30
Credibility .....	30
Transferability.....	31
Dependability .....	32
Ethical Procedures .....	32
Summary .....	33
Chapter 4: Results .....	34
Introduction.....	34
Research Question .....	34
Setting. ....	34

Demographics.....	36
Data Collection .....	36
Participants.....	36
Location, Frequency, and Duration of Data Collection.....	36
Variations from Original Data Collection Plan.....	37
Data Analysis .....	38
Coding Process.....	38
Evidence of Trustworthiness.....	45
Credibility.....	45
Transferability.....	46
Dependability.....	46
Results.....	46
Theme one: Lack of respect .....	47
Theme two: Inappropriate Staffing Practices.....	48
Theme three: Emotionally Stressful.....	50
Theme four: Feelings of Disconnect.....	51
Theme five: Coping Mechanisms.....	52
Summary.....	53
Chapter 5: Discussion, Conclusions, and Recommendations Introduction .....	55
Introduction.....	55
Interpretation of the Findings.....	56
Limitations of the Study.....	58

Recommendations.....	59
Implications.....	59
Conclusion .....	60
References.....	61
Appendix A: Interview Protocol.....	73
Appendix B: Demographic Form.....	75

List of Tables

Table 1. Main Themes/Codes.....42

## List of Figures

Figure 1. Five common themes.....	41
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## Chapter 1: Introduction to the Study

The nursing workforce in the United States is projected to experience a shortage of registered nurses (RNs) as the need for health care continues to grow. According to the Bureau of Labor Statistics' Employment Projections for 2016—2026, an additional 203,700 new RNs are needed each year through 2026 to meet the rising demand for this profession (American Association of Colleges of Nursing, 2019). One of the contributing factors impacting the nursing shortage is the high attrition rate for registered nurses. Approximately 18% of newly licensed registered nurses (NLRNs) leave their first nursing job within the first year (Kovner, Brewer, Fatehi, & Jun, 2014; Sandler, 2018; Unruh & Zhang, 2014).

Demanding patients and families, burnout, fatigue, and stress cause many RNs to leave the profession within a few years after entering the workforce (Snively, 2016). Recent graduates from nursing school may feel inadequately prepared which can intensify their stress. NLRNs who have poor experiences during the transitional period may be overwhelmed which can lead to them leaving the profession (Edwards, Hawker, Carrier, & Rees, 2015). Therefore, nurses need support as they transition from the educational setting to the professional practice environment.

Cultural changes in the population require a need for more registered nurses who share similar backgrounds as the population of patients they serve. Ethnic diversity in nursing is important to improve the health outcomes in the African American population yet, increasing diversity in the nursing professional continues to be challenging (White, 2018). The purpose of this research was to examine the lived experiences of African

American registered nurses transitioning to the nurse workforce. The focus of this study was newly licensed African American registered nurses entering the workforce within the first 24 months following licensure. Exploring their experiences as newly licensed nurses can increase the understanding of how their cultural background influenced their experiences.

This study will contribute to positive social change by examining the factors that may influence newly licensed African American (AA) nurses to leave the workforce. Understanding the lived experiences of newly licensed AA nurses transitioning to the workforce may lead to the development of interventions to promote retention and reduce turnover in the AA nursing population. Retaining African American registered nurses in the profession can ensure a culturally diverse workforce and improve the quality of care patients receive.

Chapter 1 includes a background of the study, the problem statement, purpose, nature of the study, definitions, assumptions, limitations, and significance of the study. Bandura's social cognitive theory served as the theoretical framework for this study and is discussed further in this chapter.

### **Background**

As the United States becomes a more diverse nation, a culturally balanced nursing workforce is necessary to ensure the health and wellbeing of the nation's population (Craft-Blacksheare, 2018; Doede, 2017). Growing health disparities among minority populations indicate a need for increasing diversity in the nursing workforce (American Association of Colleges of Nursing, 2016; U. S. Department of Health and Human

Services, 2014). The quality of care that Americans receive is improved when health professionals mirror the racial and ethnic background of the clients they serve ("Diversity in Healthcare," 2016; Vaida, 2016).

The ethnic and racial minority representation in the nursing workforce does not mirror the racial and ethnic composition of the population in the United States (Melillo, Dowling, Abdallah, Findeisen, & Knight, 2013). There is an underrepresentation of African American registered nurses related to the percentage of the African American population in the United States (Health Resources and Services Administration, 2017; United States Census Bureau, 2015). African Americans represent 13.4% of the population in the United States (United States Census Bureau, 2015) but, only 11% of the RN workforce is African American (Health Resources and Services Administration, 2017). Increasing diversity in healthcare is critical to improving racial and ethnic health disparities (Glazer, Tobias, & Mentzel, 2018). A shortage of African American registered nurses may lead to the inability to respond to strategies to improve health disparities and diversity issues (Salvucci & Lawless, 2016).

A literature review including the use of the key words *African American nurses*, *minority nurses*, *new nurse*, *transition*, *workforce*, *lived experiences*, and *experiences* yielded three studies specific to the transition of newly licensed nurses to practice and the challenges they face (Brown, Baker, Jessup, & Marshall, 2015; J. Brown, Hochstetler, Rode, Abraham, & Gillum, 2018; Mellor & Gregoric, 2016). Common themes emerging from these studies were a lack of support from coworkers, expectations of positive communication and teamwork versus reality in interacting with other healthcare



professionals, and a lack of confidence in caring for clients (Brown et al., 2015; Brown et al., 2018; Mellor & Gregoric, 2016). No studies specific to the experiences of African American nurses transitioning to the workforce were found.

Doede (2017) conducted a secondary analysis to determine minority nurses' job satisfaction and turnover in the United States. The author found African American and Hispanic nurses are more likely to quit than their nonminority counterparts and recommended future research to identify the reasons for their decisions. Because of the lack of research concerning the feelings of the African American registered nurse transitioning to the workforce, I addressed the gap in understanding their challenges. It is crucial to understand the perceptions about their experiences because of the growing need for African American registered nurses. Findings from the study can be used by healthcare organizations to develop interventions to help ease the transition of newly licensed African American registered nurses to the working environment. Easing their transition can positively impact the nursing shortage by improving retention and contributing to the diversity of the workforce.

### **Problem Statement**

Qualified registered nurses are needed to provide care to a diverse population. Nurses leaving the workforce present a barrier to reducing the nursing shortage (Brook, Aitken, Webb, MacLaren, & Salmon, 2019). Newly licensed registered nurses significantly contribute to the group of nurses leaving the workforce. Varying reasons contribute to why NLRNs leave the profession such as difficulties transitioning from school to their first job as a licensed registered nurse.

Newly licensed registered nurses face many challenges transitioning to the nurse workforce such as caring for increasing numbers of patients with multiple comorbidities and high acuities, feelings of being overwhelmed, and performance anxiety (Hofler & Thomas, 2016; Ortiz, 2016). Newly licensed nurses facing these challenges experience difficulty transitioning to the work environment (Dwyer & Hunter Revell, 2016).

Although nurse turnover has been extensively studied (Adams, 2016; Church, Zhaomin He, & Yarbrough, 2018; Kramer, Brewer, & Maguire, 2013; Unruh & Zhang, 2014), there is a gap in the literature specific to turnover among African American nurses and the challenges they face as they transition to the workforce.

I addressed the gap in understanding the challenges faced by African American nurses entering the nurse workforce. Nurses leaving the workforce contribute to poor staffing, which may result in adverse patient outcomes. Therefore, understanding the lived experiences of NLRNs transitioning to the workforce may lead to the development of interventions to promote retention and reduce turnover.

### **Purpose of Study**

The purpose of this study was to explore the perceptions of African American registered nurses as they transition to the nursing workforce. A shortage of African Americans in the nursing profession may lead to the inability to respond to strategies to improve health disparities and diversity issues (Salvucci & Lawless, 2016). This information may assist nurse educators, administrators, and healthcare organizations to develop programs that promote the transition of newly graduated African American registered nurses into the profession to ensure a culturally diverse workforce.

### **Research Question**

The primary research question for this study was: What are the lived experiences of African American registered nurses transitioning to the workforce?

### **Theoretical Foundation**

The theoretical foundation for this study was Bandura's social cognitive theory (SCT). In SCT, self-regulation is a strong motivating factor in human behavior and encompasses three principles: self-monitoring of your own behavior, judgment of your behavior, and effective self-reaction (Bandura, 1991). Self-monitoring of behavior includes personal competence and performance, and how behaviors affect an individual's self-esteem (Bandura, 1991). According to SCT, behavior is influenced by personal factors and environmental factors (Conner, Paul, McCabe & Ziniel, 2017). It includes learning by watching the actions of others and observing the consequences of those actions (Malone 2002).

Newly licensed registered nurses entering the workforce bring a certain level of skill development from their educational experiences in the classroom and clinical setting. Traditionally, they complete an orientation that encompasses training with an experienced nurse on their assigned unit. When individuals transition to a new environment, they may experience some degree of anxiety and frustration, especially when observing individuals behaving in a way that is contrary to their beliefs or expectations (Mariet, 2016). Newly licensed registered nurses transitioning to the workforce may find conditions in the working environment that are in contrast to what

they learned or experienced as student nurses. Bandura's theory also provides insight into group assimilation behavior.

