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Relationship Between Ethnic Diversity of Nursing Leadership and Bedside Nursing Engagement

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This is to certify that the doctoral dissertation by

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Abstract

Ethnic diversity in the U.S. nursing workforce had not been well researched. This aspect of nursing is important to the advancement of the profession because ethnic diversity of nursing helps reduce health care disparities. The purpose of this quantitative correlational study was to examine the possible relationship between the perceived ethnicity of nurse leaders and the engagement of bedside nurses. Culture of care theory was the theoretical foundation for this study. The Utrecht Work Engagement Scale with additional demographic questions was used to survey 53 bedside nurses with 2 or more years of experience. Simple regression was used to analyze the data. Results indicated no significant relationship between the perceived ethnic diversity of the nurse leader and the nurse engagement as a whole, but there was significance with the Vigor subscale of the Utrecht Work Engagement Scale. Vigor is the bedside nurse's ability to perform well even when the job is difficult. Findings may be used to produce nurses who want the profession to grow, to increase positive patient outcomes, and to encourage bedside nurses to obtain higher levels of education and participate as the lead in research or evidence-based practice changes.

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Dedication

I first would like to dedicate this dissertation to my grandmothers, Haja Iyesha Daramay and Haja Neneh Kamara. These women were the epitome of strength and character, and to be named after such intelligent women is an honor. I would also like to thank my parents, Bassie J. Kamara and Cecilia M. Hamzie, for honoring me with such a great name to live up to. Lastly, this dissertation is dedicated to my two little men, Ishmael Khalil Abraham and Idriss Miguel Abraham, for all the love, patience, and support during this journey. They have allowed me to mother them and continue to give me the space to be my authentic self.

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I would like to recognize Walden University for the constant support and for matching me with my amazing chair, Dr. Mattie Burton, and committee member, Dr. Maria Mercedes Ojeda. It has not been easy, but they have consistently encouraged and helped me realize my full potential. I also thank my editor, Dr. Marti Dryk.

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Chapter 1: Introduction to the Study

The purpose of this study was to examine the possible relationship between the ethnic diversity (ED) of nursing leaders (NLs) and bedside nursing engagement (NE). According to Ellemers and Rink (2016), nurses are influenced by their leadership. The ED of NL registered nurses working on the bedside team indirectly affects NE. According to Lane et al. (2019), NL diversity is important as a motivator for nursing students to feel adequate to want to attain an NL goal.

This study was important to determine whether an NL can shape a bedside nurse's career path and motivate them to be invested in the organization's success, as demonstrated by increased positive patient outcomes (see Bailey & Cardin, 2018). The increase of ethnically underrepresented nurses may positively impact and change the nursing profession because the bedside nurses will feel motivated to become engaged. The bedside nurse's engagement may positively affect health care disparities among ethnically diverse patients in the United States. Iheduru-Anderson (2020) noted that mentoring of the same race or ethnicity is essential for professional success.

Chapter 1 provides information about the descriptive correlational study. An investigation was conducted to examine the possible relationship between the ED of NLs and NE. The information provided includes background into the lack of diverse NLs and how NLs affect NE, the purpose of the study, the research questions and hypotheses, the theoretical framework, the nature of the study, and definitions of the terms specific to this study. This chapter also includes assumptions, scope and delimitations, limitations, and

the significance of the gap in research regarding the effect of NE due to the NL's ED. The chapter concludes with a summary.

Background

NLs are expected to drive their nursing staff engagement to achieve positive organizational outcomes (Xu, 2017). Many organizations want to attain positive outcomes: patient satisfaction, staff satisfaction, and decreased patient readmissions with unresolved medical issues. Manning (2016) discussed a descriptive correlational design about how an engaged workforce can positively influence nurse performance.

In recent years, the health disparities in underrepresented communities have been highlighted. The increase in the population of underrepresented individuals in the United States has been reflected in the hospital's diversity of patients. Similar to the United States, the Black and ethnic minority nurses in England are increasingly represented in the workforce (Coghill, 2019). However, this representation is not comparable to nursing leadership. Matza et al. (2018) discussed the importance of NLs' diversity to be comparable to the nursing staff and patients. Although there has been a focus on increasing underrepresented ethnicities in the nurse workforce, the literature did not address how a lack of representation can affect bedside NE.

Problem Statement

The lack of diversity of NLs throughout the United States is a problem (Carter et al., 2015). The diversity of the patient population is growing faster than the diversity of the nursing population. The nursing profession will be challenged to recruit and retain a culturally diverse workforce that mirrors the nation's change in demographics (Phillips &

Malone, 2014). The nursing workforce in the United States consists of 23.6% African Americans and 75.4% White nurses (Minoritynurse.com, 2015). Only 14.6% of the African American nurses are master's and doctorate prepared. NE is defined as a dedication to the profession despite obstacles with an expression of commitment to work activities and a feeling of connectedness to the workplace (Garcia-Sierra et al., 2016). According to Kutney-Lee et al. (2016), positive patient outcomes are directly related to NE.

The current study was important because of the rapid change in the patient population diversity in the United States. Exploring ED in NLs is critical to understand how ethnic representation affects NE. ED in NLs is needed because a subset of underrepresented nurses with diverse ethnic backgrounds is not being reached emotionally by nursing leadership (Bannister, et al., 2020). A leader must emotionally connect with a team to influence engagement by building trust with their followers (Pennafort et al., 2018). An ethnically diverse nurse leadership team will be able to connect and build trust with a team of ethnically diverse bedside nurses. There is a gap in the literature regarding the relationship between NL ethnicity and bedside NE. NE was defined using the Vigor, Dedication, and Absorption subscales of the Utretch Work Engagement Scale (UWES). Although the three subscales in totality define work engagement, each was measured to determine whether they were affected by the perception of the ethnicity of the NL. The ethnic makeup of NLs should closely reflect the ethnic makeup of the nurses at the bedside because this will lead to increased engagement and better patient outcomes (Katz, et al., 2016).

Purpose of the Study

The purpose of this study was to determine whether there was a correlation between the perceptions of nurses regarding ED in nursing leadership and NE. The dependent variable was NE, and the independent variable was ED in nursing leadership. A correlation between the variables may contribute to the understanding of how organizations retain and recruit bedside nurses by showing a representation of underrepresented NLs of different ethnic backgrounds. The bedside nurses' engagement is reflected in professional development, quality improvement projects, and participation in committees to improve the nursing practice within the organization. Bedside NE is related to the nurse's feelings of acceptance from their NL and an understanding of obstacles a bedside nurse has to endure emotionally (Laurence, et al., 2018). The ethnically underrepresented bedside nurse has an additional obstacle of not seeing leaders who look like them, which can cause a decrease in engagement (Iheduru-Anderson, 2020). A study showing the correlation between these variables may serve as additional evidence to support the recruitment and retention of NLs of diverse ethnic backgrounds. Each bedside nurse participant's engagement was scored using their current state of engagement. Obtaining their current NL's ethnicity allowed for a possible correlation to examined. NLs are at the front line of positively influencing work environments and are key influencers in retaining and engaging nurses (Fowler, 2018).

Research Questions and Hypotheses

RQ1: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement?

H_o1: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement.

H_a1: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement.

RQ2: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor?

H_o2: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor.

H_a2: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor.

RQ3: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication?

H_o3: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication.

H_a3: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication.

RQ4: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption?

H_o4: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption.

H_a4: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption.

Theoretical Framework

Leininger's culture care theory by was the theoretical framework used in formulating this study (see McFarland & Wehbe-Alamah, 2019). Leininger's culture care theory describes how culturally competent nurses caring for a diverse patient population result in positive patient outcomes. The reason nurses are able to achieve positive patient outcomes is because their cultural competence guides their care of patients. Ethical NLs have innate cultural competence, care for nurses, and mentor ethnically diverse bedside nurses.

Culture care theory was relevant to the current study because NLs should reflect the nursing team at the bedside, which will increase bedside NE. "Ethnicity" and "culture" are used interchangeably in the literature. According to Zangaro et al. (2018), ethnicity/culture is an important piece of creating a leadership team that influences bedside NE, which influences positive patient outcomes. Transcultural nursing is a formal area of research and practice focused on culturally based care beliefs, values, and practices to help cultures or subcultures maintain or regain their health. This has provided guidance and definition of the importance of culture and its role in health care (Young & Guo, 2016).

