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The Lived Experiences of African American Nurses in South Carolina Emergency Rooms

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This is to certify that the doctoral dissertation by

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Abstract

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M. Phil., Walden University, 2019

MA, University of Phoenix, 2010

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Management

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Abstract

The underrepresentation of African American (AA) nurses in South Carolina (SC) emergency rooms (ERs) may affect quality patient care for AAs and all other patients in culturally diverse populations. This qualitative interpretive (hermeneutic) phenomenological study explored the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations. Herzberg's two-factor theory and Maslow's hierarchy of needs theory framed the study. The research question investigated the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations. Interpretive phenomenology was used to gain insight from a sample of 17 participants with a minimum of 2 years of working experience as a registered nurse in SC ERs. Data were collected through semistructured interviews with open-ended questions. Thematic coding identified 8 themes and 4 key findings concerning (a) experiences with staff and coworkers, (b) challenges in providing care, (c) securing ER employment, (d) positive ER experiences. This study's unique finding was the extent to which these AA ER nurses experienced work-related racial harassment and discrimination. The implications for positive social change include health care leaders' better understanding of the unique features regarding the AA ER nursing experience, formulating strategies to address nursing challenges, implementing cultural competency training for nonminority employees, and encouraging employee retention to improve the quality of patient care.

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Dedication

I dedicate this study to all the African American emergency room health care professionals who show up daily and perform their duties selflessly, compassionately, and expertly despite the enormous challenges they face. Please know that your exemplary performance and work ethic do not go unnoticed and are highly appreciated. I would also like to dedicate this study to my family and friends, who patiently waited as I completed this journey. Lastly, I would like to dedicate this study to the memory of my parents, Alfred and Fannie Peterson.

Acknowledgments

I want to take this opportunity to acknowledge my friends and family, who provided so much motivation and support during my doctoral journey. To my current committee members, Drs. Carol Wells, Marcia Steinhauer, and Tom Butkiewicz, who shared their knowledge and expertise, and past committee members, Drs. Barbara Turner and Joseph Barbeau and their essential role in my doctoral progress. To the 17 participants who graciously gave of their time to share their experiences. Lastly, to my children, Terrie and Aleyia, who lived this journey with me. Thanks to all of you.

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Chapter 1: Introduction to the Study

Researchers have shown that accessing quality care is harder for minority groups to achieve than for other groups, despite improvements in access to quality care for minorities (Phillips & Malone, 2014). Varcoe et al. (2019) stated that the literature shows that bias towards ethnic minorities in health care is related to adverse treatment outcomes. With the expected increase in the African American (AA) population to 20.6 million people by 2060 (Phillips & Malone, 2014), a more diverse nursing workforce is needed to reflect the growing minority population (Phillips & Malone, 2014).

Results of a study of 1,443 patients conducted by Behr and Diaz (2016) on the frequency of emergency room (ER) visits showed that AAs make two or three times more ER visits than non-AAs in the United States. There is a growing need to find ways to increase the number of minorities in health care, including AAs. The Institute of Medicine found an insufficient number of minority health care professionals contributes to significant health disparities (Sullivan, 2004).

In Chapter 1, I detail the background of the study, including health disparities among African Americans. I identify the issue that most ER nurses are of nondiverse nursing populations and how this fact affects culturally competent care. The problem statement reveals that the minority population in the United States continues to grow, but the number of minority nurses does not keep pace with minority population growth. The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations. This chapter also provides the research question.

Additionally, the chapter includes information on the conceptual framework based on Herzberg's (Herzberg et al., 1959) two-factor theory that hygienic needs and growth needs play a role in job satisfaction and Maslow's hierarchy of needs, which is essential to understanding human motivation and self-actualization (Acevedo, 2015; Jerome, 2013; Lonn & Dantzler, 2011; Paris & Terhaar, 2011). The nature of the study provides a rationale for using phenomenology to study SC AA ER registered nurses (RNs). I include definitions of terms and words for reader clarification. I explain the assumptions I made concerning the forthrightness of the participants. I also explain that the scope of the study included only AA ER nurses in SC. The scope of the study did not include nurse managers or other nurse administrators. I present delimitations of interviews with a small number of participants and the phenomenological nature of the study. I discuss that geographical boundaries and the lack of participant diversity posed limitations to the research, and end with a chapter summary.

Background of the Study

In the United States, disparities in the distribution of access to health and wellness care coupled with the inability of some populations to afford health care are problems in need of urgent attention by health care professionals and federal agencies (Nivet & Berlin, 2014). One-third of the population in the United States consists of minorities, with an expected growth of 56% by 2060 (U.S. Census Bureau, 2015). The origin of significant health differences between races and why certain diseases develops earlier in AAs than in nondiverse populations continues to elude scientists and scholars (Thorpe et al., 2016). Labeling this phenomenon, the *weathering hypothesis*, Giroux (1960) and

Geronimus (1986) surmised that AA individuals' health declines at an earlier age than other American populations because of inherent social, economic, and environmental inequalities. Increased morbidity and mortality among AAs result in increased visits for medical care, hence the need for more AAs in the nursing workforce.

In 1990, several groups, including the Black Caucus of Health Workers, American College of Epidemiology, and Centers for Disease Control and Prevention (Hasson et al., 2014) investigated the origins of health disparities to find the causes and improve the health of AAs. To this end, a Howard University biostatistician, J. Kennedy (Hasson et al., 2014), regularly met with colleagues and eventually established groups dedicated to improving AA health. These initiatives were ultimately implemented into the curricula of historically Black colleges and universities (Hasson et al., 2014). Founded in Atlanta, Georgia, in 1991, the Society for the Analysis of African American Public Health Issues emerged (Hasson et al., 2014) intending to encourage those interested in AA health issues to take an active part in policymaking.

Identifying a need to increase the number of minorities in health care, including AAs, the Institute of Medicine found an insufficient number of minority health care professionals contributes to significant health disparities (Sullivan, 2004). It is surmised that there is a potential to decrease health disparities with a greater ethnic mix of health care professionals (Phillips & Malone, 2014).

A shortage of minority nurses could potentially inhibit culturally competent care in the face of an increasingly diverse culture (Nivet & Berlin, 2014). Morbidity and mortality are higher in these underrepresented populations, especially AAs, and health

disparities exist. A lack of cultural sensitivities may widen the health disparity gap among AAs by impacting access to care and positive patient outcomes (McHugh & Ma, 2014). These issues, coupled with an imbalance between the diversity of the ER patient population compared to ER nursing personnel, may have a direct negative impact on patient care for the underserved patient population, possibly due to misinterpreted communications between staff and patient due to the staff's unfamiliarity with cultural differences (Rajaram & Bockrath, 2014).

Wilson (2007) found that although many previous studies concentrated on workplace racism and discrimination against minority nurses, these studies did not focus explicitly on the views of AA RNs in health care venues. Wilson's literature review also revealed that information about experiences in nursing from the viewpoint of AA RNs was absent from the literature. He suggested that a more in-depth investigation was necessary to report their experiences truthfully. The review of the literature also did not reveal any studies conducted solely to explore the experiences of AA ER nurses. By focusing on the lived experiences of AA ER nurses, I compiled findings that addressed a significant gap in the existing body of literature of research concerning the effect of underrepresentation of minority health providers on the quality of health care delivery and reducing morbidity and mortality rates among minority populations.

Problem Statement

The general management problem is that ethnically diverse communities are not represented significantly in nursing (Marcelin et al., 2019). The specific management problem is that there is an underrepresentation of AA nurses in SC ERs that may affect

quality patient care for AAs and all other patients in culturally diverse populations. Ethnically diverse communities are increasing while the number of available AA nurses enrolling in nursing schools is not growing at the same rate. The low availability of minority nurses wishing to serve in emergency departments in ethnically diverse communities may inhibit culturally competent care in the face of an increasingly diverse culture (Nivet & Berlin, 2014). The findings of this study filled essential gaps in the literature: that AA ER nurses experienced problems in the ER workplace dealing with staff and coworkers; that the nurses faced challenges in delivering care to their patients; that the nurses faced challenges obtaining and maintaining ER positions; that despite the challenges of ER work, the nurses had positive experiences working in the ER.

Another study done by the 2017 National Nursing Workforce Survey (Smiley et al., 2018) detailed that as of December 2017, the total of valid RN licenses was held by 4,639,548 persons. The percentile of RNs who self-identify as Black or AA is less 13.3% of the United States population (Smiley et al., 2018). The percentage of Licensed Practical Nurses/Licensed Vocational Nurses (LPNs/LVNs) vary more racially and ethnically than their RN partners. Around 29% of LPNs/LVNs were racial minorities, with the prime reporting group being Black or AAs (18.5%).

Background information on the 2017 National Nursing Workforce Survey (Smiley et al., 2018) revealed the study was a national, randomized study of 148,684 certified RNs and 151,928 LPNs/LVNs. Researchers gathered information between August 28, 2017, and January 15, 2018, from 48,704 RN responders and 40,272 LPN/LVN responders. The survey indicates the latest and most comprehensive recent

population statistical data, attributes, scholastic accomplishment, work details, and patterns of the United States. RN and LPN/LVN nursing workforce starting in 2017. RNs and LPNs/LVNs with a valid United States nursing license and its domains were qualified to participate in this survey. Researchers obtained a segment of the sample from Nursys®, the National Council of State Boards of Nursing's licensure database. This database contains fundamental statistical and licensure data for RN and LPN/LVN licensees, except for Hawaii, Louisiana (LPN), and Oklahoma licensees because, at the time of the examination, these states did not share information in Nursys. Also, Alabama, Kansas, Massachusetts, Pennsylvania, and Washington limit the utilization of addresses in Nursys. Researchers contacted these states directly to acquire licensee records and addresses. Licensee records and addresses were likewise directly acquired from the accompanying Boards of Nursing: California (RN and LPN/LVN), Michigan, New Jersey, and New York. Surveyors acquired the names and addresses of nursing professionals residing in Utah from a national mailing list. American Samoa and Missouri purposely decided not to take part in this study (Smiley et al., 2018).

Ethnically diverse communities are increasing while the number of available AA nurses enrolling in nursing schools is not growing at the same rate. Given the growing minority population, there is a need to increase the number of minorities entering health care, including AAs. The Institute of Medicine found an insufficient number of minority health care professionals contributes to significant health disparities (Sullivan, 2004).

Purpose of the Study

The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations. A qualitative phenomenological research design helped focus the research on the lived experiences of AA RNs in SC ERs.

Stress-related problems that contribute to the existing nursing shortage are more pronounced in the ER, where split-second decisions regarding patient care are needed. ER work stressors for AA ER nurses are compounded according to Norman and Tang (2016), who reported work and race-related pressure are inherent in the workplace and have influenced AA women's work and individual lives. Health care leaders of nursing schools and hospital management may be able to use the findings of this study to understand the unique features of the AA ER nursing experience. Subsequently, they could formulate strategies to address the administration of quality care for AA patients and thereby address existing health disparities in an increasingly diverse patient population (Mason et al., 2014; Phillips & Malone, 2014).

Research Question

RQ: What are the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations?

Conceptual Framework

The conceptual framework for this study stemmed from Herzberg's (Herzberg et al., 1959) two-factor theory and Maslow's hierarchy of needs (Acevedo, 2015; Jerome, 2013; Lonn & Dantzler, 2011; Paris & Terhaar, 2011), which guided this qualitative

phenomenological study. These theories offered insight into the investigation of how the lived experiences of AA ER nurses reflect the underrepresentation of AA nurses in SC ERs.

Better suited to provide the conceptual framework for this study was Herzberg's two-factor theory (Herzberg et al., 1959), which is applicable to understanding workplace features that affect employee retention (Giroux, 1960). Researchers have used the two-factor theory to explore employees' perceptions to understand the phenomena associated with turnover (Allen & Shanock, 2012). The two factors described in the theory that influence job satisfaction are hygienic needs and growth needs. Hygienic needs include those such as salary, relationships, and rewards; growth, in turn, includes elements such as achievement, recognition, and advancement (Giroux, 1960). Herzberg argued that both factors of the two-factor theory are necessary for an employee to experience work satisfaction. Herzberg further noted that the presence of hygienic elements does not stimulate motivation (Weisberg & Dent, 2016) and that motivation is a positive influence on job satisfaction (Alshmemri et al., 2013).

Maslow's hierarchy of needs (Jerome, 2013) is a five-level pyramid representing five human needs. Maslow proposed that an individual must satisfy lower-level needs before realizing upper-level needs. From the bottom, these needs are physiological (e.g., oxygen and food), safety, love, esteem, and self-actualization, which Maslow posited form the basis of human motivation (Jerome, 2013). When individuals have achieved all five needs, Maslow suggested the person has attained self-actualization, their highest ability (Paris & Terhaar, 2011). Maslow's hierarchy of needs theory influenced

Herzberg's two-factor theory (Acevedo, 2015) and complements this theory when applied to the nursing field. When nurses' lower-level needs are unmet, they may be unmotivated to perform at peak levels (Paris & Terhaar, 2011), perhaps deciding to leave the organization or the field of nursing altogether.

Based on the conceptual framework of this study, Herzberg's two-factor theory and Maslow's hierarchy of needs were appropriate selections. Herzberg found the subtleties of job satisfaction, retention, and turnover were affected by employees' motivation and job satisfaction (as cited in Jansen & Samuel, 2014). Researchers have used the two-factor theory in exploring employee perceptions to understand the phenomena associated with turnover (Park & Johnson, 2019). Exploring the participants' lived experiences and perceptions regarding underrepresentation was a logical starting place to discover why there are fewer AA ER nurses. Maslow's hierarchy of needs theory addressed human needs (Stawasz, 2019), which could be a determining factor when exploring the underrepresentation of AA ER nurses, as well as a logical concept to use in the exploration of why there are so few AA RNs working in ERs.

Nature of the Study

This study was an interpretive (hermeneutic) phenomenological study of the lived experiences of AA nurses in ER departments in SC. The rationale for using phenomenology for this study was that phenomenological results may serve as a reliable tool to encourage communication and understanding between employees and management (Budd & Velasquez, 2014), allowing managers to understand the work experiences of AA nurses in SC. I used purposive sampling to identify and recruit 15 to

20 AA ER nurses in SC. I conducted a field test to determine the clarity and relevance of the interview questions, to test the efficiency of the interview questions, and to establish if they were appropriate for the study. In phenomenology, the field test reveals potential issues with reliability, validity, and generalizability of the data. The field test helped to test the efficiency of interview questions and to determine if they were easily understandable, were broad enough to elicit as much rich, thick information as possible, and were appropriately aligned with the research question for the study. Semistructured questions facilitated the extraction of rich, detailed, narrative accounts of experiences about the phenomena under study, devised to trigger a conversation between researcher/interviewer and participant. Interviews are the most common techniques for phenomenological data collection, as they permit the researcher and the participant to engage in real-time dialogue (Englander, 2012). This format allowed flexibility during the interviews for immediately addressing and exploring unanticipated concerns (Pietkiewicz & Smith, 2014).

Definitions

Emergency Room (ER): An ER is an organized facility based in a hospital that provides unscheduled services to patients who appear with the need for immediate medical help (Ferenc, 2013). An ER is considered Type A when it is open 7 days a week for 24 hours a day, while Type B refers to those ERs that otherwise fit the definition but are open for fewer than 24 hours a day or 7 days a week (Ferenc, 2013).

Employee retention: Employee retention occurs when employees stay on the job, allowing businesses to sustain an effective workforce and fulfill organizational demands

(Mehta et al., 2014). Retention statistics emerge from calculating the percentage of workers remaining at the company (Phillips & Malone, 2014). Specifically, employee retention includes the practices and policies enforced by organizational managers to prevent valuable employees from leaving their positions (Phillips & Malone, 2014).

Health care disparities: Health care disparities are the unequal treatment across groups of patients and providers as a result of discrepancies in economic, environmental, or social situations (Mantwill et al., 2015). Comparing one group to another or assessing other groups against a universal health indicator or outcome reveals and measures such as disparities (Mantwill et al., 2015).

Health care leadership: Health care leadership is a governance board that dictates proper employee behavior to achieve excellence in patient care (Van der Wal et al., 2015). Health care leadership can successfully and ethically impact others for the benefit of stakeholders (Hargett et al., 2017).

Job satisfaction: The concept of job satisfaction has many facets that combine both intellectual and emotional elements. The intellectual approach emphasizes the number of physical and psychological needs perceived as gratifying that determine job satisfaction. According to Kwok et al. (2015), job satisfaction is the result of a match between elements the employee deems valuable in a job and what the job description entails. On the other hand, the emotional or affective approach proposes that job satisfaction is the sentiment an individual has for the type of work, workmates, managers, and wages.

Organizational culture: Organizational culture is the overall values, norms, goals, and beliefs shared by all members of an organization (Song et al., 2016). These elements influence individual behavior and are the foundation for communication and shared understanding among an organization's employees (Naranjo-Valencia et al., 2016).

Assumptions

In a research study, assumptions are statements presumed to be true for specific purposes. Defining assumptions is necessary to ensure clarity about the axioms at the foundation of the research. I assumed that the participants would be forthright and honest in sharing their lived experiences because their participation was voluntary. It was necessary to assume interviewee honesty because the collected data in this phenomenological study came entirely from the experiences participants described during the data collection phase.

When researchers use sampling, they gather information about an entire population from a smaller portion of the population (Khan, 2014). Participants' relevance to the study is more vital than quantity in a phenomenological study (Khan, 2014). Purposive sampling allows the researcher to find a demarcated group applicable to the research problem with personal meaning (Pietkiewicz & Smith, 2014). Although the sample for this study consisted of a small number of nurses, the representation should exemplify experiences of the population of AA ER nurses in all or part of the region under study.

Scope and Delimitations

The research phenomenon under exploration was the administering of quality patient care in culturally diverse populations and the effects of this care on existing health disparities. The scope of the research incorporated ER nurses, specifically AA nurses, in SC and their lived experiences. A specific aspect of the research problem that was addressed in this study was that ethnically diverse communities are not represented significantly in nursing. The qualitative methodology and interpretive phenomenological research design enabled exploration of participants' lived experiences. As a result, the scope of the study produced data only from the lived experiences described by participants.

The scope of this study included AA RNs working in SC ERs and did not include nurse managers or other nurse administrators. The nurses must had been employed as ER nurses for a minimum of 2 years and must have identified as Black or AA. Participants were employed in ERs located in acute care hospitals or stand-alone facilities. I considered the Maslach Burnout Inventory (Maslach et al., 1986) as a possible framework for this study as it enables measurement of burnout by assessing emotional exhaustion, lack of work compassion, depersonalization, and low personal accomplishment. This tool, however, is best used with quantitative studies. Additionally, although the above factors may play a role in the experiences of the participants and may play a role in retention choices, job satisfaction is not the focus of this study. As such, I removed the Maslach Burnout Inventory framework from consideration.

Delimitations are boundaries intentionally set by the researcher to facilitate an efficient study. Due to the qualitative nature of the research, the sample population was RNs from a limited number of ERs in SC. Further, the phenomenological nature of the research was a delimitation, as it kept data collection focused on the central inquiry in the study. Conducting in-depth interviews with a small number of participants was another delimitation, as it allowed access to various themes without requiring many participants and data collection instruments. To ensure transferability, I ensured my understanding and the inferences I provided from the study could be applied to other situations by providing rich, detailed accounts of the participants' experiences.

Limitations

Limitations refer to elements that are part of the study over which the researcher has no control and which, due to their scope, reduce the generalizability of the research. Limitations are inherent research components that affect the generalizability of findings. In the context of this study, limitations concerned the research methodology and the selection of sample and site.

