

2021

## Underrepresentation of African American Male Nurses in Leadership Development

Moses Tucker  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Medicine and Health Sciences Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Health Professions

This is to certify that the doctoral study by

Moses Z. Tucker

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

## Review Committee

Dr. Sally Willis, Committee Chairperson, Health Sciences Faculty  
Dr. Bridget Drafahl, Committee Member, Health Sciences Faculty  
Dr. Suzanne Richins, University Reviewer, Health Sciences Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2021

Abstract

Underrepresentation of African American Male Nurses in Leadership Development

by

Moses Tucker

Widener University MS, MSW

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the degree of

Doctor of Healthcare Administration

Walden University

August 2021

## Abstract

Underrepresentation in nursing is a major concern for the African American community. Presently, racial, and ethnic minorities are underrepresented in the nursing workforce and other healthcare occupations. Having a more diverse workforce may help meet both current and future healthcare needs of the population being served. This quantitative study explored how African American male nurses are underrepresented in leadership in the Delaware Valley in Pennsylvania. Secondary data from the National Nursing Workforce Survey was used to obtain relevant data. The study highlighted how the movement into leadership for African American nurses is impeded by (a) a lack of mentors, (b) unequal opportunity in educational background, and (c) other racial and income inequalities. The challenges that African American male nurses face in different healthcare settings were showcased. Information from empirical research reflected the advancements that were made in the nursing profession to recruit nurses that mirror the demographic of the patient population. Still, more need to be done to ensure adequate cultural representation in the healthcare sector. The findings from this research study will promote positive social change by guiding policy makers in the healthcare sector and nursing practice to implement policies to encourage minority races to pursue educational and leadership opportunities and increase their representation in nursing frontline leadership positions.

Underrepresentation of African American Male Nurses in Leadership Development

by

Moses Tucker

Widener University MS, MSW

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the degree of

Doctor of Healthcare Administration

Walden University

August 2021

## Dedication

This dissertation is dedicated to my late mother. She was a pillar throughout my life, including my education. Mommy, as you look down from Heaven, I know you are proud to see your little "Bob Peep" climb the ladder of academic success. You instilled values in me that I continue to cherish; you told me never to give up on my dreams, no matter how small they may be. I value the support she gave me right from my tender age. I can now make sound decisions for myself. Her social, moral, spiritual, and educational support has shaped my life to the extent of acquiring the knowledge and spirit to finish this dissertation. Her life example has helped me keep working even when I felt like giving up.

Moreover, I want to dedicate this work to my son, Tylin. Bud, you inspire daddy daily. I know you may not grasp the importance of this moment, but someday you will look in this mirror and be motivated to never give up in your pursuit. To my gorgeous, beautiful, patient, and hardworking wife, who dedicated her time and continues to motivate me through this process, I dedicate this study to you. My academic journey would not have been possible without your support and encouragement.

## Acknowledgments

First, I would like to express my sincere gratitude to God for enabling me to complete this work. It is His providence, care, and mercy that I completed this work without hiccups. I know that God causes all things to work together for my good because I love him, and I am called according to his purpose. Romans 8:28.

Second, I pass my gratitude to all my professors for the guidance that I have received from them, which has immensely enabled me to complete this study successfully. They have worked with me, guiding me throughout this dissertation without tiring. I would never have made it this far without their commitment and support.

Third, I acknowledge the moral support that I have received from my family. They were there even during the challenging times that I encountered through this period of coursework and dissertation. Their prayers and encouragements have kept me going.

Fourth, I acknowledge the assistance and guidance from my fellow doctoral students.

To Pastor Boma and Deacon Ekhelar, Bro Godstime, Sis. Jennifer, thank you for your prayer and motivation. Pastor, you told me to stay strong and focus and let God lead me to where he wanted me to be. Yes, Pastor, I did, and God brought me this far. Thank you, Deacon Fidel, for your words of wisdom, spiritual guidance, and encouragement.

To my two mentors, Dr. Phyllis Swint and Dr. Brenda Dawson, thank you for believing in and challenging me to pursue my goals. I appreciate all your advice and every recommendation you made to set me on a successful path. You challenged me to overcome all existing barriers in my life without fear.

To my dissertation chair, Dr. Sally Willis, thank you for taking me under your academic wing and nurturing me from my prospectus stage to the proposal phase. Thank you for all your corrective and inspirational feedbacks. Thank you for motivating and encouraging me to believe in my pursuit and never indulge in self-doubt. I am forever grateful.

To my beautiful wife Jay and my son Tylin, thank you for sacrificing your time and emotions to put up with my sluggishness, coming to bed late. You believed in me and stood by me all through this process. Ty, thank you for making me the father you want in your life. I pray that God will continue to guide your footsteps on His path. I will always love you.



## Table of Contents

List of Tables .....	iv
Section 1: Foundation of the Study and Literature Review .....	1
Introduction.....	1
Background.....	3
Problem Statement.....	4
Purpose of the Study.....	5
Nature of Study.....	8
Theoretical Framework.....	9
Research Questions and Hypotheses .....	10
Literature Review.....	11
Search Strategy .....	11
Introduction.....	11
Healthcare Leadership .....	12
Health Empowerment .....	12
Gender Influence.....	14
Educational Background.....	16
Racial and Health Disparities.....	16
Definition of Terms.....	19
Assumptions, Limitations, and Delimitations.....	21
Assumptions.....	22
Limitations .....	22

Delimitations.....	23
Significance of the Study.....	23
Summary.....	25
Section 2: Research Design and Data Collection .....	27
Research and Design Rationale .....	27
Methodology.....	28
Population.....	29
Sampling Procedures .....	29
Data Collection .....	30
Data Analysis.....	31
Internal Validity.....	31
External Validity.....	32
Instrumentation and Operationalization of Constructs.....	32
Ethical Procedures .....	33
Summary.....	34
Section 3: Presentation of the Results and Findings.....	36
Introduction.....	36
Data Collection, Secondary Data Types and Sources of Information .....	37
Data Analysis.....	39
Results41	
Research Question 1 .....	42
Research Question 2 .....	61

Summary .....	63
<b>Section 4: Application to Professional Practice and Implications for Social</b>	
Change .....	65
Introduction.....	65
Interpretation of the Findings.....	65
Limitations of the Study.....	67
Recommendations.....	68
Implications for Professional Practice and Social Change .....	69
Conclusion .....	70
References.....	72
Appendix A: Minority Representation in Leadership in Healthcare .....	80
Appendix B: The Representation of Males and Females in the Nursing Profession	
in 10 States.....	81
Appendix C: U.S. Life Expectancy by Race.....	82
Appendix D: Racial/Ethnic Composition in the U.S .....	83

List of Tables

Table 1. Male Registered Nurses Population Table: The Total Number of Male Registered Nurses in Delaware Valley Pennsylvania in 2013, 2015, 2017, and 2019.....42

Table 2. Male Licensed Practical Nurses Population Table: The Total Number of Male Licensed Practical Nurses in Delaware Valley Pennsylvania in 2013, 2015, 2017, 2019.....43

Table 3. 2013 Male Registered Nurses Statistics Table: Male Registered Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2013.....45

Table 4. 2013 Male Licensed Practical Nurses statistics Table: Male Licensed Practical Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2013 .....47

Table 5. 2015 Male Registered nurses statistics Table: Male Registered nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2015 .....49

Table 6. 2015 Male Licensed Practical Nurses statistics Table: Male Licensed Practical Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2015 .....51

Table 7. 2017 Male Registered nurses Workforce Statistics Table: Male Registered nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2017 .....53

Table 8. 2017 Male Licensed Practical Nurses Workforce Statistics Table: Male Licensed Practical Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2017 .....	55
Table 9. 2019 Male Registered nurses Workforce Statistics Table: Male Registered nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2019 .....	57
Table 10. 2019 Male Licensed Practical Nurses Workforce Statistics Table: Male Licensed Practical Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2019 .....	58
Table 11. Active Licenses Versus Practicing Registered Nurse Statistics Table: Active Licenses Versus Practicing Africa American Male Registered Nurses in Delaware Valley, Pennsylvania.....	60
Table 12. Active Licenses Versus Practicing Licensed Practical Nurse Statistics Table: Active Licenses Versus Currently Practicing African American Male Licensed Practical Nurses in Delaware Valley, Pennsylvania.....	62

## Section 1: Foundation of the Study and Literature Review

### **Introduction**

The nursing workforce is considered more diverse than many other professions in the healthcare industry because of nurses' advanced education. It has been previously recorded that occupations such as licensed practical nurses, psychiatric nurses, medical students, and home health aides are among health support occupations with a great amount of diversity (Phillips & Malone, 2014). In the study, Phillips and Malone (2014) utilized published studies to collect and analyze data on nursing population statistics, including the percentage of the population supporting age distribution, residential area, and social location (i.e., marital status, etc.). The aim was to compare nursing population diversity with other occupations such as teaching, police forces and physicians. The results showed that the nursing occupation diversity was relatively higher compared to the other occupation in regards to age, residential area and social locations but less diversified in terms of racial distribution.

The underrepresentation of African American male nurses exemplifies a lack of racial and ethnic diversity across the healthcare workforce (Loftin et al., 2012; Yancey, 2018). Current statistical data shows diversity in the nursing field and other health professions (Phillips & Malone, 2014). For this study, quantitative research methods were appropriate because of the numerical data required to answer the research question. Specifically, the study collected data or responses on the study's respondents' preferences or beliefs and attitudes from nursing professional and other occupations. The variables were also isolated and defined. The variables could be linked and form a hypothesis

before collecting data showed that it was appropriate to use a quantitative research design.

Minority students are behind majority and advantages races in every area of education, such as college enrollment rates, high school completion, and graduating rates (Wiggin, 2017). Additionally, there is a widening gap between primary and secondary educational experiences of European American students versus those of African Americans and other minorities (Bowman et al., 2018). Carlson (2019) observed that their socioeconomic status influences the underrepresentation of minority students in the healthcare industry (i.e., coming from families with disproportionately lower income and wealth than their European American counterparts). Carlson (2019) suggested that the cost of attending nursing school deters minorities or is viewed as an unmanageable burden.

Diversity of healthcare workers is an essential element in meeting the healthcare needs of the U.S population which has become highly diversified culturally, linguistically, economically and socially over the past 3 decades (Henkel, 2016). Diversity in healthcare provision is especially crucial as racial and ethnic minority groups in the country are growing. Statistics project that by the year 2042, a majority of the U.S. population (54%) will be composed of racial and ethnic minorities (Beard, 2016). According to the Health Resources and Services Administration (2017), there has been a significant increase in the number of registered nurses over the last 2 decades making nurses the most prominent professional group in the healthcare industry. However, the data shows that most of these nurses are European American, who form about 81% of the

nursing workforce (House of Commons, 2020). Many ethnic and racial minority patients are subjected to substandard care services because of the lack of diversity in their healthcare practitioner and a lack of cultural competency needed for practitioners to understand their health concerns (Nair & Adetayo, 2019). Moreover, healthcare sector administration and leadership is limited cultural and racial diversity thus lacking representation of leaders from diverse backgrounds to spearhead and lead policy changes on inclusion and meeting the diverse patients' needs (Yancey, 2018). Exploring and offering solutions to the barriers, challenges, and facilitators related to African American inclusion and representation in leadership positions would help secure their success as future nursing leaders in the industry and promote diversity in healthcare practitioners.

### **Background**

Philadelphia, Pennsylvania, is the largest municipality within the tri-state area (Delaware, New Jersey, and Pennsylvania) and serves as the region's major cultural, commercial, and industrial center (Chamber of Commerce of Greater Philadelphia, 2013). This makes it an important locale to explore the underrepresentation of African American male nurses with a leadership position (Jamison, 2017; Yancey, 2018). The social and economic disparities noted in different industries are also present in the healthcare industry. In this study I aimed to explore the problem of underrepresentation of African American men in nursing leadership positions and suggest solutions for ameliorating this problem (Bowman et al., 2018). The U.S. population is becoming more diverse and the aging population is also increasing. The Census Bureau estimates that



aging African Americans make up 13.3% of the country's current population and by 2050, it is expected that 15% of this segment of the population will be African American (U.S. Department of Commerce, 2017).

According to Loftin, et al., (2012), the lack of healthcare worker diversity has negative impacts on patient satisfaction for minorities due to lack of culturally sensitive and competent care. More attention needs to be paid to retention and recruitment efforts focused on African American nurses to overcome this underrepresentation. Loftin et al., (2012), stated that racial and ethnic profiling of patients and healthcare workers leads to discrepancy in hiring more diverse health practitioners to match the increasing diverse patient populations, which leads to disparity in the healthcare industry. Therefore, more efforts and attention needs to be focused in the recruitment and retention culturally and linguistically diverse healthcare practitioner's especially African American male nurses who face a high rate of underrepresentation in the nursing profession and leadership positions. The number of African American nurse leaders must increase in the healthcare workforce if healthcare disparities for minorities are to be addressed.