### **Nature of the Study**

The nature of this study was qualitative, using a phenomenological approach. Phenomenological research involves capturing and describing the lived experiences of the research participants (Grove, Burns, & Gray, 2013). This approach was used to allow the research participants to describe their experience in their own words and examine the meaning of those experiences (Rudestam & Newton, 2015). In this qualitative study, I used purposive sampling of available participants who met the study criteria. I conducted semi structured interviews with African American nurses who have entered the workforce as a registered nurse within 2 years of graduating from an associate or baccalaureate degree nursing program. According to Kovner, Brewer, Fatehi (2014), approximately 33% of newly licensed registered nurses leave their first nursing job within 2 years. Therefore, I selected to use 2 years as a selection criterion for my study.

### **Definitions**

The following key terms were defined for this study:

*Diversity*: the condition of having or being composed of differing elements: variety; *especially*: the inclusion of different types of people (such as people of different races or cultures) in a group or organization (Diversity, n.d.).

*Health Disparities*: "a population-specific difference in the presence of disease, health outcomes, or access to care." (Department of Health and Human Services, 2000).

*Newly Licensed registered nurse (NLRN):* A person who has completed the education requirements to be a registered nurse (RN) and obtained their initial licensed to practice as an RN (Morolong & Chabeli, 2005).

*Nurse turnover:* the process where nursing staff, voluntarily or involuntarily, leave their positions or transfer within the hospital environment (O'Brien-Pallas, Griffin, Shamian, Buchan, Duffield, Hughes, & Stone, 2006).

*Perception:* Cambridge dictionary defines perception as “a thought, belief, or opinion often held by many people and based on how things seem (Perception, n.d.)

*Transition:* a challenging journey where new nurses go through emotional, intellectual, and role-relationship changes during their first year of professional practice (Kaihlanen, Haavisto, Strandell-Laine, & Salminen, 2018)

### **Assumptions**

One of my primary assumptions was that all study participants would be honest in their responses regarding their lived experiences. Further, I assumed that all NLRNs desire a smooth transition to the workforce. I also assumed that all NLRNs experience some level of stress while transitioning to the workforce and expressing their experiences depend on their ability for recall. This stress may be related to their comfort level with skill development, communicating with other healthcare professionals in their work environment, and their level of satisfaction with their career choice. I assured that each study participant understood the voluntary nature of the study and signed a consent form.

### **Scope and Delimitations**

The scope of this phenomenological study encompassed African American registered nurses who obtained a license to practice from the Alabama Board of Nursing and entered the workforce within the past 2 years. I used purposive sampling to gain an in-depth understanding of their experiences as they transition to their first role as a registered nurse. To be included in this study, potential participants were newly licensed as a registered nurse, African American, and had worked in their practice area for less than 24 months. Newly licensed registered nurses are nurses who have successfully completed the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and were working their first job as a registered nurse. Newly licensed registered nurses who hold a license to practice and experience as a licensed practical nurse were excluded from the study.

### **Limitations**

Because my focus was on African American registered nurses in the state of Alabama, study findings were limited to that population and state. The validity of my research also depended on the quality of the responses provided by the research participants. The contextual basis of qualitative research requires the researcher to describe the relationship between the participants and themselves to increase transparency and the credibility of the findings (Dodgson, 2019). I used reflexivity to examine my role as a researcher in relation to what was being studied and to be consciously aware of the assumptions and expectations that I brought to the research process. I therefore avoided potential biases which could have shaped the outcome of my

data. I used my knowledge and experience from being a nurse that once transitioned to the workforce, to probe and seek in-depth information from the study participants.

### **Significance**

To meet the health care demands of the nation, communities, and individuals, highly educated and qualified nurses are essential (Snaveley, 2016). Adequate numbers of nurses are needed to provide safe, effective patient care and without nurse professionals to meet the demands of society, the health of individuals will suffer. As the United States becomes a more diverse nation, a culturally balanced nursing workforce is necessary to ensuring the health and wellbeing of the nation's population (Craft-Blacksheare, 2018; Doede, 2017). African Americans represent 13.4% of the population in the United States (United States Census Bureau, 2015), but only 11% of the RN workforce is African American (Health Resources and Services Administration, 2017). The quality of care that Americans receive is improved when health professionals mirror the racial and ethnic background of the clients they serve (Vaida, 2016). African American nurses are needed to make a significant contribution to the diversity of the nurse workforce.

Researchers revealed that newly graduated registered nurses experience a lack of acceptance and respect, poor support, and insensitivity from experienced nurses, which leads to an unhealthy work environment (Phillips, Kenny, Esterman, & Smith, 2014; Van Rooyen, Jordan, Ten Ham-Baloyi, & Caka, 2018). These studies included nurses from all races and ethnic backgrounds and are not specific to the experiences perceived by African American nurses. This research helped to fill a gap in understanding the challenges faced by African American nurses transitioning to the workforce. This

research is unique because it addressed the lived experiences of African American registered nurses. It is essential that factors affecting their successful transition to the workforce are identified as a way to reduce the turnover rate in healthcare organizations. This study may lead to positive social change by helping nurses, nurse educators and healthcare administrators understand the challenges experienced by African American nurses entering the nursing workforce. Understanding their experiences and challenges may lead to interventions that can improve nursing retention which can ultimately affect patient care.

### **Summary**

Because the United States is becoming a more diverse nation, the need for a culturally diverse nursing workforce is essential. African American registered nurses in the workforce make a significant contribution to the quality of care that patients from diverse backgrounds receive. I explored the perceptions of African American registered nurses as they transitioned to the workforce. Data obtained from this study may lead to positive social change by assisting stakeholders in educational and healthcare facilities in developing programs to promote a smooth transition of newly licensed African American registered nurses into the workforce. Chapter 2 includes a review of the literature and gaps in the literature pertaining to this study.



## Chapter 2: Literature Review

### **Introduction**

Registered nurses are needed to meet the healthcare demands of a diverse population but, the nursing workforce is projected to experience a shortage. A nursing shortage negatively impacts the ability to meet those demands. One of the contributing factors in the nursing shortage is nurses leaving the workforce (Brook, Aitken, Webb, MacLaren, & Salmon, 2019). Newly licensed registered nurses (NLRNs) are among the groups of nurses leaving the workforce. NLRNs face many challenges transitioning to the workforce which can lead to feelings of being overwhelmed and performance anxiety (Hofler & Thomas, 2016; Ortiz, 2016).

African American registered nurses make a significant contribution to the diversity of the nurse workforce. Growing health disparities among minority populations indicate a need for increasing diversity in the nursing workforce (American Association of Colleges of Nursing, 2016; U. S. Department of Health and Human Services, 2014). Individuals are more comfortable interacting with nurses of their own ethnic or racial background (Carter, Powell, Derouin & Cusatis, 2015). Research has shown that the quality of care that Americans receive is improved when health professionals mirror the racial and ethnic background of the clients they serve ("Diversity in Healthcare," 2016; Vaida, 2016). Therefore, underrepresentation of AA registered nurses in the workforce can negatively impact the ability to meet the healthcare needs of an increasingly diverse population.

The purpose of this qualitative study was to explore the perceptions of African American registered nurses as they transition to the nursing workforce. A shortage of African Americans in the nursing profession may lead to the inability to respond to strategies to improve health disparities and diversity issues (Salvucci & Lawless, 2016). This information may assist nurse educators, administrators, and healthcare organizations to develop programs that promote the transition of newly graduated African American registered nurses into the profession to ensure a culturally diverse workforce.

This chapter contains a review of literature that is divided into five sections. The first section contains the literature search strategy. The second section includes an explanation of the literature related to the theoretical background and its relationship to this study. The third section contains a review of the literature regarding diversity in the nursing workforce. The fourth section includes literature associated with nurse turnover, and the final section includes studies focusing on nurses' experiences as they transitioned from school to the nursing workforce.

### **Literature Search Strategy**

I conducted an exploration of various research databases to gain insight for this study from different perspectives. The following search engines were used: Science Direct, EBSCOHost, Google Scholar, Proquest, and Journals@ovid. I used the following key terms: *nurse turnover*, *African American nurses*, *minority nurses*, *job turnover*, *nurse transition*, *nurse retention*, *diversity*, *Bandura's social cognitive theory*, and *healthcare diversity*. Key terms were used individually or in combination. I selected relevant studies from 2013—2019 to be included in this literature review. I also included older and

seminal sources due to the low number of recent relevant articles. ProQuest dissertations at Walden University were also reviewed.

### **Theoretical Framework**

The theoretical base for this study was Bandura's social cognitive theory (SCT). SCT was developed by Albert Bandura and stemmed from his previous theory of social learning (Bandura, 1971, 1977). SCT, which was developed in the 1960's, encompasses learning that occurs through reciprocal interactions between individuals observing other's actions, through direct experiences, and the environment. (Bandura, 1971). SCT provides a framework for understanding how an individual's experience with situations in their environment can influence their behavior. Bandura (1977) described an ongoing connection between an individual's behavior, personal factors and their environment and includes interactions among cognitive, affective, and behavioral events.