The study was limited geographically to the state of SC, and only AA nurses in ERs were participants. The lack of diversity in this study may have created challenges in replication because the unique responses of AA nurses in SC may only apply to AA RNs nationwide, not to other ethnic groups. Therefore, it was impossible to generalize findings beyond this limited geographic base. The limitations raised here were notated in the findings of this study. NVivo, the computer-assisted qualitative data analysis software used in data organization and analysis, posed a potential limitation because of the time-

consuming learning curve (Zamawe, 2015). I considered other data analysis software with a less time-consuming learning curve.

Significance of the Study

The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations. The findings of this research went beyond the statistics of AA nurses working in ERs compared to nondiverse nursing populations. Patient diversity validates the need for diversity in ERs (Heron & Haley, 2001). This study could inspire nursing management and health care administrators to become aware of the need to encourage retention and quality care (see An et al., 2014) in their institutions. Understanding minority nurses' job satisfaction is a crucial step to enlighten strategies proposed to maintain minority nurses and support institutional culture in safeguarding continuous diversity (Xue, 2015). The significance of the research findings extended to three aspects: significance to theory, significance to practice, and significance to social change.

Significance to Practice

The findings of the research may be of practical significance. It is important for hospital administrators to understand the perceptions of AA ER nurses to create strategies for retaining this group and addressing health disparities in an increasingly diverse patient population. The study of this phenomenon could provide health care management with information for strategically planning ways to achieve excellence in patient care. Leaders may subsequently improve patient outcomes and create recruiting strategies to diversify

their organizations better, thereby helping to close the gap in health disparities across diverse cultural groups.

ER nurses are the first point of contact in the patient's emergency care experience, often delivering high-quality and safe patient care in unpredictable situations. The factors involved in providing such care are complex, requiring the nurse to understand and establish a connection with a culturally diverse patient population. In doing so, they efficiently apply nursing skills to choose the best course of action (Fairchild, 2010).

Significance to Theory

This study may be of theoretical significance. Herzberg's two-factor theory (Giroux, 1960) primarily relates to understanding the dimension of job satisfaction in the context of business and leadership. There was a limited application of the theory in the context of racial representation, especially in the field of nursing. In the two-factor theory, Herzberg argued that for an employee to experience work satisfaction, it is first necessary to satisfy both hygienic and growth needs. Maslow's hierarchy of needs theory can apply to unlimited aspects of human motivation because it addresses the basic needs of human experience.

Significance to Social Change

Emergency care is grounded on providing equal care for all patients delivered with integrity (Heron & Haley, 2001). Findings of this study may have been significant in that the study addressed the overarching problem that in 2014, only 10.5% of all employed RNs were AA (National Council of State Boards of Nursing, 2015). It is necessary to increase minority presence in health professions, as the lack thereof

contributes to growing health disparities among minorities (Phillips & Malone, 2014), affecting access to care and good patient outcomes (McHugh & Ma, 2014). The findings of this study could lead to positive social change, as understanding the lived experiences of AA nurses could spur the development of new management strategies that could increase retention and decrease turnover. The overwhelming majority of nurses who work in ERs are of nondiverse nursing populations. As a result, the shortage of minority RNs inhibits culturally competent care in the face of an increasingly diverse patient population (Phillips & Malone, 2014). The findings of the study may also lead to increased numbers of AA nurses, which is necessary to decrease health disparities and increase access to care and good patient outcomes (see McHugh & Ma, 2014).

Summary and Transition

This chapter included an introduction to the research topic, the problem of health disparities and health inequities in the United States in need of urgent attention. According to Nivet and Berlin (2014), among others, successfully addressing the problem requires an unprecedented collaboration between federal agencies and health care leaders. Without workplace diversity, health care organizations will be unable to ensure the quality of patient care and establish themselves as leaders in their area. The general management problem is that ethnically diverse communities are not represented significantly in nursing (Marcelin et al., 2019). The specific management problem is that there is an underrepresentation of AA nurses in SC ERs that may affect quality patient care for AAs and all other patients in culturally diverse populations. The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived

experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations.

Due to the nature of the inquiry, I used a qualitative methodology with an interpretive (hermeneutic) phenomenological research design. Purposive sampling produced AA RNs who were either currently working in a SC ER or who formerly held such a position. The significance of the research was threefold: significance to practice, significance to theory, and significance to social change. Chapter 2 contains the literature review.

Chapter 2: Literature Review

According to the National Council of State Boards of Nursing (2015), in 2014, only 10.5% of all employed RNs were AA, and the turnover among AA nurses was higher than for nonminority nurses (Phillips & Malone, 2014). Generally, the management problem is that ethnically diverse communities are not represented significantly in nursing. Specifically, the management problem is an underrepresentation of AA nurses in SC ERs that may affect quality patient care for AAs and all other patients in culturally diverse populations. The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations.

This chapter contains a review of current literature. The chapter has three sections. The first section is a discussion of the literature on the conceptual framework of Hertzberg's two-factor theory and Maslow's hierarchy of needs. Next is a review of content literature on the constructs that formed the research phenomenon of underrepresentation of AAs in SC ERs, divided into four subsections of job satisfaction: dynamics of job satisfaction, retention and turnover, job satisfaction in nursing, and job satisfaction among AA nurses. The third section is an overview of the research methodology, hermeneutic phenomenology, and justification for its selection. Finally, at the end of the review is a summary that highlights gaps in the existing literature.

Literature Search Strategy

To search for the relevant literature in the existing body of scholarship related to the identified research problem, I used the following search engines and databases: Google Scholar, ProQuest Central, Educational Resource Information Center (ERIC), PubMed, Science Direct, ProQuest Central, and ProQuest Nursing & Allied Health Source. Some key terms assisted in the search of relevant literature on these databases, used either alone or in connection with other terms. Keywords and combinations of terms utilized for the literature review search included *emergency medicine, Emergency Room nursing, job satisfaction, dynamics of job satisfaction, retention and turnover, job satisfaction in nursing, African Americans in Emergency medicine, African Americans in the ER, African American nursing, African American nurse,* and *diversity and inclusion in health care.* The search process was as follows: (a) I chose databases A-Z in Walden Library, (b) I browsed the list of available search engines, (c) I chose a search engine, (d) I entered the keyword search term, (e) I checked "peer-reviewed," (f) I chose publication date to notate last 5 years, and (g) I repeated this process for each keyword. Most of the studies selected for the literature review appeared within the last 5 years, as I tried to include the latest findings across the body of research. Sources older than 5 years merited consideration only if they contributed to the establishment of the conceptual framework of the study, such as information on Herzberg and Maslow.

Conceptual Framework

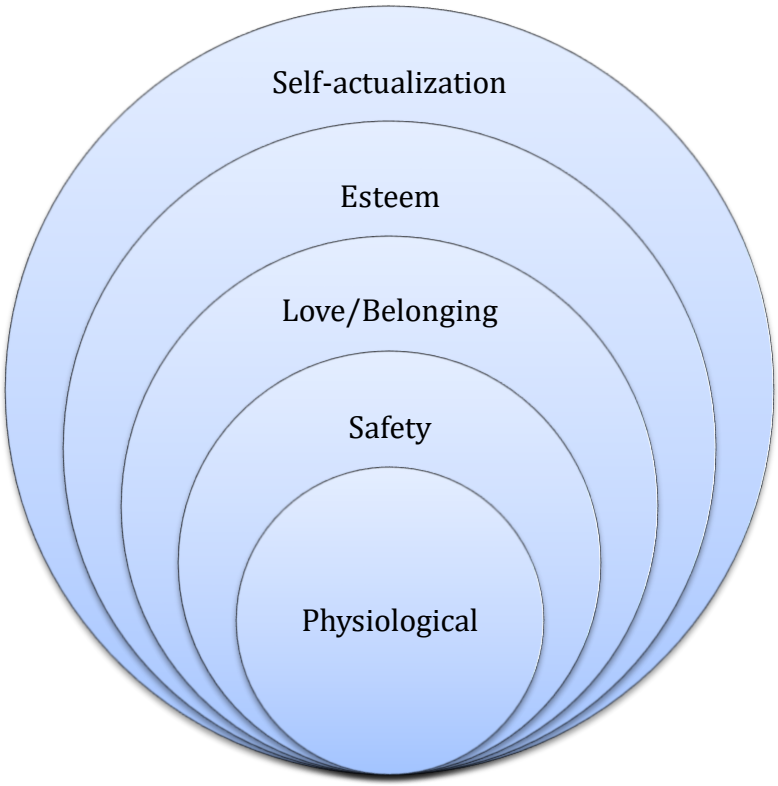
The research phenomenon under exploration was the administering of quality patient care in culturally diverse populations. The study centered on the lived experiences

of AA RNs working in SC ERs. The basis for the conceptual framework were the two-factor theory of Herzberg (Babić et al., 2014) and Maslow's hierarchy of needs. Herzberg introduced the two-factor theory for work motivation based on the hierarchy of needs defined by Maslow (Giroux, 1960). Whereas Maslow discussed the psychological facets of motivation, Herzberg was concerned with the tools that can encourage employee motivation (Kotni & Karumuri, 2018). Babić et al. (2014) incorporated these theories in their study on the work motivation of health professionals in Serbia.

Maslow's motivation theory is a five-level hierarchy of needs widely accepted in organizations and management (Acevedo, 2015). Maslow suggested that to motivate an individual, the focus must be on first satisfying the lowest unmet need in the hierarchy. Rasskazova et al. (2016) posited individuals are not motivated to achieve higher levels of satisfaction or needs until their basic needs are met, because the stressors caused by this lack serve as a distraction. From the lowest to the highest, the five tiers (as shown in Figure 1) are (a) physiological (food, breathing, water), (b) safety (financial security, employment, personal security/protection from bodily harm), (c) love/belonging (friendship, connectedness, emotional intimacy), (d) esteem (strength, achievement, adequacy, confidence); and (e) self-actualization (achieving one's full potential; Kotni & Karumuri, 2018; Lonn & Dantzler, 2011).

Figure 1

Maslow's Hierarchy of Needs



Acevedo (2015) stated that not only is the theory flawed, but also that Maslow himself admitted having concerns about the theory's rigor. According to Acevedo, Maslow noted biases with the hierarchy and doubted his accuracy in the psychology of human needs. A caveat to Acevedo's critique, however, is the lack of research about the theory's application to human needs concerning business and management, thus limiting the literature on Maslow's theory in those fields. Other critics of the theory included Winston (2016), who said that because Maslow created the hierarchy with nondiverse populations in mind, the self-actualization aspect was biased against diverse populations. Although there has been concern over the viability of the theory, Lonn and Dantzler (2011) observed Maslow's hierarchy of needs as widely used in refugee counseling for stressed and displaced refugees entering the United States as well as others in homeless situations. Elements of this theory may provide an application to current-day workplace situations, thus identifying employees with problems affecting their job performance. Existing literature on human motivation such as Maslow's hierarchy of five needs, Seligman's three approaches to happiness, and Kierkegaard's three types of despair approach the subject from different theoretical positionings. Rather than focus on which theory is best for all races, the theories are considered complementary to each other with different interpretations of human motivation (Winston, 2016).

Lonn and Dantzler (2011) proposed a sixth level to Maslow's theory: self-transcendence. At this level of the hierarchy, individuals' concern about the welfare of others serves as motivation for their actions. Other authors have followed Maslow's lead and developed the theory even further by connecting the needs or overlapping them

(Lonn & Dantzler, 2011). As a result, many researchers view Maslow's theory as the basis for investigating human needs, changing it as needed to fit the population under study (Lonn & Dantzler, 2011).

McGregor, a follower of Maslow, formulated a theory based on the hierarchy of needs. The X component of McGregor's (1960) X and Y theory supports the need for authoritarian-based management to force employees to work, as people do not intrinsically desire to work. Closely related to Maslow's hierarchy, the Y aspect of McGregor's theory is the opposite of the X theory: People do want to work and merely need adequate direction to increase their motivation to work. Theory Y is much like Maslow's self-actualization view of motivation: People can be satisfied and productive at work if suitably inspired (McGregor, 1960). McGregor primarily focused on the managerial aspect of employment due to the inability of previous researchers to show conclusive results (Lawter et al., 2015).

According to Herzberg's two-factor theory, elements of the workplace affect employee job satisfaction and dissatisfaction (Giroux, 1960), with dynamics of job satisfaction such as retention and turnover affected by employees' motivation and job satisfaction through hygienic needs and growth needs. Growth needs include factors such as achievement, recognition, and advancement (Giroux, 1960). Hygienic needs are those such as salary, relationships, and rewards. Herzberg argued that both factors are necessary for an employee to experience work satisfaction.

Researchers have used the two-factor theory to explore employees' thoughts and perceptions to understand the phenomena associated with turnover (Allen & Shanock,

2012). As a result of its relevance, the theory may be one of the most significant theories associated with job satisfaction (Alshmemri et al., 2013). Because the factors described in the two-factor theory for motivation and satisfaction are universal, researchers have tested the two-factor theory in diverse contexts.

Chu and Kuo (2015) tested the theory in the context of education in Taiwan, and in Sweden, Holmberg et al. (2017) applied it to mental health nursing. Fareed and Jan (2016) used the two-factor theory to examine its validity in the Pakistan banking industry. The results of researchers testing the validity of the two-factor theory have been mixed; however, most agree on the importance of the two-factory theory in the context of exploring job satisfaction.

Holmberg et al. (2017) concluded that using the two-factor theory to understand job satisfaction in the context of nursing was useful. Lo et al. (2016) found factors that explained the behavior of online impulse buying through the two-factor theory. Their findings indicated an uneven distribution of hygiene and motivation factors; however, the researchers noted the significance and flexibility of the two-factor theory to understand motivation and satisfaction across a variety of behaviors.

In the context of the public sector, researchers have found the two-factor theory useful to understand job satisfaction, although with uneven results. For instance, in a review of public sector employees, Hur (2017) noted most of the evidence from the study on motivation corresponded with the two-factor theory explanation of factors affecting job satisfaction. Among public sector managers, however, hygiene factors did not influence job satisfaction to the degree predicted by the two-factor theory. In examining

the validity of the theory in the Pakistan banking industry, Fareed and Jan (2016) returned the opposite results. In this study, the researchers found hygiene factors such as salary, status, organizational policy, and supervisors were significantly associated with job satisfaction; however, the motivators described in the two-factor theory did not appear to be associated with job satisfaction. From research conducted across different countries and sectors, there is no agreement regarding the theory's predicted influence on the factors that affect job satisfaction. Researchers in general, however, agree on the usefulness of the two-factor theory in understanding the phenomenon of job satisfaction.

In this study, the specific research phenomenon explored was the shortage of AA nurses in ERs. The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations. Due to this focus on job satisfaction, Herzberg's two-factor theory, and Maslow's hierarchy of needs was appropriate for the conceptual framework.

Literature Review

This section consists of an overview of existing literature relevant to the identified research problem and purpose. The goal of this section was to provide a background and rationale for the study. In addition to the gap in the literature, the review was useful to highlight the calls for research in this field.

General Job Satisfaction

Job satisfaction is one of the most studied topics in the field of organizational behavior (Havens et al., 2018). Despite this, there is no single definition in the sphere of

literature (West et al., 2014). Job satisfaction is a critical construct in the life of an employee, often regarded as a key element in the effectiveness and efficiency of an organization (Havens et al., 2018). Researchers have described job satisfaction as how individuals perceive their work and its different aspects (Fernandez & Moldogaziev, 2013). A favorable and positive view toward one's work is a sign of job satisfaction; conversely, an unfavorable and negative view signals job dissatisfaction (Duffy et al., 2015).

In their seminal 1938 work, Hoppock and Spiegler (1938) defined job satisfaction as "any combination of psychological, physiological, and environmental circumstances that causes a person truthfully to say, 'I am satisfied with my job'" (p. 47). The researchers focused their definition on the positive factors that result in job satisfaction, which various scholars have continued to use in their definitions. Additionally, researchers have defined job satisfaction regarding needs. For instance, job satisfaction may be reaction employees have toward their job through comparison between desired needs and actual results (Fernandez & Moldogaziev, 2013). In this respect, job satisfaction is a representation of the level to which an employee's work expectations align with the reality of the job (Abbas et al., 2012). Such expectations depend on the features of the job classified by the employee according to their significance (Duffy et al., 2015). When the employee's expectations are unmet, the result is dissatisfaction (West et al., 2014). Due to the various definitions of job satisfaction, the concept appears to be a multidimensional factor consisting of both extrinsic and intrinsic elements of the job dependent upon an employee's attitude (Platis et al., 2015).

Most research on job satisfaction has occurred in the field of organizational behavior; with job satisfaction viewed as the whole of the response employees have toward their work (Duffy et al., 2015). This response may be either positive, which results in job satisfaction, or negative, leading to a lack of job satisfaction (Abbas et al., 2012). The concept of job satisfaction involves the nature of a job, as well as the different aspects from employee insights toward the components of the work environment (Lu & Gursoy, 2013). Researchers seeking to clarify the concept of job satisfaction have noted the specific factors that make a job dissatisfying or satisfying (Pan, 2015). Based on an understanding of such factors, they have explored the specific factors and their manipulation to increase job satisfaction and decrease job dissatisfaction (Haar et al., 2014).

As seen in the existing literature, researchers have identified multiple factors associated with job satisfaction. These include appreciation for the work, reward and recognition for work done well, remuneration, pay raises, compensation, nonmonetary and monetary benefits. The literature also identifies communication in the workplace and the organization, relationships with coworkers, employees' views toward their superiors. Other elements include workplace physical conditions, quality and quantity of the work itself. Lastly, goals and nature of the organization, procedures and policies, opportunities for personal and professional growth, and employment security round out factors associated with job satisfaction (Bowling et al., 2013; Ouyang et al., 2015; Vives et al., 2016). Lu and Gursoy (2013) and Skogstad et al. (2014) posited that job dissatisfaction might have serious implications for the social, psychological, and physical health of an

employee. In general, job satisfaction is related to various outcomes for employees, including turnover, absenteeism, commitment, and performance (Fallatah & Laschinger, 2016; Ouyang et al., 2015; Platis et al., 2015). Such implications in the context of nursing include burnout, poor quality of patient care, increased turnover, and high workloads (Top et al., 2014). Employee job satisfaction can potentially help improve outcomes for such factors as psychological well-being, physical health, burnout, turnover, absence, withdrawal, life satisfaction, and organizational citizenship behavior (Haar et al., 2014; Pan, 2015).

There have been various approaches to studying job satisfaction, with researchers citing different rationales for exploring the topic. Fallatah and Laschinger (2016) felt job satisfaction had become an important element for organizations to decrease the negative consequences associated with job dissatisfaction. A positive case for studying job satisfaction as presented in the literature included the potential for improving employee productivity and work experience, enhancing mental and physical well-being, and respecting human dignity (Bowling et al., 2013; Rayton & Yalabik, 2014). Although researchers have found differences between job satisfaction levels and employee outcomes, whether the study was for practical or humanitarian reasons, there is an overall agreement that reaching job satisfaction is a significant goal (Skogstad et al., 2014; Vives et al., 2016).

Researchers have established two theoretical approaches to the concept of job satisfaction, with both acknowledging two factors relevant to job satisfaction comprise environmental and individual. The first approach centers on recognizing and emphasizing

the needs, goals, and motives of individuals (Fernandez & Moldogaziev, 2013). Upon meeting these factors, employees feel empowerment and satisfaction. Researchers studying job satisfaction often referred to Maslow's theory of motivation and satisfaction as a conceptual framework. Maslow's hierarchy of needs breaks into five levels related to physical, safety, social, esteem and achievement, and self-actualization.