### **Problem Statement**

The increased ethnic diversity of healthcare workers is integral to providing culturally competent care and improving access to the underserved. Therefore, decision-makers and policymakers with an understanding of a population's needs must be empowered to make changes (Willcox 2018; World Health Organization, 2020). However, the healthcare workforce currently fails to mirror the U.S. population's diversity (Jackson & Gracia, 2015; Phillips & Malone, 2014) which is manifested with

the underrepresentation of African American male nurses in frontline and leadership positions in healthcare organization systems within the Delaware Valley of Pennsylvania. According to Minority Nurse (2013), African Americans make up 4.2% of the nursing leadership in the United States. The underrepresentation of African American male nurses may be due to discrimination, which could be an unintentional, covertly intentional, or overtly intentional. African American male nurses may be disadvantaged by discriminatory stereotyping. This can manifest as microinsults or microinvalidations, which are defined as insensitive, rude, and demeaning ways of communicating based on racial identity (Correa-de-Araujo, 2016).

The relatively low number of African American practitioners in healthcare is unrepresentative of the African American patient population, and this disparity adversely affects meeting that population's healthcare needs (Bowman et al., 2018; Correa-de-Araujo, 2016). The problem is attributed to race stratification that limits healthcare leadership positions made available to African Americans, hindering the progression of African American nurses into leadership roles (Nair & Adetayo, 2019; Noonan et al., 2016). Racial underrepresentation in nursing has implications for equality in healthcare provision. It is not unusual, however; it reflects the minority underrepresentation in various other sectors, including education and executive leadership.

### **Purpose of the Study**

In this quantitative study I aimed to examine the underrepresentation of African American nurses in leadership positions in the healthcare setting. The focus was on answering whether the absence of mentors for African American male nurses the

Delaware Valley healthcare system located in Pennsylvania impacts their underrepresentation and satisfaction in attaining leadership positions. The second question looked at how race, income, and educational background inequalities influence African American male nurses in pursuing higher opportunities in frontline and executive management positions in healthcare organizations.

My primary intent for this quantitative and thematic analysis was to underline the factors that hinder African American nurses from attaining leadership positions in the healthcare workforce. Further, the study highlighted the need for racial diversity in frontline and leadership positions for African American male nurses in healthcare. In the study I also explored variables that influence the advancement of nursing education among African Americans.

Quantitative variables for this study included perceptions, racial factors, and historical beliefs that are differential to African American male nurses in informing their decision to take up frontline healthcare delivery positions. Dependent variables included the socioeconomic challenges, recruitment trends over the years, and potential barriers that hinder African American male nurses from joining nursing schools and taking up frontline and leadership opportunities (Hankerson et al., 2015; Nair & Adetayo, 2019). Independent variables included the absence of mentors and racial, income, and educational background inequalities of African American male nurses.

The study underlined the factors that lead to the underrepresentation of African American male nurses and the link between that underrepresentation and their perceptions. It helps address their challenges to becoming frontline caregivers and taking

up leadership positions. This study tested the impact of the underrepresentation of African American male nurses in leadership positions at care facilities in the Delaware Valley in Pennsylvania. This study's test subjects were African American male nurses from the ages of 25 to 55 in the clinical healthcare setting in Pennsylvania. The sample derived from the National Nursing Workforce Survey data for the years 2013, 2015, 2017, and 2019.

The study collected a broad range of experiences of African American male nurses and their perspectives on the factors that hinder their progression into the frontline of caregiving and leadership roles. The lack of candidates to recruit for leadership positions in the nursing profession has rendered African American male nurses underrepresented.

The research's purpose was to determine whether African American male nurses feel that being an ethnic minority in the field has been a disadvantage in attaining a leadership position. According to Nair and Adetayo, (2019). The healthcare industry continues to grow and shift to meet societal, market, and population needs. Over the years, the goal of healthcare provision has been to ensure it is inclusive, of high quality, and meets various sets of population demands (Jackson & Gracia, 2015). According to Noonan et al. (2016), the inclusion of African Americans in the healthcare system is one of the critical steps toward reducing healthcare disparities as well as reducing minorities' negative perceptions of healthcare by including them in leadership positions (Noonan et al., 2016). Jongen et al. (2018) noted that cultural competence in meeting the needs of

changing patient demographics is bolstered by adequate representation of racial groups in the frontline of care delivery.

### **Nature of Study**

The study's nature was quantitative, and data were obtained from the National Nursing Workforce Survey's existing databases (National Nursing Workforce Study, 2019). The information from this database provided stratified information on race intervals. This study showed the differences between races within race determinants for the Delaware Valley in Pennsylvania. The information obtained was compared to counties in New Jersey and Delaware. This comparison gave a clear picture of the underrepresentation of minority male nurses in the Delaware Valley, specifically African American male nurses. The information may help resolve the ethnic underrepresentation in healthcare organizations' leadership positions in the Delaware Valley in Pennsylvania.

For this study I analyzed the dataset provided by the National Nursing Workforce Survey that provides the nation with the most accurate data available on the U.S. nursing workforce's characteristics. The National Nursing Workforce survey collects data on the nursing workforce's current composition and applies a wide range of variables (Smiley et al., 2018). This research study was focused on data stratified on race intervals and showed the differences between races within race determinants in the Delaware Valley in Pennsylvania as compared to counties in New Jersey and Delaware.

The data showed the distribution of licensed nurses and registered nurses as a product of surveys by the National Council of State Boards of Nursing (NCSBN) and the National Forum of State Nursing Workforce Centers (Smiley et al., 2018). This data was

accessible through the school's database or NCSBN. Besides the dataset, additional information was obtained from peer-reviewed articles that address the underrepresentation of African American male nurses in leadership positions of healthcare organizations, health disparities, African Americans in nursing faculties, and conscious and unconscious issues of bias in the workplace.

### **Theoretical Framework**

There are several theoretical frameworks to support the argument relating to inequalities and barriers that lead to the underrepresentation of African American male nurses in healthcare systems' leadership development. Social dominance theory (SDT) highlights the hierarchical practice that impedes African American male nurses. This framework helped to shed light on the persistent inequalities and marginalization of minorities in the healthcare system, as it focuses the social structure process in human societies (Islam, 2014).

Under the SDT, all people belong to groups that provide them with support and protection. This theory helps learners understand the behavior of individual group members in maintaining hierarchies. SDT explains how hierarchies are formed and that when bringing in new members from outside groups, most people resemble those in the in-group. Such behavior helps in understanding how discrimination in the healthcare system is produced (Islam, 2014).

According to (Islam, 2014), SDT looks at why the dominant group seeks to maintain the status quo, which can be disadvantageous to minorities (Islam, 2014). This theory considers and evaluates such variables as education, financial matters, the

background of the African American, and their home lives. African Americans may tend to be confined to mediocre positions in the healthcare industry because other races undervalue them due race stratification. The variables indicated how diversity is far from being achieved in the healthcare industry because leaders have not yet embraced the importance of including all races in hospital managerial positions.

### **Research Questions and Hypotheses**

RQ1: Does the absence of mentors for African American male nurses in the Delaware Valley healthcare system in Pennsylvania impact their underrepresentation and satisfaction in attaining leadership positions?

*H<sub>0</sub>1*: The absence of mentors for African American male nurses in healthcare systems within the Delaware Valley in Pennsylvania has no impact on the underrepresentation and satisfaction in attaining leadership positions.

*H<sub>a</sub>1*: The absence of mentors for African American male nurses in healthcare organization systems within the Delaware Valley in Pennsylvania has a relationship to their attaining leadership positions.

RQ2: How do race, income, educational background, and inequalities influence the ability of African American male nurses to pursue higher learning opportunities and attain frontline and executive leadership positions in health organizations?

*H<sub>0</sub>2*: Race, income, and educational background inequalities have no significant influence on the ability of African American male nurses to pursue

higher learning opportunities and attain frontline and executive leadership positions in health organizations.

*H<sub>a2</sub>*: Race, income, and educational background significantly influence African American male nurses' ability to pursue higher learning opportunities and attain frontline and executive leadership positions in healthcare organizations.

## **Literature Review**

### **Search Strategy**

For this literature review, I searched electronic research databases such as CINAHL, MEDLINE, PubMed, and Science Direct. The main keywords that were related to the topic included *underrepresentation, African American nurses, hospitals, leadership roles, frontline managers, and hospitals*. The peer-reviewed articles selected for this literature review were from the past 5 years. As such, the research was limited to publications from 2015 to 2020. The additional studies within the publication date range were scanned in the literature to identify supplementary studies.

### **Introduction**

Several studies have been conducted detailing the problem of the underrepresentation of African American nurses in healthcare settings and the effect of health disparities. Disparities in most cases are interpreted to reflect the differences between ethnic or racial groups and across other dimensions, such as age, socioeconomic status, geographic location, sexual orientation, disability status, and educational background. According to Healthy People (2020), all the above factors shape an



individual's ability to achieve optimal health (Healthy People 2020, 2016). The literature sources give a brief overview of healthcare leadership, empowerment, racial health disparities, and educational background.

### **Healthcare Leadership**

There is a discrepancy in the healthcare leadership in the United States, especially in the representation of minorities. The statistical demographics in the nursing workforce vary, but the profession lacks proportional representation across ethnicity and race (Lett et al., 2019). Diversity in healthcare leadership can be increased by evaluating and confronting stereotypes the nursing profession (Yancey, 2018). The healthcare industry conducts constant reforms aimed at the delivery of effective, safe, and high-quality care. As such, leaders need to be effective to drive the needed changes in the healthcare system at all levels in regard to leadership diversity across clinical and management workforces (Figueroa et al., 2019; Jongen et al., 2018).

It is by having effective leadership that the healthcare system can address the human resource needs and strengthen their capacities to reach regional and global care goals (Figueroa et al., 2019; World Health Organization, 2020). America's population is growing more diverse, and this should be represented in the medical professional workforce. The current U.S. workforce of physicians and other healthcare providers does not reflect the diversity present in contemporary society (Huston, 2013).

### **Health Empowerment**

Williams (2018) analyzed the demographic and psychosocial factors associated with healthcare workers empowerment of patients and noted that social and emotional

support may be influential for African American men. The study attributed social support from caregivers as a significant predictor of health empowerment and better clinical outcomes (Jamison, 2017; Kar, 2018; Yancey, 2018). The study points out that having a supportive healthcare workforce with sufficient representation of African American men both on the frontline and in leadership can lead the empowerment of African American men in healthy behaviors that result in better healthcare outcomes.

Sanchez et al., (2018) conducted a study that showed how mentoring of African American men is a crucial method leading to their empowerment. The methods of mentoring include traditional and nontraditional, which are salient in academy career preparation and advancement of nurses (Jamison, 2017). The underrepresentation of African American nurses in public healthcare is a significant problem; African American healthcare worker mentees often cannot find and identify with the right mentors and role models (Schwerdtle et al., 2017). Mentoring programs need to be developed to facilitate mentoring relationships. According to Schwerdtle et al., (2017) mentoring advances mentees' career development and clarifies psychosocial functions and roles. In the process, mentees who have a positive relationship with their mentor report increased satisfaction of their career.

According to Hafsteinsdóttir et al., (2020) mentoring is a way of compensation required when there is inadequate academic preparation. Also, mentoring can help in areas where there is a lack of academic and social resources and with a nursing student's anxiety. Mentorships can reduce the dropout rate, and in turn, increase the success rates for African American students (Gunn et al., 2017; Yomtov et al., 2017). It is through

mentors that students are provided with guidance and regulation of their emotional expression.

Initiatives to promote mentoring are significant and may contribute to solving the problem of the underrepresentation of minorities in nursing. Mentoring is a critical factor that may increase the number of African American nurses in the profession (Sanchez et al., 2018). Still, more needs to be accomplished to increase the low number of African American nurses in leadership positions.

### **Gender Influence**

Poorchangizi et al., (2019) indicated that a global nurse survey elicited different opinions and perceptions related to gender influence on nursing leadership and nursing practice. The survey asked study participants to respond to their understanding of the situation by looking at essential variables like disability, ethnicity, religion, and race as barriers to their attainment of leadership positions. The study showed that perceptions of the role of nurse leaders is impacted by sociocultural beliefs and stereotypes.

Bennett et al., (2019) analyzed why there is a decline of African Americans in the nursing profession. The researchers suggested that the educational advancement of young black men is sometimes obstructed by systemic negative stereotypes and lower expectations. The information is relevant to understanding the leadership underrepresentation of Black male nurses (Bell, 2018). The findings from Bennett et al., can help readers understand the impact that lack of African American men's educational advancement has on the healthcare industry in regard to addressing healthcare disparities that face the population (Bennett et al., 2019).

Iheduru-Anderson (2020) looked into additional race-related issues that African American men face when it comes to help-seeking barriers. Iheduru-Anderson situated racial discrimination, racial identity, everyday racism, sense of control, and masculinity norms as key barriers to African American men's health help-seeking. Bennett et al. (2019) used a historical lens to look at racial inequality in classroom and clinical learning environments. Both studies discussed the position of African American male nurses in nursing and their experiences of gendered racism from colleagues, supervisors, and patients. Bennett et al. showed that gendered racism creates obstacles for African American men in nursing due to the perception of unsuitability and they also face the challenge of being negatively viewed as presenting masculinity and uncaring nature to serve in nursing care (Bennett et al., 2019).