Nature of the Study

The research design used in this study was quantitative nonexperimental. I collected data from bedside nurses about their engagement to determine whether there was a relationship between their engagement and their NL's ethnicity. The method used to collect data from the frontline nursing staff was the UWES with additional

demographic questions. A simple regression analysis was used to examine the relationship between the diversity of NLs and NE. The independent variable was nursing leadership's ED, and the dependent variable was NE. This method and design were appropriate to address the problem and the purpose of the study examining the relationship between the ethnicity of nursing leadership and bedside NE.

Definitions

The following terms are defined as they were used throughout this study:

Bedside nurse: A nurse who cares for the patient at the bedside, monitors their healing progression, and ensures that a patient's basic needs are being tended to as much as possible (Clayton, 2019).

Ethnicity: The independent variable ED was defined by six ethnic groups: White, Black/African American, Native American/Alaskan American, Pacific Islander, Asian, and Native Hawaiian (see Hughley, 2016). These ethnic groups were chosen based on the categories used by the United States Census Bureau. For the current study, race and ethnicity were used interchangeably. Ethnicity and race are intertwined not only because someone's ascribed race can be part of their chosen ethnicity but also because someone's ascribed race can be part of their chosen ethnicity and other social factors (López et al., 2017). According to McClain et al. (2009), race-conscious people feel that their identity is linked with the group.

Nurse engagement: Bedside nurses' connectedness to the organization and motivation to improve themselves in the profession, commitment to and satisfaction with their jobs, and engagement defined as worker inclusion in organizational decision

making, interprofessional collaboration, and professional development opportunities (Carthon et al., 2019). The UWES produced a score based on the three subscales of Vigor, Dedication, and Absorption. A high score with the UWES indicates that a nurse's engagement reflects the nurse's characteristics in alignment with Vigor, Dedication, and Absorption.

Nurse leader: Throughout this study, NL refers to the nurse leading a bedside nurse team in an inpatient unit. NLs are individuals who set a clear vision and empower a team of nurses (Al-Dossary, 2017). NLs also show followers how things are done, guiding their way and course of action (Al-Dossary, 2017). The NL roles addressed in the current study were nurse managers, the nurse administrator, the director of nursing, the vice president of nursing, and the chief nursing officer.

Assumptions

Assumptions that guided this study were that the participants were honest when answering the data collection questionnaire. Another assumption was about the distribution of the UWES via social media with additional demographic questions. The assumption was that the questionnaire was more accessible to many nurses via social media. The last assumption was that the nurses accurately answered the demographic questions about their age range, ethnicity, and years of nursing experience.

Scope and Delimitations

Nursing leadership and the influence of ED on bedside nurses' engagement were the focus of this study. The rationale for focusing on ED in nursing leadership was the gap in this area of study in the literature. The increasing ED of nurses entering the

workforce is not comparable to NLs' ED (Smiley et al., 2018). I measured bedside nurses engagement to determine whether this factor had a relationship with the ED of the NL they reported.

Limitations

Acknowledgment of the challenges and limitations at the beginning of the study was a way to be proactive about removing obstacles to completing the study. A possible challenge of this study was how the data were collected. Potential participants might not have been able to access the survey if they did not have a social media account. This challenge was mitigated by providing participants access to the survey. This was done by using a tablet or iPad to complete the survey when approaching participants in person while attending a national conference or sending a survey through email. The participants were asked to provide data on the ethnicity of their leaders. This might have affected the accuracy of the data if they answered incorrectly or did not know the information.

Significance

This study contributed to the literature gap and may effect positive social change by providing information on the importance of the perception of NLs' ED and its relation to bedside NE. The results from this study may help talent acquisition departments of hospital systems devise recruitment strategies to promote ED among NLs. The increase in ED among NLs should be comparable to the bedside nurses' ED. Positive and more engaged bedside nurses may affect an increase in the ED of NLs. When bedside nurses are reflected in a leader, they exhibit leadership behaviors (Manning, 2016). There is a benefit to instituting leadership mentoring for nursing leadership among underrepresented

bedside nurses (Katz et al., 2016). The findings of the study may provide evidence for hospitals to include ED in NL recruitment to be comparable to bedside nurses.

Summary

This chapter introduced the importance of ED in NLs and its possible relation to bedside NE. The ED in the nursing workforce is increasing. Many organizations want to match that trend to increase positive patient outcomes (Kutney-Lee et al., 2016). The current study presented an opportunity for organizations to review the hiring practices of underrepresented ethnic minority NLs by providing new research on this topic. The engagement of employees is a topic that has been researched in many professions. The current research on the engagement of nurses may contribute to the health of patients in the United States. Engagement creates personal motivation in bedside nurses and allows them to work through a crisis (Bailey & Cardin, 2018). The goal of the current study was to show through an analysis of the data how ED in NLs correlated with bedside NE. Chapter 2 includes a review of relevant literature related to engagement and other variables, the theoretical framework, the gap in the literature, and the need for the current study.

Chapter 2: Literature Review

The purpose of this quantitative study was to examine the relationship between the perceptions of their NLs' ethnicity and bedside NE. There was a gap in the literature regarding the relationship between perceptions of NLs' ethnicity and bedside NE. No study had tried addressed a possible relationship between the NLs' ethnicity and bedside NE in the United States.

Identifying a link between the perceptions of NLs' ethnicity and bedside NE may support the premise that bedside NE will increase if bedside nurses see more underrepresented ethnicities among NLs. Bedside nurses may be motivated to grow in the nursing profession. Identifying this link may help organizations develop recruitment and retention strategies for nurses from underrepresented ethnicities in leadership positions.

Organizations are interested in employee engagement due to increased productivity (Singh et al., 2016). Nursing is a profession in which engagement is coupled with the altruistic belief that a professional health care provider will continue to care for a patient and be dedicated to their career through all obstacles (Dempsey & Reilly, 2016). The engagement of an employee must be sustained throughout their career. Having mentors who motivate an employee is vital to the sustainability of engagement (Manning, 2016).

Literature Search Strategy

The library databases used were CINAHL, MEDLINE, and EBSCOHOST from the Cornell University Library and the Walden University Library. The search engines used were Google Scholar. Some of the keywords and phrases included in the searches

were *ethnic diversity in nursing*, *nursing engagement*, *leadership influence on bedside nursing engagement*, *Utrecht Work Engagement scale*, *workplace*, *diversity*, *ethnic nurse leader*, *minority nurse leader*, *diversity in nursing leadership*, and *work engagement*. The sources obtained for this review consisted of peer-reviewed articles from professional journals, books, tests and measurements, and theory and theorists.

A comprehensive review of previous literature investigating the selected variables was performed using the search terms *minority nurse leader AND nurse engagement*, *minority representation AND nursing leadership*, *diverse nursing leadership AND work engagement OR nurse engagement*, *Utrecht Work Engagement scale*, and *bedside nurse OR nurse.* Further literature was obtained using the citations found in the results of this search. The search was restricted to articles written from 2015 to the present but included three before 2015 because they were seminal works.

Theoretical Foundation

Leininger's culture care theory was the selected theoretical framework for this study. Culture care theory was used to frame this study regarding the bedside nurses' perceptions of their leaders' ethnicity and its possible NE effects. This theory was developed by Leininger in 1991 to provide nurses with culturally congruent practices to care for patients in a tailor-made treatment based on their ethnic/cultural individuality (Leininger & McFarland, 2006). An individual's ethnicity is based on shared culture and language (Seamon, 2019). According to Jeffreys and Zoucha (2018), Leininger's theory states that there are different types of caring: (a) Generic caring consists of culturally derived practices needed for the growth and development of the individual, (b)

professional care-cure practices consist of care that is learned through formal education such as nursing school or medical school, and (c) integrative care practices combine generic care and professional care-cure practices and are used together.

The integrative care practice is pertinent in leading a diverse nursing team because this caring style will address nurses as individuals and allow them to feel accepted in a team. When team members feel accepted by their leadership, they are allowed to be their authentic selves. Integrative care practice allows individuals to contribute to the team and sparks their engagement. I sought to determine whether an ethnically diverse leadership team performing integrative care practices with the nursing staff would increase NE.

