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## **Faculty Perceptions of Efforts to Address the Underrepresentation of Minority Full-Time Faculty in U.S. Nursing Programs**

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# Walden University

College of Education and Human Sciences

This is to certify that the doctoral study by

Akua E. Oxendine

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

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2025

Abstract

Faculty Perceptions of Efforts to Address the Underrepresentation of Minority Full-Time

Faculty in U.S. Nursing Programs

by

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Dissertation Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Organizational Leadership Development

Walden University

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## Abstract

The problem for this study is that, despite longstanding efforts to promote diversity in higher education, faculty from racial and ethnic minorities remain underrepresented in nursing programs in the United States. Guided by critical race theory, the purpose of this basic qualitative study was to explore nursing faculty perceptions of the effectiveness and challenges of institutional efforts to address underrepresentation. Using purposive sampling, 12 nursing faculty members with knowledge of or experience with diversity initiatives were recruited as participants. Data were collected through semistructured interviews. Through a six-phase thematic analysis, nursing faculty identified five critical insights: (a) diversity messaging often lacks substantive follow-through; (b) structural and interpersonal barriers, such as inequitable hiring, promotion practices, and limited culturally responsive mentorship, impede career progression and foster isolation; (c) representation is vital for student belonging and motivation, yet diversity in hiring remains underprioritized; (d) mentorship significantly shapes faculty identity and fostering a sense of belonging; and (e) achieving sustainable equity requires institutional accountability and systemic alignment. Findings revealed that symbolic diversity efforts without substantive policy reform foster skepticism and exclusion. Participants emphasized the need for intentional strategies, such as equitable workloads, inclusive teaching practices, and leadership development, to foster belonging and support career progression. These findings provide a foundation for reforms that address structural inequities, enhance representation, and strengthen mentorship, ultimately promoting equity and driving systemic, sustainable social change.

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## Dedication

This dissertation is dedicated to the loving memory of my mother, Nanette Abena Walker, whose strength, wisdom, and boundless love inspire me daily. Though she is no longer with me, her spirit lives on in everything I do. To my father, Kwaku Walker, a college professor whose dedication to education and lifelong learning has shaped my path and instilled a deep passion for knowledge and growth. To my husband, Torrence Oxendine, whose unwavering support, encouragement, and belief in me have been a constant source of strength. You have stood by me through every challenge, and I am deeply grateful for your unwavering support.

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## Table of Contents

List of Tables .....	v
Chapter 1: Introduction to the Study.....	1
Background.....	3
Problem Statement.....	5
Purpose of the Study.....	6
Research Question .....	7
Conceptual Framework.....	7
Nature of the Study.....	8
Definitions.....	10
Assumptions.....	11
Scope and Delimitations .....	12
Limitations .....	13
Significance.....	14
Summary .....	16
Chapter 2: Literature Review.....	17
Literature Search Strategy.....	17
Conceptual Framework.....	18
Literature Review Related to Key Concepts and Variables.....	26
Racism and Systemic Barriers in Nursing Education.....	27
Barriers to Entry and Recruitment .....	36
Workplace Environment and Support.....	43
Professional Development and Advancement .....	49

Summary and Conclusions .....	52
Chapter 3: Research Method.....	54
Research Design and Rationale .....	54
Role of the Researcher .....	55
Methodology .....	57
Participant Selection .....	58
Instrumentation .....	59
Procedures For Recruitment, Participation, and Data Collection .....	60
Recruitment.....	60
Participation .....	61
Data Collection .....	62
Data Analysis Plan.....	62
Trustworthiness.....	64
Credibility .....	64
Transferability.....	65
Dependability .....	65
Confirmability.....	65
Ethical Procedures .....	66
Summary.....	67
Chapter 4: Results .....	69
Setting .....	69
Data Collection .....	70
Demographics .....	71

Data Analysis .....	72
Evidence of Trustworthiness.....	78
Credibility .....	78
Transferability.....	78
Dependability .....	79
Confirmability.....	79
Results.....	80
Theme 1 .....	80
Theme 2 .....	85
Theme 3 .....	91
Theme 4 .....	97
Theme 5 .....	102
Summary.....	107
Chapter 5: Discussion, Conclusions, and Recommendations.....	109
Introduction.....	109
Interpretation of the Findings.....	109
Finding 1: Institutional Diversity Messaging Often Lacks Substantive Follow-Through .....	111
Finding 2: Structural and Interpersonal Barriers Limit Minority Faculty Advancement .....	112
Finding 3: Faculty Representation Is Perceived as Critical to Student Belonging but Remains Underprioritized .....	113

Finding 4: Culturally Responsive Mentorship Enhances Minority Faculty	
Identity and Belonging.....	114
Finding 5: Sustainable Equity Requires Systemic Alignment and	
Institutional Accountability .....	116
Limitations of the Study.....	118
Recommendations.....	119
Recommendations for Practice .....	119
Recommendations for Future Research .....	120
Implications.....	122
Conclusion .....	124
References.....	126
Appendix A: Interview Guide.....	150