Self-efficacy is a major concept in Bandura's social cognitive theory (Bandura, 1991). According to Bandura (1991), self-efficacy encompasses the belief that individuals have control over their own level of functioning and their beliefs influence the choices they make. Their beliefs also influence how they respond to the outcome of their choices. Self-efficacy or self-belief determines how people handle stress and cope with environmental demands (Bandura, 1991). When individuals transition to a new environment, they may experience some degree of anxiety and frustration when they observe individuals behaving in a way that is contrary to their beliefs or expectations (Mariet, 2016). Bandura (1977) believed that behavior is learned by observing the actions of others and the consequences of their actions. Individuals are placed in situations where

they must decide how to act or what to do. Some of their actions lead to successful outcomes with positive reinforcement while the decisions they made that led to unsuccessful outcomes are eliminated (Bandura, 1971). This process of successful reinforcement helps to shape an individual's behavior.

Newly licensed registered nurses transitioning to the workforce may find conditions in the working environment that are in contrast to what they learned or experienced as student nurses. Nurses entering the workforce bring a certain level of skill development from their educational experiences in the classroom and clinical setting. Traditionally, when new nurses are hired, they complete an orientation that encompasses training with an experienced nurse or a variety of nurses on their assigned unit. This training involves observing how experienced nurses interact with other, complete skilled tasks, and communicated with their patients and other members of the medical community. This could be considered professional socialization and it can happen through a process called "modeling" (Bandura, 1977). Modeling occurs when individuals observe the behaviors of others and decide if their behavior is something they would like to model. When individuals transition to a new environment, they may experience some degree of anxiety and frustration, especially when observing individuals behaving in a way that is contrary to their beliefs or expectations (Mariet, 2016). A lack of perceived control contributes to most forms of anxiety (Bandura, 1988).

Previous researchers have used Bandura's concepts and relationships to demonstrate the correlation of modeling as an effective teaching strategy and to improve communication and professionalism in the nursing community. Bandura's social

cognitive theory was used as a framework for describing how students learn from observing and modeling the behaviors of others (Bussard & Lawrence, 2019; Mariet, 2016). In modeling, individuals observe the actions and reactions of others in their professional environment and decide if they want to model the observed behavior or not. The authors found that role-modeled behavior improved therapeutic communication and professionalism in the study participants. Social cognitive theory also provided the framework for explaining the reciprocal interaction between an individual's self-efficacy, behavior, and environment and how those factors influenced the maintenance of weight loss following bariatric surgery (Liebl, Barnason, and Hudson, 2016). Bandura's social cognitive theory was also used as the theoretical framework for a mixed-method study conducted to measure the influence of a medical service-learning experience on the cultural competence and learning experiences of student studying abroad (Long, 2019). According to Bandura, learning and motivation are related to an individual's self-confidence (Bandura, 1994). Positive experiences would increase self-confidence while negative experiences would have lessened an individual's self-confidence.

### **Key Concepts**

#### **Diversity in the Nursing Workforce**

RNs, accounting for the largest segment of the healthcare workforce, are important contributors to our nation's health (Budden, Moulton, Harper, Brunell & Smiley, 2016; Spetz, 2016). The current distribution of minority registered nurses does not reflect the diversity in the population they serve. Population estimates as of July 1, 2018 include 327,167,434 citizens in the United States: Black or African Americans

(13.4%), Asians (5.5%), Hispanics or Latinos (18.1%), and two or more races (2.7%; United States Census Bureau, 2018). According to the 2017 National Nursing Workforce Survey, the total number of registered nurses with active licenses to practice in the United States is 4,639,548 (Smiley et al., 2018). Minorities account for 19.2% of the RNs in the United States which includes *other than Caucasian* and *two or more races*: African Americans (6.2%), Asians (7.5%), other (2.9%), and two or more races (1.7%, Smiley et al., 2018). The percentage of African American nurses (6.2%) falls below the percentage of individuals identified as African American in the U.S. population (13.4%) and the percentage of Asians (7.5%) exceeds that of the U.S. Asian population (5.5%; Smiley et al., 2018; U. S. Census Bureau, 2018). As a whole, the profession of registered nurses remains less diverse than the U.S population which decreases the ability to address health disparities.

According to Craft-Blacksheare (2017), individuals from underrepresented or economically disadvantaged backgrounds receive suboptimal care due to health disparities such as race, socioeconomic status and geographic location. These same barriers can impact a nursing student from an underrepresented background's ability to successfully complete a nursing program to become a registered nurse. The ability to deliver high quality, culturally responsive, nursing care to a diverse population continues to be a goal of nursing education and nursing practice (Melillo, Dowling, Abdallah, Findeisen, & Knight, 2013). Increasing diversity in the workforce can improve with interventions initiated at the college and university levels.

Educational centers serve as bridges that produce individuals in healthcare fields that can improve healthcare outcomes in the communities they serve (Glazer, Tobias, & Mentzel, 2017). Glazer et al. (2017) described a workforce diversity initiative that was implemented at the University of Cincinnati that included three components: university practices, outreach and college and career preparedness among high school students, and community and health system engagement. Positive results were reported, which included an increase in the percentages of non-white Americans in the college of nursing from 5% to 15% over a 2-year period.

Another initiative to increase workforce diversity was developed by the American Association of Colleges of Nursing in conjunction with the Robert Wood Johnson Foundation. The New Careers in Nursing scholarship program was designed to increase diversity in nursing and address the nursing shortage. Initiatives focusing on enhancing enrollment activities, providing mentorship, and improving graduation rates for minority nursing students can positively impact diversity in the workforce (Spetz, 2016).

Wilson (2007) conducted a phenomenological study to gain insight into the lived experience of AA nurses in clinical practice settings and how their experiences were influenced by their cultural background. The author's findings revealed that AA nurses felt they were not fully accepted as professionals by their patients, Caucasian nurses, or other healthcare providers they worked with (Wilson, 2007).

White (2017) conducted a qualitative study to describe the experiences of AA pre-licensure nursing students in predominately European American schools of nursing and the challenges they faced that may have contributed to their ability to succeed. This study

included 14 AA nursing students who reflected on their experiences. Themes that emerged from the study included standing out, being watched, and being ignored.

### **Nurse Turnover**

An increase in the demand for registered nurses makes the retention of nurses a priority for healthcare organizations. Identifying conditions that impact a nurse's intent to leave are pivotal in developing strategies to improving the retention rate. Nursing turnover has been studied with a phenomenological lens by several authors. Flinkman and Salantera (2015) conducted a qualitative study which included 15 registered nurses. The authors conducted Semistructured interviews and the following questions were asked: "(a) why had the young registered nurses left their previous organizations, and (b) "why do young registered nurses have an intention to leave the profession. Three themes emerged from this study: (a) poor nursing practice environment, (b) lack of support and mentoring, and (c) nursing as a serendipitous or "second best" career choice. The authors concluded that the first years of nursing are stressful for newly licensed nurses and they need social support from managers and experienced colleagues and adequate orientation and mentoring to help them transition to the workforce (Flinkman & Salantera, 2015).

Flinkman, Isopahkala-Bouret, and Salantera (2013) conducted a case study investigation for the purpose of identifying the reasons why young nurses leave the nursing profession and re-enter the workforce in a new career path. Data were collected by longitudinal interviews conducted at two separate intervals, 4 years apart. The first interview was conducted when the nurse was contemplating leaving the profession and the second interview after they transitioned to a new career. Three nurses were



interviewed, and comprehensive career narratives were formed on the basis of their responses. Emerging themes included nursing as a second choice, demanding work environment, poor practice environment, and the inability to identify with stereotypical images of nurses (Flinkman et al., 2013)

### **Transitioning from School to the Nursing Workforce**

Research indicates that newly graduated nurses experience stressful challenges transitioning from nursing school to the professional practice environment (Brown, Baker, Jessup, & Marshall, 2015; Duchscher, 2009; Kumaran & Carney, 2014; Wu, Fox, Stokes, & Adam, 2012). Qualitative studies have been completed for the purpose of describing the newly licensed registered experiences as they transitioned to the workforce (Brown et al., 2015; Spiva et al., 2013). Studies have shown that newly licensed registered nurses encounter satisfactory and unsatisfactory orientation experiences, unsatisfactory preceptorships, difficulty adjusting to a new scope of practice, and building on their experiences and knowledge. The authors concluded that new nurses need more guidance and support as they transition to the workforce and recommended further studies on this topic (Spiva et al., 2013).

Brown, Hochstetler, Rode, Abraham, and Gillum (2018) studied the lived experiences of NLRNs using a qualitative phenomenological approach. Twelve NLRNs were interviewed. The authors conducted face-to-face interviews through open-ended dialogue and included one central question, “what are your lived experience as a new nurse” (Brown et al., 2018). Six themes were identified and included: (a) the impact of nursing school in preparation for the work environment, (b) the importance of a new

nurse's hospital orientation, (c) an environment that promotes teamwork, (d) taking time off to care for yourself, (e) feelings of confidence and competence, and (f) expectations versus reality in interactions with physicians. In comparison to other studies, the authors concluded that nursing programs and hospital orientation was perceived to adequately prepare new nurses for transition to the working environment. Study participants agreed that teamwork and communication with coworkers led to a positive working environment and taking time for yourself was necessary to improve job satisfaction. The majority of the study participants agreed that their professional confidence improved as they transitioned further into their first year of nursing. Study participants also admitted to feeling intimidated by the physicians but agreed that they had not experienced huge difficulties when interacting with physicians. The authors recommended nursing programs educate nursing students on the importance of establishing health habits to aid in the transition from school to work. They also recommended implementation of simulations scenarios to aid in improving communication between the nurse and the physician (Brown et al., 2018).