Job satisfaction and dissatisfaction are independent factors that emerge from various aspects related to the work environment, and not only to the most extreme. Some motivators affect job satisfaction through factors such as responsibility, achievement, and task performance (Giroux, 1960). These are different from extrinsic factors, which affect job satisfaction through elements such as salary, job security, benefits, physical conditions at work, policies at the organization, and interpersonal relations (Giroux, 1960).

Other views on this approach include those associated with managerial styles (West et al., 2014). Managers may classify and formulate their approach to employees based on the assumptions associated with this classification (Fallatah & Laschinger, 2016). One classification is employees characterized by negative assumptions, such as individuals not exhibiting motivation for work, needing greater management, and not liking their job (Ouyang et al., 2015). Another classification is employees characterized by positive actions, such as exhibiting responsibility and motivation and having more participation in the decision-making process (Lu & Gursoy, 2013). This approach to job satisfaction assumes that some employees are, by nature, highly motivated toward effort and success on a personal level rather than one based on rewards (Fernandez &

Moldogaziev, 2013). Other researchers of job satisfaction in the former classification acknowledged three forms of motivation: affiliation, power, and achievements (Platis et al., 2015). Affiliation is related to the wish to have close relationships, power ties to the wish to influence others, and achievement corresponds with the wish for success and excellence (Vives et al., 2016).

The second approach to job satisfaction centers on the means of goals, needs, and motivation fulfillment. In this approach, researchers theorized job satisfaction was based on employees' intentions and stated that such intentions could affect employee satisfaction, performance, and motivation (Ouyang et al., 2015). Employee's perceptions of their part in the organization stem from their job characteristics. As a result, clear understanding about the responsibilities, roles, tasks, and job characteristics appears to result in higher involvement, commitment, and job satisfaction (Fallatah & Laschinger, 2016). When there is a balance between employee work input and consequent rewards, there is higher employee satisfaction. In addition, employees experience higher motivation if they consider the work they do as worthy and useful for the achievement of the organization's overall objective (Herzberg et al., 1959). Employees may consider a task worthy when they have strong feelings regarding the task, believe higher effort could result in the accomplishment of a need, and feel the accomplishment of one of their goals could lead to the achievement of others (Ouyang et al., 2015). Thus, employees' performance is a product of their effort, perception of their role, abilities, traits, and motivation. Consequently, job satisfaction results from fairness between an employee's performance and the rewards received (Haar et al., 2014).

Researchers of job satisfaction have noted differences between cognitive and affective satisfaction (Vives et al., 2016; West et al., 2014). Both factors represent the influence of employees' personalities on job satisfaction. Affective satisfaction, the emotions that employees associate with their work, divides into negative and positive effect. A higher presence of positive affect results in individuals characterized as energetic, outgoing, and extroverted. In comparison, higher negative affect results in individuals seen as uncomfortable, negative, and pessimistic. Researchers have found that individuals with higher positive affect have a greater likelihood of being satisfied with their jobs, while individuals with higher negative affect are more likely to feel dissatisfied with their jobs (Haar et al., 2014). Affective satisfaction is from the assumption that individual employees are predisposed to have specific attitudes toward their job based on their inherent nature; as a result, they are more likely to assess their satisfaction based on the influence of this nature (Pan, 2015).

In contrast with affective satisfaction, cognitive satisfaction refers to the content of beliefs or thoughts concerning a fact or object under consideration compared to expectations (Bowling et al., 2013). Cognitive satisfaction is the rationale of an individual's attitude based on comparisons devoid of emotions. Cognitive satisfaction contributes to the development of attitude from available facts and is conducive to determining both the significance and meaning of different factors.

Researchers have agreed that cognition and affect influence each other (Haar et al., 2014). It is more difficult, however, to differentiate cognitive measures from affective measures when studying job satisfaction. As a result, there is a challenge in recognizing

their influence on job satisfaction research. Despite this, both factors are useful in studying job satisfaction and are thus incorporated into instruments for assessing job satisfaction (Platis et al., 2015).

Despite the diversity of approaches undertaken by researchers, job satisfaction, in general, is a universal concept that consists of different constructs (Duffy et al., 2015). Its measurement, as a result, depends on two factors, overall satisfaction, and factor satisfaction. Researchers have studied overall job satisfaction less frequently than factor satisfaction perhaps because research conducted using the available instruments for overall satisfaction have proven over time to be statistically less reliable (Havens et al., 2018). Overall, job satisfaction may give a picture of individual employee differences (Lu & Gursoy, 2013). Researchers often use the Global Job Satisfaction (GJS) questionnaire to survey nurses' job satisfaction to measure job satisfaction to determine the consequences of individuals liking or disliking their work (Boamah et al., 2017). In comparison, researchers more frequently use the factor satisfaction method for measuring job satisfaction, finding it more suitable to describe specific aspects of an employee's work that may produce job satisfaction or dissatisfaction (Ouyang et al., 2015). To this regard, researchers have proposed various factors in satisfaction and dissatisfaction, including compensation, coworkers, managers, the work itself, promotions, recognition, the organization itself, and working conditions.

There are various methods used to evaluate employee job satisfaction, often by using interviews or questionnaires (Havens et al., 2018). A review of the literature revealed more researchers identifying the interview method as more important to gather

in-depth responses from participants, with questionnaires useful to access more participants in a short time. Most of the well-known instruments for assessing job satisfaction have been in long-term use and prove valid and reliable.

Dynamics of Job Satisfaction

The dynamics of job satisfaction are the factors that affect and receive influence from job satisfaction. These interrelated factors include retention choices, turnover intention, and employee shortage. This section included a review of the literature on these factors as relevant to the purpose of the study.

Setting expectations and controlling turnover are some of the important problems explored by researchers studying job satisfaction (Hongvichit, 2015). It is important for organizations to focus on decreasing turnover and increasing staff retention to maintain a business that is both efficient and innovative (Hongvichit, 2015). Employee turnover creates significant problems for organizations, as it affects the quality of services and products (Francis & Singh, 2016). Additionally, high employee turnover leads to increased costs to the organization associated with recruiting and training new employees (Portoghese et al., 2014). Researchers have suggested the presence of high turnover as directly associated with a decrease in revenue (Boamah & Laschinger, 2015). In general, it is assumed that higher turnover indicates a lack of employee work satisfaction (Kenny et al., 2016). This assumption may influence the perception of other employees who may then leave their work for another organization (Kuo et al., 2013).

The shortage of nurses in the United States spans all areas of health care delivery. Researchers studying the shortage have highlighted some issues with a direct effect on

the nursing shortage, including a negative nursing image, changing work environment, decreased nursing program enrollment, lack of nursing faculty, and aging RN workforce (Derby-Davis, 2014; Hunsaker et al., 2015; Tourangeau et al., 2017). There is a shortage of new labor in the nursing industry (Lu et al., 2013). Additionally, the age of RNs in the United States is increasing (Bawafaa et al., 2015). This may create even greater shortages, as aging nurses retire and are unable to work. The potential problems caused by the nursing shortage have produced concerns and efforts from the health care industry, nursing organizations, legislators, state agencies, and federal agencies (Cheng, et al., 2014; Portoghese et al., 2014).

Among the different factors that lead to the shortage of nurses, lack of faculty in nursing, and an aging workforce are the most prominent (Boamah & Laschinger, 2015). The greatest number of individuals entered the nursing profession in the 1960s and 1970s, a generation reaching the age of retirement in the 2010s and causing a rapid shortage. Nursing faculty shortage, however, stems from inadequate advanced degree funding and poor compensation (Cheng et al., 2014). As expected, the lack of faculty has affected the number of individuals considering entering the nursing field (Khamisa et al., 2017).

The nursing shortage has a direct influence on the job satisfaction of existing nurses (Cottingham et al., 2014). A shortage of new nurses places a higher burden on current nurses (Sabancıogullari & Dogan, 2014). Further, experienced nurses are less likely to work in acute care settings, lessening the chances of new nurses benefiting from the expertise of those more experienced (Kenny et al., 2016). As a result, new nursing

staff may experience higher workload and less access to experienced staff (Cottingham et al., 2014). Nursing shortages can lead to lower quality of care, resulting in job dissatisfaction, causing new nurses to seek jobs in other professions and thus increasing employee turnover (Cheng et al., 2014).

Researchers have agreed that there is a significant problem associated with the shortage and retention of nurses (Kuo et al., 2013; Poghosyan et al., 2017). In general, the major causes of employee shortage and turnover include lack of job satisfaction, lack of supervisor feedback and assistance, lack of development and training, and inadequate compensation (Ahn et al., 2015; Cheng et al., 2014; Terera & Ngirande, 2014). The turnover among nurses has been high historically and now poses a recurring problem in the field of public health care (Boev et al., 2015). The goal of retention in nursing is to decrease nurse turnover by retaining employed nurses at the organization (Francis & Singh, 2016). Retention of employees is dependent on the skills of managers and leaders in an organization, as well as the strategies adopted for managing human resources (Tourangeau et al., 2017). Thus, lack of training among managers or inadequate social skills of supervisors may increase the possibility of high turnover in a short time (Hunsaker et al., 2015). Generally, organizational leaders seek to retain employees who are talented and productive and to encourage employees with inadequate performance and lack of productivity to leave (Francis & Singh, 2016). Organizations, however, may now seek to retain all employees, including those who are of less value, due to their work experience and the organization’s unwillingness to invest in training new talent (Terera & Ngirande, 2014).

Higher employee retention helps an organization economically by ensuring additional financial gains, employees' safety, and allowing greater spending on services and goods (Boamah & Laschinger, 2015). Further, higher retention allows an organization to invest more time in productivity and less in employee training (Deery & Jago, 2015). The ability to attract, engage, and retain employees results in higher productivity and better quality of service and goods, leading to better customer satisfaction (Derby-Davis, 2014). Employees who are engaged and well trained are more likely to show interest in staying at the organization, as these two factors appear to significantly influence the rate of retention (Hunsaker et al., 2015).

One measurement of employee retention is an employer's effort to keep desirable workers to meet the goals of the organization through adequate alignment between a job and a suitable candidate (Ahn et al., 2015). Assessing retention may occur by measuring a specified length of stay of employees against the overall workforce numbers (Derby-Davis, 2014). Higher retention suggests an organization's ability to maintain high productivity by keeping its valuable employees from leaving (Francis & Singh, 2016). Researchers have suggested the significance of adopting adequate strategies for the retention of employees (Kianto et al., 2016).

Multiple researchers have focused on increasing employee retention and decreasing employee turnover. Some important aspects of these strategies include recognition, respect, flexibility, and empowerment (Francis & Singh, 2016; Galletta et al., 2016). In the context of nursing, it is suggested that employers realize the differences between nurses and treat them as individuals. Managers who value individual employees

and search for ways to help them in the decision-making process are more likely to succeed (Kuo et al., 2013). It is important for managers to allow access to resources that may help nurses spend more time with patients and enjoy flexibility with their work (Al-Hamdan et al., 2016). Employers must find the right balance between the needs of the job and the employee best fit for it (An et al., 2014).

Retention and Turnover

Multiple researchers have pointed to a need to understand the essential value of securing and maintaining a competent workforce to ensure efficient and effective productivity of an organization (Atefi, Abdullah, & Wong, 2014; Atefi, Abdullah, Wong, & Mazlom, 2014; Boamah & Laschinger, 2015; Kenny et al., 2016; Sabancıogullari & Dogan, 2014). To do so, scholars have proposed multiple strategies based on empirical and theoretical data, including providing appropriate appreciation and compensation for work, work that is challenging, the possibility of learning and promotion, an inviting organizational environment, positive relationships between employees, open communication, and adequate work-life balance (Atefi, Abdullah, Wong, & Mazlom, 2014; Galletta et al., 2016; Lu et al., 2013; Portoghese et al., 2014). In the presence of these factors, employees are less likely to leave the organization. Further, these strategies not only assist in retaining the current workforce and decreasing turnover intention but help in attracting desirable new employees, as well.

Factors affecting employee retention and turnover include the work environment, leadership, development and training, opportunity for promotion and growth, rewards compensation, and job satisfaction (Al-Hamdan et al., 2016; Hunsaker et al., 2015; Kuo

et al., 2013; Sabancıogullari & Dogan, 2014). Work environment refers to the workplace conditions where employees perform their jobs. Such conditions include the nature of employment, the flexibility of the work, the supervisor's nature, times for reporting to work, and work schedules (Kianto et al., 2016). Organizations with generous employee policies have a higher possibility of retaining and satisfying its human resources by enabling adequate employee control of their workplace environment, thus increasing their long-term commitment and motivation (Bonenberger et al., 2014; Poghosyan et al., 2017). In comparison, overly challenging work conditions may lead to higher levels of employee job stress and burnout, creating a higher turnover.

Employees who report satisfaction and positive experiences with their work environment are less likely to report high turnover intention (Hunsaker et al., 2015). Employees are more likely to display high productivity and motivation when they are content with their work environment (Lu et al., 2013). Given the high workload resulting from nursing shortages in the workforce, the preferred work environment for nurses should include an adequate balance between required work and patients and the availability of nurses (Al-Hamdan et al., 2016; Kenny et al., 2016).

In addition to the workplace environment, development and training of employees is another influential factor in employee job satisfaction, and thus also in retention and turnover (Terera & Ngirande, 2014). Employees' development and training affect their job satisfaction and commitment to the organization (Galletta et al., 2016). Employee commitment and job satisfaction increase an organization's performance and retention (Galletta et al., 2016). Consequently, organizations that do not provide employees with

adequate development and training opportunities are prone to high turnover rates, poor profits, and low standards of quality (Boev et al., 2015).

Researchers have found training useful as a critical strategy that could assist in supporting and establishing a learning-driven environment of advantage to an organization (Hunsaker et al., 2015). Providing learning and development to new employees allows them to feel less frustration and more comfort with their new job and workplace (Fogarty et al., 2014). Researchers have suggested that employees who receive skills development through the development and training provided at the workplace are more likely to experience job satisfaction, which increases loyalty and retention (Galletta et al., 2016; Terera & Ngirande, 2014). Additionally, given the current competitive nature of work, the value of employees increases based on their training and development (Poghosyan et al., 2017). Training and development affect both retention and turnover intentions, as highly trained employees are more likely to perform services of greater value that increase their value within the organization (Atefi, Abdullah, Wong, & Mazlom, 2014; Boamah & Laschinger, 2015). Organizations may be more interested in retaining such employees for the long term and, as a result, may invest more in ensuring their job satisfaction.

Another factor that affects job satisfaction and, in turn, turnover and retention intentions of employees is the relationship between subordinates and superiors (Poghosyan et al., 2017). From the perspective of employees, this is the most significant relationship within an organization (Galletta et al., 2016). It has a wide-ranging influence in determining the extent of satisfaction and happiness employees feel in their work

environment and their jobs, as well as the possibility of career development and quality of work experience daily (Bawafaa et al., 2015; Poghosyan et al., 2017). Researchers studying both public and private sectors suggested that management by an employee's immediate superior enhances the prospect of retention (Poghosyan et al., 2017). Alternately, nonexistent, or poor relationships lead to higher turnover (Bawafaa et al., 2015). The supervisor's leadership style positively influences employees' performance, work satisfaction, and the decision to remain at an organization (Al-Hamdan et al., 2016; Galletta et al., 2016).

Communication is another important aspect that affects the turnover and retention intentions of employees (Portoghese et al., 2014). Factors associated with communication that increase an employee's intention to remain within an organization include intercommunication between employees, ease of communicating with immediate subordinates and managers, and regular staff briefings (Atefi, Abdullah, & Wong, 2014; Khamisa et al., 2017; Terera & Ngirande, 2014). Deery and Jago (2015) suggested consistent staff briefings have a highly significant effect on employee retention. Communication allows employees to feel informed about the direction of their organization and included in the decision-making process (Poghosyan et al., 2017). This inclusion gives employees the feeling of belonging in their workplace, which results in a positive work atmosphere and good relationships between employer and employee (Francis & Singh, 2016). In comparison, poor communication results in employees experiencing workplace alienation.

An important relationship appears to exist between retention intention and empowerment. Employees feel inspired when included in the decision-making process (Ahn et al., 2015). Specific to nursing, such decision-making processes include those concerning patient care quality and efficiency (Francis & Singh, 2016). Inclusion in the process of decision-making enables nurses to freely describe their concerns (Tourangeau et al., 2017). Cheng et al. (2014) suggested a relationship between autonomy, empowerment, and physical well-being, as great empowerment leads to less stress among nurses.

Researchers have found that stress and conflict at work can have a detrimental effect on employee retention (Derby-Davis, 2014; Fogarty et al., 2014; Kenny et al., 2016). Especially in the field of nursing, women are dissatisfied and undermined by their coworkers as well as subordinates. The atmosphere nurses work in can contribute to their turnover intentions (Tourangeau et al., 2017). Criticism from coworkers and competition are major factors affecting nurses' decisions to leave. Due to the bureaucratic nature of the health care industry, nurses are more likely to feel excluded and undervalued (Cheng et al., 2014).

Similarly, another component of the dynamics of job satisfaction that affects retention and turnover is the prospect of career development. This means having the opportunity to earn a promotion at work through the development of skills and training, thus increasing an employee's attractiveness in the job market (Boamah & Laschinger, 2015). Employees experience increased success through career development, which causes higher job satisfaction. Additionally, career development opportunities improve

employee performance, leading to higher management interest in employee retention (Derby-Davis, 2014). Boev et al. (2015) suggested organizations that provide support for their employees' career development succeed in decreasing voluntary turnover.

Work–life balance also appears to affect employee retention intention (Portoghese et al., 2014; Tourangeau et al., 2017). A balance between work and personal life is an important factor for both employer and employee, with its absence associated with adverse consequences concerning physical and psychological well-being (Ahn et al., 2015). For instance, employees who must work on weekends are more likely to experience emotional exhaustion and stress (Kuo et al., 2013). Work–life balance is an essential component associated with job satisfaction, especially for women, who may have a higher amount of both work and family responsibilities. Among men and women, a lack of work–life balance appears to be associated with absenteeism, turnover, and dissatisfaction at work (Hunsaker et al., 2015).

In comparison, promoting a healthy work–life balance is an important strategy for improving employee retention (Francis & Singh, 2016). Employees often wish to pursue activities beyond the sphere of their work responsibilities (Kianto et al., 2016). Therefore, employers can facilitate greater work–life balance by allowing more flexibility through the promotion of interdepartmental cooperation and allowing employees to change departments based on work demands (Boamah & Laschinger, 2015), a balance that may increase employee retention (Lu et al., 2013). Further, greater flexibility may enable organizations to meet constantly changing nursing profession demands (Terera & Ngirande, 2014).

An important aspect of job satisfaction affecting employee retention and turnover intention is a reward (Kenny et al., 2016). Rewards and benefits are components of procedures and policies at an organization (Kianto et al., 2016). When rewarded for their work, employees feel needed and appreciated at the organization, which leads to greater attachment to their workplace (Hunsaker et al., 2015). As a result, rewards are essential in increasing employee retention, as motivated and needed employees experience greater job satisfaction and may thus remain at the organization (Kianto et al., 2016). The overall long-term experiences of employees and their perceptions toward their organization receive significant influence from rewards. For this reason, it is important for organizational leaders to consider the relationship between reward and motivation.

African Americans in Nursing

AAs are underrepresented in the research on nursing. A review of the literature did not return any studies conducted solely to explore the experiences of AA ER nurses. One of the reasons for this is the overall exclusion of AAs from the formal field of nursing, despite many contributions (e.g., those of Adah Belle Thomas and Mary Eliza Mahoney) to the profession (Solberg & Ali, 2017). Due to the lack of acknowledgment and awareness of the historical contributions of AAs in nursing, many AAs feel discouraged and alienated from the profession of nursing (Solberg & Ali, 2017).