List of Tables

Table 1. Demographic Characteristics of Participants..... 72

Table 2. Codes, Categories, and Themes ..... 75

Table 3. Participant Excerpts Supporting Themes on Minority Faculty Representation in  
US Nursing Programs ..... 77

## Chapter 1: Introduction to the Study

Minority faculty in nursing programs across the United States have been consistently underrepresented (Ganek et al., 2023). The problem remains a critical issue that affects the quality of education, cultural competence, and the overall diversity of the healthcare workforce. According to Rosseter and the American Association for Colleges of Nursing (AACN) (n.d.), a diverse faculty enriches the academic environment and positively influences student outcomes, especially for minority students. However, significant disparities persist despite numerous efforts to increase diversity within nursing programs. In this dissertation, I explored faculty perceptions of the effectiveness and challenges of diversity initiatives, focusing on the underrepresentation of minority full-time faculty in nursing education.

The United States is increasingly more diverse and multiethnic, according to the new 2020 Census data. Minorities or people of color represented 43% of the total U.S. population in 2020, up from 34% in 2010. Based on trends, the Census Bureau estimates that by 2045, Whites will be the minority in the country, and minorities will comprise over 50% of the population (U.S. Census Bureau, 2021). It is widely acknowledged that addressing the health care needs of a racially and ethnically diverse population requires a nursing workforce that reflects the nation's demographic composition (Brooks et al., 2022). In the United States, minorities comprised 15.9% of academic nursing faculty members, with 30 of the 50 states falling below that average (AACN, 2023). Minority faculty also tend to possess lower appointment ranks, serving at the instructor or assistant professor level (Brooks et al., 2022). The lack of representation has led to calls for more

intentional efforts to recruit, retain, and support faculty from diverse racial and ethnic backgrounds (Brooks et al., 2022). These efforts typically include recruitment initiatives, mentorship programs, faculty development opportunities, and policies designed to create more inclusive and equitable environments. However, more research needs to be conducted on how faculty perceive these efforts and what barriers still exist in the push for greater diversity.

In this study, I developed valuable insights into the effectiveness of current strategies, identified the ongoing challenges nursing programs face in their diversity efforts, and contributed to a deeper understanding of the factors that influence faculty recruitment and retention. Specifically, I examined faculty perceptions, including minority and non-minority faculty within nursing programs, assessing their experiences, challenges, and suggestions for improvement. The findings of this research can be used to inform policy, guide institutional strategies, and ultimately enhance the representation of minority faculty in nursing education, thereby improving the overall educational experience and healthcare outcomes for diverse patient populations. By examining the perceptions of faculty members who are at the heart of nursing education, this dissertation contributes to the growing body of literature on diversity, equity, and inclusion in higher education while addressing a critical gap in understanding the challenges related to increasing minority faculty representation in the nursing field.

In Chapter 1, I present the foundational elements of the study, establishing the context for exploring the underrepresentation of minority nursing faculty in the United States. The chapter begins with a detailed description. There is an introduction that

outlines the research's background, problem, and purpose. A presentation of the research question, an overview of intersectionality, and the nature of the study follow. Finally, it includes a discussion of the key terms, assumptions, delimitations, limitations, and the significance of social change related to the study.

### **Background**

A Brookings Institution analysis of 2020 U.S. Census Bureau data revealed that over 40% of the U.S. population now identifies as people of color (Frey, 2021). With forecasts indicating that minority groups will make up the majority by 2045, professional nurses must cultivate cultural sensitivity and understanding to deliver high-quality care in diverse settings (Frey, 2021). A healthcare workforce that reflects the racial and ethnic diversity of the population it serves is essential for effectively addressing systemic health inequities. However, achieving meaningful diversity within the academic ranks of health professions has long been a persistent challenge (Gassman, 2022). The continued existence of health disparities in communities of color, coupled with limited access to quality care, further highlights the urgent need to cultivate a more representative and inclusive healthcare workforce (Bradford et al., 2022).

Despite federal mandates requiring higher education institutions to provide equal opportunities and reasonable accommodations in faculty hiring, there continues to be a significant underrepresentation of faculty of color, particularly within nursing programs (Gassman, 2022). This disparity in faculty representation not only reflects broader societal inequities but also contributes to the persistence of these disparities in healthcare,

highlighting the urgent need for systemic changes in academic hiring practices and support structures.

Increasing the representation of minority nursing faculty is critical. The *Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity* report has implored nursing education institutions to reassess their hiring practices to foster a more diverse faculty (National Academy of Medicine, 2021). According to the American Association of Colleges of Nursing (2023), nursing philanthropies, national nursing organizations, the federal Bureau of Health Workforce, hospital associations, and other healthcare community stakeholders agree that recruiting and retaining underrepresented groups into nursing is a priority for the nursing profession in the United States.

