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Overcoming Barriers to Executive Leadership Advancement of Nurses from Racial and Ethnic Minority Backgrounds

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Abstract

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MPhil, Walden University, 2019

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Dissertation Submitted in Partial Fulfillment

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Abstract

The social problem is the underrepresentation of nurses with racial and ethnic minority backgrounds in executive nursing leadership positions as compared to the general population. The management problem is that even when academically prepared, nurses with racial and ethnic minority backgrounds perceive that they face both singular and systemic barriers to promotional opportunities to executive nurse positions, which can lead to negative organizational and societal outcomes. A literature gap exists as to why this phenomenon persists. The purpose of this qualitative, narrative inquiry study was to explore the personal stories and lived experiences of a purposive sample of 17 executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position. The research question and subquestions focused on their personal narratives/stories and lived experiences of this phenomenon. The conceptual framework combined the intersectionality of race and internal and external capabilities. Data collected through semistructured interviews underwent a three dimensional-space structure and thematic analysis process. Member checking served to ensure credibility. The analytic process revealed 11 themes in three major categories of facing the challenges, overcoming barriers, and where the help came from. The social change implications include new knowledge for multiple stakeholders in supporting and developing nurses from racial and ethnic minority backgrounds to assist them in achieving executive nursing leadership positions, thereby increasing the number of nurses with racial and ethnic minority backgrounds in these roles and meeting the needs of a rich and diverse society.

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Dedication

I am dedicating this page to my family who have endured with me through this very long and arduous process. My husband Leonard has been there all the way, supporting and being a motivator, not just during this phase of my academic journey but through it all. To my children Andrea, Andrew and Alex, who are the reasons I strive to be the best I can be so they can have a role model. To my parents who provided a wonderful childhood, that was exciting even through the most difficult times. They never complained but made us believe that there was a world beyond our small world in Jamaica that we needed to be prepared for. While they were both not as academically prepared as most, they taught us the love of God, the value of life, community, sharing and caring for others. I dedicate this page to all those girls, women and specifically people of color who have dreams, and I believe with them, that they too can achieve their dreams and so much more.

Finally, I am dedicating this dissertation to all nurses who continue to be voted by Gallup, as the most trusted profession for the past 20 years. To the nurses at Yale New Haven Hospital who have endured an unprecedented pandemic, but continue to rise to the occasion, and excel in their practice. It has been my privilege to be part of this nursing team at Yale New Haven Hospital.

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To my amazing Dissertation Chair Dr. Keri Heitner, who said yes when I requested her for a chair and walked alongside me throughout this journey. Dr. Keri has been patient and at times when I felt like I couldn't make it, especially during the last two years of the COVID-19 pandemic, reminded me that I could, and to just take it one step at a time. As a result of Dr. Keri's leadership, mentorship, and guidance, I believe I am a better thinker and scholar than when I began this journey. Her commitment to excellence and high-quality work is commendable. I am so very grateful for Dr. Keri. To Dr. William Schulz, who was my professor many years ago during my MBA journey, and who always encouraged me to pursue a Ph.D. I thank him for his patience, his ability to push me beyond my own thinking and to raise the bar in some of the areas of the dissertation writing and conceptualizing. To both my chairs who always made themselves available whenever I needed them.

A special thank you to Dr. Pat Span, a trusted friend and colleague who read my documents, gave me multiple feedback and was always there when I needed help. To my doctoral coach, Dr. Jen- who help me to be accountable and stay on track. To my mentor Dr. Sue Fitzsimons, who always encouraged me to pursue this doctoral degree, and supported my professional growth. I am forever grateful to all those I cannot mention, but who contributed in some way to the successful completion of this dissertation. Finally, to God who is the ultimate source of my strength, and without whom I could not have accomplished anything.

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Chapter 1: Introduction to the Study

The need for nurse leaders at all levels of the nursing profession will become an increasingly difficult challenge in the United States and worldwide (Coghill, 2019; Fowler, 2020; Iheduru□Anderson, 2020), based on the projected retirement, age and inadequate pipeline of the nursing workforce (Daly et al., 2020; World Health Organization [WHO], 2020). The COVID-19 pandemic has put the need for leadership into stark focus, and there is a need for effective senior leadership to safeguard the ongoing strategic development of nursing education, research, scholarship and practice (Daly et al., 2020). Nursing administrators will need multiple strategies to address the enormous challenge of ensuring there is an adequate supply of nurses available to assume leadership roles (Koschmann et al., 2020; Ramseur et al., 2018). One strategy for nurse administrators is to focus on nurses from racial and ethnic minority backgrounds, a demographic population currently underrepresented in nursing leadership positions (Derico & Hawkins, 2017; Handzel, 2021; Moore & Continelli, 2016). The current COVID-19 pandemic has also raised awareness for the acute need for a more diverse nursing workforce and nursing leadership as a result of the impact of the disease on members of minority groups (Koschmann et al., 2020; Purba, 2020). This opportunity could be large, as nurses with racial and ethnic minority backgrounds perceive they have faced, and continue to face, barriers to career advancement, especially at the executive nursing level (Doede, 2017; Dunkley, 2018; Iheduru-Anderson, 2020; Seago & Spetz, 2008). To better understand how talented and qualified nurses from minority backgrounds can overcome barriers to executive leadership and help meet the needs for

leaders in the industry, I focused on the personal experiences of nurse executives with racial and ethnic minority backgrounds as they ascended to an executive nursing leadership position.

Nurses with racial and ethnic minority backgrounds are underrepresented in nursing, including at the executive level of nursing (Derico & Hawkins, 2017; Moore & Continelli, 2016). The current study was needed because the results could provide new knowledge of the strategies that executive nurse leaders with racial and ethnic minority backgrounds used to overcome barriers to leadership advancement. While there has been some published research of nurses with racial and ethnic minority backgrounds who are as academically prepared as their White counterparts, these nurses continue to perceive that they face singular and systemic barriers to promotional opportunities (Doede, 2017; Iheduru-Anderson, 2020; Seago & Spetz, 2008). A gap exists, though, in recent literature as to why this phenomenon continues to occur. After conducting an extensive review of the literature on the underrepresentation of nurses with racial and ethnic minority backgrounds in nursing, both Eastland et al. (2018) and Jefferies et al. (2018), recommended that further research was needed to understand the phenomenon.

There are a number of social implications for the current study. Understanding the firsthand experiences of nurse executives with racial and ethnic minority backgrounds, could provide insights for multiple stakeholders in the development of racial and ethnic minority nurses, thereby increasing the number of nurses with racial and ethnic minority backgrounds in executive leadership roles. Understanding how executive nurses with racial and ethnic minority backgrounds overcame barriers to ascension, may also offer

guidance to other marginalized groups seeking advancement in highly skilled professions. The contents of Chapter 1 addressed the background of the study, the problem statement, purpose of the study, research questions, conceptual framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, summary, and transition.

Background of the Study

A review of the literature on the underrepresentation of nurses with racial and ethnic minority backgrounds in executive nursing leadership positions revealed several articles focused on both the experiences and barriers of nurses in academia (e.g., Beard & Julion, 2016; Kolade, 2016; Relf, 2016), and staff nurses with racial and ethnic minority backgrounds (e.g., Eastland et al., 2018; Likupe, 2015; Xue, 2015). There is, however, a paucity of recent literature on the experiences of executive nurses with racial and ethnic minority backgrounds as they ascend to executive leadership positions (e.g., Dunkley, 2018; Osborne, 2008; Qaabidh et al., 2011). These three researchers focused only on Black female nurses.

Eastland et al. (2018) and Schmieding (2000) recognized that there was a serious problem in the United States with the representation of health professionals of racial and ethnic minority backgrounds. Specifically, Schmieding identified this underrepresentation of health professionals from racial and ethnic minority groups, was more acute in nursing leadership positions and called on nursing organizations and governmental agencies to respond to the situation. Eastland et al. (2018) Iheduru Anderson (2020), and Jefferies et al. (2018) recommended additional research to better

understand the experiences of executive nurses with racial and ethnic minority backgrounds and barriers they overcame to achieve their position. Understanding these barriers and how they overcame to ascend to an executive level of nursing, despite their racial and ethnic backgrounds, might provide insight into increasing the promotional opportunities for these nurses.

A review and analysis of the literature revealed information on how nurses and individuals with racial and ethnic minority backgrounds have overcome barriers to career advancement. Important strategies to assist nurses with racial and ethnic minority backgrounds in overcoming barriers to career advancement include work-life balance, mentorship (Brown-Deveaux et al., 2021; Hill et al., 2005), peer support and organizational involvement (Beard & Julion, 2016). Networking, mentoring, family support, scholarship, and education (Beckwith et al., 2016), and sponsorship and role modelling (Fitzsimmons & Peters-Lewis, 2021; Hill et al., 2016; Matza et al., 2018; Williams & Dawson, 2021) were also identified as supporting the progression of career advancement of nurses and individuals with racial and ethnic minority backgrounds. The literature review also indicated positive contributions of diversity leadership on organizational outcomes and improving health disparities, hence the importance of increasing diversity in nursing (Lublin, 2015; Phillips & Malone, 2014; Shaikh et al., 2018).

While there are documented positive implications for increasing diversity in nursing, the reverse can occur. Matza et al. (2018), Phillips and Malone (2014), and Pittman et al. (2015) discussed the various negative effects of the underrepresentation of

racial and ethnic minority nurses in healthcare and in nursing leadership. Negative outcomes of care can result as a lack of diversity in the workplace and healthcare (Alsan et al., 2019). Nurses with racial and ethnic minority backgrounds may avoid seeking promotional opportunities or leave their organization because of the barriers they face to career advancement (Doede, 2017; Likupe, 2015; Xue, 2015). Organizations with a diverse workforce may have better outcomes (Shaikh et al., 2018). Lublin (2015) reported in a study of 366 organizations in several parts of the world, including the United States, that there was a significant relationship between companies with women and members of racial and ethnic minority groups in their upper ranks and better financial performance. Cletus et al. (2018) suggested that diverse employees in a firm can provide the needed edge that a company needs to succeed in a competitive environment and may determine the firm's potential for success.

Although there is information in the literature on the barriers that nurses with racial and ethnic minority backgrounds face on their career pathway to executive leadership positions, a gap exists in the current published literature on the strategies they used to overcome such barriers while ascending to an executive position. Eastland et al. (2018), Iheduru Anderson (2020), and Jefferies et al. (2018), after an extensive review of the literature, suggested the need for additional research to improve understanding of the barriers that successful executive nurses with racial and ethnic minority backgrounds face as they ascend to their position. The results of the current study may be valuable to racial and ethnic minority nurses and other minority groups, as a road map to guide career planning and progression. Organizational leaders may find the results valuable for use in

programmatic leadership designs as well as increasing awareness of the unique challenges faced by the members of racial and ethnic minority population. The study may also provide information to professional nursing organizations on their role in, and the design of professional development programs focused on eliminating the perceived barriers to career progression by nurses with racial and ethnic minority backgrounds (see Matza et al., 2018).

Problem Statement

The total nursing workforce in the United States numbers nearly 4 million; nurses with racial and ethnic minority backgrounds comprise 19% of the total nursing workforce and 10% of all executive leadership positions (Derico & Hawkins, 2017). Members of racial and ethnic minority groups comprise 32% of the U.S. population, a proportion projected to increase over the next several years (Brooks Carthon et al., 2014; Moore & Continelli, 2016; Spetz, 2016). The percentage of nurses with racial and ethnic minority backgrounds, inclusive of nurses at the executive leadership level, is not representative of the general population (Moore & Continelli, 2016). The social problem is underrepresentation of nurses with racial and ethnic minority backgrounds who are also in executive nursing leadership positions (Matza et al., 2018) as compared to the general population.

The specific organizational and management/ leadership problem is that even when academically prepared, nurses with racial and ethnic minority backgrounds perceive that they face both singular and systemic barriers to promotional opportunities to executive nurse positions (Doede, 2017; Iheduru-Anderson, 2020; Seago & Spetz, 2008),

which leads to the negative organizational and societal outcomes identified in the previous section. These perceived barriers to promotional opportunities can result in nurses with racial and ethnic minority backgrounds feeling overlooked and undervalued, earning less than their counterparts, having to prove they are more competent than others, as well as having a sense of being alone (Eastland et al., 2018). Racial and ethnic minority nurses could have a higher risk of leaving their jobs and being dissatisfied (Doede, 2017; Xue, 2015), which affects both personal and organizational outcomes, or they may remain at the bedside and not seek further advancement into executive leadership, leaving important skills and capabilities untapped (Likupe, 2015; Qaabidh et al., 2011).

Understanding barriers that successful nurse executives with racial and ethnic backgrounds faced while attempting to advance in their profession and identifying how they were able to overcome those barriers to achieve nursing executive positions could provide useful insights for racial and ethnic minority nurses who aspire to an executive leadership position (Eastland et al., 2018). The information gleaned from this study may also provide additional insights into how organizational leaders could support or develop nurses with racial and ethnic backgrounds, to achieving executive nursing leadership positions. While there has been some published research on the barriers that nurses with racial and ethnic minority backgrounds face to executive nurse promotional opportunities, a gap exists in the literature on strategies that these executive nurses use to overcome these barriers.

Purpose of the Study

The purpose of the current qualitative narrative inquiry study was to explore, through the use of personal stories, the experiences of 17 executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position.

Research Questions

The primary research question for the current study was:

R1: What are the personal stories and lived experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position?

The study also had three research subquestions:

S1: What are the personal stories and lived experiences of executive nurses with racial and ethnic minority backgrounds concerning the *barriers they faced* on their pathway to their executive leadership position?

S2: What are the personal stories and lived experiences of nurses with racial and ethnic minority backgrounds concerning the *barriers they overcame* on their pathway to an executive leadership position?

S3: What are the personal stories and experiences of nurses with racial and ethnic minority backgrounds concerning *the facilitators that helped* them overcome barriers and ascend to their executive positions?

Conceptual Framework

Research demonstrated that there is an underrepresentation of nurses with racial and ethnic minority backgrounds who are also in executive nursing leadership and management positions in the United States (Beard & Julion, 2016; Fowler, 2020; Iheduru Anderson, 2020; Matza et al., 2018; Moore & Continelli, 2016). This particular underrepresentation is consistent with a more general pattern of members of minority groups being underrepresented in a number of professional fields, and more broadly in the economy (Arthur & McMahon, 2005; Crenshaw, 1988, 1990, 2010; Nelson & Piatak, 2019; Nussbaum & Sen, 1993; Sanchez-Hucles & Davis, 2010; Siu Chow & Crawford, 2004).To better understand the broad context of why nurses from racial and ethnic minority backgrounds may be underrepresented at the executive level of health care leadership, and to provide a baseline for developing specific questions to ask of the nurses in this study, it is important to review the conceptual framework that guided this research.

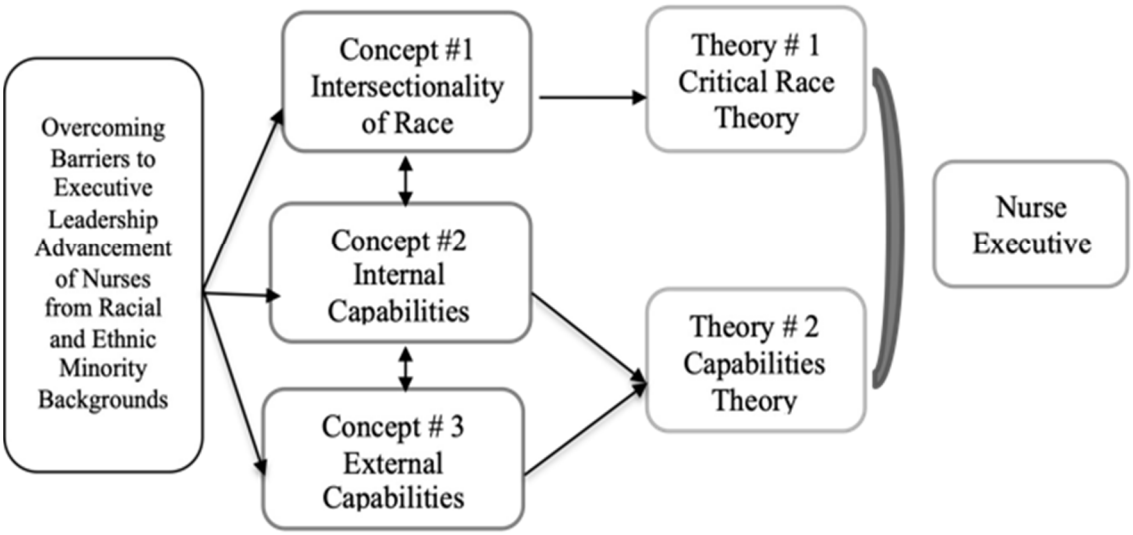
Three major concepts underly this research. The first is that there are intersectionalities between race and career advancement and that these intersectionalities affect one's potential standing or outcomes in society and organizations. The second is that individuals have internal capabilities that can allow them to reach freely their potential. Thirdly, external/societal factors often influence an individual's ability to develop and exercise their internal capabilities.

The concept of intersectionality of race and advancement is derived from critical race theories (Delgado & Stefancic, 2017). The concepts of capabilities development and

overcoming barriers to advancement is derived from capabilities theory (Nussbaum & Sen, 1993). A discussion of the intersectionality of race and career advancement of nurses from racial and ethnic minority backgrounds, and how the environment or society (external capability) influences (internal capabilities) the experience of nurse leaders to overcome barriers to achieving a nurse executive position follow. The concepts of the conceptual framework and their relationships to critical race and capabilities theories are depicted in Figure 1.

Figure 1

Conceptual Framework



Intersectionality

Intersectionality is a construct of critical race theory (Delgado & Stefancic, 2017), and refers to the overlapping of social and individual categories such as race, gender, class, age, attractiveness, body type, citizenship, education, and sex (Crenshaw, 1990).

The concept of intersectionality has been applied to a number of studies examining the intersection of race and career advancement (Herk et al., 2011; Jean-Marie et al., 2009; Smooth, 2016). Herk et al. (2011) suggested that an intersectionality paradigm is a means by which nurses can address issues of oppression and privilege within their practice and profession. Jean-Marie et al. (2009) examined the intersection of race and gender on the career experiences of Black women in educational leadership. In the current study, intersectionality of race refers to the ways in which race and career overlap in potentially affecting the career advancement experiences of executive nurses from racial and ethnic minority backgrounds.

Capabilities

Capabilities is a construct of capabilities theory, which Sen (1993) pioneered as an approach to welfare economics and development (Nussbaum & Sen, 1993). Sen suggested that the use of the capability approach is concerned with evaluating the ability of an individual to achieve various valuable functionings as part of living. To achieve those functionings, Sen argued that individuals must have some level of freedom or opportunities, including personal characteristics and social arrangements in order to achieve valuable functionings. Sen indicated that some functions are basic, such as being adequately nourished, being in good health, and being educated, while other functions may be more complex, such as self-respect and social integration. Nussbaum, along with a number of other philosophers, further developed the capabilities construct (Nussbaum & Sen, 1993) which they have since applied in a variety of approaches. Researchers and philosophers have applied the capabilities construct as an analytical and measurement

framework to the exploration of equalities and human rights, employment activation, and mental health as examples (Robertson & Egdell, 2018).

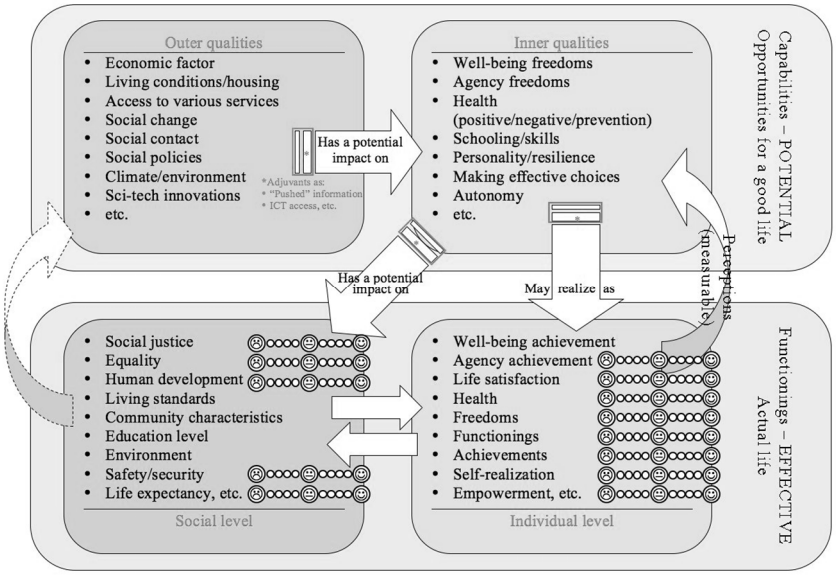
The proponents of the capability theory purported that what matters ethically is whether a person is freely able to fully function, and to be or do what they have reason to value (Cornelius & Skinner, 2005). Capabilities imply freedoms or opportunities for functioning such as when people have opportunities for education, and healthcare, other opportunites arise (Banerjee & Damman, 2013). According to Cornelius and Skinner (2005), basic capabilities such as individuals talents, once enabled are primed for action as internal capabilities that can be readily used. Robeyns (2016) indicated that for an individual to achieve full function the environment, community, and societal factors (external capabilities) must operate in combination with each individual's internal capabilities.

As indicated in Figure 2, there are numerous interrelated influences on the ability of an individual to achieve full functioning in the general society (Sachie, 2008). The upper half of the schema reflects the potential capabilities or opportunities that an individual may have available to achieve what they value, which include both external opportunities and inner qualities. The lower half of the schema indicates the person's current life, current functionings, or what they have achieved. These functionings can also occur at the societal or individual level. As the arrows depict, there is an interrelation of the internal capabilities and the societal or environmental capabilities that in turn leads to the individual achieving their full function what they wish to achieve (Sachie, 2008). In the current study, the capabilities approach serves as a means of understanding how

the internal and external factors work together to support nurses from a racial and ethnic minority backgrounds to achieve full functioning as nurse executives.

Figure 2

Internal and External Opportunities or Capabilities and the Implications on Achieving Full Functioning



Note. Adapted from Sachie (2008). *Understanding the capability approach and quality of life*. http://social-issues.org/community/node/223.

Internal capability is a construct of capabilities theory and is derived from one of the seven core capability approaches known as conversion factors (Robeyns, 2016). The capability conversion factor has three approaches, the first of which is the personal conversion factor such as physical condition, reading, and intelligence. These factors are internal to the individual and are described as the internal capabilities (Robeyns, 2016, 2017). The internal capability therefore is defined as the ability of an individual to use the personal conversion factors to freely reach their full capability or function, and be or do what they have reason to value (Nussbaum & Sen, 1993). Several authors have examined

the capabilities framework in a variety of experiences, professions, or through analysis of the capabilities approach (Anand & van Hees, 2006; Cornelius & Skinner, 2005, 2008).

External capability is a construct of capabilities theory and is also derived from one of the seven core capability approaches known as the conversion factors. The first of the conversion factor is the internal capability as indicated above. The second conversion factor is the social factor, such as societal hierarchies, or power relations related to class, race, gender, or caste (Robeyns, 2016). The third factor is the environmental conversion factor, which is the physical or built environment in which an individual exists or lives. Both society and environmental factors are considered external factors or capabilities (Robeyns, 2005). Cornelius and Skinner (2005) indicated the need to combine the three factors of (a) internal capabilities, (b) the environment, and (c) societal factors for the individual to achieve full function, which should be examined in a multidisciplinary perspective. Robeyns (2017) suggested that examining the capability approach is important, because it gives a new way of evaluating the lives of individuals and the societies in which those people live their lives. The use of the capabilities framework allows for the exploration of how the abilities and characteristics or internal capabilities, in combination with the societal, environmental or social factors (external capailities) affect the ability of the nurse from a racial and ethnic minority background to achieve an executive leadership position (functioning).

Nature of the Study

The research approach for the current study was a qualitative method with a narrative inquiry design. Qualitative research is a situated activity that locates the

observer in the world, and involves an interpretive approach (Denzin & Lincoln, 2017). Narrative inquiry is a way of understanding and inquiring into experiences through collaboration between researcher and participants, over time, in a place or series of places, and in social interaction milieus (Connelly & Clandinin, 1990). The use of a qualitative narrative inquiry design was applicable in the current study to highlight lived experiences of executive nurses from racial and ethnic minority backgrounds (Abkhezr et al., 2018; Clandinin, 2006), and as a starting point for understanding how they make sense of their pathway to their executive position (Blustein et al., 2013).

I recruited nurses using a nonprobability purposive sampling technique, with my personal social networking sites such as LinkedIn, Facebook, and Twitter. I also recruited nurses through Walden's Participation Pool. Data collection involved semistructured interviews with a purposively selected sample of 17 nurse executives from racial and ethnic minority backgrounds in the United States. The pool of candidates exceeded the target sample size of 12-15. Interviews commenced on August 14 and concluded on September 6, 2021, when I achieved data saturation. I also collected demographic data at the time of the interview. Data analysis involved using a three-dimensional space narrative structure (see Clandinin & Connelly, 2004), which allowed me to organize the data and results into categories and themes (see Wang & Geale, 2015).

Definitions

The following section contain definitions of terms used in a unique way in the current study. Each definition clarifies the term's uniqueness as it applies to the current study.

Career barriers: Career barriers can be objective or contextual factors such as, social class, race, internal competency, or the external environment that negatively impacts an individual during their career trajectory (Murtagh et al., 2007). In the current study, career barriers refer to the barriers experienced by nurses from racial and ethnic minority backgrounds as they advance to an executive leadership position.

Capability: Capability refers to when an individual has the freedom to do what they have reason to value (Cornelius, 2002). In the current study, capability refers to the freedom of the nurse with a racial and ethnic minority background who achieves a nurse executive role.

Discrimination: Discrimination is the process of treating someone less favorably than another person because of an identity group characteristic (Semu, 2020). In the current study, thie term refers to different ways that nurses from a racial and ethnic minority backgrounds is treated.

Diversity: Diversity refers to differences among a group of people and may include race ethnicity, language, gender, religion, national origin, sexual orientation, socioeconomic status (Collins, 2002; Roberson, 2019). In the current study, diversity refers to the diverse races and ethnicities in the nursing workforce.

Executive nursing leader: Executive nursing leaders are individuals who hold positions of chief nursing officer (CNO), chief nursing executive (CNE), or vice president (VP) of nursing (American Organization of Nurse Executives, 2015). The VP of nursing may have oversight of a single organization or a major service line within a single organization or a health system. An executive nursing leader may also be an

individual with a combined chief nursing officer/chief operating officer or chief nursing officer/chief executive officer role. In the current study, an executive nursing leader is someone who has achieved a CNO, CNE or VP of nursing role, and is of a racial and ethnic minority background.

Intersectionality: Intersectionality is a construct of critical race theory and refers to the concept that race, gender, class, age, attractiveness, body type, citizenship, education, sex, and gender interacts to shape employment experiences (Crenshaw, 1990). In the current study, intersectionality refers to the ways in which race and career overlap in the employment experiences of nurse executives from a racial and ethnic minority background.

Intersectional invisibility: Intersectional invisibility refers to the decreased visibility of persons with multiple subordinate group identities compared to those with a single subordinate group identity because of their belonging to two or more marginalized groups (Rosette et al., 2016). In the current study being a female or male from a racial or ethnic minority background, constitutes multiple subordinate identities and can render someone invisible to others.

Invisibility: Invisibility refers to the experience of marginalized group members who are overlooked or dismissed by the dominant group in terms of professional authority, potential, and recognition (Smith et al., 2019). In the current study, invisibility refers to the experience of nurses from racial and ethnic minority backgrounds who perceive they are often overlooked for promotional opportunities.

Outsider-within status: Outsider-within status refers to the condition of being outsiders when working in predominantly high-status (White and male dominated) spaces *(*Smith et al., 2019). In the current study, outsider-within status refers to the nurses from racial and ethninc minority backgrounds who work in a predominantly White majority environment.

Racial and ethnic minority background: Racial and ethnic minority background refers to individuals who identify with a particular race, a shared culture and or national origin who experience a lack of power (Cokley, 2005). In the current study, the sample was comprised of nurses from racial and ethnic minority backgrounds as defined by the United States Office of Budget and Management: Classification of Federal Data on Race and Ethnicity (2016) in Appendix A. The sampling criteria included individuals who were of American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, Hispanic or Latino. While Middle Eastern or North African backgrounds are listed under the category of White, there is a growing call for creating a separate section for this group of individuals to be classified as non-White on the U.S. census (Alshammari, 2020; Middle Eastern or North African [MENA], n.d.; Wang, 2020.). They were therefore eligible for participation in the current study.

Stereotypes: Stereotypes are fixed ideas, often unfavorable, about group characteristics (Byrd & Scott, 2018). Nurses with racial and ethnic minority backgrounds, such as those in the target population for the current study, may experience stereotyping because of group characteristics.

Structural racism: Structural racism refers to the totality of the way in which society fosters racial discrimination through mutually reinforcing beliefs, values, practices, and patterns (Bailey et al., 2017). Examples include segregated schools, workplaces, and geography. In the current study, structural racism refers to the experiences of nurses because of being from a racial and ethnic minority background.

Workforce diversity: Workplace diversity describes the differences that exist between people at work, labor statistics and other data that shows that workforces have been, and continue to become, more heterogeneous (Mor Barak & Travis, 2013). In the current study, the term refers to the different ethnicities of nurses in the workforce.

Assumptions

I made several assumptions about the current study. The first assumption was that participants would be truthful about their status as a nurse executive from a racial or ethnic minority background and that only individuals meeting these criteria would respond to the invitation. The second assumption was that the design of the study, inclusive of the interview questions, would be adequate in allowing the participants to share their stories and experiences of achieving an executive role and, which in turn would provide information for analysis and findings. The third assumption was that I would have the capability to engage the number of participants needed through this study using a purposive sample approach. The participants were solicited through my professional network. My final assumption was that I would remain vigilant and frequently assess positioning and subjectivity in the analysis and interpretation of the

nurse executives' stories. I am from a racial and ethnic minority background similar to the participants who were interviewed and may have or not have similar experiences.

Scope and Delimitations

The scope of the study included the personal stories and experiences of a purposively selected sample of 17 nurses of racial and ethnic minority backgrounds who have overcome barriers to achieve a nurse executive leadership position. Multiple delimitations were applicable to the study. The first delimitation was that the target population for the current study are nurses in the United States from a racial and ethnic minority background who have achieved an executive nursing leadership position. Next, the sampling frame included nurse executives of racial and ethnic minority backgrounds because they are underrepresented in the nursing workforce (see Derico & Hawkins, 2017; Moore & Continelli, 2016). Nurses from other backgrounds were excluded. The sampling frame included executive nurse leaders who hold or previously held the positions of CNE, CNO, or VP of nursing. Nurses who have not held these positions were excluded. The sampling frame included a preference for nurses prepared at the master's degree level.

The study focused primarily on how nurses from racial and ethnic minority backgrounds overcame barriers while ascending to an executive nurse leader role, and not on other barriers they may have experienced. The study was limited to the qualitative method and a narrative inquiry approach. The conceptual framework was restricted to the constructs of intersectionality of race and career advancement, the internal capabilities of nurses from a racial and ethnic minority background and how the environment and

society affects their ability to overcome barriers to career advancement. The constructs of critical race theory such as, sexual orientation, religion, and economic status are excluded from this study as they are not suitable for the study design. The study was also restricted to the conceptual framework, as other theories and frameworks introduced by other researchers exploring the phenomenon, was not suitable for the objective of this study. The findings from the study may be transferable only to nurses from racial and ethnic minority backgrounds in similar geographical locations and healthcare settings. The findings may not be transferrable to other populations and settings.

Limitations

Limitations pertain to methodological weaknesses and biases beyond the control of the researcher that could influence the study (Crawford et al., 2016). This section outlines the limitations of the study and how they were addressed. The first limitation was the potential availability of a sufficient number of executive nurses from racial and ethnic minority backgrounds to comprise the sample and achieve data saturation. This limitation was mitigated by using personal networks, social media, the Walden's Participant Pool, and snowballing techniques to identify these group of nurses. The second limitation was the ability to access adequate numbers of nurse executives from racial and ethnic minority backgrounds. This limitation was mitigated by using personal networks, social media, emails, the Walden's participant pool, and snowballing technique to access participants. Another limitation is the participants' openness and honesty about their experiences. Mitigation of this limitation occurred by assuring participants of the

confidentiality of their responses, deidentifying their data, and member checking so participants could validate their stories.

Maintaining confidentiality is a challenge in narrative inquiry research, as stories may involve the descriptions of individuals or events that could be identified if not carefully managed during the study. Careful use of a number system and pseudonyms, ensuring participants understand the nature of the research and the procedures to be used to protect their privacy and confidentiality and applying a rigorous analysis approach was used to protect participants' identity and confidentiality.

An additional limitation included the use of telephone interviews, which does not allow for observing body language and expressions, which could provide cues for further exploration during the interview. All participants opted for a telephonic interview. I mitigated this limitation by carefully listening during the interviews, taking notes, and listening to the audiotapes to capture as many cues as possible. Documenting other indicators such as voice tone, emotional response, unique words, and other nonverbal cues provided additional data for analysis.

Researcher bias is an inherent threat in qualitative research, as the researcher is an instrument in data collection and analysis (Ravitch & Carl, 2019). Because the researcher cannot truly separate them self completely from the final product, the researcher should be as transparent and reflexive about all the research processes (Galdas, 2017). I am a nurse and a nurse executive from a racial and ethnic minority background and have achieved an executive leadership position. I am of African-Caribbean lineage and an immigrant from Jamaica, where nurse executives from racial and ethnic minority

backgrounds were in the majority. Field testing demographic and interview questions prior to institutional review board (IRB) review allowed for feedback and helped to minimize the use of leading questions stemming from researcher bias. I maintained a reflective journal to capture thoughts, reactions, and personal reactions to the interviews, which allowed me to ensure that the data analysis was reflective of the participants' stories and not of my own. Engaging participants in member checking also helped to minimize researcher bias. I solicited feedback from the participants by requesting that they each review a summary of the themes that emerged from the analysis of the complete set of interviews. The intent of this member checking was to ensure an accurate representation of the participants' responses (see Connelly, 2016; Geertz, 2008; James, 2018) and the stories they wished to convey.

The study was dependent on the recall of the participants' *post hoc* explanations and articulation of events. Some individuals may overstate certain experiences, minimize and or exclude others. Capturing all that is being said and listening for verbal and non-verbal cues that may lead to asking follow-up questions or clarification of stories helped to address this limitation.

Significance of the Study

The results of the current study may contribute to the field of nursing in several ways. The findings could provide guidance to nurse leaders, organizational stakeholders, professional organizations, and individuals in shaping policies, developing programs, and advancing the body of knowledge to support the increase of nurses with racial and ethnic minority backgrounds in the workforce and in executive nursing leadership positions.

Managers and nurse leaders in healthcare, specifically, may also use the findings of the current study to target recruitment strategies focused on individuals from racial and ethnic minority backgrounds. The findings from the current study may also be used to partner with schools of nursing to support the completion rate of nursing students from racial and ethnic minority backgrounds. The result of integrating new knowledge could potentially increase the recruitment, retention, and career progression of nurses of a racial and ethnic minority background. Nurse leaders are essential to the development of the clinical team, and creating an inclusive environment for all (Doede, 2017).

Significance to Practice

As indicated by Craft-Blacksheare (2018) and Phillips and Malone (2014), increasing nurses from a racial and ethnic minority background in leadership positions in healthcare could improve both the clinical outcomes and health status of the nation's vulnerable populations and positively affect health disparities. An increased understanding of how nurses with racial and ethnic minority backgrounds have overcome specific and systemic barriers and have achieved successful roles as a nurse executive may offer guidance to other marginalized groups seeking advancement in highly skilled professions.

Organizational stakeholders could use the results of the current study in designing recruitment strategies, leadership development, mentoring and coaching programs as well as tuition reimbursement programs targeted at nurses with racial and ethnic minority backgrounds. Chanland and Murphy (2018) indicated that first-time women and directors from a minority background receive less mentoring than their male or White

counterparts. The findings from this study could also inform policy development that may result in improving the career success of nurses and other members of racial and ethnic minority groups. The findings could provide new knowledge that may assist the ongoing work of developing diverse leaders by integrating the findings in policies, training toolkits, and action plans.