AA women played a significant part in the development of the nursing profession in the United States. AA women traditionally served as caretakers for Southern nondiverse families and facilities (Solberg & Ali, 2017). Although they did not have the official designation of "nurse," they performed tasks similar to professional nurses. Many

prominent AA women were involved in this role at some point, including abolitionist Isabella Baumfree who, before her release from slavery, worked as a nurse for a nondiverse family (Solberg & Ali, 2017). Also serving as a nurse was Harriet Tubman, who played an important role in the movement against slavery (Solberg & Ali, 2017). As far back as the early 20th century, AA figures such as Mabel Staupers graduated from nursing school and protested the inequities and disparities in the treatment of AA nurses and the health care provided them (Solberg & Ali, 2017).

The exclusion and resilience of AA women in nursing are most apparent in the case of Mary Seacole. Seacole communicated with nursing pioneer Florence Nightingale as a nurse during the Crimean War, in which Nightingale played a significant role. After Seacole found her offer to join the nursing team rejected multiple times, she eventually abandoned her efforts to become a part of the war effort. She revived her nursing effort after the war and became a pioneer for AA nursing (Solberg & Ali, 2017). For her part, Nightingale earned recognition for introducing the formal concept of a nurse with specific educational training to supplement the work of physicians (Solberg & Ali, 2017).

Despite their longtime contributions to nursing, AAs still experience discrimination and segregation in the nursing field, as nondiverse women continue to dominate the profession (Solberg & Ali, 2017). Despite their educational achievements, AA women experience significant challenges in the field, resulting in the underrepresentation of AAs in nursing (Solberg & Ali, 2017). In the United States, discrimination and segregation in healthcare reflect longstanding racism seen in the blatant racism of the Jim Crow era that originated in the South. Racial separation

manifested in Jim Crow laws was legal during the 19th and 20th centuries. Remnants of the Jim Crow mentality are still evident today (Lewenson & Bear-Lehman, 2020). Historically, nursing associations exclude AA nurses. The American Nurses Association, founded in 1896, did not accept AA nurses (Waite & Nardi, 2019). The National Organization of Public Health Nursing, formed in 1912, adopted segregation in the South (Lewenson & Bear-Lehman, 2020). When AA nurses managed to secure nursing positions, their salaries were significantly less than their nondiverse coworkers (Bennett et al., 2019). Subsequently, a group of AA nurses founded the National Association of Colored Graduate Nurses to confront and combat discrimination in nursing organizations, schools, and workplaces (Waite & Nardi, 2019). Given the overall shortage of AA nurses, it is even more critical to ensure the retention and enrollment of this group. Due to the paucity of researchers focusing on AA nurses, however, there are few calls for effort and reform at the policy level.

Xue (2015) analyzed the 2008 National Sample Survey of Registered Nurses to explore job satisfaction among nurses of many minorities and ethnic groups compared to nondiverse nursing populations. Xue returned only limited findings, however, due to the restricted sample and the original researchers' use of a single survey item. Xue found 76% of AA nurses to be satisfied, the third-lowest percentage after the mixed race and American Indian nurses. To explore the relationship between nurses' job satisfaction and ethical workplace atmosphere, Parker et al. (2013) studied 61 participants, five of whom were AA nurses. Despite identifying participants' races, Parker et al. provided no further

insight about the consequences of race, thus providing no insight relevant to understanding the experiences of AA nurses.

Similarly, Schilgen et al. (2017) also included AA nurses as participants in their study; however, despite using job satisfaction as a variable, they came to no notable conclusions about the experiences of job satisfaction among AA nurses. Schligen et al. noted that racial harassment and discrimination had negative consequences on job satisfaction and that AA nurses had a higher likelihood of experiencing work-related injuries.

Diversity and Inclusion

The idea of diversity and inclusion encompasses a large spectrum of elements ranging from age, status, race, and positions to sexual orientation. Brown et al. (2017) investigated diversity and inclusion through the lens of nursing schools. Brown et al. looked at East Carolina University College of Nursing in North Carolina, which had created a Diversity Advisory Council composed of students, staff, and faculty, promoting diversity and inclusion in its nursing curriculum and committing to incorporate diversity into the student culture. The Council holds forums for discussing diversity issues at the college to solve diversity problems and extend the culture of diversity beyond the school's doors and into the workplace. The Council produced such successful endeavors that it received the East Carolina University Diversity and Inclusion Award.

Williams (2017) discussed the pros and cons of the effectiveness of law in the implementation of diversity and inclusion programs. The 1960s saw the passage of an important civil rights bill that made racial equality a law. Today, corporations and

organizations implement policies that promote their success instead of focusing on the moral aspect of discrimination only loosely based on civil rights laws. Williams questioned whether diversity and inclusion endeavors based on business goals are as effective in changing behaviors as legally based strategies. In doing so, she made a case for inclusion and diversity as a legal matter mandating organization to comply. She concluded that diversity is necessary but noted that business incentives might not be adequate to change organizational behaviors and attitudes. Williams proposed addressing all levels of discrimination, including unconscious bias and other subtle forms of discrimination that challenge inclusion. Williams subsequently proposed methodical, data-gathering processes as the most effective way to make anti-discrimination law effective.

Hurd and Plaut (2018) investigated the feasibility of diversity and whether organizations use the law to support their agendas. The researchers suggested educational institutions had skewed diversity and inclusion to benefit all students as opposed to instituting strategies to eliminate discrimination, deeming this diversity entitlement, and diversity-benefits rationale. Hurd and Plaut also discussed the purpose of affirmative action to reverse race discrimination and how the courts sometimes ignore pertinent facts in making decisions involving discrimination. They posited that the courts do not always consider the social science aspect of diversity and inclusion, which encourages organizations to adopt a diversity-entitlement way of thinking that gives already-entitled groups more advantages.

After investigating the effects of diversity and inclusion within 1,456 nonprofit organizations, Buse et al. (2016) found that gender and racial diversity affected decisions made by the organizational board. Buse et al. posited that, despite the diversity of the United States, the composition of organizations' boardrooms did not reflect this population. Indeed, the low percentage of nondiverse populations holding boardroom positions remained unchanged over two decades.

In the field of digestive care in health care, Walsh et al. (2016) presented a surgical viewpoint of unconscious bias that leads to health disparities among AAs. The writers stated that even when status, access to health care, and health insurance are equal among nondiverse populations and AA, the percentage of positive outcomes for AAs are always less than those of nondiverse populations. This bias in health care extends into the Lesbian, Gay, Bisexual, and Transgender (LGBT) arena, hence the creation of the Task Force on Diversity and Inclusion of the Society for Surgery of the Alimentary Tract (SSAT). Walsh et al. (2016) provided recommendations for reducing health disparities and creating more positive outcomes among diverse populations in the field of digestive disorders. The Task Force has successfully formulated eight initiatives including a Health Disparities Research Award, created educational programs that promote diversity and inclusion training, and reached out to professional minority organizations to promote cultural competence awareness at SSAT meetings.

Katz and Miller (2018) explored the importance of diversity and inclusion from an organizational development (OD) perspective, examining how diversity and inclusion have affected OD in the past and present, as well as what OD practitioners can expect in

the future. In the 1930s, Kurt Lewin (as cited in Katz & Miller, 2018) conceptualized OD around training groups and social justice issues. The issues of diversity and inclusion were part of the OD conceptual framework from the beginning. Today, positive changes in OD include creating policies that make it easier for all people to fit in. OD practitioners face the challenge of taking inclusion a step further to make it easier for all employees to feel comfortable contributing ideas within the organization. Katz and Miller contemplated the future of diversity and inclusion with the advent of artificial intelligence, or machine intelligence, as these workplace changes eliminate the human element. Katz and Miller ultimately provided suggestions for OD practitioners to consider in the ongoing endeavor to make organizations healthy environments in which to work.

Researchers and lawmakers have proposed many strategies to address racial and ethnic health, as an organizational culture must change to reflect a tolerance for and understanding of others. McCalman et al. (2017) supported cultural competence, which the United States National Quality Forum defined as "a set of congruent behaviors, attitudes, and policies that come together in a healthcare system, agency or among professionals that enable that system, agency or professions to work effectively in cross-cultural situations" (p. 2). McCalman et al. posited that as the idea of cultural competence evolved, the idea spread to include health care, assigning organizations accountability in the matter system wide. Later definitions of cultural competence included those specifying that safe, high-quality, equitable care should be the goal of organizations, with a greater focus on the systems approach to cultural competence. Increased efforts to

promote equality in health care through cultural competence have resulted in improvement throughout the United States and the world. Not all health care leaders saw the need to address cultural competence and thus did not implement a policy. Despite documented progress in this area, researchers have conducted only minimal studies. In conclusion, this review of cultural competence literature provided a guideline for organizations to imitate successful strategies.

Key Traits of Phenomenology

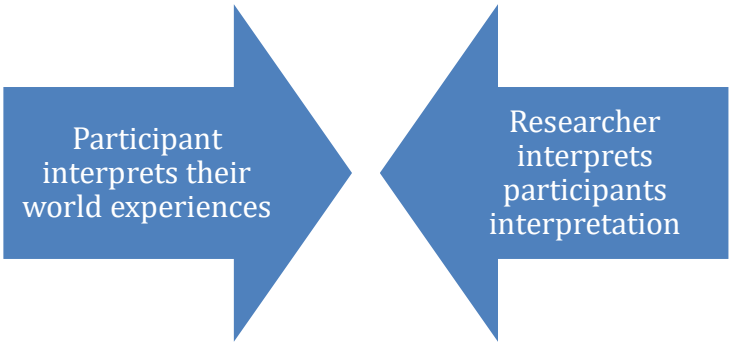
Phenomenological design characteristically elicits rich, contextual data about a phenomenon obtained from subjects. In the research setting, phenomenology is a method of investigation that allows organized study of experiences that are a challenge to view or quantify (Wilding & Whiteford, 2005). These phenomena cannot be studied using conventional methods (Wilding & Whiteford, 2005). There are other qualitative research approaches that concentrate on specific social phenomena, but they focus on a wider view of the phenomenon, rather than focus on a specific phenomenon with the intention to discover, understand, and explain diverse parts of the multifaceted social condition (Wilding & Whiteford, 2005). Bynum and Varpio (2017) noted three characteristics of hermeneutic phenomenology that differentiates it from other qualitative methodologies: an emphasis on lived experience, the researcher's experiences are included in data collection and evaluation of a phenomenon, and the robust use of reflection in data analysis.

Hermeneutic Phenomenology

Through hermeneutic phenomenology, researchers investigate and decipher the human experience of a phenomenon (Tuohy et al., 2013). Høiseth and Keitsch (2015) asserted that "to be hermeneutic means to be aware of one's perceptions and experiences in a subjective, cultural, and historical context referred to as the lifeworld and include them in the interpretation process" (p. 34). Social, cultural, and political elements, as well as the researcher's personal biases, come into play in this type of study. Acknowledgment, acceptance, and consideration of these preferences are components of the resulting interpretation (Høiseth & Keitsch, 2015) subsequently regarded as influencers in participants' lives to assist in the interpretation of experiences (Tuohy et al., 2013). Hans-George Gadamer (Høiseth & Keitsch, 2015), a forerunner of the hermeneutics approach, proposed the hermeneutics circle: the back-and-forth interaction between cultural and social elements and the perception of these elements influences the way people understand their experience. As such, he believed phenomenological hermeneutics was the best way to find hidden meanings behind narratives (Høiseth & Keitsch, 2015). A key feature of hermeneutic phenomenology analysis is that the researcher attempts to grasp how participants understand a given phenomenon, something referred to as "the double hermeneutic" (Wagstaff & Williams, 2014, p. 9) (see Figure 2). The double hermeneutic is a two-fold interpretation process.

Figure 2

The Double Hermeneutic Process



Martin Heidegger, a student of Edmund Husserl, established the interpretive phenomenological methodology design to investigate a phenomenon from within: from the participant's view as opposed to the researcher's knowledge or perception (Lee & Lau, 2013). Heidegger delved deeper into the human experience, determined to discover the essence of "being" in human experiences as opposed to reporting what an onlooker thinks about an experience (Heidegger, 1962). Heidegger proposed that each experience is unique to the person relating the information (Miles et al., 2013) and declared that preconceived ideas were part of the experience of being (Reiners, 2012).

Interpretive phenomenology was a means to discover why AA nurses leave ER positions, investigate the experiences of ER nurses, and produce data to supplement that found in the literature because this method emphasized the worth of human experiences and the meanings and understandings attributed to that experience (Cooper et al., 2009). The additional knowledge from this study added to the existing literature and could help health care management evaluate steps needed to abate the rising high turnover of AA ER

nurses, as well as nurses in general. Several researchers found in the literature lent support to the feasibility of phenomenological research for this study.

In a study of the experiences of mothers caring for hospitalized, sick children, Lee and Lau (2013) used "a Heideggerian interpretive phenomenological methodology" (p. 1810) to expose the mothers' feelings as they experienced the phenomenon of dealing with sick children. In their study, the goal was to improve patient–nurse relations within the ER setting using Crist and Tanner's (2003) circular process. Semistructured interviews enabled a focus on occurrences and coping features the mothers used and experienced while caring for their hospitalized children. After nursing experts coded and reviewed data, Lee and Lau found the mothers experienced physical exhaustion due to less-than-adequate hospital accommodations. This exhaustion-fueled emotional stress, in turn, caused the mothers to have less tolerance when interacting with medical staff, with the lack of communication, such as updated information on their child's prognosis, a sure cause for stress.

More recently, Choe et al. (2015) employed Giorgi's phenomenological research approach to investigate the moral distress experienced by 14 critical care nurses. The researchers conducted two in-depth, face-to-face interviews, either individually or in pairs over nine months, with an average audiotaped interview time of 2.5 hours. In reviewing the transcripts, they isolated all references to moral stress, rereading them repeatedly and then grouping them into appropriate categories. Themes contributing to moral stress among this group included physicians' lack of concern for dying children, concerns over having no resuscitation policies involving the elderly, families of low-

income patients refusing treatment or failing to understand the situation, colleagues displaying unprincipled behavior, and families' explosive negative reactions to treatment options. The findings will help hospital administrators identify and apply strategies to minimize moral stress in critical care nurses, perhaps through workshops and seminars to educate health care professionals about the importance of moral integrity.

Lee and Lau (2013) examined why so many new nurses in China were leaving the field within three months using a participant population of 16 new nurses with less than 1 year of hospital nursing experience. Eight weekly focus group interviews characterized the researchers' phenomenological approach as opposed to one-on-one interviews because they felt this approach worked better when investigating vulnerable groups who have a common dilemma. With Sloan's (as cited in Lee & Lau, 2013) three moments of data analysis, the researchers identified as an overarching theme that senior nurses publicly criticized new nurses. Because such behavior is the norm in Chinese culture, it does not merit consideration as ill treatment, thereby causing new nurses to suffer in silence. A change in new nurse training in this culture could reduce the high turnover of new nurses. Lee and Lau recommended further study to determine how new nurses could adapt to the rigors of transitioning from inexperienced to experienced.

Freeman et al. (2014) obtained the lived experiences of seven trauma RNs. The phenomenological approach of van Manen (as cited in Freeman et al., 2014) led to a deeper understanding of what it is like to be a trauma nurse. Interviewers recorded face-to-face, in-depth interviews of 60 to 90 min in length, subsequently conducting follow-up interviews to ensure an accurate representation of participants' thoughts. Yet, van Manen

selected a data analysis approach that encompassed “the holistic approach; the selective; and the detailed, line-by-line approach” (Freeman et al., 2014, p. 7). Participating trauma nurses cared for gunshot and stabbing victims of gang activity, motor vehicle accidents, and workplace-related trauma on a regular basis. Freeman et al. revealed nurses were uncomfortable caring for many trauma patients due to the fear of harm by aggressive, disrespectful patients, family members, or gang retaliation. Nurses revealed they were constantly on guard against threats to their well-being. Many were disenchanted with their jobs because their perception of the job did not match the reality and the understanding that they had to handle the situation as best they could. Consequently, management has the responsibility for strategizing ways to make trauma nurses feel safer in this environment and to assist them in overcoming their fears.

Yekefallah et al. (2015) endeavored to discuss the challenges intensive care unit (ICU) nurses faced in providing future care and their experiences with patients and families in to answer the question “How can nursing quality be improved during end-of-life ICU stays?” Twenty-five nurses from teaching hospitals participated in one to three semistructured interviews of 30 to 90 minutes in duration. After collecting data and applying van Manen’s data analysis, Yekefallah et al. (2015) found that nurses considered futile care a waste of time and money, causing patient torment and nurse suffering due to performing painful procedures on patients who would not recover. This study could provide a basis for nursing management to seek ways to keep futile care to a minimum.

Lastly, Shrestha and Joshi (2015) researched the lived experiences of six new nurses 1 to 3 months after the transition into the workplace in a phenomenological study. Purposively sampled, each nurse participated in an in-depth interview. There was a supplemental focus group as well as interviews with nursing leaders and a superintendent for a better-rounded study. After analyzing data using the Colaizzi seven-step method and NVivo software, Shrestha and Joshi identified feelings of anxiety in nurses resulting from lack of knowledge, fear, and stress from being ill-prepared for the real working world. New nurses expressed the atmosphere of their workplace played a large part in what they experienced; focus group participants identified nursing turnover as creating problems. Ultimately, the researchers highlighted the need for formal orientation, preceptors during the transition period, an inviting work atmosphere, and staff support.

Gaps in Literature

The research question was what are the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations? This qualitative phenomenological study disclosed gaps in the existing literature and discussed findings that partially fill these gaps.

Gap 1: Coworker Issues

The first gap in the existing literature was the lack of research on relationships between AA and nondiverse nursing population staff in the ER. Robinson (2013) approached the relationship issue from a psychosocial standpoint and reported that further investigation into this aspect of nursing could reduce potential conflict's adverse effects. Dapremont (2011) recognized that the health care industry focused more on the

nursing shortage than concentrating on increasing AA nurses in the workplace. One of the benefits of increased hiring of AA nurses is that these nurses often work in underserved areas, thereby providing understanding and culturally competent care to underrepresented populations (Dapremont, 2011). Keshet and Popper-Giveon (2016) concurred with Dapremont that a diverse staff provides health care professionals that underrepresented patients can identify and feel comfortable. Lowe and Archibald (2009) also reported that more research data are required to inform health care leaders to strategize practical ways to best support diversity in the workplace.

A study on ER visitors by Garcia et al. (2010) showed that along with poor persons and Medicaid recipients, AAs were more likely to make more ER visits than other age, race, income, and insurance groups. This statistic helps substantiate the need to improve staff diversity in ERs (Heron & Haley, 2001). The task for hospital management is to recognize the cultural challenges and necessities of AA nurses; to employ and gratify this group so managers can build and support adequately diverse nursing staff amid current nursing shortage concerns. Hence, a study that identifies and analyzes AA nurses' cultural challenges working in ERs is necessary for management to address areas needing improvement to ensure improved staff diversity.

Finding 1: Experiences with Staff and Coworkers

Finding 1 showed problems within the ER workplace between staff and coworkers. Problems in communication and lack of teamwork among staff are concerns of AA ER nurses in SC because it impacts their ability to provide the best patient care. In a German study on ER teamwork, Freytag et al. (2017) conducted an ER teamwork

training simulation. In that study, results yielded that teamwork could reduce medical errors and increase good patient outcomes. This finding expands the literature in the context of nursing. According to Top et al. (2014), friction between employees can lead to burnout, poor quality of patient care, increased turnover, and high workloads. My study revealed intermittent problems of lack of teamwork between nondiverse ER nurses and AA ER nurses manifested in cliques of nondiverse nurses who were sometimes not supportive of those not in their clique. My study also showed instances of racism and discrimination towards AA ER nurses from coworkers, evidenced by a double standard upon the AA nurses when they are placed under suspicion when handling patient drugs and constantly proving themselves qualified to do the job. These issues led to burnout and a feeling of being overwhelmed.