Despite growing efforts to diversify the nursing profession, faculty of color remain significantly underrepresented in nursing programs across the United States (Bradford et al., 2022). The demand for a more diverse student body is closely tied to the need to hire and retain faculty from underrepresented racial and ethnic groups. However, relatively few nurses with advanced nursing degrees from these backgrounds pursue academic careers (DeWitty & Murray, 2020). The demand for more diverse nursing students mirrors the demand to hire and retain faculty from minority groups.

Recent data underscores the persistence of this disparity, even amid modest progress. According to the AACN's 2023 annual survey, only 22.0% of full-time nursing faculty identify as members of minority groups. Similarly, the 2023 National League for Nursing (NLN) Annual Survey of Schools of Nursing revealed a slight increase in the representation of underrepresented minority groups among full-time faculty, with 22.1%

in 2023, up by 1.3 percentage points from 2022. This included 11% African Americans (up by 0.7 percentage points), 4.6% Hispanics (down by 0.3 percentage points), 4.8% Asians (up by 0.6 percentage points), and 0.4% American Indians or Alaska Natives (up by 0.1 percentage points). Multiracial faculty accounted for 1.3%, reflecting a 0.2 percentage point increase.

These figures highlight ongoing challenges in achieving greater diversity in nursing education. Although the overall proportion of underrepresented minorities is increasing, certain groups, such as Hispanics, are still underrepresented, and the increase in African American faculty is significant but still leaves a gap. The underrepresentation underscores the need to recruit and retain diverse nursing faculty to ensure a more representative workforce and better serve diverse healthcare populations.

The underrepresentation of faculty of color in nursing education reflects a broader problem in academia and contributes to challenges in addressing health disparities and promoting cultural competence in nursing education. Understanding the experiences and perspectives of diverse nursing faculty is critical to identifying how nursing programs can better serve an increasingly diverse student body and prepare nurses to provide effective, culturally responsive care.

### **Problem Statement**

The problem that I addressed in this study is that despite efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States, there remains a persistent underrepresentation of full-time minority faculty in nursing programs in the United States. There is a strong and growing consensus across

scholarly literature and national nursing organizations that the underrepresentation of minority faculty in nursing is a current, relevant, and significant issue within the discipline. Reports from the AACN (2023) and the NLN (2023) consistently documented the limited racial and ethnic diversity among full-time nursing faculty, despite gradual increases in some groups. Scholars such as Bradford et al. (2022) and DeWitty and Murray (2020) emphasized that this lack of representation hampers the ability of nursing programs to cultivate inclusive academic environments, prepare culturally competent graduates, and adequately address health disparities. As the US population becomes increasingly diverse, the need for a representative nursing faculty has become critical in advancing health equity and strengthening the nursing workforce (Gassman, 2022).

Although the underrepresentation of minority full-time faculty in U.S. nursing programs has been widely documented, much of the existing literature focuses on descriptive statistics and broad policy recommendations, with limited exploration of how faculty themselves perceive the effectiveness of diversity initiatives. There is a meaningful gap in qualitative research that captures faculty perspectives on the successes and challenges of institutional efforts to improve faculty diversity. Understanding these perceptions is essential to identifying what strategies are in place and how they are experienced, supported, or hindered within academic environments.

### **Purpose of the Study**

The purpose of this basic qualitative study was to explore faculty perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States. In the study, I examined

perceptions of how these efforts are perceived and the challenges faculty encountered in supporting them. The study examined individuals' perceptions and interpretations of experiences related to the persistent underrepresentation of minority full-time faculty in US nursing programs. The central phenomenon of interest was faculty perceptions of diversity initiatives within nursing education, analyzed through the lens of critical race theory (CRT) to illuminate how systemic factors influenced these experiences.

### **Research Question**

To guide this study and address the identified problem, I developed the following research question:

Research Question (RQ): What are nursing faculty's perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States?

### **Conceptual Framework**

This research is grounded in CRT (see Taylor et al., 2022), a framework that originated from the critical legal studies movement initiated by Unger in 1983. CRT is a theoretical framework that examines how race and racism are interwoven with societal structures and institutions, influencing various aspects of life, including healthcare. In the context of nursing education, CRT offers a lens for critically analyzing the systemic factors that contribute to the persistent underrepresentation of minority faculty and amplifying the voices of those affected by these inequities.

CLS critiques how legal systems and institutions often serve the interests of the wealthy and powerful, frequently at the expense of marginalized and vulnerable groups.

In healthcare, persistent disparities and inequities affecting specific populations are driven by social, economic, environmental, and structural factors. These disparities are deeply rooted in institutionalized racism, discrimination, and biases that are ingrained in both public and private policies and practices across the United States (NASEM et al., 2021).