Iheduru-Anderson (2020) did a sociological study that points out the gaping differences in the experiences of European American and African American nurses. It helps to define the predicament that African American nurses face daily with patients, colleagues, and supervisors. The study supports the problem identified in this current study and offers a sociological reason for the low number of African American male nurses in the care setting. Iheduru-Anderson posited that health inequities and disparities can be reduced for African Americans if they are hinged on timely help-seeking. The everyday racial discrimination that African Americans experience is what hampers their help-seeking motivation and is what needs to be addressed (Iheduru-Anderson, 2020).

## **Educational Background**

Noonan et al., (2016) stated that underrepresentation of African Americans in medicine and along the healthcare continuum is an American crisis with far-reaching implications. The study focused on medical workforce including physicians, nurses and pharmacists and studied their demographics to establish the racial representation in medical fields with focus on age, gender, education level and social and income level. The study concluded that the underrepresentation of African American male nurses in the nursing field was not attributed to the lower life expectancy of African American men but on general lack of diversity in the healthcare sector. Noonan et al., showed that African Americans have the lowest life expectancy compared to other racial and ethnic groups.

Mitchell and Lassiter (2016) research study stated that more representation could bridge the gap between those working in healthcare, policy, and community leadership in the interest of public health. Their study supported the problem addressed in the current study and linked it to education while also underlining the implications of underrepresentation of African American men in healthcare and the potential benefits of creating a comprehensive program for increasing their numbers.

## **Racial and Health Disparities**

The Centers for Disease Control and Prevention examined the differences in contributions to African American and European American deaths (Cunningham et al., 2017). The report attributed health disparities to differences in socioeconomic positions, segregation and neighborhood effects, discrimination, unequal access to healthcare, and

intersectionality. The report provided differences in the health care experiences of African Americans and European Americans in the same healthcare system.

Hankerson et al. (2015) explored the treatment disparities among African American men with depression and their implications to nursing practice. The article underlined that current strategies, such as extensive educational campaigns, do not account for the social determinants of treatment disparities. The determinants, the study noted, include racism, cultural mistrust, misdiagnosis, and informal support networks, which influence the effectiveness of clinical interventions in addressing the needs of the population. The study affirmed that underrepresentation of African Americans in healthcare noting that they constitute 2% of psychiatrists, 2% of psychologists, and 4% of social workers. It also noted that increasing their representation will encourage their colleagues to explore their unconscious cultural insensitivity.

The key recommendation is the inclusion of African Americans in top-institutional discussions on training, research, policy, and education, which is a proactive approach of addressing institutional racism and European American privilege (Cunningham et al., 2017). This research study not only concurs with the problem but also offers cues of action that could help solve the underrepresentation of African American male nurses in healthcare systems. Bvumbwe and Mtshali (2018) outline the composition of the nursing workforce in the U.S., and the effect it has on health disparities. They base their study on thematic discussions on institutional racism, European American privilege, and health disparities, the article addresses the implications of policies, profiling, and the impact of European American privilege on

nursing and nursing education. Diversifying the healthcare workforce should closely reflect the demographic composition in question (Mitchell & Lassiter, 2016). Among others, the authors propose the engagement of racial minorities to improve nurses' diversity and create inclusive health environments.

Phillips and Malone, (2014) focused on the nursing workforce and noted that the nursing profession must recruit and retain a culturally diverse workforce that mirrors the nation's changing demographics. Phillips & Malone, (2014) study observed that presently ethnic and racial nurses contribute extensively to advancing knowledge about health disparities and related interventions. The study contributed by linking the racial/ethnic nurses to reduced health disparities and providing recommendations for nursing agencies and health organizations on how to increase the representation of African American men in healthcare leadership positions.

The persistent and widespread racial and ethnic disparities are evident as documented by the annual National Healthcare Quality and Disparities Report (Cunningham et al., 2017). The results of these disparities are attributed to the complex interactions presented between patient factors, which are related to clinicians, social disadvantages, healthcare systems, and organization factors. In many areas, slow progress is reported for reducing and or eliminating healthcare disparity. For example, more than half of the national physician organizations are making no efforts to avert the current situation. The aspects of patient-provider interaction note that patient distrust, communication barriers, and lack of provider cultural competence, conscious and

unconscious bias, or discrimination are still prevalent and contribute to ethnic and racial disparities.

Primary care and ethnic minority physician organizations and societies with health disparity committees may provide guidance and leadership that help reduce health disparities. Healthcare organizations need to align with quality forces, like the signature efforts of the Robert Wood Johnson Foundation, in order to lift healthcare's overall quantity in targeted communities (Bvumbwe & Mtshali, 2018). In this case, is the African Americans where reducing ethnic and racial disparities. The underpinnings of the study point out that not only is there a lack of effort in addressing health disparities, but also, there is a possibility of reducing health disparities with a minority group by increasing its representation in the healthcare workforce (Cunningham et al., 2017)

Bvumbwe and Mtshali (2018) recognized the gap in the literature for health-related high quality of life. The study underlines the disparity of mortality between African American men and their European American counterparts by seven years. The research suggests that appreciating and engaging minority men, physicians, and healthcare professionals will all help them to be better positioned to understand and be able to deliver culturally sensitive care that minimizes healthcare disparities in minorities.

### **Definition of Terms**

*African American:* The group of people with African ancestry, but many of these ethnic groups have non-black ancestors. They are also referred to as Black Americans or



Afro-Americans. In most cases, this phrase refers to descendants of those black people who were enslaved and come from the United States.

*Educational background:* Refers to the education one has undergone, which begins from Kindergarten, additional technical training, but ends with a post-graduation degree.

*Ethnic:* Is related to a large group of people classified according to common national, religious, racial, linguistic, tribal, or cultural backgrounds or origins. These people are classified as ethnic minorities, as they retain their language, customs, or social views.

*Frontline managers:* Is the management level overseeing the hospital's primary production activities. These individuals are also nurse managers with critical values in a hospital setting's success, as they develop an environment that gives support, accountability, trust, adaptation, creativity, and risk-taking. They motivate employees to perform their best in providing patients with quality care and encourage healthcare innovation.

*Leadership position:* Is a role assigned to an individual, which can be the upper- to middle-managerial positions, leadership, and even meet career goals. These individuals are responsible for team outcomes, and the positions have the potential to help an individual grow. Also, these positions give an individual the possibility to be paid more. In nursing, these positions include and are not limited to the chief nursing officer, chairperson, assistant dean, dean, supervisor, manager, charge nurse, and decision-making positions.

*Mentors:* They are role models and instructors with a bidirectional relationship with their mentees working in a structured program of orientation. These mentors have more nursing experience and are more than willing to share both knowledge and time to help the mentored students achieve their career and personal goals. In the process, the mentors help the students mentored to have a smooth transition into their workplace. Mentors are present to provide a balance for their mentees to work independently and promote critical reasoning. In the process, mentors offer their clients an assurance of safe-effective care, which follows the hospital's procedures and policies.

*Racial:* It is related to the genetics of people, which distinguishes them into groups of people. Racial differences are the characteristics of the race(s) or arising from different groups.

*Underrepresentation of African Americans:* It is when African American people are not given the same treatment as others in society, meaning some of their needs are not met because there is no one representing them in the leadership realm.

### **Assumptions, Limitations, and Delimitations**

Nair and Adetayo (2019) described limitations as a methodology that influences the interpretation of finding research. According to Nair and Adetayo (2019) there are challenges and barriers African American men experience attaining executive leadership in the nursing profession. The obstacles associated with the African American male nurses include language, academic, financial, and cultural barriers.

**Assumptions**

The study's first assumption was that the existing national cohort data on nurses contains reliable and accurate information. This assumption's importance was that retrospective cohort data may involve bias in its selection and misclassification. The second assumption was that all the needed variables for this study would be available in the existing database. The third assumption was that the theoretical framework has domains that may be measured using the valid and appropriate data set from variables identified.

A successful study purports to have relevant and high-quality data, as Farquhar (2012) stated. A dataset is deemed fit if it manages to meet the purpose of the research. In this case, the dataset met the purpose of this research; thus, the SPSS functionality is introduced, and data segregation was shown, random samples were drawn, file split and automatic creation of variables were made possible (Farquhar (2012)).

**Limitations**

This study's limitation was the lack of available or reliable data and thus has been a significant obstacle in finding a meaningful relationship and trend. The data is missing as most research talking about African American populations investigates their health disparity issues and inequality presenting the treatment options, which has forced many African Americans to seek traditional medicine. As such, this serves as an opportunity for more research to be conducted.

The other limitation is the lack of prior research studies on the topic to help form the literature review basis and lay the foundation to understand the research questions

under investigation. The little research available is not sufficient to give the relevant information. Consulting a librarian was helpful, and they confirmed the lack of prior research; thus, it serves as an opportunity to perform further research.

The data collection measure was a limitation and was evident after completing the interpretation of findings that the data gathered inhibited my ability to conduct detailed results analysis. By not including a specific research question of African American male nurses' capability to be frontline leaders in the healthcare sector, it was difficult to address self-confidence. The time constraints rendered the findings inapplicable to larger populations, as is evident in this research study.

### **Delimitations**

The study was delimited when answering the research questions because the dataset used was the national sample for five years. However, the use of the National Dataset is a significant strength for this study, as having access to this information gave a meaningful analysis of the issue at hand. The national datasets are crucial and valuable in providing research with intellectual output, thus proving beneficial for retrospective studies.

### **Significance of the Study**

This study may help explore the reasoning behind the underrepresentation of African American male nurses in leadership development. This study's independent variables aimed at investigating how they can be improved or upgraded to increase the number of African American male nurses represented in frontline managerial positions. Understanding the underlying problem of their underrepresentation makes it easier to

align them with increasing the representation of African American male nurses' leadership and work experiences. The study underlined the factors that lead to the underrepresentation of African American male nurses in healthcare and the link between their perceptions, as it helps address their challenges to become frontline caregivers and take up leadership positions.

Disparities in the education field have affected African American male nurses' appointment in leadership positions, and they are constantly emergence in the healthcare industry (Loftin, et al., 2012). Further, it provided frameworks that could improve African American male nurses' numbers in frontline care delivery. With the increasing need for healthcare practitioners to meet the demands of the changing demographics, African American men can be a resource that not only contributes to filling the gap in leadership numbers but offers inherent input that improves the quality and competence of care in healthcare organizations (Loftin, et al., (2012). The study may contribute to the body of knowledge that advocates for increased diversity in clinical work pertaining to leadership positions (Phillips & Malone, 2014; Williams, 2018). The study has broad implications for society, as it contributed to better health provision by improving healthcare organizations' competency in meeting African American nurses' needs. This study addressed the pervasive minority access to education and racial limitations that verse negative healthcare perceptions (Bvumbwe & Mtshali, 2018). It may be shown that racism bias, as a factor, holds many African American men nurses from reaching high positions in the healthcare system.

## Summary

The amount of data present is convincing enough to suggest how African American nurses are underrepresented in healthcare today at various leadership positions or levels. The nursing workforce should be diverse, culminating in improving the health sector and the nation's leadership. Health departments need to be varied to increase leadership positions that underrepresented African American nurses hold. Diversity in the leadership perspective will ensure that the healthcare system is culturally competent. To date, the number of European American nurse leaders exceeds the number of African American nurse leaders, and yet, there is a link present between better health outcomes with diversified healthcare professionals.

Section 1 presented a clearer picture of why there is a need for more African American nurses within leadership roles in a healthcare setting. Nonetheless, most of the studies only highlight the underrepresentation and the possible reasons for deficiency. Little progress has been made to understand the critical elements required to lead to increasing African American male nurses' success in leadership positions. Also, the obstacles presented will be used in ascertaining what African American male nurses need to do to climb the leadership ladder to success.

Section 1 also includes the study's statement problem, the purpose of the study, and the study's nature. A brief description of the theoretical framework has been provided along with the research questions and hypotheses, the significance of the study, literature review, critical terms, and their definitions. Lastly, the assumptions, limitations, and delimitations of the study were mentioned. The purpose of this study offers distinct

clarity of the research about the underrepresentation of African American male nurses in healthcare industries within the Delaware Valley in Pennsylvania.

Section 2 explains the research design that I employed in answering the research question. The section also presents the methodology of the research, the sample, and the sampling procedures for this research. The data analysis instrument was statistical, and I examined the variables used in the research and categorized them accordingly. The participants' rights of protection were also mentioned, and the threats to validity was also be reported. The plan of data analysis were also provided. Previous findings contribute to this study by linking African American men's involvement in healthcare provision systems to addressing the healthcare disparities that face the population.

## Section 2: Research Design and Data Collection

### **Research and Design Rationale**

In this section I evaluate the design and research methodology that I adopted. I cover elements such as the methodology used, the study population, the data collection methods, data analysis technique, sampling procedures validity, and ethical considerations.