Gap 2: Patient Care

The second gap in the existing literature was the lack of research on racism and discrimination that exists within the ER for AA nurses from patients. Top et al. (2014) found that these implications in the context of nursing result in burnout, poor quality of patient care, increased turnover, and high workloads. Garran and Rasmussen (2019) questioned an issue about how organizations should respond to racism against health care workers. Garran and Rasmussen explored this issue and found that discriminatory behavior from patients affected frontline workers of color more than any other group.

With the advent of the COVID-19 pandemic, the literature showed that health care leaders scramble to protect their health care professionals. For example, in England, the National Health System (NHS) formulated a plan to assess vulnerable AA and other

ethnic minority staff to supply support during the pandemic (Rimmer, 2020). Studies by Sivashanker et al. (2020) showed that the United States health care system continues to grapple with a class system that places more worth on nondiverse employees than AA employees that intensified with the onset of COVID-19. The literature further revealed that AAs "account for more than 20% of covid-19 cases among health professionals despite only 5% of doctors and 10% of nurses in the United States being from this group" (Khunti et al., 2021, p. 1). AAs and other minorities struggle with the possibility that their hospital positions pose an increased risk of jeopardizing their health and the health of their loved ones. Studies done by Tracy et al. (2020) show these negative emotions could promote mental health issues such as post-traumatic stress disorder and depression and that measures should be taken to forestall the exacerbation of these emotional states in health care professionals.

Finding 2: Providing Patient Care

Finding 2 showed the nurses faced challenges delivering care to their patients and expand research by Singh et al. (2018). These researchers studied the importance of compassion in delivering good patient care to diverse populations and concluded that increased population diversity requires increased cultural sensitivity and compassionate care to provide the best care to this diverse population. My study showed AA nurses are very concerned about the care the AA patients receive and felt there was discrimination against patients who were considered frequent flyers or frequent visitors to the ER AA nurses were also concerned that sickle cell patients of whom the majority are AAs, do not receive adequate pain treatment. They felt that physicians prevented from providing the

pain relief these patients need. In other instances, AA nurses felt it was a challenge to provide care to nondiverse populations due to discrimination from those who refuse to be treated by AA nurses.

Gap 3: Emergency Room Jobs

Wilson (2007) stated that the nursing profession would need to increase AA RNs in their staff to keep up with the increased patient diversity of the United States' population. To improve diversity, Wilson suggested the implementation of practical recruitment strategies. Wilson's study on the lived experience of AA RNs also encouraged AA nurses to take the lead in being seen by joining work-related committees and professional organizations and not remain in the shadows of their organizations. Melillo et al. (2013) studied the need for more diversity in nursing professions and reported that the U.S. Health Resources and Services Administration (HRSA), Bureau of Health Professions, and Division of Nursing federally funded Nursing Workforce Diversity grants to colleges and universities to provide opportunities in nursing to underrepresented populations. Phillips and Malone (2014) investigated the relationship between health disparities and diversity in nursing and reported that the nursing profession does not reflect the minority population, and those federal agencies, such as the Agency for Healthcare Research and Quality, address concerns that minority groups do not enjoy the same quality of care as other populations. Xue (2015) studied the importance of recognizing what contributes to minority nurses' job satisfaction as the foundation for improving diversity within organizations.

Finding 3. Challenges

The third finding showed AA nurses face challenges obtaining and maintaining ER positions, which confirms and expands Wingfield and Chavez's (2020) study. Wingfield and Chavez found that AA nurses in their study also felt discrimination existed in hiring practices, especially since the advent of employers' reliance on social media for recruitment and hiring. Many scholars recognize the necessity for more study on the need to employ more AA nurses and increasing diversity in the nursing field. Researchers have approached nursing issues from several perspectives.

A literature review by Wilson (2007) found that although many previous studies concentrated on minority nurse underrepresentation or health care workplace racism and discrimination, these studies did not focus explicitly on the views of AA RNs in health care venues. Wilson's literature review also revealed that private information about experiences in nursing from the viewpoint of AA RNs was absent from the literature. Wilson suggested that a more in-depth investigation was necessary to report their experiences truthfully. My study highlighted a gap in the existing literature that AA nurses experience challenges obtaining ER employment to the point of strategizing ways to show ambiguity in race to obtain interviews. My findings further addressed this gap in the literature and showed that potential employers show favoritism and offer jobs to less qualified acquaintances in their network even though better qualified AA applicants also compete for ER positions.

Gap 4: ER Nurse Satisfaction

The fourth gap identified the importance of job satisfaction discussed in the literature. Herzberg and Maslow studied job satisfaction and found that employees work better when certain needs are provided by their employers and provide the conceptual framework for my study. Herzberg's two-factor theory posits that elements like recognition, achievement, relationships, and rewards are necessary for an employee to experience work satisfaction (Giroux, 1960). Maslow's five-level motivation theory states (a) physiological (food, breathing, water), (b) safety (financial security, employment, personal security/protection from bodily harm), (c) love/belonging (friendship, connectedness, emotional intimacy), (d) esteem (strength, achievement, adequacy, confidence); and (e) self-actualization as in achieving one's full potential (Kotni & Karumuri, 2018; Lonn & Dantzler, 2011) are necessary for employee satisfaction.

Finding 4. Rewards of Emergency Room Work

The fourth finding revealed that despite the challenges of ER work, AA ER nurses have positive experiences working in the ER, which is in harmony with, expands on, and supports Herzberg's two-factor theory and Maslow's theory that employees experience higher motivation if they consider their job worthy and valuable to achieving the organization's overall objective (Herzberg et al., 1959). My study found that management plays a role in ER job satisfaction when My study found that management plays a role in ER job satisfaction when ER nurses receive small tokens of appreciation from management. AA nurses experience satisfaction in their positions when coworkers show

support and appreciation, such as when their nondiverse peers intercede or support AA nurses when faced with racism or discrimination from patients.

Summary and Conclusions

This chapter provided an overview of the existing literature relevant to the conceptual framework and the identification of the research problem and the research purpose. The first section was an overview of the literature search strategy, followed by a discussion of the conceptual framework based on Herzberg's two-factor theory (Giroux, 1960) and Maslow's hierarchy of needs. The last section identified the gaps in the literature and a summary of findings from this study. Due to the focus of this study on the underrepresentation of AA RNs in SC ERs, Herzberg and Maslow's theories provided a foundation for the conceptual framework.

Six subsections comprised the literature review: job satisfaction, dynamics of job satisfaction, retention and turnover, job satisfaction in nursing, AAs in nursing, and methodology. Despite being one of the most researched topics in organizational behavior, job satisfaction remains hard to define. Due to the difficulty in defining job satisfaction and nurse job satisfaction, researchers have employed multiple methods to study the phenomenon among nurses (Gausvik et al., 2015; Han et al., 2015; Pineau Stam et al., 2013; Purpora & Blegen, 2015).

Although the literature shows minimal to no information regarding AA ER nurses in SC, it does support the fact that there is a general exclusion of AAs from the formal field of nursing, despite many professional contributions of AAs such as Adah Belle Thomas and Mary Eliza Mahoney (Solberg & Ali, 2017). This fact is even more evident

during the current coronavirus pandemic. The literature shows that a caste system exists that favors the well-to-do amid a crisis that disproportionately affects AAs and other minorities. This qualitative interpretive phenomenological study explored the lived experiences of AA nurses in SC ERs as providers of quality patient care in culturally diverse populations. The findings of this study filled essential gaps in the literature: AA ER nurses experienced problems within the ER workplace dealing with staff and coworkers, that the nurses faced challenges in delivering care to their patients, that the participants faced challenges obtaining and maintaining ER positions, and that despite the challenges of ER work, the participants had positive experiences working in the ER. Finally, Chapter 3 includes discussion on the qualitative interpretive methodology, also known as the hermeneutic method, used in this study to explore, understand, and interpret the experiences of individuals in a specified context.

Chapter 3: Research Method

In this qualitative hermeneutic phenomenological study, I explored the lived experiences of AA nurses in SC ERs. In this chapter, the methodological details of the study render a deeper understanding of the methods I used to conduct the study. A step-by-step outline shows how the data collection process was carried out. Additionally, the chapter includes information on steps to maintain the trustworthiness and ethical soundness of the data. Also included are descriptions of the research design, the role of the researcher, methodology, and issues of trustworthiness. Chapter 3 concludes with a summary highlighting the major details of the chapter.

Research Design and Rationale

Based on the research problem and the research purpose, the following research question guided the study:

RQ: What are the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations?

Instead of testing a hypothesis, I allowed the experiences shared by participants to guide the flow of data from the initial interview questions to create themes about the underrepresentation of AA RNs in SC ERs, of which there is currently limited knowledge (see Bevan, 2014). Based on the preceding considerations, the interpretive (hermeneutic) phenomenological research design was in alignment to explore the lived experiences of AA nurses working in SC ERs.

Researchers often use the qualitative research tradition to explore and understand the lived experiences of individuals in the context of their lives, as well as how these

individuals interpret their experiences based on the structure of their world and the meaning they derive from their lives (Idowu, 2017). Unlike the quantitative method in which the aim is to generate, validate, and confirm or deny hypotheses, the goal of the qualitative researcher is to explore, understand, and interpret the experiences of individuals in a specified context (Mayer, 2015). I did not use the quantitative method in this study because the purpose of the study was not to undertake a deductive approach to test hypotheses generated for the research study but to follow an inductive approach with the inquiry directed by the experiences as presented by participants.

In the qualitative tradition, a researcher may select from multiple research designs. I chose the phenomenological research design for this study because it was more appropriate when the goal is to investigate a research phenomenon based solely on the lived experience of participants, as stated in their own words. Other designs considered for this study included ethnography, grounded theory, and case study. The ethnographic research design was not suitable for this study because my goal was not to gather data through observation of participants in the context of their cultural environment through culture, belief, values, and group behavior patterns, which is the primary purpose of ethnography (Gelling, 2015). The grounded theory design also was inappropriate because I did not wish to generate theory based on data from participants regarding a problem through hypothetical testing and continuous assessment and evaluation (Green, 2014). I also omitted from consideration the case study design because the goal of this study did not align with the use of multiple sources of data that may involve information not generated directly from participants to create categories and facts based on cases rather

than participants' lived experiences. The phenomenological research design facilitates presenting open-ended questions to participants (Mayer, 2015), with responses interpreted by the meaning of the experiences as understood by the participants (Gelling, 2015). The interpretive (hermeneutic) phenomenological research design was in alignment to explore the lived experiences of AA nurses in SC ERs.

The phenomenological research design allows the researcher to pose open-ended questions to participants and interpret their responses based on the meaning of experiences as understood by participants (Giorgi, 1997). The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations. The purpose was not to find the relationship between different variables in the form of a causal connection, but to provide a description of participants' experiences centered on the identified research phenomenon. Exploration of the phenomenon came through the subjective lived experiences of the selected population and sample to obtain a deeper understanding of the topic (see Eddles-Hirsch, 2015). The goal of a phenomenological study is to acquire knowledge of the themes that exist, generate meanings from experience, and identify the frequency of specific themes (Bevan, 2014). Although the phenomenological research design may also be appropriate for diverse purposes, the focus on participants' lived experiences and exploring the meaning of these experiences remains a central focus (Bevan, 2014; Giorgi, 1997). Another reason the phenomenological research design was appropriate for this study was that there was no need to manipulate variables (see Goulding, 2005). The focus remained on the specific

phenomenon identified and the themes that emerged based on the experiences of participants.

Rather than explore the relationship between different variables, this study investigated the phenomenon as it related to the underrepresentation of AAs in SC ERs through discovery of the nurses' lived experiences. Instead of testing a hypothesis, a phenomenological researcher allows the experiences shared by participants to guide the flow of data from the initial interview questions, with the researcher subsequently contributing new themes about the research phenomenon about which there is currently limited knowledge (Bevan, 2014). Based on these factors, it was apparent the phenomenological research design was in alignment to explore the lived experiences of AA ER RNs in SC.

Role of the Researcher

I was the researcher in this study. I worked in the ER of a regional medical center for 10 years, from March 2002, until June 2012, as a nonmedical staff member. Two of the years in the ER I worked in a supervisory position over nonmedical staff. I established good relationships with the ER medical staff. Although I am not now in close contact with the ER, I have a deep understanding of the experiences the participants encounter and consider my past affiliation with the ER useful.

As the primary instrument for collecting data and recording participant interactions, I facilitated the interview process in adherence to ethical standards and protocols with minimal bias based on Walden University guidelines. Additionally, it was

my responsibility to obtain approval from the University Institutional Review Board (IRB), any other necessary organizations or institutions, and participants.

I treated the participants with respect and considered their wishes (see Leech & Anthony, 2011). I did not have any personal, instructor, student, or supervisory direct report relationships with any of the participants. This enabled objectivity while collecting data, which I carried out with 17 interviews using the interview protocol found in Appendix A until data saturation occurred. Interviews were conducted via Zoom meetings. I recorded the interviews via Zoom application with a supplemental backup audio tape-recorder. I personally transcribed the recordings. My goal as a researcher was to be fair and avoid biased interpretations by representing all views in the findings (see Guerrero-Castañeda et al., 2017).

I conducted a field test of interview questions using three academic professionals. The purpose of the field study was to assess the appropriateness, understandability, and open-endedness of the research question. Based on the review by the panel, I adjusted the interview questions.

Methodology

The purpose of scientific research is to produce knowledge through theory or explanation of phenomena using the scientific method (Bhattacherjee, 2012), either natural or social. The quantitative method of inquiry readily lends itself to natural science studies and yields theory-based knowledge, providing statistical data deduced through experiments or surveys. With social science, there is a focus on the study of people, their

experiences, and their perceptions. Researchers do not seek to prove if a theory is viable; rather, they are more interested in the context behind a phenomenon.

Qualitative researchers using an interpretive (hermeneutic) phenomenological design would be more concerned with the meaning nurses attribute to their reasons for leaving ER positions. In other words, they want to know what is at the core of the decision to leave as opposed to adopting an empirical view to find out how many nurses have left positions in the ER (see Tuohy et al., 2013). Phenomenology was a tool used in this study to encourage communication and understanding between employees and management. Communication is important when implementing new processes, especially when those processes seem uncharacteristically intrusive. By sharing the findings from a phenomenological study such as this one with hospital leadership, management could better understand backgrounds and lived experiences of their employees and in turn, customize delivery of new work processes with a minimum of disruption to work-flow and possibly improve chances of staff buy-in (Budd & Velasquez, 2014). Implementation of strategies derived from phenomenological studies could create an atmosphere of tolerance between employees and managers/leadership, which could lead to better employee acceptance of new ideas.

Participant Selection Logic

To investigate the phenomenon of underrepresentation of AA nurses in SC ERs, I interviewed AA ER nurses to gain insight into their lived experiences. Whereas the research population was all individuals meeting the criteria for the study of (a) self-identifying as Black or AA, (b) having a minimum of 2 years' experience as an ER nurse,

and (c) currently working in or having had worked in a SC ER, the sample was a small group of participants from the population. I chose participants from membership in SC nursing associations to ensure identification as a licensed RN and valid contact information. Although the initial goal was to select a small number of participants, the final count depended on when data saturation was obtained.

I used purposive sampling to select a sample of 15 to 20 AA ER nurses, or until data saturation occurs, thus enabling me to gather the necessary data from participants that are more tailored to the needs of the purpose of the study. The purposive sampling technique allowed access to participants whose experiences were the most relevant to the research problem and purpose (Patton, 2002).

Participants who specifically represent the participant selection criteria will yield data that is relevant to the needs of the study (Palinkas et al., 2013). Purposive sampling was used to select participants. Additionally, sample selection incorporated ethical practices, respect, consent, and confidentiality. The population for sample selection was SC ERs with varying concentrations of AA RNs as well as AA nursing associations.

For this study, I selected AA RNs who currently work in a SC ER for at least 1 year. Although the initial goal was to select a small number of participants, the final count depended on when data saturation was obtained. When conducting the study, I knew when data saturation occurred when no new information emerged. Achieving a focus on participants' lived experiences through in-depth interviews and descriptions is better achieved with a small group of participants (Eddles-Hirsch, 2015). I posted a social media announcement on publicly assessable social media platforms to recruit AA ER

nurses. I then sent a consent form to AA RNs who self-identified with the specified criteria who expressed interest in participating. I sent additional invitations when recruitment resulted in too few participants.

Instrumentation

As the researcher, I was a critical part of the research process. I played a central role concerning the design, data collection, and analysis of the collected data. I was the research instrument and collected data by conducting semistructured participant interviews using open-ended questions that I generated. Semistructured, open-ended interviews were the most appropriate instrument for collecting data in this study because they facilitated an in-depth investigation through participants' lived experiences with a focus on the phenomenon of interest (Pietkiewicz & Smith, 2014). The interview questions were based on the central research question: What are the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations?

After obtaining Walden University IRB approval, (a) I created an interview protocol (Appendix A) to guide one-on-one interviews; (b) created a social media post that I posted on the LinkedIn social media site; (c) emailed consent forms to nurses who fit the research criteria; (d) sent requests for field test participation to qualified academic research professionals, and (e) conducted participant interviews using questions from the revised list of interview questions (Appendix B) after obtaining participants' informed consent. An audio recording device and member checking enhanced instrument and findings validity.

Field Test

A field test was done to assess the efficacy of the proposed interview questions. The questions along with the problem statement, purpose, and research question were emailed to four qualified Ph.D. college professors. The purpose of the email request was to test the relevance and applicability of the interview questions. The request included five semistructured open-ended interview questions from the study to the four qualified professors because they have expertise in various research methods to establish alignment between the research question and the interview questions, and for the professors to offer feedback and suggestions for improvement. As a result of the responses from the participants, the original interview questions were revised.

Procedures for Recruitment, Participation, and Data Collection

I collected data through in-depth, one-on-one semistructured interviews with participants using open-ended questions (see Appendix B). According to Tindall et al. (2009), in-depth interviews are the best method for data collection in phenomenological studies. In phenomenology the researcher asks questions as prompted by the participants (Chan et al., 2013). Semistructured interviews can direct the interview based on open-end questions that searches as opposed to leading the participant in a direction desired by the researcher (Chan et al., 2013). These questions are prepared in advance of the interview (Chan et al., 2013). Thus, individual participant interviews helped me form a picture concerning lived experiences and their meanings from participants' perspectives. With semistructured interviews, participant responses drove the interview, as did my ability to present follow-up questions for greater exploration of specific themes (Aborisade, 2013).

The nature of semistructured interviews enabled me to guide the data collection process with the use of open-ended, predetermined questions designed to encourage in-depth conversations with participants reflecting on their experiences. Semistructured interviews also allowed me to modify the questions mid-interview based on revelations communicated by the participants; however, the interview beginning, and direction followed the original interview questions. Interview questions were based on the research question and involved open-ended questions that provided researcher flexibility.

During the purposive sampling phase, the goal was to look for participants with similar work backgrounds to obtain in-depth accounts of their work experiences (Palinkas et al., 2013). To take part in the study, participants had to meet the inclusion criteria and sign the informed consent form. Inclusion criteria were as follows:

- Potential participants must identify as Black, or AA based on their racial self-identification. If a participant is of mixed race but identifies as Black or AA for official purposes, the participant's chosen designation will apply.
- Participants must currently or formerly be employed as an RN in the state of SC in an ER for 2 years or more.