The study examined how race and racism intersect with other forms of social inequity to influence experiences within educational contexts. Key elements of this framework, such as systemic inequality and the role of power dynamics, are explored in greater detail in Chapter 2. These elements directly informed the study's approach, guiding the investigation of faculty perceptions of diversity initiatives in nursing education. The framework supported the development of the research question by focusing on the effectiveness and challenges of diversity efforts, specifically how faculty perceived their institutional environments and diversity initiatives. Additionally, the framework influenced instrument development by shaping the interview questions, which were designed to elicit responses related to faculty experiences with and views on diversity initiatives. The data analysis was guided by CRT principles, ensuring that the analysis remained focused on understanding how race and systemic factors shaped faculty perceptions and highlighted patterns that reflect institutional and structural inequalities.

### **Nature of the Study**

In this qualitative study, I examined faculty perceptions of the effectiveness and challenges associated with initiatives aimed at addressing the underrepresentation of

minority full-time faculty in U.S. nursing programs. In this basic qualitative research methodology, using semistructured interviews, I examined faculty perceptions of the effectiveness and challenges associated with efforts to address the underrepresentation of minority full-time faculty in nursing programs. According to Lim (2024), qualitative research emphasizes context, existence, experience, perspective, meaning, and subjectivity, and recommends a specific view to explore and explain the intricacies of social phenomena. Qualitative research offers flexible and adaptable methods for capturing various human experiences and perspectives. This research style aligned directly with my study's approach, as I used qualitative methods to explore faculty members' perceptions of diversity initiatives in nursing education, capturing their experiences and perspectives. The flexible nature of qualitative research allowed me to adapt data collection and analysis to the complexities of faculty experiences, enabling a rich and detailed understanding of the social phenomena under investigation.

Through using a basic qualitative research approach, I explored and understood the meanings individuals assign to their experiences through interviews. Merriam (2015) explained that basic qualitative research is grounded in the philosophical traditions of constructionism, phenomenology, and symbolic interactionism. This approach is commonly used by researchers seeking to understand how individuals interpret their experiences, construct meaning from their surroundings, and navigate their daily lives, including the strategies and processes they use. The central aim is to gain insight into how people make sense of their experiences. For example, a basic qualitative study can

be used to uncover strategies, techniques, and practices of highly effective teachers and administrators. Such insight is not possible with quantitative approaches.

In this basic qualitative study, I used purposive sampling to recruit full-time nursing faculty with at least three years of didactic teaching experience and familiarity with faculty diversity initiatives. I collected data through semistructured interviews conducted virtually via Microsoft Teams. I transcribed the interviews verbatim and analyzed using a six-phase thematic analysis approach to identify recurring patterns and themes related to faculty perceptions of diversity initiatives. I guided the analysis using principles of CRT to ensure attention to systemic factors and power dynamics. By exploring the perspectives of faculty, I aimed to identify the barriers and challenges they face in supporting diversity initiatives. The findings can inform policies and practices that promote an inclusive and equitable environment for minority nursing faculty.

### **Definitions**

Throughout this study, the following terms are used:

*Bias*: The collective and subconscious influences of an individual's perception of race, ethnicity, gender, or age, relying on understandings, actions, and decision-making processes (Fiske, 2017).

*Equity*: The fair and just treatment of all individuals by recognizing and addressing structural barriers that disadvantage certain groups, particularly in hiring, promotion, and access to opportunities (Minow, 2021).

*Faculty retention:* The ability of academic institutions to retain faculty over time, often influenced by workplace climate, access to mentorship, institutional support, and professional development opportunities (Verma & Kaur, 2024).

*Inclusion:* The active, intentional, and ongoing effort to ensure diverse individuals are meaningfully integrated into institutional culture and decision-making processes (Tan, 2019).

*Mentorship:* A developmental relationship in which a more experienced faculty member provides guidance, support, and advocacy to junior or underrepresented faculty members (Wynn et al., 2021).

*Minority:* Refers to members who identify as part of historically underrepresented racial and ethnic groups in the United States, such as Black or African American, Hispanic or Latino, Native American, and Asian American populations (Lewis et al., 2023).

*Systemic barriers:* Institutional policies, practices, and norms unintentionally or deliberately disadvantage underrepresented groups in academia and nursing (Braveman et al., 2022).

*Underrepresentation:* A condition in which a specific group is present at a proportion significantly lower than its representation in the general population or the relevant professional workforce (Hynson et al., 2022).

### **Assumptions**

I acknowledged the assumptions as foundational beliefs accepted as accurate without conclusive empirical evidence, and were necessary for supporting the structure

and direction of this study (see Ravitch & Carl, 2021). In qualitative research, assumptions are recognized as unverified yet reasonable premises that guide the research process and the interpretation of findings (Creswell & Guetterman, 2019). Although acknowledging assumptions cannot ensure the validity of the findings, they contributed to the integrity and methodological execution of the research.