Significance to Theory

The findings from the current study could be disseminated at local conferences sponsored by nursing organizations to provide new knowledge to participants, and professional organizational leaders. This new knowledge may also be useful for leaders in professional organizations to assist the design of fellowship programs and ongoing education targeted towards the nurse from a racial and ethnic minority background. The role of the minority professional organizations in developing their members as leaders is also essential (Matza et al., 2018). Nurses with racial and ethnic minority backgrounds, could use the current study findings on a personal level to identify specific gaps in their competencies or specific areas needed for personal growth.

Significance to Social Change

The significant underrepresentation of nurses with racial and ethnic minority backgrounds, particularly at the executive nursing level of the workforce, has positive social change implications that the current study findings might mitigate. The information gleaned from this study may provide insights for multiple stakeholders in the development of nurses from a racial and ethnic minority background to achieve executive nursing leadership positions, thereby increasing the number of nurses with racial and

ethnic minority backgrounds in these roles. The COVID-19 pandemic has highlighted the disparities in the healthcare system (American Nursing Association [ANA], 2021) and the call for increasing diversity in nursing leadership to address health inequity in the United States (American Association of the College of Nursing [AACN], 2021; National Academies of Sciences, Engineering, and Medicine [NAM], 2021).

Summary and Transition

Despite individuals from racial and ethnic minority groups being 32% of the U.S. population, nurses from racial and ethnic minority backgrounds comprise only 19% of the 4 million nursing workforce (Derico & Hawkins, 2017; Moore & Continelli, 2016) and 10% of executive leadership positions (Doede, 2017; Seago & Spetz, 2008). A review of the literature revealed gaps in the understanding of why this phenomenon continues to exist. The current study involved applying a qualitative narrative inquiry design to explore the stories and experiences of nurses in the United States from a racial and ethnic minority background, concerning the barriers they overcame on their pathway to an executive leadership position. Data collection involved semistructured interviews with a purposively selected sample of 17 nurse executives with racial and ethnic minority backgrounds. Data analysis involved using a three-dimensional space narrative structure (see Clandinin & Connelly, 2004). The potential new knowledge generated by the current study may be used by nurses from racial and ethnic minority backgrounds who aspire to a nurse executive role. The new knowledge might also help individuals and organizational leaders to assist them in better understanding the challenges that individuals from racial and ethnic minority groups face during their career trajectory.

The chapter began with an introduction to the underrepresentation of nurses from racial and ethnic minority backgrounds in nursing and executive nursing leadership positions. The background to the study was followed by a description of the management problem, the gap in the literature, and the purpose for why the study needed to be conducted. Additional information in the chapter included a description of barriers that some nurses from racial and ethnic minority backgrounds experience along their career pathway and how they overcame those barriers, to achieve their executive leadership position. The chapter also included a brief analysis of the implications, and importance of increasing the population of underrepresented nurse leaders of racial and ethnic minority backgrounds in the nursing workforce. Three major concepts underlie the current research: (a) intersectionalities between race and career advancement, (b) internal capabilities, and (c) external capabilities of executive nurses from racial and ethnic minority backgrounds. Definitions of key terms, assumptions, scope and delimitations, and limitations were included, and the chapter concludes with the significance of the study to practice, theory, and social change.

The next chapter focuses on the review and synthesis of the literature that forms the basis of the current research. Chapter 2 includes the search strategy, coverage of the conceptual framework, and a comprehensive analysis and synthesis of the historical and current literature pertinent to the problem and phenomenon of nurses with racial and ethnic minority backgrounds overcoming barriers to achieve an executive leadership position. The chapter concludes with a summary of the gaps in the literature that support

the need to conduct the current study. The chapter ends with a transition to Chapter 3, which focuses on the research methodology.

Chapter 2: Literature Review

This chapter contains a review of the existing literature related to the problem. The social problem is that nurses from ethnic and racial minority backgrounds are underrepresented at the leadership level as compared to the general population. The general population of the United States is becoming more diverse over time, while the proportion of individuals from racial and ethnic minority backgrounds in leadership positions in many professions (Busari, 2019; Hill et al., 2016; Sy et al., 2017), including the nursing leadership community is not keeping pace (Moore & Continelli, 2016; NAM, 2021). Nurses of racial and ethnic minority backgrounds comprise only 16% of the nearly 4 million nurses in the United States (Smiley et al., 2021) and 10% of all executive leadership (Derico & Hawkins, 2017). Nurses with racial and ethnic minority backgrounds are underrepresented in executive nursing leadership positions (Fowler, 2020; Iheduru□Anderson, 2020; Matza et al., 2018; Schmieding, 2000) as compared to the general population.

The purpose of the qualitative narrative inquiry study was to explore, through the use of personal stories, the experiences of 17 executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position. To understand what might be causing the underrepresentation of nurses from racial and ethnic minority backgrounds in executive leadership positions, and what can be learned from the experiences of such nurses on the barriers they overcame on their pathway to executive leadership, I will present an extensive appraisal and synthesis of the academic literature relevant to this phenomenon.

Chapter 2 includes five sections. The first is a detailed account of the search strategy used for the literature review. The search strategy is followed by a description and discussion of the conceptual framework and its application to the current study. The third section includes a review and synthesis of the relevant literature pertinent to the problem statement, inclusive of what is known and not known and remains to be studied. Section 4 includes a review, synthesis and summary of common methods and techniques reflected in the body of literature that relate to the identified gaps in understanding in the field, and the final section will conclude with a summary, conclusions, and a transition to Chapter 3.

Literature Search Strategy

The relevant literature for this study includes articles from multiple disciplines such as academia, business, management, healthcare, and nursing. The review mostly covers works published in 2017 or later, with a smaller portion from, and prior to 2017 that includes historical contexts and seminal work as depicted in Table 1. The search for the relevant articles included peer-reviewed articles, the use of specific and combined vocabulary, phrases, and terminologies. Data bases inclusive in the search strategy includes CINHAL, CINHAL & MEDLINE combined search, ProQuest, ProQuest Dissertation & Thesis Global and Google Scholar, ProQuest Health & Medical Collection, SCOTUS, and Google Scholar. Some of the key terms for the current study included, diversity in *nursing, minorities in nursing, minorities in healthcare, diversity in healthcare, minorities in the workplace, diversity and OR minorities in the workplace, diversity in leadership, minorities in leadership, barriers to minorities in leadership,*

barriers to minorities in nursing, barriers to minorities in nursing leadership, career advancement for minorities in nursing leadership, race and nursing, intersectionality, intersectionality and career, intersectionality and career advancement, minority nurses overcoming career barriers, and *overcoming barriers and minority nurses.* Search words used include terms such as *personal factors, interpersonal factors and environmental factors, systemic and structural factors, capabilities, narrative inquiry, stories,* and *minority nurses' experiences.*

Table 1

Number and Age of References in the Review of the Literature

Category	2022	2021	2020	2019	2018	<2017	Total
Peer reviewed journal articles	3	6	10	10	20	48	97
Books		1		1	1	2	5
Other non-peer reviewed sources		4	3	2	4	8	21
Dissertations					2	2	4
Total sources	3	11	13	13	27	60	127
Percentage of Total	2%	9%	10%	10%	21%	47%	

Conceptual Framework

The phenomenon of interest in the current study was the storied experiences of nurses from racial and ethnic minority backgrounds, and the barriers they overcame on their pathway to executive leadership. To understand why this phenomenon continues to occur, three major concepts were used to underly the current research. The first is that there are intersectionalities between race and career advancement and that these intersectionalities affect one's potential standing or outcomes in society and organizations. The second is that individuals have internal capabilities that can allow

them to freely reach their potential. Thirdly, external/societal factors often influence an individual's ability to develop and exercise their internal capabilities. The concept of intersectionality of race and advancement derives from critical race theories (Delgado & Stefancic, 2017). The concept of internal and external capabilities derives from capabilities theory (Nussbaum & Sen, 1993). The discussion will cover the intersectionality of race and career advancement, and how the environment or society (external capability) influences (internal capabilities) the experience of nurses from a racial and ethnic minority background in overcoming barriers on their pathway to achieving a nurse executive position.

Intersectionality and Critical Race Theory

The intersectionality of race is a construct of critical race theory, which originated in the 1970s when legal scholars Freeman and Bell (1981) became concerned about events in the postcivil rights era. Critical race theory originated in the 1970s when a number of lawyers, activists, and legal scholars, such as Freeman and Bell, became concerned that some of the advances of the civil rights era of the 1960s were stalled and were even being rolled back (Delgado & Stefancic, 2017). Freeman and Bell joined forces with other minority scholars in an attempt to identify ways to address the issues. Through meetings, conferences, activism, and speeches, the development of critical race theory began. Critical race theory was built on the insight of critical legal studies and radical feminism exemplified by figures as Sojourner Truth, Martin Luther King, Jr., and Frederick Douglass (Delgado & Stefancic, 2017). Critical race theory also provides a framework for contextualizing the worldview of a group of people that have experienced

racism, discrimination, and marginalization (Jean-Marie et al., 2009). Among major themes, critical race theory considers the intersection of race, class, gender; story-telling/counter storying; and naming one's own reality (Jean-Marie et al., 2009). The major theme of intersection of race is one of the three constructs of the conceptual framework for the current study.

Intersectionality of Race

Crenshaw (1990) was credited with coining the term *intersectionality.* The idea of intersectionality was as a result of the experiences of Black women who felt marginalized and alienated both by the efforts of Black movements by men and the women's movement in the United States (Crenshaw, 1990). As a result of these experiences by Black women, advocates for Black feminism advanced a social movement to address the interests of Black women. This social movement led to the concept that race and gender interacted to shape the employment experiences of Black women. Crenshaw (1990) used the term intersectionality to describe this phenomenon. Black feminist scholars also became more involved in the social women's movement and subsequently discovered that the experiences of Black women were like members of other racial and ethnic minority groups who had two or more disadvantages. Over time, the definition of intersectionality was expanded beyond race, class, and gender to include age, attractiveness, body type, caste, citizenship, education, sex, and religion (Gopaldas, 2013).

Intersectionality of Race and Career Advancement

The issue of race and career advancement in the United States workforce has been well documented in the literature (Arthur et al., 1989; Garbuzov et al., 2022; Randel et al., 2021; Siu Chow & Crawford, 2004; Williams & Wyatt, 2015). Race has long been indicated as a strong predictor of positions and career patterns in the labor force (Arthur et al., 1989), and analysis of research suggests that race continues to be a barrier to career advancement for members of racial and ethnic minority groups (Garbuzov et al., 2022; Stockfelt, 2018; Williams & Wyatt, 2015).

Nurses with a racial and ethnic minority background perceive that they have internal skills and capacities or are equally qualified as other nurses (Doede, 2017; Seago & Spetz, 2008). Despite being just as prepared as their counterparts, nurses from racial and ethnic backgrounds often perceive that they experience the environment or society negatively in being overlooked for promotional opportunities (Doede, 2017; Seago & Spetz, 2008; Spetz, 2016). For the current study, intersectionality is a useful construct for exploring the stories and experiences of nurses from racial and ethnic minority backgrounds on their pathway to an executive leadership position. Intersectionality, as one of the constructs, also aligns well with the constructs of internal and external capabilities of nurses from racial and ethnic minority backgrounds.

Capabilities Theory

Capabilities is a construct of capabilities theory, which Sen (1993) pioneered as an approach to welfare economics and development. Sen suggested that the use of the capability approach is concerned with evaluating the ability of an individual to achieve

various valuable functionings as part of living. To achieve those functionings, Sen argued that individuals must have some level of freedom or opportunities, including personal characteristics and social arrangements. Sen indicated that some functions are basic such as being adequately nourished, being in good health, and being educated, while other functions may be more complex such as self-respect and social integration. Nussbaum, along with a number of other philosophers, further developed the capabilities construct (Nussbaum & Sen, 1993) which they have since applied in a variety of approaches (Robeyns, 2017). Researchers and philosophers have applied the capabilities construct as an analytical and measurement framework to the exploration of equalities and human rights, employment activation, and mental health as examples (Robertson & Egdell, 2018).

The proponents of the capability theory purport that freedom to achieve well-being is a matter of what people are able to do and to be, which affects the life they are able to lead. Capabilities theory or approach is generally understood as a conceptual framework and can be used for a range of exercises such as (a) assessing the well-being of individuals, (b) evaluating and assessing social arrangements, and (c) designing policies and proposals about social change in society (Robeyns, 2016). The capability framework can also be used to evaluate aspects of social well-being such as inequality and as a tool to conceptualize and evaluate such phenomena (Robeyns, 2005). According to Robeyns (2016), the use of the capabilities theory or approach can help to inform researchers about what to look for and how to judge how well an individuals' life is going or has gone. The capability framework was used as a tool to evaluate the social wellbeing

and experiences of nurses from racial and ethnic minority background as they progressed through their career journey.

Within the capability's theory or approach, what matters ethically is whether a person is freely able to fully function and to be what they have reason to value (Cornelius & Skinner, 2005; Robeyns, 2016). Capabilities imply freedoms or opportunities for functioning such as when people have opportunities for education, and healthcare, other opportunities arise (Banerjee & Damman, 2013). Capabilities are defined as combined capabilities, resulting from personal abilities and external circumstances including social and political arrangements (Nussbaum & Sen, 1993). As such the social settings of individuals may facilitate or promote individual capabilities or may also negatively interfere in the process of development. This negative interference is particularly problematic for groups already suffering an advantage, or who have been historically oppressed and segregated (Sacchetto et al., 2018). Nurses from racial and ethnic minority backgrounds, perceive that they experience suppression of their internal capabilities, which can result in their inability to achieve full functioning, such as becoming a nurse executive (see Doede, 2017; Dunkley, 2018; Seago & Spetz, 2008).

Internal Capabilities

The capability conversion factor has three constructs. The first conversion factor is the personal conversion factor, such as physical condition, reading, and intelligence, which are internal to the individual (Robeyns, 2016). According to Nussbaum and Sen (1993), one of the many constructs of capabilities theory focuses on whether a person can reach their full capabilities or function freely and be or do what they have reason to value

(internal capabilities). For an individual to use internal capabilities, the environment, such as the community or society, must function together as combined capabilities. For each internal capability, there is an external capability (Nussbaum & Sen, 1993).

External Capabilities

The second conversion factor is the social conversion factor, such as the society in which a person lives, social norms, unfair discrimination practices, societal hierarchies, or power relations related to class, race, gender, or caste (Robeyns, 2016). The third factor is the environmental conversion factor, which is the physical or built environment in which an individual exists or lives. Both society and environmental factors are considered external factors or capabilities. Robeyns (2016) posited that it is not enough to know the resources a person owns or can use to assess what the person has achieved or could achieve; it is also important to be knowledgeable about the circumstances in which the individual is living. Cornelius and Skinner (2005) indicated the need to combine the three factors of (a) internal capabilities, (b) the environment, and (c) societal factors for the individual to achieve full function, which should be examined in a multidisciplinary perspective. Nurses from racial and ethnic minority background need alignment among the factors in the external environment and society to provide the best opportunity for achieving career advancement.

Previous Research and Applications

Understanding how the internal and external capabilities and the intersectionality of race was applied in previous research was important in assisting me to develop and apply the combined framework to this study. The following sections include more in-

depth descriptions of previous research and applications of the internal and external capabilities and the intersectionality of race, with a focus on the implications for career advancement of nurses from racial and ethnic minority backgrounds.

Internal and External Capabilities

According to Nussbaum and Sen (1993), one of the many constructs of the capability's framework focuses on whether a person is able to reach their full capabilities to function freely and be or do what they have reason to value (internal capabilities). For an individual to use internal capabilities, the environment, such as the community or society, must function together as combined capabilities (Nussbaum & Sen, 1993). Anand and van Hees (2006); Cornelius and Skinner (2005, 2008); Robertson and Egdell (2018) offered some insights into how the framework of internal and external capabilities function together.

Career Advancement and External Capabilities. When examining the career progression of senior men and women, the need for institutional arrangements for career development (external capabilities) were essential to support the internal capabilities of individuals on their career pathway (Cornelius & Skinner, 2005, 2008; Robertson & Egdell, 2018). Such institutional arrangements include human resource policies to support flexibility in schedule and work-life balance (Cornelius & Skinner, 2005, 2008), family friendly policies, and equality proofing of recruitment and selection practices (Cornelius & Skinner, 2005). Other external capabilities identified as supporting career pathways, involves the proactive inclusion of and inputs on career management by individuals in senior management positions (Cornelius & Skinner, 2008) and the

availability of mentoring opportunities. Organizational culture and the response to individual, cultural or needs of particular groups such as women are external capabilities that influenced internal capabilities (Cornelius & Skinner, 2005).

Career Advancement and Internal Capabilities. For individuals to achieve their full potential, their internal and external capabilities must function together. The senior women in a study by Cornelius and Skinner (2008) indicated that the desire to continually develop internal capabilities such as improving knowledge and be valued were important to them. Having the autonomy to determine the kind of job and position to pursue is especially important for women with families. This presence of autonomy can influence an individuals' decisions, whether or not to remain in an organization (Cornelius & Skinner, 2005). Initiatives focusing on equality, expectations around work hours and paid time off were also important factors that individuals identified as internal capabilities that can support their career pathway decision making (Cornelius & Skinner, 2005). The research findings of Anand and van Hees (2006) on capabilities and achievements of voters in the United Kingdom suggested that members of racial and ethnic minority groups may not always suffer poorer opportunities than other ethnic groups. Findings suggested that members of racial and ethnic minority groups may evaluate their internal and external capabilities on different benchmarks compared to the ethnic majority. As a result, the perceptions by individuals of racial and ethnic minority groups, on how their internal capabilities are impacted by the external capabilities may differ (Anand & van Hees, 2006). The experiences and perceptions by individuals from racial and ethnic minority groups about the combined internal and external capabilities

offers an opportunity to use the internal and external concepts of the capability's framework, to explore the experiences of nurses from racial and ethnic minority backgrounds on their pathway to executive leadership.

Implications for Career Advancement. For nurses from racial and ethnic minority backgrounds to be successful, the external capabilities and the internal capabilities of the nurse must function together despite their race or ethnicity. The findings in the literature indicated that external and internal capabilities need to function together for individuals to reach their full capabilities (Nussbaum & Sen, 1993). The findings in the literature also indicated that members of racial and ethnic minority groups may have different experiences than the ethnic majority about the interconnectedness of internal and external capabilities. These findings are somewhat similar to the experiences of nurses from a racial and ethnic minority background.

Many nurses from a racial and ethnic background perceive that they are passed over for promotional opportunities (external capability) despite being as qualified or prepared (internal capability) as their nursing colleagues (Dunkley, 2018; Eastland et al., 2018; Iheduru-Anderson et al., 2022; Iheduru-Anderson, & Wahi, 2018; Xue, 2015). Cornelius (2002) posited that for an individual to have the freedom to do what they have reason to value, the environment or external capabilities must have the same holistic, structural, and system-wide approach to enable the employee's success. These nurses, who experience the lack of combined internal and external environment, and their inability to achieve their capabilities, may become so dissatisfied (Iheduru-Anderson et al., 2022) they may leave their jobs (Doede, 2017; Xue, 2015) or may not seek further

promotional opportunities (Likupe, 2015; Qaabidh et al., 2011). The capabilities framework applies to the current study as a way to examine how the internal and external capabilities function together, to support the barriers that nurses from racial and ethnic minority backgrounds overcome on their pathway to an executive leadership role.

Intersectionality of Race

The use of intersectionality as a framework for examining the experiences of women and members of racial and ethnic minority groups, has been widely applied across many disciplines and professions revealing a variety of experiences (Charleston et al., 2014; Ruiz Castro & Holvino, 2016; Semu, 2020; Smith et al., 2019). For the purpose of the current study, I focused the application of this framework on the areas of race and gender, and race and career advancement.

Race and Gender. The importance of gender in examining the intersectionality of race in the current study is strongly related to the fact that the nursing workforce is 90% female (U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis (2019). Because the nursing workforce is 90% female, the majority of nurses with racial and ethnic minority backgounds are also female; therefore, understanding their experiences of race and gender from an intersectionality perspective is essential. The findings across several studies revealed many similarities and opposing experiences by race and gender in the work environment (Charleston et al., 2014; Semu, 2020; Smith et al., 2019). The first is that individuals who are female and a member of a racial and ethnic minority group experiencd the duality of the intersectionality of race and gender (Smith et al., 2019).

Being a member of a racial and ethnic minority group and being female often results in individuals experiencing the outsider within status, a sense of invisibility (Smith et al.,, 2019), and a sense of isolation within their work environment (Charleston et al., 2014; Semu, 2020). Being female and Black sometimes led to having to prove oneself because it was more frequently assumed by others especially the White majority, that being female and Black meant one must be working in a lower-level role (Charleston et al., 2014; Smith et al., 2019). Individuals who identifed themselves as being female and Black indicated they felt they had to work harder than their White or male counterparts to prove themselves capable or just as competent (Charleston et al., 2014; Smith et al., 2019). These Black females indicated they were often assigned to less skilled positions (Semu, 2020), which limited their career mobility.

Race and Career Advancement. The literature includes numerous examples of how race intersects with the career advancement of individuals from minority groups. Charleston et al. (2014) and Ruiz Castro and Holvino (2016) indicated that individuals from racial and ethnic minority backgrounds experienced pay inequity. Members of minority groups also experienced structural and institutional racism, and discrimination (Hague & Okpala, 2017). The manifestation of structural racism is that members of racial and ethnic minority groups experience cultural barriers, lack of support from peers, managers, and supervisors due to their skin color, language, and ethnicity (Ruiz Castro & Holvino, 2016; Semu, 2020). These experiences often led to a lack of career mobility, despite their similar educational preparation and skill (Charleston et al., 2014; Ruiz Castro & Holvino, 2016; Semu, 2020). Other findings suggested that members of racial

and ethnic minority groups experience lack of sponsorship and mentorship compared with their male or White counterparts (Charleston et al., 2014; Ruiz Castro & Holvino, 2016). This lack of sponsorship and mentorship further leads to members of racial and ethnic minority groups not progressing as quickly or not beyond the middle management levels in the organization (Smith et al., 2019).

While there were some negative findings in earlier studies of the bariers that individuals from racial and ethnic minority backgrounds experience, other individuals described a different experience. The executive Black women in Smith's et al. (2019) study used tactics such as bold autonomy, strategically deploying their invisibility, leaning into risks, and consciously crafting strategic relationships in order to advance their career. Pushing oneself to be more academically or skillfully prepared are tactics that individuals also used to advance their careers (Semu, 2020; Smith et al., 2019). Pairing organizational support such as mentorship and sponsorship were key strategies that supported individuals from racial and ethnic minority backgrounds on their career pathway. Sponsors who protect, prepare, and push can serve as critical facilitators to career advancement (Smith et al., 2019). Additionally the pride in being seen as a role model for other nurses of racial and ethnic minority backgrounds, motivated some individuals to strive for success (Semu, 2020).

Implications for the Current Study. The inclusion of intersectionality and career advancement in the current study will support exploring a deeper meaning and experiences of the barriers that nurses from a racial and ethnic minority background face on their pathway to executive leadership. Despite published research about nurses with

racial and ethnic minority backgrounds who are as academically prepared as their White counterparts, these nurses continue to perceive that they face singular and systemic barriers to promotional opportunities (Doede, 2017; Iheduru-Anderson et al., 2022; Seago & Spetz, 2008). A gap exists in recent literature as to why this phenomenon continues to occur.

After conducting an extensive review of the literature on the underrepresentation of nurses with racial and ethnic minority backgrounds in nursing, both Eastland et al. (2018) and Jefferies et al. (2018) recommended that further research was needed to understand the phenomenon. The new knowledge gained from the current study could provide insight about the experiences of this group of nurses. Like many of the participants in the studies by (Charleston et al., 2014; Ruiz Castro & Holvino, 2016; Semu, 2020; Smith et al., 2019), nurses from racial and ethnic minority backgrounds experienced social isolation and having to prove their academic abilities and competency continually (Eastland et al., 2018). Nurses from racial and ethnic minority backgrounds also expressed experiences of systemic and social institutional barriers to career advancement (Doede, 2017; Seago & Spetz, 2008). Nurses from racial and ethnic minority backgrounds identified a lack of sponsorship and mentorship as barriers to career advancement (Brown-Deveaux et al., 2021; Osborne, 2008). However, sponsorship (Hill et al., 2016), mentorship, peer support (Beard & Julion, 2016), and education (Beckwith et al., 2016) are strategies that have supported nurses from racial and ethnic minority backgrounds in overcoming barriers to career advancement.

Summary of the Combined Conceptual Framework

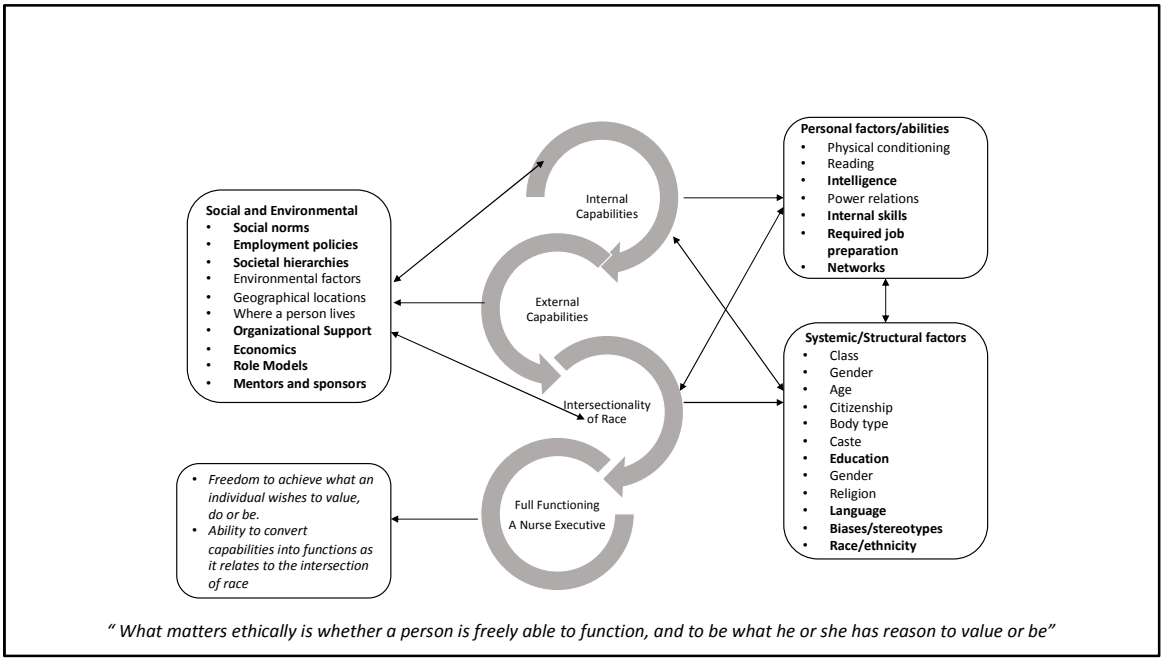
For the current study three major concepts that arise from this conceptual framework underly the research. The first is that there are intersectionalities between race and career advancement and that these intersectionalities can affect one's potential standing, outcomes or experiences in society and organizations. The second is that individuals have internal capabilities that can allow them to freely reach their potential. Thirdly, external/societal factors often influence an individual's ability to develop and exercise their internal capabilities. For the nurse executive from a racial and ethnic minority background to overcome barriers, the internal and external capabilities must function together to support their career advancement. The internal capabilities include the individual's educational, skill, or job requirement (Cornelius & Skinner, 2005; Robeyns, 2016), and the external capabilities include the society and environment.

Herk et al. (2011) suggested that nurses can use an intersectionality paradigm to examine issues of oppression and privilege within nursing and the profession. Herk et al.'s (2011) premise is the basis for combining intersectionality in the current study to explore the phenomenon of the barriers that nurses from racial and ethnic minority backgrounds face and how they overcame them to achieve an executive position. Regardless of race, each nurse should be able to achieve full internal capabilities if they so choose, are prepared, and are supported by the external capabilities of the society and environment. The combination of the key concepts of the intersectionality of race and career advancement and internal and external capabilities will support exploring the experiences of nurse executives from racial and ethnic minority backgrounds and the

barriers they overcame on their pathway to an executive leadership position. Figure 3 provides an illustration of the interrelatedness of the intersectionality of race and capabilities in the achievement of the executive nurse from a racial or ethnic minority background.

Figure 3

Interrelationship of Capabilities and Intersectionality of Race on the Career Pathway of the Nurse Executive from a Racial or Ethnic Minority Backgrounds



Literature Review

In 2011, an expert panel convened by the Institute of Medicine (IOM) published a report, The Future of Nursing: Leading Change. The report contained several recommendations to advance the profession of nursing in the United States. One recommendation was to increase the diversity of nursing at all levels of the organization (IOM, 2011). An updated report on the progress of the Future of Nursing: Leading

Change by the National Academies of Sciences, Engineering, and Medicine (2016), reinforced the recommendation to make diversity in the nursing workforce a priority, as the lack of diversity in nursing still remained a challenge for the nursing profession. The result of the National Academies of Sciences, Engineering, and Medicine report (2016, 2021) indicated that for the recommendations of increasing diversity in the nursing workforce to be successful, there needed to be focused efforts on all steps along the career journey. These steps include recruitment to educational programs, the successful retention of students, graduation and job placement, and retention and advancement along a nurses' career journey.

The National Academies of Sciences, Engineering, and Medicine (2016, 2021) report also emphasized the importance of nurses being represented at all levels of leadership to contribute their unique perspective and expertise on issues of health care delivery, quality, and safety. While there has been some progress over the years, the presence of nurses with racial and ethnic minority backgrounds at the executive levels of leadership continues to be of concern (Dunkley, 2018; Matza et al., 2018; Moore & Continelli, 2016; Schmieding, 2000). Because of the persistenct underpreresentation of nurses from racial and ethnic minority backgrounds at the leadership level in the nursing profession, Dunkley (2018) and Matza et al. (2018) recommended further research in understanding this phenomenon. The current study was therefore designed to explore the experiences of racial and ethnic minority nurse executives along their career journey in order to gain a deeper understanding of their success. Multiple perspectives from the

literature will be presented to provide a comprehensive overview of the career challenges of nurses and nurse executives from a racial and ethnic minority background.

A search of the literature yielded some recent studies with a focus on individuals from racial and ethnic minority backgrounds and groups (Fitzsimmons & Callan, 2020; Paraway, 2017; Qaabidh et al., 2011; Yancey, 2018), as well as on African American or Black nurse executives and their career experiences on the pathway to senior leadership positions (Dunkley, 2018; Osborne, 2008). Much of the literature focused on the overall lack of diversity in nursing and nursing leadership (e.g., Banister & Winfrey, 2012; Craft-Blacksheare, 2018; Derico & Hawkins, 2017; Spetz, 2016), nursing student diversity (e.g., Bleich et al., 2015; Hampton et al., 2022) and academia (e.g., Beard & Julion, 2016; Julion et al., 2019; Kolade, 2016). A number of authors examined the lack of leadership in healthcare and healthcare leadership (e.g., Dotson & Nuru-Jeter, 2012; Grumbach & Mendoza, 2008; Sullivan, 2004). Multiple research perspectives from the literature will be represented, beginning with the focus on members of racial and ethnic minority groups in the workforce inclusive of their history, followed by a focus on racial and ethnic minority groups in healthcare, and concluding with a focus on the nursing profession. Understanding the current phenomenon of the under-representation of racial and ethnic minority nurses necessitates examining and documenting the journey of racial and ethnic minorities in the general society, healthcare, and nursing. Reviewing the literature on how the internal and external capability supports or presents barriers to the career advancement of racial and ethnic minority nurse executives is essential to support this understanding.

Members of Racial and Ethnic Minority Groups in the Workforce

Members of racial and ethnic minority groups in the United States have long experienced workplace barriers based on their race, ethnicity, language and even gender. In order to protect minority workers, the Civil Rights legislation was enacted in 1960. The focus of this legislation was aimed at improving access for minorities in the workplace. Understanding the historical context or experiences of persons from racial and ethnic backgrounds in the general population supports understanding the experiences of nurses who are members of these groups.

Historical Perspective

To advance the access of minorities in the workforce, the Civil Rights Act was passed in 1964 to address exclusionary practices of recruitment and selection against women and ethnic minorities in organizations. The intent of the designers of the Civil Rights Act was to outlaw acts of inequality in all forms as it applies to race, color, religion, and national origin. In 1965, the Civil Rights Act was enforced, and in 1967 it was modified to include gender. In 1965, an Executive Order 11246: Affirmative Action was implemented to help increase the numbers of minorities and women employees as well as college students (Byrd & Scott, 2018). Further advancement of the Civil Rights Act of 1991 provided monetary remedies resulting from workplace discrimination (Witt Smith & Joseph, 2010). These legislations were the early beginnings designed to improve and advance diversity in the workplace; however, despite these and many other efforts, diversity in the workplace remains a major concern (Allison, 1999; Byrd & Scott, 2018; Ospina & Foldy, 2009; Williams & Wyatt, 2015; Wilson, 2014). Wilson (2014), in an

article about diversity culture and the glass ceiling, indicated that individuals from racial and ethnic minority backgrounds have long faced barriers to success in many aspects of society inclusive of the workplace.

Barriers Faced by Members of Racial and Ethnic Minority Groups in the Workforce

Individuals from racial and ethnic minority backgrounds felt they had to work twice as hard in order to achieve a similar level as the majority group and that despite being intellectually and academically advanced, felt they were frequently overlooked for advancement (Eastland et al., 2018; Johansson et al., 2011; Moceri, 2014; Seago & Spetz, 2008). Minorities also expressed that they faced barriers such as stereotyping and bias, subtle racism, unwritten rules, societal, governmental, and internal organizational barriers (Byrd & Scott, 2018; Roberson, 2019). Williams and Wyatt (2015) identified similar findings in a study about the experiences of Black and ethnic minority employees. The results revealed a difference in how members of minority groups and the majority group experienced the workplace. Members of Black and ethnic minority groups reported that a lack of visibility, networks, development, and the line manager support was perceived as both barriers and opportunities to their success in the organization (Sy et al., 2017; Wilson, 2014). The findings suggest that it was easier for the majority group to experience formal networks that contributed to their success compared to persons in the minority group.

Barriers to Career Advancement –Racial and Ethnic Minority Groups

The findings from multiple studies revealed barriers to career advancement for members of racial and ethnic minority groups (e.g., Beard & Julion, 2016; Blancero et al.,

2018; Hill et al., 2016; Matza et al., 2018; Randel et al., 2021; Williams & Wyatt, 2015; Wilson, 2014). These findings were supported in a more recent study that identified invisibility, lack of networks, mentorship, and sponsorship as barriers to racial and ethnic minority's career advancement (Chanland & Murphy, 2018). These barriers can result in the inability of individuals from racial and ethnic minority backgrounds to advance to leadership positions. A recent study of Black leaders conducted by the Korn Ferry Institute (2019), indicated that they experienced biases that prevented them from advancing. The findings indicated that Black leaders were often perceived as not having the intellectual rigor or leadership ability to manage large, highly complex positions (Korn Ferry Institute, 2019). Findings from a number of studies (Beckwith et al., 2016; Chavez et al., 2015; Sy et al., 2017; Witt Smith & Joseph, 2010) highlighted the experiences of women from racial and ethnic minority backgrounds in their career advancement. The composition of the nursing population as 72.3% non -minority and 90% female (HRSA, 2019) supports the importance of understanding how race and gender intersect for the experiences of these individuals.

Race and Gender. Gender and race are common areas of study in diversity (Beckwith et al., 2016; Chavez et al., 2015; Knouse et al., 1992; Sy et al., 2017; Witt Smith & Joseph, 2010). Witt Smith and Joseph (2010) interviewed 21 White and 21 Black men and women to examine workplace challenges these employees face in Corporate America. The findings from the study highlighted stark differences in how individuals from different ethnic groups experienced the workplace. Whereas Blacks often viewed their race and gender as barriers to their career success, Whites did not. As a

result of these findings, Whites may experience their world as being normal and Blacks experience their world as exclusive. These differences in experience may lead to tension in the workplace, with Blacks not feeling heard, understood, or supported, and as a result, may experience a sense of exclusion (Witt Smith & Joseph, 2010). The experiences of Black women are therefore more acute, because they frequently experience the dual status/double minority and double outsider status barriers (Beckwith et al., 2016).