For the study I used a quantitative research design. Leavy (2017) defined this research design as a systematic investigation of observable phenomena through statistical techniques. Further, Leavy (2017) pointed out that quantitative research comprises statistical descriptions, breadth, and generalizations. Specifically, this type of research design is aimed at discovering the behavioral tendencies of people. A critical focus in the study was the state of representation of African Americans in the nursing profession in the Delaware Valley region of Pennsylvania, both in nursing and leadership positions. The phenomenon in this study was that African Americans are underrepresented in America's nursing profession. Some of the prevalent issues in discussing the underrepresentation of this minority group in the United States include ethnicity and racism.

The quantitative research design I chose for this study was descriptive. According to Miksza and Elpus (2018), descriptive research is aimed at systematically and accurately describing a situation, a population, or a phenomenon. The main focus of the current study was to measure or observe the variables as opposed to manipulating them. This study's targeted phenomenon was the underrepresentation of the African American



community in the nursing profession in the Delaware Valley region in Pennsylvania. My goal was to determine the percentage of African Americans' underrepresentation in nursing. The Delaware Valley consists of five counties in Pennsylvania, one county in Delaware, one county in Maryland, and five counties in the New Jersey. However, in completing this research project, only data on male nurses in the five counties that make up the Delaware Valley, Pennsylvania, were obtained from the Pennsylvania Board of Nursing (PABON) through NCSBN's authorization. These five counties of the Delaware Valley, Pennsylvania, included Bucks County, Chester County, Delaware County, Montgomery County, and Philadelphia County

### **Methodology**

For the study I employed the National Nursing Workforce Survey to obtain relevant data. According to the website [ncsbn.org](http://ncsbn.org), the National Nursing Workforce Survey is an umbrella of the NCSBN. The survey organization generates information about the supply of nurses in the United States. The data from this organization is crucial in planning matters of health and the welfare of nurses. The organization conducts a study every 2 years and partners with the National Forum of State Nursing Workforce Centers to generate information focusing on the nursing workforce in the United States. Some of the data generated by the survey include the percentages of registered nurses and licensed practical nurses in the United States in terms of age groups, race, and ethnicity. Therefore, using this organization to obtain data was crucial in getting quality, relevant, and reliable information about African American male nurses' status in Delaware Valley,

Pennsylvania. Analysis of the data also increased the understanding of how best to address the prevalent issue of underrepresentation.

The method of data analysis used was secondary data analysis. This method concerns the analysis of existing data to produce relevant statistics for a study. The targeted data were the numbers of African American nurses in Pennsylvania from years 2013, 2015, 2017, and 2019.

### **Population**

Every 2 years, NCSBN carries out a survey in the nursing profession for planning purposes. In this study I used the information generated by the organization from 2013 to 2020. Therefore, I used 2013, 2015, 2017, and 2019 surveys. Specifically, the research focused on the data pertaining to the African American population in the nursing profession in the Delaware Valley, Pennsylvania and the state of this group's leadership in the profession. I focused mainly on the information that addressed the number of African American male nurses in the profession. The prerecorded data by NCSBN is about the nursing population, from which data was extracted about the number of African American male nurses.

### **Sampling Procedures**

For the study I employed a nonprobability type of sampling. Daniels (2011) defines the method as nonrandom and based on convenience. I used only one method of data collection through the NCSBN and National Nursing Workforce Survey. There were no other categories of data sources to choose from, hence I did not use probability sampling. There were 5,839,619 nurses identified by NCSBN for the years 2013, 2015,

2017, and 2019. Also, only the data from Delaware Valley, Pennsylvania, was analyzed. From this data, I examined the number of African American men in the nursing profession.

### **Data Collection**

I collected data from the NCSBN organization. I requested the organization to furnish me with Excel documents that detailed the different demographics pertaining to nursing in Delaware Valley, Pennsylvania, including racial or ethnic designation. The targeted information pertained to the state of representation of African American male nurses in the United States and in the state of Pennsylvania. In the study I also evaluated the state of leadership of African American males in the nursing profession in that area. The data collected from NCSBN were from the years 2013–2019. Because the organization performs a survey on the state of nursing every 2 years, the surveys chosen are those carried in 2013, 2015, 2017, and 2019. I tallied the total number of African American male nurses in Delaware Valley, Pennsylvania, in each selected year.

However, there were anticipated limitations in the collection of data from the NCSBN. They included that NCSBN only collects the data every two years. Therefore, the organization does not have the most current data pertaining to the representation of minority ethnic groups in the profession. Also, the process of accessing this data was tedious and took a lot of time to obtain full authorization to use it. To overcome the problem, I notified the NCSBN representative a few weeks in advance to prepare the data that was to be accessed.

### **Data Analysis**

The study used a secondary data analysis technique. The method is appropriate for analyzing preexisting data pertaining to analyzing hypotheses and deriving interpretations and conclusions. The choice of this method was preferred because the data to be analyzed existed. Additionally, as Vartanian (2011) put forth, archived information analysis allows for the generation of quality insights and practical recommendations on a particular phenomenon under study. In this case, the use of secondary analysis for the preexisting data from NCSBN enabled me to create critical insights and practical recommendations regarding the underrepresentation of African American male nurses in Delaware Valley, Pennsylvania.

### **Internal Validity**

The research generated high validity because the information used was from a credible data source. According to Ary et al. (2010), data prerecorded by credible organizations enhances internal validity. Only the data provided by NCSBN was used in this study. The organization has been used in the United States to generate crucial insights pertaining to the country's nursing profession. I hoped therefore to create a high level of believability and reliability. The measure I took to ensure internal validity was through consistency and repeatability if similar research is to be carried out in the future. According to Cuncic (2020), the means to increase validity is to ensure little or no bias in the study. In this study, high validity was achieved through consistency, which was enhanced by the reliability of the data from NCSBN.

### **External Validity**

The research was relevant in regard to revealing inequality. One of the expected outcomes was a lack of equality in the nursing profession and in leadership positions. Therefore, the research implies a need to enhance equality not only in the nursing profession but also in all other spheres of life, including education and politics. Connected with the aspect of equality is coexistence. The research targeted the opportunities for African American men. This study generated data on the underrepresentation of African Americans and other minorities in the U.S. nursing profession.

### **Instrumentation and Operationalization of Constructs**

Data was obtained from the Nursing Workforce Survey, managed by the NCSBN. This is an organization that focuses on getting data regarding the nursing profession in the country, including the number of registered nurses and licensed practical nurses. The survey organized the data retrieved using categories, such as age groups, ethnicity, and race. The research study specifically focused on information pertaining to the state of nurses in Delaware Valley, Pennsylvania. Only surveys carried from 2013 to 2019 were considered. The presentation of data was categorized into the following:

- the number of minority nurses in the state of Pennsylvania compared to the nurses' population
- the number of registered nurses in the region
- the number of licensed practical nurses in the region

- the number of minority registered nurses in the region compared to the major races
- diversity in the nursing profession through race and ethnicity

### **Ethical Procedures**

Before undertaking the study, prior consent was sought from NCSBN through a letter seeking to authorize the use of the organization's data for this research study. This was one of the ways of enhancing the credibility and validity of the generated information and the outcome. One of the ethical issues in the study was the aspect of racism. The study focused on African American nurses in the state of Pennsylvania. Care was taken not to invoke the issues of racism amongst nurses in the region. Also, care was taken not to invoke ethnic-related emotions in the nursing profession. In many aspects, studies on gender invoke the concept of mistreatment of minority races. In the study, the attention was on the underrepresentation of nurses. Therefore, it was critical to observe measures that were not likely to orient the survey towards the aspect of mistreatment of one particular group.

In carrying out the study, four ethical principles as detailed in the *Belmont Report* were observed (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). They included respect for autonomy, beneficence, nonmaleficence, and justice. In beneficence, I was obligated to act on behalf of the research's human subjects, African American male nurses. Pertinently, the aim was to advocate for equality in the nursing profession. In regard to nonmaleficence, care was taken not to inflict harm on any human subjects involved. The principle focus was

avoiding instances where an individual's safety is compromised. With respect to autonomy, the aim was to respect the people's decisions in the research, including understanding their position for self-determination. Regarding justice, the focus was to uphold all the legal provisions of conducting research, including distributing any form of benefit from the research equally between the people involved.

### **Summary**

The methodological section focused on describing the methods that were used in gathering and analyzing data. The section is a means to understand the procedure used to obtain the information on African Americans' underrepresentation in the nursing profession, specifically in Delaware Valley, Pennsylvania. The first element analyzed is the research design which was exploratory because the data used was preexisting and recorded in the NCSBN from 2013 to 2019. The second element is the population. In this study, the population targeted was the African American race, particularly the male nurses in Delaware Valley in Pennsylvania. The third element is the sampling procedure. In the research, a nonprobability type sampling was used, which is random and based on convenience. The fourth element is the data collection method, where the chosen technique was the use of preexisting data from the NCSBN. The fifth element is data analysis. The chosen method applied in the research was the secondary data analysis technique, chosen because it is preexisting. The sixth element discussed in this section was validity, both internal and external validity. The focus was relevance and credibility of research from the outcome. The seventh is the instrumentation and operational of constructs. The eighth element is the analysis of the ethical issues prevalent in the

research study. Overall, the research and the elements analyzed gave a clear picture of African Americans' underrepresentation in the nursing profession in Delaware Valley, Pennsylvania.



### Section 3: Presentation of the Results and Findings

#### **Introduction**

In this quantitative study I examined African American nurses' underrepresentation in leadership positions in the healthcare setting. The study's focus was on answering whether the absence of mentors for African American male nurses impacts their underrepresentation and satisfaction in attaining leadership positions in the Delaware Valley healthcare system located in Pennsylvania. The study also looked at how race, income, and educational background inequalities influence African American male nurses in pursuing higher opportunities such as the frontline and executive management positions in healthcare organizations. The following research questions and hypotheses were addressed through statistical analysis in this study.

RQ1: Does the absence of mentors for African American nurses in the Delaware Valley healthcare system in Pennsylvania impact their underrepresentation and satisfaction in attaining leadership positions?

*H<sub>0</sub>1*: The absence of mentors for African American nurses in healthcare systems within the Delaware Valley in Pennsylvania has no impact on the underrepresentation and satisfaction in attaining leadership positions.

*H<sub>a</sub>1*: The absence of mentors for African American nurses in healthcare organization systems within the Delaware Valley in Pennsylvania has a relationship to their attaining leadership positions.

RQ2: How do race, income, educational background, and inequalities influence the ability of African American nurses to pursue higher learning opportunities and attain frontline and executive leadership positions in health organizations?

*H<sub>02</sub>*: Race, income, and educational background inequalities have no significant influence on the ability of African American nurses to pursue higher learning opportunities and attain frontline and executive leadership positions in health organizations.

*H<sub>a2</sub>*: Race, income, and educational background significantly influence the ability of African American nurses to pursue higher learning opportunities and attain frontline and executive leadership positions in healthcare organizations.

This section describes the secondary data set and the statistical analysis used to address the research questions and the hypothesis. The statistical analysis results, including assumptions and statistical analysis testing, are presented in this section. In this section I discuss whether the statistical analysis provided significant results and if the null hypotheses should be accepted or rejected.

### **Data Collection, Secondary Data Types and Sources of Information**

This study used de-identified data sets from the appropriate representative who signed the data use agreement for NCSBN, which conducted the National Nursing Workforce Survey every 2 subsequent years from 2013, including 2013, 2015, 2017, and 2019. The organization conducts a study every two years and partners with the National Forum of State Nursing Workforce Centers to generate information focusing on the nursing workforce in the United States. The data generated by the survey provided to me

included the variables and percentages of registered nurses in the United States in terms of gender, age groups, race, education and leadership position levels, and ethnicity. I analyzed the data to reveal the representation of African American male nurses in nursing leadership positions and how it is impacted by factors such as the absence or presence of mentors, race, income, and educational background.

Delaware Valley consists of five counties in Pennsylvania. In completing this research project, only data on male nurses in the five counties that make up the Delaware Valley Pennsylvania was obtained from the PABON through NCSBN's authorization. These five counties of the Delaware Valley, Pennsylvania, included Bucks County, Chester County, Delaware County, Montgomery County, and Philadelphia County. Included in this quantitative study were nurses who have been working under a healthcare organization system within the Delaware Valley in Pennsylvania. The dataset provided by the National Nursing Workforce Survey consists of the most accurate data available on the U.S. nursing workforce's characteristics. This survey collects data on the nursing workforce's current composition including nurse workforce total population, race statistics, income and age demographics. The data was provided in a spreadsheet format. The population included in the data was nurses working in the Delaware Valley of Pennsylvania from 2013 to 2019. However, data on African American male nurses were extracted for analysis and helped answer the research questions and hypothesis on the underrepresentation of African American male nurses in leadership positions in the state. All the participants were full-time registered nurses in the Delaware Valley of Pennsylvania.

The sample represented full-time registered nurses in the state of Pennsylvania. The population size, culture, socioeconomic status, and environment may differ from other states in the country. This study's findings may be generalized across the United States assuming data from the National Nursing Workforce Survey are used.