In this study, I made several assumptions regarding participant engagement and data collection. I assumed that participants recruited through purposive sampling had willingly consented to the study and understood its purpose and scope. I also assumed that participants felt comfortable discussing their perceptions and experiences regarding the underrepresentation of minority nursing faculty. During the semistructured interviews, I further assumed that participants would provide honest and reflective responses. Finally, I assumed that all participants met the inclusion criteria of being full-time nursing faculty with at least three years of didactic teaching experience at accredited nursing programs in the United States.

### **Scope and Delimitations**

Understanding the parameters under which the study operated, including its delimitations, was essential. Delimitations outlined the boundaries and focus of the study, intentionally established to align with the purpose and research questions (see Coker, 2022). These boundaries and limits ensured that the study remained focused, manageable, and methodologically consistent while addressing the central phenomenon of interest.

The inclusion criteria served as intentional delimitations, maintaining a focused and manageable scope for the study. Participants were selected based on specific

characteristics, including their professional role, teaching experience, and availability. These criteria supported the study's purpose of examining the experiences and perspectives of nursing faculty in academic settings. Eligible participants were full-time nursing faculty employed at accredited colleges and universities in the United States with a minimum of 3 years of didactic teaching experience. Participation was limited to individuals who voluntarily agreed to take part and met these criteria, which ensured consistency and relevance across the sample.

### **Limitations**

This study, which examined nursing faculty perceptions of the underrepresentation of minority faculty, was subject to several limitations. One key limitation was the demanding workload and time constraints nursing faculty experienced, which affected their availability and ability to participate in interviews. To address this limitation, I scheduled interviews flexibly and kept the sessions concise to minimize scheduling burden on participants. Another limitation involved the mode of data collection. Due to logistical and geographic constraints, I conducted all interviews virtually, which may have limited opportunities for observing nonverbal cues and building rapport.

Although conducting interviews virtually increased accessibility, it limited the depth of interpersonal connection achieved in in-person interviews, which may have affected the richness of the collected data. Additionally, some potential participants may have avoided participation due to limited access to technology or a preference for in-person interaction, which could influenced both participation rates and response depth.

Some faculty members may have hesitated to discuss sensitive topics related to race, ethnicity, and diversity within their institutions, particularly when these discussions involved colleagues. Participants may have moderated their responses to avoid conflict or discomfort, which could affect the authenticity and depth of the data. Faculty with knowledge of culturally responsive practices engaged more fully with the topic, although others who did not view race and ethnicity as central to nursing education contributed a narrower range of perspectives.

Finally, the study was also limited by its sample size. As is common in qualitative research, the sample consisted of a relatively small number of participants, selected through purposive sampling. Although the goal was to obtain in-depth insights rather than generalize to a larger population, the limited number of faculty participants may not have fully captured the breadth of perspectives across diverse institutional types, geographic regions, or levels of faculty experience.

### **Significance**

This study contributed to understanding a critical gap in nursing education by examining the underrepresentation of minority faculty from the perspective of their academic peers. By investigating faculty perceptions, the research offered a lens for understanding the attitudes, beliefs, and experiences that shaped institutional practices related to hiring, retaining, and supporting minority nursing faculty. This qualitative inquiry allowed for a detailed examination of the social and organizational dynamics that contribute to ongoing disparities in faculty representation.

Understanding faculty perceptions could help identify both implicit and explicit barriers that minority faculty face within academic environments. It could also reveal facilitators that supported more inclusive and equitable workplace cultures. These insights could inform nursing schools and academic institutions in developing targeted interventions, policies, and practices to enhance the recruitment and retention of minority faculty.

The findings could provide guidance for institutional leaders, policymakers, and educators on the expectations and professional needs of nursing faculty, contributing to the development of culturally responsive leadership and academic infrastructure. The study could also provide a perspective that supported efforts to advance equity in nursing education and encouraged further research on similar topics, thereby promoting a deeper understanding of the support needed to increase the number of full-time minority faculty members.

Addressing the underrepresentation of minority faculty could enhance equity and support the development of nursing programs that reflect and respond to the diverse populations they serve. This alignment also clarified how minority nursing faculty could contribute to fostering a more diverse healthcare system. Additionally, the study could promote dialogue and reflection within academic institutions by documenting faculty experiences, fostering a culture of accountability and continuous improvement in diversity efforts.

## Summary

Chapter 1 introduced the foundational elements of this study, which explored the underrepresentation of minority faculty in nursing education. The chapter began with an overview of the problem, highlighting the persistent lack of diversity among nursing faculty despite the growing diversity of the US population and nursing student body. The purpose of the study was presented as an investigation into the perceptions of nursing faculty regarding the factors that contribute to the hiring, retention, and support of minority faculty members in academic nursing.