Similar to the findings of Witt Smith and Joseph (2010), Beckwith et al. (2016) also found that some African American women expressed feeling a sense of isolation, perceived that they have less room for mistakes, and must do more or perform at a higher level to succeed. African American women also expressed a lack of access to role models (Beckwith et al., 2016) being stereotyped as being aggressive rather than assertive, and are often treated as less qualified than their majority counterparts. African American women like other minorities experience pay inequity and are often paid less than their counterparts with comparable responsibilities and preparation (Beckwith et al., 2016; Charleston et al., 2014; Ruiz Castro & Holvino, 2016). Black women perceived that despite their outstanding qualifications, others often inferred that their employment was attributed to their race and gender as well as affirmative action requirements instead of their qualifications (Charleston et al., 2014). These inferences as to the reason for employment suggested that the Black women in senior-level positions lacked competence for their position despite their record of performance in and outside the company (Beckwith et al., 2016; Charleston et al., 2014).

The experiences of Black women are not dissimilar to the experiences of members of other racial and ethnic minority groups, such as Latino/Hispanics (Blancero et al., 2018) and Asian Americans (Sy et al., 2017). Blancero et al. (2018) posited that while Latinos are members of the largest and growing minority group in the United States, they are disproportionately underrepresented in highly compensated professional and leadership roles in corporate America. According to Blancero et al. (2018), more than 50% of Latinos/Hispanics experience discrimination through a variety of means such as microaggression. Chavez et al. (2015) identified common experiences of discrimination in the workplace across racial and ethnic minority groups. Specifically workplace discrimination was more common among Black non-Hispanic, Hispanics, and other race respondents than non-Hispanic Whites. Sy et al. (2017) found Asian Americans expressed perceptions of not being heard, being perceived as not aggressive in leadership development, and that they prefered to work in technical fields rather than leadership. Asian Ameriscans also identified lack of sponsorship and mentorship as barriers to their progression (Sy et al., 2017). These experiences that are reflected and experienced by members of racial and ethnic minority groups are inclusive of workplace locations such as healthcare and specifically for these nurses. The review of the literature will include a more detailed analysis of the experiences in healthcare and the nursing workforce.

Members of Racial and Ethnic Minority Groups in Healthcare

The under-representation of individuals from racial and ethnic minority backgrounds, is not limited to the general workforce, but is also a challenge in the broader healthcare industry. The lack of members of minority groups in healthcare, has

been attributed to barriers that some of these individuals have experienced within the systems and structures of society and healthcare (Dotson & Nuru-Jeter, 2012; Smedley et al., 2001, 2003; Snyder et al., 2018; Sullivan, 2004). From a historical perspective, members of minority groups were denied acceptance into schools and colleges (Flores & Combs, 2013; Smedley et al., 2001; Snyder et al., 2018); healthcare and professional organizations (Sullivan, 2004); and places of employment, even when qualified (Flores & Combs, 2013; Goode & Landefeld, 2018; Sullivan, 2004; Whitt-Glover, 2019).

The inability of members of minority groups to be members of professional organizations led to the inability of doctors form racial and ethnic backgrounds to practice in hospitals. In 1968, 2 years after segregation in medical schools ended, the American Medical Association first welcomed what they referred to as "negro" doctors (Sullivan Commission, 2004, p. 34). African American dentists experienced a similar fate as medical professionals. Because they were not welcome into the professional association, the Black dentists and Black physicians joined together to form the National Medical Association in 1895. In 1965 Black dentists were first allowed to be members of the National Dental Association (Sullivan, 2004). Other members of minority groups formed new associations in order to continue to advocate for the concerns of members of minority health professionals.

Members of minority groups in healthcare have expressed barriers such as financial barriers, academic preparation, unwelcoming environments, lack of social and emotional support (Snyder et al., 2018), racial bias, gender bias and salary inequities (Crown et al., 2021) in their efforts to enter and progress along the career pathway. As a

result, the majority of healthcare workers are mostly employed in lower-skilled, entry-level occupations, especially among people of color (Grumbach & Mendoza, 2008; Snyder et al., 2018). Members of minority groups have described experiencing stereotypical behaviors such as assumption of inability to lead and unconscious biases during the recruitment process (Flores & Combs, 2013; Grumbach & Mendoza, 2008; Snyder et al., 2018).

Studies have revealed that the lack of role models, mentors, sponsorship (Betancourt et al., 2003; Snyder et al., 2018), and networking have also attributed to the underrepresentation of members of minority groups in healthcare and healthcare leadership (Flores & Combs, 2013; Snyder et al., 2018). The inability of some members of minority groups to progress or be accepted into leadership creates a less than optimal pipeline for individuals to achieve leadership positions (Dixon et al., 2020). A result of the absence of members of minority groups in healthcare leadership is that hospital C-suites and boards remain overwhelmingly White despite a third of the patient population being from minority backgrounds (Livingston, 2018). When compared to the general population, members of racial and ethnic minority groups make up 32% of hospital patients and 36% of the U.S. population (ACHE, 2020). In stark contrast, Whites are overrepresented in leadership positions at 86% compared to 71% of the patient population (Altheimer, 2015).

The underrepresentation of members of minority groups in healthcare can lead to negative outcomes for patients (West et al., 2018; Whitt-Glover, 2019). A number of

studies revealed that the underrepresentation of nurses, physicians, and other roles can lead to health inequity and healthcare disparities (Colen et al., 2018; Gergely, 2018; Livingston, 2018; Shaikh et al., 2018; Smedley et al., 2003; Sullivan, 2004; Sun et al., 2022). Increasing the representation of members of minority groups in healthcare and healthcare leadership can help improve health inequity and disparities (Matthews, 2015; Whitt-Glover, 2019). In their analysis of research on the impact of diversity in healthcare, Alsan et al. (2019), Cooper (2021), and Gomez and Bernet (2019), found improved care and outcomes for some patients, but more consistent and significant disparities among patients from racial and ethnic minority backgrounds, especially when cared for by members of non-minority backgrounds.

Other measures recommended to increase members of minority groups in healthcare included the revision of school curriculum, student selection processes, financial support in the science and math majors and emotional support for students (Flores & Combs, 2013; Snyder et al., 2018). Findings from the literature showed that changes and improvements to these negative outcomes for patients can occur when organizational leaders commit to making changes that will ensure the success of members of minority groups (Cooper, 2021; Goode & Landefeld, 2018), including emotional support, role models, sponsorship, and mentors (Perry & Parikh, 2019; Whitt-Glover, 2019).

Members of Racial and Ethnic Minority Groups in Nursing

One of the largest group of individuals from racial and ethnic minority backgrounds in healthcare includes the nursing population, comprising nearly 4 million

(HRSA, 2019). Of the 4 million nurses in the workforce, nurses from racial and ethnic backgrounds continue to be disproportionately underrepresented (26.7%), when compared to the 39.1% of individuals from a racial and ethnic minority background in the general population (U.S. Census Bureau, 2019). The disproportionate underrepresentation of nurses from racial and ethnic minority backgrounds in the workforce dates back to several decades. To understand the current status of these nurses, reviewing their history is imperative.

Historical Perspective

The history of nurses from racial and ethnic minority backgrounds in nursing dates back several decades. While the current study focused on nurses from racial and ethnic minority backgrounds, the majority of the historical data pertain mainly to Black nurses because of their long and rich heritage in the struggle for recognition as well as discrimination due to the legacy of slavery (Schmieding, 2000). For example, the military did not readily accept Black nurses until 1945 despite their longstanding contributions, and only occurred through prolonged persistence. Despite their challenges, many Black nurses, such as Sojourner Truth and Harriett Tubman, were able to rise above the discrimination and barriers, and scholars recognize them as pioneers and heroes in nursing (Cuellar & Cheshire, 2018; Schmieding, 2000). The National Archives recorded 181 appointments of Black nurses in the Civil War, three of whom were Sojourner Truth, Harriett Tubman, and King Taylor. Despite all their contributions, Black nurses and other nurses from racial and ethnic minority backgrounds encountered barriers and

discrimination while obtaining a nursing education (see Cuellar & Cheshire, 2018; Schmieding, 2000).

Education and Employment Experiences. One of the many challenges that nurses from racial and ethnic minority backgrounds faced from a historical perspective was the lack of access to nursing education (Sullivan, 2004). Nurses from racial and ethnic minority backgrounds, especially Black nurses, were banned from nursing schools and those that accepted these nurses had strict quotas. Many nursing schools in the United States maintained strict quotas, but the schools in the south banned African Americans from nursing schools. When the need for national registration of nurses began in 1903, the southern states banned Black nurses from the licensing exams (Sullivan, 2004). Even when black nurses received formal training, they were paid lower wages and frequently subjected to racism and discrimination. In the 1960s, black nurses were finally allowed to enter hospital duty in large numbers (Sullivan, 2004). In the late 19th century, nursing schools were usually closed to Blacks and by the early 20th century had developed rigid paths of segregation and discrimination, which persisted into the 1950s. Because few schools admitted Black students, Black nurses resorted to receiving their training in Black hospitals. In 1915, laws were passed that required institutions to hire black nurses to care for Black patients, and many patients were segregated in separate hospital areas (Schmieding, 2000).

To combat the lack of access for Black nurses, several universities established nursing schools between the late 1800s and early 1900s (Schmieding, 2000). Factors such as the *Brown v Board of Education* in 1954, the military's acceptance of nurses from

racial and ethnic minority backgrounds, and the 1960s Civil Rights movement prompted laws against discrimination and the establishment of affirmative action to move individuals from minority groups toward full participation in all sectors of society, including nursing education. Despite these laws, nursing schools admitted only a small number of Black students. The inability of Black and nurses from racial and ethnic minority backgrounds to be admitted into nursing schools and advance their education affected the availability of these nurses for advancement to leadership positions (Schmieding, 2000).

Native Americans experienced similar segregation. Between 1930 to 1950, they could attend the only nursing school established for them in Arizona. Several efforts were made to establish other schools to avoid the need for Native American nurses from all over the country to travel to Arizona, but some were unsuccessful. North Dakota University College of Nursing established its Bachelor of Science in nursing program in 1948 but did not admit the first American Indian until 1974 (Schmieding, 2000). Nurses from racial and ethnic minority backgrounds did not just face barriers to educational opportunities; they also faced barriers to participation in professional organizations. As a result, many nurses from racial and ethnic minority backgrounds established their own organizations to advocate for equity (Walker, 2020).

Professional Organizations. Nurses from racial and ethnic minority backgrounds were barred from being members of professional organizations until the 1950s; these nurses formed their own professional organizations (Schmieding, 2000). Their purpose in forming these organizations were to advocate for equality and recognition (Sullivan,

2004). One of the early nursing pioneers was Mary E. Mahoney, the first African American to study and work as a professionally trained nurse in the United States (Walker, 2020). She was one of four students to complete the rigorous graduate nursing program at the New England Hospital for Women and Children in 1879. She worked as a nurse for 40 years before retiring, but she became an advocate and champion for women and nurses' rights during her career. Following her entry into the nursing profession, Mary E Mahoney was not allowed membership in the Nurses Associated Alumnae of the United States and Canada (NAAUSC), now known as the ANA, because of the segregation of nurses at the time (African American Registry, 1970). In response to this exclusion from the nurses' association, Mary E. Mahoney joined forces with two other Black nurses, Martha Minerva Franklin and Adah B. Thoms, and co-founded the National Association of Colored Graduate Nurses (NACGN) in 1908. Martha Minerva Franklin (1870-1968) was the driving force behind the launch of the NACGN (Schmieding, 2000).

Franklin was the only Black woman in her class at the Women's Hospital Training School for Nurses of Philadelphia from which she graduated in 1897. People considered Franklin as of fair complexion, and often mistook her for a White nurse; however, she became more and more aware of the treatment that nurses of a darker complexion were experiencing. In 1906, she began devoting her spare time to studying the status of Black graduate nurses in the United States (Encyclopedia.com, 2021). She concluded that Black nurses needed to work together to overcome racial biases, which they could accomplish through a national organization. In 1908, she mailed 1,500

handwritten letters at her own cost and asked nurses to join her for a meeting. Fifty-two nurses attended and the group met for 3 days at a church in New York City at the invitation of Adah B. Thoms. After several meetings, the group elected Franklin as their first leader (Encyclopedia.com, 2021).

The aim of the NACGN was to support and congratulate the accomplishments of all outstanding nurses and to eliminate racial discrimination in the nursing community. These early pioneers along with another nursing advocate, Mabel Staupers, worked tirelessly for 42 years for the NACGN to be accepted by and incorporated into the ANA, which occurred in 1951. Despite being incorporated, it took another 13 years before all states and districts removed racial barriers to membership. In the early 1970s Black nurses were first allowed to hold elected offices or appointed positions, despite being members. In 1972, the ANA passed its first action program to address discrimination, equal opportunity, and social change. Included in the task force were Black nurses as well as a member of the National Association of Hispanic Nurses (Encyclopedia.Com, 2021).

As a result of Black nurses forming professional organizations, other members of minority groups did the same; American Indian Foundation in 1972, the National Association of Hispanic Nurses in 1975, the Philippine Nurses Association of America in 1979, and the Asian American Pacific Islander Association was formed in 1992 (Schmieding, 2000). Since the integration of Black nurses in the ANA, three African American nurses have served as national president; Barbara Nichols served between (1978-1980), Beverly Malone between (1996-2000) and Ernest Grant, the first man and third African American nurse installed in 2019. Despite these advances, nurses from

racial and ethnic minority backgrounds remain underrepresented and continue to experience inequality and barriers to nursing and career progression (Cuellar & Cheshire, 2018; Doede, 2017; Moore & Continelli, 2016; Xue, 2015).

The Current Environment in Nursing

The fight for equal recognition for nurses of racial and ethnic minority backgrounds has been championed for centuries but still remains of concern. The COVID-19 pandemic and the death of George Floyd sparked an awakening and social tension concerning the experiences of racial and ethnic minority individuals in U.S. society. The reaction was not different in nursing, as many professional organizations restated their position on diversity, equity, and inclusion (AACN, 2021; ANA, 2021; Conroy et al., 2021)

This attention and focus on diversity in nursing resulted in the publication of a landmark report by the National Academies of Sciences, Engineering and Medicine (2021), "The Future of Nursing 2020-2030: Charting a Path to Health Equity." The report emphasized the need to sustain efforts to diversify the racial, ethnic, and gender composition of the nursing workforce. The American Nurses Association, which represents nearly 4 million nurses, initiated a Commission to Address Racism in Nursing following findings from a survey of nurses from across the United States (American Nurses Association, 2021).

While research has shown that the majority of nurses are satisfied with their jobs, nurses from racial and ethnic minority backgrounds indicated lower job satisfaction (Xue, 2015). As a result of experiencing lower job satisfaction, nurses from racial and ethnic

minority backgrounds are more likely to quit and or leave the profession due to the discrimination, biases, and stereotyping they experienced (Doede, 2017). Nurses from racial and ethnic minority backgrounds also experience emotional and psychological stress (Byers et al., 2021; Iheduru-Anderson, 2021). The potential of nurses from minority backgrounds to quit their jobs and leave the profession could reduce the numbers of nurses from racial and ethnic backgrounds available for leadership positions (see Eastland et al., 2018; Flores & Combs, 2013; Iheduru-Anderson, 2020).

Career Advancement of Nurses from Racial and Ethnic Minority Backgrounds

Individuals from minority backgrounds continue to face barriers to nursing for decades despite the opening of nursing schools (Iheduru-Anderson & Wahi, 2018) advancement in nursing education, anti-discrimination laws, inclusion in professional organizations(Matza et al., 2018) and diversity programs in organizations (Cuellar & Cheshire, 2018; Likupe, 2015; Seago & Spetz, 2008). The barriers faced by members of racial and ethnic minority groups can lead to an overall inability of these nurses to progress, and therefore, not achieve senior-level positions in nursing. Nurses from racial and ethnic minority backgrounds have expressed that they are often overlooked and denied promotional opportunities despite being as prepared as their White counterparts (Hammond et al., 2017; Iheduru-Anderson, 2020; Likupe, 2015; Seago & Spetz, 2008). Some of the most common barriers that nurses from racial and ethnic minority background continue to face are educational, lack of mentorship (Brown-Deveaux et al., 2021; DeWitty et al., 2016; Weng & Zhu, 2020), role models (Goodyear & Goodyear, 2018), and sponsorship (Hill et al., 2016; Sy et al., 2017). Nurses from Latino/Hispanic

backgrounds also face barriers to career advancement, such as a lack of emotional and moral support, mentoring and professional socialization (Bellido & Dongo, 2019; Settles et al., 2019).

Educational Barriers. One of the barriers that individuals from racial and ethnic minority backgrounds continue to experience to career advancement is the acceptance and successful completion of a nursing program. The acceptance and completion of nursing programs by nurses from racial and ethnic backgrounds, have been identified as lack of pre-entry preparation, exclusion in advanced science courses in high school, and lack of career counseling (Cuellar & Cheshire, 2018). These barriers specifically create a challenge for these individuals to be accepted into many nursing programs. Cuellar and Cheshire (2018) also found however that when individuals from racial and ethnic backgrounds are accepted, they face continuing barriers such as lack of financial support, cost of a nursing school education and inability to pay. White et al. (2020) reported that African American nursing students described experiences of mistrust and trust issues with European American faculty.

Once entered into the nursing program, Latinx students struggle to maintain the financial requirements and experience a lack of Latinx role models, gender bias, stereotyping, discrimination, and a lack of mentors and Latinx faculty members (Cuellar & Cheshire, 2018; Snyder et al., 2018). Latino and Hispanic nurses have expressed a lack of financial support, academic advising, and technical support as barriers to program completion (Bellido & Dongo, 2019). These findings are similar to other racial and ethnic minority nursing students (Bleich et al., 2015; Murray, 2019; Zangaro et al., 2018).

Derico and Hawkins (2017) recommended that nursing schools support the nursing profession by finding and implementing solutions to recruit, retain, and graduate men and students from racial and ethnic minority backgrounds.

Mentorship and Role Models. Career advancement can be enhanced when nurses from racial and ethnic minority backgrounds have or experienced mentorship and access to role models (Brown-Deveaux et al., 2021; DeWitty et al., 2016; Fitzsimmons & Peters-Lewis, 2021; Weng et al., 2010; Weng & Zhu, 2020). Nurses who aspire to achieve nurse executive positions should be shown how to do so by someone who has previously demonstrated success (Goodyear & Goodyear, 2018; Thompson et al., 2012). Due to the underrepresentation of Black, Asian, Native American, and Hispanic nurses in leadership, these nurses have fewer mentoring opportunities (Beard & Julion, 2016; Cuellar & Cheshire, 2018; DeWitty et al., 2016; Matza et al., 2018; Villarruel, 2017; Weng et al., 2010; Weng & Zhu, 2020). Cuellar and Cheshire (2018) and Matza et al. (2018), suggested that organizational leaders and professional nursing organizations should provide mentors, and increase the diversity of their leadership teams. Persons from racial and ethnic minority backgrounds may also need to seek out mentors within their workplace (Laud & Johnson, 2012), professional organizations (Matza et al., 2018), or from individuals within their schools of nursing (Cuellar & Cheshire, 2018) to support their continuing career advancement.

Sponsorship. Supporting individuals through their professional journey can enhance career advancement (Snyder et al., 2018; Williams & Dawson, 2021). African Americans identified sponsorship as one of their facilitators from a mid-manager to a

higher-level position in the organization (Beckwith et al., 2016), and as a result were able to overcome career advancement barriers. Sy et al. (2017) found that lack of visibility and sponsorship were career barriers experienced by Asian Americans on their career journey. However when Asian Americans in the study (Ng et al., 2005) experienced organizational sponsorship from senior-level employees and supervisors, they became more visible, their confidence and skills were improved and in turn were more successful. Ng et al. (2005) found that sponsorship was a strong predictor of career success.

Nurses from racial and ethnic minority backgrounds have also expressed the importance of peer support to get them through negative stereotyping, being overlooked for advancement, or to support their career growth and development (Cuellar & Cheshire, 2018; DeWitty et al., 2016). Other nurses reached out to peer colleagues in their professional organizations for support (Beard & Julion, 2016). Advancing one's career in nursing requires continual learning and educational attainment. Education and educational environments can contribute to the career development of Hispanic and underrepresented nurses from minority backgrounds (see Jacob & Sánchez, 2011; Villarruel & Peragallo, 2004).

Organizational leaders can support the career advancement of nurses from racial and ethnic backgrounds by providing a learning environment, financial support, flexible scheduling (Adeniran et al., 2015), and cultivating an inclusive culture (Jacobs et al., 2020). Nurses are also encouraged to continue their academic progression to increase their potential for career advancement (Cuellar & Cheshire, 2018). Sponsorship, peer support, and academic preparation are examples of strategies supporting these nurses to

advance in their careers. The advancement of these nurses can improve the opportunity to achieve an executive leadership position and increase diversity at the executive level of nursing.

Facilitators to Career Advancement. Beckwith et al. (2016) suggested that diversity programs may be an approach to addressing some of the disparities and negative experiences of minority employees. Mentoring, sponsorship, and supporting the visibility of African American leaders can enhance the advancement of minorities at the senior levels of an organization by improving their confidence and skills. Sponsorship (Fitzsimmons & Peters-Lewis, 2021; Hill et al., 2016; Snyder et al., 2018; Sy et al., 2017; Williams & Dawson, 2021), mentorship, peer support (Beard & Julion, 2016; Cuellar & Cheshire, 2018; Hill et al., 2005) and education (Beckwith et al., 2016) have been identified as documented strategies that have supported nurses from minority backgrounds in overcoming barriers to career advancement.

Villarruel and Peragallo (2004) suggested the importance of education, experiences on the job, and a supportive work environment are all factors that can contribute to the development of leaders. The support of family, friends, and the community can also strengthen the possibility of an individual to achieve leadership success. Professional organizations and their leaders can play an important role in developing leaders. Organizational leaders can support leadership development by developing and providing programs support mentorship, scholarship, and education and connections with others and other groups (Fitzsimmons & Peters-Lewis, 2021; Iheduru-Anderson, 2020; Williams & Dawson, 2021). Leaders of professional organizations also

have the ability to provide diverse mentors to support diverse nursing staff and leaders in their leadership journey (Matza et al., 2018). Ensuring that there is a pipeline of nurses from minority backgrounds entering and completing nursing schools will also support the continuing efforts to increase diversity in nursing leadership (Haqq-Stevens et al., 2017; Iheduru-Anderson & Wahi, 2018).

Impact of Nursing Underrepresentation

Derico and Hawkins (2017) described the importance and potential impact of the under-representation of racial and ethnic minorities in the nursing workforce. Increasing the number of nurses from minority backgrounds could improve culturally competent care as well as patient outcomes by narrowing the language and cultural barriers for patients. Increasing the numbers of nurses from minority backgrounds in leadership positions in healthcare could improve both the nation's vulnerable populations' clinical outcomes and health status and positively affect health disparities (Colen et al., 2018; Craft-Blacksheare, 2018; Phillips & Malone, 2014). Alsan et al. (2019) posited that a diverse healthcare workforce could improve quality, safety, and patient satisfaction and positively affect the health outcomes of patients. The growing number of culturally diverse patients in the United States and hospitals calls for an increasingly diverse and highly educated nursing workforce to reduce health disparities and provide competent nurses to care for a diverse population (Cuellar & Cheshire, 2018; National Academies of Sciences, Engineering, and Medicine, 2021; Villarruel & Peragallo, 2004).

The underrepresentation of nurses in the nursing workforce may result from the lack of diversity of students entering and graduating from nursing education programs.

Once students from minority backgrounds enter into nursing schools, they experience many barriers that often lead to incompletion of their program (Beacham et al., 2009; Derico & Hawkins, 2017). When members of racial and ethnic minority groups do not enter or complete nursing school, that leads to the underrepresentation of nurses from racial and ethnic backgrounds in the nursing profession (Iheduru-Anderson & Wahi, 2018). This underrepresentation is one of the many factors that affect diverse mentors' availability, role models (Cuellar & Cheshire, 2018; DeWitty et al., 2016), and sponsors for nurses from minority groups aspiring to a nursing career and career advancement (Sy et al., 2017). Addressing these issues could improve the number of nurses from racial and ethnic backgrounds in executive leadership positions.

Benefits of Diverse Executive Nurse Leaders

Nurse executives are important individuals in the eco-system of the health care system (Fitzsimmons & Peters-Lewis, 2021). Nurse executives are effective leaders who have the ability to influence team development and group culture (Bernard, 2014). The role of a nurse executive includes being able to create a vision, ensure a professional practice environment for all employees, develop the workforce, and create cultures of patient safety (Bernard, 2014; Villarruel et al., 2015). The nurse executive from a minority background is uniquely positioned to not only achieve the outcomes as stated but has an added ability to understand the needs and concerns of individuals patients and employees from racial and ethnic minority backgrounds (Iheduru□Anderson, 2020).

Nurses from minority backgrounds who hold positions within the healthcare organization may influence policies and procedures that affect health care outcomes and

serve on promotion committees and governing boards where promotional and policy decisions are being made (Doede, 2017; Schmieding, 2000). Nurses in leadership positions can also establish research priorities, develop nursing education agenda, and formulate strategic plans for care delivery (Schmieding, 2000). Policies such as ensuring pay equity (Spetz, 2016) and funding decisions to support academic progression, discriminatory patient care request, and workplace harassment, can positively affect nurse turnover (Xue, 2015). Retention of nurses from racial and ethnic minority backgrounds and improved care for vulnerable populations can be achieved by creating a workplace desirable to competent, caring people of all races and ethnicities (Cuellar & Cheshire, 2018; Villarruel & Peragallo, 2004).

There is growing evidence that organizations with women and other underrepresented groups on senior teams and boards may be more successful and experience better financial performance (Chanland & Murphy, 2018; Dixon et al., 2020). A study of 366 public companies in the United States, Canada, United. Kingdom. Brazil, Mexico, and Chile revealed a significant relationship between companies with women and members of minority groups in their upper ranks and better financial performance as measured by earnings before interest and tax, or EBIT (Lublin, 2015).

Shaikh et al. (2018) posited that diversity at the highest level of leadership at academic medical centers contribute critical innovative viewpoints and organizational changes that ensure excellent patient care, groundbreaking research, and serve as a model for health professions education. Increasing the number of nurses in leadership positions from racial and ethnic minority groups in healthcare could improve both the clinical

outcomes and health status of the nation's vulnerable populations and positively affect health disparities (Craft-Blacksheare, 2018; National Academies of Sciences, Engineering, and Medicine, 2021; Phillips & Malone, 2014). Nurse executives serve at the highest levels of leadership in numerous health care settings and having a diverse nursing executive leadership team can provide that innovation and organizational changes to support multiple outcomes. A diverse nurse executive can also serve as a role model, a mentor, and an inspiration for other such nurses who aspire to the nurse executive level position.

Methodological Literature

The analysis and review of the literature identified gaps in the field of the management and leadership. For this specific management focus, there is an opportunity to learn more about the career advancement experiences of nurses from a racial and ethnic background, and how they overcome barriers to executive leadership. To further explore this phenomenon, a qualitative method with a narrative inquiry design was applied to guide this research. Qualitative research is a situated activity that locates the observer in the world and involves an interpretive approach (Denzin & Lincoln, 2017). Qualitative research also involves using and collecting various empirical materials such as case study, personal experience, life stories, and interviews (Denzin & Lincoln, 2017). The stories can generate rich narrative descriptions, and through inductive analysis across cases, can reveal patterns and themes (Patton, 2014).

Narrative Inquiry

The current study involved applying a narrative inquiry design. Narrative inquiry is a way of understanding and inquiring into experiences through collaboration between researcher and participants, over time, in a place or series of places, and social interaction milieus (Clandinin & Connelly, 2004; Connelly & Clandinin, 1990). Narrative inquiry also involves the reconstruction of a person's experiences by telling and retelling stories in relation to the social milieu (Clandinin, 2016). Narrative inquiry is a way to explore an understanding of the social phenomenon of nurses from racial and ethnic backgrounds as they progressed through their career journey to executive leadership.

The first use of narrative inquiry was by Connelly and Clandinin in 1990 as a methodology to describe the personal stories of teachers. The development of narrative inquiry by Connelly and Clandinin as a research methodology was deeply influenced by John Dewey (Wang & Geale, 2015), a philosopher and experienced theorist. Narrative inquiry was also influenced by works of Bruner (2015), and Geertz (2008), who asserted narrative inquiry as a way of knowing the world (Clandinin, 2006). According to Wang and Geale (2015), Dewey (1986) based the theory of experience on interaction and continuity principles. Dewey further theorized that the terms personal, social, temporal, and situation were important in describing the characteristics of one's experience. Dewey (1986) used a three-dimensional space narrative structure approach of interaction, continuity, and situation to find meaning. Dewey's approach suggested that to understand people, they must be examined in their interactions with others and not just their personal experiences. Dewey (1986) posited that the study of life and education is similar to the

study of experience; education, life, and experience are the same. This approach by Dewey formed the central core of the theory of experience. Based on Dewey's (1986) theory of the characteristics of experience, Connelly and Clandinin (1990) advanced three aspects of the narrative approach: personal and social (Interaction); past, present, future (Continuity); and place (Situation).

Connelly and Clandinin (1990) based their use of narrative inquiry on the claim that humans are storytelling organisms who, individually and socially, lead storied lives. The study of narrative, therefore, was considered the study of the way's humans experienced the world. Narrative inquiry is considered both a phenomenon or a story and a research method or narrative. Connelly and Clandinin (1990) further distinguish between the narrative of the participant and the narrative researcher. People, by nature, lead storied lives and tell stories of those lives.

In contrast, researchers describe such lives, collect and tell stories of such lives, and write narratives of experience, which can be shared with a broader audience (Wang & Geale, 2015). Knowledge gained from narrative inquiry can offer readers a deeper understanding of the subject material and extra insight to apply the stories to their own context. Wang and Geale (2015) supported the use of narrative inquiry in nursing research to understand experiences such as life-course development and the cultural and historical worlds of the narrators. Connelly and Clandinin (1990) indicated that narrative inquiry allows for the exploration of experiences along multiple dimensions of the narrators' world. The current study's narrative approach allows for the documentation of the stories of nurse executives from minority backgrounds about their career journey

experiences, while addressing the research gap in the recent literature related to their underrepresentation in nursing.

Common Methods, Designs, and Techniques

Much of the empirical research on the career trajectory of nurses from minority backgrounds have been primarily qualitative (e.g., Adeniran et al., 2013, 2015; Banister et al., 2020; Banks et al., 2016; Dunkley, 2018; James, 2018; Jefferies et al., 2018; Kolade, 2016; Matza et al., 2018; Moceri, 2014; Osborne, 2008; Pierce, 2018; Sy et al., 2017; Villarruel & Peragallo, 2004; Wesley & Dobal, 2009; Williams & Wyatt, 2015; Yancey, 2018). These qualitative studies included a variety of designs such as phenomenology (e.g., Dunkley, 2018; Osborne, 2008), emancipatory inquiry (e.g., Pierce, 2018), qualitative descriptive (e.g., Adeniran et al., 2015; Banister et al., 2020; Villarruel & Peragallo, 2004), and program evaluation (e.g., Wesley & Dobal, 2009). Most of these qualitative works focused mainly on African Americans or nurses of African descent (e.g., Banister et al., 2020; Dunkley, 2018; Osborne, 2008; Pierce, 2018; Wesley & Dobal, 2009; Yancey, 2018). Several authors focused mainly on Black female nurses, as they were considered the largest group of nurses from minority backgrounds in the nursing population (e.g., Dunkley, 2018; Osborne, 2008). One leadership study focused on nurses from Hispanic backgrounds (Villarruel & Peragallo, 2004), another on Asian Americans (Sy et al., 2017) while others on nurses from a broader racial and ethnic minority background (e.g., Adeniran et al., 2015; Banks et al., 2016; Matza et al., 2018; Williams & Wyatt, 2015).

The qualitative studies reviewed included a variety of approaches to identify participants, collect, and analyze the data. The most common approaches included purposive and snowball sampling (e.g., Dunkley, 2018; Matza et al., 2018; Pierce, 2018; Williams & Wyatt, 2015) and convenience sampling (e.g., Banister et al., 2020; Matza et al., 2018; Moceri, 2014; Yancey, 2018). Interviews were mostly conducted face to face (e.g., Banister et al., 2020; James, 2018; Kolade, 2016; Osborne, 2008; Yancey, 2018), with others were conducted by video or telephone (e.g., Dunkley, 2018; Pierce, 2018; Wyatt & Silvester, 2015). Several studies involved electronic survey tools to collect participants' data (e.g., Moceri, 2014; Villarruel & Peragallo, 2004; Williams & Wyatt, 2015). Aligning with the qualitative approach, the standard approaches used for interviews included semistructured with open-ended questions. The most common form of data analysis was thematic (e.g., Banister et al., 2020; James, 2018; Kolade, 2016; Yancey, 2018) and content analysis (e.g., Adeniran et al., 2015; Matza et al., 2018; Moceri, 2014; Villarruel & Peragallo, 2004). While the majority of the studies were limited in their sample size and location (e.g., Adeniran et al., 2013; Banister et al., 2020; Dunkley, 2018; James, 2018; Williams & Wyatt, 2015; Yancey, 2018), the authors agreed that the findings support trends in the literature and studies should be replicated or extended to broader audiences. Additional recommendations included the examination of individuals across ethnic groups rather than focusing on a single ethnic population (e.g., Dunkley, 2018) and exploring career experiences of nursing leadership from minority backgrounds (e.g., Adeniran et al., 2013; Banister et al., 2020; Jefferies et al., 2018; Moceri, 2014; Yancey, 2018).

Narrative Inquiry and Nurse Leadership Career Trajectory

Limited published research involved the use of narrative inquiry design to explore nurse leaders' career trajectory, including nurse leaders from racial and ethnic minority backgrounds. A single nursing narrative inquiry study was identified, in which Beard and Julion (2016) explored the experiences of a convenience sample of 23 African American nursing faculty members in higher education. The narrative approach was appropriate to examine the past, current experiences, and future intentions of the African American faculty. Beard and Julion used a social constructionist approach that considered the tenets of critical race theory. Narrative inquiry combined with the social constructionist approach was appropriate to understand the stories and give voice to the African American nursing faculty members, affirm their social and academic realities, and explain their social experiences inclusive of their experiences with racial issues.

Narrative inquiry was applied in other disciplines to explore the career trajectory or experiences of individuals with racial and ethnic minority backgrounds (Ackerman-Barger & Hummel, 2015; James, 2018; Jean-Marie et al., 2009; Stockfelt, 2018). Jean-Marie et al. (2009) used a narrative approach to examine Black women educational leaders' experiences and the intersection of race and gender in their leadership experiences. Jean-Marie et al. (2009) explored the lives of Black women who had participated in a previous study highlighting unique findings concerning these Black women's experiences. The women were recruited from 11 private and public historically Black institutions in one state and included presidents, academic dean, vice-chancellor, vice president, executive director, and university attorney. The life stories of the

participants were obtained using a semistructured interview approach. Jean-Marie et al.'s research is an example of using a narrative inquiry design to generate a deeper understanding of a social phenomenon through participants' stories. Jean-Marie et al.'s research is also an example of using the conceptual framework of intersectionality, derived from CRT, and in combination with a narrative inquiry approach.

Stockfelt (2018) explored eight Black women's stories and narratives as they navigated their careers as a minority-of-minorities in high-ranking academic institutions in the United Kingdom. Stockfelt conducted this narrative inquiry by analyzing data- set from a previous study examining how ethnicity and gender interacted differently with various other factors to influence the career outcomes. Stockfelt was transparent about how the initial study results reflected the experiences of members of racial and ethnic minority groups at every level of the U.K. education system and the desire to learn more about their experiences. The participants were identified through various search engines and were at different levels of their career journey. Individual semistructured and narrative interviews were conducted with the use of video-conferencing apps, with interview questions based on the literature. Narrative inquiry allowed for a more in-depth exploration of findings from a quantitative study that could not allow for the storied data collection and interpretation.

Ackerman-Barger and Hummel (2015) used a narrative inquiry design combined with the intersection of race to explore nursing students' experiences of color while navigating the educational system. The seven participants who shared their educational experiences were from various racial and ethnic backgrounds, prepared at the bachelor's

and master's level, and ranged in years of experience from 1 to more than 25 years. The interviews were conducted in-person and via phone and skype. Each participant was asked open-ended questions, which allowed for the free telling of their stories. A limitation of the study was the small sample size, limiting the scope and generalizability of the findings; however, Ackerman-Barger and Hummel indicated that data saturation was achieved. The combination of the intersection of race from CRT provided an aligned design for exploring these students' storied lives. Critical race theory provided the opportunity to bear witness to racism through storytelling and allowed scholars to analyze the participants' narratives for a better understanding of their experiences. Ackerman and Hummel recommended further qualitative and quantitative research to inform the nursing academy about the best practices to achieve inclusive and equitable learning environments for students from racial and ethnic backgrounds. The findings may also help students achieve their full potential as future healthcare providers.