After candidate identification from social medias posts I sent each participant a Consent Form that included information about the research problem, research purpose, and potential significance of the findings to familiarize the participants about the study. The participants consented by returning an email stating the words "I consent" in the subject line. The consent form explained the nature of the study, informed the participants of the voluntary nature of the research, with specific details about the option

of leaving the study without question at any point by informing the researcher through email, telephone, or in person. Before initiating the research process, I obtained IRB approval (# 06-12-20-0246279) from Walden University to recruit participants. Upon procuring a small number of nurse participants and obtaining signed informed consent, I scheduled interviews based on mutual convenience.

I began by introducing myself, followed by reading the informed consent form to ensure interviewees understood study rules and their rights as participants. Interviews were then recorded with consent of the participants using an audio recorder. The interview began with general questions derived from the central research question, followed by more specific questions as I sought to concentrate on the participants and their experiences. After posing each question, I provided an adequate amount of time to ensure participants' responses were thoughtful and accurate. I avoided any gesture that might make the participant feel uncomfortable or pressured during the session, as well as remained cognizant of the sensitive nature of participants' experiences, especially about their ethnicity. As a result, I showed empathy and sensitivity in behavior and words, projecting sensitivity, objectivity, and accommodation. Each interview lasted 30 to 60 minutes and was recorded using an audio recorder upon obtaining participant permission. I respected the wishes of any participant who desired to withdraw from the study and would have permanently destroy all data collected from that participant. There were no participants who desired to withdraw consent.

Upon completion of each interview, I informed each participant that he or she would be allowed to review the accuracy of their transcribed responses to clarify any

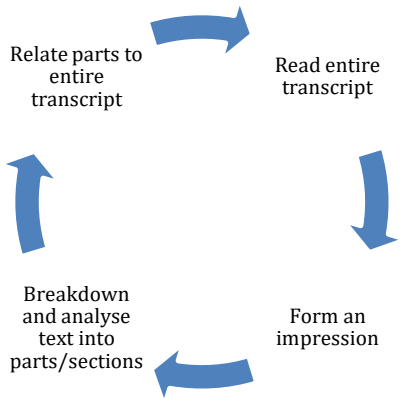
point that may lead to misrepresentation of their intended meaning. This process of member checking is an important part of the qualitative data verification process. Due to qualitative researchers' focus on subjective experiences, there is a higher likelihood of bias and error compared to using the quantitative method (Lincoln et al., 1985). For instance, I may interpret an idiosyncratic phrase used by a participant in a manner different than intended.

Data Analysis Plan

In the hermeneutic circle of analysis, the researcher analyzes the entire text, then, breaks down the text into smaller segments or parts. The researcher then compares the initial notes taken during the interview to see how those initial thoughts of the whole interview match up to the smaller segments extracted from the text (Erlingsson & Brysiewicz, 2017). In other words, the researcher reads the transcripts as wholes and forms a preliminary impression, and then analyzes parts of the text and relates these parts to the whole transcript (Wilding & Whiteford, 2005). This back-and-forth comparison process of the whole and its parts confirm whether the whole supports the analysis of all the parts (Erlingsson & Brysiewicz, 2017) (see Figure 3).

Figure 3

Hermeneutic Circle of Analysis



I transcribed the recorded interviews into Microsoft Word myself with Temi speech to text computer software instead of hiring a transcription service to ensure the privacy of data and confidentiality of participants. I transcribed the recorded interviews into Microsoft Word myself instead of hiring a transcription service to ensure the privacy of data and confidentiality of participants. I also coded the interviews for added privacy and confidentiality by assigning numbers to each participant in the order they are interviewed from 001 to 017. An Interview Protocol sheet was printed for each participant. Each assigned number along with the participant's name was recorded on the corresponding printed Interview Protocol for each participant. Next, participants received a transcript of their interview for their review. Through this member checking process, they ensured an accurate reflection of their experiences without any over or under emphasis of aspects of their experiences. At that time, participants clarified any point(s) that may lead to misrepresentation of their intended meaning. Following their review,

participants provided feedback via email. Based on such feedback, if any, I modified the final transcript before data analysis.

The goal of data analysis is to recognize the similarities of themes that emerge from the experiences expressed by the participants (Noble & Smith, 2015). A systematic data analysis process involves the organization of the data, the researcher's immersion in the data, classification, coding, interpretation, and a final write-up. The fundamental goal of data analysis is to answer the research question and present the outcomes based on the collected data (Noble & Smith, 2015).

NVivo software and the thematic analysis technique was originally chosen to advance the data analysis process. NVivo is a tool created to classify unstructured qualitative data. I also originally planned to import the final transcripts into NVivo to verify, code, and organize data into identified themes and patterns. As there was only one research question in this qualitative phenomenological study, the analysis centered on answering that question: What are the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations?

The initial goal in the data analysis process is to segregate and classify data into recurring patterns, which then allows the possibility of detecting themes. In the data analysis phase, the researcher organizes the data around emerging themes (Pietkiewicz & Smith, 2014). To detect themes, I focused on similarities among related experiences, pattern repetition, differences between the experiences of individual participants, and the meaning of the data in the context (Vaismoradi et al., 2016).

I read the transcripts and noted themes by grouping the occurrence of patterns. After identification, I interpreted themes by reorganizing the data to find connections (Zamawe, 2015). Initially, I focused on broad, general themes, interpreting them to reveal specific themes relevant to AA RNs in SC ERs.

I reread the collected data to focus on and identify, through repeated exposure, the developing patterns in the data, such as similarities of experiences. I then made notes based on the emergence of patterns to generate codes or categories by recognizing the relationships between patterns. I used annotation, making notes in the margins of the physical transcripts, and identifying themes through highlighting, underlining, and note-taking. The purpose of this process was to find a relationship between data pieces and highlight the commonalities between participants' experiences. Subsequently, I put labels on each code based on the identification of overall similarities between large sets of data that suggested common themes. Reducing redundancy among the codes, eliminating repeated data that does not contribute to answering the research question, followed this process. It was essential to ensure the focus of the final analysis remained on the purpose of the study. In the final stage, after eliminating redundant codes, I consolidated the themes based on the relationships developed in previous stages. Systematic synthesis of themes ensured an orderly presentation, forming the basis of the final report to answer the research question.

Issues of Trustworthiness

Credibility

Research credibility occurs when data reflect an accurate representation of the lived experiences as described by participants (Lincoln et al., 1985). To ensure credibility in this study, I conducted member-checking following data collection transcription, allowing participants to review the accuracy of their transcribed responses. The participants could clarify any point that may lead to misrepresentation of their intended meaning. As the participants had the final say in the interpretation of their interview responses, this step helped ensure the credibility of the study (Denzin, 2012).

Transferability

Transferability is associated with replicability of the study. Merriam (2009) described transferability as "providing enough detailed description of the study's context to enable readers to compare the 'fit' with their situation" (p. 226). A research study has greater transferability if future researchers can successfully evaluate the findings and procedures to apply the results in similar contexts (Lincoln et al., 1985). One of the primary methods used for increasing transferability is keeping rich descriptions of each stage of the study (Holloway & Wheeler, 2013); as such details allow future researchers to replicate the research. The detailed information provided from this study enables other researchers to assess the benefits of the contribution in relevant, similar contexts. In addition to the methodological specifics provided, information about the limitations and delimitations increases transferability of the study.

Dependability

In a qualitative study, dependability relates to the consistency of the study (Lincoln et al., 1985). It is possible to increase dependability by ensuring the data provided are reliable. The most important tool for increasing dependability of data is the use of a mechanical instrument. I used a recording device to record the interviews to increase the dependability of the data.

Additionally, details on the steps taken at each stage, records, and transcripts assisted in ensuring the consistency of the data. It is important to maintain a higher-quality study to ensure higher dependability, which was possible through multiple reviews of the research data (Lincoln et al., 1985). Further, all participants heard the same interview questions, which helped increase the consistency of the data collection instrument (Leedy & Ormrod, 2010).

Confirmability

In a qualitative study, confirmability refers to objectivity in developing the final analysis. Confirmability is an essential part of a qualitative study because it ensures the findings of the study are unbiased (Lincoln et al., 1985). Confirmability was achieved in this study by developing a consistent research protocol and following it without deviation. This clarified the role of the researcher and identified any connection between participant and researcher. I maintained objectivity by presenting the same interview questions to all participants and maintained sensitivity and empathy during the interview sessions.

Ethical Procedures

Maintaining ethical standards was a priority at each stage of this research. To ensure ethical soundness of the research process, I first secured approval (#06-12-20-0246279) from the IRB at Walden University, as well as the participants' institution of employment, if required, and any other necessary entities required. No participant contact, or data collection occurred before obtaining such approvals. Further, I ensured confidentiality throughout the research process and findings presentation by using pseudonyms instead of participants' actual names and refraining from mentioning their employers. Maintaining participant privacy was the top priority; as such, I made no concessions concerning confidentiality.

Prospective participants received an introduction letter containing study details. The letter instructed participants to reply by email with the words "I consent" in the subject line that served as each participant's willingness to enter the study. The letter also included information about the participant's right to anonymity and how the process would occur. Participants were informed that participation was voluntary, and if participants wished to withdraw from the study at any point, they were free to do so by expressing their wishes to the researcher through email, by phone, or in person. At that point, further questions would cease, with any data already collected from the participant immediately destroyed.

Summary

The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality

patient care in culturally diverse populations. A qualitative interpretive (hermeneutic) phenomenological research design enabled the collection of the lived experiences of the participants. As the primary instrument for data collection and participant interactions, my role as the researcher was to facilitate the interview process with minimal bias by Walden University ethical standards and protocols. I employed a purposive sampling strategy to the population of AA RNs in the state of SC currently or previously working in ERs. The goal was to select 15-20 participants. The final participant count was 17. The instrument for data collection was semistructured interviews with participants using open-ended questions. Each interview lasted an average of 30 to 60 minutes. Before beginning interviews, I obtained participant permission to use an audio recorder. NVivo software was considered, and the thematic analysis technique facilitated the data analysis process. Credibility, confirmability, dependability, and transferability ensured the trustworthiness of the data. Chapter 4 includes details of the field test, a description of how the study was conducted, the study setting, demographics, data collection, data analysis, evidence of trustworthiness, study results, and summary findings.

Chapter 4: Results

The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations. Nurses' insights into coworkers, the work environment, and patients influence how they feel about their work. Investigation of these experiences could potentially affect the kind of care these nurses deliver to diverse patient populations. The research question was:

RQ: What are the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations?

The study results reveal themes extricated from the lived experiences of 17 AA ER RNs with a minimum of 2 years’ experience in the ER setting. The objective of this study was to uncover nurses' lived experiences in SC ERs. The emerging themes from participant data revealed and explained the nurses' lived experiences and answered the research question.

This study’s findings revealed that nurses experienced racism from patients and staff, lack of teamwork from nondiverse RN colleagues, and problems overcoming HR hurdles when applying for ER jobs. The nurses also had concerns about patient care. Nurses, however, generally enjoyed ER nursing and had rewarding experiences that motivated them to continue in the nursing field despite negative experiences. Chapter 4 includes details of the field test, a description of how the study was conducted, the study setting, demographics, data collection, data analysis, evidence of trustworthiness, study results, and summary findings.

Field Test

I conducted a field test to determine the interview questions' clarity and relevance, test the efficiency of the interview questions, and establish if they were appropriate for the study. In phenomenology, the field test reveals potential issues with reliability, validity, and generalizability of the data. The field test participants were three Ph.D. college professors recruited from Walden University. The field test helped test the efficiency of the interview questions and determine if they were easily understandable, broad enough to elicit as much rich, thick information as possible, and appropriately aligned with the RQ for the study.

The questions, along with the problem statement, purpose, and RQ, were sent to four qualified Ph.D. college professors. The purpose of the email request was to test the relevance and applicability of the interview questions. The request included five semistructured open-ended interview questions from the study to the four professors who had expertise in various research methods. The professors were requested to establish alignment between the research question and the interview questions and offer feedback and suggestions for improvement. As a result of the responses from the participants, I revised the original interview questions.

Research Setting

After responding to the LinkedIn recruitment announcement, participants consented to participate in this study by returning an email outlining the study's criteria with the words "I consent" in the subject line. A mutually acceptable date and time for the interview was determined. Interviews were conducted and recorded using the Zoom

application, and a phone recorder served as a backup recorder. The interviews took place in my home and the participants' homes simultaneously and lasted approximately 30 to 60 minutes. I asked each participant if they had any questions about the study and reemphasized that the study was strictly confidential, that their names, place of employment, and any other identifying information would not be revealed in the study. I informed the participants that they would receive a Starbucks gift card as appreciation for their participation. I began each interview by asking each participant for permission to start recording, followed by asking them preliminary questions about themselves, that is, length of time as a nurse, length of time working in an ER, and place of residence. I thanked each person for agreeing to participate in the study.

Demographics

The participants were RNs at the time of their employment in a SC ER. Two of the 17 participants had doctorate degrees, and three had bachelor's and master's degrees. Two participants are now nurse practitioners. Two participants were male, and 15 were female; they ranged in age from 25 to 63. Six participants continue to work in a SC ER. Four participants currently working in an ER are staff nurses. One ER nurse is now a case manager, and one ER nurse is a psychiatric nurse. Five participants no longer work in an ER and now work in population health, medical-surgical (med-surg), a technical college, public health, and long-term care. Participants' years of experience as an ER nurse ranged from 2 years to 23 years. Participants' ages ranged from 25 to 63 years old (see Table 1). Each participant was assigned a number from 001 to 017 to protect their identities.

Table 1

Participant Demographics

Participant #	Gender	Years as ER RN	Age
001	Female	23 years	62
002	Female	1.5 years	42
003	Male	Not available	Not available
004	Female	2 years	25
005	Female	2 years	29
006	Female	6 years	36
007	Female	8 years 2 months	45
008	Female	Not available	Not available
009	Female	Not available	Not available
010	Female	2 years	37
011	Female	10 years	63
012	Female	12 years	48
013	Female	Not available	Not available
014	Female	Not available	Not available
015	Female	3 years	61
016	Female	11 years	42
017	Male	Not available	58

Data Collection

The Phenomenological Interview

The interview is the data-gathering method of choice in phenomenology, particularly with the use of open-ended, unstructured, or semistructured questions. (Bevan, 2014). The literature reveals little consensus on how to conduct interviews (Bevan, 2014). One suggestion is to use vocabulary appropriate to the subject, as well as implement effective listening and interacting with the participant (Bevan, 2014). Wagstaff and Williams (2014) suggested using two rounds of interviews to inform additional questions garnered from previous interviews. They also recommended meeting with participants on a separate occasion before interviews begin. After a review by

independent parties in the field of study and extracting all available themes from the data, discussing the findings with participants (member checking) is a good idea (Wagstaff & Williams, 2014).

After obtaining IRB approval (06-12-20-0246279) on June 20, 2020, I posted a flyer containing my contact information on the LinkedIn social media outlet. The flyer also stated that the participation requirements included self-identification as an AA RN, a minimum of 2 years ER experience, and being 18 years old or older. Response from the flyer resulted in 546 contacts and 314 connections. Nine nurses responded to the LinkedIn flyer. After checking their profiles, I chose the nine respondents to the LinkedIn flyer to participate in the study. I also contacted 13 AA ER RNs known to me, of which eight nurses fit the study criteria and expressed interest in participating in the study. I then sent consent forms to each prospective participant. The consent form included study background information, procedures, the study's voluntary nature, risks and benefits of study participation, payment for participation, privacy information, researcher contact information, and obtaining consent instructions. The form also included a request for the nurses to respond by email with the words "I consent" in the subject line and provide a date and time convenient for each participant to schedule their interview. I scheduled the first interview for June 23, 2020.

I conducted the first interview on June 23, 2020, the second interview on July 9, 2020. I conducted 14 interviews between August 6, 2020, and October 29, 2020. I completed the last interview on December 3, 2020. Each interview duration time ranged from 20 minutes to 1 hour and 15 minutes. I followed the interview protocol for each

interview and documented the date, time, participant's name, and interview place. Each interview was videotaped and recorded via Zoom video conferencing application on an Apple MacBook Air laptop computer. I made backup recordings using a Samsung Galaxy S10+ smartphone. I originally planned to collect data by conducting one-on-one, face-to-face interviews at a mutually agreeable location. I deviated from protocol and chose Zoom as an alternate interview resource due to the current coronavirus pandemic that limited face-to-face meetings. I began each interview with a self-introduction, followed by reading the informed consent form to ensure interviewees understood the study rules and their rights as participants. Each interview began with open-ended predetermined questions derived from the central research question, followed by more specific questions to concentrate the session on the participants and their experiences. I provided an adequate amount of time to ensure participants' responses were thoughtful and accurate after posing each question. At the end of each interview, I thanked the participants for their participation and stated that they would receive a transcript of their interview via email for their review to ensure accuracy. Two participants responded with needed corrections to their transcripts, and I made revisions according to the participants' feedback.

One unusual circumstance I did not prepare for was the advent of the coronavirus pandemic. I originally planned to collect data by conducting one-on-one, face-to-face interviews at a mutually agreeable location. I deviated from protocol and chose Zoom as an alternate interview resource due to the current coronavirus pandemic that ruled out face-to-face meetings.

Data Analysis

Analyzing the Data

Because analysis involves reflections of data, repeatedly listening to recorded data is necessary (Wagstaff & Williams, 2014). Therefore, the time-intensive aspect of data collection for interpretive phenomenological research is a drawback compared to other methods (Høiseth & Keitsch, 2015). Researchers studying job satisfaction of nurses have adopted either a multidimensional view or a unidimensional view to operationalizing the concept of job satisfaction. With the use of only one item to study nurse job satisfaction, the unidimensional view involves multiple items to study a single element (Nelson et al., 2015), in this case, job satisfaction among nurses. With this approach, researchers have used single-item scales such as the Minnesota Satisfaction Questionnaire, Generic Job Satisfaction Scale, and Overall Job Satisfaction, taking multiple approaches to score, from Likert-style to binary and 0 to 100 scores (Nelson et al., 2015). Despite the lack of consistency between psychological measurement data among researchers adopting a unidimensional job satisfaction measurement method, the reliability of single-item instruments is high (Nelson et al., 2015). Of course, researchers have noted limitations in using a unidimensional approach to measure job satisfaction, specifically the limited information possible to gather related to job satisfaction in nursing. Others, however, have praised this approach for its brevity (Nelson et al., 2015). Researchers who consider job satisfaction to be a multidimensional concept have advocated for a methodology involving a more comprehensive approach for measurement. In measurement based on a unidimensional approach to job satisfaction, responses tend to remain between the two

extremes of completely positive to completely negative, which may be another limitation of using this approach in nursing (Nelson et al., 2015).

Contrary to the unidimensional approach, the multidimensional approach facilitates the measurement of multiple aspects of a job to understand job satisfaction (Özpehlivan & Acar, 2015). This approach can give access to a broader understanding of job satisfaction due to insights into the weaknesses and successes of all relevant dimensions that affect job satisfaction (Özpehlivan & Acar, 2015). Scales for a multidimensional approach to measuring job satisfaction include Brisbane Practice Environment Measure, Environment Survey, Healthcare Environment Survey, Greek Nurses' Job Satisfaction Scale, Index of Work Satisfaction, Job Diagnostics Survey, and McCloskey-Mueller Satisfaction Scale. Use of the Index of Work Satisfaction is most common in the context of nursing, perhaps because it was one of the first job satisfaction measures, particularly for nurses (Özpehlivan & Acar, 2015). The various dimensions studied in a multidimensional approach to job satisfaction include compensation, professional opportunities, environment, management satisfaction, coworker satisfaction, control, procedures, achievement, work itself, scheduling, competence, rewards and praise, job security, and resources (Özpehlivan & Acar, 2015). In general, the multidimensional approach is better for measuring job satisfaction due to the inclusion of multiple dimensions for understanding job satisfaction (Özpehlivan & Acar, 2015). This approach enables practical utilization of research insights through specific guidelines applicable to health care to improve retention, turnover intentions, and workload based on

the dimensions most relevant to satisfaction (Özpehlivan & Acar, 2015). The approach is lengthy and time-consuming compared to the unidimensional approach.