The research question guiding the study was outlined, focusing on faculty perspectives related to institutional barriers, supports, and experiences influencing minority representation. The significance of the study was discussed in terms of its potential to inform policies, institutional practices, and broader efforts aimed at promoting equity and inclusion within nursing education. Key assumptions, delimitations, and limitations were also addressed to clarify the study's scope and boundaries.

Finally, the chapter concluded with a rationale for the qualitative research design and an emphasis on the importance of faculty voices in understanding and addressing systemic inequities. By centering nursing faculty experiences and insights, this study contributed valuable knowledge to the field and supported the advancement of diversity, equity, and inclusion in academic nursing environments. Chapter 2 presents an exhaustive literature review, comprehensively analyzing current research, theoretical frameworks, and content-specific findings that inform and support the study's focus.

## Chapter 2: Literature Review

The problem I addressed in this study is that, despite efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States, a persistent underrepresentation of full-time minority faculty remains. The purpose of this qualitative study was to explore faculty perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States.

The underrepresentation of full-time minority faculty in nursing programs in the United States is a complex and longstanding issue that challenges academic diversity and inclusion efforts. Despite the implementation of various mentorship programs, professional development opportunities, and recruitment strategies aimed at improving diversity and retention, the number of minority faculty in nursing programs remains insufficient. In this literature review, I synthesized existing studies to examine the factors contributing to underrepresentation and provided insights into the effectiveness of interventions designed to address the issue.

### **Literature Search Strategy**

I conducted a literature review using search engines, including Walden University's Library Database, EBSCOhost, ERIC, ProQuest, Sage, Elsevier, Google Scholar, PubMed, Taylor & Francis Online, Ovid, Wiley Online, Slack Journal, and Wolters Kluwer. The searches from these databases provided full-text peer-reviewed journal articles, books, and scholarly research. In addition, the National Center for Education Statistics (NCES), the American Association of Colleges of Nursing (AACN),

the National League for Nursing (NLN), The National Center for Health Workforce Analysis (NCHWA), the National Academies of Sciences, Engineering, and Medicine (NAEM), the National Science Foundation (NSF), and the US Census Bureau websites were used as data sources for this research. I used various keyword combinations, including *minority nursing faculty, diversity, equity, inclusion, mentorship, underrepresentation, recruitment and retention, microaggressions, critical race theory, discrimination, whiteness, isolation, nursing education, cultural humility, nursing academia, civility, hiring, racism, bias, and faculty of color*. Minority nursing faculty is the focus of this review. The keywords were searched in combination with *nursing*.

### **Conceptual Framework**

CRT provided a conceptual framework that forms the basis for this study, examining how structural racism operates at institutions such as universities and nursing programs. Costa et al. (2024) discussed how CRT was formally developed in the late 1980s and early 1990s by scholars in the US, particularly within the fields of law and sociology, as a response to what they perceived as the limitations of traditional civil rights approaches. Scholars such as Bell (1974), Crenshaw (1988), and Delgado (1998) contended that conventional legal structures and civil rights reforms did not sufficiently tackle the deep-rooted and widespread nature of racism. In this study, I applied critical race theory to help interpret the experiences of participants as faculty in nursing programs and how these experiences related to the effectiveness and challenges of efforts to improve the underrepresentation of minority nursing faculty.

Researchers asserted that CRT framed race as a socially constructed concept and emphasized that categories of race and racism remained deeply ingrained and persistent (Egede et al., 2023; Iheduru-Anderson & Alexander, 2022). These constructs intersected with other forms of oppression, including those related to gender and minority status (Khalifa et al., 2013). At its core, CRT positioned racism not as an anomaly or isolated occurrence but as an ordinary and entrenched aspect of everyday life (Delgado & Stefancic, 2017). Recognizing racism often remained difficult because it frequently appeared in covert forms and only became readily identifiable during overt acts of discrimination (Delgado & Stefancic, 2017). Consistent with the first tenet of CRT, racism remained deeply rooted in US societal norms, and minority individuals advanced primarily when their goals aligned with those of the dominant White majority (Delgado & Stefancic, 2017).

The next key tenet of CRT addressed the material advantages held by the dominant population over minority groups (Delgado & Stefancic, 2017). Racism served the interests of the dominant White society, resulting in minimal motivation to dismantle racist systems (Delgado & Stefancic, 2017). This entrenched power structure perpetuated racial inequalities and reinforced the status quo. The third tenet of CRT recognized race as a social construct, while the fourth tenet emphasized differential racialization, in which the dominant group treated minority populations differently based on external factors influencing their positioning in society (Delgado & Stefancic, 2017). The fifth tenet described individuals as multidimensional, holding overlapping and sometimes conflicting identities and perspectives (Delgado & Stefancic, 2017). The final tenet

underscored the significance of African Americans sharing their lived experiences with the dominant group (Delgado & Stefancic, 2017).