Previous Use of Culture Care Theory

A search was performed via the search engine Google Scholar using the terms *Culture Care Theory and leadership, ethno nursing*, and *leadership* to find similar literature that included the culture care theory. The results were limited to literature including *nursing leadership* and *ethno nursing*, which yielded three works. The culture care theory was used in a qualitative study by Chiatti (2019) to advance transcultural nursing. The themes presented in this study were preserving cultural heritage, supporting family and friends, the importance of religion and prayer, value freedom, and family dynamics. This study concluded that the participants felt a lack of care from the nurses about their culture. Fewer inquiries about their preferences were noted. Chiatti also noted that the participants perceived a lack of caring by the nurses negatively affected their care access.

Zajac (2017) conducted another study guided by Leininger's culture care theory. The aim of this study was to understand from the perspective of the nursing students what a culturally comfortable learning environment was like. The conclusion from this study was that students wanted to be cared for as human beings within the context of their ethnic differences.

Pennafort et al. (2018) demonstrated using the culture care theory with a toy therapy study. This study focused on the effectiveness of toy therapy in teaching children. The culture care theory was used to focus on the provider understanding the child's cultural background to provide the appropriate teaching. It was demonstrated that a nurse from the same cultural background or a nurse immersed in the culture would provide the appropriate education to the child through toy therapy to care for the child's diabetes. This article's relation to the current study was that NLs from the same cultural background would provide education and guidance to the bedside nurse from the same cultural background because of their understanding of the cultural background.

Rationale and Relationship of Theory to Study

I used the culture care theory to evaluate the possible relationship between an NL's ethnicity and their influence on bedside NE. As noted in the culture care theory, the bedside nurses were able to take care of patients with different ethnic backgrounds because they used their cultural background knowledge to anticipate their patients' needs (see Iheduru-Anderson, 2020). This cultural knowledge entailed understanding the nonverbal communication and obstacles of patients of underrepresented ethnicities when receiving inequitable treatment at health care facilities.

Literature Review

This study's key variables and concepts included nurses with 2 or more years of nursing experience from different ethnicities. ED among NLs was the focus of the study. Bedside NE was the dependent variable, and the NL's ethnicity was the independent variable.

Ethnic Diversity

Ethnicity is defined by an individual sharing a common national or cultural tradition in a social group (Jeffreys & Zoucha, 2018). The ethnic groups that were researched consisted of the six ethnic groups used in the United States Census (see Jeffreys & Zoucha) for data collection. These ethnic groups were American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White (Hispanic or Latino), and White (not Hispanic or Latino). ED in an organization represents multiple ethnic groups in its employees. According to Laurence et al. (2018), ED in an organization is beneficial because encounters with multiple ethnicities allow examining and accepting differences among the employees. Participants' perceived differences in ethnicities in Laurence et al.'s study resulted in a negative encounter. When the participants encountered a diverse group of individuals, the experience was positive because the perceived negative thoughts were not reality. Spetz (2016) noted that the nursing workforce's lack of ED has increased attention to increased health disparities concerning positive patient outcomes. Ethnic diversity in workgroups has been proven beneficial only if the individual's uniqueness in the workgroup is acknowledged and the person is made to feel valued (Ellemers & Rink, 2016). Suharnomo et al. (2017)

concluded that organizations need to understand that managing a diverse workforce is more important than gaining knowledge about race or gender and should be viewed as enhancing creativity and organizational growth.

Ethnic Diversity in Nursing

ED in the nursing workforce is not currently comparable to the ED of the U.S. population. The ED in the United States is growing rapidly. According to Huynh and Grossmann (2020), the non-White minority is 40% of the U.S. population. This percentage increased from 25% in 2000 to 28% in 2010 (Huynh & Grossmann, 2020). The ethnic minority nursing workforce comprises about 27% of the U.S. workforce compared to 73.1% of the White nursing workforce (Zangaro et al., 2018). The ethnic minority workforce includes Hispanic, Asian, and multiracial individuals. Although the ethnic minority nursing workforce is increasing, the ethnic minority NL workforce is not increasing at the same rate.

ED in the workforce, according to the systematic review of literature conducted by Suharnomo et al. (2017), resulted in five perspectives of benefits: (a) utilizing all employees' talents; (b) enhancement of customer relationships; (c) an improvement of creativity, flexibility, and innovation; (d) the reduction of turnover, absenteeism, and lawsuits; and (e) promoting development and sustainable business advantages. Both Spetz (2016) and Carter et al. (2015) concluded that an increase in nurse ED was associated with positive patient outcomes. Increased diversity in NL decrease health disparities in underrepresented demographics. The underrepresented demographic of NL

and registered nurses working at the bedside caring for diverse ethnicities will benefit the health care system (Perez et al., 2018).

Engagement in Nursing

In the current study, NE was defined as an individual nurse's involvement in their success, the nursing profession, and the organization while accepting that working conditions will not be ideal every day (see Dempsey & Reilly, 2016). The ideal working conditions of a bedside nurse would include perfect staffing in which the patient's acuity matches the nurse's skill set at the bedside. The nurse creates the nursing practice and workflow at the bedside. NE is twofold because engagement is the individual nurse's responsibility, and the organization's responsibility is to maintain nurse engagement. According to Kutney-Lee et al. (2016), nurses were significantly less likely to report unfavorable job outcomes when they possessed a greater level of engagement. Kutney-Lee et al. concluded that organizations with a higher level of engaged nurses also had a shared governance structure for nurses to be involved with the organization's institutional decision making and more staff involvement resulted in more engagement. Similarly, Bailey and Cardin (2018) observed the relationship between nurse involvement and NE in a 265-bed community hospital. Barden et al. (2011) also found an emotional connectedness of nurses to the organization because they were a part of the decisions.

Leadership Influence on Engagement

Leadership influence on the engagement of the nurse at the bedside is critical. Nurses understand what is expected of them with clear direction from their leaders and how they view their value to the organization or nursing profession. Nursing leadership

can ignite the engagement of bedside nurses through how they interact with their team (Udod & Racine, 2018). Leadership influence on engagement was defined in the current study by how nurses become more connected to the organization when becoming more involved with practice improvement projects, furthering their education to improve practice, and applying leadership opportunities.

Summary and Conclusions

A major theme was how ED in the workplace was important to a health care organization's success. According to Villarruel et al. (2015), greater nursing diversity will positively affect U.S. health. The registered nurse workforce is the largest group of health professionals in the United States. It continues to be less diverse than the U.S. workforce (Spetz, 2016). The ethnicity of the nurses in the workforce should reflect the patients they care for, according to the 2017 National Nursing Workforce survey (Smiley et al., 2018).

The second major theme noted while conducting the literature search was NE and its importance concerning positive patient outcomes. According to Kutney-Lee et al. (2016), the most engaged nurses have shared governance members who govern how they practice. If nurses have control over how they practice on the unit, they will provide better care and feel ownership of their practice.

The third major theme in the literature was how a leader's influence affects NE. According to Bailey and Cardin (2018), the NL provides clear expectations of what engagement embodies and strategies to achieve it. Similarly, Prybil (2016) stated that

NLs could show their teams what engagement is when they are also engaged in the organization by being involved in decisions related to nursing operations.

Many studies addressed what kind of NL influences the bedside nurses' team. No study addressed the relationship between bedside nurse perceptions of their leaders' ethnicity and NE. The current study filled the literature gap by examining the possible relationship between the ED of NL and bedside NE. Chapter 3 includes the research design and rationale, methodology, and threats to the study's validity. The methodology section includes information about instrumentation and operationalization of constructs, operationalization of the variables, and the data analysis plan.

Chapter 3: Research Method

The purpose of this study was to determine whether there was an association between ED in NL and NE. The dependent variable was NE, and the independent variable was ED in NL. A quantitative nonexperimental research design was chosen for this study. Regression analysis was used to analyze the data and answer the research questions. Simple regression methodology includes an independent variable to examine whether there is an association between variables (Creswell, 2014). A simple regression analysis was conducted with collected data to examine the possible relationship between perceptions of leaders' ethnicity and NE. Chapter 3 includes the research design and rationale, methodology, and threats to the study's validity. The methodology section includes information about instrumentation and operationalization of constructs, operationalization of the variables, and the data analysis plan.

Research Design and Rationale

A quantitative design was used in this study. A quantitative design includes statistical procedures to examine the relationship between defined variables (Creswell, 2014). The goal of quantitative research is to provide conclusions that can be generalized to larger populations. The results of the analysis of general patterns of behavior across different settings are established (Canela, et al., 2019).