### **Summary and Conclusions**

With the looming nursing shortage and high attrition rate for newly licensed registered nurses, it is imperative to understand ways to improve the transitional period from nursing school to the workforce and to further understand the reason why new nurses may make the decision to leave the nursing profession. It is equally important to understand the lived experience of African American nurses transitioning to the workforce as they are essential for having a culturally balanced nursing workforce to care

for the increasingly diverse healthcare population. My literature review provided insight into the changing demographics in the nursing workforce, nursing turnover, and factors affecting attrition in newly licensed registered nurses.

Although no literature was found describing the lived experiences of African American nurses transitioning to the nursing working within the first 2 years following licensure, qualitative studies were found which described the experiences of NLRNs and the challenges they faced during the transitional period. My study is important to fill the gap in understanding the specific experiences of African American nurses. Positive social change may be affected as African American nurses are needed to handle the changing cultural composition of the United States population. Identifying ways to promote their effective transition to the nursing workforce can positively impact the nursing shortage by improving retention and contributing to the diversity of the healthcare environment.

Chapter 3 includes a discussion of the research design, the methodology, issues of trustworthiness, and ethical procedures used to protect the confidentiality of the study participants and the data collected.

### Chapter 3: Research Method

The purpose of this qualitative phenomenological study was to explore the perceptions of AA registered nurses as they transition to the nursing workforce. Information obtained from this study may assist nurse educators, administrators, and healthcare organizations to develop programs that promote the transition of newly graduated African American registered nurses into the profession to ensure a culturally diverse workforce. In this chapter, I cover the following topics: research design and rationale, the role of the researcher, a detailed description of the methodology, issues of trustworthiness, and ethical procedures. This chapter closes with a summary.

#### **Research Design and Rationale**

My purpose in this phenomenological study was to answer one central research question: What are the lived experiences of African American registered nurses transitioning to the workforce? Phenomenological research aims to explore the meaning of lived experiences of individuals, from those individuals who have experienced it, and is an effective methodology for qualitative research (Groves, Burns & Gray, 2013). I used a qualitative phenomenological approach to obtain information from the study participants regarding their perceptions and unique experiences, thus, providing valuable data.

#### **Role of the Researcher**

In this qualitative research study, I was responsible for the data collection process which entailed conducting one-on-one semi structured interviews with African American registered nurses. Data can be obtained through examining documents, observing

behaviors, or interviewing research participants (Creswell, 2014). This requires the researcher to become closely involved with the research participants as they shared their personal experiences. As a registered nurse who once transitioned to the nursing workforce, I had to be open to the perceptions of the participants and also aware of any potential biases, personal values, and my own experiences to prevent them from interfering with my data collection efforts and in my interpretation of the results.

According to Moustakas (1994), the researcher must use all efforts to avoid any prejudices that may arise because of prior experience with the phenomenon being studied. This will prevent letting any prior knowledge guide or influence the interview (Groves et al., 2013). It was also important for me to refrain from sharing my personal experiences with the research participants to avoid influencing their responses. I made the research participants feel safe and comfortable and empowered to share their thoughts and experiences. Moustakas (1994) required the researcher to be completely open and receptive to listening and hearing how the participants describe their experiences of the phenomenon in their own words.

I was also responsible for addressing ethical issues including protecting the privacy and confidentiality of the research participants, obtaining informed consent, and storing the data securely. I obtained approval from Walden University's Institutional Review Board (IRB), approval number 05-11-20-0540469, prior to collecting any data for this study to ensure the ethical treatment of all research participants.

## **Methodology**

### **Population**

The population of interest for this study was AA nurses who entered the workforce as a registered nurse in Alabama within the past 2 years. The sample of 10 participants was taken from participants that responded to a flyer that I mailed or emailed to registered nurses with an active license in the state of Alabama. In addition, participants were also obtained using a snowball technique by asking respondents to the study to refer other registered nurses that met the selection criteria.

Sample sizes in qualitative research tend to be small and purposive in order to obtain richly-textured information relevant to the phenomenon of interest (Vasileiou, Barnett, Thorpe, & Young, 2018). Patton (2015) also explained that no specific ruling for sample size in qualitative research exist and information-rich data can be obtained from a small sample size. Cypress (2018) recommended a sample size of five to 25 for phenomenological studies. Another approach to sample size is data saturation. Saturation occurs when the data becomes repetitive and the researcher has the information needed to answer the research question (Grove et al., 2013). To determine when I reached data saturation, I completed the transcription and analyzed the responses following each individual interview until the information became repetitive. I recruited 10 participants for this study.

### **Sampling and Sampling Procedures**

I used a purposive sampling approach for this study. According to Patton (2015), selecting participants that can provide in-depth information is the rationale for selecting

purposive sampling. I gained access to this population through a combination of convenience and snowball sampling techniques. Convenience sampling involves inviting participants from a group or location with ease and snowball sampling refers to asking study participants to refer others that have similar experiences (Grove et al. 2013). I obtained my convenience sample by recruiting 10 participants that met the selection criteria. A flyer containing the information of my study was mailed or emailed to registered nurses in Alabama and included the purpose of the study, the selection criteria for participation and my contact information. I recruited additional participants by asking current study participants to refer other individuals through networking who have had similar experiences. The purpose of using both purposive and snowball and sampling methods was to obtain enough research participants who shared the phenomenon and provided information to answer the research question. I collected information for this study until data saturation was achieved.

### **Instrumentation**

The instrumentation for my study included semi structured interviews designed to answer the research question: What are the lived experiences of African American registered nurses transitioning to the workforce? I conducted interviews using open-ended questions. See Appendix A for interview protocol. Using open-ended questions allows the researcher to obtain a greater depth of responses and allows the participants an opportunity to describe their experiences and the meaning of those experiences in their own words (Cypress, 2018). I also used probing questions to follow up on the participants comments.

I conducted all interviews using Zoom, an online audio and video-conferencing program. All recordings using Zoom were downloaded through the Zoom website and maintained on my password protected personal computer.

Creswell (2014) recommends developing and using an interview protocol for asking interview questions and recording responses. Crestwell's protocol included the following:

- The date and time of the interview.
- Instructions for the interviewer to follow ensuring standardization of the interview process with all interviews.
- Four to five research questions, typically preceded by an ice-breaker question.
- Probes for the research questions to allow participants to describe their experiences in detail.
- Allow time in between questions for recording responses.
- A thank-you statement acknowledging the time the interviewee gave during the interview.

I followed Crestwell's protocol during my interviews. Because the interviews were semi structured, I included the focus research question and a set of additional questions that focused on the problem and the purpose of the research study. The focus research question was: What are the lived experiences of African American registered nurses transitioning to the workforce? I also asked the following question: Tell me what it was



like to transition from a student into a professional nursing role. A asked the following probing question: Tell me how your experiences have changed over the last year or 2.

### **Procedures for Recruitment, Participation, and Data Collection**

The initial step in recruiting research participants in this study entailed creating a flyer with a brief description of the study and my contact information. I emailed or mailed the recruitment flyer to registered nurses in the state of Alabama that have less than 2 years of professional practice experience. I obtained a mail listing from the Alabama Board of Nursing's website based on selected search criteria. The commonality for this study was AA registered nurses with less than 2 years of experience in the nursing workforce. After being contacted by individuals interested in participating in my study, I sent an email response informing them of the interview process. I provided potential study participants a link containing a consent form and instructions for completing a demographic form on Survey Monkey. See Appendix B for the demographic form. This allowed me an opportunity to collect data, clarify information, and ascertain if potential participants were suitable for the study prior to moving forward with the interview process. The criteria I used for recruiting participants for the study included being an AA registered nurse that entered the nursing workforce within the past 24 months.

Once participants were selected and informed consent obtained, I scheduled the interviews for 60 minutes during a time and date that was convenient for both parties. I informed the interviewee's that the interview may run shorter or longer depending on how involved the participant is in the process and that they can stop the interview at any

time and withdraw themselves from the study. Each interview was audio recorded via Zoom and downloaded on my password protected computer. I provided a transcript of the interview to each participant if requested. I collected data over a period of 4—5 weeks. I also used journaling during the data collection process. Journaling provides a researcher a means of describing situations that occurred during the interview that may have been challenging and help the researcher develop strategies for addressing issues and understand positionality (Meyer & Willis, 2019)

### **Data Analysis**

As the sole researcher for this study, I was the primary instrument for the collection, management, and analysis of all data obtained. Qualitative analysis requires the researcher to be fully invested and immersed in the data. I used the epoche process as interviews were conducted. The epoch process allowed me to set aside any prejudgments I have regarding the phenomenon being studied. Prejudgments may stem from preconceptions, prior knowledge or prior experience of the phenomenon that may unintentionally influence the research outcomes, and need to be set aside to allow the researcher to be open and receptive as study participants describe their personal experiences (Moustakas, 1994).

I transcribed the data collected from each individual video recorded interview into written data. Of the options available to analyze qualitative research, I used Moustakas's (1994) modification of the Van Kaam methods of phenomenological data analysis. This model guides the researcher through a 7-step process as follows: (a) list and group meaningful statements, (b) reduce and eliminate non-repetitive, non-overlapping and

vague expressions, (c) clustering and thematizing, (d) final identification of themes and validation, (e) constructing individual textural descriptions, (f) constructing individual structural descriptions, and (g) constructing individual textural-structural descriptions (Moustakas, 1994). Themes generated from the collected data provided a composite description that represents a synthesis of the essence and meanings of the lived experiences of AA registered nurses transitioning to the workforce.