The final example of using narrative methods in application is James (2018), who explored the experience of one ethnically diverse English as a Second Language (ESL) nursing student. James used a narrative inquiry to obtain the life story of an Indian immigrant who completed a nursing program. James's purpose was to help gain a more salient understanding of the educational experience of ethnically diverse/ESL students that was not identified in the quantitative or qualitative literature. James used a convenient, purposeful/criterion sampling and an unstructured, open-ended approach. James used a three-dimensional narrative inquiry framework of temporality, sociality, and place to organize the initial data analysis followed by a thematic analysis using an

inductive approach. James recommended that future research was needed, especially about individual diverse student perspectives and experiences.

The use of narrative inquiry in career trajectory includes a variety of approaches. The most common approach was the semistructured, open-ended interview process, most often aligned with the qualitative approach. Similar to the qualitative studies, the narrative approach included purposive and snowballing techniques to identify participants and coding and thematic data analysis. Ackerman-Barger and Hummel (2015), Beard and Julion (2016), and Jean-Marie et al. (2009) used the intersectionality derived from Critical Race Theory as their framework for exploring the experiences of individuals from racial and ethnic minority backgrounds. When aligned with a narrative inquiry, this framework can allow scholars to analyze the stories or narratives of participants.

Overall Literature Review Summary and Conclusion

A review of the literature revealed several findings. The first is an underrepresentation of racial and ethnic minorities in the workplace, inclusive of the nursing workforce. The underrepresentation of racial and ethnic minorities results from a variety of reasons and has a historical background. The second is that much effort has been made to improve the representation; however, the phenomenon continues to exist (see Kovner et al., 2018). Findings from a number of studies showed a diverse workforce could improve an organization's performance through business performance (Gomez & Bernet, 2019; Lublin, 2015) and patient outcomes (Goode & Landefeld, 2018).

Nurses from racial and ethnic minority backgrounds expressed that they experience singular and systemic barriers to promotional advancements despite being academically prepared as their Caucasian counterparts (Doede, 2017; Seago & Spetz, 2008). While there is some published literature on the barriers that executive nurses from racial and ethnic minority backgrounds experienced and the strategies they used to overcome career advancement barriers, the majority of the studies focused on Black or African American female nurse executives in a specific role (Dunkley, 2018; Osborne, 2008). Other relevant research (Banister et al., 2020; James, 2018; Matza et al., 2018; Moceri, 2014; Villarruel & Peragallo, 2004) focused on other roles such as academia, general nursing leadership roles, and the nursing student experience.

There is still a gap in the literature and a need for further research in understanding the career experiences of nurses from a racial and ethnic minority backgrounds (Jefferies et al., 2018; Sy et al., 2017; Villarruel, 2017), especially those who overcame barriers to achieve an executive leadership position (Eastland et al., 2018; Schmieding, 2000). While the literature review did not reveal any narrative inquiry-based studies focused on career advancement of executive nurses from minority backgrounds, other research highlighted the use and value of narrative inquiry in understanding the storied career lives of individuals from racial and ethnic minority backgrounds (see Ackerman-Barger & Hummel, 2015; Beard & Julion, 2016; James, 2018; Jean-Marie et al., 2009; Stockfelt, 2018). The information gleaned from the literature review supports the use of a narrative inquiry design as an effective and appropriate approach to gain

access to rich layers of information from nurse executives from minority backgrounds about the barriers they overcame in their journey to an executive leadership position.

To continue exploring the leadership journey experiences of individuals from minority backgrounds, Ospina and Foldy (2009) recommended that further research should focus on the race-leadership intersection of more diverse groups by capturing their leadership experiences. Ospina and Foldy (2009) concluded that there was limited leadership research about non-White groups. Ospina and Foldy cautioned that if there was no change in the inclusion of people of color in leadership studies, the result could be (a) the invisibility of such work and an important loss to the field and practice of leadership, and (b) the perpetuation of social inequity by not capturing the experiences of people of color in the social system. While there has been some progress due to knowledge in the field of leadership studies, the phenomenon of lack of representation of racial and ethnic minority nurses in executive roles persists. Further research is needed to address the gap in the literature of how nurses from racial and ethnic minority backgrounds overcame these barriers to achieve an executive leadership position (see Eastland et al., 2018; Jefferies et al., 2018; Schmieding, 2000; Yancey, 2018). The new knowledge from the results of the current study could provide a deeper understanding of the strategies nurse executives from racial and ethnic minority backgrounds use to succeed.

Chapter 3 will include a description of and justification for the methodology for the current qualitative narrative study. Details of how the study was be conducted,

including the researcher's role, participant selection, instrumentation, issues of trustworthiness, data collection and analysis, and ethical considerations will be addressed.

Chapter 3: Research Method

The purpose of the current qualitative research using a narrative inquiry design was to explore, through the use of personal stories, the experiences of 17 executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame as they rose to their executive position. Narrative inquiry research is characterized by the reconstruction of a person's experiences through telling and retelling of stories in relationship to the social milieu or environment (Clandinin, 2016). The focus was on the telling and retelling of stories of the barriers to attaining an executive leadership position. The unit of analysis were the barriers encountered and overcame by nurses from racial and ethnic background on their pathway to executive leadership positions throughout their career journey. The data sources included interviews and a video that one participant chose to share.

This chapter begins with a focus on a description of the research methods and design, and rationale for use in the current study. My role as the researcher is described including how I addressed personal bias throughout the study. A detailed description of the methodology follows, inclusive of participant criteria and selection, instrumentation, recruitment, participation and data collection procedures, and data analysis plan. The chapter concludes with how trustworthiness was supported, a discussion regarding ethical considerations, a summary section, and a transition to Chapter 4.

Research Design and Rationale

The phenomenon of interest in the current study was the experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced

and overcame on their pathway to an executive leadership position. Nurses from racial and ethnic minority backgrounds expressed that they experience singular and systemic barriers to promotional advancements despite being academically prepared as their Caucasian counterparts (Doede, 2017; Eastland et al., 2018; Seago & Spetz, 2008). While there has been some published research on how nurses from racial and ethnic minority groups have overcome barriers (e.g., Banister & Winfrey, 2012; Dunkley, 2018; Matza et al., 2018), the current literature still supports the need for further research. The specific need for further research is to gain a deeper understanding of how nurses from racial and ethnic backgrounds overcome barriers to achieve an executive nursing leadership position (Eastland et al., 2018; Jefferies et al., 2018; Villarruel, 2017).

The primary research question for the current study was:

R1: What are the personal stories and experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame as they rose to their executive positions?

The three research subquestions were:

S1: What are the personal stories and experiences of executive nurses with racial and ethnic minority backgrounds concerning *the barriers they faced* as they rose to their executive positions?

S2: What are the personal stories and experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they overcame as they rose to their executive positions?

S3: What are the personal stories and experiences of nurses with racial and ethnic minority backgrounds concerning the facilitators that helped them overcome barriers and ascend to their executive positions?

Qualitative Method

A qualitative research methodology was used for this study as a means of understanding individuals, groups, and phenomena in their natural settings in ways that are contextualized and reflect the meaning that people make out of their own experiences (see Ravitch & Carl, 2019). Qualitative research is a situated activity that locates the observer in the world, and involves an interpretive, naturalistic approach (Denzin & Lincoln, 2008). Qualitative research also involves the use of and collection of a variety of empirical materials such as case study, personal experience, life stories, and interviews (Denzin & Lincoln, 2008). The stories can generate rich narrative descriptions, and through inductive analysis across cases, can reveal patterns and themes (Patton, 2005), such as those of executive nurses from a racial and ethnic minority background and their career journey. Applying a qualitative research methodology supported exploring the meaning that nurse executives from a racial and ethnic minority background make of their career journey. The use of a qualitative research methodology was appropriate for the current study to gain further understanding of the barriers that nurse executives experienced and overcame on their pathway to an executive position. The qualitative methodology also enabled gaining a deeper understanding of why the phenomenon of the underrepresentation of racial and ethnic minority nurses at the executive level of nursing continues to exist. While a quantitative approach could be appropriate to study statistical

relationships between variables pertinent to the career advancement of nurses from a racial and ethnic minority background, a statistical focus on relationships differs from the intent of the current study to explore in depth rich narratives from the participants (see Patton, 2014; Riessman, 2008).

Rationale for Choosing a Narrative Approach

I used a narrative inquiry design for this qualitative study. The narrative inquiry technique is designed to support research where it is important to understand and inquire into experiences through collaboration between researcher and participants, over time, in a place or series of places, and in social interaction milieus (Connelly & Clandinin, 1990). Narrative inquiry involves the reconstruction of a persons' experiences through telling and retelling of stories in relationship to the social milieu or environment (Clandinin, 2016). Narrative inquiry is also recommended as a preferred research approach when the purpose or objective of the research is to acquire rich and thick meanings about the experiences of individuals (Clandinin, 2016). Using a narrative inquiry design is appropriate when studying the ways that humans experience the world (Connelly & Clandinin, 1990), such as nurse executives from racial and ethnic minority backgrounds, who overcame barriers to achieve their leadership position. The use of a narrative inquiry design is appropriate for the current study as a way to highlight the stories of nurse executives' lived experiences, and as a starting point for understanding how they make sense of their career journey (Abkhezr et al., 2018; Blustein et al., 2013). Applying a narrative inquiry approach allowed nurse executives from racial and ethnic minority backgrounds to tell and retell their career journey stories, which revealed how

these nurses make sense of their experiences over time and in relation to social interactions and social milieus, or the environment (Connelly & Clandinin, 1990). While the use of narrative inquiry design has not informed much research in the career journey experiences of nurse executives from racial and ethnic minority backgrounds (Beard & Julion, 2016), the approach is an appropriate technique within qualitative research.

I considered a phenomenological approach for the current study. Phenomenology is the study of the primal, lived, prereflective, and prepredictive meaning of an experience (van Manen, 2017). Using the phenomenological approach also necessities assuming a commonality in the lived experiences of a group of people (Arthur et al., 1989), While there are some similarities between phenomenology and narrative inquiry in terms of focusing on a small sample of persons and their experiences, I did not focus on a common experience, as necessary in phenomenological research. In narrative inquiry, the focus is to make sense of personal experiences over time and in relation to social milieus or the environment conveyed through stories (Connelly & Clandinin, 1990; Riessman, 2008). Thus, narrative inquiry was a better fit for the purpose and research questions in the current study.

I considered but did not select the heuristic approach because my intent was not to explore my personal experience of a phenomenon or others' experiences. A form of phenomenology, heuristic inquiry brings to the forefront the personal experiences and insights of the researcher (Patton, 2014). The heuristic inquiry approach is designed for the researcher to focus on the intense combined human experiences from the investigator and coresearchers' point of view that yields an understanding of the essence of the

phenomenon (Patton, 2014). Despite my own personal career experiences of being a nurse executive from a racial and ethnic minority background, it was not my intent to explore my experience in the current study. In narrative inquiry, the stories of the participants are the central focus of the research (see Riessman, 2008).

I also considered but did not select an ethnographic approach for this study. An ethnographic approach is used to explore a group's culture because of the group's interaction over a period of time and how members of that culture explain their perspectives and behaviors (Patton, 2005). An ethnographic approach is not consistent with the purpose and focus of the current study because my focus was not on a group of individuals interacting together over a period of time.

The use of narrative inquiry design aligned with the overarching research and the research questions for the current study because my goal was to explore experiences through the use of stories. The use of narrative inquiry also aligns with one of the concepts in the conceptual framework, that of intersectionality of race. The use of storytelling in naming one's reality is a technique used when exploring the intersectionality of race as recommended by Crenshaw (1990), who coined the team intersectionality. The current research was designed in a storytelling or narrative format to explore the experiences of nurses of racial and ethnic minority backgrounds (intersectionality of race), over time, and in relation to the person (internal capabilities) and their environment (external capabilities). Narrative inquiry, as advanced by Connelly and Clandinin (1990), is designed to explore the experiences of individuals using a three

dimensional approach of personal and social (interaction); past, present, future (continuity); and place (situation).

Role of the Researcher

According to Ravitch and Carl (2019), the role of the researcher within qualitative research is to be the primary instrument throughout the research process. As the researcher and the primary instrument, my subjectivity, social location/identity, positionality, and meaning making shaped the research in terms of its processes, methods, data collection, and findings. My role was to select the participants, develop and field test the interview guide, collect data, and analyze the responses. As the qualitative researcher for the study, my identity becomes central and vital to the inquiry (see Ravitch & Carl, 2019). I developed the data collection instrument, interviewed participants, and analyzed and interpreted their narrative stories. My experiences of being someone from a racial and ethnic minority as well as in immigrant from the Caribbean who achieved an executive position in nursing had the potential to influence how I approached this study.

I began this research journey from a personal place, as I have reflected over many years on the small numbers of individuals from a racial and ethnic minority background at the leadership level in nursing compared to members of nonminority groups. As I gained higher and higher leadership positions, individuals like myself with varying ethnic and minority backgrounds were less visible. I have often had staff members and other leaders from a racial and ethnic minority ask me about how I reached my position and how I overcame the challenges to achieve leadership levels. I also had a personal and professional goal of completing a doctoral degree, both to ensure I was as prepared for

opportunities if and when they were available or presented to me as well as wanting to be as competent as a leader as I could be. These factors and experiences necessitate that I be attentive and reflexive about how my background and role as a researcher could influence the current study.

Reflecting on my background allowed me to pay attention to certain aspects of my identity that could inherently influence the current study because of the duality of my role with the participant and my professional role in the scholarly community. This duality of role can have ethical implications. For example, I am a nurse with an African Caribbean background. I was raised in the island of Jamaica where the population was predominantly of African descent. I was raised by parents who were not very educated and as a result, they were determined that their children would achieve more than they did. My parents instilled in me from an early age that I can chart my course, but that I would have to work hard and not expect anything from anyone in order to achieve what I wanted. My family had limited finances and so it was clear that the only way to achieve one's dream is to work hard and educate oneself. While the population in Jamaica is mixed, Jamaicans were guided by the motto of "out of many one people." This motto guided the cultural experience that all Jamaicans were equal and that no one was seen as different because of the color of your skin. While there were subtle examples of discrimination of shades of skin color, the ability to get ahead and achieve my dream was based on how hard I worked. There was never a time I felt that I was denied anything because of my skin color, tone of voice, hair type or generally my personal appearance.

My initial training as a nurse was in Jamaica my place of birth and I quickly rose through the ranks to executive levels of leadership early in my career. I was inspired to become a nurse by observing the practice of the midwife in our community, who delivered many of my brothers and sisters at home. The community health nurse in the community health also inspired me. They both represented educated women, leadership, and a sense of discipline. An important part of my nursing education was having role models who looked like me as instructors and leaders on the patient care units. Therefore, it was "normal" to be the majority and not experience a sense of an outsider or difference based on skin color or race. My training also included learning about a Jamaican nurse, Mary Seacole, who worked during the Crimean war alongside Florence Nightingale. The idea that a Black nurse, despite the oppositions and experience of discrimination, was not deterred, and through perseverance, accomplished what others would not allow her to do. This idea of someone looking like me working in the same war as Florence Nightingale was personally inspiring.

The last important factor in my personal background is one of being an immigrant to a country where an individual who looks like me is considered a member of a minority group, an experience that was new to me. Over the years, I have come to experience the issue of racism, micro aggression, bias, stereotyping and discrimination, questioning of one's ability and belonging, both in general and professionally. I was often mistaken for someone in a lesser role until I became a familiar face in the organization. Recruiters and organizational leaders told me that I would never be able to achieve certain levels of leadership or positions, because "*people like me"* could not. In most of the positions I

have held, there were few individuals in my role that reflected my race and ethnicity. On many occasions, as I rose through the ranks of leadership, I was frequently the first, the only one in the room, around the table or on the committee. Despite these experiences, I have received many positive affirmations, mentoring, investments in my career and sponsors who have ensured that I progressed along the career journey.

I have worked diligently to prepare myself both academically and professionally to maintain readiness and preparedness for opportunities that may become available along my career journey. I have a multi-racial/ethnic and gender network of professional colleagues, with whom I interact regularly and who provide ongoing support along my career journey. My organizational leaders have been intentional in directing and investing in my professional development and growth.

As I progressed through this study, I remained aware of the foundations on which I was raised. These experiences may differ from the participants in this study. As a nurse from a racial and ethnic minority background, the barriers I experienced and overcame on my pathway to an executive leadership may be similar or different from the participants in the current study. This pathway to executive leadership could lead to personal biases, which could have influenced how I collected, analyzed, and interpreted the participants' stories. My prior experiences could have led to my introducing my biases of how one gets ahead in their career, which needed to be managed carefully. Therefore I needed to be transparent and remain reflexive about these potential biases to mitigate potential effects throughout the research processes (see Green, 2013).

The use of a semistructured interview process served as a guide to manage biases during the data collection or interview experience. During the interview and field work processes, I was transparent by acknowledging my background as a nurse from a racial and ethnic minority background who has achieved a similar executive role. I was attentive to the needs of the participants and sensitive to the ways I could pose the interview questions. I focused on listening to their stories without attempting to influence how each participant shares their story. The process of being reflective is a foundation of qualitative research and the narrative inquiry design because the researcher is both collaborator and participant in the lives and stories of the participants (James, 2018). Practicing reflexivity allowed me to maintain a degree of objectivity during the analysis phase to ensure that the narrators' voices I explored and reconstructed remains that of the narrators and not the voice of the researcher (see Green, 2013; James, 2018).

Methodology

Participant Selection Logic

The target population or group for this study was nurses from racial and ethnic minority backgrounds who held or currently hold a nurse executive position in the United States. Executive nursing leaders are individuals who hold or held positions of CNO, CNE, or VP of nursing (American Organization of Nurse Executives, 2015). The VP of nursing may have oversight of a single organization or a major service line within a single organization or a health system. An executive nursing leader may also be an individual with a combined chief nursing officer/chief operating officer or chief nursing officer/chief executive officer role.

A racial and ethnic minority background referred to individuals who identify with a particular race, a shared culture, and or national origin who experience a lack of power (Cokley, 2005). The participants came from a variety of racial and ethnic minority backgrounds as defined by the United States Office of Budget and Management: Classification of Federal Data on Race and Ethnicity (2016). In the current study, the sample included individuals who are of Asian, Black or African American, Hispanic or Latino, and MENA backgrounds (https://obamawhitehouse.archives.gov). While MENA groups are listed under the category of White by the U.S. Census Bureau, there is a growing call for creating a separate section for this group of individuals to be classified as non-White on the census (Alshammari, 2020; MENA, n.d.; Wang, 2020). Persons from a MENA background were eligible for participation in the current study.

The focus of a narrative inquiry is not on facts or truths, but rather on learning about an individual's experience through time and discovering time and events that occurred along the way that shaped the individual's worldview (Clandinin, 2006; James, 2018). Generally, in narrative inquiry, there are no direct recommendations on selecting a timeframe for participants who have experienced the research phenomenon. For the purpose of the current study, I did not set a timeframe of when a participant was employed in or achieved the role of a nurse executive.

I used a nonprobability purposive or purposeful sampling technique in the current study. This purposive sampling technique is the most appropriate way to identify individuals who have experienced the phenomenon of interest, and who may be able to provide the rich contextual narrative data needed to answer the research questions. I also

used the snowballing sampling technique. With snowballing sampling, participants who met the inclusion criteria recruited others in their networks (Patton, 2014).

Participants self-selected and were identified according to the purposive sampling criteria. The sampling criteria for the current study included nurses:

1. From a racial and ethnic minority background such as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, Hispanic or Latino, Middle Eastern or North African backgrounds (United States Office of Budget and Management, 2016; Alshammari, 2020; Wang, 2020; MENA, n.d.).
2. Currently holds or has held a nurse executive leadership position. A nurse executive position is defined as a CNO, CNE, SVP, or VP of Nursing or Patient Care Services; and
3. Preferably have earned a minimum of a master's degree.

The sample size obtained was 17 individuals. Narrative inquiry research may have a single participant and up to as many as 30 participants (Patton, 2014). The most common range is 4-6 participants because of the in-depth collaboration between the researcher and participant during data collection (Haydon et al., 2018). The data processing, analysis and presentation of the narrative also limits the number of participants (Haydon et al., 2018; Patton, 2014). Patton (2014) recommended a minimum number of participants based on the expected reasonable coverage of the phenomenon but noted the potential need to adjust the sample size to reach saturation. My goal was to interview 12-15 nurse executives with the flexibility to conduct more interviews until

saturation was achieved. Saturation is assumed to occur when data collection no longer produces new findings (Riessman, 2008).

While the sampling frame in the current study did not involve forced proportional representation by race, ethnicity, and or position, every attempt was made to target or solicit participants to reflect diversity by position and or race and ethnicity. This intent to recruit a sample that reflects position, race, and ethnicity was not as challenging as originally thought. I was able to obtain racial, ethnic, and gender diversity for the current study.

Instrumentation

The first data collection instrument was a researcher developed demographic questionnaire (see Appendix B). The demographic questionnaire was designed to assist the interviewer in soliciting information about the specific roles in which participants may be currently employed in or have been employed in as per the sampling criteria. Additional demographic questions in the questionnaire were designed to obtain information about the career journey, roles, educational achievement, and other salient information on the participants as identified in the literature review.

The second data collection instrument was a researcher-developed semistructured interview guide (see Appendix C), which I used to elicit the stories of the participants. The focus of the open-ended questions in the interview guide was based on the literature reviewed, the purpose, research questions, and study concepts. As outlined in Appendix D, the interview questions were designed to align with the research question and sub-

research questions. Each interview question was designed to elicit the stories from the participants, based on the intended purpose of the study.

The interview questions were designed to explore, through the use of personal stories, the experiences of executive nurses from a racial and ethnic minority background concerning the barriers they faced and overcame on their pathway to an executive position. The three main concepts included the intersectionality of race and career advancement, and internal and external capabilities. The interview guide served to maintain alignment of the key concepts identified in the literature review, the research questions, conceptual framework, and the narrative inquiry design.

The interview guide included my introduction to the participant, a recap of the study and their role in it, and some opening questions. The opening questions were designed to help the participant to be comfortable prior to the beginning of the formal interview. The interview guide also included probing questions that allowed for a consistent approach to exploring the participants' stories further when there was a need to do so.

I conducted a field test of the demographic and interview questions to enhance rigor and trustworthiness. The purpose of the field test was to evaluate the interview guide and questions. In the field test, I engaged two Walden faculty with nursing and diversity backgrounds and two professional staff from my workplace who have extensive experience in qualitative research. I invited them to review and provide feedback on the appropriateness and alignment of the demographic questionnaire and interview guide with the focus of the study. I conducted this field test using email communication, with a

request for comments and suggested revisions within a defined timeframe (Appendix E). Follow up occurred via email, Zoom, and a face-to-face discussion with one of the reviewers. Following the completion of the field test, the interview guide was finalized.

Procedures for Recruitment and Participation

Following Walden IRB approval, I invited nurses of a racial and ethnic minority background to participate using my personal social networking sites, such as LinkedIn, Facebook, and Twitter. I also invited participants using the Walden University participant pool. The invitations included an overview of the study and the selection criteria prospective participants must meet to in order to be eligible for participation. I asked interested individuals to respond to the social media post to indicate their willingness to participate (Appendix F). Following their response, I provided my official university email address and ask them to provide their email address and phone number so I could follow-up to provide further details of the study. I emailed persons who responded to the invitation (Appendix G) and sent them the informed consent document which contained information about the study, such as specific information about the criteria for participation, the purpose of the study, duration, activities, and time commitment (Appendix H). Once the participant gave consent, I contacted some by phone and others by email to set up an agreed-upon time for the interview. I then scheduled a time to conduct the interview with persons who affirm that they met the selection criteria. Those who did not affirm that they met the selection criteria were excluded from the study. At that time, I also asked the potential participants to share information about the study with

others who they think meet the criteria for the study. I was able to recruit an adequate and diverse number of participants using this purposive and snowballing sampling technique.

Procedures for Data Collection

Interviews emphasizing participants' storytelling nature are regarded as one of the primary tools of data collection in narrative inquiry. I used a semistructured interview approach, which allowed me to develop an interview guide with specific questions to be asked of all the participants in a specific order. The semistructured interview also allowed me to include follow-up and probing questions, which were used as needed during the interview (Ravitch & Carl, 2019). Semistructured interviews can also be used to provide space for participants to express subjective understandings of career development, voice their career stories and make meaning based on their life-career stories (Abkhezr et al., 2018). Additionally, personal accounts such as diaries or artifacts may also add to the rich information of the phenomenon being studied.

I scheduled an interview with each participant, expected to last about 60-90 minutes. I worked with each participant to ensure a convenient time and location. The location was suitable for maintaining privacy as well as quietness. Participants were not interviewed at their workplace and having a noise-free environment ensured that the information during the interview was captured clearly and represented the participants' stories. Participants had the option to be interviewed via Skype, Zoom, or Microsoft Teams to support face-to-face interaction or via telephonic. All chose the telephone.

At the beginning of each interview session, I reviewed the purpose of the study and the goals of the interview. I also reminded each participant that their information

would remain confidential, and that they were free to share only the information they wished to, and that they could stop the interview at any time if they wished. I reminded each participant that I would be audio recording the interview and taking notes for the sole purpose of capturing all the salient information that would only be used for the study. All participants agreed to be audio recorded. I informed each participant that I would be asking them to review a summary of the themes that emerged from the analysis of the complete set of interviews to ensure the themes reflect their experiences or the story they wished to convey. This review, known as member-checking, was estimated to take approximately 15-30 minutes of their time.

Once the preliminary discussion and review of the interview process was complete, I asked each participant if they had any questions. Once all questions were addressed, I commenced the interview with the participant's approval. I began the interview by asking the participant to answer a few demographic questions. My decision to begin with these demographic questions was to allow for ease of data collection in a single interaction versus multiple approaches to obtaining the information. Once the participants answered the demographic questions, I proceeded with the open-ended interview questions. During the interview, I attempted to insert notations such as pauses, laughter, or other audible expressions, and other contextual information without drawing conclusions. that might have affected the participant (see Patton, 2014; Ravitch & Carl, 2019).

After concluding the interview, I again asked the participants if they had any questions or comments they wanted to share. I answered their questions, conducted a

debrief of the interview, and informed the participants of the next steps. The post steps involved downloading the interview transcript and reviewing for correctness, gaps in the data or lack of clarification. I reminded each participant that their data would be secured and protected and would be reviewed only by me. Participants were also reminded that they would receive a request from me of a summary of the themes that emerged from the interview for review. Participants were informed by email that they would be released from the study once I complete data collection, analysis, and reporting. I asked each participant if they are interested in receiving a summary of the study findings, and for those who responded in the affirmative, I informed them that I would provide information of how they may access the final dissertation once published in ProQuest.

Data Analysis Plan

An important and central component in narrative inquiry is the concept of the relation between the three dimensions of temporality, sociality and spatiality (Connelly & Clandinin, 1990; James, 2018). A narrative inquiry is explored in relation to and the interconnectedness of these three dimensions, which also guides the analysis, interpretation and presentation of the stories collected. The interconnectedness of the three dimensions also allows for exploring and attending to the storylines in terms of the past, present and future, inner and outer emotions and place (James, 2018).

The narrative data analysis technique I employed for the current study followed a three-dimensional space narrative structure (Clandinin & Connelly, 2004). By using the three-dimensional space narrative structure for data analysis, the narrative stays intact and the data relating to different dimensions is drawn from the whole narrative. These

dimensions are then put together as the final result (Haydon et al., 2018; Ollerenshaw & Creswell, 2002).

I began data analysis by listening to the interview recordings and revising and correcting any errors such as spelling or incorrect words that misrepresented what the participant had shared. I used a number system and assigned each participant a pseudonym, which I applied to each transcript for confidentiality purposes. I transcribed each interview verbatim, and the lines of each text were numbered. Once I completed the review of all the transcripts, they were uploaded into a cloud-based qualitative software on my computer that is password protected both as a backup and for storage purposes.

The second step in this data analysis process included my construction of narrative texts from the transcribed data and field texts using Clandinin and Connelly's (2004) three-dimensional space narrative structure. Clandinin and Connelly (2004) suggested exploring experience from three dimensions: interaction, continuity or temporality, and situation. For the current study, the three-dimensional space narrative structure represents the intersectionality of race and career advancement, internal and external capabilities. The constructions of rich narrative texts were organized in three aspects of the three-dimensional space narrative structure (Clandinin & Connelly, 2004). I organized the narratives beginning first with the category of interaction, then continuity and temporality and finally situation or place, as described below:

1. Interaction involves both personal and social. I analyzed transcripts and texts for the personal experiences of the storyteller as well as their interaction with other people.

2. Continuity or temporality. I analyzed the transcripts and texts for information about past experiences of the storyteller. The transcript was analyzed for present experiences that may illustrate actions or events to occur in the future.
3. I analyzed transcripts for situation or place by looking for specific situation in the storyteller's landscape such as physical places or the sequence of the storyteller's places.

The third step in the analytic process involved coding individual stories and grouping codes into categories. I then searched the grouped data for patterns and themes. The fourth phase entailed cross-story analyses and then identifying emerging themes. During the coding and thematic steps, I constantly refined and revised the identified themes. The constant revision and refinement involved going back and rereading the entire data set, sometimes listening to the recordings, to determine if the themes accurately reflect the data (James, 2018). The primary concern for the close scrutiny of the data was to ensure that I did not force the data to conform to my preconceived notions. I also used member checking by asking the participants to review and provide feedback on the summary of the themes that emerged from the analysis. To avoid this forcing of the data, I remained alert to what may be referred to as negative cases, such as people, or instances that may not fit a particular pattern of the current understanding of the phenomenon of interest (Ravitch & Carl, 2019). In the current study a negative case represented data that held meanings beyond what other researchers had said in the literature about the career advancement experiences of nurse executives from a racial and

ethnic minority background. Because there is the ability to learn from negative cases, I treated the negative cases similar to all other data as a way to identify new meaning about the participants' experiences.

The final step in the data analysis process was the demographic data collected from each participant. The demographic data are presented in a table format in Chapter 4, to reflect the diversity of roles, experiences, ethnic and racial backgrounds, educational achievement, and other demographic questions that were documented during the interview process.

Issues of Trustworthiness

Credibility

Credibility is the researcher's ability to demonstrate the true picture of the phenomenon under scrutiny (Shenton, 2004), and is directly related to the research design, instrumentation, and data (Ravitch & Carl, 2019). The credibility of this narrative inquiry study depended on my ability to interpret the stories of executive nurses from a racial and ethnic minority background on their pathway to an executive leadership position. To address credibility in the current study, I used strategies such as member checking, thick description of the study findings (Geertz, 2008), and reflective journaling and thinking (Connelly, 2016).

Member checks or participant validation included soliciting feedback from each participant by requesting each participant to review a summary of the themes that emerged from the analysis of the complete set of interviews. The intent of this member-check was to ensure an accurate representation of the participants' responses (Connelly,

2016; Geertz, 2008; James, 2018), and the story they wished to convey. I used a reflective journaling during the interview process to provide additional evidence of the credibility (see Connelly, 2016). I provided thick descriptions of the study phenomenon by providing detailed description of the study methodology and research processes, and using the three-dimensional space narrative structure, as outlined by Clandinin and Connelly (2004).

Transferability

Transferability is the way in which qualitative studies can be applicable or transferable, to broader contexts while still maintaining their contextual richness (Connelly, 2016; Ravitch & Carl, 2019). In the current study, I used rich and detailed descriptions of the content, location, and description of the participants in the study. Detailed descriptions included the barriers that nurse executives from racial and ethnic backgrounds experience and overcame as they rose to their executive position, the central purpose of the research. The detailed descriptions provided a vivid picture of the participants' stories that will inform and resonate with readers (Amankwaa, 2016), in the hopes that readers may be able to associate the results with their own experiences (Cope, 2013). In Chapter 5, I address limitations that occurred with the selected sample that may prevent the transferability of the findings to other studies and suggestions for future studies. Transferability also came from disclosing my positionality, reflexivity, and using field and journal notes.

Dependability

Dependability refers to the constancy and consistency to which a study implementation adheres to a methodologic process (Patton, 2014), is consistent over similar conditions (Polit & Beck, 2008), and answers the research question (Ravitch & Carl, 2019). For the current study, dependability includes a detailed description of the methodology and processes during the research inquiry. During the development of my research protocol, my dissertation chair and committee member provided expert feedback and guidance. I continued to work closely with my dissertation chair and committee member as they provided feedback, recommendations, and evaluation on the accuracy of findings, interpretations, and conclusions as reported in the final study. I also maintained an audit trail to document decisions I made throughout the conduct of the research process and analysis of the data. As the sole researcher for the study, I attempted to mitigate personal biases throughout the inquiry process by the use of an expert validated interview guide that allowed me to focus on the stories of the participants and not my own.

Confirmability

Confirmability is the degree of neutrality or the extent to which the findings of the current study are shaped by the respondents and not researcher bias or motivation (Amankwaa, 2016; Patton, 2014). In the current study, I took steps to ensure that the findings that emerged from the data are those of the participants and not my own experiences. Throughout the study, I used reflexivity, by using journaling to capture the observation of participants, and clear and accurate accounts of their responses. I used

member checking to mitigate researcher bias. I also used a standardized coding methodology and process to ensure the themes and stories of the participants are reflected and can be replicated for future potential research.

Ethical Procedures

Walden University Institutional Review Board (IRB#08-06-21-0617622) approval occurred before participant recruitment and data collection began. Participants in the current study were individuals from racial and ethnic minority groups of nurse executives. I initially began recruiting participants through my personal social media networking sites, and the Walden participant pool, using a nonprobability purposive and snowballing sampling technique. This recruitment approach resulted in the needed number of participants to achieve data saturation; many of whom I met for the first time. I did not offer any incentives for participation.

Once an individual indicated interest in participating in the study, they were emailed a copy of the Inform Consent Document. Individuals were asked to indicate their consent if they felt they understood the study and wished to volunteer by responding by email with the words, *"I consent."* The information in the informed consent form ensured that participants were educated about the current study and the nature of their involvement. Individuals were informed that they could withdraw at any time during the research period, however everyone completed the process.

Because there might be a limited number of individuals who currently serve or served in the executive roles in nursing, information shared through the interviews could be identifiable. I took steps to ensure the confidentiality of the information shared by the

participants by using pseudonyms for each participant. I was also attentive to specific words or descriptors that may identify places of work or relationships within the narrative.

I stored all study materials and related documents in a secured and password protected file on the cloud to prevent access of other individuals to the data. The data are not accessible to anyone except me and will be destroyed in accordance with the IRB protocol. Each participant's data were identified by using a number system instead of actual names, employing pseudo names and storing the participants' usernames, domain names, and email addresses separately. I did not invite or include individuals from within my immediate work environment to participate in the study.

Summary

Chapter 3 began with a description and justification of the qualitative narrative inquiry design, and the rational for its use for the current study to gain a deeper meaning and understanding of the career journey experiences of nurse executives from racial and ethnic backgrounds. The chapter also includes a detailed description of my role as the researcher, including a focus on transparency and reflectivity of my position in the research process. Other sections in the chapter covered the selection logic for participants, demographic questions, and the semistructured interview guide. I described the process for recruitment data collection, and data analysis. The chapter concluded with a discussion of trustworthiness and ethical considerations.

Chapter 4 will begin with a review of the purpose of the study, the research settings, participant demographics, recruitment, and data collection and data analysis

procedures. The chapter will focus on evidence of trustworthiness and the results. Chapter 4 will then conclude with a summary and transition to Chapter 5.

Chapter 4: Results

The purpose of the current qualitative narrative inquiry study was to explore, through the use of personal stories, the experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position. One primary research question (RQ1) and three subquestions (SQ1-3) guided the narrative inquiry:

R1: What are the personal stories and lived experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position?

S1: What are the personal stories and lived experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced on their pathway to their executive leadership position?

S2: What are the personal stories and lived experiences of nurses with racial and ethnic minority backgrounds concerning the barriers they overcame on their pathway to an executive leadership position?

S3: What are the personal stories and experiences of nurses with racial and ethnic minority backgrounds concerning the facilitators that helped them overcome barriers and ascend to their executive positions?

Chapter 4 begins with an overview of the purpose of the current study, and the research questions used to guide the current study. The second section includes a description of the field test and the research setting. The third section of the chapter reflects the demographic data relevant to the study, followed by the data collection and

analysis procedures. The chapter closes with a discussion of trustworthiness, the study results, a summary, and a transition to Chapter 5.