The relationship between nurses' perceptions of ED in NL and bedside NE was examined in this study. This design was the appropriate to determine whether there was a relationship between the variables. The research questions for this study were as follows:

RQ1: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement?

RQ2: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor?

RQ3: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication?

RQ4: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption?

Study Variables

The study's independent variable of the perceptions of their leaders' ethnicity was ascertained by questioning the bedside nurse participant. The perception of the NL's ethnicity was a nominal level of measurement. The dependent variable was NE. This was measured using the UWES to assess the NE score. The outcome measure was defined as the total score of the subscales of Vigor, Dedication, and Absorption. Each subscale was measured as the sum of items in the survey tool. The overall survey score (interval) and subscales (interval) were analyzed using the independent variable perception of the current leader's ethnicity (nominal). Summary statistics were performed for all demographic information, including age of the nurse (nominal), 2 years or more of experience at the bedside (interval), and perceptions of leaders' ethnicity (nominal).

Study Design

This study design was nonexperimental to determine whether there was a relationship between nurses' perceptions of their leaders' ethnicity and bedside NE. The

nonexperimental design is used to identify whether there is a relationship between variables, unlike the experimental design that identifies causal relationships between variables (Cook & Cook, 2008). This design in the current study provided information for the nursing profession about whether perceptions of NLs' ethnicity influence the engagement of the bedside nurse.

Methodology

This section provides detailed information regarding the participants included the targeted population, sampling and sampling procedures, and procedures for recruiting participants.

Population

The population studied was the U.S. bedside nurses working for more than 2 years. The process for determining an appropriate sample size was the population size of the individuals included in the study. According to the National Council of State Boards of Nursing (2020), there are an estimated four million nurses in the United States. A nurse with 2 years or more of experience will have a clear perspective of what is being asked and not be influenced by their newly found perceptions of their career, allowing them to be more transparent when answering the questionnaire for data collection (Ulep, 2018).

Sampling and Sampling Procedures

A convenience sample of bedside nurses throughout the United States was recruited to investigate the nurses' perceptions of their NLs' ethnicity in relation to NE. The advantages of using a convenience sample were that the participants were easily

found and I could retrieve basic data and trends. The disadvantages of the convenience sample were that there may have been an under- or overrepresentation of the population, and the results may have been biased due to the participants' reasons for choosing to take part or not (see Jager et al., 2017). The inclusion criteria for the sample were bedside nurses with 2 or more years of experience. The exclusion criterion for the sample was an official role as an NL. The sample size was calculated using the G-Power software with one predictor, a moderate effect size, 95% power, and alpha equal to 0.05. The minimum sample size was 108 nursing participants factoring in a 20% attrition rate. Interval variables were summarized using the mean and standard deviation. Nominal and ordinal variables were summarized using frequency and percentages. I used Statistical Package for Social Sciences (SPSS) Version 27 to calculate the effect size, alpha level, and power level to be chosen.

Procedures for Recruitment, Participation, and Data Collection

After the Institutional Review Board (IRB) approval #08-16-21-0276496 was received from Walden University, an email was sent to the professional organizations' secretaries to request permission to approach their members to receive information on becoming participants in this study. Being a professional organization member was not an inclusion or exclusion criterion for this study. This email confirmation ensured prospective participants that their participation was voluntary. They could withdraw from the study at any time, and a link to the survey was attached. The data collection period was 2 to 3 months. The demographic questions addressed the age of bedside nurse

participants and the ethnic category of NLs. An inclusion questionnaire consisted of the number of years of nursing practice working in an inpatient organization.

Prior to the participants taking the UWES, they received a demographic and screening questionnaire. The participants were recruited from diverse professional nursing organizations and social media platforms. Permission to ask the nurses to participate in the study was obtained from the following organizations that allowed advertisement of the survey to the organization members with proof of IRB approval from Walden University:

- Association of Women's Health, Obstetric, and Neonatal Nurses
- Black Nurse Association
- Asian American/Pacific Islander Nurses Association
- National Association of Hispanic Nurses, Inc.
- Philippine Nurses Association, Inc.

Recruitment for data collection was done in multiple ways to access as many participants as possible in the 2- to 3-month period. When permission was granted, members from the organizations were recruited through an advertisement via email and the organizations' social media sites. This advertisement included an email for participants that addressed any questions or concerns about their participation. Participants were required to provide written consent before the questionnaire was given. Eligibility was determined through a screening questionnaire. The questionnaire was completed electronically using a quick response code emailed to members of the professional organizations and posted on social media platforms including LinkedIn,

Instagram, and Facebook for recruitment of participants after IRB approval. The consent form was placed at the beginning of the questionnaire; a "yes" or "no" response was required. For the participant to continue with the questionnaire, the participant consented with the answer "yes." If the participant responded with the answer "no" to the question, there was an automatic response thanking them for their time and informing them that they would not be proceeding with the questionnaire. This is how nonparticipants exited the survey.

If participants completed the survey and chose not to participate at the end of the survey, they had the option not to submit the final answers. Not submitting the final answers to the survey automatically ended their participation in the study, and they exited the survey. If participants completed and submitted the survey, they were thanked for their time and exited the survey. Participants were informed via the consent form that they had the option to answer all, some, or none of the questions and that they may exit at any time. Only completed questionnaires were included in the analysis. Once data analysis was complete and conclusions were drawn, an email was sent to the recruited professional nursing organizations. A link was published to the social media pages where the participants were recruited. Data collection occurred via the online survey platform Qualtrics that anonymizes participants' responses. According to Hanson and Matthews (2017), online surveys are more accessible through smartphones because of heavy reliance on smartphones for internet use. The data were downloaded to a spreadsheet and placed in SPSS Version 27 for analysis.

Instrumentation and Operationalization of Constructs

The instrument used in this research to measure engagement was the UWES developed by Schaufeli and Bakker (2004). The original UWES was a 24-item questionnaire incorporating Vigor, Dedication, and Absorption subscales. According to Schaufeli and Bakker, seven items were removed because they were considered unsound within two samples of employees and students. The UWES-17 comprised six items related to Vigor, five related to Dedication, and six related to Absorption. The scoring of the questionnaire determined the level of engagement of the participant. All items were scored on a 7-point frequency rating scale ranging from 0 (*never*) to 6 (*always*; Carmona-Halty et al., 2019). The decision to use the UWES-9 in the current study considered the participants' attention to answering the questions. The UWES-9 has been validated in numerous organizational studies (Kulikowski, 2017). This questionnaire allowed the participants to self-report how engaged they were in their profession and organization. This instrument was chosen from the Walden University instrumentation bank, and permission was granted to Walden University students. Walden University was granted permission to use the UWES-9 for noncommercial use and educational purposes without seeking written permission. The validity of this instrument had been confirmed through several studies. According to Tran et al. (2020), even when the instrument was translated into Vietnamese, it remained reliable. Validation of the scale was demonstrated because it measured what it intended to measure: the work engagement of the participating nurses. The reliability of this scale was high because although this test was translated to

Vietnamese, Cronbach's alpha yielded was 0.77 in every UWES question. Parallel reliability was performed because this was a different version of the UWES.

Construct validity of the UWES was demonstrated by Sulaiman and Zahoni (2016) in a study conducted in Malaysia of salespersons in an urban area. The validity of the original UWES-17 and shortened UWES-9 was demonstrated through the consistent correlation between work engagement scores in the Malaysian culture utilizing an analysis (Sulaiman & Zahoni, 2016). A positive correlation and significance were shown when work engagement was measured with the original and shortened scale. The reliability was tested using the internal consistency method with a high Cronbach's alpha of 0.92 and the test-retest Cronbach's alpha of 0.66 (Sulaiman & Zahoni, 2016).

The factorial validity of the UWES-9 was demonstrated by Vallières et al. (2017) because the three subscales of Vigor, Dedication, and Absorption had high correlations. This questionnaire was translated into the 24th language of Krio, which is the language of Sierra Leone. Volunteer work engagement was measured using 234 participants. This study supported the UWES-9 due to the positive representation of work engagement in a simple one-dimensional scoring theme. Although the 24-item, 17-item, and nine-item UWES had been validated and had shown high reliability, the version used in the current study was the nine-item UWES. The UWES-9 took an average of 5 minutes to complete.