### **Data Analysis**

For this research study I utilized a secondary data analysis to examine data from another survey. The data analysis process began after accessing the secondary data from the National Nursing Workforce Survey provided by the PABON through NCSBN's authorization. The data was provided in a Microsoft Excel document. The first step was to analyze the data to obtain the population of male nurses in 2013, 2015, 2017, and 2019. The next step was to analyze the number and percentages of the nurse populations from different races in all 4 years, that is, 2013, 2015, 2017, and 2019. I reviewed the data and checked by each case and variable for consistency to ensure that it was sufficient to answer the research questions. The next step was the identification of the datasets and a thorough evaluation of the identified data sets. Some of the relevant variables and datasets identified included

- the total number of male registered nurses in Delaware Valley Pennsylvania in 2013, 2015, 2017, 2019;
- the total number of male licensed practical nurses in Delaware Valley Pennsylvania in 2013, 2015, 2017, 2019;
- male registered nurse workforce statistics by race and ethnicity in Delaware Valley Pennsylvania in 2013;

- male licensed practical nurse workforce statistics by race and ethnicity in Delaware Valley Pennsylvania in 2013;
- male registered nurse workforce statistics by race and ethnicity in Delaware Valley Pennsylvania in 2015;
- male licensed practical nurse workforce statistics by race and ethnicity in Delaware Valley Pennsylvania in 2015;
- male registered nurse workforce statistics by race and ethnicity in Delaware Valley Pennsylvania in 2017;
- male licensed practical nurse workforce statistics by race and ethnicity in Delaware valley Pennsylvania in 2017;
- male registered nurse workforce statistics by race and ethnicity in Delaware Valley Pennsylvania in 2019;
- active licenses versus practicing Africa American male registered nurses in Delaware Valley, Pennsylvania;
- male licensed practical nurse workforce statistics by race and ethnicity in Delaware Valley Pennsylvania in 2019;
- Active licenses versus currently practicing African American male licensed practical nurses in Delaware valley Pennsylvania.

The data was already existing and presented in an Excel spreadsheet. The next step was to evaluate and summarize the data in a spreadsheet to make sense of it and answer the research questions. Below are the summarized results from the analysis.

## **Results**

For the study I used a secondary data analysis technique. The method involved analyzing preexisting data that provided me with information from which to derive interpretations and conclusions in regard to the hypotheses. This method was preferred because the data already existed, and I did not have to collect any other data sets. By analyzing the preexisting, secondary, archived data sets and information from NCSBN, I was able to generate quality insights and give practical recommendations regarding the underrepresentation of African American male nurses in the state of Pennsylvania.

Below is the summarized data on the male nurse workforce in the Delaware Valley, Pennsylvania, from the NCSBN according to the National Nursing Workforce Surveys in 2013, 2015, 2017, and 2019. This survey is a collaborative work of the NCSBN and The National Forum of State Nursing Workforce Centers, which partner every 2 years to conduct a survey and provide results and summaries of the national sample survey using the Forum's Nurse Supply Minimum Data Set, a standardized survey tool designed to collect workforce data. The data was provided in Excel spreadsheet format, and I summarized it to answer the research questions.

**Table 1**

*Male Registered Nurses Population Table: The Total Number of Male Registered Nurses in Delaware Valley Pennsylvania in 2013, 2015, 2017, and 2019*

Year	2013	2015	2017	2019
Male	14,729	15,541	15,811	16,074

*Note.* The total number of male registered nurses in Delaware valley Pennsylvania (5 counties) according to National Nursing Workforce Survey results in 2013, 2015, 2017, 2019

### **Research Question 1**

RQ1: Does the absence of mentors for African American nurses in the Delaware Valley healthcare system in Pennsylvania impact their underrepresentation and satisfaction in attaining leadership positions?

According to the National Nursing Workforce Survey data provided by the PABON through NCSBN's authorization, the total number of male registered nurses in the Delaware valley Pennsylvania was 14,729, 15,541, 15,811, and 16,074 in 2013, 2015, 2017, and 2019 respectively. This table shows the number of male registered nurses in the said region as found by the National Nursing Workforce Survey. This data analysis table will be compared with a specific number of male nurses belonging to other races and ethnic backgrounds. The comparison will help show the number of male African American male registered nurses compared to the whole male registered nurse population within the region and other races or ethnic groups. Hence, it lays the foundation for answering whether there is an underrepresentation of males African American in

Delaware Valley, Pennsylvania. This table shows the number or population of male registered nurses in the region for all the years whose data were studied. Knowing the population for male registered nurses is crucial in showing the total number of male nurses before analyzing and regrouping it to the percentages for the various ethnic or racial groups. This table helped answer the research question on the underrepresentation of African American male nurses.

**Table 2**

*Male Licensed Practical Nurses Population Table: The Total Number of Male Licensed Practical Nurses in Delaware Valley Pennsylvania in 2013, 2015, 2017, 2019*

Year	2013	2015	2017	2019
Male	3,405	3,489	3,571	3,607

*Note.* The total number of licensed practical male Nurses in Delaware valley Pennsylvania (5 counties) according to National Nursing Workforce Survey results in 2013, 2015, 2017, 2019

According to the National Nursing Workforce Survey data provided by the PABON through NCSBN's authorization, the total number of Licensed male Practical Nurses in the Delaware valley Pennsylvania was 3,405, 3,489, 3,571, and 3,607 in 2013, 2015, 2017, and 2019 respectively. This table shows the number of licensed practical male nurses in the said region as found by the National Nursing Workforce Survey. This data analysis table will be compared with a specific number of male nurses belonging to other races and ethnic backgrounds. The comparison will help show the number of male African American Licensed male Practical Nurses compared to the whole male R.N.



population within the region and other races or ethnic groups. Hence it lays the foundation for answering whether there is an underrepresentation of males African American Delaware Valley Pennsylvania. This table shows the number or population of male registered nurses in the region for all the years whose data were studied. Knowing the population for male registered nurses is crucial in showing the total number of male nurses before analyzing and regrouping it to the percentages for the various ethnic or racial groups. This table helped answer the research question on the underrepresentation of African American male nurses.

**Table 3**

*2013 Male Registered Nurses Statistics Table: Male Registered Nurses Workforce  
Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2013*

Race	Number	Percentage (%)
White	10,944	74.5
Black or African American (non-Hispanic)	1,458	9.9
Asian	1,223	8.3
Hispanic or Latino	707	4.6
American Indian or Alaskan Native.	206	1.4
Others	191	1.3
Total	14729	100

*Note.* Male registered nurse statistic by race and ethnicity in Delaware Valley Pennsylvania (counties) according to National Nursing Workforce Survey results in 2013.

The data presented in this table shows a lack of mentors for the African American nurses within the region. Male African American registered nurses in 2013 accounted for only 9.9% of the total population. This small percentage compared to the White African American male registered nurses the same year may be attributed to lack of qualified and experienced nurses to mentor and encourage African American young men to pursue a career in this profession and also to strive to achieve more educational and work experience to achieve frontline leadership positions.

Out of the 14,729 male registered nurses in Delaware Valley, Pennsylvania, in 2013, the total number of African-American male nurses was 1,458, representing 9.9% of the total population. The White male nurses in Delaware Valley, Pennsylvania, in 2013 was 10,944, representing 74.5%, Asian male nurses were 1,223 representing 8.3%, Hispanic or Latino male nurses were 707 representing 4.6%, American Indian or Alaskan Native male nurses were 206 representing 1.4%, and those identified as others were 191 representing 1.3%. This data helps to answer the research question on the underrepresentation of African American male nurses by calculating and presenting the population and percentage of every race represented in the total number of male nurses in the given study region in 2013 according to the National Nursing Workforce Survey results. According to the survey, the data presented in this table shows the total population and presentation of African American male nurses in 2013. Hence, it helps answer the underrepresentation of African American male nurses compared to other races, especially European Americans, who are the majority.

**Table 4**

*2013 Male Licensed Practical Nurses statistics Table: Male Licensed Practical Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2013*

Race	Number	Percentage (%)
White	2,033	59.71
Black or African American (non-Hispanic)	508	14.92
Asian	366	10.75
Hispanic or Latino	317	9.31
American Indian or Alaskan Native.	103	3.02
Others	78	2.29
Total	3,405	100.00

*Note.* Male licensed practical nurses statistic by race and ethnicity in Delaware Valley Pennsylvania (counties) according to National Nursing Workforce Survey results in 2013.

The data presented in this table shows a lack of mentors for the African American nurses within the region. Male licensed practical nurses in 2013 accounted for only 14.95% of the total population. This small percentage compared to the White African American male licensed practical nurses the same year may be attributed to lack of qualified and experienced nurses to mentor and encourage African American young men to pursue a career in this profession and also to strive to achieve more educational and work experience to achieve frontline leadership positions.

Out of the 3,405 male licensed practical Nurses in Delaware Valley, Pennsylvania, in 2013, the total number of African American male nurses was 508, representing 14.92% of the total population. The White male nurses in Delaware Valley, Pennsylvania, in 2013 was 2033, representing 59.71.5%, Asian male nurses were 366 representing 10.75%, Hispanic or Latino male nurses were 317 representing 9.31%, American Indian or Alaskan Native male nurses were 103 representing 3.02%, and those identified as others were 78 representing 2.29%.

This data helps to answer the research question on the underrepresentation of African American male nurses by calculating and presenting the population and percentage of every race represented in the total number of male nurses in the given study region in 2013 according to the National Nursing Workforce Survey results. According to the survey, the data presented in this table shows the total population and presentation of African American male nurses in 2013. Hence, it helps answer the underrepresentation of African American male nurses compared to other races, especially European Americans, who are the majority.

**Table 5**

*2015 Male Registered nurses statistics Table: Male Registered nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2015*

Race	Number	Percentage (%)
White	11,377	73.21
Black or African American (non-Hispanic)	1,690	10.87
Asian	1,361	8.76
Hispanic or Latino	716	4.61
American Indian or Alaskan Native.	223	1.43
Others	174	1.12
Total	15,541	100.00

*Note.* Male registered nurse workforce statistic by race and ethnicity in Delaware Valley Pennsylvania (counties) according to National Nursing Workforce Survey results in 2015

The data presented in this table shows a lack of mentors for the African American nurses within the region. Male African American registered nurses in 2015 accounted for only 10.87% of the total population. This small percentage compared to the White African American male registered nurses the same year may be attributed to lack of qualified and experienced nurses to mentor and encourage African American young men to pursue a career in this profession and also to strive to achieve more educational and work experience to achieve frontline leadership positions.

Out of the 15,541 male registered nurses in Delaware Valley, Pennsylvania, in 2015, the total number of African-American male nurses was 1,690, representing 10.87% of the total population. The White male nurses in Delaware Valley, Pennsylvania, in 2015 was 11,377, representing 73.21%, Asian male nurses were 1,361 representing 8.76%, Hispanic or Latino male nurses were 716 representing 4.61%, American Indian or Alaskan Native male nurses were 223 representing 1.43%, and those identified as others were 174 representing 1.12%.

This data helps to answer the research question on the underrepresentation of African American male nurses by calculating and presenting the population and percentage of every race represented in the total number of male nurses in the given study region in 2015 according to the National Nursing Workforce Survey results. According to the survey, the data presented in this table shows the total population and African American male nurses' presentation by race in 2015. Hence, it helps answer the underrepresentation of African American male nurses compared to other races, especially European Americans, who are the majority.

**Table 6**

*2015 Male Licensed Practical Nurses statistics Table: Male Licensed Practical Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2015*

Race	Number	Percentage (%)
White	2,149	61.59
Black or African American (non-Hispanic)	513	14.70
Asian	215	6.16
Hispanic or Latino	367	10.52
American Indian or Alaskan Native.	143	4.10
Others	102	2.92
Total	3,489	100.00

*Note.* Male licenced practical nurses statistic by race and ethnicity in Delaware Valley Pennsylvania (counties) according to National Nursing Workforce Survey results in 2015.

The data presented in this table shows a lack of mentors for the African American nurses within the region. Male licensed practical nurses in 2015 accounted for only 14.70% of the total population. This small percentage compared to the White African American male licensed practical nurses the same year may be attributed to lack of qualified and experienced nurses to mentor and encourage African American young men to pursue a career in this profession and also to strive to achieve more educational and work experience to achieve frontline leadership positions.



Out of the 3,489 male licensed practical nurses in Delaware Valley, Pennsylvania, in 2015, the total number of African-American male nurses was 513, representing 14.70% of the total population. The White male nurses in Delaware Valley, Pennsylvania, in 2015 was 2,149, representing 61.59%, Asian male nurses were 215 representing 6.16%, Hispanic or Latino male nurses were 367 representing 10.52%, American Indian or Alaskan Native male nurses were 143 representing 4.10%, and those identified as others were 102 representing 2.92%.

This data helps to answer the research question on the underrepresentation of African American male nurses by calculating and presenting the population and percentage of every race represented in the total number of male nurses in the given study region in 2015 according to the National Nursing Workforce Survey results. According to the survey, the data presented in this table shows the total population and African American male nurses' presentation by race in 2015. Hence, it helps answer the underrepresentation of African American male nurses compared to other races, especially European Americans, who are the majority.