According to Tuohy et al. (2013), many researchers choose phenomenology to study nursing. Phenomenology is the best method for my study of the lived experiences of AA ER nurses considering whether to stay or leave the field. Despite the popularity of case studies for research in the nursing field, phenomenology is a better fit for my study. The case study is limited to a period, location, and participant selection. In addition, case study research takes place within boundaries (Taylor & Thomas-Gregory, 2015), which was not my intent. Instead, my goal was to allow participants to speak freely and without inhibition, something integral to obtaining rich, thick data. Phenomenology affords me the ability to choose the type of participants to interview and the locale for the study (Sangster-Gormley, 2013), as well as to question participants at a time and place convenient to us both.

In the phenomenological design are two trains of thought: transcendental and interpretive (hermeneutic). Heideggerian's (Miles et al., 2013) interpretive phenomenological methodology design allows a researcher to investigate a phenomenon from within, up close and personal as opposed to merely creating awareness (Lee & Lau, 2013). Moustakas (as cited by Moerer-Urdahl & Creswell, 2004) approached phenomenological research from the perspective of the phenomenon as opposed to the thoughts of participants. The hermeneutic approach better served this study, as the goal was not to describe the phenomenon of high turnover, but to report the lived experiences of participants working as ER nurses.

I initially hand-coded all transcripts as opposed to using NVivo analysis software due to cost concerns. I chose ATLAS.ti to code all 17 transcripts. I identified themes and patterns using the thematic process of extracting themes from qualitative data to move inductively from coded units to themes and categories. Codes developed were denoted by the transcript's content and were grouped into several themes that were highlighted and assigned a color for easy identifiability using ATLAS.ti. I identified 21 codes. I identified eight themes from the codes: teamwork issues, racial issues, and discrimination exhibited by staff; concern about patient care, racism exhibited by patients; why shortages of AA RNs in the ER, problems getting or keeping jobs, the rewards of ER nursing, and why an ER position was chosen.

Discrepant Data

Discrepant data is data that deviates from other data collected during interviews. Participant 012 expressed a discrepant opinion about AA nurses and whether inclusion is a viable strategy for health care. The participant responded, "I am thinking separate, but equal might be a good thing. It might be a good thing. Separate, but 100% equal." This participant's sentiment differed from all other responses, and she expressed the strong desire to open a nursing school for AAs with AA teachers to find employment for graduates.

Evidence of Trustworthiness

Credibility

Research credibility occurs when data reflect an accurate representation of the lived experiences as described by participants (Lincoln et al., 1985). To ensure credibility

in this study, I conducted member-checking following transcription of the data, allowing participants to review the accuracy of their transcribed responses. The participants could clarify any point they felt was a misrepresentation of their intended meaning. As the participants had the final say in the interpretation of their interview responses, this step helped ensure the credibility of the study (Denzin, 2012).

Transferability

Transferability is associated with the replicability of the study. Merriam (2009) described transferability as "providing enough detailed description of the study's context to enable readers to compare the 'fit' with their situation" (p. 226). A research study has greater transferability if future researchers can successfully evaluate the findings and procedures to apply the results in similar contexts (Lincoln et al., 1985). One of the primary methods used for increasing transferability is keeping detailed descriptions of each stage of the study (Holloway & Wheeler, 2013); as such details allow future researchers to replicate the research. Detailed rich, thick data were obtained from participants of various age groups and locations in SC in this study to enable other researchers to assess the benefits of the contribution in relevant, similar contexts.

Dependability

In a qualitative study, dependability relates to the consistency of the study (Lincoln et al., 1985). It is possible to increase dependability by ensuring the data provided are reliable. An essential tool for increasing the dependability of data is the use of a mechanical instrument. I recorded the interviews using audiovisual software and used an audiotaping device as a backup method to increase the dependability of the data.

Additionally, details on the steps taken at each stage, records, and transcripts ensured consistency of the data. I reviewed the research data multiple times to maintain a higher-quality study to ensure higher dependability (Lincoln et al., 1985). Further, all participants heard the same interview questions, which helped increase the consistency of the data collection instrument (Leedy & Ormrod, 2010).

Confirmability

In a qualitative study, confirmability refers to objectivity in developing the final analysis. Confirmability is an essential part of a qualitative study because it ensures the study's findings are unbiased (Lincoln et al., 1985). I ensured confirmability in this study by developing a consistent research protocol and followed it without deviation. I maintained objectivity by presenting the same interview questions to all participants and maintained sensitivity and empathy during the interview sessions.

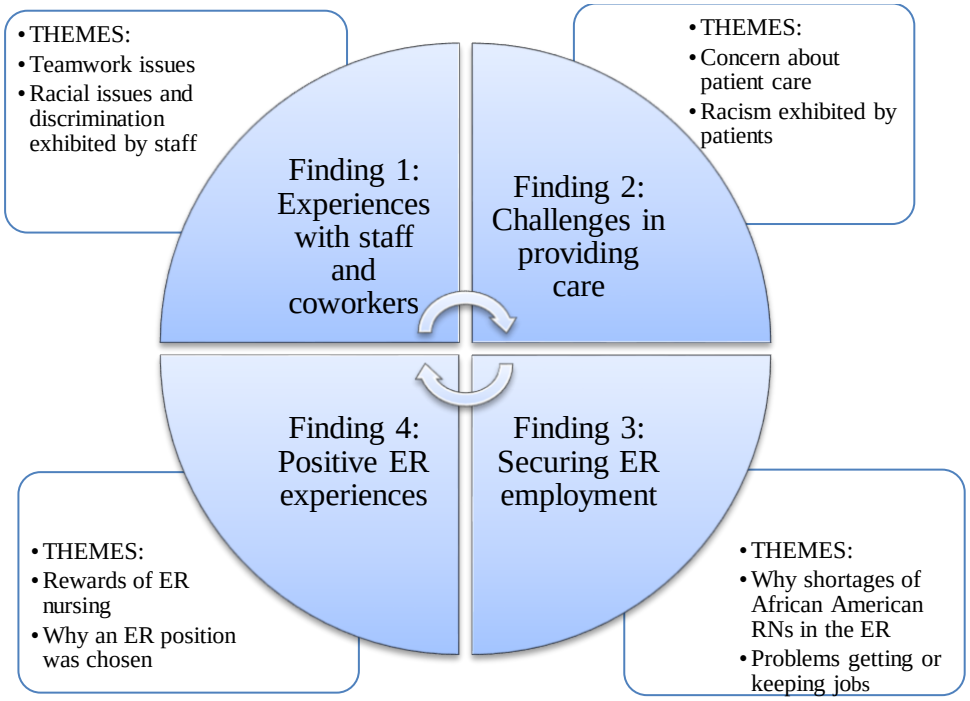
Study Results

I developed 21 codes from the interviews from which I extracted eight themes. These themes were associated with Herzberg's conceptual framework that posited needs such as salary, relationships, rewards, and the need for growth, including achievement, recognition, and advancement are necessary for a positive employee experience in the workplace. The themes were also associated with Maslow's hierarchy of human needs concept, including the need for safety, love, esteem, and self-actualization. Concepts of diversity and health disparities, the underrepresentation of minority nurses and racism, the idea that AA nurses feel less valued, and a focus on the nursing shortage are some of the issues the current literature addresses.

I established eight themes and four key findings from the interviews by thematic coding. The themes included teamwork issues, racial issues and discrimination exhibited by staff; concern about patient care; racism exhibited by patients; why shortages of AA RNs in the ER, problems getting or keeping jobs, the rewards of ER nursing, and why an ER position was chosen. The four key findings included (a) experiences with staff and coworkers, (b) challenges in providing care, (c) securing ER employment, (d) positive ER experiences in this chapter. Figure 4 is a visual representation of the themes and findings. The research question was, what are the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations?

Figure 4

Themes and Findings



Many of the participants were very animated in their response as they reflected on the pros and cons of working in the ER, while others appeared to show disappointment concerning their experiences. Some participants appeared to take the challenges in stride and expressed teamwork is not what it should be in their workplace. A unique finding of this study was the extent that these AA ER nurses experienced work-related racial harassment and discrimination. The rest of this chapter has the findings and participant quotations. Quotations may contain grammatical errors since they are written verbatim.

Finding 1: Experiences with Staff and Coworkers

Cliques of nondiverse nursing populations exist in ERs who do not always offer support to those outside of the clique. Fallatah and Laschinger (2016), Ouyang et al. (2015), and Platis et al. (2015) posited that, in general, job satisfaction is related to various outcomes for employees, including turnover, absenteeism, commitment, and performance. Top et al. (2014) found that these implications in the context of nursing result in burnout, poor quality of patient care, increased turnover, and high workloads (see Table 2). Participant 010 expressed,

> We're not a part of those cliques. And it’s sad because if we're in an area and the majority of the Black nurses are working in that area that day, we’re going to help each other out. There's no ifs, ands or buts, because we're not going to let the next one drowns. We're going to help each other out. And that's going to be a smooth day. Even though you can throw all these critical patients, we’re going to get it done because we know we’re going to help each other out. But if you got other people in that area, it’s not going to run like that because they're not going to help

> you. They're not going help you. Oh, you'll figure it out. Don't worry. She's trying to get me to come out of character and get a pink slip today. I'm not going to do it, you know. It's just as crazy. Yes. And don't let it be Black nurses, majority of Black nurses and a Black doctor in that area. You won't even see the charge nurse the whole day. The charge nurse won't even come. They won't even come up there to ask you if you're okay. Nope. I've noticed it. I've noticed it.

Participant 006 shared,

> I feel like I got burned out in the ED, as far as it got to a point where the team that I was working with wasn't supportive. An example of that, we were in the Chest Pain Center, and they had an elderly patient in the trauma center. So, after they cleared her for the trauma, they brought her over to Chest Pain because they didn't have any beds anywhere else. And so, the little lady ended up coding and I had a coworker tell me, first of all, as we were coding her, she did not come in to help and she said that the reason why she didn't come into help was because the manager should not have put that patient in Chest Pain. And since he did let him work it.

AA ER nurses experienced racism and discrimination exhibited by ER staff expands Solberg and Ali's (2017) research that despite their longtime contributions to nursing and educational achievements, AAs still experience discrimination and segregation in the field, as nondiverse populations of women continue to dominate the profession. Solberg and Ali also found that AA nurses experience significant challenges that result in the underrepresentation of AAs in nursing. Their findings align with my

study participants' experiences of being closely watched around medications and constantly having to prove themselves to be worthy of the job. Schilgen et al. (2017) included AA nurses in their study and noted that racial harassment and discrimination had negative consequences on job satisfaction and that AA nurses even had a higher likelihood of experiencing work-related injuries under adverse situations like discrimination. Participant 009 stated,

> Racism, I mean, it's still it's it's…I mean, I would hope and pray that it would go away, and things would change and be different, but it's still, it's big. It's big in healthcare. Very, very big. Yes. Yes. I mean, even when you go pull certain meds, certain people will look at you like, wait a minute. What are you doing? Why are you doing that? Wait a minute. Well, I need to see that. If you think I would ever take any drug - no, no, no! It ain't even worth it. I wouldn't give anybody the time of day. Whereas a White nurse could come ask them to [inaudible] with them - Go ahead, Sally. Put it over there. I don't care. They don't care and they'll go home with all kinds of bottles in their pockets. They turn their head. But with us, it's like we're just drug dealers, drug seekers, going to sell something on eBay, we're thieves. I mean, it's BIG the labels that they have put on us.

Participant 016 shared her feelings, "And then the coworkers, they want to challenge your knowledge. I think as a Black nurse, you have to prove yourself even more so in the ER White people can be mediocre, and they'll pass."

Table 2

Staff and Coworkers

Participant number	Finding number	Participant narrative highlights
010	1	Members of cliques are not team players
006	1	Burnout resulting from lack of teamwork
009	1	Racism and discrimination from coworkers
016	1	Nondiverse coworkers challenge African America nurses' knowledge

Finding 2: Challenges in Providing Care

Finding 2 revealed the AA ER nurses were concerned that good patient care was not delivered to AA patients considering discrimination and bias shown by non-minority hospital staff. Singh et al. (2018) researched the importance of compassionate care in delivering good patient care to diverse populations. The participants' responses (see Table 3) in my study expanded the literature as the participants were concerned about their ability to deliver the best care to AA and other minority patients due to racial tension within the ER Participant 009 stated,

> If there was a major gunshot wound patient come in, then they would confide in me some of the drugs that they had. Whereas, you know, if the other nurse in there was White or Hispanic or something, they wouldn't be open and (be) honest, then something bad could have happened to them if they weren't honest. And I appreciate that part of the fact that as a Black nurse, they trust me. They can identify with me, and they can get better help because I'm going to fight tooth and

> nail for them. I've seen a lot of White nurses that do absolutely nothing. As soon as a patient comes through the door, you start judging. I'm not there to judge anybody. I'm there to help them restore themselves to some place of health and wholeness.

Patient 007 revealed,

> Not enough representation. That's right. And that's another reason why I stay because I know they don't have anybody to speak up for them. A lot of times I come on shift and a patient will say, 'thank God you're here. The other nurse was just treating me so bad.'

Finding two also revealed that many participants experienced racist actions and speech from patients. Garran and Rasmussen (2019) questioned an issue about how organizations should respond to racism against health care workers. Garran and Rasmussen explored this issue and found that discriminatory behavior from patients affected frontline workers of color more than any other group.

Participant 002 stated,

> I will say this as a nurse was the first time I ever was called out of my name; was the first time I was called the N-word; first time I was called a b***h at work. That sometimes is challenging. You have patients that just come in with they don't want to be treated by a Black nurse and sometimes it's a psychotic thing. Sometimes they're legit. They're very with it and that's not what they want, and you just try to deal with it the best you can.

Patient 017 related,

> I've had some to actually say that just outright ‘I want a White nurse. I don't want a Black nurse.’ I've had a patient tell me ‘Take your Black hands off me.’ [They have] actually literally said that to me. And if you go into the room, you're very professional, they can't find anything wrong with you, they'll make up something and say ‘Oh, he just doesn't smile a lot’ and ‘I just, I just don't want to be around him,’ that type of thing. But if it comes down to doing something like what they consider a menial task, such as emptying their bedpan or going to get them some water or go and get them some food or something like that, that's okay. But giving them an injection or giving them some medication or that type of thing, then that's beneath you. You shouldn't know how to do that.

Table 3

Providing Care

Participant number	Finding number	Participant narrative highlights
007	2	Desire to be the patient’s advocate
002	2	Racial discrimination exhibited by patients
017	2	Racial slurs spoken directly to AA ER nurses

Finding 3: Securing Emergency Room Employment

Participants felt AA nurses faced definite problems obtaining or maintaining ER positions and shared experiences of how some were forced to use creative ways to secure ER nursing positions because of discriminatory practices they confronted. Finding 3 expands on the existing literature (see Table 4). For example, Wingfield and Chavez

(2020) found that AA nurses in their study also felt discrimination existed in hiring practices, especially since the advent of employers' reliance on social media for recruitment and hiring. The AA nurses in their study felt that when jobs become available, friends in the employer's social media network receive information of the open positions before the public. Some of the ER nurses in Wingfield and Chavez's (2020) study also felt that employers devalued HBCU schools. Similar feelings were stated by Participant 012,

> The problem is getting in the door, getting past Human Resources. It's to the point now that when I do put in an application, I don't even put African American. I leave it as unknown or other or two or more races.

Patient 012 also felt that if she did secure an ER position that:

> I can't have those long pretty nails that those Caucasian nurses have Because first thing they'll do is look at my nails and be like, Oh, I've got Ms. Ratchet taking care of me; but the White nurse can come in with all kinds of stuff on her nails. Oh, your nails are so pretty. Where'd you get them done? It's a double standard.

Participant 009 felt,

> I just sat here with a whole room of White nurses, and I have all the certifications, all of the qualifications, have done every job in the department. And you're going to tell me I'm not qualified. That doesn't stick because you're not certified. I think I'm a threat to them. And I think other Black nurses are because I think they know we're hard workers. We're go-getters and they know that and it's going to be hard for them to sit there and drink coffee when we're running around and we're

> climbing, getting on that clinical ladder, and doing all those things. They don't like that.

Participant 007 experienced,

> I think that the managers, directors, assistant managers, whoever does the hiring, they cherry pick them. I will tell you that when I applied to *DELETED* I kept putting Black on my application and my husband told me to stop doing that because it would just instantly get kicked out. Everything I applied for just kept getting kicked out and get kicked out and get kicked out. And then the minute I put 'other' and indicated *DELETED* and Black - I mean, it just also happened at the same time I did ask somebody about a position, and she did make a phone call, but it's kind of weird though, that same instance that I put 'other, *then* I got a call back. So, I kind of wonder if there's something in the system that says something like kick certain people out. I don't know.

Finding 3 also revealed that the participants felt there were various reasons for the shortage of AA nurses in the ER. Some felt the ER had a bad reputation for being a difficult place to work and that AA nurses were treated differently than nondiverse nursing populations. Other participants felt that some AA nurses felt the work was too hard or could jeopardize their licenses working in the ER because of high liability surrounding the decisions made under pressure. According to Solberg and Ali (2017), AA women experience significant challenges in the field, resulting in the underrepresentation of AAs in nursing. Also, due to the lack of acknowledgment and awareness of the historical contributions of AAs in nursing, many AAs feel discouraged and alienated

from the nursing profession (Solberg & Ali, 2017). The findings from the experiences of the participants in my study expand on the literature in this area. For example, Participant 017 stated,

> Like I said, I just think that, even in the 21st century, I think that, um, that nursing is harder for African Americans than it is for Caucasian nurses. I'll go so far as to say that the standards are different. There are two sets of standards. There's White standards and Black standards. They don't want to say that, but when you see how things actually go out in the world, it's real. It is not perceived. It is real. It's not something that's made up. It's real and a lot of people don't want to call it that. They don't want to say that it's related to race. It's just like with like in nursing now, when you go look at most hospitals and most Eds. Most EDs and most labor and delivery units look alike. Even if they're very, very small you have a very small percentage of Black nurses because like on Labor and Delivery, you probably gonna have one, maybe two. You have one working on day shift, one work on nights, and that's it. You're not going to have no more. They're not going to hire any more. They may hire some in newborn nursery, but they're not going to hire a lot of Black nurses on Labor and Delivery. But then in the E.D. you'll see the same trend and the same trend is in the nursing profession itself. 85% of the nurses are Caucasian.

Patient 010 stated,

> I kind of feel like maybe us as Black nurses or Black techs feel like deep down, and I don't want to say they were not worthy of a position like that but, we have

> kind of like a sense of fear. It's not like we don't think we can do it, but I don't know. We just don't see ourselves doing it. Or we don't look past beyond a tech position or an assistant-type position. I don't know why. I mean, I didn't feel that way, but I've heard a lot of techs saying I just don't want to deal with the way they treat you nurses.

Participant 011 shared,

> I spent a great many years as a floor nurse. When I worked the units, I looked for young nurses with great promise to encourage them to try new areas of nursing, to go outside their comfort zone. Why are you still working on a med-surg floor? Just curious, you know, just kind of asking, do you want to do something different? Do you want to grow, and explore other areas? And most of them said to me they didn't feel smart enough to work in the ER or in the ICU. There were a few of them that they had applied and were not accepted. There is a great deal of discrimination still in nursing, still in healthcare in general and nursing is no different.