Field Test

A field test of the demographic and interview questions was conducted prior to entering the field, to enhance rigor and trustworthiness. Two Walden University faculty, one with qualitative research background and one with diversity research background, served as experts for the field test. In addition, two doctoral-prepared professional staff from my workplace with extensive background in qualitative research also served as expert for the field test. The reviewers were sent emails with a request for comments and suggestions based on a document that I emailed to them. The request for feedback included a brief introduction, background and purpose of the study, the research and subresearch questions, demographic questionnaire, and interview questions. I asked the experts to indicate whether the demographic questionnaire and interview/probe questions were (a) likely to provide meaningful information for the study, (b) likely to elicit the response needed to inform the study, (c) whether a potential participant might find any of the questions inappropriate, and (d) whether any questions were difficult to understand. I also asked the experts to provide any additional feedback that was not included in the response to the other questions or on any of the materials sent to them.

All four experts provided feedback. Many of the comments supported the appropriateness of the demographic and interview questions; however, the experts provided several suggestions, which resulted in modification of the demographic and interview questions. One of the suggestions was to include a demographic question about

the region of the United States where the nurse executive currently practice or previously practiced. A second suggestion was to reword some of the interview questions to be more open and unbiased. For example, the suggestion was to replace “barriers faced” with “challenges” faced, to be less leading. A third expert suggested reducing the number of primary interview questions, which I worked with my dissertation chair to modify. Following a review of all the suggestions, I revised the relevant sections of the demographic, interview, and probe questions.

Research Setting

The current study was designed to be conducted virtually using a variety of approaches such as Skype, Zoom, Microsoft teams, or telephonic. The interviews were conducted with the participants in a place of their choosing and following their consent to participate in the study. Conducting a study virtually created flexibility in scheduling, especially for individuals from different time zones. All participants opted for a telephonic interview for a variety of reasons including personal preferences, location of the participant at the time of the interview and challenges with availability for video conferencing.

While the interviews were conducted via telephone, I sensed that the participants perhaps felt psychologically safe as demonstrated through the depth of their stories, the sharing of sensitive and sometimes deeply personal and emotional information. The use of a telephonic interview has the potential to diminish the ability to gather data via visual cues, however, I made as much attempt as I could to actively listen and make notes so I could insert those cues when reviewing the audiotapes and transcripts. From a researcher

perspective, I was able to be a more active listener to voice, tone, and emotion, as I was not distracted by any visual "noise" that is sometimes present in a virtual setting.

The impact of the COVID-19 pandemic was evident throughout many of the stories of the participants. The participants reported impact ranging from unexpected job losses, unexpected job promotions, and decisions about life and career changes. They articulated issues of race, racism, and the societal tensions around social injustices, which they reflected in a variety of emotions in the majority of the participant interviews. Three of the participants were no longer working as nurse executives; one had retired, and another had decided to take on a new role prior to participating in the interviews. One participant expressed that she perceived that her job loss was because of her race and the tensions around the COVID-19 pandemic.

Many of the participants also expressed their concern of the impact of the COVID-19 on their staff, described the challenges of inadequate staffing, burnout, impact of economics on their organization, and the stress on their teams. Much of these discussions occurred at the introductory or closing sections of the formal interview and when I asked the demographic questions. None of the participants expressed that being interviewed during the COVID-19 pandemic influenced their ability to respond to the questions. I do not believe that the concerns expressed by the participants about COVID-19 affected the interpretation of the study results because they were not pertinent to the research questions. All but a few of the participants had been nurse executives prior to the beginning of the pandemic.

Demographics

I collected demographic data from 17 nurse executives who participated in the study to provide additional information that supports gaining a deeper understanding of the barriers they may have faced and overcome to achieve their executive position. Most of the participants self-identified as female (15, 88.2%), two (11.8%) identified as male. This distribution of gender aligns closely with the 2020 National Nursing Workforce Survey data, in which 90.6% nurses identified as female and 9.4% as male (Smiley et al., 2021).

At the time of the interview, most of the participants were employed in an executive nursing role (14, 82.4%), and three (17.6%) were either recently unemployed or transitioned to a non-executive role. Table 2 depicts the roles of the currently employed executives at the time of the interview.

Table 2

Participants' Roles

Characteristic	*n*	%
Vice President	2	14.3
Chief Nursing Officer	9	64.3
Chief Nursing Executive	1	7.1
Senior Vice President	1	7.1
Chief Operating Officer	1	7.1

Note. $N = 14$

The executive roles of the participants included VP, senior VP, CNO, CNE, and chief executive officer. Fourteen (82.4%) of the participants were employed in a hospital/health system setting. Additional participant demographics, such as

race/ethnicity and practice region, are depicted in Table 3. Table 4 depicts participants' educational level, and Table 5, years as a nurse and years as an executive. Of the 13 (76.5%) participants who self-identified as Black or African American, four (23.5%) were of Caribbean descent or of parents who were born in the Caribbean. Three (18%) of the participants were born outside of the United States.

Table 3

Participants' Race, Ethnicity and Practice Region

Characteristic	Race, ethnicity, practice region	*n*	%
Race and ethnicity	Asian	2	11.8
	Black or African American	13	76.5
	Hispanic or Latino	1	5.9
	Middle Eastern or North Africa	1	5.9
Practice region	Northeast	9	52.9
	Southeast	3	17.6
	Southwest	1	5.9
	Pacific Islander	4	23.5

Note. $N = 17$

Table 4

Participants' Educational Level

Characteristic	Degree	*n*	%
Master's degree	Nursing	6	35.3
	Other	3	17.6
Doctoral degree	DNP	6	35.3
	PhD	2	11.8

Note. $N = 17$

Table 5

Participants' Years as a Nurse and Years as an Executive

Characteristic	Years	*n*	%
Years as a registered nurse	0-5	0	0.0
	6-10	0	0.0
	11-15	4	23.5
	16+	13	76.5
Years as an executive	0-5	8	47.1
	6-10	3	17.6
	11-15	1	5.9
	16+	5	29.4

Note. $N = 17$

Data Collection

I recruited executive nurses from throughout the United States using nonprobability purposive and snowballing sampling techniques. The recruitment occurred primarily through social media with several participants recruited through the snowballing technique via email. Twenty-five nurse executives from racial and ethnic minority backgrounds expressed their interest in participating in the study. All 25 were invited to participate in the study and 19 consented do so. Seventeen completed all steps inclusive of the interview and answering demographic and interview questions. The pool of candidates exceeded the target sample size of 12-15. Interviews continued until achievement of data saturation.

I recorded the semistructured telephonic interviews using the Call Recorder App. The program allowed for downloading a transcript of the interview within minutes. The average length of time for the interviews was approximately 70 minutes, with interviews

ranging from 60 to 120 minutes. The 17 telephonic interviews generated 262 pages of single-spaced transcripts. Participants with longer and more complex careers had longer interview sessions. During the interview process I captured notes or thoughts that the participants shared, as a means of assisting with ensuring the credibility of the stories during the data analysis process. Following each interview, I also documented reflections and thoughts about some of the stories, the interactions, and parts of the narratives that may have affected me in some way or the other. Journaling allowed me to monitor my analysis and ensure that the data analysis reflected the stories and experiences of the participants and not my own. The individual interview process commenced on August 14, 2021, and concluded on September 6, 2021, when saturation was achieved.

Data Analysis

In this section, I will present how data were analyzed for this study, including a review of the analytic structure that was used to generate the meaning from the data collected from the 17 nurse executives from racial and ethnic minority backgrounds. The data analysis consisted primarily of audio recordings of the semistructured individual interviews, journal notes and one video that was shared by one of the participants about her life experience, inclusive of her nursing journey.

Analytic Paradigm

Analyzing the data for this narrative inquiry study is an important step in understanding the experiences of nurse executives from racial and ethnic minority backgrounds and the barriers they overcame to achieve their executive position as told through their stories. The narrative inquiry technique is designed to support research

where it is important to understand and inquire into experiences through collaboration between researcher and participants, over time, in a place or series of places, and in social interaction milieus (Connelly & Clandinin, 1990). Narrative inquiry allows for exploring the experiences of the rich narratives from the participants (Patton, 2014; Riessman, 2008).

The narrative data analysis technique I employed followed a three-dimensional space narrative structure (see Clandinin & Connelly, 2004), in combination with a thematic analysis approach by Braun and Clarke's (2006) six-phase step. By using the three-dimensional space narrative structure for data analysis, the narrative stays intact and the data relating to different dimensions is drawn from the whole narrative. The structure allowed me to consider the (a) interactions, (b) continuity/temporality, and (c) situation/place of the career journey experiences of nurse executives and the barriers they faced and overcame to achieve their executive leadership position. These dimensions were then put together as the final result (see Haydon et al., 2018; Ollerenshaw & Creswell, 2002).

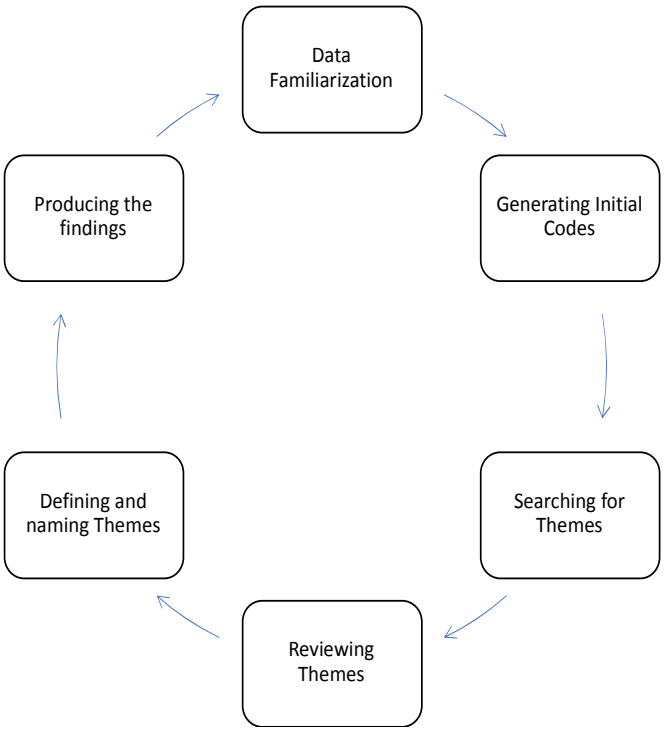
Analytic Process

I analyzed the data, using the Braun and Clarke's (2006) six-step approach as shown in Figure 4. The first phase of the data analysis involved demographic data and interview transcripts familiarization. The demographic data were collected at the beginning of each interview schedule and so I separated the demographic analysis process from the storied experiences of the nurse executives. My next familiarization step in phase one included my reading and rereading the transcripts and journal notes to

familiarize myself further and gather initial thoughts and ideas about the narratives. I made handwritten notes throughout the transcripts that would serve as references for the coding process. During this familiarization phase, I tried to view the data through the lens of Crenshaw's (1990) concept of intersectionality of race, and Sen's (1993) internal and external capabilities, which was an effective way to understand how nurse executives from racial and ethnic backgrounds made sense and meaning of their how they overcame barriers to career advancement. I read, re-read, and listened to the audio recordings for accuracy to obtain the authenticity of the nurse executives' narratives. This phase took time and patience, but it allowed me to become more engaged and familiar with the data.

Figure 4

Braun and Clarke's (2006) Phases of Thematic Analysis



The second phase of the analytic process involved a methodical and detailed hand-coding of the data by interview question and participant. During this phase, I highlighted relevant data and assigned an initial code. The code was a word or phrase that represented the essence of the participants' stories and experiences (Saldaña, 2016). I chose to hand code the data because it allowed me to remain close to the data and ensure that the interpretations were based on the experiences of the participants and not my own. I developed an Excel coding book that I used to organize the codes and document each of the coding steps. I then copied the words or phrases of the texts to an excel spread sheet in the coding book, where they were arranged by interview question and participant. Using an Excel spreadsheet allowed for visualization of the words and phrases across each question and participant, and the ability to categorize the initial data in preparation for searching for patterns and themes.

The third step in the analytic process involved refining the categories and searching for initial patterns by each interview question. To identify these early patterns, I transferred the initial codes to a separate sheet in the Excel coding book, by interview question. I organized the initial coding data into categories by looking for codes that fit together, to make it easier to search across the entire data set, to begin identifying early patterns and themes. This step allowed me to combine, refine and incorporate the initial codes into further categories and early themes. During this phase I also eliminated unnecessary codes and groupings. This ongoing categorizing and refinement process allowed me to begin the early identification of themes and subthemes. This third process required a large amount of time, as there was a large volume of initial codes, categories,

patterns, and themes that required detailed and timely reading, rereading, rearranging, and revisiting of the initial transcripts, field texts, and journals to confirm the meaning that participants were conveying while telling their stories (see Saldaña, 2016).

During the fourth step in the analytic process, I focused on arranging the codes, categories, looking for recurring regularities within the data, and refining the themes and subthemes by each interview question. This phase involved the checking, reconfiguration and refinement of the subthemes and themes. I continued to refine and rearrange the data, always using the cross-story analysis to support further categorizing to identify emerging themes and sub-themes (see James, 2018). The close scrutiny of the data helped to ensure that I did not force the data to conform to my pre-conceived notions.

During the fifth step I aligned the subthemes and themes by interview questions and research questions. This was the final stage of refinement and naming of themes and subthemes. This process allowed for alignment of the themes and sub-themes that formulated the storied experiences of the nurse executives, and the barriers they faced and overcame to achieve an executive leadership position. This final stage also provided the data needed to help formulate the structure of how the journey experience of these 17 nurses would be told. During this phase I developed a summary of the themes and subthemes and emailed the participants for the purpose of member checking. I asked each nurse executive to respond to my email and to indicate if the summary reflected the stories they wished to convey. Fifteen of the 17 participants responded by email, with no changes needed based on their personal career journey experience and the story they each wished to convey. During these phases, my goal was to ensure that the codes, patterns,

categories, themes, and subthemes reflected the storied experiences of the nurse executives and not forcing the data to conform to any preconceived notion. The process ended with the identification of three major categories, 11 themes, and 26 subthemes.

The final stage of the Braun and Clarke's (2006) six-step analysis process is the scholarly documentation of the participants' experiences as told through their stories. The scholarly documentation addressed the themes and subthemes by research questions and appear in the study results section of the chapter. In addition to the scholarly documentation, I also produced a summary of the demographic data analysis.

A consideration during the process of data analysis was the identification of what is referred to as negative cases, such as people, or instances that may not fit a particular pattern of the current understanding of the phenomenon of interest (see Ravitch & Carl, 2019). Discrepant data could represent data that hold meanings beyond what other researchers have said in the literature about the career advancement experiences of nurse executives from racial and ethnic minority backgrounds. I identified one discrepant case that did not seem to fit the dominant identified patterns.

Evidence of Trustworthiness

Credibility

Credibility is the researcher's ability to demonstrate the true picture of the phenomenon under scrutiny (Shenton, 2004), and is directly related to the research design, instrumentation, and data (Ravitch & Carl, 2019). The credibility of this narrative inquiry study depended on my ability to interpret the stories of executive nurses from a racial and ethnic minority background on the barriers they faced and overcame on their

pathway to an executive leadership position. To address credibility in the current study, I used strategies such as field testing and expert participants. I also used reflective journaling and thinking (see Connelly, 2016), member checking, and thick descriptions of the study findings (see Geertz, 2008). Before collecting data, I solicited feedback from experts in qualitative and diversity research to provide feedback on the demographic and interview questions. I incorporated their feedback into the revision of the demographic and interview questions. Secondly, only expert participants who met the study criteria were recruited, which allowed for capturing the stories achieving saturation (see Riessman, 2008).

I used reflective journaling during the interview process to provide additional evidence of credibility (see Connelly, 2016). Member checks or participant validation included soliciting feedback from each participant by requesting each participant to review a summary of the themes that emerged from the analysis of the complete set of interviews. The intent of this member check was to ensure an accurate representation of the participants' responses (see Connelly, 2016; Geertz, 2008; James, 2018) and the story they wished to convey. Most of participants provided affirmation of the themes and responded by email that the themes reflected the stories they wished to convey. I provided thick descriptions of the study phenomenon by documenting a detailed description of the study methodology and research processes, and using the three-dimensional space narrative structure, as outlined by Clandinin and Connelly (2004).

Transferability

Transferability is the way in which qualitative studies can be applicable or transferable, to broader contexts while still maintaining their contextual richness (Connelly, 2016; Ravitch & Carl, 2019). In the current study, I used rich and detailed descriptions of the content, location, and description of the participants. Detailed descriptions included the barriers that nurse executives from racial and ethnic backgrounds experience and overcame as they rose to their executive position, the central purpose of the current research. The detailed descriptions provided a vivid picture of the participants' stories that will inform and resonate with readers (see Amankwaa, 2016), in the hopes that readers may be able to associate the results with their own experiences (see Cope, 2013). In Chapter 5, I address the limitations that occurred with the selected sample that may prevent the transferability of the findings to other studies and suggestions for future studies. Transferability also came from disclosing my positionality, reflexivity, and using notes taken during the interview process, and journal notes.

Dependability

Dependability refers to the constancy and consistency to which a study implementation adheres to a methodologic process (see Patton, 2014), is consistent over similar conditions (see Polit & Beck, 2008), and answers the research question (see Ravitch & Carl, 2019). Dependability includes a detailed description of the methodology and processes during the research inquiry (see Denzin & Lincoln, 2008), as presented in the current study. During the development of my research protocol, my dissertation chair and committee member provided expert feedback and guidance. I continued to work

closely with my dissertation chair and second committee member, as they provided feedback, recommendations, and evaluation on the accuracy of findings, interpretations, and conclusions as reported in the final study. I also maintained an audit trail to document decisions I made throughout the conduct of the research process and analysis of the data. As the sole researcher, I attempted to mitigate the impact of personal biases throughout the inquiry process by the use of an expert validated interview guide that allowed me to focus on the stories of the participants and not my own.

Confirmability

Confirmability is the degree of neutrality or the extent to which the findings of the proposed study are shaped by the respondents and not researcher bias or motivation (Amankwaa, 2016; Patton, 2014). I took steps to ensure that the findings that emerged from the data are those of the participants and not my own experiences. Throughout the study, I maintained reflexivity by using journaling and note-taking during the interview process to capture the observations of participants, and transparent and accurate accounts of their responses. I used member checking to mitigate researcher bias. I also used a standardized coding methodology and process to ensure the themes and stories of the participants are reflected and can be replicated for future potential research.

Participant Narrative Summaries

Narratives, in the form of storytelling, can reveal truths about the human experience and how they make sense of their past (Riessman, 2008). The following narratives are a composite of the stories of 17 nurse executives from racial and ethnic minority backgrounds who participated in the current study and their journey to

overcome barriers to career advancement to achieve an executive role. I chose to use a composite approach because of the number of participants in the study, and to preserve their privacy. I compiled these stories from the detailed, rich narratives that the interviews generated. The composites reflect participants with similar patterns to their stories.

Composite Participant 1

Composite participant 1 reflects a nurse from a racial and ethnic background who decided to become a nurse due to exposure to the nurse's family members who were nurses, such as a sister, mother, grandmother, and aunts. This observation of what nurses did stimulated interest in the profession, and a desire to exemplify what the women in their lives symbolized. The reflection of these family members who were nurses conveyed a sense of elegance, intelligence, ability to have an impact on others, and inspiration that they could achieve what they saw. CP1 knew they wanted to be a nurse when their sister told them that nurses make a difference, and so they decided to dedicate their life to that cause. The anticipation of becoming a nurse changed when it was time to enter nursing school because the perception that CP1 was not good enough, capable enough, not the right color, or intelligent enough became a reality. This questioning of intelligence and capability was the first challenge that CP1 experienced on their journey into the nursing profession. Despite these obstacles, CP1 persevered with the help of friends and family to complete their nursing degree. Perseverance and determination became a constant requirement as this nurse entered the profession and progressed through their pathway to becoming a nurse executive. Early in their career, CP1 met

individuals from racial and ethnic backgrounds who shared insights into the world of nursing as a nurse from a minority background and provided support. Organizational leaders identified CP1's capabilities very early in their career and tapped them for progressive leadership opportunities. They eventually achieved an executive leadership role, but not without experiencing biases, racism, discrimination, and challenges to their career growth. CP1 experienced pressures of being the only or one of a few for most of their nursing career, which sometimes made it difficult to speak up and be heard, especially in the early stages of their professional growth. CP1 expressed hopes that the nursing and healthcare environment will continue to improve for nurses from racial and ethnic backgrounds.

Composite Participant 2

Participant composite 2 has been a nurse for more than 20 years and became a nurse because it was an opportunity to migrate to a better life and improve economic stability for his family. After entering the United States, he quickly had to contend with the issue of racism, biases, and being stereotyped. CP2 needed to begin learning the cultural differences, such as language and nursing practice. CP2 noted a lack racial and ethnic minorities in leadership and became curious about why that existed. CP2 became curious about what was needed to achieve a nursing leadership role. CP2 began raising his hand, and pursuing opportunities such as professional development, academic progression, seeing out mentors and individuals who could help them to be successful. CP2 nurse rose from clinical staff member to a charge nurse, leading unit and hospital committees and daring to apply for positions that seemed out of reach. CP2 also decided

to leave his organization to accept an executive position that would elevate him as a leader in the nursing community. CP2 invested in several personal development strategies such as public speaking, improving writing and presentation skills, and executive presence. CP 2 expressed that the challenges do not disappear as an executive but sometimes become more intense. However, CP2 hopes to create a better environment for other racial and ethnic minorities.

Composite Participant 3

Composite participant 3 is a nurse for more than 30 years and progressed along the career journey to become an executive in a traditional pathway. CP3 began as a staff nurse and progressed to a supervisor, manager, director, and eventually a nurse executive. This career pathway was not without its challenges, as each of those progressive pathways was met with discrimination, racism, and personal fear. CP3's career journey began in an environment where she initially experienced acceptance as a group member. However, as the levels of leadership or opportunities became available, CP3 began to notice the change in colleagues, other leaders and even patients. CP3 was constantly told to stay in her place and questioned about why she thought he/she deserved more. As a result, CP3 needed to change from one department to another, and one organization to another to seek growth opportunities. During CP3s' career journey, she became afraid of accepting or striving for an executive nursing position because it appeared that those before her did not survive in that position for very long. CP3 would become the only person from a minority group on the senior team and she did not want to take that risk of accepting or striving for that position for fear of losing her job and the negative impact on

her family – CP3 was the primary breadwinner. CP3 finally became an executive when she found an organization that demonstrated trust in her ability and a commitment for support despite being the only racial and ethnic minority on the senior leadership team. CP3 had demonstrated the ability to perform the job, serving as interim but was too afraid to take the risk of making it permanent. CP3 is now a very successful nurse executive making a difference in the organization.

Composite Participant 4

Composite participant 4 did not set out to become a nurse but "fell" into nursing after experiencing the impact of nurses in the care of her family members. CP4 has been a nurse for nearly 40 years and has served as an executive for more than 16 years. CP is now retired but expressed that nursing was a good career choice, and despite the challenges she faced, felt that she made a difference. CP4 described herself as hard working and determined, qualities learned from parents and family members. She also described herself as deeply spiritual, and this deep sense of spirituality allowed her to endure and persevere. CP4 began her career in a non-hospital traditional setting and progressed over time because of performance and a desire to grow professionally. CP4 had to constantly face barriers, stereotypes, and discrimination by individuals who would not recognize her role and always assumed that CP4 was functioning in a lesser role. CP4 described that some patients refused to accept care from a Black nurse and questioned the legitimacy of authority when CP4 responded to a request to speak to a manager. These experiences fueled CP4 to strive for more advanced academia and demonstrate excellence in performance to prove everyone wrong. CP4 was motivated by a mother

who believed in her and taught CP4 that she was no less than anyone else. CP4 struggled to find mentors in the non-traditional environment but sought out role models whom CP4 aspired to be. These role models taught CP4 executive leadership, resulting in CP4 progressing to an executive leadership role and leadership in a non-traditional healthcare environment.

Study Results

This section contains the results of the analytic process of the study of 17 nurse executives from racial and ethnic minority backgrounds and the barriers they faced and overcame to achieve their level of leadership. The results are organized by the research question and three subquestions and are supported by direct quotes from the participants' stories. The analytic process resulted in three major categories and 11 themes (see Table 6). I discuss the categories and their related themes and subthemes in more detail in the sections that follow.

Research Question and Subquestion 1: Barriers to Advancement

Category 1: Facing the Challenges

Research Question and Subquestion 1 focused on the experiences of nurse executives concerning the real and perceived barriers they faced on their journey to an executive leadership position, as conveyed through their stories. They experienced some of these barriers in the early beginnings of their nursing career at the point of trying to gain entry into nursing school. The barriers that the participants described as facing aligns with the first major category in the data results of the overall study; Facing the barriers.

Three major themes that emerged in this category are: (a) personal, (b) social/environmental, and (c) structural.

Table 6

Alignment of Major Themes to One Research Question and Three Subquestions

RQ1and SQ1 Barriers to advancement Facing the challenges	RQ1 and SQ2 Strategies used for advancement Overcoming	RQ1 and SQ3 Facilitators of advancement Where my help came from
1. Personal barriers o Being the first and only o Performance pressures o Gender-Being a minority male nurse	1. Personal o Recognizing my worth (leaving) o Motivation to succeed o Performance	1. Early beginnings o Career framing o Diversity matters 2. Workplace influence o Organizational impact o Leadership support and sponsorship o Recognition of performance
2. Social and environmental barriers o Role models o Mentors and sponsor o Cultural	2. Social and environmental o Role models o Mentors o Networking	3. Peer support o Support of colleagues o Family support 4. Mentorship and role modeling o Minority role model and mentorship o Non-minority mentors and role models
3. Structural and systemic barriers o Biases o Stereotypes o Racial and cultural discrimination	3. Structural o Clinical preparation o Academic preparation o Executive preparation	5. Spirituality

Theme 1: Personal. The first theme that emerged from the participants' stories as a barrier for the nurse executives was personal. The personal theme reflects the barriers that nurses from racial and ethnic minority backgrounds experienced as a result of being (a) the first and only, (b) performance expectations, and (c) being a minority male nurse.

The First and Only. Nurse executives shared stories in which they were the first and or only nurse executive from a racial and ethnic minority background within their place of employment. Not only were they the first and only, often they were the first, only, and rarely one of a few in the C-suite. Nurse executives told of the stress and sometimes pressures they felt about being the first and only. P17 expressed, "I was the first minority chief nurse." In the telling of their stories, nurse executives described the stress of being interviewed and not having anyone in the room that looks like them. Nurse executives like P8 stated, "I felt like an imposter and had to work hard to overcome that feeling." Nurse executives from racial and ethnic backgrounds told stories of self-doubt, lacking self-confidence, and questioned if they were worthy, especially since no other nurse that "looked like them," had ever achieved that level of position in the organization in which they were employed or had the potential to be employed in. P14 stated, "I often wondered if I was good enough, even when opportunities presented themselves for advancement, I hesitated."

Once nurse executives achieved their position, the challenges and barriers they faced persisted. They continued to experience barriers to acceptance and inclusion. P5 described that "I felt like Rudolph," while P4 described how "it was hard because I was excluded from the inner circle of conversations and events." Nurse executives told stories of feeling a sense of aloneness, feeling like an outsider, and being ignored or dismissed in meetings or in conversations, as if their ideas were not good enough. Nurse executives in the study described that it was difficult being the first and only and at times felt as P1 stated, "it is so hard…mentally go through things sometimes…no one to talk to who is

going to understand." This experience made it difficult for some nurse executives to access the support and help they felt they needed.

Nurse executives shared stories of barriers they experienced in relation to their physical appearance. These experiences left nurse executives sometimes feeling angry and frustrated because of how they were treated as a result of the color of their skin or their ethnicity. Nurse executive P12 stated "I can change my attire, I can change the color of my hair, I can even change my behavior, but I cannot physically change who I am." P13 stated, "I was not the face that they wanted despite, after all I had done, and I cannot change that." Nurse executives described the challenges of not feeling safe to speak up and let their voice be heard by their colleagues as described by P2. "I feel I have to be more sensitive and aware of my emotions and how I respond because I don't want to be seen as angry or aggressive when trying to make a point." As the first and only one, nurse executives described their struggle with not always feeling included and as welcomed as the majority.

Performance Expectations. The issue of performance expectations was an overarching theme in the stories of the 17 nurse executives. Many of the nurse executives described the sense of pressure and stress that they felt to perform above and beyond everyone else. While there were no formal or expressed rules to perform twice as better as or more than everyone, it was experienced as a personal unwritten rule or expectation in many of the participants' stories. P9 described how she felt that she had to "work harder than everyone to even be noticed as compared her White counterparts." Nurse

executive P9 also noted the expectation that, “for people of color, it seems we have to work harder so that we can be at the same level to be considered as other people.”

Nurse executives told stories of the stress they experienced as a minority nurse and a nurse executive when given expanded opportunities or promotions. They described living in a constant state of worry, of failing because as P12 conveyed, “if I fail, no one else like me will be given the opportunity.” These nurses told stories of the tremendous sense of ownership and pressure they felt to not drop the ball because if they did, it would be more difficult for another person like them allowed in the role.

Performance expectations and pressures were not just limited to working harder, but also the need to be more prepared academically. Nurse executives expressed that as a nurse from a racial and ethnic minority background, they felt that they had to be even more educated as compared to their White counterpart to have a chance of getting ahead or at the same position. As a result, many of these nurse executives pursued advanced degrees at the highest level, in order to position themselves for advancement opportunities. P11 stated, “you have to be better than better, more educated and more experience than their White counterparts in order to compete.”

Expectations of nurse executives also carried over into how they show up, as P11 described how she was “overly conscious of everything…my appearance, decorum, everything.” P13 described how her professional dressing was frequently commented on and was asked, why did she have to be so nicely dressed? The focus on their appearance as nurse executives was to help others “see beyond my color or ethnicity,” said P11. These experiences added a layer of stress and confusion to nurse executives from racial

and minority backgrounds as they expressed how challenging it was to constantly feeling as if they were being judged despite trying to work harder, do more and be more.

Gender- Being a Minority Male Nurse. The experience of being the one and only and needing to work harder, produce more, and be more educated was a common theme in the participants' stories among all nurse executives from racial and ethnic minority backgrounds, despite their gender. Many of the barriers experienced by these nurses as told through their stories were similar but there were some slight differences that of being a nurse, a racial and ethnic minority, and a male. Nurse executives from racial and ethnic backgrounds who identified as males, told stories of being misidentified in terms of their positional level in the organization. They were very often identified in a much lesser role than their current role, even after introducing themselves. P16 expressed that he had to "constantly clarify for others that I was in a higher role than I was assumed to be in."

Male nurse executives expressed that before they became familiar faces, they were constantly needing to convince others who they were before they could be welcomed as being worthy. Nurse executive P9, a man, stated, "In the beginning of my tenure as a senior nurse, I was often assumed to be an assistant or someone in a lesser level role." These male nurses frequently asked themselves, "what more do I need to do to get noticed?" Nurse executive P16, a Black man, stated that patients often asked him, "are you the aide or the housekeeper?" Male nurse executives told stories of how more often than not patients and other employees expressed surprise and doubt when they identified themselves both as a nurse and a nurse leader within their place of employment.

Theme 2: Social and Environmental. The second theme that emerged from the participants' stories as a barrier for nurse executives was the socio/environmental, which includes factors such as sociocultural and social norms, factors within the environment, and or societal hierarchies. Three subthemes emerged from this second theme: (a) role models, sponsors, and mentors; and (b) cultural.

Role Models. Nurse executives shared stories of the challenges they experienced due to the lack of both non-minority and minority role models, mentors, and sponsors along their career journey. Role models can serve as inspiration to individuals by showing them that they can achieve similar success as the role model. Some nurse executives mentioned that the lack of minority role models made it more difficult to believe that they could achieve executive levels of leadership. This perception of the inability to penetrate the career barriers was more difficult when there were no minority role models in their organization. Experiences with the lack of role models dated back to nursing school for some of the nurse executives, where they described their perception and fear of "how am I going to make it?" One nurse executive P17 described how she only began to believe that she could achieve an executive role when she met a minority CEO for the first time. P17 described her struggle to believe she could or would be given the opportunity to be a nurse executive by stating, "I met a CEO who looked like me, the only Black CEO I ever met in my career, I now work for her as a nurse executive." Nurse executives shared stories of wishing there were more Black leaders to tap into because they might be better able to understand their experiences of being a minority in a majority environment. P13 stated, "I wish there were more Black leaders. to tap into or that could

help to mentor because they understand it's hard. I have colleagues that I can talk to but unless you're Black you don't understand it."

Mentors and Sponsors. Nurse executives shared stories of the challenges they faced in the workplace and during their career due to the lack of mentors. The lack of mentorship resulted in some nurse executives not feeling prepared even when they achieved the executive position because no-one had actually taken the time to mentor or prepare them. They described that they often had to figure things out on their own and was hesitant about asking for help because they were afraid of losing their jobs or being labelled as incapable or incompetent. Nurse executives expressed the need for more mentors at the senior level of nursing and how important it is to be able to share with someone who may understand what they were experiencing as well as how to navigate the system. P5 expressed her frustration about "not being able to find someone within the organization that looks like me to discuss what was an issue concerning my race and ethnicity." Some nurse executives shared stories of how they wish they could have been mentored along their career journey, especially by other minority nurse executives, who may be able to help them understand what it is like to be the one and only or the first. "I navigated this path more or less by myself. I've never had a mentor…. and I think it's really essential because when you do the path is a little less steep for you," P11 said.

Nurse executives told stories of the lack of sponsors in the nursing or the work environment that were available to support their career advancement. As a result, many nurse executives felt like they hit a ceiling and made the difficult decision to leave their organization to pursue opportunities elsewhere. Nurse executives shared stories that some

of the environments they worked, did not have any formal sponsorship programs or anyone at the senior level who recognized their worth despite, their performance and delivering of outstanding results. Lack of sponsorship led to nurse executives feeling like they were passed over for opportunities multiple times, which made their career journey more challenging and difficult to navigate. P11 stated, "I think it is essential for particularly people of color to have someone ….. to help sponsor them."

Cultural. A common experience a number of the nurse executives expressed in their stories was the reaction of others to their cultural backgrounds. These reactions and barriers were in response to their cultural dress, nationality, and or language. P8 was frequently asked, in reaction to her traditional outfit, "why do you need to wear that outfit*?"* Individuals of Asian descent conveyed stories of exclusion from the inner circle or the social and cultural gatherings.

Nurse executives told stories of how others negatively reacted to their language barriers. P2 stated, *"*sometimes I could not find the words and instead of helping me, they laughed." A number of the nurse executives in the study were of Caribbean descent and described their experiences as being in the middle. While they identified themselves as African American, the sociocultural experience was sometimes confusing and made them feel lost. These nurse executives often found themselves trying to navigate between the African American community with which they identify, and the White majority because they felt like they did not always belong with either group. P12 stated she was frequently told, "well you are not one of them," referring to the minority population, "but I am frequently reminded that I am also not one of the other [White majority] either."

Theme 3: Structural and Systemic Barriers. The third major theme that emerged from the participants' stories of their experiences concerning barriers was structural and systemic barriers. Structural and systemic barriers are those things in the environment that are designed or present, to prevent or make it more difficult for nurse executives to achieve their full potential because of their race and ethnicity. Three subthemes were identified: (a) biases, (b) stereotypes, and (c) racial and cultural discrimination.

***Biases*.** Nurse executives shared stories of their experiences of biases as early as their pre-entry into nursing school. These experiences made it more difficult for some nurse executives to gain entry into nursing school or had to prove themselves despite their academic performance. P5 expressed, "while attending college, I told my Equal Opportunity Employee advisor that I wanted to be in the nursing program he said you will never get in there they'll never let you in."

During their early career journey, nurse executives told stories of their experiences of bias that questioned their intelligence and competency because of their race. P7 expressed how a patient who had never met her before, "told me I would never be as intelligent as him and didn't want me to give him chemo, didn't want me to care for him." Nurse executives expressed that experiencing biases existed throughout their career even when they achieved an executive position. Some barriers were difficult to overcome and had long-lasting effect on individuals, as expressed by P16.

> I would call it the trauma of those type of situations, … because it makes you sometimes question yourself if you really have or if you really are, able to

achieve .... when you're facing sometimes these implicit and explicit bias and racism and all … along the pathway.

