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Lack of Leadership Roles and Advancement Opportunities for Black Female Nurses

Mikela Jerilynn Jones
Walden University

Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Mikela Jerilynn Jones

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

Review Committee
Dr. Sally Willis, Committee Chairperson, Health Sciences Faculty
Dr. Rabeh Hijazi, Committee Member, Health Sciences Faculty
Dr. Cheryl Cullen, University Reviewer, Health Sciences Faculty

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

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Abstract

Lack of Leadership Roles and Advancement Opportunities for Black Female Nurses

by

Mikela Jerilynn Jones

MSW, University of Houston, 1999

BS, Prairie View A & M University, 1995

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

Walden University

August 2023

Abstract

Underrepresentation is a significant issue for Black female nurses to secure nurse

leadership positions in healthcare facilities. Leadership by Black female nurses is needed

to provide culturally appropriate quality of care, to have a more diverse workplace, and to

ensure that the needs of diverse patient populations are met. The purpose of this

quantitative study was to explore the barriers and challenges faced by Black female

nurses who failed to achieve their advancement goals into leadership roles.

Using the National Sample Survey of Registered Nurses (NSSRN) database, the

independent variables used were interpersonal differences with colleagues or supervisors,

lack of good management or leadership, and leaving their primary nursing position. The

dependent variable was leaving their primary nursing position. The study was guided by

the Intersectional Theory and used a sample size of 50,273. A logistics regression

analysis found that "Lack of Good Management or Leadership" was an indicator for

Black nurses leaving their primary position as well as significant relationships among (a)

lack of advancement opportunities, (b) lack of good management or leadership, (c)

interpersonal differences with colleagues or supervisors, (c) career advancement or

promotion opportunities, and (d) leave the primary nursing position. Findings from this

study contribute to positive social change by improving the understanding of experiences

and perspectives to develop strategies and advancing careers of aspiring Black female

nurse leaders. In addition, as organizational leaders become more culturally aware, they

can promote diversity in nurse leadership positions by guiding decision makers in the

healthcare system to implement policies that encourage diverse approaches.

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Dedication

I dedicate my capstone study first to the utmost my higher power, "God," for keeping me humble through this challenging, time-consuming process to reaching my goal. Also, thanks to my incredible family, friends, classmates, and colleagues who have been so supportive and encouraging, one of my friends have been there till the end with encouraging words such as "You Got This!" I am forever grateful for the opportunity to have worked with committee members, faculty, and my advisor at Walden University. A special thanks to Dr. Sally Willis for cheering me on from day one and for her kind and reassuring words that helped keep me hopeful when contemplating giving up. Also, Dr. Robert Hijazi and Dr. Cheryl Cullen, thank you for keeping me focused and for your support. I can't thank you enough for all mentioned in my dedication and fantastic support; I will never forget our journey together!

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Introduction

Black female nurses entering leadership roles in healthcare settings see barriers to career advancement and a lack of advancement opportunities in the U.S. nursing profession. Secondary data analysis presents significant challenges and obstacles for Black female nurses to enter and maintain leadership roles. Thew (2019) described how a lack of leadership roles among Black female nurses prompted research on barriers that may prevent them from attaining such positions. A few essential points driving this study were the variables that highlight the causes of social change. Some variables were lack of organizational support with lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and leaving their primary position. Previous research has supported the underrepresentation of Black female nurses in leadership positions, especially in healthcare settings, based on several literature review articles (Thew, 2019). However, significant research gaps in healthcare organizations remain in the underrepresentation experience of Black female nurses not advancing in leadership teams and healthcare organizations that do not represent diversity in healthcare settings (Iheduru-Anderson, 2020). Furthermore, interpersonal relationships with supervisors and colleagues and a lack of good management or leadership reveal barriers to success for Black female nurses (Iheduru-Anderson, 2020).

According to Jensen, Jones, and their colleagues (2021) report that the United States is currently experiencing the highest level of diversity. As society continues to

grow, the diversity of Americans demonstrates the impact of increasing cultural diversity in America. However, many researchers have found a need for more diversity in the healthcare workplace. Unfortunately, the increase in variety among the general population is not reflected in the healthcare profession, especially among Black female nurses (American Association of Colleges of Nursing, 2019; Shirley, 2019; Wilbur & Snyder et al., 2020). Climbing the career ladder can be daunting for Black female nurses, even for registered nurses (RNs) at the same level on their way to becoming nurse leaders in healthcare facilities. Lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, and career advancement or promotion opportunities may be unresolved barriers in healthcare organizations that encourage Black female nurses to leave their roles (NSSRN, 2018). This research may suggest insight into what happens behind the scenes of day-to-day operations.

Healthcare leaders are responsible for supporting diversity and social change to foster a diverse workforce. Diversity in healthcare leadership presents a responsibility to develop strategies to help ensure policy alignment with the representation of Black female nurses from all cultural and educational backgrounds in leadership roles. Acknowledging and offering solutions to address barriers and challenges, diversity gaps, and lack of leadership roles is a step toward social change (Iheduru-Anderson, 2020). In addition, it is recommended that healthcare leaders better support and provide resources such as mentoring, more efficient processes, and stronger professional connections with Black female nurses, which would support diversity in nurse leadership roles (Dunkley,

2020). The underrepresentation of Black female nurses in healthcare settings is a long-standing problem that causes healthcare leaders to overlook culturally sensitive nursing opportunities that will recognize the leadership opportunities that arise in collaborative leadership development (Banister et al., 2020). This study may provide insight into social change through healthcare organizations cultivating diversity that will create (a) patient outcomes among diverse groups, (b) a more excellent representation of Black female nurses in healthcare nurse leadership positions, (c) respecting and acknowledging differences and respecting cultural differences, and (d) collaboration with executive leaders that will highlight and reduce biases to improve diverse teams and their performance.

Section 1 continues with the background of the study, the problem statement, the purpose of the study, the research questions, the theoretical framework, and the nature of the study. I also include definitions, assumptions, scope and boundaries, limitations, research implications, and conclusions.

Background

Since the early 2000s, there has been a dramatic increase in the demand for healthcare, with more than 500,000 new nursing jobs now provided (Spurlock, 2020). A statistical breakdown provided by the World Health Organization (WHO, 2020) makes it a critical study to continue to explore the underrepresentation of Black female nurses in nurse leadership positions and suggest solutions for ameliorating this problem based on the difference in the percentages of the racial/ethnic breakdown. The social and economic disparities in different industries are also present in the healthcare industry.

In this study I explored the problem, the gap of knowledge in leadership opportunities for Black female nurses, the purpose, and solutions to lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and leaving their primary nursing position in healthcare facilities. A diverse workforce can better fill gaps in patient education and provide a culturally diverse and inclusive perspective in conversations with patients, nursing colleagues, and other healthcare team members. Healthcare professionals identified as part of the gaps and challenges in this study were more likely to provide specialized and diverse services in areas of greatest need (Carter, 2020). Negative stereotypes, social inequality, and other adversities distressed Black female nurses' careers. As a result, Black female nurses encounter internal barriers that prevent acceptance and advancement to the highest levels of leadership opportunities and career advancement.

When narrowing the population to Black female nurses in healthcare, special attention is paid to nurses in healthcare facilities. The focus of this study was to explore further the need for lack of advancement opportunities, career advancement, or promotion opportunities about social gap knowledge in other disciplines (differences in interpersonal relationships with colleagues or supervisors and lack of good management or leadership). Research literature related to the lack of career advancement opportunities; Jean (2022) recommended improving the team's cohesion, diversity, and effectiveness in healthcare organizations. The ability to support Black female nurses in healthcare organizations seeking nurse leadership roles is critical to social change and the

ability to provide care to patients to increase positive health outcomes and work environments. Jean further explored other studies conducted by researchers who consistently reported the benefits of diversity in nurse leadership roles, including (a) improved outcomes in healthcare organizations, (b) successful mentoring programs, (c) diversity, and (d) equalities.

Some theories are explored in the heading "theoretical framework" in more detail. One of the established theories, the organizational theory, shows the effectiveness of nursing leadership as an intervention needed to improve leadership in the healthcare industry (Cummings et al., 2021). Doherty and Hunter Revell (2020) proposed an alternative theoretical approach to developing nurse leaders. From tradition to the present, nursing leaders are recognized as authentic leadership empowerment, and an evaluation of structural theory reveals barriers to healthcare complexity (Doherty & Hunter, 2020).

More research shows that an increasing number of Black female nurses are underrepresented and lack the same opportunities for nurse leadership roles in many healthcare settings. According to Campbell et al. (2020), among Black female nurses, there is a lack of diversity due to leadership development (PD) among Black female nurses. Challenges and barriers include lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and Black female nurses leaving their primary position were predictors that guided this study. These disadvantaged barriers are associated with the career development of Black female nursing leaders in healthcare.

These marginalized challenges can lead to attrition, leaving their primary nursing specialty, and reconsidering restructuring of nurse leadership positions in other healthcare settings.

Black female nurses intend to leave their nursing profession due to the need for career advancement opportunities in nursing and other healthcare organizations or settings (NSSRN, 2018). Amongst practical studies, nurse turnover rates demonstrate the effectiveness of predicting turnover rates (Campbell et al., 2020). Well-recognized research shows that nurses have freed up influential leadership roles for Black female nurses. This study was necessary because, for more than 20 years, there has been little progress in diversity and leadership roles for Black female nurses (Thew, 2019). A few healthcare organizations and leaders are still grappling with addressing and changing the factors that influence the leadership roles of Black female nurses in healthcare settings. Healthcare leaders of all backgrounds must first understand and accept that there are barriers to emphasizing social change in healthcare facilities.

Problem Statement

The research problem within the study was the underrepresentation of Black female nurses in health care and their struggles with opportunities and barriers to career advancement opportunities. The challenges and experiences of Black female nurses demonstrate persistent barriers in healthcare organizations that require further exploration of the complexities and impediments they face in pursuing healthcare leadership opportunities. Nursing leadership is critical to the nursing profession and the healthcare organization (Morganelli, 2021). Black female nurses can demonstrate the vision and

mission of the nursing profession, shape nursing practice, and ensure quality patient care for diverse populations. In addition, the challenges of relationships among nurse colleagues, medical staff, and supervisors are critical to teamwork, job performance, and patient outcomes (Monteiro, 2021).