Racial discrimination and racism have played a significant role in institutional gatekeeping within the hiring and promotion processes of nursing education for more than a century, according to Bradford et al. (2022). Racism in US nursing and healthcare held deep historical roots, including resistance to desegregation, limitations on minority nurses' training and employment, support for racist research practices, and the continued portrayal of race as a biological factor (Moore & Drake, 2021). Racism in nursing remained intricately connected to structural racism in the United States, and it starts with the experiences of Black people and Indigenous People of Color in North America (Moore & Drake, 2021). Moore and Drake (2021) recognized that the first step in the nursing profession was influenced by the social, political, and historical forces tied to American colonialism. Traditional narratives about nursing and healthcare have often overlooked the significant roles that minority individuals have played as community healers and midwives, despite their vital contributions to their communities (Moore & Drake, 2021).

Through centering Whiteness, the contributions of minorities were frequently omitted or undervalued in the historical record (Moore & Drake, 2021). CRT challenged dominant narratives, particularly those shaped by White, Eurocentric perspectives, and critiqued the institutional practices perpetuating healthcare inequality (Lin, 2022). Lin (2022) identified the growing demand from students and educators across health fields for incorporating CRT in education, pushing institutions to reconsider curricula and

practices to address embedded racism. According to Allan (2021), history has focused on White perspectives, which tended to exclude or minimize the contributions of marginalized groups, even though they have been central to healthcare and healing practices.

CRT emphasized the importance of race consciousness, highlighted the influence of race and racism on both social and professional dynamics (Iheduru-Anderson & Alexander, 2022). In nursing, this perspective encouraged an understanding of how race affected not only healthcare outcomes but also the professional experiences of minority nurses (Avery-Desmarais et al., 2021; Nelson et al., 2023). Roy et al. (2022) further expressed the need to acknowledge the historical and contemporary struggles faced by minority groups in nursing, which was essential for creating a more equitable and just profession. By aligning with CRT's goal of dismantling racial inequalities and fostering racial justice, nursing institutions sought to create environments that welcomed and reflected the diversity of their populations. Eliminating structural racism in healthcare remained a critical priority, and scholars called on the nursing profession to lead efforts to confront these inequities and drive transformative change within healthcare systems (Moore & Drake, 2021).

CRT played a pivotal role in shaping current research on the underrepresentation of minority nursing faculty by providing a lens to critically examine the structural and systemic obstacles that perpetuated racial inequities in academia. By emphasizing the intersectionality of race, power, privilege, and oppression, scholars such as Davis et al. (2024), Iheduru-Anderson et al. (2022), and Misra et al., (2021), used CRT to investigate

how overlapping forms of discrimination including racism, sexism, and classism, interact to affect the recruitment, retention, and advancement of minority nursing faculty.

Scholars using CRT have emphasized the significance of counternarratives, which document the authentic lived experiences of minorities as a counterpoint to the dominant, often biased, narratives that prevail in academic spaces (Blockett et al., 2022; Lin, 2022).

Scholars applying CRT have acknowledged the ways in which race, bias, and institutional practices shaped faculty recruitment, retention, and career advancement in nursing education. Scholars using CRT have recognized the experiences of people of color as those affected by racial oppression and treated their storytelling as a valid and essential means of sharing knowledge (Solórzano & Yosso, 2002). Researchers applying CRT further emphasized the importance of documenting the shared experiences of marginalized groups on racism and discrimination in ways that challenged dominant narratives. The voices and stories of minority groups remained crucial for offering a deeper understanding of issues and challenges that the dominant group overlooked or dismissed. These shared perspectives helped reveal experiences and realities that remained invisible or ignored within mainstream society (Delgado & Stefancic, 2017).

To understand the complexities surrounding the underrepresentation of minority faculty in nursing, I synthesized key primary writings and seminal works addressing the various systemic factors contributing to this issue, including discrimination, limited access to resources, and the need for targeted interventions, and how CRT assists in the understanding of this phenomenon. DeWitty and McCamey (2022) emphasized that maintaining a robust supply of qualified nursing faculty remained a significant challenge,

particularly for minorities, directly hindering the ability to graduate new nurses.

Researchers have used CRT as a framework for examining the underrepresentation and experiences of minority nursing faculty in academia (González, 2022; Hankins, 2023).

By documenting lived experiences and personal accounts, intellectuals applying CRT enabled those who faced racism to connect with others' stories, fostering a sense of community and the courage to share their own experiences (González, 2022; Iheduru-Anderson et al., 2022; Ro et al., 2021).

Much of the literature suggested that discrimination and insufficient support hindered the efforts to hire and retain minority faculty. Existing research has revealed limited strategies for recruiting and retaining diverse faculty members and described an uncertain academic environment for minority faculty (Ajayi et al., 2021; Akintade et al., 2023; Bennett et al., 2020). In a study emphasizing the importance of mentorship, faculty development, networking, and acknowledgment for supporting faculty of color, Ro et al. (2021) found that strategies and support remained necessary to combat microaggressions and feelings of isolation. Hawkins (2023) also highlighted the unique role of nursing faculty, drawing from their experiences as students to shape nursing education and support the success of minority students. Experts applying CRT have illuminated the harmful effects of racism and advanced the understanding of the complex lived experiences of minority individuals.