Stereotype. Nurse executives shared stories of being stereotyped along their career journey beginning as early as trying to gain entry into nursing school and throughout much of their career. Being stereotyped, created additional stress for nurse executives leading to their need of having to prove that they can do what others think they cannot do or be. P5 recounted being told, "that program is difficult, and you may not get in because people like you don't usually get in." Other experiences of being stereotyped included colleagues who made cultural assumptions, such as eating habits or preference, choice of music and appearance. P8 shared several examples of stereotyping comments such as "I guess you can't join us because of what you eat so we will all eat and guess you will just have water."

Nurse executives shared stories of their intelligence being stereotyped, as conveyed by P6, an African American nurse leader, when another non- minority leader commented to her that "African Americans do not test well," after PR shared that she had failed her certification exam. Nurse executives also shared stories of gender and racial stereotyping. P16 stated, "being a Black male and a nurse, brings added complexity," as others often assumed that he was in a different profession, or role, or a lesser role than he was representing. The nurse executives also described how their tone of voices were often misrepresented and labelled as aggressive rather than assertive and angry. They were often afraid of being labelled as hostile, or "the angry Black person," (P14), or having words like, "you make me feel uncomfortable," (P16), used to describe them.

Nurse executives described that many of these experiences caused them to feel like outsiders, alone, angry, and sometimes hurt. It felt like a "constant battle," said P11.

Racial and Cultural Discrimination. Nurse executives shared stories of numerous examples of racial and cultural discrimination throughout their nursing journey, some as early as their attempt to enter nursing schools. They told of discrimination and harassment, that resulted in having to transfer from one nursing program to another because of experiences with some nursing instructors. P3 shared:

> She (my instructor) was calling me every day. I lived in the dorm, she called me every day, had me come to her office, told me how I was going to be a terrible nurse, I was going to kill everybody…she told me that she was going to make sure that I failed out of the program…I later found out she was doing the same to other African American students.

Other nurse executives shared stories of prejudice, and micro and macro aggression. P9 described how "people often mistake me for a student and ask for the real nurse even though my badge clearly stated that I was a nurse. I could feel that kind of slight prejudice." They also shared stories of being passed over for promotions because of race despite demonstrated performance. P11described how she was the front-runner for the next promotion but felt there was a "certain stay in your place, despite acting in the role for an extended period of time."

Other nurse executives shared stories of discrimination. P14 told a story of an experience in which she was told her performance was exemplary and the front runner for an advancement. When asked why she was not advanced, she was told "the community is

not ready for a Black administrator." Thus, P14 (DO) was not given the opportunity to advance despite being qualified. Nurse executives shared stories about the effect of discrimination within the nursing and healthcare environment. While some of this mirrors their experiences in their everyday lives, it become increasingly burdensome when individuals were attempting to advance in their careers. Many nurse executives expressed a pattern of unfairness in the process of how information about opportunities were made available and granted throughout their career journey experiences.

Research Question and Subquestion 2: Strategies Used for Advancement

Category 2: Overcoming

Research Question and Sub-question 2, focuses on the experiences of nurse executives concerning the barriers they overcame on their journey to an executive leadership position, as conveyed in their stories. The barriers that the nurse executives overcame, addresses the second major category of overcoming barriers. Three major themes emerged in this category: (a) personal, (b) social and environmental, and (c) structural.

Theme 1: **Personal**. The first theme that emerged in this category from the participants' stories of overcoming barriers was personal. The personal theme reflects one of the strategies that nurses from racial and ethnic minority backgrounds used to assist them in overcoming the barriers to career advancement. The personal theme is supported by three subthemes: (a) recognizing my worth, (b) motivation to succeed, and (c) performance.

Recognizing My Worth. Nurse executives shared stories about needing to recognize their worth as a way of dealing with the experiences of being overlooked and hitting the glass ceiling. The nurse executives expressed having to make decisions about leaving their departments, organization, and sometimes career path. Nurse executives recounted many stories of being asked to act in positions that would ultimately be given to someone who was of the majority race, positions being eliminated to prevent advancement and being reassigned in order to replace them with someone less experienced or even less qualified.

While many of the nurse executives expressed their understanding that advancement decisions are made for a variety of reasons, they recounted stories of actions being taken that made them feel that others thought they were not worthy of the top positions, or they were not the right ethnicity. P5 recounted an experience in which she was told, "why are you not satisfied with where you are, why should you want more?" Nurse executives recounted stories of being told they were doing a great job in an interim role but somehow was not considered for the permanent role. P13 recounted, "I interviewed with another facility within the system. I could not get the director job where I was, but I was selected as a chief nurse executive at another larger and more complex facility."

Many of these experiences occurred in environments where nurse executives were the only one, one of a few or the first individual that represented their ethnicity and or race attempting to advance at the level of a nurse executive. While some nurse executives were promoted from within, many of the nurse executives were either recruited externally

or chose to leave their organization for growth opportunities. These nurses felt they had something more to offer and felt they needed to demonstrate their own personal value of *"*going where they are welcome," as P11 stated.

Motivation to Succeed. Nurse executives recounted stories that reflected a sense of determination, assertiveness, and resiliency that allowed them to overcome some of the barriers they faced along their career journey. Motivation to succeed came from a variety of experiences such as parental modeling, and observing others achieve their dreams. P11 articulated that she had a "kind of dogged determination…to reach my highest potential…something I learned from watching my mother."

Nurse executives shared stories of having to "access my inner strength and not let anyone get me down*"* (P12). They used strategies such as seeking out pathways or assignments that were different as a way to differentiate themselves, being resilient and having a desire to succeed (P12). Nurse leaders were motivated to advance and overcome barriers by taking risks, having the courage to raise their hand and volunteering to take on added responsibilities, or as P9 stated, "I was bold enough to apply for a position I was unsure of getting so early in my career." Nurse executives also told stories of how the barriers they faced, motivated them to prove to others who did not believe in them, and to show that they could achieve similar to others. These experiences served as motivating factors for nurse executives to succeed. Nurse executives told stories of how they used determination, assertiveness, and resiliency as strategies to overcome the barriers they faced on their career journey. They described the need to "continuing to persevere" (P3),

and “staying focused on the goal, never giving up, and capitalizing on personal strength” (P16).

Nurse executives told stories of speaking up and calling out biases, stereotypes, racial and cultural discrimination. Nurse executives were not always comfortable speaking up but learned over time to “find your voice,” as P11 stated. They told stories of also being bold in questioning decisions when it appeared obvious that career decisions were made based on bias or race. Nurse executives also shared stories of staying resilient despite the social, environmental and structural barriers they faced along their career journey and as P3 shared, “I deal with this on a regular basis…. but it has made me stronger through the years.”

Performance. Nurse executives shared numerous stories of how their performance led to overcoming barriers and their journey to executive leadership. Despite the stress of feeling like they had to work twice as hard or even harder, perform better than everyone else, nurse executives conveyed their understanding of the importance of performance in career progression. Nurse executives told stories of being consistent in delivering results with distinction, always believing they needed to do and be more. P16 shared how his previous performance garnered recruitment opportunities, with the emphasis on “what do we have to do to get you on board… we have heard about your performance.” Nurse executives told stories of being promoted because of their performance over time and their consistency to deliver results.

Theme 2: Social and environmental. The second theme that emerged from the participants’ stories as a strategy that supported nurses overcoming barriers to achieving

an executive role was the socio/environmental, which includes cultural and social norms, factors within the environment and or societal hierarchies. This theme included three subthemes: (a) role models, (b) mentors and allies, and (c) networking.

Role Models. Nurse executives shared stories of their experiences with role models and the impact they had on their lives. The impact of role models began early in the career journey of some nurse executives. The role models were evident in family members who were nurses and as a result, these nurses wanted to grow up to be like them. Nurses described the seeing of nurses in their White uniforms, being exposed to what nurses did and hearing from a variety of individuals who nurses were. After asking her auntie what nurses did, P4 stated,

> she said I get to make a difference, see a difference and be a difference in the lives of my patients every day…from that day forward I wanted to be a nurse … and that has been my model ever since.

Nurse executives shared stories of a variety of leaders who served as role models as they advanced in their career. Other nurse executives took the initiative to find and connect with role models who represented what they aspired to be or become. Nurse executives from racial and ethnic minority backgrounds identified the lack of minority and ethnic role models in nursing and therefore identified role models from the majority ethnic group. Nurse executives described how role models were able to help them boost their confidence and had a positive influence on their professional lives. P7 stated, "I … had such profound influence of women of color in nursing during that time…made on impact on me."

While the majority of nurse executives shared stories of being mentored by mainly White leaders, the experiences of having minority role models provided another level of understanding and appreciation for one's experience. Nurse executives shared that it makes it possible for nurses from racial and ethnic minority backgrounds to see themselves in executive roles when they see someone looking like them, occupying what they aspire to. P16 stated, "seeing someone that looks like you, doing the same things that you dream about… is encouraging." While nurse executives wished there were more role models, they shared many experiences of how they engaged role models and how these role models impacted their career journey. Role modeling was evident by nurse executives sharing stories of how "my leader modeled the way."

Mentors and Allies. Nurse executives shared stories of the impact and experiences they had with having a mentor, an ally and being mentored. These mentor relationships were initiated at times by the nurse executive, occurred at various stages of their nursing career journey and made a positive difference in their career advancement. P15 described reaching out to a colleague when she identified a gap in her professional resume. P15 stated "this colleague continues to guide me and so I had a great mentoring in that regard." P16 shared that "mentorship is really important" after seeking a mentor to help him gain insights to a nurse executive level position that he aspired to. Nurse executives also turned to their professional organization as a way of seeking mentors and mentorship as conveyed by P2, "other opportunities for more mentorship … being a member of my professional organization and we have a mentor/mentee program."

Networking. Nurse executives shared stories of using networking as a means to overcome barriers and advance their career journey. They told stories of engaging in social and professional networking which led to role expansion, recognition, and promotional opportunities. P4 shared how her networking on a college advisory board lead to a critical initiative for nursing and recognition for her work. Some of the networking led to promotional opportunities outside of their organization and roles they themselves did not quite expect to be considered for. P8 expressed how her networking at a professional meeting led to an interview and her saying, "my willingness to network resulted in my receiving an executive role."

Nurse executives also conveyed stories about the impact of social networking. One nurse executive P17 stated that her ability to talk about social topics created a sense of equalization among her colleagues. She stated, "I learned a lot about golf and football and was always ready with the most updated information to either begin or fully engage in discussions with the men in the boardroom." Nurse executives expressed the importance of networking as an important strategy to career growth.

Theme 3: Structural. The third theme that emerged from the participants' stories as a strategy that supported nurses overcoming barriers to achieving an executive role was structural. Structural strategies are those things in the environment that are designed or structured to support nurse executives in achieving their full potential despite their race and ethnicity. Three subthemes were identified: (a) clinical, (b) academic, and (c) executive preparation.

Clinical Preparation. Nurse executives told stories of their career journey experience which included making sure they were focusing on strengthening their clinical skills and competencies. Clinical competency is a foundation to growth in the nursing profession and where many of the nurse executives began their career advancement journey. Many of the nurse executives shared how because of their competency and clinical performance, they were asked to assume additional responsibilities, which in-turn began their leadership journey. P5 shared that her supervisor recommended that it was time for her to take on more leadership on the unit. While she was not convinced, she was ready, her supervisor said, "you are able, you have the ability, you have to do it… I credit her for my leadership career."

Academic Preparation. Nurse executives expressed in their stories that they were aware that as a nurse or a person from a racial and ethnic minority background, they felt they needed to be just as or even more academically prepared in order to have the same level of opportunity for career growth. As a result, nurse executives determined early and throughout their career journey to pursue academic progression to give themselves a professional edge. These nurse executives pursued a variety of masters and doctoral degrees as well as certification to strengthen their academic standing. P11 said, "I always believe it was essential to have your credential match where you are in life." Other nurse executives pursued advanced degrees so they could be better prepared to care for patients and improve health equity. These advanced degrees helped to propel them to advancing their careers.

Executive Preparation. Nurse executives told stories of understanding that to achieve an executive level of leadership, they needed to be prepared to lead at the executive level. Some of these nurses took personal responsibility to access role models, mentors, coaches, attending conferences and educational offerings and fellowship offerings. Other nurse executives achieved executive preparation by building their professional network and owning their professional development. Nurse executives described reading the literature and books on leadership so they could be more prepared for the executive role. P4 stated, "I had to learn public speaking and how to present myself, so I went to …."

Research Question and Subquestion 3: Facilitators of Career Advancement

Category 3: Where My Help Came From

Research Question and Sub-question 3 focus on the experiences of nurse executives, as conveyed through the participants' stories concerning the *facilitators* that helped them overcome barriers and ascend to their executive position. Five major themes emerged in this category: (a) early beginnings, (b) workplace influence, (c) peer support, (d) mentorship and role-modeling, and (e) spirituality.

Theme 1: Early Beginnings. The first theme that emerged from the participants' stories as a strategy that supported nurses overcoming barriers to achieving an executive role occurred at the early beginnings of their career journey. Two subthemes emerged: (a) career framing, and (b) diversity matters.

Career Framing. Nurse executives told numerous stories about the early experiences that both shaped, framed and guided their career journey. Those early

beginnings included learning about the essence of nursing through the observations of what nurses did. Nurse executives told stories of family members who were nurses, and they inspired as well as encouraged them to become nurses. Nurse executives spoke of observing the work of nurses by assisting in healthcare settings, and even observing nurses in the media. P17 described how "it was television shows or watching friends that were in the health care arena … we used to dress up and play doctor and nurses. It's just always something that I wanted to do." Other nurse executives were inspired by economics and the chance of a better quality of life as conveyed by P12, who said, "I was a single mom…. I'll go to nursing school …I can have a job and support my family." Some nurse executives told stories of how becoming a nurse provided an opportunity for migration to the US and the chance of a better life for themselves and their extended families. P9 stated, "when I was entering college uh back in …. I wanted to be a nurse because I knew that I was coming to the United States."

Diversity Matters. Nurse executives shared stories of their desire to carry on the legacy of their family members in healthcare and to hopefully make their own contributions to the care of others. They told stories of being embraced by other members of minority groups who felt a sense of responsibility to protect them and give them the inside story on their entry into the workforce. They talked about the sense of inclusion that was extended to them by individuals who looked like them and made them feel safe. Nurse executive P5 described her early beginning as "what made it amazing was a group of nurses, all different backgrounds. But I will say primarily women of color…. who just poured into me." Nurse executives reflected on how these early beginnings shaped their

career journey and help to facilitate their success and determination to persist and overcome.

Theme 2: Workplace Influence. The second theme that emerged from the participants' stories in the category of facilitators to career advancement was workplace influence. The workplace influence theme identifies those factors within the workplace that supported the career advancement of nurses from racial and ethnic minority backgrounds. The workplace influence theme is supported by three sub-themes (a) organizational investment, (b) leadership support and sponsorship, and (c) recognition of performance.

Organizational Investment. Nurse executives shared stories of their experiences with the multiple ways that organizations invested in their professional growth. They told of being provided with stretch assignments, being targeted for growth and development through succession programs and financial investments in their professional journey. Some of these financial investments were substantial and were timed to provide the nurse executive with the skill they needed to be successful in their new role. P6 shared how surprised she was when her boss recommended her for a nurse fellowship program and told her, "This is our commitment to your development." Other financial investments included executive coaching "to help build my leadership skills," as described by P3.

Nurse executives shared stories of how they were provided opportunities for progressive leadership positions and opportunities that prepared them to be successful in achieving the nurse executive role. P12, who became CNO shortly after being hired to an organization, was told at the time of being interviewed that "this hire would be a

succession plan." Nurse executives benefited from the investment of organizations in their development and attributed this investment as a facilitator in their journey to executive leadership.

Leadership Support and Sponsorship. Nurse executives told of multiple ways that leaders supported and served as sponsors to assist them in their leadership journey. They told stories of being groomed for leadership, having someone believed in them and demonstrating that believe by being supportive in their career journey. P14 described how she acted as an interim nurse executive twice but was not confident she would be supported as the permanent, so she never applied even though encouraged to do so. However, she began reporting to a new person. This new person encouraged her to apply and told her, "If you apply, I will support you." She did apply and became the appointed nurse executive. These nurses told stories of "individuals opening the doors of opportunities for them to shine," as articulated by P11, and having their potential recognized. P17, recounted when asked about facilitators for her career, "the acknowledgement of others for your potential is important."

Nurse executives told numerous stories of how sponsors facilitated their career journey in achieving an executive role. These sponsors provided affirmation of their skills and abilities, created opportunities to advance their careers and as P9 said, "sponsors actually make things happen." Nurse executives told stories of how sponsors advocated on their behalf and signal to others their confidence in their abilities and performance. They also told stories of how important it was to have sponsors in their career journey and wished there were more. P12 a chief nursing officer, shared that "I

was sponsored by a senior leader." Many of these nurses also told stories of sponsors being present at different points in their career journey, and as a result, they were able to progress professionally. P13 conveyed how "I was tapped for most of my leadership journey" by others who saw her capabilities and either promoted or recommended her.

Recognition of Performance. Being recognized for performance was described as a strong facilitator of career advancement for nurse executives. Nurse executives told stories of how their leadership was recognized, results led to promotional opportunities and as a result they were tapped for leadership. These nurses also told stories of how they were honored for their work and how their success led to additional role expansion. P10 stated, "my experience is what they recognized, that I had the ability to do the work." Some of this recognition for performance occurred throughout the nurse executives' careers, strengthened their beliefs in themselves as well as created the opportunities for continual learning and growth. Nurse executives emphasized that although their performance and results lead to their career growth, they felt they had to work twice or three times harder than their White counterparts to be recognized even at the same level. P10 described how she felt as a result of being promoted, "I had to be exceptionally good… prepared…over the moon and notably better just to be viewed the same." While these experiences supported the advancement of nurse executive's advancement, they told of the sense of continual pressure they always felt in order to achieve and maintain their success.

Theme 3: Peer Support. The third theme that emerged from the participants' stories in the category of facilitators to career advancement was Peer Support. Peer

support occurs when individuals extend themselves, support or offer advice, in order to create a positive experience for the other person. Two sub-themes support this third theme: (a) support of colleagues, and (b) family support.

Support of Colleagues. The support of colleagues was an important facilitator for nurses of racial and ethnic background in their career journey. Nurse executives experienced the support of colleagues through mentorship, teaching, giving of advice, inviting them into the *circle*, and taking the time to provide insights to organizational culture. The support for colleagues, as told by nurse executives, occurred at the staff and formal leadership levels. P6 shared, "I had the support of my classmate," and conveyed that, later in her career, "I had support from a different level I never quite thought about."

Some of this support occurred both formally and informally. Nurse executives spoke specifically about the support of colleagues in the early beginnings of their career. P15 described how much of a cultural challenge it was for her as a new immigrant being employed in a facility. However, the experience of two individuals who "took me under their wings" helped to make her successful and not feel like an outsider. Nurse executives told stories about the unique insight that was received from their colleagues who themselves were from minority backgrounds. P6 shared how these "great nurses wrapped their arms around me and shared insights about what it meant to be Black and work here."

Nurse executives told stories of how other colleagues extended their knowledge, and often pulled them aside to coach, orient and provide insight to the organization, meeting or group culture and offered to be available whenever needed. These experiences

of support from colleagues gave nurse executives a sense of inclusion and helped them to become acclimated to the culture and environment. The support of peers also helped to ease their anxiety especially when they were the first, only and or one of a few.

Family Support. Nurse executives told many stories of how the presence of family support facilitated their career journey. Family was very important to the nurse executives and served as a source of inspiration, motivation, role modeling and support. Many nurse executives expressed that the support of their families helped them pursue nursing as a career and their support throughout was critical to their first milestone of becoming a nurse.

Family support as told by these nurses showed up through parents, siblings, and other family members. P7, a nurse executive, shared, "I've had a really good journey… a lot of support from family and friends." The support of families was also impactful in decisions about nursing school entrants. P6 stated, "my uncle helped me to get into…. because it was a better school." Family support came in the form of financial support as well as assisting with children while individuals were pursing academic advancement. Other family support came in the form of supporting migration in order to create a better life for the nurse executive and supporting their integration into a new society and culture.

Theme 4: Mentors and Role Model The fourth theme that emerged from the participants' stories in the category of facilitators to career advancement was the role of mentors, role models and sponsors. Two sub-themes support this fourth theme: (a)

minority role model/mentorship/sponsorship, and (b) minority role model/mentorship/sponsorship.

Minority Role Models and Mentors. The impact of role modeling and mentorship were consistent themes that nurse executives indicated in their stories as facilitating their career journey. These role models and mentors were representative of individuals from minority and non-minority backgrounds. The experiences of how mentors facilitated the career journey of nurse executives resulted in promotions, identified their potential, coached and as P4 stated, 'showed me how to lead." Nurse executives also described being cared for and supported which resulted in their achieving an executive leadership position. P7 described how a "manager cared, mentored and saw my potential," which resulted in her progressing along her career journey.

While the experiences of nurse executives with mentors facilitated their career journey, as conveyed through their stories, they craved the ability to access minority mentors and role models. Some nurse executives described how the ability to be mentored by individuals of similar race and ethnicity allowed for a sense of a kindred spirit and the ability to be more open and trusting. Nurse executives described how having minority mentors was helpful and, on many occasions, helped them to grow and in turn be promoted. P11 described how she was overlooked on many occasions, "but a person of color saw my worth and promoted me." P12 said, "I was sponsored by a senior leader," resulting in career progression and ultimately a nurse executive position.

Role models serve as strong facilitators for nurse executives, as told through their stories, especially when the "role model looked like me," as P10 stated. Role models

served as motivators, created a sense of what was possible, despite some of the barriers that nurse executives faced. Nurse executives felt they benefited from liked role models who gave them insight into the world of nursing as a minority, as shared by P6, who said, "minority professors made it real." Role models gave nurse executives a sense of confidence and belief that they can achieve as well.

Non-Minority Mentors and Role Models. The underrepresentation of nurses from racial and ethnic minority results in the lack of adequate numbers of non-minority mentors and role models. Despite the lack of minority mentors and role models, nurse executives told stories of how individuals from non-minority backgrounds facilitated their career advancement. The majority of nurse executives worked in majority White environments and so benefited from the mentors and role models in those environments. Nurse executives told stories of how they were inspired by leaders who had achieved what they aspired to despite the differences in ethnicity. These role models were representative of being a nurse, a leader, different roles and an executive. P14 described how "I was influenced by White leaders throughout my career." Non-minority role models and mentors also served as coaches, a safe place to go and inspiration as articulated by M4, "I would go and talk to my executive. She was so awesome; she just knew the way to just inspire you to do better."

Theme 5: Spirituality. The final theme that the nurse executives shared through their stories as facilitators of their career journey was the importance of spirituality. Nurse executives frequently referred to their faith and a deep sense of belief that they could overcome despite what they were experiencing. Nurse executives told stories of

how their sense of spirituality helped them to overcome pain, disappointment, discrimination, stereotype and sometimes being overlooked. Nurse executives told how their spirituality helped them to turn their challenges into learning opportunities, continue their career pursuit, and have a sense of hope in achieving their goals. P3 shared that, "I just have to have trust and faith that each challenge has helped me get to the next level of where I am … many times you don't know where that next opportunity is going to come from." As these nurses told their stories, there was a deep sense of the importance of spirituality in their lives.

Discrepant Data

One nurse executive had a very different experience of discrimination and race relations despite being of a racial and ethnic minority background. This nurse executive described experiencing a culture shock after entering a historically Black college. P14 stated, "I did not know how to be Black… felt like an outsider in a community that looked like me." She described herself as a social misfit and that it took her a long time to integrate. While her experiences were different in the majority environment prior to entering college, her experiences with barriers converged with other participants in the current study as she rose through the ranks of leadership.

Summary

The purpose of the current qualitative narrative inquiry study was to explore, the experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership

position. Eleven major themes and 28 sub-themes emerged across the research and three sub-research questions.

Nurse executives described the challenges they faced along their career journey to achieve an executive leadership position and the impact some of these barriers had on their personal lives. Three themes emerged for Research Question 1 and Sub-Question 1: (a) personal, (b) social and environmental, and (c) structural. Nurse executives described the personal struggles they had along their career journey, especially when they were the first, only, or one of a few. They also described the self-imposed performance pressures that led to stress, anxiety, and a sense of having to work harder and be more than others to achieve equality. Nurse executives shared stories of gender-based experiences and the challenge of always having to prove oneself and being constantly judged. Nurse executives experienced societal and environmental barriers such as lack of role models, mentors, and cultural insensitivity. Nurse executives also described structural and systemic barriers, such as biases, stereotype, and racial discrimination.

Nurse executives described the strategies they used to overcome on their career advancement to executive leadership. Three themes emerged for Research Question 2 and Sub-Question 2: (a) personal, (b) social and environmental, and (c) structural. Nurse executives described the need to recognize their worth which led to making decisions about their career pathway. Many of these decisions led to nurses leaving their place of employment or department in order to grow professionally. Nurse executives used strategies such as personal motivation, assertiveness, determination, and resilience to help in propelling them along their career journey. These nurses were inspired by role models,

accessed mentors, and sought out networking opportunities. Finally, these nurse executives pursued academic, clinical, and executive preparation in order to position themselves for continued growth and career equity.

Nurse executives described the facilitators that helped them to face and overcome barriers as they ascended to their executive position. Five major themes emerged for Research Question 3 and Sub-question 3: (a) early beginnings, (b) workplace influence, (c) peer support, (d) mentorship and role-modeling, and (e) spirituality. Nurse executives described how their early beginnings shaped their career journey and the influence of the workplace on helping them to be successful. Peer support, mentorship, and role-modeling, from both individuals of minority and non-minority backgrounds were equally important in supporting their growth. Finally, spiritualty served as a grounding source of strength and central part of the nurse executives' journey especially in facing the challenges and overcoming.

Chapter 4 covered the overall results of the findings of the study, the research setting, demographics, the data collection, data analysis, evidence of trustworthiness and the study results. The chapter ended with a summary of the findings by research Question and subquestions. Chapter 5 focuses on the discussion, conclusion, recommendations, and interpretation of the findings. The chapter ends with a description of the limitations of the study, recommendations for future research, implications of the current study, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative narrative inquiry study was to explore the personal stories and experiences of a sample of 17 executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position. The research approach for the current study was a qualitative method with a narrative inquiry design, because it was most suited as a way to highlight the lived experiences of executive nurses from racial and ethnic minority backgrounds (see Abkhezr et al., 2018; Clandinin, 2006), and as a starting point for understanding how they make sense of their pathway to their executive position (see Blustein et al., 2013).

In alignment with the research questions, the findings from the current study revealed that nurse executives experienced a range of barriers on their career journey to becoming an executive leader. Three key themes of personal, social/environmental, and structural/systemic emerged as barriers to career advancement by the nurse executives. The key themes associated with strategies used to overcome barriers to career advancement aligned with the research question and SQ2 were personal, social/environmental, and structural. The four themes aligned with the research question and SQ3 were early beginnings, workplace influence, peer support, mentorship, role modeling, and spirituality. Chapter 5 begins with the interpretation of the findings, including the relation to the conceptual framework and limitations of the study. The section is followed by recommendations for future research, implications of the current

study, and social change. The chapter concludes with an overview of methodological and practice implications and a conclusion.

Interpretation of Findings

The findings from the current qualitative narrative inquiry study support, confirm, and advance the current nursing and leadership scholarship that aligns with the gaps identified in the literature in Chapter 2, regarding the barriers experienced by nurse executives along their career journey. The findings also align with the literature in Chapter 2 regarding strategies and facilitators that nurses and nurse leaders use to overcome those barriers to career ascension. An extensive review of the peer review literature revealed that there is still a gap in the literature and a need for further research in understanding the career experiences of nurses from a racial and ethnic minority backgrounds (see Jefferies et al., 2018; Sy et al., 2017; Villarruel, 2017), especially those who overcame barriers to achieve an executive leadership position (see Eastland et al., 2018; Schmieding, 2000). Eastland et al. (2018), Iheduru□Anderson (2020), and Jefferies et al. (2018) suggested the need for additional research to improve understanding of the barriers that successful executive nurses with racial and ethnic minority backgrounds face as they ascend to their position. Ospina and Foldy (2009) recommended that further research should focus on the race-leadership intersection of more diverse groups by capturing their leadership experiences. Ospina and Foldy (2009) also concluded that there was limited leadership research about non-White groups.

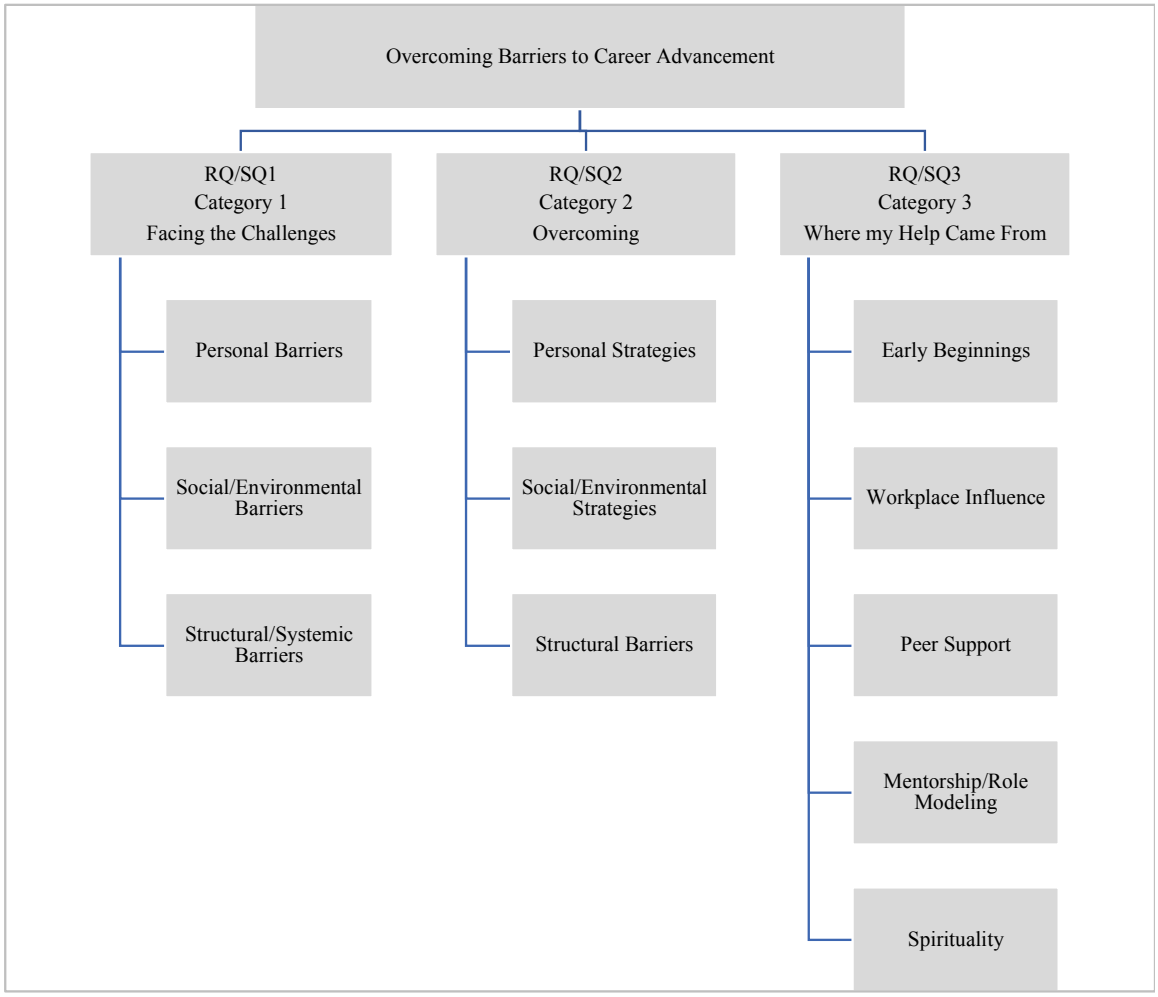
Limited published research involved the use of narrative inquiry design to explore nurse leaders' career trajectory, including nurse leaders from racial and ethnic minority

backgrounds, the barriers they faced, and how they overcame to achieve executive levels of leadership. While the literature review did not reveal any narrative inquiry-based studies focused on career advancement of executive nurses from minority backgrounds, other research highlighted the use and value of narrative inquiry in understanding the storied career lives of individuals from racial and ethnic minority backgrounds (e.g., Ackerman-Barger & Hummel, 2015; Beard & Julion, 2016; James, 2018; Jean-Marie et al., 2009; Stockfelt, 2018).

The study results were generated by thematically analyzing 262 pages of single-spaced narrative transcript data collected from 17 nurse executives from racial and ethnic minority backgrounds through semistructured telephonic interviews. This section of the chapter focuses on the interpretation of the final results, organized by three major categories, 11 themes, and 26 subthemes as depicted in Figure 5, and confirm, disconfirm, or extend the leadership studies and answered the research question and three subquestions. The section also includes the interpretation in relation to the conceptual framework.

Figure 5

Categories and Themes Found in the Data Analysis of the Current Study



Research Question and Subquestion 1: Barriers to Career Advancement

Category 1: Facing the Challenges

Research Question and SQ1 focused on the experiences of nurse executives concerning the real and perceived barriers they faced on their journey to an executive leadership position, as conveyed through their stories. Nurses from racial and ethnic minority backgrounds perceive they face singular and systemic barriers to promotional

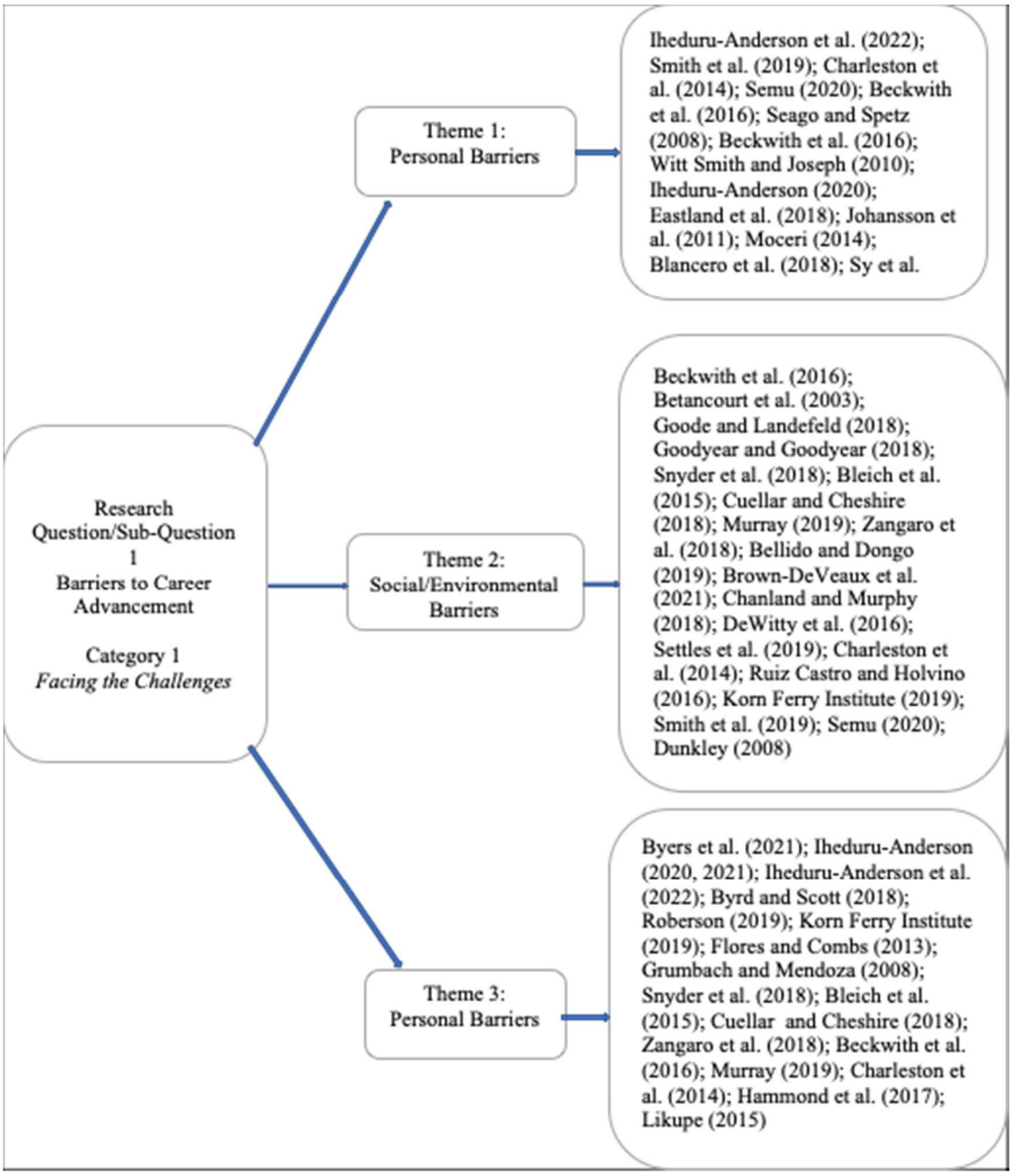
opportunities (Doede, 2017; Iheduru□Anderson, 2020; Seago & Spetz, 2008). This experience can have negative implications for the nurse and the organization. Three subthemes emerged from the data analysis: (a) personal, (b) social and environmental, and (c) structural. Figure 6 depicts the connections between the research question and subquestion, themes, subthemes, and literature review in Chapter 2.