The underrepresentation of Black female nurses seeking leadership positions as nurse leaders requires further exploration of the complexities and challenges of pursuing leadership opportunities in healthcare. Increasing diversity of the healthcare workforce is necessary to provide culturally skilled care and improve access to underrepresented Black female nurses and their impact and outcomes on health-seeking care approaches (Wilbur et al., 2020). In 2021, Iheduru-Anderson and colleagues conducted a study to address the underrepresentation of Black female nurses in healthcare. The study's results revealed a significant disparity, highlighting the necessity of taking action to enhance diversity in healthcare environments. Research indicates that healthcare organizations struggle with the issue of the underrepresentation of Black female nurses in leadership positions. Race, education, and dissatisfaction with career development opportunities can create barriers for these nurses. The nursing profession must promote diversity and advocate for social change for Black female nurses. The lack of Black women in leadership roles compared to other ethnicities highlights the need for long-term solutions to address this disparity. (Jefferies et al., 2018).

The underrepresentation of Black female nurses in leadership roles is a discussion in healthcare that may address gaps in current and future research. In this study I highlighted issues with the leadership ladder that impact Black female nurses, such as (a)

lack of diversity ingrained, (b) not being recognized or considered for leadership positions, (c) lack of connections with upper management and colleagues, and (d) systematic biases in consideration of Black female nurses for leadership roles (Jean, 2022).

By identifying these barriers and gaps, healthcare leaders may better understand healthcare practice and restructuring policies through the experiences of Black female nurses that led to marginalization and diversity isolation (see Jefferies et al., 2018). Policymakers who understand a population's needs and the need to increase diversity must be empowered to make systematic social changes (Wilcox, 2018; WHO, 2020). More analysis is needed on the barriers and challenges Black female nurses encounter in healthcare settings and how they affect social change in the healthcare system. The underrepresentation of Black female nurses in nurse leadership roles is primarily due to negative perceptions of historical stereotypes, such as censoring their professional image and masking their character (Smith et al., 2018).

Other researchers have explored the correlation between Black female nurses and the effects of underrepresentation in nurse leadership roles over the past 5 years based on variables such as leadership attributes, mentoring, self-efficacy, and institutional support (Threw, 2019). As healthcare leaders strive to meet the needs of a changing population, Black female nurses can be a resource to help fill the gaps in leadership and raise awareness of the issue. Researchers recommend creating a more diverse and inclusive group of nurse leadership roles for Black female nurses in healthcare organizations to improve outcome (Thew, 2019).

Purpose of the Study

In this quantitative correlation study, I conducted a secondary data analysis to evaluate relationships between the independent and dependent variables. The National Sample Survey of Registered Nurses (NSSRN) is a secondary database that provided as the independent variables interpersonal differences with colleagues or supervisors, lack of good management or leadership, and leaving their primary nursing position. The dependent variable was leaving their primary nursing position. The study will add to the knowledge base to better understand the underrepresentation of Black female nurses in professional development (PD) and advancement into nurse leadership roles. This study's purpose and research objective was to explore the barriers and challenges faced by Black female nurses who failed to achieve their advancement goals into leadership roles. Emphasis was placed on identifying gaps in more diverse promotion and career opportunities for Black female nurses in healthcare settings, highlighting the many factors that influence the leadership roles of Black female nurses.

Research Questions and Hypotheses

RQ1: Is there an association, if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing positions?

$H_0$1: There is no association, if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing position.

H_a1: There is an association if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing position.

RQ2: Is there an association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities, and Black female nurses' decision to leave their primary position?

H_02: There is no association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities and Black female nurses' decision to leave their primary position.

H_a2: There is an association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities and Black female nurses' decision to leave their primary position.

Theoretical Framework

A theory connects related concepts, hypotheses, assumptions, and generalizations (Bloomberg & Volpe, 2019). The theoretical framework identified in this study was intersectionality theory or intersectional theory derived in 1989 by Williams Crenshaw (Syracuse University, 2021). The core identification of intersectionality theory is consisted of overlapping or intersecting social and cultural identities and related systems of (a) self-efficacy; (b) barriers; or (c) oppression in examining how diversity, culture, or other identities that interact with systematic levels (Guy-Evans, 2022).

Intersectionality highlights how various identities, such as the personal and social layers that describe the insights of people from different backgrounds, experience racial

and cultural differences alongside Black women at the top of the executive hierarchy level (Coaston, 2019). Research was conducted on cultural competency as it applies to intersectionality, and CRT shows the stereotypes of upholding the core nursing values of commitment to social change and nursing inequities that marginalize the reshaping of complex factors such as addressing the core of the problem (Wesp et al., 2018). Intersectionality builds upon Black feminist theory that focuses on interlocking systems of race, gender, and social class (Coaston, 2019). In contrast, other research that debates intersectionality emphasizes the elimination of disparities between groups, interpreting underrepresentation in spaces as purposefully based on systemic standards (Coaston, 2019). This problem may indicate a failure of many existing tools designed to understand systemic measures. The underrepresentation of Black female nurses in leadership positions also suggests a failing healthcare system and diversity-related challenges among majority White male leadership.

Given the paucity of research literature, more attention should be paid to the growing awareness of diverse differences in healthcare settings. A framework for diversity among leaders has been identified to approach the structure of healthcare delivery, developing culture and systemic levels that will diversify the nursing profession (Jefferies et al., 2018). According to Bloomberg and Volpe (2019), a framework applies theory to explain events or research questions and provides a basis for an accurate literature review and analysis. The research study's indicators and metrics predict that more understanding and connections are needed between critical elements of executive

leadership and the impact of career development and opportunities for advancement, or lack thereof, on turnover intentions.

For my study I used an open concept underlying intersectional theory with a subtle emphasis on critical race theory (CRT) of intersecting power associations influence through social relations across diverse populations as well as human experiences in everyday life' of shaping understanding of diversity (see Guy-Evans, 2022). I also examined transformational leadership theory (TLT) which focuses on individual differences in transformational leadership and the development of leadership ideas (Jackson, 2020). TLT can inspire organizations to high performance as team members will communicate with a shared vision, and mission, and readily encourage change (Jackson, 2020). These variables may alert executive leaders and healthcare organizations to diversity theories, organizational affiliations, and advancement opportunities of Black female nurses. The intersectional theory approach allows investigation of factors associated with the decision of Black female nurses to leave their current nursing positions and seek more opportunities for career advancement in other healthcare settings. Inaccurate identifiers that lead to the underrepresentation of Black female nurses due to interpersonal differences, education, lack of good management, or lack of collaboration among leaders are part of the solution or persistent systemic gaps.

Nature of the Study

My quantitative study used data derived from the data.HRSA.gov – 2018, Nursing Workforce Survey Data, Nursing Forum, and Summary (Nursing Workforce Survey Data, 2018). This database provides stratified information on interpersonal differences

with colleagues or supervisors, lack of advancement opportunities, lack of good

management or leadership, career advancement or promotion, and reasons for leaving

their primary positions. The findings may contribute to a better understanding of critical

factors that Black female nurses face when advancing to nurse leadership roles in

healthcare settings.

A secondary data analysis of the NSSRN 2018 survey was conducted (Nursing

Workforce Survey Data, 2018). This cross-sectional, nonexperimental descriptive study

incorporated data from a 2018 survey of 50,000. A power analysis using Field's

G*Power 3 was used to identify an adequate sample size. Study results were analyzed

using the IBM Statistical Package for Social Sciences (SPSS) Version 28. The

independent variables included survey questions about a lack of advancement

opportunities, lack of good management or leadership, interpersonal differences with

colleagues or supervisors, and career advancement or promotion opportunities related to

the respondents' reasons for departing from their primary nursing roles. Black female

nurses leaving their primary nursing position was the dependent variable.

The NSSRN (2018) included licensed and RNs from surveys conducted by the

National Council of State Boards of Nursing (NCSBN) and the National Forum of the

National Center for the National Nursing Workforce (Smiley et al., 2021). Findings from

the Nursing Workforce Center dataset and other peer-reviewed articles address the

underrepresentation of Black female nurses in leadership roles in healthcare

organizations.

Search Strategy

The search strategy for my systematic literature review required indicators relevant to Black female nurses and their challenges, barriers, and diversity in pursuing leadership roles. The aim was to find scholarly, peer-reviewed articles/literature that document findings and gaps in the literature on research topics related to challenges, barriers, and underrepresentation of Black female nurses in nurse leadership roles, diversity, self-efficacy, lack of advancement opportunities, lack of good management or leadership, interpersonal differences, career advancement or promotion opportunities, and leaving their primary nursing positions. A literature search was conducted using various academic search engines, such as ProQuest, EBSCOhost, public library databases, MEDLINE, PubMed, Center for Disease Control and Prevention, American Hospital Association (AHA), and CINAHL. Key terms used included *lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, leaving their primary nursing position, Black female nurse leaders, healthcare industry, executive leaders,* and *barriers*. Peer-reviewed articles identified for the literature review were from the past 5 years (2018-2022). More studies within the publication date range were included in the literature to identify secondary studies. Few sources further support the need for research on Black female nurses related to underrepresentation in leadership roles.

Literature Review

Leadership or Healthcare Leadership

There are differences in healthcare leadership in the United States, especially regarding Black female nurse representation. Truitt and Snyder (2019) conducted a semi structured interview to assess the stress and coping skills strategies using content analysis. The research addressed the lack of leadership opportunities in the workplace, which can trigger direct or indirect responses to racism (Truitt & Snyder, 2019). Intersectionality theory is central to discussions of leadership roles in care and diversity addressed through experiences of diversity, gender, and cultural barriers (Truitt & Snyder, 2019). Healthcare organizations and leaders who achieve intersectional leadership can benefit from a patient care system with reduced staff turnover, more diversity, and overall healthcare satisfaction. However, there are barriers to progress for Black female nurses with interlocking theories of systems. This theory can be used to shape healthcare organizations to develop theoretical frameworks to serve as a model for other Black female nurses and to broaden executive leaders' knowledge and colleagues of discrimination in boundaries, class, and levels of diversity.