### **Issues of Trustworthiness**

The data from qualitative research that were collected and reported must be trusted to be true. The four areas used to judge the quality in qualitative research to address the issues of trustworthiness included: credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2018).

#### **Credibility**

Credibility in qualitative research establishes whether the research findings are believable, drawn from original data obtained from the research participants, and interpreted correctly (Korstjens & Moser, 2018). I used several strategies to establish the accuracy of my research findings. Some of these strategies included member checking and peer debriefing. According to Creswell (2014), member checking provides an opportunity for research participants to review the interpretation and conclusions of the data collected and comment on the findings. This process strengthens the data because it is viewed by the lenses of different individuals (Korstjens & Moser, 2018). I used member checking verbally throughout each interview to give the participants an opportunity to clarify the accuracy of the information discussed. When I completed an

interview, I provided each respondent a written transcript of the interview and asked for confirmation that their information was recorded accurately. This process gave the participants an opportunity to provide valuable feedback and correct any areas that may have been incorrectly interpreted. Peer debriefing adds validity to a study and involves locating an individual (peer) who reviews the data collected and can seek clarification regarding the qualitative study (Creswell, 2014). This provides an outside interpretation of the study.

### **Transferability**

The researcher is responsible for providing a thick description of the research process and the research participants so other readers can assess the applicability of the research to their own settings (Morse, 2015). Thick description is a research technique that involves writing detailed descriptions of situations and behaviors observed during data collection and the context in which that behavior occurs (Sacks, 2015). The description of the research should include the research setting, sample size, demographics, inclusion and exclusion criteria, interview procedure, and interview questions (Korstjens & Moser, 2018). This allows the reader to have a more representative look at the overall research process and determine if the study can be transferred to other contexts or settings which adds validity to the research findings (Korstjens & Moser, 2018). To ensure transferability, I made sure data saturation was reached before discontinuing the interview process. Data saturation is reached when the responses from the study participants becomes repetitive and no new information is received (Grove et al., 2013).

## **Dependability**

One strategy I used to establish dependability and confirmability in qualitative research was audit trails. Audit trails are used to maintain a comprehensive path of how the research data was collected and includes the original quotes and other information that guides the researcher's interpretation of the data (Ellis, 2019). Creswell (2014) suggested the use of an external auditor to provide an objective assessment of the study throughout the research process and ensure that the data that was collected accurately validates the results and conclusions. I used journaling to compare my personal notes taken during the interview process to the recorded answers given by my research participants as a way to establish dependability.

## **Ethical Procedures**

Principal to the success of research is ensuring that research is conducted honestly, with integrity, and following ethical procedures. I obtained approval from Walden University Institutional Review Board (IRB), approval number 05-11-20-0540469, prior to recruiting research participants and collecting any data for this study. I addressed ethical concerns related to recruitment of participants by providing a full explanation of the purpose of the study and obtaining informed consent from each study participant. I informed all subjects that participation was voluntary and may be withdrawn at any time without question. It is the responsibility of the researcher to maintain the confidentiality of the study participants and the data collected (Grove et al., 2013). Each study participant was given a code number to maintain anonymity. I used the

individual code numbers to identify all data collected from that participant. When I recorded each interview, I refrained from using the participants names. Data collected is stored on my password protected computer in my home office and backed up on a flash drive. Both written materials and the flash drive are kept in a locked file cabinet and will be stored for a period of time designated by the IRB approval. The only individuals with access to the data collected are me as the primary researcher and my dissertation committee.

### **Summary**

My plan for this qualitative study was to examine the lived experiences of African American nurses transitioning to the workforce. This chapter described the research design, the role of the researcher, the methodology, issues of trustworthiness, and ethical procedures I used to protect the confidentiality of the study participants and the data collected. In the next chapter, I provide a detailed explanation of the data collected, data analysis, evidence of trustworthiness and results.

## Chapter 4: Results

### **Introduction**

Newly licensed registered nurses face many challenges as they transition from school to the nursing workforce. The challenges they face may lead to their desire to leave the workforce which negatively affects nursing retention and contributes to the nursing shortage. Little is known about African American registered nurses and their experiences transitioning to the workforce. The purpose of my study was to explore the perceptions of African American registered nurses as they transitioned to the nursing workforce. Understanding their experience can lead to the development of interventions to reduce turnover and improve retention.

### **Research Question**

The research question I used to guide this study was: What are the lived experiences of African American registered nurses transitioning to the workforce? This chapter includes the results of the phenomenological study which includes the setting in which it took place, participant demographic information, data collection methods, the process used to complete data analysis, evidence of trustworthiness, and results that address the research question.

### **Setting**

I recruited participants for this study from June, 2020 through July, 2020. I obtained a mail listing was from the Alabama Board of Nursing's website based on selected search criteria. The commonality for this study was African American registered nurses with less than 2 years of experience in the nursing workforce. I mailed or emailed

a recruitment flyer to potential study participants and provided a link with instructions for completing a demographic survey on Survey Monkey. This process allowed me to determine if potential candidates were suitable for the study prior to moving forward with the interview process. I scheduled interviews after participants were selected and informed consent obtained. I recorded each interview via the Zoom video and audio-conferencing system.

### **Demographics**

For this phenomenological study, I interviewed 10 participants that met the inclusion criteria. All study participants were female. All participants were African American registered nurses ranging in age from 18—55 years of age. One participant was between the age range of 18—25 years, 7 participants were 25—35 years of age, one was between 35—45 years and 1 participant was in the 45—55 age range. Six of the participants had associate degrees and four of the participants had bachelor's degrees. Three participants had 3—6 months of experience, 1 registered nurse had 6—12 months of experience, 3 nurses had 12—18 months of experience and 3 nurses had 18—24 months of experience.



## **Data Collection**

### **Participants**

During the recruitment process for this study, 12 participants expressed an initial interest in participating. Of the 12 who initially volunteered, 10 signed the consent form and moved forward with the interview process. The demographic data form was completed by all 10 participants and each participant met the study criteria which included being an African American nurse with a nursing license from the state of Alabama and less than 2 years of experience as a registered nurse. Two potential candidates were not included due to a lack of response in completing the demographic survey and signing the consent form.

### **Location, Frequency, and Duration of Data Collection**

I obtained permission from the Walden University's IRB prior to any recruitment efforts for my study. Approval was obtained on May 10, 2020, approval number 05-11-20-0540469. After I obtained authorization from the IRB to recruit, I mailed or emailed the recruitment flyer to potential participants. The recruitment flyer included a brief description of the study, the purpose of the study, benefits of participating, the inclusion criteria for participation, and my contact information. The consent form was signed by each participant prior to scheduling the interviews.

I conducted the first interview on June 15, 2020 and the final interview on July 11, 2020. I scheduled each interview for a time and date convenient for the participant. I rescheduled a few of the interviews due to work schedule changes and personal conflicts with the participants. Prior to each interview, I reviewed the purpose of the study and

reminded the individuals that their participation was voluntary and they could stop the interview at any time or refuse to answer any questions if they felt uncomfortable. I assured them that their personal information will remain confidential and the interview transcript will only list them as a unique identifier, not their names. All interviews were completed via the Zoom video and audio-conferencing system which allowed me to view each participant and observe for non-verbal cues as they expressed their experiences. Audio recordings of the interviews allowed for verbatim transcripts to be created. I saved the interview recordings from Zoom in my Zoom account and transcribed them verbatim into a word document. I used field notes during the interviews to record my thoughts, emotions, and behaviors of the participants. Both the word doc and the audio recordings are stored on my password protected computer. I also maintained privacy so the participants could feel comfortable and free to express their feelings. I scheduled each interview for up to 60 minutes but interviews ranged from 12 to 43 minutes. The variations in time for each interview depended on the depth of the experiences expressed by each participant in response to the questions that were asked. At the end of each interview, I thanked the participant for their time and willingness to participate in this study.

### **Variations from Original Data Collection Plan**

The preferred method for data collection in my original plan was to conduct the interviews in person. No face-to-face interviews were conducted due to the COVID-19 pandemic affecting the United States and a stay at home order issued by the Governor of

Alabama. I conducted all of the interviews using the Zoom video and audio-conferencing system.

## **Data Analysis**

### **Coding Process**

I started the coding process by transcribing statements from each audio recorded interview into a Word document. The transcription was then compared to the recording to ensure that all information was transcribed correctly and nothing was inadvertently omitted. The research questions I used to understand the perspectives of AA nurses transitioning to the workforce were as follows:

1. What influenced your decision to become a registered nurse?
2. Tell me what it was like to transition from a student into a professional nursing role.
3. How would you describe your orientation to your first nursing job as a registered nurse?
4. What would you consider your top three work related stressors?
5. During your transition to the workforce, describe a measure that you use to reduce the role strain associated with your new role as a registered nurse.
6. What are transition issues encountered by African American nurses transitioning to the workforce?
7. Tell me how your nursing experiences have changed over the last year or two.