Theme 1: Personal. The personal barriers that nurse executives experienced as told through their stories were (a) being the first and only and how that affected their personal and professional lives; (b) performance pressures to be better than, be more than, and work harder than their White counterparts in order to experience equity; and (c) the intersections of being a nurse, a man, and person from a racial and ethnic background. Other research findings in the literature support the findings in the current study.

The First and Only. The findings in the current study of being the first and only corroborated other research findings in the literature. Iheduru-Anderson et al. (2022) described how nurse executives from racial and ethnic minority backgrounds in academia described being excluded from the inner circle, when they were the only Black person or the only one of a handful of Black or people of ethnic or minority background. Smith et al. (2019), Charleston et al. (2014), and Semu (2020) indicated that being a member of a racial and ethnic minority group and being female often results in individuals experiencing the outsider-insider status, a sense of invisibility, and isolation within their work environment.

Figure 6

Alignment of Research Question and Subquestion 1 with the Literature



Iheduru-Anderson et al. (2022) indicated that being the one and only, or one of a few Black or ethnic minorities, resulted in participants being misinterpreted and experiencing negative responses to their very tone of voice. Beckwith et al. (2016) also reported that some African American women described being perceived as aggressive rather than assertive. Findings from the current study extend the understanding of the personal barriers that nurses from racial and ethnic minority backgrounds face and the impact on their personal lives as they traverse the nursing leadership career pathway. These experiences can lead to the inability of nurse executives to speak up, and as a result, the diverse voices of the team may not be heard or optimized. Nurse executives who experience exclusion, feeling like an outsider, and being ignored or dismissed may also experience high levels of stress and be at risk for career stagnation, leaving their jobs or job dissatisfaction (Seago & Spetz, 2008).

Performance Pressures. The findings from the current study that reflect the performance pressures that nurse executives experienced on their career journey to an executive is supported by prior findings in the literature. Beckwith et al. (2016) and Witt Smith and Joseph (2010) found that African American women perceived they have less room for mistakes and must do more or perform at higher levels to succeed. In the current study, this finding included participants who self-identified as female and male. Both groups expressed similar levels of performance pressure and always felt like they were constantly being judged.

Performance pressures for nurse executives were not limited to their performance but also their academic achievement. These findings were similar to experiences of Black

nurses who reported that their education and credentials were sometimes undervalued and not considered adequate for career advancement (Iheduru□Anderson, 2020). Other minority groups in the workforce also reported experiencing performance pressures (Eastland et al., 2018; Johansson et al., 2011; Moceri, 2014). The current study advances the dialogue that racial and ethnic minority nurse executives, regardless of their race and or ethnicity, often share similar experiences, especially when they find themselves in the majority environment, in which most of these nurse executives exist and work (Blancero et al., 2018; Sy et al., 2017).

Gender- Being a Minority Male Nurse. The third theme that emerged as personal barriers that nurses experienced were gender related barriers. The male participants emphasized the challenge of being male, a nurse and, from a racial and ethnic minority background. Nurse executives who identified as male told stories of being frequently misidentified in terms of their positional level in the organization and usually in a lesser role than their current one. The literature is sparse on the experiences of men in nursing from a racial and ethnic background; however, there are a few documented experiences of men in nursing. Hodges et al. (2017) reported that men in nursing experienced gender-based barriers, role strain, gender discrimination, and isolation. Qureshi et al. (2020) reported that British South Asian male nurses experienced prejudice and discrimination twice over, once for being a man and the other being from a racial and ethnic minority background. The findings in the current study add to the limited body of knowledge of how men in nursing from a minority background may experience prejudice and discrimination twice over along their nursing career journey.

Theme 2. Social and Environmental. Nurse executives described their lack of: (a) role models, (b) sponsors and mentors; and (b) the reaction of individuals to their cultural backgrounds as social and environmental factors that were barriers to their career journey. Social and environmental barriers include factors such as sociocultural and social norms, factors within the environment, and or social hierarchies.

Role Models. The current study findings of the lack of role models and the impact on career progression is similar to findings reported in the literature. Nurses from racial and ethnic minority backgrounds experience a lack of role models (Beckwith et al., 2016; Betancourt et al., 2003; Goode & Landefeld, 2018; Goodyear & Goodyear, 2018; Snyder et al., 2018). The lack of role models for some nurse executives began as early as their entry into nursing school and resulted in fear of not being able to make it through the program. The findings of the current study support other research literature on the barriers that racial and ethnic minority students experience in entering and completing nursing school (Bleich et al., 2015; Cuellar & Cheshire, 2018; Murray, 2019; Snyder et al., 2018; Zangaro et al., 2018).

Mentors and Sponsors. Nurse executives experienced challenges in their workplace due to the lack of mentors and mentorship, resulting in some nurse executives feeling unprepared in their executive roles. These findings align with similar reports in the literature that emphasized the negative impact of the lack of mentoring on career advancement for nurses from racial and ethnic background (Bellido & Dongo, 2019; Brown-DeVeaux et al., 2021; Chanland & Murphy, 2018; Cuellar & Cheshire, 2018; DeWitty et al., 2016; Settles et al., 2019).

The lack of sponsorship that nurse executives in the current study experienced is also consistent with other findings in the literature. Charleston et al. (2014) and Ruiz Castro and Holvino (2016) identified a lack of sponsorship for members of racial and ethnic minority groups. Lack of sponsors and sponsorship resulted in many nurse executives feeling that they had hit the ceiling; made it more difficult to advance (Chanland & Murphy, 2018; Sy et al., 2017); and were passed over for promotional opportunities (Korn Ferry Institute, 2019). As a result of a lack of sponsorship for nurses of racial and ethnic minority backgrounds, these nurses do not progress as quickly or beyond the middle management levels of the organization (Smith et al., 2019).

Cultural. A shared experience a number of the nurse executives expressed in their stories was the reaction of others to their cultural backgrounds. These reactions and barriers were in response to their traditional dress, nationality, and or language. Many of these barriers have long been experienced by racial and ethnic minority groups which led to the enactment of the Civil Rights Act of 1964 to address exclusionary practices and outlaw acts of inequality in all forms as it applies to race, color, religion, and national origin. As identified in the current study, nurse executives continue to experience barriers and exclusion due to their cultural dress, nationality, and or religion. Ruiz Castro and Holvino (2016) and Semu (2020) reported that individuals from racial and ethnic minority backgrounds experience cultural barriers due to their skin color, language, and ethnicity.

A finding in the current study was the experience of nurse executives who identified as Caribbean or of Caribbean descent. These nurses described the experience as

being in the middle and trying to navigate between the African American community with which they identify and the other [White majority]. There are limited findings in the literature on the experiences of nurses of Caribbean backgrounds or of Caribbean descent and their experiences in the career journey to become an executive. Dunkley (2018), in a study of Black nurses becoming chief nurses, identified that Black nurses from other countries were treated differently based on stereotypes about cultural context. These nurses of foreign descent were made fun of because of their accents and were often perceived as unintelligent and of lesser roles than they held (Dunkley, 2018). The finding on nurses from the Caribbean or of Caribbean descent adds to the minimal body of literature for this population of nurses and their career journey experience.

Theme 3: Structural and Systemic Barriers. Nurse executives in the current study described experiencing structural and systemic barriers such as: (a) biases, (b) being stereotyped, and (c) racial and cultural discrimination. These barriers were sometimes difficult to manage and overcome and began early in their entrance into nursing school. Despite achieving executive levels of leadership, nurse executives reported that these barriers continued to exist.

Biases. Nurse executives in the current study described experiencing biases as early as their entry into nursing schools, and a questioning of their intelligence and competency throughout their nursing career journey. These experiences sometimes led to emotional and psychological stress. Byers et al. (2021) and Iheduru-Anderson (2020) reported that nurses from racial and ethnic minority backgrounds experience emotional and psychological stress due to the biases, stereotypes, and discrimination they

experienced. Nurses from minority backgrounds in other leadership roles also experience biases (Iheduru□Anderson, 2020; Iheduru-Anderson et al., 2022), as do individuals from other racial and ethnic minority backgrounds in the workforce (Byrd & Scott, 2018; Roberson, 2019). Research from the Korn Ferry Institute (2019) indicated that Black leaders experienced biases because they were often perceived as not having intellectual rigor or leadership ability to manage large complex positions. While the current study included a variety of nurses from racial and ethnic minority backgrounds, the findings suggest that these experiences of bias are not limited to one ethnic or racial minority group of nurses or individuals. These biases can prevent, derail, or make it difficult for the career advancement of nurse executives. Members of minority groups have described experiencing unconscious biases during the recruitment process (Flores & Combs, 2013; Grumbach & Mendoza, 2008; Snyder et al., 2018).

Stereotype. The findings in the current study about the experience of being stereotyped align with the experiences of racial and ethnic minority nurses (Bleich et al., 2015; Cuellar & Cheshire, 2018; Snyder et al., 2018; Zangaro et al., 2018), as well as other individuals of racial and ethnic minority backgrounds in the workforce (Beckwith et al., 2016; Byrd & Scott, 2018; Roberson, 2019; Williams & Wyatt, 2015). Individuals from racial and ethnic minority groups are often perceived as lacking intelligence despite their performance (Beckwith et al., 2016; Charleston et al., 2014). Members of minority groups have described experiencing stereotypical behaviors such as the assumption of an inability to lead and unconscious biases during the recruitment process (Flores & Combs, 2013; Grumbach & Mendoza, 2008; Snyder et al., 2018). Nurse executives experienced

stereotypes concerning their tone of voice and are often accused and treated as aggressive or angry. Beckwith et al. (2016) highlighted similar findings among African American women leaders.

Racial and Cultural Discrimination. Nurse executives experience discrimination at the beginning of and throughout their careers. The findings in the current study align with the findings of Cuellar and Cheshire (2018), who reported that once entered into the nursing program, Latinx students experience discrimination; however, these experiences are similar to other students from racial and ethnic minority backgrounds (Bleich et al., 2015; Murray, 2019; Zangaro et al., 2018). Reports of similar findings of prejudice, micro and macro aggression, and being passed over due to race and unfair promotional practices appear in previous studies of nurses from racial and ethnic backgrounds (Hammond et al., 2017; K. Iheduru-Anderson, 2020; Likupe, 2015).

Research Question and Subquestion 2: Strategies Used for Advancement

Category 2: Overcoming.

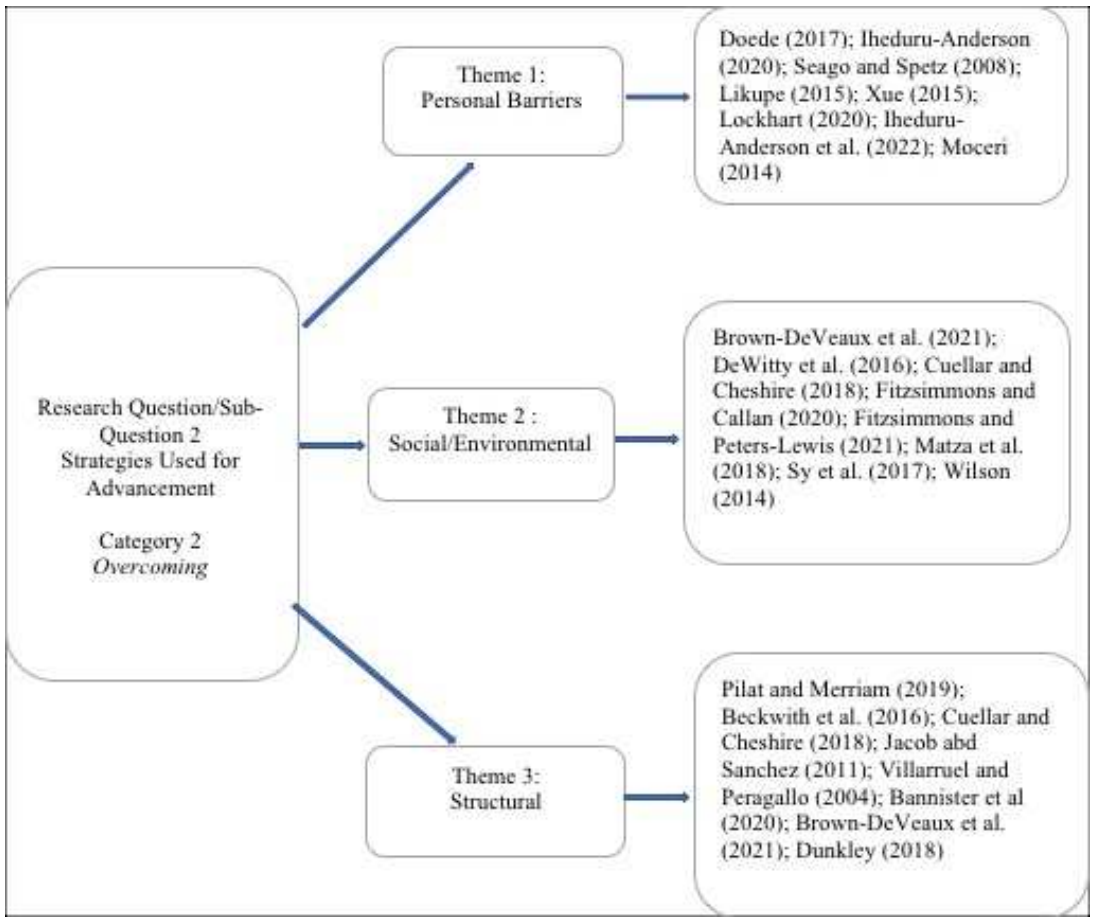
Research Question and Sub-question 2 focus on the nurse executives' experiences concerning the barriers they overcame on their journey to an executive leadership position, as conveyed in their stories. Three major themes emerged in this category: (a) personal, (b) social and environmental, and (c) structural. Figure 7 depicts the alignment of the research question and sub-question 2, and themes, and the literature review in Chapter 2.

Theme 1: Personal. Nurse executives used a variety of personal strategies in their efforts to overcome the barriers they experienced throughout their career journey.

Three personal strategies were: (a) recognizing their worth, (b) being motivated to succeed, and (c) delivering exceptional performance.

Figure 7

Alignment of Research Question and Subquestion 2 with the Literature



Recognizing My Worth. Nurse leaders recognized that they sometimes had to make decisions about their career pathway by leaving their job to communicate their self-worth. Being overlooked and denied career opportunities sometimes made nurse executives question their worth and abilities. Other studies of racial and ethnic minority nurses and nurse leaders reflect similar findings (Doede, 2017; Iheduru□Anderson, 2020;

Seago & Spetz, 2008) of nurses leaving their jobs because of being overlooked and not having their worth recognized. The impact of leaving the jobs has implications for organizational turnover of qualified and diverse candidates and potential future leaders in the organization (Doede, 2017; Likupe, 2015; Xue, 2015). There is also a cost to turnover and a loss of institutional knowledge. Nurses leaving their job can also lead to team disruption (Lockhart, 2020). Some nurse executives decided not to seek promotional opportunities for fear of being rejected.

Motivation to Succeed. Despite the barriers that nurse executives in the current study experienced, they were determined to succeed and used their assertiveness and resiliency to overcome some of the barriers they faced along their career journey. This finding advances the understanding of what strategies nurses from racial and ethnic minority backgrounds used along their career journey, despite the barriers they faced. Iheduru-Anderson (2020) found that Black/ African American nurses reported feeling empowered or using their experiences as a source of motivation despite the barriers experienced. The current study finding also advances the literature on the resilience of individuals from racial and ethnic backgrounds, as told throughout their history, and the desire to improve themselves and future generations.

Performance. Nurse executives described that delivering performance above and beyond was a strategy they used to overcome barriers to their career advancement. They perceived that such performance would result in being recognized and rewarded. While career opportunities resulted from this strategy, the literature indicates that racial and ethnic minority nurses have reported having to work for longer periods before being

considered for promotional opportunities (Iheduru-Anderson, 2020; Iheduru-Anderson et al., 2022; Likupe, 2015; Moceri, 2014) and work longer and harder to be recognized. The current study finding advances the literature of the effect of outstanding performance on a nurse executives' career journey. Nurse executives from racial and ethnic minority backgrounds do not always agree that demonstrating outstanding performance affected their career advancement, recognition, or being rewarded. This finding is supported in the literature (Iheduru-Anderson et al., 2022; Iheduru-Anderson, 2020).

Theme 2: Social and Environmental. Nurse executives described a number of strategies they used to overcome the social and environmental barriers they experienced along their career journey. Social and environmental barriers include factors such as cultural and social norms, factors within the environment, and or societal hierarchies. Three strategies described by these nurse executives include engaging with: (a) role models, (b) mentors/allies, and (c) networking.

Role Models. The impact of role models, as told by the nurse executives in the current study, began early in their career journey and included family members who were nurses, observing nurses, and learning about nurses from a variety of individuals. Nurse executives also engaged with and sought out role models for themselves, as reported in the literature (Brown-DeVeaux et al., 2021; DeWitty et al., 2016). Cuellar and Cheshire (2018) reported that nurses from racial and ethnic minority backgrounds learned from other role models and embraced those whom they aspired to become. These current study findings advance the current literature on the actions that nurse executives from racial

and ethnic minority backgrounds can take in overcoming barriers to career advancement to executive leadership positions.

Mentors and Allies. Mentors and mentorship were strategies that nurse executives shared as helping them to overcome the barriers they encountered along their career journey. Nurse executives in the current study, initiated mentor relationships at various stages of their nursing career journey that made a positive difference in their career advancement. Mentors served various purposes and helped the nurse executives address gaps in their professional journey and gain insights into being prepared for promotional opportunities (Brown-DeVeaux et al., 2021; Fitzsimmons & Callan, 2020; Fitzsimmons & Peters-Lewis, 2021). Professional organizations also served as venues for mentorship experiences and accessing mentors. The role of professional organizations in serving as mentorship environments for nurses from racial and ethnic backgrounds has been reported by Cuellar and Cheshire (2018) and Matza et al. (2018). The findings in the current study reinforce the importance of nurses from racial and minority backgrounds seeking out mentors to support their career journey.

Networking. Nurse executives in the current study used social networking, membership on boards, attending professional meetings, and understanding the culture of the C-Suite as strategies to overcome barriers to career advancement. Beckwith et al. (2016) identified networking as an essential strategy that supported the career advancement of nurses and individuals with racial and ethnic minority backgrounds. Black and ethnic minorities reported that a lack of visibility, networks, development, and line manager support were perceived as both barriers and opportunities to their success in

the organization (Sy et al., 2017; Wilson, 2014). This area of career progression in nursing may need more focus and development for nurses, especially nurses from racial and ethnic minority backgrounds who find themselves frequently the one, the only, or one of a few in the C-Suite.

Theme 3: Structural. Nurse executives understood that they needed to be prepared: (a) clinically, (b) academically, and (c) with executive competency in order to overcome barriers to career advancement. Structural strategies are those factors in the environment that are designed or structured to support nurse executives in achieving their full potential despite their race and or ethnicity.

Clinical Preparation. Nurse executives are expected to be competent to safely practice clinically. Many nurses are promoted because they first demonstrate their performance during their early nursing career, which often begins in a clinical role. Many of the nurses in the current study recounted their early leadership journey because of their clinical performance. They were often promoted to a charge nurse role in recognition of their clinical excellence and demonstrated informal leadership. The literature indicates that clinical nurses are often promoted because of their clinical skills (Pilat & Merriam, 2019), which indicates the importance of clinical competency as a gateway to future leadership positions. While Pilat and Merriam's (2019) study did not address explicitly nurses from racial and ethnic backgrounds, the importance of clinical competency could be a foundational beginning for a nurse executives' career journey.

Academic Preparation. Nurse executives in the current study recognized early and throughout their careers the importance of pursuing academic progression to give

themselves a professional edge as a strategy to overcoming barriers to career advancement. This finding corroborates Beckwith et al. (2016), who identified education as a strategy to support nurses from racial and ethnic minority backgrounds in overcoming barriers to career advancement. Cuellar and Cheshire (2018) suggested that nurses can increase their potential for career advancement by continuing their academic progression. Advancing one's career in nursing requires continual learning and educational attainment. Jacob and Sánchez (2011) and Villarruel and Peragallo (2004) reported that education and educational environments can contribute to the career development of Hispanic and underrepresented nurses from minority backgrounds. The current study findings are supported by other findings in the literature as a strategy for career advancement of nurses from racial and ethnic background.

Executive Preparation. Nurse executives in the current study recognized that to achieve executive leadership levels, they needed to be prepared to lead at the executive level. Several studies emphasized the focus on executive preparation by nurses from racial and ethnic backgrounds and their understanding of the importance of career advancement (Banister et al., 2020; Brown-DeVeaux et al., 2021; Dunkley, 2018). The current study finding advances and strengthens the literature as to the importance of executive training and preparation as an effective strategy that supports the career advancement of nurses from racial and ethnic backgrounds.

Research Question and Subquestion 3: Facilitators of Career Advancement

Category 3: Where My Help Came From

Research Question and Sub-question 3 focus on the experiences of nurse executives, as conveyed through the participants' stories concerning the *facilitators* that helped them overcome barriers and ascend to their executive position. Five major themes emerged in this category: (a) early beginnings, (b) workplace influence, (c) peer support, (d) mentorship and role-modeling, and (e) spirituality. Figure 8 depicts the connections between the research question and sub-question 3, themes, subthemes, and literature review in Chapter 2.

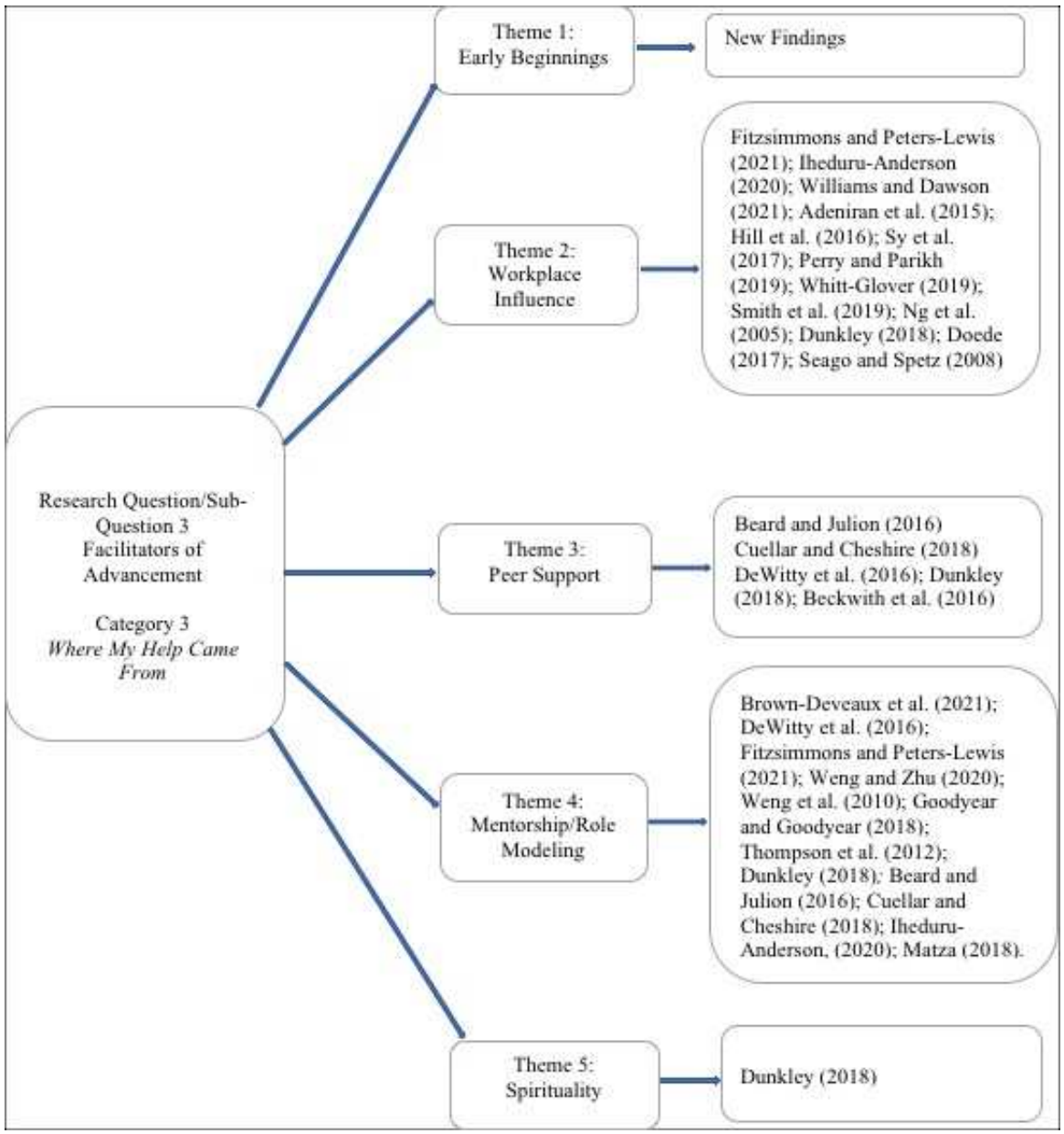
Theme 1: Early Beginnings. The experiences that occurred at the early beginnings of their career journey facilitated nurse executives in overcoming barriers to career advancement. During those early beginnings, nurse executives described the impact of these experiences on: (a) career framing, and (b) how diversity matters as important facilitators for overcoming career barriers.

Career Framing. The findings from the current study highlighted how the careers journey of nurses could be framed in the beginning phases of their entry into the profession, based on the experiences in those early years. This finding has implications not just for nurses but potentially for individuals from other racial and ethnic minority groups. This finding was not identified during the literature review and potentially suggests a new understanding of the career journey experiences of nurses from racial and ethnic minority backgrounds. This finding also illuminates the importance of creating an

environment that would support the growth, development, and a sense of belonging for these nurses and how they see themselves as part of a nursing community.

Figure 8

Alignment of Research Question and Subquestion 3 with the Literature



Diversity Matters. Nurse executives described examples of support and advice from non-minority individuals; however, the ability to have access to individuals who understood their experience as a nurse from a racial and ethnic background was invaluable. Iheduru□Anderson (2020) found that Black nurses reported that seeing someone who looked like them in leadership positions was inspirational and gave them a sense of being able to succeed. The Black nurses also felt that having individuals that looked like them in leadership or other roles provided an opportunity to connect with someone who understood their lived experiences (Iheduru□Anderson, 2020). The current study finding advances the importance of diversity in supporting and facilitating the career advancement of nurse executives and framing their thoughts about future experiences.

Theme 2: Workplace Influence. The second theme that emerged from the participants' stories in the category of facilitators to career advancement was workplace influence. The workplace influence theme identifies those factors within the workplace that supported the career advancement of nurses from racial and ethnic minority backgrounds. Three sub-themes emerged: (a) organizational investment, (b) leadership support and sponsorship, and (c) recognition of performance.

Organizational Investment. Nurse executives recounted multiple ways in which the organizations supported their professional growth and achievement to a nurse executive. These investments included stretch assignments, focused and intentional growth and development, progressive leadership scope and responsibilities, and financial support. These findings are consistent with the literature on the impact of organizational

support for nurses of racial and ethnic minority groups (Fitzsimmons & Peters-Lewis, 2021; Iheduru-Anderson, 2020; Williams & Dawson, 2021). Investing in career development through financial support and providing a learning environment have been identified as key elements in the success and progression of nurses from racial and ethnic backgrounds (Adeniran et al., 2015).

Leadership Support and Sponsorship. Nurse executives in the current study told of multiple ways that leaders supported and serve as sponsors to assist them in their leadership journey. They told stories of being groomed for leadership and receiving private and public support for their leadership and career advancement. Being supported by other leaders indicates confidence in the nurse executives' ability and that they are trusted leaders in the organization. Leadership support was also evident through sponsors who served as direct facilitators for career growth; and advocated on their behalf to assist the nurse executive in achieving executive levels of leadership. These findings are consistent with the literature that indicates the importance of sponsorship in supporting the career advancement of nurses (Fitzsimmons & Peters-Lewis, 2021; Hill et al., 2016; Sy et al., 2017; Williams & Dawson, 2021), as well as members of other minority groups (Perry & Parikh, 2019; Whitt-Glover, 2019). Sponsors who protect, prepare, and push can serve as critical facilitators to career advancement. Smith et al. (2019) and Ng et al. (2005) found that sponsorship was a strong predictor of career success for Asian Americans who experienced barriers to career advancement. The current study findings add to the extensive body of knowledge and the importance of leadership support and sponsorship on nurses' career advancement.

Recognition of Performance. Nurse executives in the current study told stories of how their leadership was recognized, results led to promotional opportunities, and how they were selected for advancement. These nurses also told stories of being honored for their work and how their success led to additional role expansion. The nurse executives emphasized that although their performance and results lead to career growth, they felt they had to work twice or three times harder than their White counterparts to be recognized even at the same level. The literature is divided on how nurses and other individuals from racial and ethnic minority groups are rewarded or recognized for their performance. Some participants in a study about the lived experiences of Black female Chief Nursing Officers and their career journey (Dunkley, 2018) indicated that they did not actively seek advancement; however, the Chief Nursing Officers credited their career success to being recognized for their performance and knowledge by key individuals in the organization. Other studies revealed that nurses and individuals from racial and ethnic minority backgrounds felt that their performance and knowledge was ignored, leading to a lack of advancement (Doede, 2017; Iheduru-Anderson, 2020; Seago & Spetz, 2008). The findings in the current study highlight the need for leaders not to ignore the performance and capabilities of nurses from racial and ethnic and minority backgrounds but rather to be intentional about recognizing and rewarding their performance as equally as other groups.

Theme 3: Peer Support. The third theme that emerged from the participants' stories in the category of facilitators to career advancement was peer support. Peer support occurs when individuals extend themselves, support or offer advice, in order to

create a positive experience for the other person. Two sub-themes support this third theme: (a) support of colleagues, and (b) family support.

Support of Colleagues. The support of colleagues was a key facilitator for nurses of racial and ethnic background in their career journey. Nurse executives in the current study experienced the support of colleagues through mentorship, teaching, giving advice, inviting them into the *circle*, and taking the time to provide insights into organizational culture. As told by nurse executives, the support of colleagues occurred at the staff and formal leadership levels. Support from colleagues was both formal and informal and had a significant impact in the early beginnings of their careers. The support from colleagues gave nurse executives insight into the world of nursing and leadership, extended their knowledge, and gave them a sense of inclusion. Peer support was especially valuable for nurses from racial and ethnic minority backgrounds when they were the only ones or one of a few that looked or sounded like them. The current study findings are supported by previous findings. Beard and Julion (2016), Cuellar and Cheshire (2018), and DeWitty et al. (2016) highlighted that nurses from racial and ethnic minority backgrounds expressed the importance of peer support to get them through negative stereotyping, being overlooked for advancement, or to support their career growth and development. Other literature differs from the current study findings in how nurses experience support from colleagues. Dunkley (2018) reported that Black nurses experienced sabotage from their co-workers and peers and even petitioned supervisors against their career progression.

Family Support. Nurse executives in the current study told many stories of how family support facilitated their career journey. Family was very vital to the nurse

executives and served as a source of inspiration, motivation, and role modeling. Other family support included finance, support for migration, cultural integration, and work-life balance. The finding in the current study of the role of family is consistent with the role of family supporting the career advancement of nurses from racial and ethnic minority backgrounds as reported by Beckwith et al. (2016).

Theme 4: Mentors, Role Models and Sponsors. The fourth theme that emerged from the participants' stories in the category of facilitators to career advancement was the role of mentors, role models, and sponsors. Two sub-themes support this fourth theme: (a) minority role model, mentorship and sponsorship, and (b) minority role model, mentorship and sponsorship.

Minority Role Models and Mentors. The impact of role modeling and mentorship were consistent themes that nurse executives indicated in their stories as facilitating their career journey. These role models and mentors were representatives of individuals from minority and non-minority backgrounds. Nurse executives described how mentors facilitated promotional opportunities, identified their potential, and provided coaching. While the experiences of nurse executives with mentors facilitated their career journey, as conveyed through their stories, they craved the ability to access minority mentors and role models. Some nurse executives described how the ability to be mentored by individuals of similar race and ethnicity allowed for a sense of a kindred spirit and the ability to be more open and trusting. These findings in the current study are consistent with the literature of minority mentors and role models in the career progression of nurses

from racial and ethnic minority backgrounds (Brown-Deveaux et al., 2021; DeWitty et al., 2016; Fitzsimmons & Peters-Lewis, 2021; Weng et al., 2010; Weng & Zhu, 2020).

Role models served as motivators and created a sense of what was possible, despite some of the barriers that nurse executives faced. Nurse executives felt they benefited from liked role models who gave them insight into the world of nursing as a minority. Role models gave nurse executives a sense of confidence and a belief that they can also achieve. Nurses who aspire to achieve nurse executive positions should be shown how to do so by someone who has previously demonstrated success as reported in the literature (Goodyear & Goodyear, 2018; Thompson et al., 2012).

Non-minority Role Models and Mentors. The underrepresentation of nurses from racial and ethnic minority backgrounds results in the lack of adequate numbers of non-minority mentors and role models. Despite the lack of minority mentors and role models, nurse executives told stories of how individuals from non-minority backgrounds facilitated their career advancement. Most of the nurse executives worked in majority-White environments; however, they benefited from the mentors and role models who were not from racial and ethnic minority backgrounds. Nurse executives told stories of how they were inspired by leaders who had achieved what they aspired to despite the differences in ethnicity. These role models were representative of nursing, leadership, different roles, and being an executive. These current study findings are consistent with findings in the literature, as reported by Dunkley (2018), on the experiences of Black nurses' career journey to becoming a Chief Nursing Officer. While the majority of the literature does not specifically address role-modeling and mentorship along racial lines,

the literature does emphasize the importance of mentorship and role modeling in supporting the career advancement of nurses from racial and ethnic (Beard & Julion, 2016; Cuellar & Cheshire, 2018; Fitzsimmons & Peters-Lewis, 2021; Iheduru-Anderson, 2020; Matza et al., 2018).

Theme 5: Spirituality. The final theme that the nurse executives shared through their stories as facilitators of their career journey was the importance of spirituality. Nurse executives frequently referred to their faith and a deep sense of belief that they could overcome despite what they were experiencing. Nurse executives told stories of how their sense of spirituality helped them overcome pain, disappointment, discrimination, stereotype, and sometimes being overlooked. Nurse executives told how their spirituality helped them turn their challenges into learning opportunities, continue their career pursuit, and have a sense of hope in achieving their goals. Similarly, Black nurse executives attributed spirituality in playing a role in their ability to overcome barriers along their career trajectories (Dunkley, 2018).

Study Findings in Relation to the Conceptual Framework

Three major concepts underly this research. The first concept is that there are intersectionalities between race and career advancement and these intersectionalities affect one's potential standing or outcomes in society and organizations (Arthur et al., 1989; Stockfelt, 2018; Williams & Wyatt, 2015). The second concept is that individuals have internal capabilities that can allow them to reach freely their potential (Nussbaum & Sen, 1993). The third concept is that external/societal factors often influence an

individual's ability to develop and exercise their internal capabilities (Cornelius & Skinner, 2005; Robeyns, 2016).

Intersectionality of Race

Intersectionality is a construct of critical race theory (Delgado & Stefancic, 2017), and refers to the overlapping of social and individual categories such as race, gender, class, age, attractiveness, body type, citizenship, education, and sex (Crenshaw, 1990). Herk et al. (2011) suggested that an intersectionality paradigm is a means by which nurses can attend to issues of oppression and privilege within their practice and profession. In the current study, the intersectionality of race refers to how race and career overlap potentially affecting the career advancement experiences of executive nurses from racial and ethnic minority backgrounds.