**Table 7**

*2017 Male Registered nurses Workforce Statistics Table: Male Registered nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2017*

Race	Number	Percentage (%)
White	11,459	72.47
Black or African American (non-Hispanic)	1,622	10.26
Asian	1,197	7.57
Hispanic or Latino	992	6.27
American Indian or Alaskan Native.	247	1.56
Others	294	1.86
Total	15,811	100.00

*Note.* Male registered nurse statistic by race and ethnicity in Delaware Valley

Pennsylvania (counties) according to National Nursing Workforce Survey results in 2017

Out of the 15,811 male registered nurses in Delaware Valley, Pennsylvania, in 2017, the total number of African American male nurses was 1,622, representing 10.26% of the total population. The White male nurses in Delaware Valley, Pennsylvania, in 2017 was 11,459, representing 72.47%, Asian male nurses were 1,197 representing 7.57%, Hispanic or Latino male nurses were 992 representing 6.27%, American Indian or Alaskan Native male nurses were 247 representing 1.56%, and those identified as others were 294 representing 1.86%. The table shows the underrepresentation of male African American nurses in Delaware Valley, Pennsylvania, in 2017, which is a predictor for lack of mentors in the future, thus continuing the problem of underrepresentation of African

American male nurses in the nursing profession. This data helps to answer the research question on the underrepresentation of African American male nurses by calculating and presenting the population and percentage of every race represented in the total number of male nurses in the given study region in 2017 according to the National Nursing Workforce Survey results. According to the survey, the data presented in this table shows the total population and African American male nurses' presentation by race in 2017. Hence, it helps answer the underrepresentation of African American male nurses compared to other races, especially European Americans, who are the majority.

**Table 8**

*2017 Male Licensed Practical Nurses Workforce Statistics Table: Male Licensed Practical Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2017*

Race	Number	Percentage (%)
White	2,140	59.93
Black or African American (non-Hispanic)	556	15.57
Asian	272	7.62
Hispanic or Latino	391	10.95
American Indian or Alaskan Native.	113	3.16
Others	99	2.77
Total	3,571	100.00

*Note.* Male licenced practical nurses statistic by race and ethnicity in Delaware Valley Pennsylvania (counties) according to National Nursing Workforce Survey results in 2017.

Out of the 3,571 male licensed practical nurses in Delaware Valley, Pennsylvania, in 2017, the total number of African-American male nurses was 556, representing 15.57% of the total population. The White male nurses in Delaware Valley, Pennsylvania, in 2017 was 2,140, representing 59.93%, Asian male nurses were 272 representing 7.62%, Hispanic or Latino male nurses were 391 representing 10.95%, American Indian or Alaskan Native male nurses were 113 representing 3.16%, and those

identified as others were 99 representing 2.77%. The table shows the underrepresentation of male African American nurses in Delaware Valley, Pennsylvania, in 2017, which is a predictor for lack of mentors in the future, thus continuing the problem of underrepresenting male African American nurses in the nursing profession.

This data helps to answer the research question on the underrepresentation of African American male nurses by calculating and presenting the population and percentage of every race represented in the total number of male nurses in the given study region in 2017 according to the National Nursing Workforce Survey results. According to the survey, the data presented in this table shows the total population and African American male nurses' presentation by race in 2017. Hence, it helps answer the underrepresentation of African American male nurses compared to other races, especially European Americans, who are the majority.

**Table 9**

*2019 Male Registered nurses Workforce Statistics Table: Male Registered nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2019*

Race	Number	Percentage (%)
White	11,742	73.05
Black or African American (non-Hispanic)	1,697	10.56
Asian	1,374	8.55
Hispanic or Latino	838	5.21
American Indian or Alaskan Native.	226	1.41
Others	197	1.23
Total	16,074	100.00

*Note.* Male licensed practical nurses workforce statistic by race and ethnicity in Delaware Valley Pennsylvania (counties) according to National Nursing Workforce Survey results in 2019

Out of the 16,074 male registered nurses in Delaware Valley, Pennsylvania, in 2019, the total number of African-American male nurses was 1,697, representing 10.56% of the total population. The White male nurses in Delaware Valley, Pennsylvania, in 2019 was 11,742, representing 73.05%, Asian male nurses were 1,374 representing 8.55%, Hispanic or Latino male nurses were 838 representing 5.21%, American Indian or Alaskan Native male nurses were 226 representing 1.41%, and those identified as others were 197 representing 1.23%. This data helps to answer the research question on the underrepresentation of African American male nurses by calculating and presenting the

population and percentage of every race represented in the total number of male nurses in the given study region in 2019 according to the National Nursing Workforce Survey results. According to the survey, the data presented in this table shows the total population and African American male nurses' presentation by race in 2019. Hence, it helps answer the underrepresentation of African American male nurses compared to other races, especially European Americans, who are the majority.

**Table 10**

*2019 Male Licensed Practical Nurses Workforce Statistics Table: Male Licensed Practical Nurses Workforce Statistics by Race and Ethnicity in Delaware Valley Pennsylvania in 2019*

Race	Number	Percentage (%)
White	2,139	59.30
Black or African American (non-Hispanic)	571	15.83
Asian	233	6.46
Hispanic or Latino	381	10.56
American Indian or Alaskan Native.	166	4.60
Others	117	3.24
Total	3,607	100.00

*Note.* Male licensed practical nurses statistic by race and ethnicity in Delaware Valley Pennsylvania (counties) according to National Nursing Workforce Survey results in 2019.

Out of the 3,607 Male licensed practical nurses in Delaware Valley, Pennsylvania, in 2019, the total number of African-American male nurses was 571, representing 15.83% of the total population. The White male nurses in Delaware Valley, Pennsylvania, in 2019 were 2,139, representing 59.30%, Asian male nurses were 233 representing 6.46%, Hispanic or Latino male nurses were 381 representing 10.56%, American Indian or Alaskan Native male nurses were 166 representing 4.60%, and those identified as others were 117 representing 3.24%. This data helps to answer the research question on the underrepresentation of African American male nurses by calculating and presenting the population and percentage of every race represented in the total number of male nurses in the given study region in 2019 according to the National Nursing Workforce Survey results. According to the survey, the data presented in this table shows the total population and African American male nurses' presentation by race in 2019. Hence, it helps answer the underrepresentation of African American male nurses compared to other races, especially European Americans, who are the majority.



**Table 11**

*Active Licenses Versus Practicing Registered Nurse Statistics Table: Active Licenses Versus Practicing Africa American Male Registered Nurses in Delaware Valley, Pennsylvania*

	2013	2015	2017	2019
Total active licenses: Male nurses to practice as registered nurses in Delaware Valley, Pennsylvania	14,729	15,541	15,811	16,074
Currently practicing male registered nurses in Delaware Valley Pennsylvania	12,915	13,271	13,408	14,113
Percentage of all currently practicing registered male nurses compared to all active licenses of male nurses licensed to practice as registered nurses in Delaware Valley, Pennsylvania	87.68	85.39	84.80	87.80
Total active licenses: African American male nurses to practice as registered nurses in Delaware Valley, Pennsylvania	1,458	1,690	1,622	1,697
Currently practicing Africa American male registered nurses in Delaware Valley, Pennsylvania	1,249	1,427	1,389	1,461
Percentage of practicing African American male registered nurses compared to total active licenses of African American male registered nurses in Delaware Valley, Pennsylvania	85.67	84.44	85.64	86.09
Percentage of practicing African American male registered nurses compared to total active licenses of all male registered (African American male nurses plus all other male nurses from other races) nurses in Delaware Valley, Pennsylvania	8.48	9.18	8.79	9.09

**Research Question 2**

RQ2: How do race, income, educational background, and inequalities influence the ability of African American nurses to pursue higher learning opportunities and attain frontline and executive leadership positions in health organizations?

The percentage of practicing registered male nurses of African American descent is lower than the total number of active licenses. Issues such as racial discrimination, education, and income inequalities may be attributed to the low number of practicing African American male nurses attributed to their underrepresentation in the nursing practice.

The percentage of practicing African American male registered nurses compared to the total population or number of active licenses of male registered nurses in Delaware Valley, Pennsylvania in 2013 was 8.48%, in 2015 was 9.18%, in 2017 was 8.79% and in 2019 was 9.09%.

**Table 12**

*Active Licenses Versus Practicing Licensed Practical Nurse Statistics Table: Active Licenses Versus Currently Practicing African American Male Licensed Practical Nurses in Delaware Valley, Pennsylvania*

	2013	2015	2017	2019
Total active licenses: Male nurses to practice as licensed practical nurses in Delaware Valley, Pennsylvania	3,405	3,489	3,571	3,607
Currently practicing male licensed practical nurses in Delaware Valley Pennsylvania	2,936	2,977	3,014	3,147
Percentage of all currently practicing licensed male practical nurses compared to all active licenses of male nurses licensed to practice as a licensed practical nurses in Delaware Valley, Pennsylvania	86.23	85.33	84.40	87.25
Total active licenses: African American male nurses to practice as licensed practical nurses in Delaware Valley, Pennsylvania	508	513	556	571
Currently practicing Africa American male licensed practical nurses in Delaware Valley, Pennsylvania	429	417	443	461
Percentage of practicing African American male licensed practical nurses compared to total active licenses of African American male licensed practical nurses in Delaware Valley, Pennsylvania	84.45	81.29	79.68	80.74
Percentage of practicing African American male licensed practical nurses compared to total active licenses of male licensed practical nurses in Delaware Valley, Pennsylvania	12.60	11.95	12.41	12.78

The percentage of practicing registered male nurses of African American descent is lower than the total number of active licenses. Issues such as racial discrimination, education, and income inequalities may be attributed to the low number of practicing African American male nurses attributed to their underrepresentation in the nursing practice.

The percentage of practicing African American male licensed practical nurses compared to the total population or number of active licenses of male licenced practical nurses in Delaware Valley, Pennsylvania in 2013 was 12.60%, in 2015 was 11.95%, in 2017 was 12.41% and in 2019 was 12.78%.

### **Summary**

Through the secondary data analysis model, the two research questions were answered. The null hypothesis for the two research questions were rejected. Therefore, the study results showered a high level of underrepresentation of African American male nurses in the nursing profession and the frontline leadership positions. The study results further showed that the lack of mentors and income and educational inequalities that have been instituted in society for a long time is attributed to the underrepresentation of African American male nurses and other minority race nurses in the nursing practice and leadership positions.

Section 3 provided data analysis that was further examined in chapter 4 to provide recommendations. Section 4 will recommend opportunities and avenues for extending this research study based on the current study's findings. One opportunity or avenue would be to analyze the causes for the underrepresentation of African American male

nurses by choosing specific counties and healthcare facilities and conducting primary research and data analysis. It also recommends obtaining and analyzing data sets that contain demographic information, such as job title, age, educational level, and participation in continuing education or training, types of licenses held, gender, race, income level, job group, and leadership position held or collect data that contains such demographic information. The findings from this study will provide knowledge and insight for implementing social change. The results provide evidence that can support policy change and implementation to introduce social change in regards to increasing diversity in the nursing profession and reducing the underrepresentation of African American male nurses and other minority groups.

## Section 4: Application to Professional Practice and Implications for Social Change

### **Introduction**

In this study, I employed a secondary data analysis approach with a quantitative and thematic design to examine the degree of underrepresentation of African American male nurses in the nursing profession and in leadership positions in healthcare agencies. The focus was on answering whether the absence of mentors for African American male nurses impacts their underrepresentation and satisfaction in attaining leadership positions in the Delaware Valley healthcare system located in Pennsylvania. The study was necessary to find out how race, income, and educational background inequalities influence African American male nurses in pursuing higher opportunities.

The study purpose was attained by answering the research questions through analyzing the secondary data from the National Nursing Workforce Survey, a survey conducted to gather nursing worker statistics every 2 years. For the study I examined the National Nursing Workforce Survey data from 2013 to 2019. The analysis results determined that there is a high level of underrepresentation of African American male nurses in Delaware Valley, Pennsylvania.

### **Interpretation of the Findings**

This study's specific problem was that healthcare leaders and stakeholders have failed to implement strategies to increase diversity in nursing employee representation in frontline leadership positions. Current literature shows the lack of racial and ethnic diversity across the healthcare workforce (Loftin, et al., 2012; Yancey, 2018). According to the Health Resources and Services Administration (2017), there has been a significant

increase in the number of registered nurses over the last one decade making nurses the most prominent professional group in the healthcare industry. However, the data shows that most of these nurses are European American, who form about 81% of the workforce (House of Commons, 2020). Many ethnic and racial minority patients are subjected to substandard care services because they are limited in their healthcare practitioner choices, lacking same race options for providers who may better understand their health concerns (Nair & Adetayo, 2019).

The statistical analysis used to answer the research questions in the current study indicated that there is a high level of underrepresentation of African American male nurses. The analysis indicated that African American male nurses were significantly underrepresented in the nursing practice and frontline leadership positions compared to the European American male nurses in Delaware Valley, Pennsylvania.