Closing the gap is an obstacle that leaders of all backgrounds, gender, wages, education, and race must understand and embrace (Iheduru-Anderson et al., 2022). Equally important, healthcare executive leaders represent racial or ethnic minorities serving in many healthcare settings. Numerous articles have shown that understanding ways to overcome barriers and increase the representation of Black female nurses in healthcare leadership is beneficial, namely through workforce diversity. Therefore,

healthcare organizations and executive leaders should show how to overcome the barriers and increase the representation of Black female nurses in leadership positions. In addition, organizational leaders are considered to address disparities in the workforce by promoting well-represented academic leadership and Black women and the impact of Black female nurses in securing leadership roles (Thew, 2019).

Career Advancement

A few studies have used TLT to understand professional growth and progressive career advancement among Black female nurses. However, TLT, a theory related to leadership as a transformational force in an employee's life, is seldom focused on this population Jackson, 2020). More research must be conducted regarding methods to overcome barriers that lead to a lack of career advancement opportunities. Zimmerman et al. focused on exploring the obstacles and challenges of taking on a nurse leadership role in the allied healthcare industry. The researchers concluded that instead of ranking allied healthcare professionals, health organizations should reflect on the behaviors and characteristics that will educate and implement mentoring programs and professional development in nurse leadership positions (Zimmerman et al., 2020). In addition, their results indirectly suggested a disparity and diversity bias gap. It has brought increased attention to healthcare organizations and stakeholders to address gaps and develop systematic policies and procedures to examine all the diverse groups, career development, and leadership roles.

More research on mentoring and the role of professional organizations is needed. Iheduru-Anderson et al. (2022) supported the idea that a culturally diverse workforce is

critical for addressing healthcare disparities and delivering culturally competent care. However, best practices for closing the nursing leadership gap have yet to emerge. Diversifying the workforce requires an organizational commitment to Black female nurse leaders must develop best practices to recruit and mentor a more diverse workforce to deliver culturally competent care. Best practices for closing the nursing leadership gap have not yet emerged. Diversifying the workforce requires organizational commitment to Black female nurses' leaders developing best practices to recruit and mentor a more diverse workforce to deliver culturally competent care. Current research shows that Black female nurse is underrepresented in leadership in healthcare (Shirley, 2019).

Intersectionality Theory

Understanding social inequality through intersectional relationships is essential to pave the way to target and increase understanding of the dynamics of work structures at complex levels (Guy-Evans, 2022). Intersectionality theory has similar dynamics of my research based on aspects of social inequality, social problems in the work environment, and oppression that marginalize different groups (Coaston, 2019). Black female nurses are not equally compared to an approach that expands the understanding of relationships between social structures (i.e., management, supervisors, colleagues, and interpersonal differences) and the coexistence of systems that recognize career advancement opportunities for Black female nurses.

Black Female Nurses

Reshaping policies is critical to enhancing diversity in leadership roles, especially for Black female nurses and minorities (Jefferies et al., 2018). Policymakers who

understand a population's needs must be empowered to make social changes systematically (Wilcox et al., 2018; WHO, 2020). While the number of Black female nurses in the United States has increased, there has been a marked decrease in Black female nurse leaders, nurse managers, and supervisors (Iheduru-Anderson, 2020a). Black female nurses are underrepresented in nurse leadership. More analysis is needed on the barriers and challenges that Black female nurses encounter in healthcare settings affecting social change in the healthcare system. Evidence shows that the intersection of gender and race can adversely affect Black women seeking nurse leadership roles (Sims, & Carter, 2019). The underrepresentation of Black female nurses in nurse leadership is primarily due to negative perceptions of historical stereotypes (Smith et al., 2018).

Nurse Turnover

Nurse attrition rates have increased significantly; registered nurses (RN) attrition rates were below the hospital average, but that changed in 2021. The turnover rate for all RN employees was 27.1% in 2021, a significant increase from 18.7% in 2020 (Advisory Board Council, 2022). The impact of policies implemented through healthcare facilities and hospitals can highlight social change. The turnover rates for Black female nurses are less likely to fall through the cracks of an intersectional and transformational leadership approach when identifying social change and individual experiences to career advancement opportunities.

Nurse Leader

The nurse leader is responsible for developing and directing the patient care plan. This type of leadership has advanced clinical knowledge and a focus on improving

patient health outcomes (University of Saint Augustine for Health Sciences, 2020). Rehearsing appreciation is another method nurse leaders can use to promote positive relationships (Wei et al., 2019). When nurse leaders capitalize on nurses' strengths, they recognize job potential and skill. Wei et al. (2019) highlighted that a leader's role modeling is effective for positive work relationships. This approach satisfies job production from the nurse leader's viewpoint and can inspire nurses' creativity in the work environment (Wei et al., 2019). Mentoring nurses is an integral way to improve employee trust and help the nurse leader be more socially aware of positive working relationships. Campbell et al. (2020) suggested that trust and respect are earned when the nurse leader responds on behalf of members' expectations. Promoting social change and relationships can improve ethics in the work environment (Campbell et al., 2020). Nurse leaders promote positive change, communicate effectively with team members, and delegate tasks effectively.

Self-Efficacy

According to Bandura (1977), the most powerful influence on the development of self-efficacy involves performance achievement beyond the individual's experience. Successful performance reinforces one's belief that future success is possible, while repeated failures weaken one's self-efficacy (Bandura, 1977). This study focused on understanding self-efficacy acquired among Black female nurses who may struggle to obtain decision-making roles.

Definitions

The following key terms and definitions were used in this study to promote a consistent understanding of what is specific to this study and to clarify meaning and intent to improve meanings that are misunderstood or unclear.

Career Advancement/Career Development: Building skills to achieve career development/advancement. Career growth is the big picture, the progress of someone's professional career— it is defined by the distinct roles and responsibilities you take on throughout your career journey (Betz, 2021).

Critical Race Theory (CRT): The CRT recognizes that concerns about race, racism, and their intersections (with gender and class) are standard components of society, including the intersection of race and gender in discrimination law and the role of educational structures (Sablan, 2019).

Diversity: Diversity includes advising and supporting clients from all social classes, helping them customize their approach to creating value by enhancing diversity and fostering a culture of inclusion (McKinsey & Company, 2020).

Inequality: Inequality refers to the unequal and/or unequal distribution of resources and opportunities among members of a given society (Koh, S. Y., 2020).

Intersectional Theory: Intersectionality theory is an augmented concept that provides a framework for the interconnectedness and interdependence of social systems. Researchers and practitioners explore analytical theories that provide specific groups, such as women, with different experiences of inequality based on social class (Atewologun, 2018).

Level of Healthcare: Level of care refers to the complexity of the medical case, the type of disease the physician treats the patient with, and their expertise in the hospital setting, primary care office, or specialty clinic (Torrey, 2022).

Nurse: Healthcare workers who help their communities and play an essential role in healthcare settings. Nurses promote healthy lifestyles, advocate for patients, provide health education, and direct care to patients in multiple healthcare settings. (Toshniwal-Paharia, 2022).

Nurse Turnover: Nurse turnover occurs any time a nurse leaves an organization for any reason—usually retiring, changing careers, or choosing to work in a different organization (Vaughn, 2020).

Race: The concept that divides people into populations or groups based on physical characteristics. Races are presumed to be determined by skin color and facial type (McLeod, 2021).

Racism: Racial prejudice, hatred, or discrimination. Racism interests one group holding the power to conduct systematic discrimination through society's institutional policies and practices and by shaping the cultural beliefs and values that support those racist policies and procedures (McLeod, 2021).

Transformational leadership theory: The transformational leader theory (TLT) leverages innovation and opportunity, optimizes risk, and creates a dynamic work environment that organizes and motivates employees toward shared goals. TLT is an effective development method for achieving higher organizational performance (Bal-Shami et al., 2022).

Unconscious bias: Unconscious bias is an individual's prejudice and stereotype about a group of people they do not know (Xu & Koss 2022).

Underrepresentation: Underrepresented groups are marginalized in society, including people of color, Indigenous peoples, and women. Historically, oppressed individuals have faced many challenges in the workplace (Lau, 2022).

Workplace diversity: It consists of individuals of race, ethnicity, gender, age, religion, physical ability, and other demographic characteristics.

Assumptions

Quantitative research is guided by assumptions, limitations, and delimitations that refine the researcher's thought process. My assumptions for this study were derived from the Nursing Workforce Survey Data, and Nursing Forum and Summation contained reliable and accurate information. Throughout the research and data collection process, events define my assumptions, limitations, and delimitations. For example, some identifiers are considered biased in selection and misclassification. Another assumption required is to include the variables of this study from existing databases. According to Ivankova and Plano-Clark (2018), assumptions are the conditions that determine whether an investigation (including mixed methods) is valid and effective in assisting in guiding data collection and analysis. NSSRN database responses were assumed to be trustworthy and accurate without misleading information. For example, if Black female nurses were underrepresented in the specified variables, the dataset would not be suitable and fulfill the study's purpose. In this case, the dataset fits the purpose of this study; therefore, SPSS functionality was introduced to determine the study's validity.

The data collected through the NSSRN database is a quantitative study of the opinions/opinions of researchers and is not believed to be biased or experimental. In a nonexperimental study, the researcher obtains the nature of the survey from secondary data through a descriptive quantitative design. This descriptive data would correlate with the views of the nursing profession and the underrepresentation researched as a common factor.

Scope and Delimitations

The delimitation of this research study indicated data gathered from secondary data sources. The study was delimited when answering the research questions because the dataset was used in a 6-year timeframe from a nationally sampled population from 2018-2022. Using the national dataset of nurses selected for the study and having access to this data has a meaningful analysis of the issue with the nursing population of all backgrounds. The findings and conclusions at the end of the study cannot be generalized to all nurses and nurse leaders in the United States. According to Theofanidis and Fountouki (2019), the delimitation is combined with the limits consciously set by the author. The objective is to set boundaries or limitations, and the researchers are concerned with the study's theoretical background, research questions, and variables under the study sample (Theofanidis & Fountouki, 2019).