Operationalization of Variables

Ethnicity Diversity of Nurse Leaders

The ED of NLs was measured in the current study by how the bedside nurse culturally identified the NL. The question addressed the participant/bedside nurse's

current NL. The ethnicity of the NL was a nominal variable. Therefore, dummy variables were created to categorize and measure this variable (see Canela et al., 2019). The categories were 1 = White, 2 = Black/African American, 3 = Native American/Alaskan American, 4 = Pacific Islander, 5 = Asian, 6 = Native Hawaiian.

Nurse Engagement

NE was an interval variable used to describe job satisfaction. Additional factors included nurses' commitment to their employer and the job. NE has been correlated to quality, essential safety, and positive patient outcomes (Carter et al., 2015). Each item of each subscale was measured by a 7-point frequency rating scale ranging from 0 (*never*) to 6 (*always/every day*). The calculation for each subscale ranged from 0 (indicating no Vigor, Dedication, or Absorption) to 18. The calculation of the UWES score ranged from 0, which equated to no participant engagement, to 54, which equated to high participant engagement.

Data Analysis Plan

The data were analyzed using descriptive and inferential statistics. According to Aho (2013), the analysis indicated whether there was a relationship between the engagement scores of the bedside nurse participants and the leadership ethnicity. Simple regression was performed to assess the relationship between the independent variable and dependent variable. A simple regression model was used to assess the overall survey scores and subscales with respect to the ethnicity of the NLs. An alpha criterion of 0.05 was used on all inferential statistics.

The test assumptions were evaluated to determine whether the linear regression could be performed for this assessment. The following assumptions of the test were evaluated to use the simple regression test: A linear relationship must be detected between the outcome and predictor variable, residuals must be normally distributed, the Durbin Watson test must be between 1.5 and 2.5, and the scatterplots cannot show a nonlinear relationship. Missing values must not be included in the analysis for dependent variables (Jakobsen et al., 2017).

The SPSS 27 statistical software was used to calculate whether the data collected shows linearity, homoscedasticity, absence of multicollinearity, and independence of the independent variable of leadership ethnicity. Dummy variables were created to give the different ethnic groups a numerical value.

Threats to Validity

Validity is whether the study results look as if they measured what they were supposed to measure (Hardesty & Bearden, 2004). There are three kinds of validity, internal, external, and construct. This study's validity could be threatened by the participants not understanding the difference between race and ethnicity. This difference was clearly defined in the description of the research before the questionnaire was taken. Another threat to the validity of this study was that participants might not have been able to accurately assess their leader's ethnicity. The study results heavily depended on this demographic question because this helped determine if there was a correlation between the leaders' ethnicity and bedside nurse engagement.

External Validity

An external threat to the validity of this study was if the nurses' perceptions of the ED of the NL of the study were incongruent with those of the broader society, making the results less generalizable (Creswell, 2014). If this study could not be generalized to other NLs of different ethnic groups, it would fail to determine a relationship between the ED of NLs and their bedside NE scores. The questionnaire was distributed in different ethnic professional nursing organizations to decrease the possibility of a lack of ED perception of the NL by participants. Participants from different ethnic professional organizations may have had different perceptions of the ethnicity of NL.

Internal Validity

Internal validity is the extent to which the results of a study cannot be explained by factors other than those being studied (Polit & Beck, 2008). A threat to the internal validity of self-selection bias was not noted in this study because participants volunteered to participate in this study based on their interest in the description. This threat to internal validity in this study was mitigated by using a validated instrument, such as the UWES, which measured the engagement of the participants of the study. Because this study did not have extensive exclusion criteria, the number of bedside nurses eligible to participate increased, increasing the threat of self-selection bias—the internal threat to the validity of selection of participants that are similar in characteristics.

Construct Validity

Construct validity is what is intended to be measured is measured. Prevention of threats to construct validity is to assure the accuracy of the definition of the variables and

how the variables were measured to indicate if the construct validity occurred. The UWES is valid and reliable, preventing inaccurate data collection and inaccurate interpretation of results (Creswell, 2014).

Ethical Procedures

Ethical considerations addressed in this study were protection from harm, informed consent, confidentiality, and honesty with professionals. Once the Institutional Review Board (IRB) approval was obtained through Walden University, the professional organizations were informed via email for permission to gain access to members requesting participation, and data collection began. IRB approval was an assurance that ethical considerations had been followed. Informed consent entailed information on how the participants could stop participating at any time: that participation was voluntary.

Participants of this study received full information about the study type and the purpose of making an informed decision to participate. This informed consent had the researcher's contact information if the participant had a question about the study. Participants could withdraw from the study without consequences. The participants were given written and verbal instructions before participating. The informed consent reduced the risk of harm by being detailed with the following:

- description of the study
- contact information
- limits of confidentiality
- possible risks to participation
- possible benefits

Confidentiality is of great importance in a research study, and participants were assured of confidentiality by not using identifying information. A number assignment automatically generated from the program was used to identify participants. This number was entered into a database, no longer used, and the participant was no longer identifiable. A secure electronic network obtained all spreadsheets with participants' data with pseudo identifications of a number available when needed to be used. This electronic data had a password only kept by the researcher. After use, all data was destroyed following the Institutional Review Board (IRB) guidelines.

Permission to gain access to some participants was requested via email correspondence to the executive board of the following professional nursing organizations:

- Association of Women's Health, Obstetric, and Neonatal Nurses
- National Black Nurse Association, Inc
- Asian American/Pacific Islander Nurses Association
- National Association of Hispanic Nurses, Inc
- Philippine Nurses Association, Inc.

The organizations that had responded did not state they needed the data shared with them. A similar criterion was that an IRB approval was needed from Walden University to advertise the research study to members, and it would be the members' choice if they wanted to participate. The participants were invited to participate via email and social media platforms similar to Facebook and LinkedIn. Consent was displayed by the participant electronically signing a Walden University approved consent form before

proceeding with the survey and could have chosen not to continue during the survey. Participants could also have chosen to opt-out of the survey. There were no risks with this survey because this survey was completely anonymous. No specific organizations that participants were affiliated with were used as identifiers because all results were reported in aggregate.

Summary

Analyzing the relationship between perceptions of the nurse leaders' ethnicity and NE in the United States was determined using a non-experimental quantitative design. Participants were recruited from social media platforms and professional nursing organizations with IRB approval from Walden University. The primary data was retrieved from questionnaires given to participants via a link published on the social media platform and sent by email to members of the professional nursing organizations for participants. Participants were asked to identify the racial identity of their leaders using predetermined categories. The UWES questionnaire was used to measure nurse engagement. The sample size of 108 was calculated using the G-power analysis. The SPSS software was used to conduct the statistical analysis to understand the relationship between ED of NL and bedside nurse engagement. In Chapter 4, the data collection and data collection results will be thoroughly discussed.

Chapter 4: Results

The purpose of this quantitative descriptive correlational study, guided by the cultural care theory, was to examine the relationship between NL ethnicity and bedside NE. This study also addressed whether there was a correlation between NL ethnicity and the subscales (Vigor, Dedication, and Absorption) of the UWES. The four research questions and the hypotheses were as follows:

RQ1: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement?

H_o1: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement.

H_a1: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement.

RQ2: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor?

H_o2: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor.

H_a2: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor.

RQ3: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication?

H_o3: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication.

H_a3: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication.

RQ4: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption?

H_o4: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption.

H_a4: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption.

In Chapter 4, the data collection process is compared to the previously outlined research plan and procedures. Additionally, Chapter 4 details the IRB process, recruitment process, results from analysis and the summary of findings.

Data Collection

A quantitative study was conducted to determine the relationship between perceptions of NLs' ethnicity and bedside NE. I used a partner organization for recruitment purposes. The IRB approval from Walden University was acceptable documentation for the organizations to grant access to members to participate in the survey voluntarily. Recruitment of the participants began on September 11, 2021, after IRB approval on August 16, 2021.

The data collection took 5 months from September 11, 2021, to February 11, 2022, which was beyond the projected time frame of 3 months. The initial data collection phase started with sending out recruitment emails to the five professional organizations. Facebook, Instagram, LinkedIn, and the Philippine Nurses Association, Inc. of the five

organizations accepted approval of Walden University IRB and posted a bio and link to recruit voluntary participants. An additional form of recruitment was a flyer posted on the social media platforms to invite individuals who met the selection criteria to complete the survey published via Qualtrics.