I used open ended questions that were consistent throughout the study which allowed the participants the opportunity to describe their experiences. The questions from

the interview guided the participants to describe their experiences transitioning from school to the nursing workforce. Some of their descriptions were brief and some were lengthy and included more detailed information. While they described their experiences, I was able to listen intently and observe their emotions and body language. I used Reflective journaling following each interview noting these observations. Listening to the lived experiences of AA registered nurses allowed me to gain insight into their unique experiences transitioning to the nursing workforce.

I used Moustakas's (1994) modification of the Van Kaam methods of phenomenological data analysis to analyze the data. I created an additional coding document in which the participants meaningful statements were listed and grouped as they pertained to the research question asked. Non-relevant statements of their experiences and vague expressions that were not pertinent to the research question were eliminated. I clustered the statements of their experiences and identified core themes. I reviewed the interview transcripts and coding worksheets again to make sure all pertinent data were identified and coded correctly to complete validation.

I used open ended interview questions to elicit detailed accounts of the experiences of AA nurse's experiences transitioning to the workforce. I transcribed each interview and identified descriptive codes on the Word document. Descriptive coding allows the researcher to take a passage from qualitative data and summarize it into a word or short phrase (Saldana, 2016). I created a coding worksheet in Microsoft Excel that included each participant, identified by number, and the specific statements they made related to each question that was asked to help the writer answer the research question.

After each interview was transcribed and coded on the coding worksheet, I reviewed the entire worksheet several times to look for similarities from each of the participants responses. I clustered the commonalities which led to the development of themes. A theme is an outcome of coding identified as an extension phrase or sentence that identifies what a unit of data is about (Saldana, 2016). Once I completed all interviews, transcribed and coded all of the data, data saturation was achieved which led to the development of five common themes centered around transitioning to the workforce (See Figure 1).

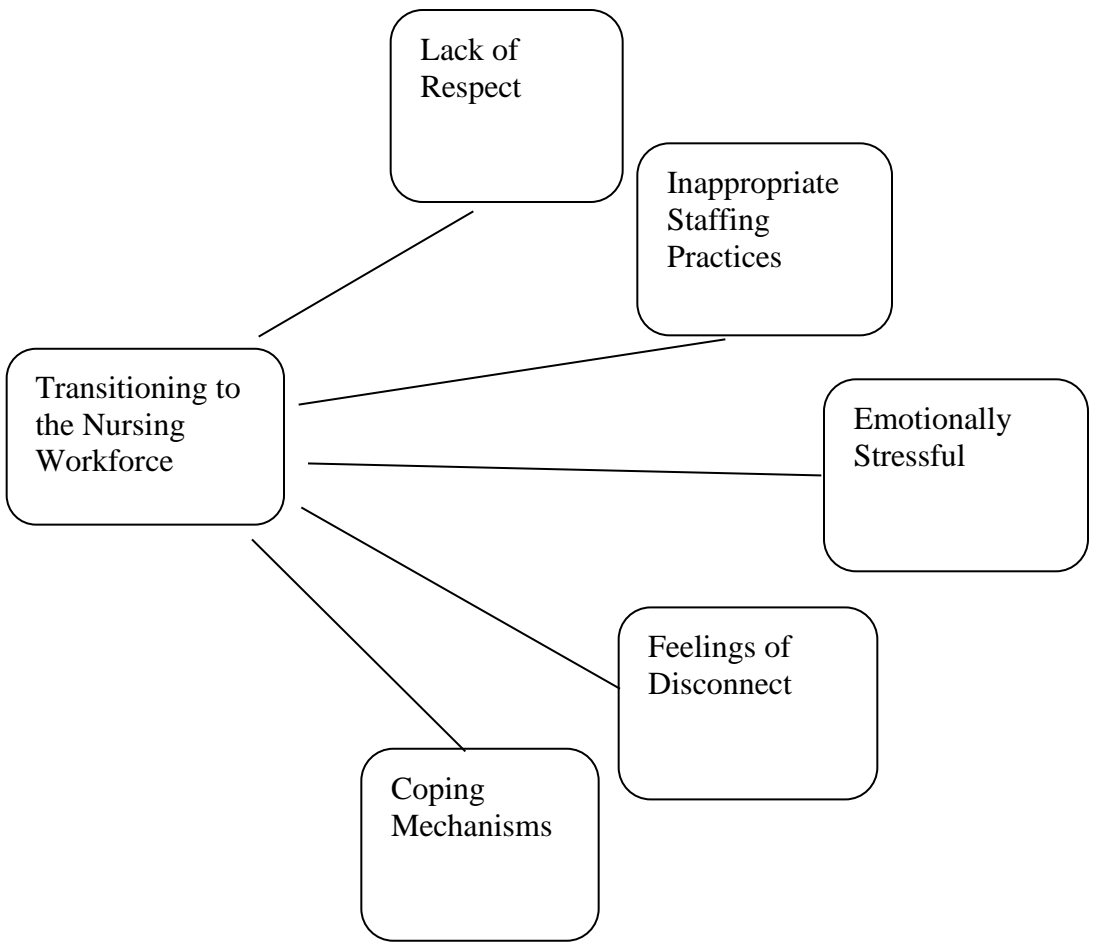


Figure 1. Five common themes

Table 1

*Main Themes/Codes*

Main Themes	Codes
Theme one: Lack of respect	No respect from veteran nurses Belittled in front of patients No respect from peers More respect for white nurses Could not express confidence
Theme two: Inappropriate staffing practices	Heavy workload Nurse patient ratio Not enough hands on deck Short staffing Minimal orientation due to staffing
Theme three: Emotionally stressful	Acutely ill patients Inadequate equipment Too much responsibility Being overwhelmed Lack of teamwork Time management Poor management
Theme four: Feelings of disconnect	Feelings of isolation Fitting in with the unit Not connected with anyone Nurses did not want to be bothered Nurses tear you down
Theme five: Coping mechanisms	Organization Prioritization Asking questions Staying focused Concentrating on the positive Learn to ask for help

During the interview process, each participant described their experiences transitioning from school to the nursing workforce. The coding worksheet created in excel allowed me to easily track which participant made each comment during the interviews. For example, when I asked the participants to tell me what it was like to transition from a student to a professional nursing role, Participant 5 stated, “sometimes the veteran nurses, they were inconsiderate, not compassionate. They really didn’t respect a lot of us being new nurses.” Upon reflecting on what they thought was the top three work related stressors, Participant 7 stated, “The first thing I would say would be patient to nurse ratio because sometimes we do have to have a more patient load because we may be short staffed.” In addition, Participant 6 stated, “number one would probably be time management. This process of data analysis led to the development of five prominent themes (See table 1).

### **Evidence of Trustworthiness**

The strategies I used to ensure trustworthiness during my study included credibility, transferability, dependability, and confirmability.

#### **Credibility**

Credibility in qualitative research is important in strengthening the data by establishing whether the research findings are accurate and interpreted correctly. One strategy I used to maintain credibility of my study was member checking. I used member checking throughout each interview to clarify some information that was discussed. I provided interview participants a transcript of the interview and asked to confirm that the information was recorded accurately and to let me know if any corrections were needed.



This process allowed the research participants an opportunity to provide valuable feedback concerning the data that was collected during the interview and ensure the accuracy of the transcription.

### **Transferability**

I maintained transferability of my study by providing thick descriptions of the research process so other readers can determine the applicability of the research to their own settings. The description of the research included the research setting, sample size, demographics, inclusion criteria, interview procedure, and the interview questions. I also ensured that data saturation was reached prior to discontinuing data collection efforts. I concluded data collection when information became repetitive and no new information was received.

### **Dependability**

Dependability and confirmability in qualitative studies can be accomplished by the use of audit trails. According to Ellis (2019), audit trails are used to maintain a systematic path to demonstrate how the research data was collected. I used journaling to compare my personal notes and audit trails to compare my notes to the recorded answers during the interviews from the participants as a way to establish dependability and confirmability.

## **Results**

I started the interviews by asking each participant what influenced their decision to become a registered nurse. Their responses were overwhelmingly similar. The major premise for becoming a registered nurse was their love of taking care of people and being

there to help someone. Participant 1 stated, “I like helping people, I can you know, be there for someone.” Participant 3 stated, “I knew I wanted to be in the medical field and I chose nursing because I knew that as a nurse, I could better connect with patients.” Participant 5 and 6 also expressed their love of taking care of people and providing a service to give back to people. Participant 6 also stated, “my love for taking care of people really helped me to know that this is definitely my passion.”

After delving deeper into the interview process, I developed five prominent themes through a review of the interview data to best explore the lived experiences of African American registered nurses transitioning to the nursing workforce. Themes included: Lack of Respect, Inappropriate Staffing Practices, Emotionally Stressful, Feelings of Disconnect, and Coping Mechanisms. I included participants verbatim samples in the results. I also included grammatical errors to increase the accuracy of describing the participants responses.

### **Theme 1: Lack of Respect**

Research participants expressed a wide range of emotions when discussing their experiences transitioning from school to the nursing workforce. Several of the participants expressed that they felt disrespected by their coworkers. The following examples are included. Participant 5 stated,

Sometimes the veteran nurses, they were inconsiderate not compassionate. It just felt like -I guess with their experience, they knew more or that they could kind of- I guess the word is throw their weight around. They really didn't respect a lot of us being new nurses.