Limitations

Ross et al. (2019) showed that limitations represent weaknesses in the study design that may affect the results and study conclusions. Limitations are considered factors the study cannot influence, such as bias. Delimitations are matters within the

researcher's jurisdiction, such as the specificity of the study. As a first limitation, the topic of this study requires more quantitative, nonexperimental descriptive research.

Obtaining resources from the Nursing Workforce Survey Data may be limited by the number of survey responses, the underrepresentation of Black female nurses in (PD) may also have adverse effects. A reticence to share sensitive information may also have limited the data available to me. The challenges address time commitment: for example, as multi-tasking academic, I faced time commitment to complete the research data and information required in the research process. I made sacrifices to commit to a schedule to meet the required outlined task.

This limitation may have altered this study's survey data due to unknown issues such as length of work experience, education, and collaboration with other nurses and administrative leaders. Another area for improvement is the need for prior research on the topic to help understand the research questions investigated based on literature review articles.

Significance

The significance of this research is in its ability to inform the field of nursing leadership and employee engagement. This work is also important for reducing barriers and underrepresentation to advance Black female nurses into leadership positions. In addition, the data collected from this study may help inform strategies for engagement policy and strategic outcomes for professional development, promoting the development of self-efficacy among healthcare professionals and senior leaders.

The study may help explore the reasons behind the underrepresentation of Black female nurses in professional leadership. In addition, the study highlights the link between the factors that led to the underrepresentation of Black female nurses in health care and how they are perceived as helping to address the challenge of advocating for quality care of diverse populations and leadership positions. Furthermore, this research provides insights and benefits for leaders of healthcare organizations in understanding the value of Black female nurses and can increase the visibility of the barriers and challenges that Black female nurses face as they move toward leadership roles in their career paths (see Eke et al., 2021). Illuminating gaps may bring greater awareness and encourage organizations to promote career advancement to create a better future and positive social change in healthcare.

This research may advocate for a body of knowledge that increases the diversity of clinical jobs with leadership tasks (see Williams, 2018). I recommend expanding the impact of healthcare delivery by improving the capabilities of healthcare organizations and healthcare leaders to meet the needs of Black female nurses for career development or advancement opportunities. Self-efficacy is recognized as an essential factor in behavioral and social change.

Figure 1

Self-Efficacy Diagram
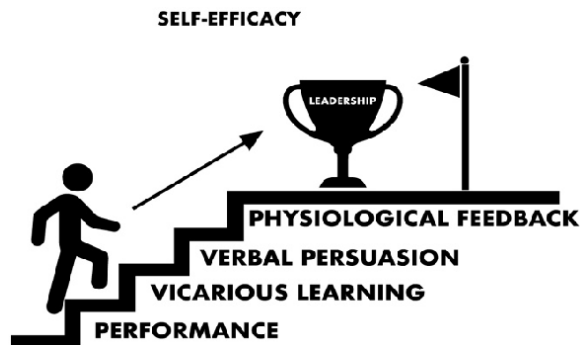
Note. According to Yancey (2018).

Bandura (1977) described self-efficacy as an individual confidence in herself, a Black female nurse, and the ability to perform specific behaviors in experiences. Figure 1 shows four models of self-efficacy including: (a) individual's performance achievement (leadership experience), (b) vicarious learning (influenced by a mentor), (c) verbal persuasion (feedback on leadership performance), and (d) physiological feedback (development as a leader; Bandura. 1977). Along with the contribution to social change, self-efficacy, as I evaluated in my study, can be applied to understand why Black female nurses may not have the same advancement opportunities as their colleagues. Health disparities among the general population related to a lack of diversity can be improved if Black female nurses are retained and represented in nurse leadership positions.

Understanding the underrepresentation of Black female nurses in healthcare settings makes it easier to connect them to maximize their work experience, educational representation, and career advancement. In addition, this research may improve the knowledge of diversity in clinical care related to leadership development (Williams,

2018). Also, I defined identify barriers or limitations to advancement opportunities for Black female nurses.

Summary

In this section I outlined the context of the problems faced by Back female nurses concerning their leadership position opportunities. The study's purpose, significance, theoretical framework, and research questions were also provided. The increasing complexity of the modern healthcare environment presents challenges for the advancement of Black female nurses. One major challenge is the rising responsibilities of Black female nurses and promoting diversity in nursing (Montgomery et al., 2021). By promoting diversity, healthcare organizations and nurse leaders can address the challenges and barriers of lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and leaving their primary nursing position. I also outlined what lack of diversity portends for what is needed to reflect a diverse healthcare environment and a diverse high-quality nursing population, ensure culturally competent care, and provide mentors for other Black nurses who face diversity challenges.

Section 2 overviews the methodology, study design, and data analysis. Descriptive quantitative research is a means of understanding the procedures used to examine Black female nurses' strategies for overcoming obstacles and challenges, namely pursuing leadership advancement opportunities. In addition, Section 2 will provide a structured review of the relevant literature review.

Section 2: Research Design and Data Collection

Introduction

Section 1 provided the background of the problem of the study, which was designed to investigate the career development of Black female nurses in healthcare to become nurse leaders. More collaboration between supervisors and colleagues and interpersonal differences can investigate gaps between career advancement opportunities for Black female nurses and formulate recommendations to open doors for healthcare organizations to recognize Black female nurses in nurse leadership roles Iheduru-Anderson, 2022). In Section 2 I discuss the research design and methodology I used to investigate the Black nursing population, their underrepresentation in nurse leadership roles, and the implications of leaving their primary nursing position.

In general, the career advancement, theories of diversity, theories of leadership, barriers to the lack of career and promotion development of females, especially Black female nurses, diversity in nursing leadership in healthcare without leadership roles, mentorship, nurses' education and knowledge of leadership qualities, and the need and strategies of nurses' leadership roles. In addition, nursing leadership's effectiveness as an intervention is needed to improve nurse leadership in the healthcare industry (Cummings et al., 2021).

Research Design and Rational

Moran et al. (2020) provided an evolution of research design principles and the relationship between tools, techniques, and methodologies traditionally associated with systematic design processes. In this study, a quantitative descriptive research design was

used to explore the relationship between discontinuation of primary nursing roles among Black female nurses due to a perceived lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and leaving their primary nursing position. Additionally, I focused on the underrepresentation of Black females in the nursing leadership profession and the barriers faced by Black female nurses in obtaining career opportunities in the United States. In addition, it is important to discuss common issues related to a lack of professional development among Black female nurses in the United States, including diversity, leadership/health leadership challenges, inequalities, and systemic barriers.

According to Miksza and Elpus (2018), descriptive research aims to describe an issue, a population, or a phenomenon systematically and accurately. I focused on measuring or observing the variables instead of manipulating them. Specifically, this quantitative, nonexperimental descriptive study approach included a cross-sectional survey of 50,000 nurses from 2018, a power analysis using Field's G*Power 3, and statistical analysis using SPSS. G*Power 3 provided a sample size based on an alpha value of 0.05 a 95% confidence interval to evaluate the results of the two research questions. This 0.05 level means there is a 5% risk of committing a Type I error or incorrectly rejecting the study hypotheses (see Frankfort-Nachmias & Leon-Guerrero, 2018).

Sample size refers to the number of observations; this design involved the use of RQ1 approach to understanding the relationship between independent and dependent

variables and the RQ2 approach to understanding and overcoming the obstacles of lack of advancement opportunities. Inverse relationships may show gaps in nurse leadership roles as a future target, affecting health professionals, healthcare organizations, and quality predictors (Specchia et al., 2021).

Methodology

In this study, I aimed to determine whether social barriers were stereotyped based on lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and leaving their primary nursing position for Black female nurses. Other perceptions of barriers and stereotypes include a lack of diversity and self-efficacy influence females' efforts to take on nurse leadership positions in healthcare settings. By examining lived experiences, I sought to explain Black female nurses' reasons for pursuing career development or advancement opportunities. I used a nonexperimental descriptive research design and analysis to examine and gain knowledge from secondary. Few advancement opportunities for Black female nurses in stressful healthcare settings limit their access to nursing leadership roles (Iheduru-Anderson, 2020). Social, diversity, and interpersonal differences with colleagues or supervisors and lack of good management or leadership indicate barriers or challenges that may limit career advancement opportunities for Black female nurses in healthcare settings and facilities.

A theoretical approach to the relationship between this study and RQs is highlighted through intersectionality and transformational leadership theories that address

social change and inequality in leadership roles in healthcare settings. Intersectionality

theory addresses this research through identified variables, emphasizing differential

experiences among Black female nurses in healthcare, power dynamics among healthcare

organizations, and biases that may occur in hierarchical management across dimensions

(Atewologun, 2018). These different dimensions are (a) lack of advancement

opportunities, (b) lack of good management or leadership, (c) interpersonal differences

with colleagues or supervisors, (d) career advancement or promotion opportunities, and

(e) leaving their primary nursing role. I used TLT to approach the variables to benefit the

methodology through the collective mission of healthcare organizations. This approach

can look like providing role models and mentorship for Black female nurses and taking a

more pronounced leadership approach to their quality of work as any colleagues in the

nursing profession aspiring to become a nurse leader (See Guy-Evans, 2022).

The NSSRN Codebook (2018) and data.HRSA.gov collect information to obtain

relevant data. The survey included information about the nursing population in the United

States. NSSRN 2018 data have been influential in program development and

endorsement of the health and well-being of nurses. The survey provided data from the

2018 NSSRN to estimate the characteristics of the nursing workforce, assess trends, and

predict the availability of future nursing resources. All aspects of this data set are

available in the codebook, questionnaires, and the IBM SPSS format, using the binary

linear regression. This quantitative, nonexperimental descriptive study approach included

a cross-sectional survey of 50,000 nurses to evaluate the results of the two research

questions. The sample size is a statistical concept that determines the number of

observations. The variables identified (a) lack of advancement opportunities, (b) lack of good management or leadership, (c) interpersonal differences with colleagues or supervisors, (d) career advancement and promotion opportunities, and (e) leaving their primary nursing position in the study.