There was a slow response to the survey, which delayed data collection. The flyer was uploaded and reposted on the social media feed for the 5-month recruitment every 2 to 3 weeks. A sample size of 103 was obtained, and 53 of the participants were used to calculate the results due to four participants having fewer than 2 years of nursing experience, 17 participants being NLs, and 29 participants giving multiple answers (particularly Question #7). This was not anticipated because selecting multiple answers was not an option when creating the survey in Qualtrics. This glitch was not discovered during the testing phase. This was noted when the survey was closed. Table 1 includes demographic data of the participants who responded to the survey.

Table 1

Demographic Data

Demographic	Category	Number	Percentage
Ethnicity of leader	Black or African American	32	43.2%
	White	36	48.6%
	Asian	4	5.4%
Nurse leader?	No	56	75.7%
Years practiced bedside nursing	2–5	13	17.6%
	5–10	20	27.0%
	10–20	20	27.0
	More than 20	16	21.6%%
U.S. region of practice	West	9	12.2%
	Southwest	1	1.4%
	Northeast	55	74.3%
	Southeast	6	8.1%
	Midwest	3	4.1%

Most of the participants were White (43.2%, $n = 36$). Most of the participants (54%, $n = 40$) had 5–20 years of experience. More than half (54.3%, $n = 55$) were from the Northeast region of the United States. The participants read a consent form at the beginning of the survey and provided the demographic information requested via the Qualtrics platform.

Results

The assumptions of simple linear regression were evaluated and deemed to have been met. The residual plot indicated no heteroscedasticity. Inspection of histograms of the dependent variables indicated a normal distribution.

Research Question 1

RQ1: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement?

H_o1: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement.

H_a1: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing engagement.

A simple linear regression analysis using SPSS 27 was conducted to evaluate the relationship between nurses' perceptions of NL ED and bedside NE to answer RQ1. A simple linear regression model contained the dependent variable, engagement score, and the independent variable, the perceived ethnicity of the NL. The mean of the engagement score was 31.96, and the standard deviation was 10.725. The null hypothesis was accepted because there was no statistical significance between ethnicity and the engagement score, $F(1,53) = 2.359$, $p = 0.131$, as shown in Table 2.

Table 2

Linear Regression Model With Score as the Dependent and Ethnicity as the Independent

Variable	B	CI 95%	β	*t*	*p*
Constant	55.66	[24.5,86.7]		3.592	0.001
Ethnicity	-3.671	[-8.47,1.12]	-206	-1.536	0.131

Note. R^2 adjusted = 0.043.

Research Question 2

RQ2: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor?

H_o2: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor.

H_a2: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing vigor.

There was a statistically significant relationship between ethnicity and the Vigor score, $F(1,53) = 6.594$, $p = 0.013$. The mean for Vigor was 6.9821, and the standard deviation was 2.86351 (see Table 3).

Table 3

Linear Regression Model With Vigor as the Dependent and Ethnicity as the Independent

Variable	B	CI 95%	β	*t*	*p*
Constant	17.00	[9.086, 24.932]		4.306	0.000
Ethnicity	-1.565	[-2.89,-0.343]	-0.333	-2.568	0.013

Note. R^2 adjusted = 0.111.

Research Question 3

RQ3: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication?

H_o3: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication.

H_a3: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing dedication.

There was no statistically significant relationship between ethnicity and the Dedication score, $F(1,53 = 2.618$, $p = 0.112$ (see Table 4).

Table 4

Linear Regression Model With Dedication as the Dependent and Ethnicity as the Independent

Variable	B	CI 95%	β	*t*	*p*
Constant	24.83	[12.1,3.59]		3.914	0.000
Ethnicity	-1.586	[-3.55,0.38]	-0.219	-1.618	0.112

Note. R^2 adjusted = 0.048.

Research Question 4

RQ4: What is the relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption?

H_o4: There is no relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption.

H_a4: There is a relationship between nurses' perceptions of ethnic diversity in nursing leadership and bedside nursing absorption.

There was no statistically significant relationship between ethnicity and the Absorption score, $F(1,51) = 0.319$, $p = 0.575$. The mean for the absorption score was 12.1852, and the standard deviation was 3.29135 (see Table 5).

Table 5

Linear Regression Model With Absorption as the Dependent and Ethnicity as the Independent

Variable	B	CI 95%	β	*t*	*p*
Constant	15.00	[5.10, 24.91]		3.040	0.001
Ethnicity	-4.32	[-1.965,1.102]	-0.76	-0.565	0.575

Note. R^2 adjusted = 0.006.

Summary

Because there was no statistical significance, the null hypothesis that there was no relationship between the perceived NL ethnicity and overall NE was accepted. Although there was no significance between perceived ethnicity and overall engagement score, a significance was noted in the Vigor subscale in the work engagement of the bedside nurse. In this work engagement assessment, Vigor was the bedside nurse displaying mental strength of wanting to go to work. Chapter 5 provides a description of the results, limitations of the study, recommendations, and implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of the quantitative study was to examine the possible relationship between the perceived ethnicity of the NL and the bedside NE by performing a simple linear regression. There was no statistically significant finding regarding the relationship between the perceived ethnicity of the NL and the bedside NE. More than half of the participants perceived their NL as African American, 74.3% of the participants were from the Northeast region of the United States, and 54% had 5–20 years of nursing experience. The Pearson correlation was used to determine whether there was a correlation between the perceived nursing ethnicity of the NL and the subscales (Vigor, Dedication, and Absorption) of the UWES. There was a low strength correlation noted between the Vigor subscale and perceived ethnicity of the NL. Vigor represents the bedside nurse's willpower to go to work and perform. In this chapter, I interpret the study findings, discuss the limitations, provide recommendations, and present implications for positive social change.

Interpretation of the Findings

The findings did not confirm that the engagement of the bedside nurse was related to the perceived ethnicity of the NL. The Vigor subscale of the UWES was shown to have been related to the perceived NL's ethnicity. This can be explained by nurses' individual strength to work harder. Previous literature addressed how the increase in the ethnic diversity of NLs and engagement of bedside nurses affected positive patient outcomes (Udod & Racine, 2018). Although researchers discussed bedside NE's

relationship to positive patient outcomes, they did not examine the relationship between NL ethnicity and bedside NE.

Ethnic Diversity in Nursing Leadership

The perceived ethnicity of the NL was measured with a demographic question: "What is your nurse leader's ethnicity?" Responses to this question were used to measure the perception of the ethnicity of the bedside nurse. According to the findings, almost half of the NLs were African American, which is contrary to previous studies' findings in which the majority of the nursing workforce is of White ethnicity (Carter, et al.2015). The percentage of ethnic minority NLs is stagnant and is not increasing at the same rate as the ethnic minority bedside nurse workforce (Zangaro et al., 2018).

Engagement in Nursing

I used the UWES to measure engagement. The findings indicated that there was no relationship between the leader's perceived ethnicity and the engagement scores of the bedside nurse participants. There was a relationship noted with the Vigor subscale of the UWES. The relationship to only one of the three subscales of the UWES partially confirmed previous studies. According to previous studies, an engaged employee has made an emotional commitment to be involved in the overall success of the organization (Bailey & Cardin, 2018). Nursing vigor, which is the physical and mental ability to continue working, is an aspect of engagement that these findings demonstrate (Dempsey & Reilly, 2016).

Limitations of the Study

One major limitation of the study was the overrepresentation of participants from the Northeast region of the United States. This overrepresentation did not allow for an equal representation of bedside nurses nationally, which may have resulted in an increase of bedside nurses who perceived their nurse leader to be African American. This increased number of perceived NLs of African American ethnicity is not reflected in the population of African American NLs in the United States, which is 3.4% of the 6% of African American nurses in the workforce (see Banister et al., 2020). Another limitation of the study was that due to the COVID-19 pandemic, data were collected via social media platforms instead of at major conferences. Although the data collection did not occur during the peak of the COVID-19 pandemic, most of the professional organizations held conferences virtually during 2020 and 2021. In-person collection of data at conferences could have increased the number of participants due to personal connection and an option to have real-time incentives (see Newman et al., 2021).