According to participant 2,

As a new nurse, no one respects you. Your techs have no respect because they see that your peers don't respect you. They don't respect you as a nurse because you're a new nurse so they feel as if you are beneath them.

Participant 2 also shared the following experiences while working in a county hospital:

They treated her with more respect than me because she was white. But she was having the same issues I was having and they were more understanding. But when I said something it was "Oh you should know this already."

According to Participant 8:

If you're too confident then it's a problem. They want to show you that you don't know anything for real and they want to show you that you don't know anything. You know type of thing. And I feel like I kind of couldn't be confident. I feel like I always had to act like I didn't know anything or else it was offensive to others a little bit. Like, well I don't want to act like I know what I'm doing because then it's going to be like "Oh this new person thinks she knows what she's doing."

Participant 8 also stated that she was belittled in front of patients. Another participant stated, "The doctors look at you like you are incompetent" (Participant 1).

## **Theme 2: Inappropriate Staffing Practices**

Staffing had a major impact on the experiences of new nurses transitioning to the workforce. A lack of adequate staffing can decrease a nurse's confidence in her ability to safely care for her patients. Participant 5 stated, "You've got a lot of patients that need

this or that. It's like the timing and it seems like there's not enough hands on deck. I'll put it that way. Not enough hands on deck to get things done." Participant 6 stated,

A lot of our veteran nurses were white and they were older and I don't know if it was the age or the race that made it seem like that but I feel like the young nurses, and definitely the young Black nurses, got the harder groups of patients to deal with.

Participant 1 discussed the following experience that occurred at work:

I'm not going to lie; at Baptist East the whites get the better patients than what they try to give to us. They'll give me- like that one night oh my God, my night was so stressful and my supervisor, which is a white lady, she saw I was drowning. Me being a new nurse, you should step in and be like hey let me show you. I had to hang blood. I had to not only hang blood I had other patients that were combative. I had a lot of stuff going on. I didn't even get to eat lunch that afternoon while they were just sitting in the breakroom chilling. You know? Or playing on their phones. So, if you see someone drowning like that you should have courtesy and try to help them. So, I almost exploded throughout that night. I did tell her, if you see me drowning, I had to catch myself, if you see me drowning, you're supposed to help me.

Participant 10 stated, "I had probably been on orientation for about 3 or 4 weeks at the most and because they didn't have enough nurses, I was actually kicked off of orientation and I had to sink or swim on my own. According to Participant 7, being short staffed and

having a higher nurse-patient ratio increased the workload. Participant 9 described an unequal workload by stating, “

sometimes I feel like the workload you know is not evenly divided. Your assignment might be worse than someone else's like you might have the worst patient and you're always getting the first admission and other people are sitting down.

### **Theme 3: Emotionally Stressful**

Participants expressed conditions or experiences at work that were difficult or challenging which led to feelings of stress. The most common stressors shared were time management, a lack of teamwork, and taking care of high acuity patients. Participant 5 stated, “time management sometimes is a stressor and sometimes not having enough equipment can be a stressor” Participants number 6 and 10 also indicated that time management was a stressor. Participant 8 stated, “not having other nurses willing to help you is a stressor.” Participant 2 also indicated that teamwork is an issue by stating “you can't find people that believe in teamwork because of what someone has done to them in the past. In nursing I learned that it's very few people that believe in teamwork.”

According to Participant 9,

I guess just being used to this profession and making sure that you're doing everything that you're supposed to do to make sure that the patients are properly cared for and trying not to miss anything like as to know what complications you really need to report and making sure that you're you know not like something you feel like you should've told the doctor and you didn't.

Participant 4 stated, “Sometimes there’s high acuity and it can be overwhelming when you have tasks versus nursing judgment type of role calls to make.” Participant 3 stated, “Sometimes we’ll get a call for an admission stating that I’m getting a new patient and I haven’t even gotten settled with my patients that I already have. That usually stresses me out.” A stressor for Participant 1 was “not having good managers that you can fall on or that you can really lean on.” Participant 1 also stated, “I almost quit that first day because I was so scared. I felt like I was just thrown out there.”

#### **Theme 4: Feelings of Disconnect**

The majority of the participant expressed that they did not feel as if they were accepted as part of the nursing environment while at work. Participant 5 stated, “A lot of times in the workplace, especially when I was there at the hospital, you kind of feel like you’re isolated because most times the people that you’re working with are not African American.” Participant 5 also commented she felt like she was in a bullying type of situation which surprised her because she felt in her heart that all nurses were here to serve a purpose which was to take care of people and keep them safe. According to Participant 2,

I left the hospital because it was mainly all white and they gave me a hard time. I was still new and still trying to learn but they weren’t trying to help me and they were trying to make it seem as if this is something you’re supposed to already know.

Participant 3 stated,

When we were talking, we just felt like there's always just always going to be more eyes on us because we are African American so we have to always be like at the top of our game no matter what.

Participant 2 described the difference from being a student and a nurse in the workforce by stating:

You knew on a daily basis how things were going to go. Then when you get into the nursing field and you're on your own. It's totally different. You don't have anyone there telling you "Okay this is how your day is going to go. It's planned out for you." You may come in and your patients may be okay for about 2 seconds and then before you know it everything is in an uproar and you don't know which way you're going from the left or to the right. You are on your own.

Participant 8 stated, "I wasn't connecting with my coworkers. I realized that everyone else was kind of to themselves. They really don't speak. The majority of the time you just kind of sit to yourself." Participant 8 also stated

The environment got to be right like for one. I mean that's probably like weird question to say but you have to really fit in with the unit that you're on. I don't know. That's what I mean about the environment got to be right.

### **Theme 5: Coping Mechanisms**

Participants expressed measures they used to reduce the role strain associated with their new role as a registered nurse. Participant 3 stated, "I guess I would say delegating or learning how to ask for help and not trying to do everything by

myself. Participant 6 also mentioned delegation as a way to cope by stating, “I had to group my task in levels, in priority levels. I had to force myself to try to be direct with delegation.”

According to Participant 1,

I try to stay away from negativity because when you're around someone who's negative all the time it tends to bring your spirit down. It makes you feel like you have to be negative too. You know the job is all of what you make it you know? And if you have someone who is going to complain constantly it can be a drag on everybody around them so I try to stay away from that.

Participant 2 stated, “I have to talk things through my head to myself and I have to pray a lot. In order for me to make it through”. Participant 4 stated “I am very good at asking for help”. According to Participant 6,

I would say I tried to group my tasks that I had to do in levels, in priority levels. Like what was the most important thing that I had to do right now. That kind of helped me with my time management skills. Then with the delegation, I just kind of had to force myself to just try to be direct and try to be firm but at the same time not wanting my fellow coworkers to think that I was trying to be better than them in a way.

Participant 5 expressed the way of reducing the role strain of being a new nurse by stating “I had to process in my mind that I'm here to provide the best care possible and have confidence in myself. I also had to realize and try to understand how to communicate with individuals on different levels.”



Participant 8 expressed the following,

I just lived through it. It wasn't for me. I was not coping very well at work. My happiest days were when I was driving off the lot” She resigned from her nursing job after 6 months and at the time of the interview, was not employed. She also made the following statement, “I’m really caring and I just love helping people. I’m really outgoing and everything. I thought nursing was going to be for me but, after my first job, I don’t think so.

### **Summary**

During the interviews and analysis of the data, I was able to further explore the lived experiences of African American registered nurses transitioning to the nursing workforce. African American nurses shared what influenced their decision to become a registered nurse, transitioning from a student to a professional nursing role, their orientation experiences, their stressors and how they managed the stress, and transition issues encountered by African American nurses. Figure 1 provides the key themes developed from an analysis of the data. The five themes that were identified were a lack of respect, inappropriate staffing practices, emotional stressful, feelings of disconnect, and coping mechanisms.

The participants shared the major influence behind the decision to become a registered nurse was the overwhelming desire to help people. They also expressed a love for being in the medical field and providing hands on care to make others feel better. When asked what it was like to transition to the role of a professional nurse, participants expressed a fear of the unknown and a realization that you are on your own and

accountable for your actions. It was challenging and exciting but, some felt a disconnect with other nurses on their unit and that some nurses lacked compassion and were inconsiderate of others.

The participants expressed a wide range of experiences with orientation to their first job as a registered nurse. Most participants shared that orientation was difficult, they felt their preceptors did not want to be bothered or they felt thrown to the wolves. One of the participants resigned from her first nursing job because of orientation. In contrast, a few of the nurses were pleased with the orientation process. They indicated they were pleased with their preceptor and the training that was provided, the orientation was smooth, and they felt prepared.

Many of the participants expressed a lack of respect as being a stressor in the working environment. Other stressors included not having the proper equipment to care for the patient's, unfair assignments, being short staffed, and caring for patients with high acuity. The participants expressed different ways to handle the stress as staying away from negativity, asking for help, praying, delegating, and prioritizing tasks. The participants shared what they felt were issues encountered by African American Nurses transitioning to the workforce. They expressed a lack of support compared to white nurse, a heavier workload, unfair assignments, and higher expectations for African American nurses. Improved confidence and your ability to care for patients, time management and standing your ground are ways the participants expressed their experiences have changed over the last year or two. They also shared that their level of comfort in their role as a registered nurse improved over time.