The study results indicated that the chronic and significant underrepresentation of African American male nurses in the nursing profession and frontline leadership positions can be attributed to some measure to a lack of mentors. This is because the African American male nurses have limited access to mentors to encourage them to take up higher education in the nursing profession and provide guidance to pursue careers in nursing practice frontline leadership positions.

The study results showed that the number of practicing African American male registered nurses and licensed practical nurses is significantly low compared to the number of all active licenses for male nurses in the region. Variables such as race, lack of diversity, and educational and income inequalities play a pivotal role in the

underrepresentation of African American male nurses in nursing practice and leadership positions. Due to lower income levels, fewer blacks attain the required educational certifications to practice in the nursing profession, which automatically leads to their underrepresentation in the nursing profession and frontline leadership positions (Phillips & Malone, 2014). African Americans are a minority race in the United States.

Consequently, male nurses from this ethnic group or race face institutional discrimination that have long-term roots in the society. Overall, the study's findings support the current literature that there is a significantly high level of underrepresentation of African American male nurses in the nursing profession and frontline leadership positions. The study also supports that this problem can be attributed to lack of adequate mentors, lower income, racial discrimination, and educational inequalities.

### **Limitations of the Study**

Several limitations to this research study and design existed. This study's data set was limited to healthcare professionals in the Delaware Valley, five counties in Pennsylvania, one county in Delaware, one county in Maryland, and five counties in New Jersey. However, in completing this research project, only data on male nurses in the five counties of Delaware Valley, Pennsylvania, were obtained from the PABON through NCSBN's authorization. These five counties of the Delaware Valley, Pennsylvania, included Bucks County, Chester County, Delaware County, Montgomery County, and Philadelphia County. Further challenges included sorting out the data. It took a long time to receive the specific required data from the PABON, which delayed the completion of the project.



The study was also limited in that the National Nursing Workforce Survey is based on nurses' willingness to participate. The final survey numbers are based on the organization's statistical adjustments because not all nurses participate. Even though the National Nursing Workforce Survey provides readily available and reliable data and statistics of the nursing workforce, it does not represent every nurse because not all participate.

This study's limitation was the lack of available or reliable data, which has been a significant obstacle in finding a meaningful relationship and trend. The data is missing as most research discussing African American populations investigates their health disparity issues and inequality regarding treatment options. The other limitation was the lack of prior research studies on the topic to help form the literature review and lay the foundation to understand the research questions under investigation. The little research available was not sufficient to give sufficient relevant information. Consulting a librarian was helpful, and they confirmed the lack of prior research; thus, it serves as an opportunity to perform further research.

### **Recommendations**

There are several opportunities in which this research could be extended to build upon the current study's findings. One avenue would be to analyze the causes for the underrepresentation of African American male nurses by choosing specific counties and healthcare facilities and conducting primary research and data analysis. This would provide more specific data for analysis on various variables such as income, education,

work experience, and ethnic background on the representation of African American male nursing practice career and leadership.

Another avenue for research would be to obtain and analyze data sets that contain demographic information, such as job title, age, educational level, and participation in continuing education or training, types of licenses held, gender, race, income level, job group, and leadership position held. In addition, primary research involving collecting data that contains such demographic information could also extend this study's findings. This information would provide insight into the characteristics, variables, and reasons for the underrepresentation of African American male nurses in the nursing profession and frontline positions.

### **Implications for Professional Practice and Social Change**

This study's findings showed that underrepresentation of minority races, especially African American male nurses, is a multifaceted problem that continues to be chronic in Delaware Valley, Pennsylvania. This study's literature review supported that there is high underrepresentation of African American male nurses in education opportunities, mentorship programs, and leadership or frontline positions in the nursing profession. Therefore, leaders in the healthcare sector in Delaware Valley, Pennsylvania, and across the United States can use this study's findings to inform their decisions about strategies to increase racial diversity in the nursing practice and leadership. The patients within the U.S. healthcare sector are becoming highly diversified, and therefore there is a need to increase diversity in the nursing workforce. Reducing the underrepresentation of

African American male nurses in the nursing profession and frontline leadership positions is one way of improving nursing workforce diversity.

The findings of this study contribute to the generalized knowledge by providing information on whether there is an underrepresentation of minority races in the nursing profession and leadership. This study's results contribute to positive social change by generating knowledge and insights into methods that can be incorporated in policy-making to reduce the underrepresentation of African American male nurses and other minority race male nurses in the frontline leadership positions. This knowledge can help in policy formulation and change implementation to increase equality and balance in nursing practice leadership positions.

Though this study has answered the research questions that I intended to answer, further research may be necessary. There is a need to conduct similar research analyzing data from other secondary surveys or conducting primary research to study the underrepresentation of male nurses from African American and other minority races. Further research can help confirm the results from this study. Educational institutions, health organizations, and doctoral students can use the new-found knowledge presented in this study to conduct further studies on the underrepresentation of African American male nurses in the nursing profession and frontline leadership.

### **Conclusion**

In this study I sought to determine whether there was an underrepresentation of African American male nurses and whether it was attributed to factors or variables such as their attitudes, incomes, educational levels, lack of mentors, and racial diversity in the

nursing workforce. The literature review found in Section 2 indicated a significant chronic underrepresentation of African American male nurses in education, nursing practice, and leadership positions. I sought to show in this research that African American male nurses' underrepresentation and the variables associated with the problem. For this research study I analyzed secondary data from the National Nursing Workforce Survey completed in 2013, 2015, 2017, and 2019. The results of this study generated knowledge on the lack of diversity in nursing practice and leadership positions. This study advanced the understanding of the underrepresentation of African American male nurses in Delaware Valley, Pennsylvania. It also highlighted some variables such as lack of mentorship and chronic institutional inequalities contributing to the underrepresentation of African American male nurses in the nursing profession and frontline leadership positions. Further research using different sample sizes and data sets can be carried out to validate this study's results.

## References

- Ary, D., Jacobs, L. C., & Razavieh, A. (2010). *Introduction to research in education*. Belmont, CA: Wadsworth.
- Beard, K. V. (2016). Examining the impact of critical multicultural education training on the multicultural attitudes, awareness, and practices of nurse educators. *Journal of Professional Nursing, 32*(6), 439-448.  
<https://doi.org/10.1016/j.profnurs.2016.05.007>
- Bell, A. S. (2018). *A phenomenological study on the professional development of African American male administrators at predominately White post-secondary institutions* [Doctoral dissertation]. University of Nevada Las Vegas.
- Bennett, C., Hamilton, E.K., & Rochani, H. (2019). Exploring race in nursing: Teaching nursing students about racial inequality using the historical lens. *OJIN: The Online Journal of Issues in Nursing, 24*(2).  
[DOI:10.3912/OJIN.Vol24No02PPT20](https://doi.org/10.3912/OJIN.Vol24No02PPT20)
- Bowman, B. T., Comer, J. P., & Johns, D. J. (2018). Addressing the African American achievement gap: Three leading educators issue a call to action. *YC Young Children, 73*(2), 14-23.  
<https://www.naeyc.org/resources/pubs/yc/may2018/achievement-gap>
- Bvumbwe, T., Mtshali, N. Nursing education challenges and solutions in Sub Saharan Africa: an integrative review. *BMC Nurs 17, 3* (2018).  
<https://doi.org/10.1186/s12912-018-0272-4>

- Carlson, R. (2019). The racial life expectancy gap in the U.S. *the balance*  
<https://www.thebalance.com/the-racial-life-expectancy-gap-in-the-u-s-4588898>
- Chamber of Commerce of Greater Philadelphia (2013). *Major employers directory*.  
 Greater Philadelphia Chamber of Commerce: Pennsylvania State University.
- Correa-de-Araujo, R. (2016). Evidence-based practice in the United States: Challenges, progress, and future directions. *Health Care for Women International*, 37(1), 2–22. <https://doi.org/10.1080/07399332.2015.1102269>
- Cuncic, A. (2020, September 17). *Understanding internal and external validity*.  
 Verywellmind. <https://www.verywellmind.com/internal-and-external-validity-4584479>
- Cunningham, T.J., Croft, J.B., Liu, Y., Lu, H., Eke, P.I., Giles, & W.H.(2017). Vital signs: racial disparities in age-specific mortality among Blacks or African Americans — United States, 1999–2015. *MMWR Morb Mortal Wkly Rep*, 66(4), 444–456. DOI: <http://dx.doi.org/10.15585/mmwr.mm6617e1>
- Daniel, J. (2011). *Sampling essentials: Practical guidelines for making sampling choices*. SAGE Publications.
- Farquhar, J. D. (2012). *Case study research for business*. London [England] ; Thousand Oaks, Calif.: SAGE.
- Figueroa, C. A., Harrison, R., Chauhan, A., & Meyer, L. (2019). Priorities and challenges for health leadership and workforce management globally: A rapid review. *BMC Health Services Research*, 19(1), Article 239. <https://doi.org/10.1186/s12913-019-4080-7>

- Gunn, F., Lee, S. H., & Steed, M. (2017). Student perceptions of benefits and challenges of peer mentoring programs: Divergent perspectives from mentors and mentees. *Marketing Education Review*, 27(1), 15-26.  
<https://doi.org/10.1080/10528008.2016.1255560>
- Hafsteinsdóttir, T. B., Schoonhoven, L., Hamers, J., & Schuurmans, M. J. (2020). The leadership mentoring in nursing research program for postdoctoral nurses: A development paper. *Journal of nursing scholarship: An official publication of Sigma Theta Tau International Honor Society of Nursing*, 52(4), 435–445.  
<https://doi.org/10.1111/jnu.12565>
- Hankerson, S. H., Suite, D., & Bailey, R. K. (2015). Treatment disparities among African American men with depression: Implications for clinical practice. *Journal of Health Care for the Poor and Underserved*, 26(1), 21–34.  
<https://doi.org/10.1353/hpu.2015.0012>
- Health Resources and Services Administration (HRSA) (2017). National Sample Survey of Registered Nurses (NSSRN). <https://bhw.hrsa.gov/data-research/access-data-tools/national-sample-survey-registered-nurses>
- Healthy People (2020). The social determinants of health.  
<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources>
- Henkel, G. (2016). Does U.S healthcare need more diverse leadership? *The Hospitalist*.  
<https://www.the-hospitalist.org/hospitalist/article/121639/does-us-healthcare-need-more-diverse-leadership>

House of Commons (2020). NHS staff from overseas: statistics.

<https://commonslibrary.parliament.uk/research-briefings/cbp-7783/>

Huston, C. (2013). The impact of emerging technology on nursing care: Warp speed ahead. *OJIN: The Online Journal of Issues in Nursing Vol. 18(2)*, Manuscript 1.

[DOI: 10.3912/OJIN.Vol18No02Man01](https://doi.org/10.3912/OJIN.Vol18No02Man01)

Iheduru-Anderson, K. (2020). Barriers to career advancement in the nursing profession: Perceptions of Black nurses in the United States. *Nursing Forum, 55(4)*.

<https://doi.org/10.1111/nuf.12483>

Islam, G. (2014). Social dominance theory (SDT): Encyclopedia of critical psychology (pp.1779-1781). [DOI:10.1007/978-1-4614-5583-7\\_288](https://doi.org/10.1007/978-1-4614-5583-7_288).

Jackson, C. S., & Gracia, J. N. (2015). Addressing health and health-care disparities: The role of a diverse workforce and the social determinants of health. *Public health reports (Washington, D.C.: 1974), 129(2)*, 57–61.

<https://doi.org/10.1177/00333549141291S211>

Jamison, R. F., Jr. (2017). Black male perspectives of the role race plays with black leader/leadership development in the world of work [Unpublished doctoral dissertation]. University of North Florida.