Population

The study population included Black female registered nurses in U.S. healthcare settings. In the 2018 NSSRN, participants were identified as Back and other predictors such as lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisor, career advancement or promotion opportunities, and leaving their primary nurse position (NSSRN, 2018). The research focused on the data of the Black American female nurse population in the United States/Texas nursing profession. All accredited participants in the study must have a degree and be licensed as RNs. According to the NSSRN (2018), pre-recorded data provides information about the number of Black female nurses in the US. This data includes relevant variables that address research questions and is effective for analysis.

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Sampling and Sampling Procedures

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According to NSSRN (2018), several identifiers indicate significant changes in the healthcare system, providing vital details for developing health workforce leaders, policymakers, and nursing staff. The 2018 NSSRN, which is for public use, includes a concise survey from the NSSRN that covers the broader RN workforce and is the first implementation to provide data for RNs at the state and national levels. In collaboration with the U.S. Census Bureau, the 10th NSSRN Data Collection 2018 (NSSRN, 2018)

conducted a workforce analysis of 278,983 active nursing licenses, 81.3% employed, and 18.7% unemployed. For this study, the NSSRN was used. All aspects of this data set are available and included in the codebook, the NSSRN summary, and the NSSRN codebook located in Excel.

Questions evaluated by this study include those related to interpersonal differences, lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and leaving their primary nursing position. Demographics to identify Black female nurses, the sampling dynamic for this study, and restatement of the research questions are included. Licensing and educational backgrounds are sorted by state, license type, and demographic variables in the survey. Determining the sampling rate for each state to set a baseline for representation (NSSRN, 2018) is included in the codebook.

Operationalization

Operationalization is the complete process of observing a measurable concept being observed or manipulated and measuring a particular concept. This process allows researchers to systematically collect and evaluate data that cannot be directly measured, such as health phenomena (Voxco, 2021). The 2018 NSSRN incorporates questions derived from the NSSRN for a detailed survey focusing on a broader RN workforce and the performance that provides data for both RNs and practitioners (NPs) at the state and national levels. Data were collected from RNs in the United States over 24 weeks. The NSSRN Summary Report data are collected and managed by the U.S. Health and Human

Services Administration, the Health Workforce Administration, and the National Center for Health Workforce Analysis (NSSRN, 2018).

The data collected by NRRSN supports the evaluation of the RN workforce program, highlighting the RQs variables such as lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and leaving their primary nursing position. In addition, NSSRN surveys the broader RN workforce, providing data for RNs and NPs at the state and national levels. Analyzing the 10th NSSRN data collection in 2018, 50,273 RNs completed the survey using web-based tools and paper questionnaires from April to October 2018 (NSSRN, 2018). The NSSRN's comprehensive survey represents data from participants in the entire US holding a valid RN license to enter the RN workforce market.

Nurses from diverse backgrounds were shown in the 2018 NSSRN study, including a slight increase in the Black female RN population. However, racial identity categories continue to be unbalanced among nurses. At graduation, White, non-Hispanic at 73.3 %, and Blacks, non-Hispanic at 7.8 %. The distribution of registered nurses by race and ethnicity among nurses continues to show a disconnect, resulting in an underrepresented minority of Black female nurses. Both RQs included baseline representations of variables that provide access to responses from the nursing population, including underrepresented Black female nurses.

Researchers can apply a non-experimental descriptive quantitative design to gain knowledge from secondary data and link it to unique phenomena in nursing research.

This quantitative, non-experimental descriptive study approach included a cross-sectional survey of 50,000 nurses from 2018. The NSSRN (2018) showed the repetition of a non-experimental condition used to estimate the variability that should be included in a statistical sample. The variables identified in this study will consist of the following: (a) lack of advancement opportunities, (b) lack of good management or leadership, (c) interpersonal differences with colleagues or supervisors, (d) career advancement or promotion opportunities, and (e) leaving their primary nursing position.

Data Analysis Plan

The data analysis conducted in this study used secondary data from a previously collected dataset. This method is suitable for analyzing existing data related to analytical research questions and hypothesis. Categories and codes associated with the participants were identified, revealing their demographics, education, licenses, certifications, and employment characteristics in the secondary dataset (NSSRN, 2018). The data analysis included reviewing data collected from participants with active RN licenses in the entire US by providing a comprehensive view of RN workforce.

To further discuss the data analysis plan, the following preliminary key elements was established, including data preparation and preliminary and analytical elements, which play a crucial role in influencing the accuracy and reliability of the research results. During this analysis, it is essential to ensure data accuracy and that the underlying assumptions are met by examining the descriptive secondary data provided in NRRSN (2018). The purpose of the study was to observe disparity data on the underrepresentation

of Black female nurses in leadership positions in healthcare settings based on various variables and RQs. The restatement of the research questions is the following:

RQ1: Is there an association, if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing positions?

$H_0$1: There is no association, if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing position.

H_a1: There is an association, if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing position.

RQ2: Is there an association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities, and Black female nurses' decision to leave their primary position?

$H_0$2*:* There is no association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities, and Black female nurses' decision to leave their primary position.

H_a2: There is an association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities, and Black female nurses' decision to leave their primary position.

Primary and secondary data can be classified as indirectly collecting information about the target population or data from published studies in a specific region. I identified

secondary data in the NRRSN, the 2018 summary report, and a publicly used codebook.

The researchers will re-analyze secondary data for new purposes to further future

research showing significant disparities in the underrepresentation of Black female nurses

in leadership roles in healthcare settings. Also, analysis can be measured through logistic

regression using IBM SPSS Statistics, Version 28. I conducted an independent

examination of secondary data on the underrepresentation of Black female nurses

regarding the lack of advancement opportunities, lack of good management or leadership,

interpersonal differences with colleagues or supervisors, career advancement or

promotion opportunities, reasons for leaving their primary nursing position, and areas of

interest before primary data collection barriers. In addition, the pre-selected variables

were analyzed using SPSS and presented in narrative, table, and graphical format. This

element will be completed after all data have been analyzed and recorded.

Threats to Validity

Experimental methods are derived from deterministic experiments, replication,

and cross-validation at different times and conditions, followed by a confident theoretical

interpretation of the results (Campbell & Stanley, 1963; Cook & Campbell, 1979).

Experimental threats suggest that external and internal validity is illustrated to devote

much effort to avoid and reduce the threats against external and internal validity

(Campbell & Stanley, 1963; Cook & Campbell, 1979). Other researchers have made

different inferences about how external and internal applies to the interpretation of threats

to validity, including summaries identified at a particular time and where it may be

deemed inappropriate. Cook and Campbell (1979) argued that validity is the best

adaptation to the truth or falsehood of a knowable proposition that has not been ruled out as false.

External Validity

The study findings revealed inequality and diversity barriers in the overall perception of Black female nurses. One expected outcome was a lack of equality in the nursing profession and nurse leadership positions. This study infers the need for greater equality in care, diversity, and social change strategies. In the NSSRN (2018) survey, there was no indication that nurses provided pre-testing, and the interaction effect of the experimental variable was small because participation requirements were outlined and enforced. The survey generated data on the underrepresentation of Black female nurses in the U.S. nursing profession.

Internal Validity

When manipulating a participant's test as required, an internal validity threat may arise. Since the data used were from a reliable source, namely the NSSRN (2018) report summary, the data shows an elevated level of validity. Nurses who started and completed the survey presented statistical and experimental results, with turnovers, lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion, and leaving their primary nursing position were relevant predictors of this study. The measures I used to ensure internal validity were achieved through statistical consistency based on validity, and I will repeat these measures if similar research continues in the future. Patino and Ferreira (2018) suggested that the means to maximize validity are to ensure little or no in

the research study, generalizing the lack of internal validity that diverges from the truth

and cannot conclude that a trial is not internally valid or externally irrelevant. Figure 2

illustrates the internal and external validity; once the study's internal validity is

demonstrated, the researcher can construct a judgment about its external validity by

inviting whether the study results apply to similar participants in a different setting.

Figure 2

Generalizability: Internal and External Validity
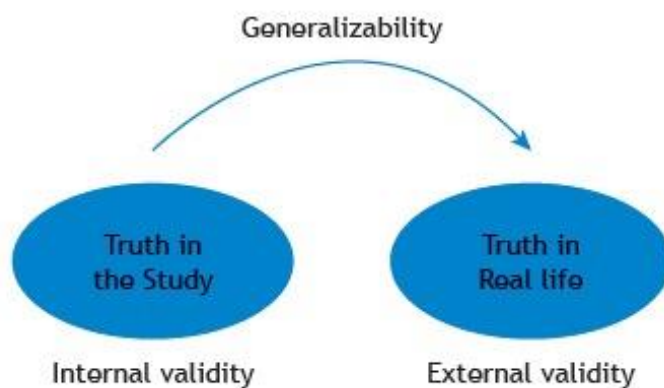
Note. Adapted from Patino and Ferreira (2018).

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Ethical Procedure

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The ethical procedure offered by the NSSRN allowed participants to participate

after being contacted by mail, web-based tools, or paper questionnaires. In addition, the

participants were given access to a staffed questionnaire assistance telephone line where

they could receive technical assistance. NSSRN (2018) aims to reduce data collection

redundancy and the response burden on participants. Nurses' representation is based on

state licensure records and demographic variables to set guidelines for unbiased

representation. The analysis has been completed, and the technical documentation will be

reported in a further discussion of the experimental processes and data on the 2021 Data

HRSA home page. The protocols of HRSA (2021) were followed to ensure no ethical

violations were conducted. The NSSRN data was accessible to the public for research

purposes only and may not be used to identify individual respondents (NSSRN, 2018).

Due to disclosure issues, the NSSRN (2018) only created state-based documents

for public use. Documentation for any NSSRN survey can be downloaded from the

HRSA Data webpage. Detailed geographic information is available in the data file (Data

HRSA Home page, 2021), and the NSSRN survey is accessible over the Internet without

any penalties or procedural guidelines. For any inkling of interest in accessing the

restricted use of the data webpage with applicable restrictions of hyperlinks. Identified

users may not combine state and county data files into one database involving

characteristics and extensive geographic data (Data HRSA Home Page, 2021).