Nurse executives described barriers they experienced along racial, gender, citizenship, and educational lines. Nurse executives told stories of being denied promotions, experiencing micro and macro aggressions, racism, and discrimination because of their race, citizenship, and gender. Nurse executives also described being stereotyped and being ridiculed due to their cultural practices and language. Many nurses spoke of the stress, pressures, and burden they felt in being a person from a racial and ethnic minority background and from the experiences they encountered in the workplace.

The intersectionality of race was reported by nurse executives as the lack of minority role models and how that affected them both negatively and positively on their career journey. Finally, nurse executives articulated how diversity matters in their career journey experience at the beginning of their entry into nursing and throughout their career

journey. They shared stories of how their experiences with other persons from racial and ethnic minority backgrounds framed their careers and give them insights into the life of a nurse from a similar background.

Capabilities

Capabilities is a construct of capabilities theory, which Amartya Sen (1993) pioneered as an approach to welfare economics and development (Nussbaum & Sen, 1993). Sen suggested that the use of the capability approach is concerned with evaluating the ability of an individual to achieve various valuable functions as part of living. In order to achieve those functions, Sen argued that individuals must have some level of freedom or opportunities, including personal characteristics and social arrangements in order to achieve valuable functions.

Capabilities imply freedoms or opportunities for functioning such as when people have opportunities for education, and healthcare, other opportunites arise (Banerjee & Damman, 2013). Robeyns (2016) indicated that for an individual to achieve full function the environment, community, and societal factors (external capabilities) must operate in combination with each individual's internal capabilities. In the current study, the capabilities approach serves as a means of understanding how the internal and external factors work together to support nurses from a racial and ethnic minority backgrounds to achieve full functioning as nurse executives.

Internal Capabilities. The findings in the current study highlighted the internal capabilities of nurse executives and how those internal capabilities served as both barriers and strategies in their career journey. Nurse executives described personal barriers such

as being the first and only, the pressure to perform above and beyond everyone else, and the challenges of being both a man and from a minority background. Despite these personal barriers, nurse executives used personal strategies such as recognizing their worth, which served to guide their career decisions to stay, leave, or choose different career paths. They also found personal strength that served as motivation, allowed them to be assertive and determined, and forge forward to overcome the barriers they faced. Nurses spoke of being fueled by the barriers and demonstrated resiliency in the face of their struggles and difficulties. Nurse executives also drew personal strength from their sense of spirituality and a belief that they could overcome despite what they were experiencing. Their sense of spirituality helped them personally overcome pain, disappointment, and being overlooked.

External Capabilities. The findings in the current study highlighted an understanding of the environmental and societal factors or capabilities that assisted the nurse in achieving full functioning as a nurse executive. In the current study, nurse executives described how societal barriers such as lack of role models, mentors, sponsors, and cultural barriers challenged their ability to progress along their career journey. They experienced structural or societal barriers or capabilities, such as biases, stereotyping, and discrimination, as barriers to career advancement. In contrast, environmental factors, such as access to role models, mentors, and networking, served as strategies to allow nurse executives to achieve full function or their career goal. Having access to academic and executive means of professional preparation served as structural strategies to support the career growth of nurse executives.

Nurse executives highlighted several environmental factors that facilitated their career advancement. The influence of the workplace through organizational investment, leadership support, sponsorship, and recognition of performance were strong facilitators of career advancement for these nurses. In addition, nurse executives reported support from peers such as colleagues and family, mentors, and role models as facilitators or environment/societal factors that supported the growth of their careers. Figure 9 depicts the current study findings and their relationship to the three constructs of the conceptual framework that underly this research.

In summary, the current study findings support, confirm, advance the literature and knowledge, and add new findings on the intersectionality of race, internal, and external capabilities on the career advancement of nurses from racial and ethnic backgrounds. Race, gender, cultural, and personal barriers created a challenging pathway for nurse executives. These nurses overcame numerous barriers because the social, cultural, structural environment capabilities worked together with their internal capabilities to support their advancement and allowed them to achieve full functioning.

Figure 9

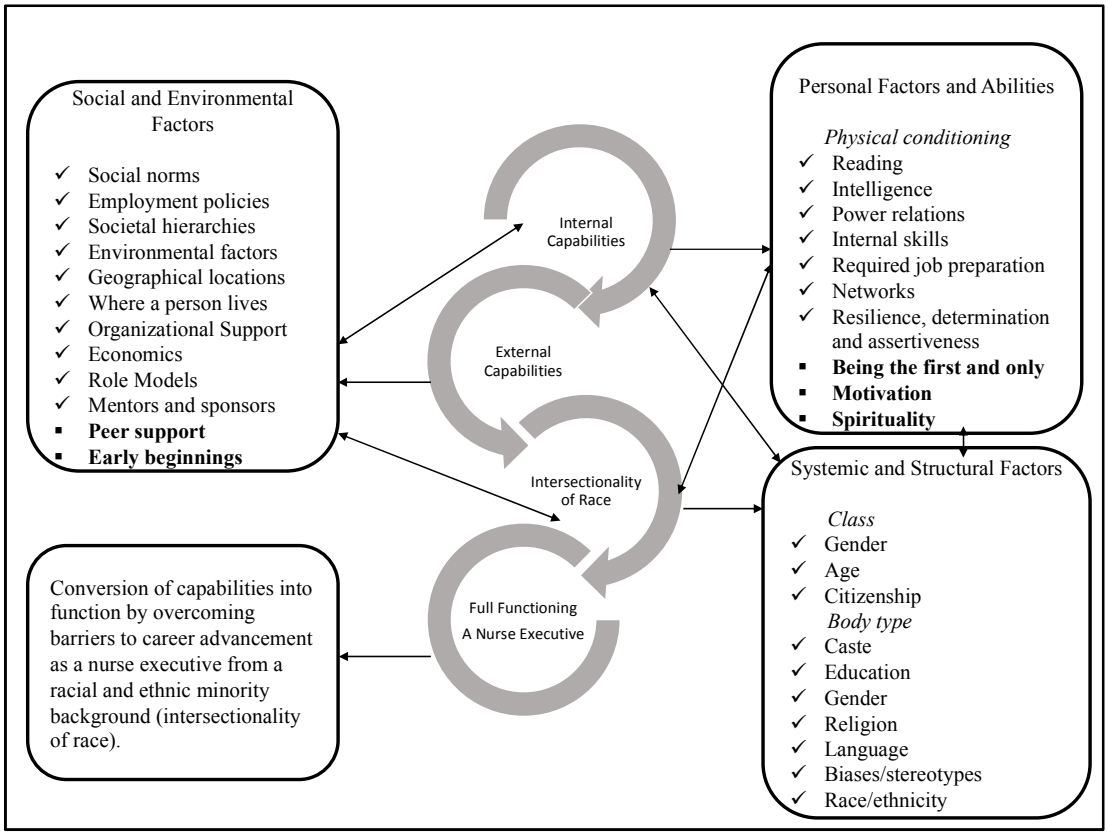
Updated Conceptual Framework Based on Current Study Findings

Throughout their career journey, the internal and external capabilities were present, but they were not always aligned to support their overcoming barriers to career advancement. However, over time these nurses were able to overcome barriers to career advancement when the three concepts of intersectionality, internal, and external

capabilities aligned, resulting in success for the nurse executives. For nurses from racial and ethnic minority backgrounds to be successful, the external capabilities and the internal capabilities of the nurse must function together despite their race or ethnicity. Figure X provides an updated illustration of the interrelatedness of the intersectionality of race and capabilities in the achievement of the executive nurse from a racial and ethnic minority background, as indicated in Chapter 2. New findings from the current study appear in bold; items in italic were not identified in the current study.

Figure 10

Interrelationship of Capabilities and Intersectionality of Race and the Ability of Nurses from Racial and Ethnic Backgrounds to Overcome Barriers to Achieving an Executive Role



Limitations of the Study

Limitations pertain to methodological weaknesses and biases beyond the control of the researcher that could influence the study (see Crawford et al., 2016). This section addresses the limitations of the study and how they were addressed.

The first limitation was the potential availability of a sufficient number of executive nurses from racial and ethnic minority backgrounds to comprise the sample and achieve data saturation. This limitation was mitigated by using personal networks, social media, the Walden's Participant Pool, and snowballing techniques to identify this group of nurses. The second limitation was the ability to access an adequate sample of nurse executives from racial and ethnic minority backgrounds. This limitation was mitigated by using personal networks, social media, emails, the Walden's participant pool, and snowballing technique to recruit participants. Another limitation is the participants' openness and honesty about their experiences. Mitigation of this limitation occurred by providing detailed information about the purpose and expectations of the study, assuring participants of the confidentiality of their responses, de-identifying their data, and member checking so participants could validate their stories.

Maintaining confidentiality is a challenge in narrative inquiry research, as stories may involve the descriptions of individuals or events that could be identified if not carefully managed during the study. Careful use of a number system and pseudonyms, ensuring participants understood the nature of the research and the procedures used to protect their privacy and confidentiality, and applying a rigorous analysis approach helped to protect participants' privacy and confidentiality. An additional limitation

included the use of telephone interviews, which did not allow for observing body language and expressions that could have provided cues for further exploration during the interview. All participants opted for a telephonic interview. This limitation was mitigated by carefully listening during the interviews, taking notes, and listening to the audiotapes to capture as many cues as possible. Documenting other indicators, such as voice tone, emotional response, unique words, and other non-verbal cues, provided additional data for analysis.

Researcher bias is an inherent threat in qualitative research, as the researcher is an instrument in data collection and analysis (Ravitch & Carl, 2019). Because the researcher cannot truly separate them self completely from the final product, the researcher should be as transparent and reflexive about all the research processes (Galdas, 2017). I am a nurse and a nurse executive from a racial and ethnic minority background who has achieved an executive leadership position. I am also of African-Caribbean lineage and an immigrant from Jamaica, where nurse executives from racial and ethnic minority backgrounds were in the majority.

I conducted field testing of the demographic and interview questions prior to IRB review to allow for feedback and to minimize the use of leading questions stemming from researcher bias. I maintained a reflective journal to capture thoughts, impressions, and personal reactions to the interviews, which allowed me to ensure that the data analysis was reflective of the participants' stories and not of my own. Engaging participants in member checking also helped to minimize researcher bias. I asked participants to review and provide feedback of a summary of the themes that emerged from the study. The

majority of participants responded with minimal suggestions that did not differ from the information provided to them. The few participants suggestions were focused on a more personal finding rather than what I identified as themes.

The study depended on the recall of the participants' *post hoc* explanations and articulation of events. Some individuals may have overstated specific experiences, minimized, or excluded others. Capturing all that was said by recording their stories, listening for verbal and non-verbal cues, and note-taking during the interviews, which lead to asking follow-up questions or clarifying information, helped address this limitation.

Recommendations

The current study focused on the barriers that nurses from racial and ethnic minority backgrounds overcame as they advanced to an executive leadership position. In addition to the limitations identified in the current study, the research findings contributed to new insights and knowledge and the need to strengthen current and past research about the career phenomenon of these nurses and their career journey.

Future Research

The current study focuses and includes nurses from a variety of racial and ethnic minority backgrounds. While this study is limited to the participants and its scope and design, the findings add to the literature on the career journey experiences of multi-ethnic and racial minority nurses. Much of the literature focused on a specific racial and or ethnic group in nursing rather than multi-ethnic, racial studies. Replicating the design and

focus of the current study with multi-ethnic groups in nursing could advance the knowledge and understanding of these groups and identify similarities and or differences.

The second area of future research is the need for more understanding of the impact of the barriers that nurses from multi-racial and multi-ethnic minority backgrounds experience in their career journey. Further studies with a qualitative method and a narrative inquiry design could provide a deeper understanding of the impact of barriers to career advancement on the personal and professional live of these nurses. Conducting a case study could also provide for an in-depth examination (Babbie, 2017) of the impact of these barriers to career progression for nurses from racial and ethnic minority backgrounds.

Many of the nurses in the current study described the stress, burden, and constant pressures experienced as a result of their living and working in a majority [White] environment. Conducting a quantitative descriptive study to compare stress levels in the work environment and the issue of race could provide insights into the impact of these factors on nurse executives from racial and ethnic backgrounds. Conducting a qualitative narrative inquiry study may also be valuable in uncovering the perceptions of the majority [White] nurses, peers, and leaders and their understanding of the experiences of these nurses from racial and ethnic minority backgrounds.

A finding that is not entirely new but has limited research is the experience of the foreign born or foreign descent nurse and their career journey experiences. The experience of nurses who identify as African American in the United States but are of a Caribbean background or descent is a particular area of interest. Nurses in the current

study articulated an in-between experience and the struggle of racial and ethnic group identity in the racial tensions of the nursing workforce and society. Dunkley (2018) recommended further research on nurses who identify as African American but were of either Caribbean descent or backgrounds based on similar findings of the experiences of being Black, female, and becoming a Chief Nursing Officer. The use of a qualitative phenomenological design would support exploring the lived experiences of these nurses of being in-between.

Another area of future research is the journey experience of nurses of racial and ethnic minority backgrounds along gender lines. The current study highlighted similarities and differences in the experiences, but the sample of male nurses was small. Male nurses in the current study expressed that while they are underrepresented across gender lines, their perception was that they might be able to progress differently from their female counterparts. A qualitative narrative inquiry study could focus on exploring the career journey experiences of individuals who identify as men in nursing, particularly men from racial and ethnic minority backgrounds. Replicating the current study with a focus on nurses who identify as men from racial and ethnic backgrounds could reveal additional insight into their stories about how gender may matter in the career experience of nurses from racial and ethnic minority backgrounds.

A mixed methods study could serve to identify any differences in career progression between genders and why those differences might exist. The literature is saturated about the career journey across gender lines in the general population, and nursing; however, these studies were limited mostly to female participants. Published

literature lacks coverage about the career trajectory of men in nursing from racial and ethnic backgrounds and their career journey experience compared to female nurses from similar backgrounds. The current study highlights a new finding for the field of nursing that warrants further study.

A new finding in the current study highlights how the early experiences of nurse executives from racial and ethnic background frame their career journey. A qualitative phenomenological study could focus on understanding the meaning and essence of the lived experiences of this group of nurses who began their careers in a more multi-racial and or ethnic environment. A qualitative case study could generate a deeper understanding of how the early experiences in the life of nurses from a racial and ethnic minority background influenced the decision to pursue or not pursue leadership early in their career journey.

The findings in the current study identified the importance of organizational investments and the role of peers and leaders in the career journey success of nurse executives from racial and ethnic minority backgrounds. The literature contains much information from the perspectives of the individual; however, there is opportunity to hear from or explore how leaders in organizations and peers in nursing understand their role in facilitating the career growth of nurses from racial and ethnic minority backgrounds. A qualitative Delphi study with an expert panel of nurse executives from racial and ethnic minority backgrounds and key stakeholders could help to identify solutions for supporting career mobility and creating equity in the career journey of these nurses.

Another area of future research is to conduct a qualitative phenomenological study to explore the experiences of nurses from racial and ethnic minority background who may have been raised and lived in a predominantly White environment. A finding in the current study highlighted the experience of an African American nurse who did not perceive that she experienced or recognized discrimination or race relations until she attended a predominantly Black nursing school. No current literature addressed this reverse experience and how it affects nurses from racial and ethnic minority backgrounds feeling like outsiders in a predominantly minority community.

The current study was limited to nurses from racial and ethnic minority backgrounds who possessed a master's degree or higher and had overcome barriers to achieve a nurse executive leadership role. Replicating the current study with a qualitative narrative inquiry design with nurses at a different degree or leadership level in nursing might reveal different stories.

Implications

The percentage of nurses with racial and ethnic minority backgrounds, inclusive of nurses at the executive leadership level, is not representative of the general population (Carnevale et al., 2018; Moore & Continelli, 2016). The specific organizational and management/ leadership problem for the current study is that even when academically prepared, nurses with racial and ethnic minority backgrounds perceive that they face both singular and systemic barriers to promotional opportunities to executive nurse positions (Doede, 2017; Iheduru-Anderson, 2020; Seago & Spetz, 2008), which leads to the negative organizational and societal outcomes. While some published research addressed

the barriers that nurses with racial and ethnic minority backgrounds face to executive nurse promotional opportunities, a gap exists in the literature on strategies that these executive nurses use to overcome these barriers. The current study advances knowledge of the experiences of these nurses for individuals, healthcare and professional organizations, organizational leaders, and policymakers in understanding the barriers that nurse executives face and the strategies and facilitators that support their overcoming those barriers. The findings of the current study have implications for social change.

Social Change Implications

The significant underrepresentation of nurses with racial and ethnic minority backgrounds, particularly at the executive nursing level of the workforce, has positive social change implications that the current study findings might mitigate. The information gleaned from this study provided insights for multiple stakeholders in developing nurses from a racial and ethnic minority background to achieve executive nursing leadership positions, thereby increasing the number of nurses with racial and ethnic minority backgrounds in these roles. The COVID-19 pandemic has highlighted the disparities in the healthcare system (American Nursing Association [ANA], 2021) and the call for increasing diversity in nursing leadership as a means to address health inequity in the United States.

Individual Implications

The findings from the current study provided insights into the personal experiences of nurses from racial and ethnic minority groups as they progressed along the career journey to a nurse executive. The study highlighted the personal barriers that nurse

executives experienced and their strategies to support their career advancement. Nurse executives also recognized that they needed to take responsibility for their professional growth such as academic progression, professional development, seeking out mentors, role models, and networking opportunities. Leaving a job, a position, or an organization can sometimes be difficult but it may be necessary and could potentially result in career advancement opportunities. In summary, the findings from the current study provide a roadmap for nurses from racial and ethnic minority backgrounds to navigation their career journey.

Organizational Implications

The findings in the study provide several approaches that leaders in organizations can adapt to support the advancement of nurses from racial and ethnic backgrounds. Organizational stakeholders could use the findings from the study to design professional development programs, foster sponsorship, mentorship, coaching, and growth opportunities for nurses from racial and ethnic minority backgrounds. Senior leaders within the organizations can serve as sponsors for nurse executives and include them in the inner circles of the work environment. Human resource leaders can use the findings from this study to examine their promotional policy and processes since many nurse executives experienced being passed over and denied promotions because of race, stereotype, and discrimination. The findings from this study could guide organizational leaders in designing programs for the workforce on the importance of diversity, equity, and inclusion and should focus on recognizing biases, stereotyping, and racial discrimination behaviors.

Nursing Schools

The findings from this study emphasizes and confirms what was previously documented in the literature about the experience of nurses from racial and ethnic minority backgrounds when attempting to enter a nursing program and during their tenure. Leadership in nursing schools could use the findings in this study to examine their admission practices and the cultural environment for nurses from racial and ethnic minority backgrounds. The findings from the current study could provide information for leaders in nursing schools to develop diversity, equity, and inclusion programs for faculty to increase their awareness of these issues and create a welcoming and inclusive environment for these group of nurses. Tracking the completion of nurses from minority backgrounds may be an important metric as student nurses may leave or discontinue school for fear of failing or inability to tolerate the discrimination that they sometimes experience.

Policy and Societal Implications

The findings from this study could inform national policymakers in funding and investing in programs designed to provide professional development for nurses with racial and ethnic minority backgrounds. The findings from the study could increase the number of nurses in executive leadership positions and provide a more diverse voice in decision making, policymaking, and practice enhancements. Increasing the number of diverse nurses in leadership positions can affect working environments and health equity and improve care for individuals from racial and ethnic minority backgrounds.

Nursing Implications

The findings from this study have significant implications for the nursing community. From an individual perspective, the study provides information for how nurses from racial and ethnic minority backgrounds can respond to the environment and overcome to achieve executive roles in nursing. Nurse leaders can apply the findings in the current study to build appropriate programs and ensure that nurses from racial and ethnic minority backgrounds are being treated equitably and have equal access to promotional opportunities as their White counterparts. Nurse leaders can use the findings in this study to create awareness and increase the knowledge of colleagues on the challenges that nurses from minority backgrounds experience and interventions that can be available to support them on their career journey. The findings in the current study also provide insight into the importance of role models and how they can inspire those nurses from racial and ethnic minority backgrounds coming behind them. Increasing the number of nurses from minority backgrounds at the executive level of nursing can inspire other such nurses to strive for leadership positions.

Methodological Implications

The qualitative narrative inquiry design applied in the current study allowed for revealing a deeper meaning of the barriers that nurse executives from racial and ethnic minority backgrounds face and overcome on their journey to an executive leadership role. Use of the narrative inquiry approach allowed the nurse executives to tell their stories and the use of rich narratives to interpret what they wished to convey. The literature review did not reveal any narrative-inquiry based studies focused on career advancement of

executive nurses from racial and ethnic minority backgrounds. The results of the current narrative inquiry study offer a foundation for future research for the nursing community and the potential to advance the application of this methodology to similar group of nurses in different roles or within the workplace. Findings gleaned from future studies involving narrative inquiry could serve to strengthen and deepen understanding of this phenomenon and provide important information for multiple stakeholders.

Practice Implications

The need for diversity in nursing is well documented in the literature; however, nurses from racial and ethnic minority backgrounds continue to be underrepresented in nursing, inclusive of the leadership levels of the profession. As indicated by Craft-Blacksheare (2018) and Phillips and Malone (2014), increasing the proportion of nurses from a racial and ethnic minority background in leadership positions in healthcare could improve both the clinical outcomes and health status of the nation's vulnerable populations and positively affect health disparities. An increased understanding of how nurses with racial and ethnic minority backgrounds have overcome specific and systemic barriers to achieve roles as a nurse executive can offer guidance to other such nurses and members of other marginalized groups seeking advancement in highly skilled professions. While positives outcomes can be achieved by increasing the diversity of nurse leaders, the lack of such leaders in nursing and nursing leadership can lead to negative outcomes of care and inequities for vulnerable populations (Alsan et al., 2019; Matza et al., 2018; Phillips & Malone, 2014; Pittman et al., 2015). The current study findings could serve as a guide for understanding the barriers faced by the nurse

executives from racial and ethnic backgrounds and the strategies and facilitators that helped them to overcome and be successful. The growing number of culturally diverse patients in the United States and hospitals necessitates an increasingly diverse and highly educated nursing workforce to reduce health disparities and provide competent nurses to care for a diverse population (Cuellar & Cheshire, 2018; Villarruel & Peragallo, 2004). Implementing the strategies and facilitators identified in the current study for these nurses could improve the overall representation of these nurses and in turn improve the practice environment and care for patients.

Conclusions

The purpose of the current qualitative narrative inquiry study was to explore, through the use of personal stories, the experiences of 17 executive nurses from racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position. The analysis of the stories conveyed by these 17 nurses using the three-dimensional space narrative and thematic analysis process revealed 11 themes and 26 sub-themes in three categories. Three of the study themes addressed the perceived barriers to career advancement: personal, social/environmental, and structural/systemic barriers. Three themes that reflect their strategies used were personal, social/environmental, and structural. The facilitators that supported their career journey to executive leadership included: their early beginnings, influence of the workplace, peer support, mentorship and role modeling, and spirituality.

The results of the current study addressed gaps in the literature as well as strengthen the knowledge about the experiences of these nurses during their career

trajectory. The current study findings highlighted the internal and external barriers that nurses from racial and ethnic minority backgrounds faced on their career journey to executive leadership. The current study findings also revealed that despite these barriers, these nurses used a number of strategies that helped to overcome them. Their ability to overcome was often fueled by the very barriers they faced, which gave them motivation and determination to prove others wrong about them. Finally, the current study findings add to the literature about the facilitators that can be critical to supporting the success of these nurses.

The current study findings have implications for social change. The information gleaned from this study provided insights for multiple stakeholders in developing nurses from racial and ethnic backgrounds to achieve executive nursing leadership positions, thereby increasing the number of these nurses in these roles. Increasing representation of these nurses at the executive levels of leadership could be a means of addressing health inequity in the United States (American Nursing Association [ANA], 2021). Individual nurses may also benefit from the current study findings by gaining insights and strategies from the personal experiences of nurses from similar racial and ethnic backgrounds. Organizational stakeholders and nursing school leaders can use the current study findings to implement programs, strategies, and increase awareness within their organizations of the barriers such as the biases, stereotypes, and discrimination that these nurses experience. Policymakers can use the current study findings to determine funding and investment opportunities for professional development of nurses from racial and ethnic

minority backgrounds. In turn, leaders can implement strategies to counteract and address these issues and create an equitable environmental for all employees.

Recommendations for future study include exploring nurses at different leadership levels, career journey differences between male and female members of minority groups, the effects of early career experiences on career journey decisions, and a deeper understanding of the experiences of men from minority backgrounds in nursing. Nurses in the current study described the effects of some of the barriers they faced; future studies designed to further understand those effects are important. Nurses in the current study expressed that the barriers they faced along their career journey led to increased stress. Designing future research to measure levels of stress in the work environment in relation to race might generate findings that could lead to a deeper understanding of this phenomenon and potential ideas for intervention.

The current study findings strengthen the three major concepts that underly this research. The first is that intersectionalities exist between race and career advancement and these intersectionalities affect one's potential standing or outcomes in society and organizations (Arthur et al., 1989; Stockfelt, 2018; Williams & Wyatt, 2015). The second is that individuals have internal capabilities that can allow them to reach freely their potential (Nussbaum & Sen, 1993). Thirdly, external/societal factors often influence an individual's ability to develop and exercise their internal capabilities (Cornelius & Skinner, 2005; Robeyns, 2016). Executive nurses in the current study were able to achieve their full potential of becoming a nurse executive because the external and internal capabilities worked together to overcome their barrier of being a nurse from a

racial and ethnic minority background. These findings support the conceptual framework that regardless of race; any nurse from a racial and ethnic minority background should be able to achieve their full potential, including a nurse executive role if that is their aspiration. The current study findings provide information that could change the career trajectory of nurses from minority backgrounds and increase their availability for senior roles in healthcare organizations.

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Appendix A: Categories and Definitions of Race and Ethnicity in the United States

Race and ethnicity	Definitions
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American	A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
White	A person having origins in any of the original peoples of Europe, the Middle Eastern, or North Africa.
Middle Eastern & North Africa (MENA)	Middle Eastern and North Africa refers to persons from Algeria, Bahrain, Djibouti, Egypt, Iran, Israel, Jordan, Kuwait, Lebanon, Libya, Malta, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates and Yemen (Alshammari (2020); Wang (2020), MENA (n.d.). North African Americans refers to a predominantly individuals from Muslim backgrounds, which is the largest ethnic group in North Africa.

United States Office of Budget and Management: Classification of Federal Data on Race and Ethnicity (2016), Alshammari (2020), Wang (2020), MENA (n.d.)

Appendix B: Demographic Questionnaire

1. **Race and Ethnicity**
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ Hispanic or Latino
   - ☐ Middle Eastern or North African
2. **Gender** _
   - ☐ Female
   - ☐ Male
   - ☐ Other

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3. **What is your highest level of educational achievement?**
   - ☐ Bachelor's degree
     - **i.** Nursing
     - **ii.** Other –
   - ☐ Master's degree
     - **i.** Nursing _____
     - **ii.** Other _____
   - ☐ Doctorate
     - **i.** DNP
     - **ii.** PhD
     - iii. Other
4. **Are you currently serving in an executive nursing role?**
   - ☐ Yes _____Role _____
   - ☐ No_____ Role _____
   - ☐ If no, when did you last serve in an executive role within the nursing profession? _____
5. **How would you describe your current place of employment within the nursing profession?**
   - ☐ Hospital setting
   - ☐ Non-hospital setting
6. **What region of the United States did you or currently practice as a nurse executive?**
   - ☐ Northeast Region
   - ☐ Southeast Region
   - ☐ Mid-West Region
   - ☐ Southwest Region
   - ☐ Rocky Mountain Region
   - ☐ Pacific Region
7. **How many years have you been a registered nurse?**
   - ☐ 0-5 years
   - ☐ 6-10 years
   - ☐ 11-15 years
   - ☐ 16 + years
8. **Overall, how many years have you served as an executive-level nurse leader?**
   - ☐ 0-5years
   - ☐ 6-10years
   - ☐ 11-15 years
   - ☐ 16+ years
9. **What other roles have you held during your career journey within the nursing or healthcare industry?**
   - ☐ _____

Appendix C: Interview Guide

Introduction

Hello, my name is Ena Williams and I want to thank you for participating in my study. In this study I am exploring the experience of executive nurses with racial and ethnic minority backgrounds, concerning the barriers they may have faced and overcome on their pathway to executive leadership. I would like to record the interview to ensure that I capture an accurate account of your responses. Let me know if you have any concerns with being recorded. If you do not wish to be recorded, I will need to take detailed notes to ensure I capture an adequate account of your story.

The interview will assist me in learning about your personal story and experience. My commitment to you is that all your answers will be confidential, and I will share with you a summary of the themes that emerge from the analysis of the complete set of interviews to ensure they reflect your experiences or the stories you wish to convey. This review known as member-checking will take approximately 15-30 minutes of your time. I will review this process with you again at the completion of the interview.

I have a list of questions that we will be discussing, but first, I will ask you to answer a few demographic questions. You can discontinue the interview at any time as the session progresses and feel free to ask questions at any time. So, let's begin.

Middle

Interview questions:

1. When did you know you wanted to be a nurse?
2. How would you describe your nursing career journey?
3. How did you become a nurse executive?
4. What was your overall experience in your career journey to becoming a nurse executive?
5. How would you describe these experiences day to day as you progressed to that role?
6. What challenges did you experience, if any, in becoming a nurse executive?
7. What strategies did you use to be successful in achieving a nurse executive position?
8. What types of actions, your own or others, facilitated this journey?

Thank you for your time and willingness to share your stories about your career journey. Before we close the interview, would

you like to say anything else on about your journey to becoming a nurse executive?

Potential follow-up or probing questions:

P1. What role, if any, did race or ethnicity play in your career experiences towards becoming an executive leader?
P2. Which barriers were most difficult to overcome?
P3. Why were they most difficult to overcome?
P4. In your experience, what strategies were most effective in supporting your achieving an executive role?
P5. Why were they most effective?
P6. Which strategies were the least effective in supporting your achieving an executive role?
P7. Why were they the least effective?

Concluding the Interview

Well, [Insert participant's name], that was the last formal question. Do you have any questions or comments you would like to share with me about the interview before I review the next steps?

As I indicated at the beginning of the session, once I have completed all the interviews, I will send you a summary of the themes that emerge from the analysis of the complete set of interviews to ensure they reflect your experiences or the stories you wish to convey. This review, known as member-checking, will take approximately 15-30 minutes of your time.

If you are interested, I would be happy to share a copy of the final report with you after all approvals have been completed.

Are there any other questions before we conclude this interview? Please accept my sincere gratitude for participating in my research and sharing your stories and experiences. Thank you so very much and I will be in touch.

Appendix D: Alignment of Research Questions and Interview Guide

Research question	Interview questions
R1: What are the personal stories and lived experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position?	IQ1- When did you know you wanted to be a nurse? IQ2- How would you describe your nursing journey? IQ4- What was your overall experience in your journey to becoming a nurse executive?
S1: What are the personal stories and lived experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced on their pathway to their executive leadership position?	IQ6- What challenges did you experience, if any, in becoming a nurse executive?
S2: What are the personal stories and lived experiences of nurses with racial and ethnic minority backgrounds concerning the barriers they overcame on their pathway to an executive leadership position?	IQ3- How did you become a nurse executive? IQ5- How would you describe the experiences day to day as you progressed to that role?
S3: What are the personal stories and experiences of nurses with racial and ethnic minority backgrounds concerning the facilitators that helped them overcome barriers and ascend to their executive positions?	IQ7- What strategies did you use to be successful in achieving a nurse executive position? IQ8- What types of actions, your own or others, facilitated this journey?

Appendix E: Field Test Feedback Request Letter

Date: June 14, 2021

Hello,

My name is Ena Williams, a student in the PhD Leadership and Management program at Walden University. I will be conducting a study to *explore the barriers that racial and ethnic minority nurses experience and overcame on their path to an executive leadership position*. I intend to interview leaders who are members of a racial and ethnic minority background. I am seeking experts for a field test of my interview questions. I am seeking your support by asking you to provide me with feedback on the appropriateness of the demographic and interview questions for this group of nurse executives. The purpose of the study, the research question, research subquestions, demographic and the interview questions follow.

The purpose of the qualitative narrative inquiry study is to explore, through the use of personal stories, the experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position.

R1: What are the personal stories and lived experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position?

The three research subquestions are:

S1: What are the personal stories and lived experiences of executive nurses with racial and ethnic minority backgrounds concerning the *barriers they faced* on their pathway to their executive leadership position?

S2: What are the personal stories and lived experiences of nurses with racial and ethnic minority backgrounds concerning the *barriers they overcame* on their pathway to an executive leadership position?

S3: What are the personal stories and experiences of nurses with racial and ethnic minority backgrounds concerning *the facilitators that helped* them overcome barriers and ascend to their executive positions?

After reviewing the research questions and attached demographic and interview questions, please provide me with your feedback based on the following four questions:

1. Are the demographic questions likely to provide any meaningful information to the study?
2. Based on the purpose of the study and research questions, are the demographic and interview questions likely to elicit the response that will inform the study?
3. Are the participants likely to find any of the questions inappropriate?
    a. No_____
    b. Yes_____ Why and can you offer suggestions or revisions?
4. Were any of the questions difficult to understand?
    a. No_____
    b. Yes _____ Do you have suggestions or revisions?
5. Please feel free to provide additional feedback that is not included in the above questions or any of the material that was sent to you.

Should you choose to serve as an expert in the field test, please answer only the five questions above. Please do not answer the demographic or interview questions, as those are intended only for the participants of the study.

Thank you in advance for your consideration.
Sincerely,

Ena M Williams
PhD Candidate

Appendix F: Invitation to Participate in Research Study

Title: Overcoming Barriers to Executive Leadership Advancement of Nurses from Racial and Ethnic Minority Backgrounds

Dear _____,

My name is Ena Williams, and I am a doctoral student at Walden University conducting dissertation research about the experiences of executive nurses with racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position. Understanding the firsthand experiences of nurse executives with racial and ethnic minority backgrounds could provide insights for multiple stakeholders and other marginalized groups seeking advancement in highly skilled professions.

Participation will involve a virtual interview that will last approximately 60-90 minutes along with a demographic questionnaire.

To be eligible to participate in this study, you must meet the following criteria:

4. From a racial and ethnic minority background, such as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, Hispanic or Latino, Middle Eastern, or North African.
5. Currently hold or have held a nurse executive leadership position such as a Chief Nursing Officer, Chief Nursing Executive, Senior Vice President, or Vice President of Nursing or Patient Care Services or the equivalent; and
6. Preferably have earned a minimum of a master's degree.

If you are interested in participating or would like to learn more, please contact me via the email listed below, or message me via my private social media email inbox. If you know of anyone you think may meet the inclusion criteria above, please share this invitation with them.

Thank you,

Ena M Williams, MPhil, MBA, RN
Ph.D. Candidate, Walden University
Email:

Appendix G: Social Media Recruitment Post

Twitter Post:

Recruiting 12-15 nurse executives from racial & ethnic minority backgrounds to participate in a study – Exploring barriers experienced and strategies used in achieving a CNE, CNO, SVP, VP, position.

Preferably earned a minimum of a master's degree. **Respond to private inbox**

LinkedIn/Facebook Post/Professional Organization bulletin boards.

I am a student at Walden University pursuing a Ph.D. Degree in Leadership and Management. I am conducting a research study exploring the experiences of **12-15 nurse executives** from racial and ethnic minority backgrounds concerning the barriers they faced and overcame on their pathway to an executive leadership position, such as a **CNO, CNE, SVP, VP, CNO/COO, CNO/CEO.** You may be currently or previously employed in any of these roles indicated above, and be **Black or African American, Native Hawaiian, Pacific Islander, Hispanic or Latino, Middle Eastern or North African**.

Preferably earned a **minimum of a master's degree.**

Please respond/message me privately for additional information if you think you might be interested in participating.

Appendix H: Email Response to Potential Participants

Dear _____,

Thank you for your interest in participating in my proposed study. Please find attached a copy of the informed consent document that outlines the procedures for participating in the study.

The informed consent document provides additional details about the study, the procedures that will be involved, and the time commitment. I ask that you review the document carefully and if you wish to participate, please indicate your consent by replying to this email with the words "*I consent."* If you have any questions before consenting to participate in the study, please email or call the number on the informed consent so we can discuss. Following your informed consent, we can proceed with scheduling a time for the interview. At the time of the interview, I will also ask you to respond to a few demographic questions. Please feel free to email or call me with any questions you may have as we move through this process.

Thank you for your interest.

Sincerely,

Ena Williams, MPhil, MBA, RN
Ph.D. Candidate,
Walden University