<https://digitalcommons.unf.edu/cgi/viewcontent.cgi?article=1778&context=etd>

Jongen, C., McCalman, J., & Bainbridge, R. (2018). Health workforce cultural competency interventions: a systematic scoping review. *BMC health services research, 18(1)*, 232. <https://doi.org/10.1186/s12913-018-3001-5>



- Kar, S. B. (2018). *Empowerment of women for promoting global health and quality of life*. Oxford University Press.
- Leavy, P. (2017). *Research design: Quantitative, qualitative, mixed methods, arts-based, and community-based participatory research approaches*. Guilford Press.
- Lett, L. A., Murdock, H. M., Orji, W. U., Aysola, J., & Sebro, R. (2019). Trends in racial/ethnic representation among US medical students. *JAMA Network Open*, 2(9), e1910490. <https://doi.org/10.1001/jamanetworkopen.2019.10490>
- Loftin, C., Newman, S., Dumas, B., Gilden, G., & Bond, M. (2012). Perceived barriers to success for minority nursing students: An integrative review. *International Scholarly Research Notices*, 1(1). <https://doi.org/10.5402/2012/806543>
- Miksza, P. & Elpus, K. (2018). *Design and analysis for quantitative research in music education*. Oxford University Press.
- Minority Nurse (2013, March 30). Looking for Black nurses leaders: A call to action. <https://minoritynurse.com/looking-for-black-nurses-leaders-a-call-to-action/>
- Mitchell, D. A., & Lassiter, S. L. (2016). Addressing health care disparities and increasing workforce diversity: The next step for the dental, medical, and public health professions. *American Journal of Public Health*, 96(12), 2093–2097. <https://doi.org/10.2105/AJPH.2005.082818>
- Nair, L., & Adetayo, O. A. (2019). Cultural competence and ethnic diversity in healthcare. *Plastic and reconstructive surgery. Global open*, 7(5), e2219. <https://doi.org/10.1097/GOX.0000000000002219>

- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). The Belmont report: Ethical principles and guidelines for the protection of human subjects of research. U.S. Department of Health and Human Services. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>
- National Nursing Workforce Study (2019). About the study. <https://www.ncsbn.org/workforce.htm>
- Noonan, A. S., Velasco-Mondragon, H. E., & Wagner, F. A. (2016). Improving the health of African Americans in the USA: An overdue opportunity for social justice. *Public Health Reviews*, 37(12). <https://doi.org/10.1186/s40985-016-0025-4>
- Online Nursing (2021). *By the Numbers: Nursing Statistics 2021*. <https://www.onlinenursingms.com/news/nursing-by-the-numbers>
- Phillips, J. M., & Malone, B. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public Health Reports (Washington, D.C., 129(2)*, 45–50. <https://doi.org/10.1177/00333549141291S209>
- Poorchangizi, B., Borhani, F., & Abbaszadeh, A. et al. (2019). The importance of professional values from nursing students' perspective. *BMC Nurs.* 18(26). <https://doi.org/10.1186/s12912-019-0351-1>
- Sanchez, B., Hurd, N., Neblett, E. & Vaclavik, D. (2018). Mentoring for black male youth: A systematic review of the research. *Adolescent Research Review* 3(6):1-20. DOI:10.1007/s40894-017-0074-z

- Schwerdtle, P., Morphet, J., & Hall, H. (2017). A scoping review of mentorship of health personnel to improve the quality of health care in low and middle-income countries. *Globalization and Health*, 13, Article 77. <https://doi.org/10.1186/s12992-017-0301-1>
- Smiley, R. A., Lauer, P., Binemy, C., Berg, J.G., Shireman, E., Reneau, K. A. & Alexander, M. (2017). The 2017 national nursing workforce survey. *Journal of Nursing Regulation Supplement*, 9(3), S1-S88. [https://doi.org/10.1016/S2155-8256\(18\)30131-5](https://doi.org/10.1016/S2155-8256(18)30131-5)
- U.S. Department of Commerce (2017). U.S. Census Bureau estimates. <https://www.commerce.gov/bureaus-and-offices/census>
- Vartanian, T. P. (2011). *Secondary data analysis*. Oxford University Press.
- Wiggan, G. (2017). Race, school achievement, and educational inequality: Toward a student-based inquiry perspective. *Review of Educational Research*. 77(3):310-333. [doi:10.3102/003465430303947](https://doi.org/10.3102/003465430303947)
- Willcox, A., Sutherland Boal, A., de Padua, A., Balaski, B., Ens, B., Toyne, C. R. & MacPhee, M. (2018). *Leadership and influencing change in nursing*. University of Regina Press.
- Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, 59(4), 466–485. <https://doi.org/10.1177/0022146518814251>
- World Health Organization (WHO). (2020). Embracing cultural diversity unlocks key resources for more inclusive health systems. <https://www.euro.who.int/en/health->

[topics/Health-systems/pages/news/news/2020/5/embracing-cultural-diversity-unlocks-key-resources-for-more-inclusive-health-systems](https://fisherpub.sjfc.edu/cgi/viewcontent.cgi?article=1352&context=education_etd)

Yancey, P. R. (2018). *Career advancement of black nurses in healthcare: The lived experience of successful leaders and critical elements learned along the way*. [Unpublished doctoral dissertation, Paper No. 349]. St. John Fisher College. [https://fisherpub.sjfc.edu/cgi/viewcontent.cgi?article=1352&context=education\\_etd](https://fisherpub.sjfc.edu/cgi/viewcontent.cgi?article=1352&context=education_etd)

Yomtov, D., Plunkett, S. W., Efrat, R., & Marin, A. G. (2017). Can peer mentors improve first year experiences of university students? *Journal of College Student Retention: Research, Theory & Practice*, 19(1), 25-44. <https://doi.org/10.1177/1521025115611398>

## Appendix A: Minority Representation in Leadership in Healthcare

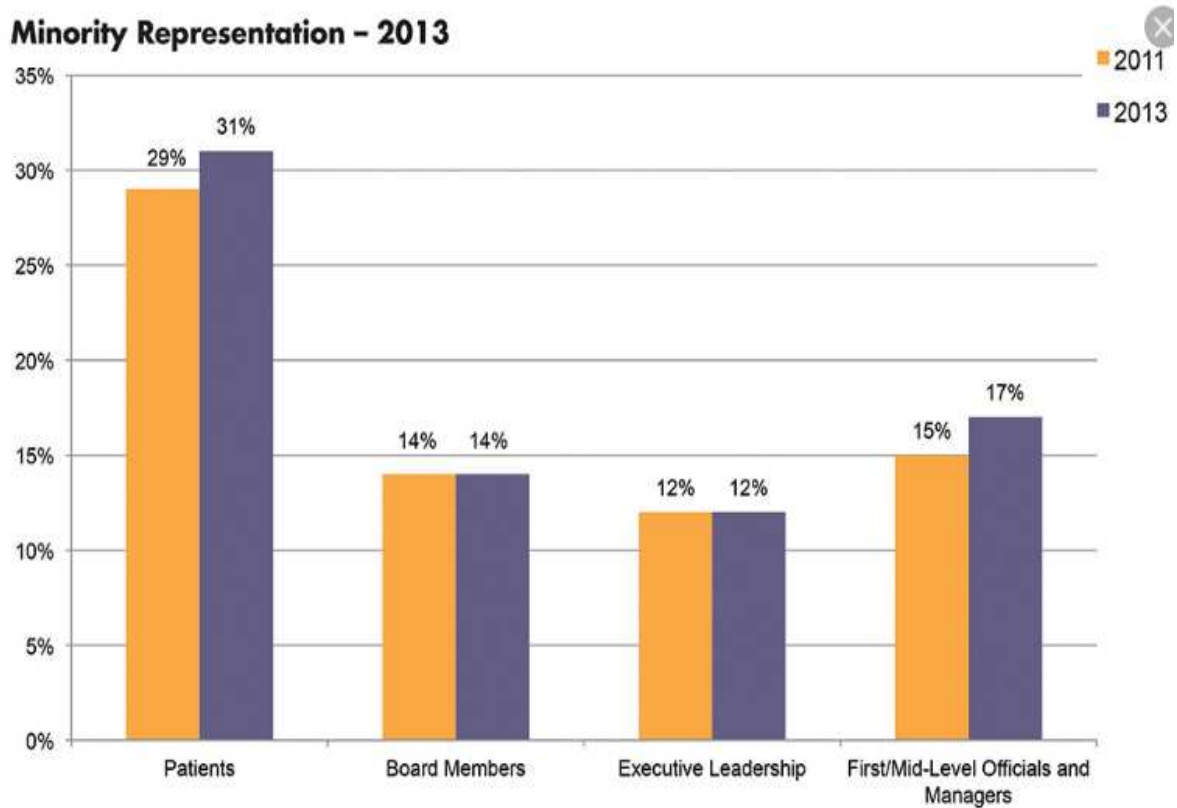


Figure 1: Minority Representation in leadership in healthcare (Henkel, 2016)

Appendix B: The Representation of Males and Females in the Nursing Profession in 10 States

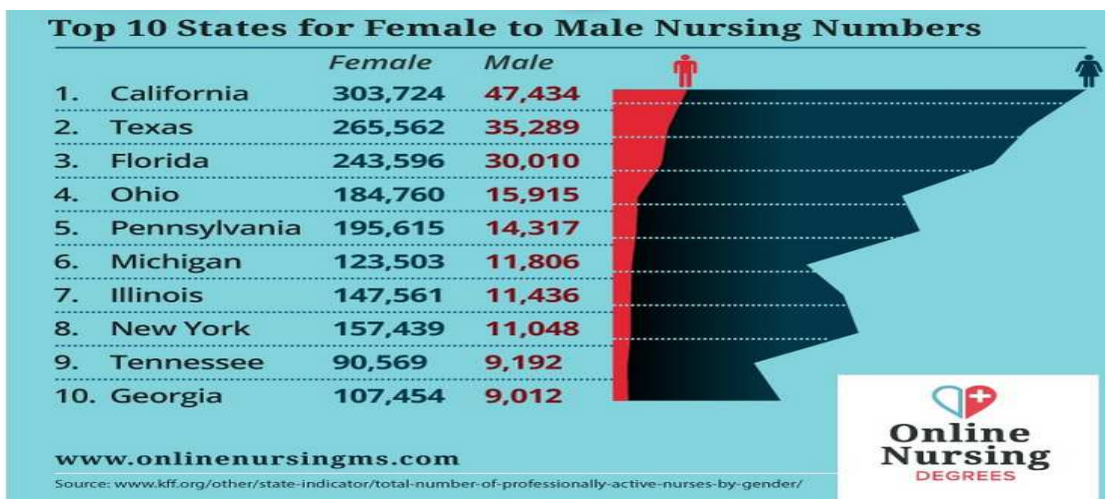


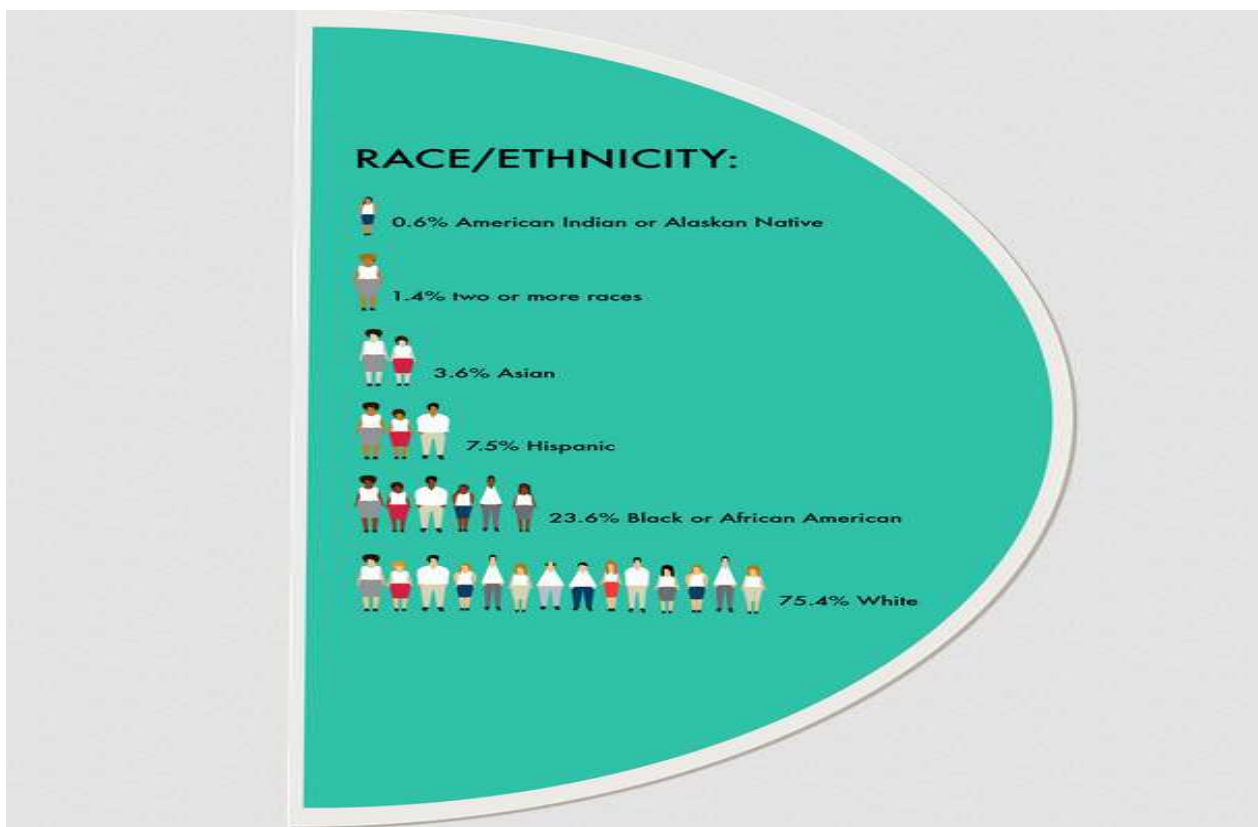
Figure 2: Top 10 states for female to male nurse numbers (Online Nursing, 2021).

## Appendix C: U.S. Life Expectancy by Race

<b>Race</b>	<b>Life Expectancy in Years</b>
Native Americans	75.06
African Americans	75.54
White Americans	79.12
Hispanic Americans	82.89
Asian Americans	86.67

U.S life expectancy by race (Carlson,2019).

## Appendix D: Racial/Ethnic Composition in the U.S



“Total US nursing Population by race/ethnicity (National Nursing Workforce Study, 2019).