According to NSSRN (2018), the recruiting process of participating nurses from a

sample population of 102,690 registered nurses was randomly selected from over 4.6

million licensure records allocated by the National Council of the State Boards of

Nursing and individual state nursing boards. Licensing sectors of the data were classified

by the state licensure (i.e., RN or NP), and demographic variables were identified to set a

representative baseline (NSSRN, 2018). In addition, NSSRN (2018), the recruitment of

participating nurses constituted a random sample of 102,690 RNs over a 24-weeks

period, with no refusal to participate or any sign of early withdrawal until the survey was

completed.

It was recommended that all institutional review board (IRB) protocols were followed to ensure ethical practice and the protection of participants in all research involving potential challenges in identifying subjects, obtaining consent, and measuring personality, attitudes, and gender preferences. In addition, once the analysis was completed and documented, the IRB evaluated suggested data collection methods to ensure that threats in the identified topics were minimized and eliminated through accepted ethical principles with secure, password-protected computer software identified by the IRB.

Summary

The research methodology in Section 2 focused on an overview of the methods used to collect and analyze the data. Relationships between the lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, lack of advancement opportunities, lack of good management or leadership, career advancement or promotion opportunities, and leaving their primary nursing position were evaluated. In addition, the effects of independent and dependent variables are barriers and challenges in overcoming obstacles and seeking nursing career advancement opportunities in healthcare settings. This theoretical framework applies to intersectional and transformational leadership theories and is central to studying inner-system leadership behavior.

A non-experimental descriptive quantitative research design is suitable for acquiring knowledge from secondary data and linking it to nursing professional understanding in nurse leadership roles. The target population of the quantitative non-

experimental study design was Black female nurses. In addition, the study design was a

sampling procedure, a non-probability sample for random sampling. Second, it focuses

on internal validity, external validity, operationalization, credibility, and research results,

and finally, ethical procedures are essential to obtain the research for analysis. Overall,

the study analyzes and presents a clear picture of Black female nurses and their

underrepresentation in the nursing profession, which will be further described and

analyzed in Section 3. Additionally, in Section 3, the study design for population and

sample size is discussed further, and data collection and analysis are presented.

Section 3: Presentation of the Results and Findings

Introduction

In this quantitative, nonexperimental study I examined the experiences of Black female nurses and whether their underrepresentation in healthcare leadership positions stems from social perceptions, race, inequality, and educational background. For each independent and dependent variable, lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues or supervisors, career advancement or promotion opportunities, and leaving their primary position were examined. I also examined how bias can lead to a lack of opportunity, guidance, and self-efficacy among Black female nurses. The impact of both independent and dependent variables on Black female nurses' advancement opportunities warrants further investigation. Section 3 is focused on the following research questions and hypotheses through the analysis of the study.

RQ1: Is there an association, if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing positions?

$H_0$1: There is no association, if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing position.

H_a1: There is an association, if any, between a lack of advancement opportunities and a lack of good management or leadership and Black female nurses' decision to leave their primary nursing position.

RQ2: Is there an association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities, and Black female nurses' decision to leave their primary position?

$H_0$2: There is no association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities and Black female nurses' decision to leave their primary position.

H_a2: There is an association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities and Black female nurses' decision to leave their primary position.

Section 3 presents secondary datasets and analyses to address research questions and statistical hypothesis testing. In addition, I present information on data collection and statistical analysis tests to provide significant results and analyze whether the null hypothesis should be accepted or rejected by binary logistic regression analysis with the data set in SPSS.

Data Collection of Secondary Data Set

For this study, I identified a dataset from NSSRN (2018), administered by the National Center for Health Workforce Analysis in 2018 for the 10th NSSRN data collection in collaboration with the U.S. Census Bureau. Between April 2018 and October 2018. A total of 50,273 RNs completed the survey via web-based tools or paper questionnaires. The time frame for the survey lasted 24 weeks. The instrument collected data from participants with valid registered nurse licenses in all U.S. states. This data reveals a comprehensive view of the RN workforce. Additionally, the organization

conducts research every 2 years to generate information on analyzing gender, age, race, leadership positions, education, and ethnicity, focusing on paramedics in the United States.

Armed with this information, I examined and analyzed the data to identify variables for the representation of Black female nurses in the nursing profession that reveal the lack of leadership positions and how it is affected by variables such as lack of advancement opportunities, lack of good management or leadership, interpersonal differences with colleagues and supervisors, career advancement or promotion opportunities, and leaving their primary nursing position. In addition to the identified variables, data subsets and graphs were examined, which indicated whether there was an association between the variables.

Binary logistic regression was used to predict the dependent variable based on predetermined predictors obtained from an introductory coding analysis within the 2018 NRSSN codebook. The data was thoroughly reviewed and checked for consistency. The consistency level ensured successful import into IBM-SPSS Statistics Version 28.0, and a final interpretation of the results was performed. To begin the foundation of this study, the data was filtered, as shown below in Table 1.

Table 1

Data Filtering of Total Survey Participants to Black Female Nurses Leaving Their Primary Nursing Positions

Data filters	Variable name	Variable selection	Filtered amount	% of participants
All survey participants	-	-	50,273	100%
Female participants	Sex	0 - female	46,087	91.7% of all participants
Black participants	Race	3 - Black	2,526	5.0% of all participants
Black female participants	Sex Race	0 - female 3 - Black	2,317	4.6% of all participants 5.0% of female participants were Black. 92.1% of Black participants were female
Black female participants who left their primary nursing position	Sex Race Pn_lftwrk	0 - female 3 - Black 1 - yes	309	0.6% of all participants 13.3% of the Black female participants left their primary nursing position
Black female participants who left their primary nursing position who provided only one reason for leaving	Sex Race Pn_lftwrk Le_lve_[reason]	0 - female 3 - Black 1 - yes 1/25 reasons 'yes'	82	26.5% of the Black female participants left their primary nursing position and provided only one reason for leaving

Results

Research Question 1

I aimed to explore and report the results of key factors affecting support for career advancement or promotion and whether Black female nurses left their primary nursing positions based on prespecified predictors. A binary logistic regression analysis was conducted to investigate whether there was an association between a lack of advancement opportunities, a lack of good management or leadership, and Black female nurses' decision to leave their primary nursing positions. The outcome of interest was the respondent reporting that they left or did not leave their primary nursing role. The possible predictor variables were a lack of advancement opportunities and a lack of good management or leadership.

The Hosmer-Lemeshow goodness-of-fit was not significant ($p = .635$), suggesting that the model was correctly specified. Additionally, the -2-log likelihood = 1400.806. The Nagelkerke R^2 was .004 indicating that 4% of the variance in the dependent variable was explained by the model. Neither of the independent variables were found to be significant ($p > 0.05$) predictors of leaving one's primary nursing position. In other words, neither of the predictor variables in the binary logistic regression analysis was found to contribute to the model significantly.

For the independent variable, lack of advancement opportunity, the unstandardized $b = -.282$, SE = .164, Wald = 2.954, $p = .086$. The estimated odds ratio was Exp (b) = .754, 95% CI (.547, 1.040). As a result, controlling for lack of

advancement opportunity, the first predictor variable in the logistic regression analysis did not contribute significantly to the model.

For the independent variable lack of good management or leadership, the unstandardized $b = -.036$, $SE = 1.443$, Wald $= .064$, $p = .800$. The estimated odds ratio was Exp $(b) = .964$, 95% CI (.727, 1.279). Similarly, controlling lack of good management or leadership, the second predictor variable, in the logistic regression analysis was not found to contribute significantly to the model. These results are shown in Tables 2-4.

Table 2

Model Summary for Logistic Regression RQ1

-2 Log likelihood	Cox & Snell R^2	Nagelkerke R^2
1400.806	.003	.004

Hosmer and Lemeshow Test, Research Question 1

Table 3

Hosmer and Lemeshow Test RQ1

Chi-square	*df*	*p*-value
.908	2	.635

Table 4

Coefficient Table for Logistic Regression RQ1

	b	*SE*	Wald	*df*	*p*-value	Odds Ratio	95% CI	
Lack of advancement opportunities	-.282	.164	2.954	1	.086	.754	.547	1.040
Lack of good management or leadership	-.036	.144	.064	1	.800	.964	.727	1.279
Constant	-1.049	.083	158.425	1	< .001	.350		

Research Question 2

A binary logistic regression analysis was conducted to investigate whether there was an association between a lack of career advancement or promotion opportunities and interpersonal differences with colleagues or supervisors and Black female nurses' decision to leave their primary nursing positions. The outcome of interest was whether Black female nurses left their post. The possible predictor variables were career advancement or promotion opportunities and interpersonal differences with colleagues or supervisors. The Hosmer-Lemeshow goodness-of-fit was insignificant ($p = .154$), indicating the model is correctly specified. The -2 log Likelihood = 1377.202 and the Nagelkerke $R^2 = .032$, indicating that the model explained 32% of the variance in the dependent variable. The overall model was significant regarding its predictive capacity of the dependent variable ($p < .001$).

Only career advancement or promotion contributed to the logistic regression analysis (unstandardized $b = -.770$, $SE = .154$, Wald $= 24.958$, $p = <.001$). The estimated odds ratio favored a negative relationship Exp (b) = .463, 95% CI (.342, .626), indicating

that those who reported career advancement had 0.46 times the odds of leaving their primary nursing position. After controlling the interpersonal difference independent variable in the logistic regression analysis, career advancement was found to significantly contribute to the model, as indicated by the Wald test and p-value. Thus, the model can accurately predict the probability of a Black female nurse leaving their primary nursing position based on the above predictor variable.

For the independent variable interpersonal differences with colleagues or supervisors, the unstandardized $b = .022$, $SE = .197$, Wald $= .013$, $p = .909$. The estimated odds ratio was Exp $(b) = 1.023$, 95% CI (.695, 1.505). Controlling the predictor variable, interpersonal differences with colleagues or supervisors, in the logistic regression analysis did not significantly contribute to the model as shown in Tables 5- 7.