In this chapter, I included the research setting, participant demographics, the data collection process, how the data was analyzed, evidence of trustworthiness and the results. Chapter 5 will include an interpretation of the findings, limitations of the study, recommendations and implications for positive social change.

## Chapter 5: Discussion, Conclusions, and Recommendations Introduction

### **Introduction**

The purpose of this qualitative study was to explore the perceptions of African American registered nurses as they transition to the nursing workforce. According to the literature, a shortage of African Americans in the nursing profession may lead to the inability to respond to strategies to improve health disparities and diversity issues (Salvucci & Lawless, 2016). The nature of this study was qualitative using a phenomenological approach. Phenomenology allows the research participants to describe their experience in their own words and examine the meaning of those experiences (Rudestam & Newton, 2015). This qualitative study involved purposive sampling of available participants who met the study criteria. It included semi structured interviews with 10 African American nurses who have entered the workforce as a registered nurse within 2 years of graduating from an associate or baccalaureate degree nursing program. Key findings from this study included five prominent themes: Lack of Respect, Inappropriate Staffing Practices, Emotionally Stressful, Feelings of Disconnect, and Coping Mechanisms. Findings from this study may assist nurse educators, administrators, and healthcare organizations to develop programs that promote the transition of newly graduated African American registered nurses into the profession to ensure a culturally diverse workforce.

### **Interpretation of the Findings**

The theoretical lens that I used to guide this study was Bandura's social cognitive theory. Individuals transitioning to a new environment experience some degree of anxiety

and frustration, especially when behaviors they observe are contrary to their beliefs. Nursing is a helping profession whose members should exhibit care and compassion towards others. When entering the nursing workforce, new nurses have an expectation of acceptance, respect, and a transitional period that involves an orientation to the practice environment.

This study allowed newly licensed African American registered nurses to describe their lived experiences transitioning to the nursing workforce. The findings from this qualitative study aligned with those described in the literature review. Wilson (2007) conducted a phenomenological study to gain insight into the experiences of African American nurses in the clinic setting. Findings revealed that African American nurses felt they were not fully accepted as professionals by Caucasian nurses and other healthcare providers they work with. Participants from my study expressed they felt disrespected by their coworkers and more respect was shown to Caucasian nurses. Participants shared that the nursing technicians did not respect them because they see the lack of respect shown by other healthcare providers. One participant also expressed that the doctors look at you like you are incompetent and experienced nurses made you feel as if you were beneath them.

Themes that emerged from a qualitative study conducted by Flinkman and Salanter (2015) included poor nursing practice environments and a lack of support from management and experienced colleagues. The authors concluded that the first years of nursing are stressful for newly licensed nurses and adequate orientation and mentoring would help new nurse's transition to the workforce. Participants from my study expressed

working conditions that led to feelings of stress. Participants shared that a lack of teamwork and not having the support from other nurses create stress in the working environment.

In a study examining the experiences of newly licensed registered nurses, Brown et al. (2018), identified themes that were consistent with the experiences of the participants of my study. The authors stressed the importance of new nurse's orientation, an environment that promotes teamwork, taking time to care for yourself and that confidence improved with experience. Participants in my study expressed mixed feelings regarding their orientation experience. Some participants expressed that orientation was difficult with a lack of support from their preceptors. Some of the participants shared that they were not allowed to complete orientation because of a lack of staff nurses to care for the patients. In contrast, a few of my study participants were pleased with the orientation process and felt better prepared to care for their patients. Participant in my study also shared that their level of comfort in their new role as a registered nurse improved over time. Some findings, not previously seen in the literature, were expressed by my study participants. Participants described unfair assignments and an increase in the workload for African American nurses. The African American nurses were assigned patients with higher acuities and were also designated to get the first admission for the shift even when it was not their turn. They also expressed that a lack of staff resulted in higher nurse-patient ratios which also increased the workload.

### **Limitations of the Study**

There were limitations to this study. Findings from this study were limited to registered nurses in the state of Alabama. Because I am a registered nurse who once transitioned to the nursing workforce, I had to be mindful of potential biases that may have influenced the interview. To avoid this, I used the interview guide and refrained from offering opinions during the interviews. I also avoided interjecting questions that I felt would elicit a certain response from the participants. Another limitation was the inability to conduct any interviews face-to-face as originally planned. I conducted the recruitment and data collection phase of this dissertation in the midst of a worldwide pandemic which required social distancing along with a stay-at-home order issued by the Governor of the State of Alabama. I conducted all interviews using the Zoom audio and video recording system and transcribed verbatim.

### **Recommendations**

During my review of the literature, no literature was found describing the lived experiences of African American registered nurses transitioning to the workforce. Similarities in the literature existed describing the experiences of newly licensed nurses and challenges they faced while transition from school to the workforce. This study was conducted to help fill the gap in understanding the specific experiences of AA nurses transitioning to the workforce. This study was limited to AA registered nurses in the state of Alabama. Recommendations for further research are indicated to include AA nurses outside of Alabama either on a regional or national level. Further research is also needed

to explore to the correlation between newly licensed AA registered nurses and their orientation experiences and expectations to improve their transition to practice.

### **Implications**

The results of my study are supported by the literature that newly licensed registered nurses transitioning to the workforce experience a lack of respect, poor support and stressful working conditions. Registered nurses share many of the same experiences transitioning from nursing school as a student guided by the clinical instructor to a professional working environment where they are accountable for the care their patients. The transitional period is expected to have a certain level of stress however, a lack of teamwork, a lack of respect from healthcare providers and insufficient orientation can lead to increased stress that produces an unhealthy working environment.

My study has implications for positive social change. The information from this study can be used by healthcare organizations to develop interventions that can lead to improving the transitional period for newly licensed registered nurses. This knowledge can be used to educate healthcare organizations of the challenges faced by newly licensed African American registered nurses. Interventions can include a structured training and mentoring program for preceptors that will be responsible for orienting new nurses. Training in cultural diversity and sensitivity is also needed for preceptors to be empathetic of the needs of new nurses.

Administrators of healthcare organizations can also implement strategies to reduce the stress experienced by new nurses entering the workforce. Strategies can include developing stress management programs that promote taking time for self-care



and strategies for conflict resolution. NLRN's should also be assigned patients who acuity levels match their skills level as a new nurse. Detailed orientation programs should be developed that encompass clinical simulation training, critical thinking skills, and team building to improve the professional practice environment.

### **Conclusion**

Due to a rising demand for registered nurses and the changing cultural composition in the United States, nurses who share similar backgrounds as the population they serve are needed. Ethnic diversity in nursing improves the health outcomes in the African American population (White, 2018). I examined the lived experiences of 10 African American nurses transitioning to the workforce. Nurses need support when entering the professional practice environment. Identifying ways to ease their transition can positively impact social change by improving the retention of African American registered nurses which will contribute to the diversity of the nursing workforce. Findings from the study can be used by healthcare organizations to develop interventions to help ease the transition of newly licensed African American registered nurses to the working environment.

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## Appendix A: Interview Protocol

### **Introduction**

Thank you for taking the time to speak with me today to assist in my doctoral dissertation research. As you know, this interview is being recorded. You may stop the interview process at any time or not answer a particular question if you choose. Even though there is no personal benefit to you, this research may have a positive impact on African American nurses transitioning to the workforce in the future. Interview recordings and full transcripts will be shared with each interviewee, upon request. Transcripts with identifiers redacted will be shared with my university faculty along with my analysis.

### **Purpose**

The purpose of this study is to explore the lived experiences of African American registered nurses as they transition to the nursing workforce. You would provide unique insight and experiences that will be of great benefit in helping to explore challenges faced as a new nurse transitions from school to the working environment.

### **Interview Questions**

1. What influenced your decision to become a registered nurse?
2. Tell me what it was like to transition from a student into a professional nursing role.
3. How would you describe your orientation to your first nursing job as a registered nurse?

4. What would you consider your top three work related stressors?
5. During your transition to the workforce, describe a measure that you use to reduce the role strain associated with your new role as a registered nurse.
6. What are transition issues encountered by African American nurses transitioning to the workforce?
7. Tell me how your nursing experiences have changed over the last year or two.

**Closing Statement**

Thank you for taking the time to speak with me and share your personal experiences. Before we close, do you have any questions regarding the interview?

## Appendix B: Demographic Data Form

**Demographic Data**

Please indicate your gender

\_\_\_\_\_ Male  
 \_\_\_\_\_ Female  
 \_\_\_\_\_ Other (Please write in)

Current age range

\_\_\_\_\_ 18-25    \_\_\_\_\_ 25-35    \_\_\_\_\_ 35-45    \_\_\_\_\_ 45-55    \_\_\_\_\_ 55-65    \_\_\_\_\_ >65

Race

\_\_\_\_\_ Black or African American  
 \_\_\_\_\_ White  
 \_\_\_\_\_ American Indian or Alaskan Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Native Hawaiian or Pacific Islander  
 \_\_\_\_\_ Two or more races: List: \_\_\_\_\_

Education

\_\_\_\_\_ RN(Diploma)  
 \_\_\_\_\_ Associate Degree  
 \_\_\_\_\_ Bachelor's Degree

How long have you been employed as a Registered Nurse?

\_\_\_\_\_ 3-6 months    \_\_\_\_\_ 6-12 months    \_\_\_\_\_ 12-18 months    \_\_\_\_\_ 18-24 months