Additionally, the desired sample size of 108 was not achieved due to having to remove some of the participants because of a glitch with one of the survey questions. Given the small sample size in the current study, the generalizability of the findings was limited. Another limitation of the study was that perceived ethnicity of the NL could have been incorrect.

Recommendations

Further research should be conducted on bedside NE and how NL ethnicity is related to the study outcomes. In contrast to this national study, a focused regional study

may yield different results regarding the relationship between the ED of NL and the bedside NE. A variation of the participating group of bedside nurses and what region they practice in may have been too large to obtain significance (see Visentin et al., 2020). When there is too large a variation in the group of participants, this can affect the results.

The current study results revealed that the individual bedside nurse could engage regardless of the nurse's perception of ethnicity in nursing leadership due to the moderate to high engagement scores of the participants. Researchers could investigate other factors that may affect bedside NE. A demographic not included in the study was the participant's age range. The age of the participant answering the survey question may have affected the results of the nurse engagement score and should be considered in future studies.

Implications

Practice Implications and Positive Social Change

The engagement of the bedside nurse is of great importance in the profession of nursing. NE will assist in producing nurses who want the profession to grow. The bedside NE implications are that there will be an increase in positive patient outcomes and an increase of bedside nurses obtaining higher educational levels and participating as the lead in research or evidence-based practice changes (Bailey & Cardin, 2018). According to the results of the current study, the implications for bedside nurses are that the NL's perceived ethnicity is related the vigor aspect of the bedside NE.

Theoretical Implications

Leininger's culture care theory informed the research questions and hypotheses to evaluate the relationship between perceived ethnicity of the NL and bedside NE. This theory explains that patients' outcomes are affected by the care they receive from the culturally congruent practices of their bedside nurses (Leininger & McFarland, 2006). The current study findings indicated no relationship between perceived ethnicity of the NL and bedside NE. The results do not completely support the theory that the cultural congruence of the perceived ethnicity of the NL is related to the engagement of the bedside nurse. According to the theory, the bedside nurse caring for the patient was comparable to the NL caring for the bedside nurse. In the Leininger theory, the bedside nurse's cultural ethnicity is related to positive patient outcomes.

Recommendations for Practice

The results of this study indicated that perceived ethnicity of the NL does not affect bedside NE. Based on the findings, significance was noted only in the Vigor subscale of the UWES. The practice recommendations include looking at the age of bedside nurses and the ethnicity of the bedside nurse to determine whether there is a relationship between the ethnicity of the NL and the engagement of the bedside nurse. The age of the bedside nurse may have affected how they perceived the ethnicity of their NL, which may have influenced the findings regarding the relationship between the perceived ethnicity of the NL and bedside NE (see Dempsey & Reilly, 2016).

Conclusion

The engagement of the bedside nurse is important to the growth of nursing. An organization can obtain nurses, but it will be hard to maintain a highly reliable organization if nurses lack engagement. Diversity and inclusion have been a major focus in many professions and organizations due to recent events of bias-related injustices in the United States. The bedside nurses' ethnicity plays a major role in the care of the patients because patients need to feel like they are being cared for by individuals who understand their cultural background (Philips & Malone, 2014). Further research needs to be done to examine the possible relationship between NL perceived ethnicity and bedside NE with a larger participant pool and more specific regions of the United States.

References

Aho, K. A. (2013). *Foundational and applied statistics for biologists using R*. CRC Press.

Al-Dossary, R. N. (2017). Leadership in nursing. *Contemporary Leadership Challenges*, 251.

Bailey, K. D., & Cardin, S. (2018). Engagement in nursing: One organization's success. *Nursing Administration Quarterly*, *42*(3), 223–230. doi: 10.1097/NAQ.0000000000000296

Banister, G. E., Harris, A. L., Townsend, C., Raymond, N., Masson, P. R., & Dzurec, L. (2020). African American nurses' perspectives on a leadership development program. *JONA: The Journal of Nursing Administration*, *50*(7/8), 414–418. doi: 10.1097/NNA.0000000000000909

Barden, A. M., Griffin, M. T. Q., Donahue, M., & Fitzpatrick, J. J. (2011). Shared governance and empowerment in registered nurses working in a hospital setting. *Nursing Administration Quarterly*, *35*(3), 212–218. doi: 10.1097/NAQ.0b013e3181ff3845

Canela, M. Á., Alegre, I., & Ibarra, A. (2019). Dummy variables. In *Quantitative methods for management* (pp. 57–63). Springer, Cham.

Carmona-Halty, M. A., Schaufeli, W. B., & Salanova, M. (2019). The Utrecht work engagement scale for students (UWES–9S): Factorial validity, reliability, and measurement invariance in a Chilean sample of undergraduate university students. *Frontiers in Psychology*, *10*, 1017. https://doi.org/10.3389/fpsyg.2019.01017

Carter, B. M., Powell, D. L., Drouin, A. L., & Coatis, J. (2015). Beginning with the end in mind: Cultivating minority NL. *Journal of Professional Nursing*, *31*(2), 95–103. https://doi.org/10.1016/j.profnurs.2014.07.004

Carthon, J. M. B., Davis, L., Dierkes, A., Hatfield, L., Hedgeland, T., Holland, S., Plover, C., Sander, A. M., Visco, F., Ballinghoff, J., Del Guidice, M., & Aiken, L. H. (2019). Association of nurse engagement and nurse staffing on patient safety. *Journal of Nursing Care Quality*, *34*(1), 40. https://doi.org/10.1097%2FNCQ.0000000000000334

Chiatti, B. D. (2019). Culture care beliefs and practices of Ethiopian immigrants. *Journal of Transcultural Nursing*, *30*(4), 340–349. https://doi.org/10.1177%2F1043659618817589

Clayton, W. R. (2019). Overcoming barriers impeding nurse activation of rapid response teams. *OJIN: The Online Journal of Issues in Nursing*, *24*(3). DOI: 10.3912/OJIN.Vol24No03PPT22

Coghill, Y. (2019). When will we see more diverse nursing leadership? *British Journal of Nursing*, *28*(1), 62–63. https://doi.org/10.12968/bjon.2019.28.1.62

Cook, B. G., & Cook, L. (2008). Non-experimental quantitative research and its role in guiding instruction. *Intervention in School and Clinic*, *44*(2), 98–104. https://doi.org/10.1177%2F1053451208321565

Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). SAGE Publications, Inc.

Dempsey, C., & Reilly, B. (2016). Nurse engagement: What are the contributing factors

for success. *OJIN: The Online Journal of Issues in Nursing*, *21*(1). https://doi.org/10.3912/OJIN.Vol21No01Man02

Ellemers, N., & Rink, F. (2016). Diversity in work groups. *Current Opinion in Psychology*, *11*, 49–53. https://doi.org/10.1016/j.copsyc.2016.06.001

Fowler, K. (2018). Communicating in a culturally diverse workforce. *Nursing Management*, *49*(9), 50–54. doi: 10.1097/01.NUMA.0000544467.90860.0b

Garcia-Sierra, R., Fernandez□Castro, J., & Martínez□Zaragoza, F. (2016). Work engagement in nursing: An integrative review of the literature. *Journal of Nursing Management*, *24*(2), E101–E111. https://doi.org/10.1111/jonm.12312

Hanson, T., & Matthews, P. (2017). Adapting survey design for smartphones: Lessons from usability testing and survey implementation. *Social Research Practice*, (3), 37–44. https://the-sra.org.uk/Common/Uploaded%20files/Social%20Research%20Practice%20Journal/social-research-practice-journal-issue-03-winter-2017.pdf

Hardesty, D. M., & Bearden, W. O. (2004). The use of expert judges in scale development: Implications for improving face validity of measures of unobservable constructs. *Journal of Business Research*, *57*(2), 98–107. https://doi.org/10.1016/S0148-2963(01)00295-8

Hughley, M. W. (Ed.). (2016). *New tribalism: The resurgence of race and ethnicity*. Springer.

Huynh, A. C., & Grossmann, I. (2020). Rising ethnic diversity in the United States accompanies shifts toward an individualistic culture. *Social Psychological and*

Personality Science, 1948550620967230. https://doi.org/10.1177%2F1948550620967230

Iheduru-Anderson, K. (2020, July). Barriers to career advancement in the nursing profession: Perceptions of Black nurses in the United States. In *Nursing Forum* (Vol. 55, No. 4, pp. 664-677). https://doi.org/10.1111/nuf.12483

Jager, J., Putnick, D. L., & Bornstein, M. H. (2017). II. More than just convenient: The scientific merits of homogeneous convenience samples. *Monographs of the Society for Research in Child Development*, *82*(2), 13–30. https://doi.org/10.1111/mono.12296

Jakobsen, J. C., Gluud, C., Wetterslev, J., & Winkel, P. (2017). When and how should multiple imputation be used for handling missing data in randomised clinical trials–a practical guide with flowcharts. *BMC Medical Research Methodology*, *17*(1), 1–10.