Table 5

Model Summary for Logistic Regression RQ 2

-2 Log likelihood	Cox & Snell R^2	Nagelkerke R^2
1377.202	.021	.032

Table 6

Hosmer and Lemeshow Test RQ2

Chi-square	df	p-value
3.741	2	.154

Table 7

Coefficient Table for Logistic Regression RQ2

	b	SE	Wald	df	p-value	Odds Ratio	95% CI	
Lack of advancement opportunities	-.770	.154	24.958	1	< .001	.463	.342	.626
Lack of good management or leadership	.022	.197	.013	1	.909	1.023	.695	1.505
Constant	-.907	.080	128.539	1	< .001	.404		

In Figure 3, the subset of data contains 309 Black female nurses who have left their primary nursing position. Of the 309 Black female nurses, 32% selected "Lack of Good Management or Leadership" as an indicator for leaving their primary position. This dataset is unweighted, meaning each value is a percentage of the total reasons given. However, there was no distinction between survey participants that gave one reason for leaving versus multiple reasons. For this distinction (weighted distribution), see Figure 4.

Figure 3

Reasons for Black Females Leaving Their Primary Nursing Position, Unweighted Percentages
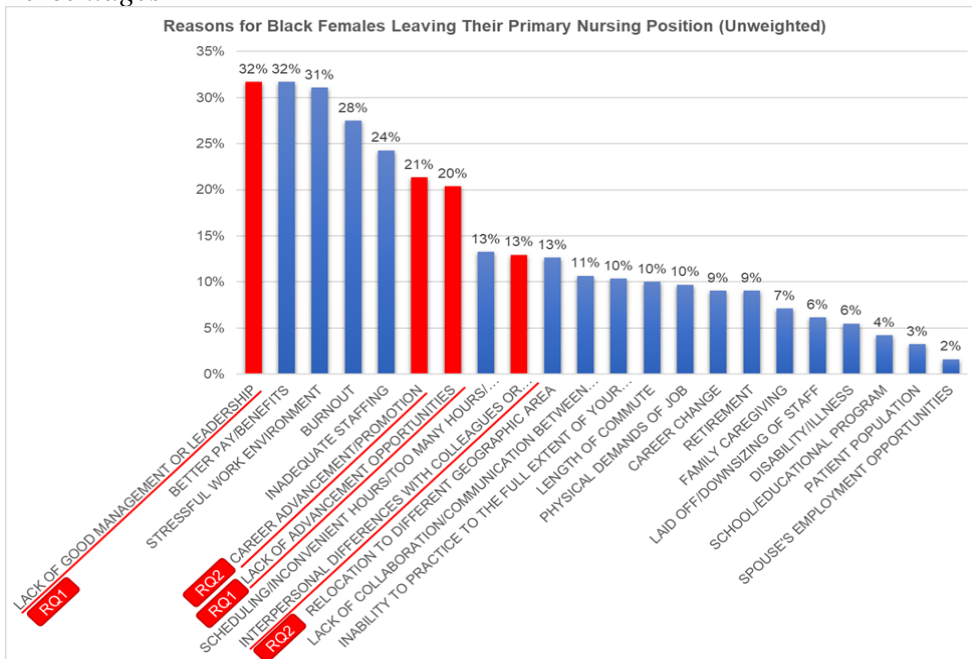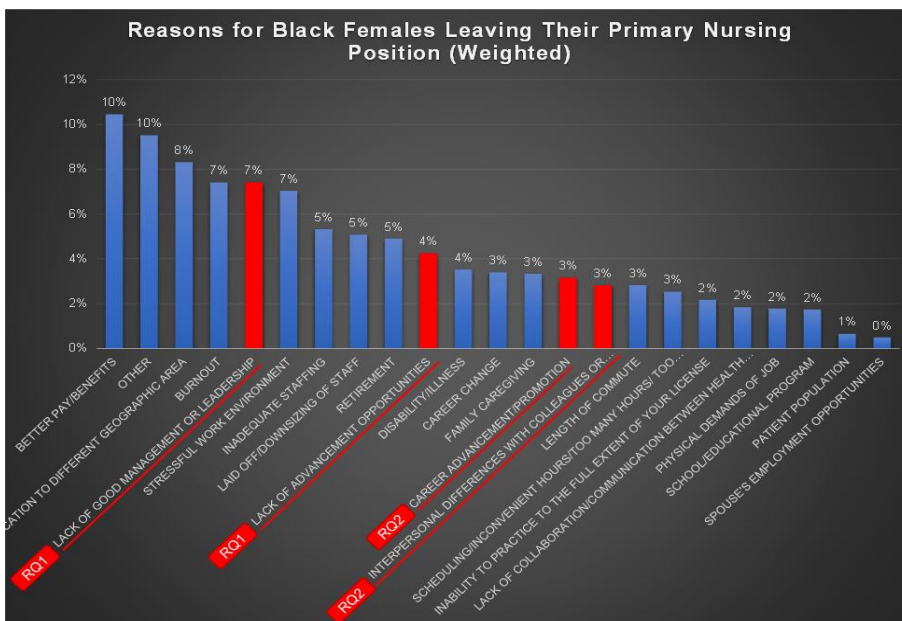

Figure 4

Reasons for Leaving Their Primary Nursing Position, Weighted Percentages

In Figure 4, it was assumed that Black female nurses chose one or more reasons for leaving their primary nursing position and all choices were equally weighted when selected. For example, if a survey participant selected four reasons for leaving, each is weighted at 25% (4 reasons x 25% = 100% of the reasons why they left). The data were normalized to 100%, *i.e.*, all reason choices add up to 100%. This data set accounts for one choice relative to all other decisions or available options. Once the data is normalized, it is easier to determine if a correlation exists.

The data indicated that 'Better Pay/Benefits' was the main reason selected by Black female nurses for leaving their primary nursing positions. 'Lack of Good Management or Leadership' ranked in the weighted top five at 7%, clearly showing that it was an important factor compared to all other identified variables. The same cannot be said about the other three variables of interest.

Figure 5 presents a subset of the 309 survey participants to investigate further if correlations can be found.

Figure 5

Black Females Who Left Their Primary Nursing Position and Provided Only One Reason, Weighted Percentages
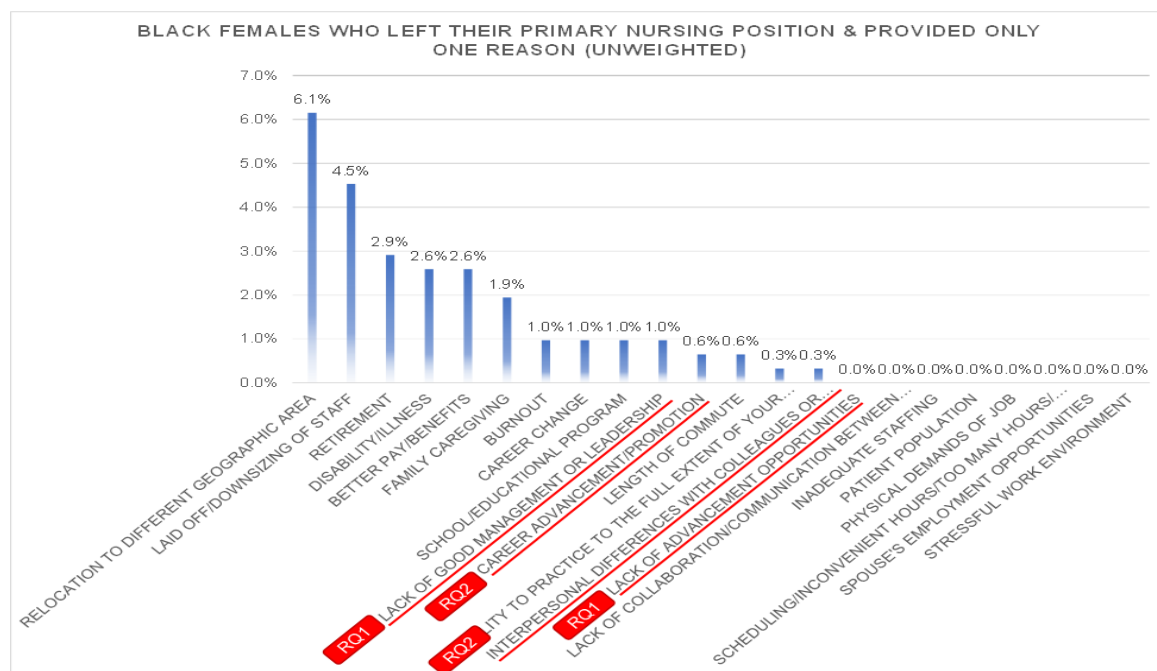

Figure 5 displays a specific subset of the 309 Black female nurses: 82 of the 309 Black female nurses gave only one reason for leaving their primary nursing position. As a result, their selected reason is weighted 100%. The selected option was the only reason for leaving despite other options being available, indicating that the survey participant had strong feelings towards this reason alone.

The top reasons given by this subset of Black female nurses for leaving their primary nursing position were due to 'Relocation' and being 'Laid Off,' both of which are intuitively logical. 'Lack of Good Management or Leadership' and 'Career Advancement/Promotion Opportunities' were listed as the only reason for 1% and 0.6% of this subset, respectively. In other words, it is safe to say that all variables of interest do

not have strong biases within this subset. Additionally, the 82 Black female nurses within this subset do not fully represent the 309 total Black female nurses, as their reasons for leaving differ considerably.

'Lack of Good Management or Leadership' or 'Career Advancement/Promotion' appeared to be an important factor for study participants. In contrast, the other variables ('Interpersonal Differences Between Supervisors and Colleagues' and 'Lack of Advancement Opportunities') may be less strongly connected to Black female nurses leaving their primary nursing position based on these findings. Still, these responses are engaging, and further analysis involving Black female nurses may identify additional relevant factors for leaving their positions.