Discriminatory hiring practices occur in many ways. Table 4 is a visual representation of the participant's narratives that established Finding 3, Securing ER employment. Table 4 indicates a summary of the challenges the AA ER nurses in this study felt were roadblocks in obtaining and maintaining ER positions.

Table 4

Challenges Securing Emergency Room Jobs

Participant number	Finding number	Participant narrative highlights
012	3	Problem when applying for jobs
		Double standards
009	3	Being passed over when qualified
007	3	Overcoming bias when applying for ER jobs
017	3	Double standards
010	3	AA nurses don't apply for ER jobs
011	3	Encouraging African American nurses to apply for jobs

Finding 4: Positive Emergency Room Experiences

Despite the difficulties the participants experienced as AA ER nurses in SC, many of them fondly expressed positive experiences in their ER careers and did not regret their choice of profession. This finding supports Herzberg's two-factor theory and Maslow's theory that employees experience higher motivation if they consider the work they do as worthy and valuable for achieving the organization's overall objective (Herzberg et al., 1959) (see Table 5). Evidence of this is seen in Participant 010 fondly shared,

> I saved somebody's life. She's like, I know you can do it. [inaudible] So that part is rewarding to actually know that I was a part that, and then for their families to even write a little thank you note just to say, hey, Ms. Nurse with the name that starts with a [deleted], I can't remember it, but thank you for being there for dad. He told us how you held his hand. Just little things like that. I like that. I like that.

> I find that very, very rewarding. I mean overwhelming, yes, but rewarding. I definitely find that rewarding just to see them come in one way, and even by the time they get moved to the floor, they're a totally different person. I like to see that, that improvement, that change, that turnaround. I like to see that and knowing that I helped with that. I like that. I like that feeling.

Participant 009 said,

> Where I am now, we get a lot of recognition. I have a manager that will slide cards in your mailbox, and she'll say, thank you for doing this or she'll put little candy [inaudible]. So, I feel appreciated. Or she'll send an email to say, thank you for this or I noticed such and such or how you talked to the patient, or the patient might have called back in and said that nurse did this and you get that information, you get feedback. And that just makes you want to keep going. You're like, hey, somebody noticed. Somebody appreciated and then it trickles down and you see it. And I, I love that. They might give you a $5 card to Chick Fil-A. It's showing a token of appreciation.

Participant 016 saw a patient in a hallway that she had treated and said,

> A patient stopped me in the hallway. He said, I want to thank you for taking care of me the other day. And I said, no, no, you got the wrong nurse. I've only been here a week and a half. He said, no, no, it was you. You took care of me. And I remember that. I thank you. He said, you gave me a shot. I think it was Toradol in my arm and it hurt. You told me it was going to hurt.

When participants were asked why they chose to work in the ER the responses were similar. A male participant 003 expressed,

> I told my mom, she worked at a hospital. I was like, look, I need new job. So, she got me the job in the ER, and I was so nervous. I was like, oh my God, somebody is going to just die in front of me. I don't know what to do. And I got in the ER, and I was like, hold on! This is not bad. And so, when I, um, became an LPN, in my ER, I made the first LPN position at my hospital in the ER So, I worked as an LPN. Then they were like, hold up. He can really do a lot of good things to help out. Maybe we should start hiring other LPNs. So, then they started hiring more LPNs in the ER Then I was like, I started getting settled. I feel like I can do more because I know I'm smarter than the rest of them. I went to RN school, and I got my RN and I just kept working it and they just kept - it was like things made sense. And I like things that make sense. I feel like if I was on a floor, that would just be stagnant, and things would stop making sense and I don't wouldn't like it.

Participant 016 was the most animated when she happily related,

> It's awesome for me personally. You never know what's coming in the door from one minute to the next. You go from doing something minor: somebody's got a scratch or something or hangnail or whatever people come to the ER for, to full on trauma; somebody's gotten into an accident or something like that; something in their chest or guts hanging out or something like that. And you go from zero to 100 real quick. That's what I love about it. I love the variety. I love the fact that you change up and you never know what you're getting, instead of the mundane

> like Med-Surg - love Med-Surg nurses. Thank you so much. I couldn't be a Med-Surg nurse, giving meds every day, checking blood sugars every day; just doing that same mundane thing. I love variety. I love the difference. And so that's one thing I love about the ER As a matter of fact, I knew I would want to be an ER nurse. At the time, like 2008, back at [deleted] college in [deleted], SC, after you took your first nursing semester, I think it was like nursing 101 or something like that; the basics or the fundamentals of nursing, they let you work at the local hospital as a tech or CNA or whatever it's called now. I started on a Med-Surg floor and that was a heavy floor. It was like a nursing home, and it just so happened my manager, I don't remember her name, she was really nice. She would let me go to other floors to see how other floors did it. I did oncology. I did surgery, mother-baby, and she accidentally let me go down to the ER And I walked in, and I fell in love, and it was like the heavens opened up. Light came down.

Another male participant, 017 shared,

> That was just something I wanted to do. I wanted to be an ED nurse. I used to watch all that stuff on TV and ER, and, and those kinds of things like that and I just wanted to be there in the midst of all of that, making a difference and, and saying: Oh, see that right there. It's a broken arm or broken whatever. I just wanting to be out there in the midst of it I got my chance. I didn't stop until I got there.

Participant 005 said,

> The patients. You have those frequent flyers, so it's good when they see you. And some of them say, ‘well, I want her to be my nurse’ because I’ve taken care of them before. So, a lot of the Black people, they would say that. I remember this girl was brought in by Uber or something. And the guy said, he just found her. He said she called him. But when he found her, she was passed out. So, we got her in the back. She was still alive, but she was just stoned from whatever she was doing that night before, drunk. I smelled the alcohol on her, and she was doing some other drugs. So, when we got her conscious, there was a group of White doctors, White nurses. And we were giving her Haldol so she wouldn't be combative. And she said, 'uh-uh. I want the Black girl to give me my shot. I don't trust none of y'all.

Table 5

Why an Emergency Room Position Was Chosen

Participant number	Finding number	Participant narrative highlights
010	4	Saving lives
009	4	Management recognition
016	4	Patients show gratitude
003	4	ER work as a random job choice
016	4	ER - love at first sight
017	4	Wanting to make a difference
005	4	Patient shows gratitude

Summary

Key findings of this study were presented in this chapter. The collection and analysis processes were described. The study included four findings for the research question, “What are the lived experiences of AA ER nurses in SC ERs concerning quality patient care in culturally diverse populations?” The emerging findings were experiences with staff and coworkers, challenges of providing care, securing ER employment, and positive ER experiences. Quotes from the participants supported the findings. Chapter 5 will restate the purpose and nature of the study and why the study was conducted. The next chapter will also interpret the findings of the study, provide the limitations of the study, provide recommendations for future studies, and describe the implications the study will have on social change, followed by a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative interpretive (hermeneutic) phenomenological study was to explore the lived experiences of AA nurses in several SC ERs concerning quality patient care in culturally diverse populations. A study on ER visitors by Garcia et al. (2010) showed that AAs were more likely to make more ER visits than other age, race, income, and insurance groups, which substantiates the need to improve staff diversity in ERs (Heron & Haley, 2001). According to Solberg and Ali (2017), AA women experience significant challenges in the field, resulting in the underrepresentation of AAs in nursing. The findings of this study included experiences with staff and coworkers, challenges of providing care, securing ER employment, and positive ER experiences. These findings may assist hospital management and administration strategize ways to diversify their institutions better, thereby providing the best care to all patients.

I used Herzberg's two-factor theory and Maslow's hierarchy of needs theory as guides for this study. Hygienic needs and growth needs are two factors described in the two-factor theory that influence job satisfaction. Hygienic needs include those such as salary, relationships, and rewards. Growth needs, in turn, include elements such as achievement, recognition, and advancement. Salary, relationships, rewards, achievement, recognition, and advancement are essential factors for individuals to experience satisfaction at work. The nursing profession requires its employees to show consideration and care for all. AA ER nurses must show consideration and care for all under the stressful circumstances that all ER employees experience and the other stressors unique to AA nurses.

Hoppock and Spiegler's (1938) groundbreaking study on job satisfaction defined job satisfaction as a mixture of psychological, physiological, and environmental conditions that cause a person to be satisfied with their job. Job satisfaction represents the level to which an employee's work expectations align with the reality of the job (Abbas et al., 2012).

Interpretation of Findings

Finding 1

The AA ER nurses endure unexpected pushback and discriminatory behaviors from staff and coworkers. AA nurses are team players and desire and expect to work with their peers in harmony for the sake of their patients. The realities of their workplaces show that AA nurses do not always receive that support. The nurses continue to enjoy their work despite the lack of teamwork. Abbas' et al. (2012) findings showed the relationship between work expectations versus job realities and how this relationship affected how satisfied the participants were in the workplace. AA ER nurses feel anxiety and a sense of drowning in their work due to situations where cliques of nondiverse ER nurses do not offer support as a team to those who are not part of their clique. This lack of support is sometimes evidenced in the actions of management failing to monitor shifts and lend support when primarily AA staff work. Nondiverse coworkers sometimes suspect AA ER nurses of illegal activity when these nurses dispense drugs to patients. Nondiverse coworkers scrutinize the skillset of AA ER nurses and question the nurses' ability to perform nursing tasks. Cheng et al. (2014) found that one factor contributing to nurses leaving a job is criticism from coworkers. They also found that the healthcare

field's bureaucratic nature was conducive to nurses' feelings of exclusion and not feeling valued. Hospital managers and administrators must monitor these situations and utilize ongoing diversity training in health care institutions so that areas such as the ER do not become toxic workplaces.

Finding 2

Some AA ER nurses feel their experiences sometimes impact the care they provide their patients. Health disparities are a concern among AA ER nurses and confirm that this issue exists in the ER as it does in other healthcare areas. AA ER nurses' concern about health disparities is a reason they remain in their ER positions. AA patients are more forthcoming with information during ER visits when their nurses are also AA. The information obtained or not obtained from patients could, in some cases, be the determining factor for a patient's recovery or demise in life-or-death situations. AA ER nurses show concern for their patients by exhibiting patience and professionalism, do not prejudge troublesome patients, and do provide them with quality care. AA nurses face challenges as they try to advocate for AA patients. The nurses work under the direction of the ER physicians, who sometimes withhold pain medications from AA patients while nondiverse patients with the same or less critical symptoms are given more potent pain medication without hesitation. Sickle cell patients, the majority of whom are AA, are sometimes perceived as drug-seekers by nondiverse ER staff. Medical staff prejudges this group. More potent medications are then withheld from them, which concerns AA ER nurses. Although a study done by Walsh et al. (2016) focused on digestive care, their

findings ultimately applied to the presence of unconscious bias that he posited exists in health care and that is a precursor to health disparities among AAs.

Finding 3

AA ER nurses continuously face challenges obtaining ER positions and are measured against a different, higher standard than their nondiverse nursing counterparts during the hiring process. Even when AA nurses have good resumes, they can be turned down for a position because, in the potential employer's opinion, the AA nurse's physical appearance does not match their resume, resulting in rejection for a position. In some instances, AA nurses are turned down for positions because nondiverse nursing populations do not want to work with AA nurses. On the other hand, when AA nurses manage to secure an ER position, they are sometimes told they must work as a floor nurse before working in the ER or are told there are no positions available in the ER even when there are positions available. The success of diversity and inclusion efforts are two areas that health care institutions should investigate. Williams (2017) studied the pros and cons of the effectiveness of diversity and inclusion programs. He found that even with a civil rights bill for racial equality passed in the 1960s, organizations and institutions have abandoned the moral aspect of diversity and inclusion and instead seek to use the laws to benefit and achieve their business goals. Williams questioned the effectiveness of this new focus in improving behaviors towards diversity and inclusion.

Finding 4

AA ER nurses face many more challenges than their nondiverse nurse peers. Nevertheless, AA ER nurses chose to remain in their ER positions despite the challenges,

stating that the work is rewarding. For example, patients verbalize their appreciation for the care received by their AA ER nurses from time to time. Management also shows appreciation for their work. Additionally, AA ER nurses take advantage of teaching moments with their AA patients, which provides satisfaction for AA ER nurses. Francis and Singh (2016) and Galletta et al. (2016) established that recognition, respect, flexibility, and empowerment are essential aspects of retaining good employees. Health care managers and administrators who recognize the worth and value of their AA ER nurses provide less stressful workplaces for them and the entire staff.

Limitations of the Study

This study's findings were limited to AA ER RNs living in SC. I am a former SC ER employee, and therefore I remained vigilant in recognizing the potential for bias. The interview protocol provided a guide that enabled me to stay on track. Another limitation was the inability to conduct interviews face-to-face due to a worldwide pandemic, which placed all citizens under a stay-at-home order. I used Zoom videoconferencing software to conduct all interviews via the internet.

Recommendations

The literature search yielded minimal information on the lived experiences of AA nurses and no results for studies of AA nurses who deliver care to minority populations in the ER setting. This lack of research reflects an essential gap in the current literature and is a candidate for future study. Statistical data exists in the literature about AA nurses. Robinson (2013) investigated AA nurses' perceptions of feeling less valued than nondiverse nursing populations. Lowe and Archibald (2009) also reported that more

research data are required to inform health care leaders to strategize practical ways to best support and improve diversity in the workplace.

Recommendation 1

Top et al. (2014) found that friction between employees can lead to burnout, poor quality of patient care, increased turnover, and high workloads. All nurses, including AA ER nurses, work under stressful conditions daily as stress is the nature of the job. Further research on staff and coworker relationships could reveal how management could relieve job anxiety and potential problems by implementing proactive strategies. An open-door policy could motivate AA ER nurses to verbalize their concerns and challenges. Managers, in turn, could facilitate open discussions that address diversity and inclusion and make corrections in behavior, such as cliques among staff members that cause division and ostracize staff. Diversity training would also play a positive role in how AA nurses and nondiverse nursing populations communicate with each other and train nondiverse nursing populations with tools to communicate with diverse patient populations positively.

Recommendation 2

Singh et al. (2018) studied the importance of compassion in delivering good patient care to diverse populations and concluded that increased population diversity requires increased cultural sensitivity and compassion to provide the best care to diverse populations. AA ER nurses feel diverse populations do not always receive quality care. To confront the problem, further research on delivering care to diverse ER populations could reveal ways management and health care administrators could observe processes in

the ER to look for areas of concern when staff delivers care to diverse patient populations. Rounding is a process where hospital management walks through different department areas and observes how care is delivered. Staff could also be encouraged to alert superiors when they have concerns about challenges to how they deliver care. In this way, AA nurses would also have the opportunity to air grievances when delivering care or observing unethical practices.

Recommendation 3

Wingfield and Chavez's (2020) study found that AA nurses that they studied felt discrimination existed in hiring practices. Further research on ER hiring practices could provide ER management and recruiters the tools to perform periodic reevaluations to check for adherence to fair hiring practices and a diverse group of individuals to screen candidates and share culturally competent input that provides fairness and diversity in hiring.

Recommendation 4

Poghosyan et al. (2017) found that the relationship between employees and their employer affects job satisfaction. Galletta et al. (2016) found that this is the most significant relationship within an organization. Many hospital institutions consider themselves patient-centric or catering to their patients. Further research on ER job satisfaction could encourage hospital administrators to rethink this attitude and stress to their managers the importance of being employee-centric or reconsider the importance of the welfare of their employees. Further study on this could result in hospital management

offering perks, tokens of appreciation to all ER staff, and incentives to make the job less stressful.

Implications

The findings of my study extend the existing literature that AA ER RNs experience issues with staff and coworkers, are challenged while providing care to patients, experience challenges attempting to secure and maintain ER positions and have positive experiences working in SC ERs despite the challenges they face. All ER nurses are, to a large extent, responsible for the health outcomes of the patients in their care. AA ER nurses bear the added burden of lack of support, discrimination from both coworkers and patients, are concerned that AA patients may not always receive equal treatment and challenges their ability to provide equal care. The nurses also experienced discrimination, whether intentional or unintentional, while trying to secure and maintain ER positions.

Implications for Practice

This study may be helpful in the furtherance of knowledge of the factors that influence the retention choices of AA nurses. Ethnically diverse communities are not represented significantly in nursing. This study may promote hiring practices that provide diversity and inclusion for ER medical professionals that reflect the diversity in our communities, thereby improving patient care and addressing health disparities. Hospital management may be able to use the findings of this study to understand the unique features of the AA ER nursing experience. Subsequently, they could formulate strategies to address the administration of quality care for AA patients and thereby address existing health disparities in an increasingly diverse patient population (Mason et al., 2014;

Phillips & Malone, 2014). This study could rouse nursing management and health care administrators to the need to encourage employee retention and improve the quality of patient care (An et al., 2014) in their institutions.

Implications for Theory

Findings from my study generally confirmed and expanded on Abbas' et al. (2012) findings of the relationship between work expectations versus job realities and how satisfied the participants were in the workplace. Cheng et al. (2014) found that one factor contributing to nurses leaving a job is criticism from coworkers. They also found that the healthcare field's bureaucratic nature was conducive to nurses' feelings of exclusion and not feeling valued. My study has theoretical implications in that existing theories may be utilized to assess, solve, or prevent potential problems organizations may face.

Implications for Social Change

The implications for positive social change include health care leaders' better understanding of the unique features regarding the AA ER nursing experience, formulating strategies to address nursing challenges, implementing cultural competency training for nonminority employees, and encouraging employee retention to improve the quality of patient care. ER nurses are the first point of contact in the patient's ER experience. Cultural competency is mandatory to provide good and equal care to patients. The findings of the study also may lead to increased numbers of AA nurses to provide better cultural competency as well as provide a foundation for hospital administration to devise strategies to implement cultural competency training for nonminority employees.

Conclusions

The findings of this study reveal serious challenges faced by AA ER nurses in SC that should be examined in more in detail. Despite the advent of civil rights laws and other similar legislature, racism and discrimination continue to exist within health care. Although the participants reported love for ER work, there is still a shortage of AA RNs in SC ERs. AA ER nurses provide excellent care to diverse patient populations while suffering in silence under additional stressors that their nondiverse coworkers do not experience. Hospital leadership should not ignore this unhealthy environment. Health care institutions are morally obligated to provide quality care for all ethnic groups. To provide that care and address health disparities, their employees should reflect the diverse population they serve. Hospital leadership should re-examine their strategies that address diversity and inclusion in all aspects of hospital organization, including hiring practices, to care for the health needs of our entire society more effectively.

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Appendix A: Interview Protocol

Study: The Lived Experiences of African American Nurses in South Carolina Emergency Rooms.

Date:

Time:

Location:

Interviewee #:

Opening Statement:

- Thank participants for agreeing to participate in study.

Description of Research:

- Provide the purpose and description of the study.

Verify participants are 18 years or older.

Review the informed consent form with the participant.

- Allow participants to sign the form.

Describe possible risks to the participant.

Explain data collection procedure and data use.

Explain data confidentiality.

Restate that participant may end the interview at will.

Reiterate the estimated length of the interview should be 30 to 60 minutes.

Remind the participant not to refer to others by name.

Ask for permission to record responses.

Start recorder after permission from participant.

- Record date and participant's number.

Research Questions:

- Begin the interview with question #1

Post-interview:

- Ask the participant if they want to hear the playback of any portion of the tape.
- Assure participant follow up transcript can be provided if so desired.
- Ask the participant for additional contact for clarification of any part of the obtained information if needed.

Concluding statements:

- Thank participants for their time and assistance in the study.

Appendix B: Interview Questions

1. What is it like to be an African American ER nurse?
2. What is it about your job that makes you want to be an African American ER nurse?
3. What is it about your job that you like the most?
4. What makes you want to stay or leave a particular hospital ER?
5. What are the challenges you have faced as an African American ER nurse?