Jeffreys, M. R., & Zoucha, R. (2018). CULTURAL CONGRUENCE IN THE WORKPLACE, HEALTH CARE, AND ACADEMIC SETTINGS FOR MULTIRACIAL AND MULTIHERITAGE INDIVIDUALS. *Journal of Cultural Diversity*, *25*(4).

Katz, J. R., Barbosa-Leiker, C., & Benavides-Vaello, S. (2016). Measuring the success of a pipeline program to increase nursing workforce diversity. *Journal of Professional Nursing*, *32*(1), 6-14.

Kulikowski, K. (2017). Do we all agree on how to measure work engagement? Factorial validity of Utrecht Work Engagement Scale as a standard measurement tool–a

literature review. *International. Journal of Occupational Medicine & Environmental Health*, *30*, 161-175.

Kutney-Lee, A., Germack, H., Hatfield, L., Kelly, M. S., Maguire, M. P., Dierkes, A., Del Guidice, M. M., & Aiken, L. H. (2016). Nurse engagement in shared governance and patient and nurse outcomes. *The Journal of Nursing Administration*, 46(11), 605.

Lane, J., Carrier, L., Jefferies, K., & Yu, Z. (2019). Diverse representation in nursing leadership: Developing a shared position statement on allyship. *Creative Nursing*, *25*(4), 316-321.

Laurence, J., Schmid, K., & Hewstone, M. (2018). Ethnic diversity, inter-group attitudes and countervailing pathways of positive and negative inter-group contact: An analysis across workplaces and neighbourhoods. *Social Indicators Research*, *136*(2), 719-749.

Leininger, M. M., & McFarland, M. R. (2006). Culture care diversity and universality: A worldwide nursing theory. Jones & Bartlett Learning.

López, M. M., Bevans, M., Wehrlen, L., Yang, L., & Wallen, G. R. (2017). Discrepancies in race and ethnicity documentation: a potential barrier in identifying racial and ethnic disparities. *Journal of Racial and Ethnic Health Disparities*, 4(5), 812-818.

Manning, J. (2016). The influence of nurse manager leadership style on staff nurse work engagement. *JONA: The Journal of Nursing Administration*, *46*(9), 438-443.

Matza, M. R., Garon, M. B., & Que□Lahoo, J. (2018, July). Developing minority nurse

leaders: The anchor and the rope. In *Nursing Forum* (Vol. 53, No. 3, pp. 348-357).

McClain, P. D., Johnson Carew, J. D., Walton, E., Jr., & Watts, C. S. (2009). Group membership, group identity, and group consciousness: Measures of racial identity in American politics?. *Annual Review of Political Science*, *12*, 471-485.

McFarland, M. R., & Wehbe-Alamah, H. B. (2019). Leininger's theory of culture care diversity and universality: An overview with a historical retrospective and a view toward the future. *Journal of Transcultural Nursing*, *30*(6), 540-557.

Minoritynurse.com. (2015). Total US nursing population. Retrieved from https://minoritynurse.com/nursing -statistics/

National Council of State Boards of Nursing. (2020). NCSBN's environmental scan: A portrait of nursing and healthcare in 2020 and beyond. *Journal of Nursing Regulation. 10*(4), S1-S36

Newman, A., Bavik, Y. L., Mount, M., & Shao, B. (2021). Data collection via online platforms: Challenges and recommendations for future research. *Applied Psychology*, *70*(3), 1380-1402.

Pennafort, V. P. D. S., Queiroz, M. V. O., Gomes, I. L. V., & Rocha, M. D. F. F. (2018). Instructional therapeutic toy in the culture care of the child with diabetes type 1. *Revista Brasileira De Enfermagem*, *71*, 1334-1342.

Perez, A., Nichols, B., & Quinn, W. V. (2018). Growing diverse NL: The current progress of the future of nursing campaign for action. *Nurse Leader*, *16*(1), 38-42.

Phillips, J. M., & Malone, B. (2014). Increasing racial/ED in nursing to reduce health disparities and achieve health equity. *Public Health Reports. 129*(1_suppl12), 45-50

Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice*. Lippincott Williams & Wilkins. P. 244

Prybil, L. D. (2016). NE in governing health care organizations: Past, present, and future. *Journal of nursing care quality*, *31*(4), 299-303.

Puth, M. T., Neuhäuser, M., & Ruxton, G. D. (2015). Effective use of Spearman's and Kendall's correlation coefficients for association between two measured traits. *Animal Behaviour*, *102*, 77-84.

Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, *25*(3), 293-315.

Seamon, R. (2019). Addressing Appalachian Health Disparities: Applying Madeleine Leininger's Culture Care Theory to Health Care in Appalachia.

Singh, S. K., Burgess, T. F., Heap, J., Zaabi, M. S. A. S. A., Ahmad, K. Z., & Hossan, C. (2016). Authentic leadership, work engagement and organizational citizenship behaviors in petroleum company. *International Journal of Productivity and Performance Management*.

Smiley, R. A., Lauer, P., Bienemy, C., Berg, J. G., Shireman, E., Reneau, K. A., & Alexander, M. (2018). The 2017 national nursing workforce survey. *Journal of*

Nursing Regulation, *9*(3), S1-S88.

Spetz, J. (2016). The nursing profession, diversity, and wages. *Health Services Research*, *51*(2), 505.

Suharnomo, A. Y., Wahyudi, S., & Wikaningrum, T. (2017). A systematic literature review of managing workplace diversity for sustaining organizational competitive advantage. *International Journal of Mechanical Engineering and Technology (IJMET)*, *8*(12).

Sulaiman, W. S. W., & Zahoni, N. A. (2016). Validation of the Utrecht work engagement scale (UWES) in the Malaysian context. *International Journal of Social Science and Humanity*, *6*(9), 672.

Tran, T. T. T., Watanabe, K., Imamura, K., Nguyen, H. T., Sasaki, N., Kuribayashi, K., Sukuraya, A., Ngyuen, N. T., Bui, T. M., Nguyen, Q. T., Truong, T. Q., Nguyen, G. T. H., Mina, H., Tsustumi, A., Shimazau, A., & Kawakami, N. (2020). Reliability and validity of the Vietnamese version of the 9-item Utrecht Work Engagement Scale. *Journal of Occupational Health*, *62*(1), e12157.

Udod, S., & Racine, L. (2018). Diversity in Health Care Organizations. *Leadership and Influencing Change in Nursing*.

Ulep, K. (2018). The nurse leader's pivotal role in retaining millennial nurses. The Journal of Nursing Administration| JONA, 48(12), 604-608.

Vallières, F., McAuliffe, E., Hyland, P., Galligan, M., & Ghee, A. (2017). Measuring work engagement among community health workers in Sierra Leone: Validating

the Utrecht Work Engagement Scale. *Revista de Psicología del Trabajo y de las Organizaciones*, *33*(1), 41-46.

Villarruel, A., Washington, D., Lecher, W. T., & Carver, N. A. (2015). A more diverse nursing workforce. *AJN The American Journal of Nursing*, *115*(5), 57-62.

Visentin, D. C., Cleary, M., & Hunt, G. E. (2020). The earnestness of being important: Reporting non□significant statistical results. *Journal of Advanced Nursing*, *76*(4), 917-919.

Xu, J. H. (2017). Leadership theory in clinical practice. *Chinese Nursing Research*, *4*(4), 155-157.

Young, S., & Guo, K. L. (2016). Cultural diversity training: the necessity of cultural competence for health care providers and in nursing practice. *The Health Care Manager*, *35*(2), 94-102.

Zajac, L. (2017). Creating a Culture of Comfort in the Classroom: Application of a Qualitative Study

Zangaro, G. A., Streeter, R., & Li, T. (2018). Trends in racial and ethnic demographics of the nursing workforce: 2000 to 2015. *Nursing Outlook*, *66*(4), 365-371.