Table 8

Reasons for Black Female Nursing Leaving Their Primary Nursing Position, Unweighted Percentages

Reasons for Leaving Primary Nursing Position	% Selected
Lack of good management or leadership	32%
Better pay/benefits	32%
Stressful work environment	31%
Burnout	28%
Inadequate staffing	24%
Career advancement/promotion	21%
Lack of advancement opportunities	20%
Scheduling/inconvenient hours/too many hours/ too few hours	13%
Interpersonal differences with colleagues or supervisors	13%
Relocation to different geographic area	13%
Lack of collaboration/communication between health care professionals	11%
Inability to practice to the full extent of your license	10%
Length of commute	10%
Physical demands of job	10%
Career change	9%
Retirement	9%
Family caregiving	7%
Laid off/downsizing of staff	6%
Disability/illness	6%
School/educational program	4%
Patient population	3%
Spouse's employment opportunities	2%

Table 9

Reasons for Leaving Their Primary Nursing Position, Weighted Percentages

Reasons for Leaving Primary Nursing Position	% Selected
Better pay/benefits	10%
Other	10%
Relocation to different geographic area	8%
Burnout	7%
Lack of good management or leadership	7%
Stressful work environment	7%
Inadequate staffing	5%
Laid off/downsizing of staff	5%
Retirement	5%
Lack of advancement opportunities	4%
Disability/illness	4%
Career change	3%
Family caregiving	3%
Career advancement/promotion	3%
Interpersonal differences with colleagues or supervisors	3%
Length of commute	3%
Scheduling/inconvenient hours/too many hours/ too few hours	3%
Inability to practice to the full extent of your license	2%
Lack of collaboration/communication between health care professionals	2%
Physical demands of job	2%
School/educational program	2%
Patient population	1%
Spouse's employment opportunities	0%

Table 10

Primary Reason for Leaving Their Primary Nursing Position, Weighted Percentages

Reasons for Leaving Primary Nursing Position	% Selected
Relocation to different geographic area	6.1%
Laid off/downsizing of staff	4.5%
Retirement	2.9%
Disability/illness	2.6%
Better pay/benefits	2.6%
Family caregiving	1.9%
Burnout	1.0%
Career change	1.0%
School/educational program	1.0%
Lack of good management or leadership	1.0%
Career advancement/promotion	0.6%
Length of commute	0.6%
Inability to practice to the full extent of your license	0.3%
Interpersonal differences with colleagues or supervisors	0.3%
Lack of advancement opportunities	0.0%
Lack of collaboration/communication between health care professionals	0.0%
Inadequate staffing	0.0%
Patient population	0.0%
Physical demands of job	0.0%
Scheduling/inconvenient hours/too many hours/ too few hours	0.0%
Spouse's employment opportunities	0.0%
Stressful work environment	0.0%

Summary

In summation, the purpose of this quantitative, non-experimental descriptive study was to examine relationships between the four independent variables, lack of advancement opportunities, lack of good management or leadership,) lack of career advancement or promotion opportunities, and interpersonal differences with colleagues or supervisors, and the dependent variable, Black female nurses leaving their primary nursing position. In addition, this study addressed the importance of identifying variables related to the lack of nurse leadership roles that act as barriers to advancement among Black female nurses. The null hypotheses either showed no measurable difference between the variables or a low probability variance that the random difference is statistically significant in the analysis, suggesting a small study size (typically less than 5%). Based on the logistic regression analysis, three of the independent variables did not significantly contribute to the model. However, independent variables, a lack of career advancement or promotion opportunities, was a significant predictor of leaving one's primary nursing position. Therefore, null hypotheses can be accepted, while hypothesis can be rejected.

Only a small number of Black female nurses in this study reported leaving their primary nursing positions due to poor management, leadership, or conflict with colleagues or supervisors. However, the effects of the independent and dependent variables on this phenomenon require further investigation to benefit both nursing professionals and healthcare organizations. Section 4 of the study will focus on interpreting the findings, discussing the study's limitations, making recommendations,

and exploring the implications for professional practice and social change. Finally, the

report will conclude by summarizing the research findings and highlighting the essential

articles that emerged.

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

Introduction

In this quantitative study I used secondary data to explore, investigate, and analyze the career advancement of Black female nurses and leaving their primary nursing position, emphasizing variables that facilitated and limited the career development of achieving leadership roles in healthcare organizations. Black female nurses may or may leave their primary position due to several identified variables, a lack of advancement opportunities, a lack of good management, interpersonal differences with colleagues or supervisors, and career advancement or promotion opportunities. The study was necessary to indicate if leadership roles influenced Black female nurses in their decision to leave their organization to pursue other opportunities for leadership roles.

I used secondary data from the 2018 NSSRN dataset to answer two research questions about the obstacles Black female nurses face when trying to advance in their careers within healthcare. The binary linear regression test results showed that the model explained 4% of the variance in the dependent variable for RQ1. Neither independent variable was a significant predictor of leaving one's primary nursing position. For RQ2, the model explained 32% of the variance in the dependent variable and was significant in predicting it ($p < .001$), but the results were ultimately interpreted as not significant.

Interpretation of the Findings

Interpreting the findings, the lack of advancement opportunities may have led to differences in whether Black female nurses leave their primary position. Because this result was not statistically significant, it may or may not influence the decision to leave

among Black female nurses. Interpreting the findings results for lack of career advancement or promotion opportunities did lead to differences in whether Black female nurses left their primary role, as this result was statistically significant. Therefore, healthcare organizations that want to retain Black female nurses should offer career advancement or promotion opportunities. The results indicate that lack of good management or leadership and interpersonal differences with colleagues or supervisors do not significantly impact whether Black female nurses leave their primary positions.

Limitations of the Study

This was a cross-sectional study where each participant completed survey questions at one time point. It was also a descriptive secondary analysis that does permit an evaluation of causality. While it is assumed that the NRRSN dataset is reliable, the degree of response bias present among study participants is unknown. Additionally, the study was limited to the 2018 NRRSN and several survey participants also did not complete the survey in its entirety. It is important to note that this study has some limitations. Although the data analyzed was not specifically collected for this study, the findings are still reliable due to the dependability of the National Sample Survey of Registered Nurses data. However, it is crucial to consider the potential for response bias to affect the results, even though it is unlikely.

Recommendations

Despite obstacles to career advancement, role models can remind Black female nurses that goals can still be achieved, among many factors. The study emphasizes the importance of support systems for Black female nurses working toward leadership roles.

The results of this study could influence future research in this field. Recommendations for healthcare organizations based on the findings of this study include (a) recognize and value diversity, (b) develop policies, (c) develop strategies, (d) encourage the development of relationships with management and colleagues, (e) educate and address a perceived lack of commitment with top management, (f) provide leadership development and training for Black female nurses in healthcare settings, and (g) develop structured mentoring programs.

Increasing diversity of healthcare organizations is necessary to provide culturally skilled care and improve opportunities for underrepresented Black female nurses (Eke, 2021). As leaders in healthcare organizations, communities, and governments, nurses are researchers and clinicians who influence and impact practice across diverse populations; developing policy is a crucial need (Jefferies et al., 2018). As healthcare leaders work to meet the needs of a changing population, Black female nurses can be a valuable resource to fill leadership gaps. In response, further research should provide education about underrepresentation in the nursing profession and its impact on equity in health care delivery. Policymakers who understand a population's needs must be empowered to make social changes systematically (Wilcox, 2018; WHO, 2020).

Implications for Professional Practice and Social Change

Studies have shown that Black female nurses are underrepresented in leadership roles in many healthcare organizations. In addition, race, education, and reasons for leaving the healthcare organization due to lack of career development/advancement suggest and create barriers. Any long-term solution for encouraging diversity among

healthcare organizations depends on leadership itself. Nursing as a field is responsible for leading the transition to a diverse workforce and influencing social change for the Black female nurse population. This transition can suggest a disparity between Black women nurses in leadership roles compared to other ethnicities (Jefferies et al., 2018). Therefore, more efforts should be focused on recruiting, mentoring, and diversifying practitioners.

Recent social changes are improving our understanding of how to promote the career advancement of underrepresented groups. Utilizing this building knowledge can be leveraged by healthcare organizations to promote aspiring Black female nurse leaders. As healthcare leaders become more culturally aware, they can implement policies encouraging nurses from underrepresented groups to seek leadership roles themselves. In addition, employers can facilitate the career development of this group and boost their retention in the healthcare industry by offering more mentorship programs (Truit & Snyder, 2020). Having diverse representation in healthcare is crucial for Black female nurses working in healthcare facilities and patients receiving care in the system (Iheduru, 2020).

Intersectionality theory, transformational leadership theory, and critical race theory are essential for studying diversity attributes, analyzing leadership identities, and helping leaders improve relationships with Black female nurses. This study's findings contribute to the literature on factors related to job retention among Black female nurses. Understanding how a lack of advancement opportunities, poor management or leadership, interpersonal differences, and few opportunities for career advancement or promotion affects Black female nurses' decisions to leave their primary position has potential

implications for positive social change. These findings draw attention to an existing gap in knowledge and call for further research to improve diversity and culturally relevant mentoring programs to enable Black female nurses to perform more leadership roles.

Conclusion

This study investigates the career advancement of Black female nurses and their reasons for leaving primary nursing roles to pursue other opportunities in healthcare. The findings suggest that Black female nurses face difficulties in advancing their careers. However, the study also found that many choose to remain in their primary nursing roles within the same healthcare organization. The only significant predictor was when Black female nurses indicated a lack of career advancement or promotion opportunities as their rationale for leaving their positions. To encourage diversity in leadership, changes in healthcare policies are needed. Empowering Black female nurses in leadership positions is critical as they can provide culturally sensitive care to diverse patients and inspire others to take leadership positions through mentoring programs (Thew, 2019).

Future research must promote diversity among those holding leadership positions. It is also essential for organizations to identify and overcome obstacles related to diversity. Self-efficacy is crucial in creating opportunities for Black female nurses in healthcare leadership roles. By augmenting self-efficacy, healthcare organizations can tackle the lack of diversity in upper management and foster a more inclusive environment for all minorities in healthcare.

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