By applying CRT, experts identified the persistent presence of White supremacy and Eurocentric perspectives within nursing education, which marginalized minority faculty and hindered their career progression (Bradford et al., 2022; Heidari et al., 2024;

Ro & Villarreal, 2023). Researchers using this approach have drawn attention to issues such as microaggressions, cultural taxation, and biased hiring practices that disproportionately affect faculty of color, underscoring the need for institutional change. These researchers advocated for more inclusive curricula, policies, and practices that challenge the status quo and promote equity in nursing education.

Research using CRT provided a valuable framework for exploring and addressing racial disparities in health professions education and for challenging the foundations of medical knowledge shaped by scientific racism and its associated biases (see Davis et al., 2024; Misra et al., 2021). Recent studies have shown that research applying CRT has informed the development of strategies to support minority faculty, including mentorship programs, structural changes in hiring and tenure processes, and the creation of more diverse and supportive academic environments, as reported by Davis et al. (2024) and Egede et al. (2023). Lin (2022) demonstrated that applying CRT deepened the understanding of how systemic racism influenced the experiences of minority nursing faculty and provided a theoretical foundation for advocating meaningful reforms in higher education. Similarly, Blockett et al. (2022) applied CRT to examine how institutional structures and leadership practices affected Black students' experiences in higher education. They emphasized the need for equity-focused leadership to address systemic barriers and support holistic student success. Egede et al. (2023) reported comparable findings and highlighted the importance of incorporating relevant sociohistorical context to understand how factors such as race, ethnicity, sexual orientation, and gender contributed to inequities in higher education and healthcare.

Researchers applying CRT in nursing education and practice have significantly advanced the understanding of the challenges faced by minority nursing faculty and the broader issues of racism and discrimination within the field. Weitzel et al. (2020) contributed to the CRT discussion by emphasizing the role of nurses, particularly those in positions of power, as allies in dismantling racism in healthcare and academic settings. The authors' work aligned with CRT's focus on the systemic nature of racism and advocated structural changes in nursing education to address inequities perpetuated by institutionalized racism. Similarly, Hantke et al. (2022) applied CRT in nursing education to examine how systemic racism and the dominance of Whiteness shaped nursing practice and academic environments, echoing the importance of confronting entrenched power structures rooted in White, Eurocentric perspectives that marginalize racial minorities. Both studies demonstrated that experts have used CRT as a critical framework for examining and challenging these racial hierarchies, promoting more inclusive and equitable nursing education systems.

Researchers examining the application of CRT in nursing education have highlighted the need for institutional change, allyship, and increased support for minority nursing faculty. They demonstrated how racism within academic and healthcare systems could be addressed and dismantled (Davis et al., 2024; González, 2022; Misra et al., 2021; Weitzel et al., 2020). Studies consistently called for action from nursing professionals to address the barriers contributing to the underrepresentation of minority faculty. These findings are consistent with CRT's focus on the lived experiences of marginalized groups. Researchers have underscored the importance of transforming

educational systems to become more inclusive and equitable (Davis et al., 2024; González, 2022; Iheduru-Anderson et al., 2022).

Previous research has effectively applied CRT to examine the underrepresentation of minority faculty in nursing, identifying systemic barriers, racial biases, and structural inequities that perpetuate these disparities. This research builds on that foundation by using CRT to interpret the challenges faced by minority nursing faculty and to inform strategies for creating more inclusive and equitable academic environments. Through documenting the voices and firsthand accounts of nursing faculty in the US, the current study provided a deeper understanding of how race and racism intersect with professional experiences and how these factors influence recruitment, retention, and advancement within nursing academia.

### **Literature Review Related to Key Concepts and Variables**

This section reviews literature related to key concepts and variables associated with the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time nursing faculty in the United States. I organized the literature addressing the key concepts and variables associated with the conceptual framework into four subsections. Each topic was significant in shaping the understanding of the underrepresentation of minority faculty in US nursing programs. For each topic, I provided a rationale for its relevance to this basic qualitative study, explored the surrounding issues, and explained the need for further research. I presented an exhaustive review of the concepts and variables related to the phenomena, supported by current and

relevant literature. Finally, before concluding the chapter, I described the strengths and limitations of how the researchers approached the problem.

### **Racism and Systemic Barriers in Nursing Education**

Despite the landmark *Brown v. Board of Education* decision over 50 years ago, which declared separate educational systems were inherently unequal, the integration of educational institutions has not fully resolved racial disparities or produced a diverse nursing workforce (Fields et al., 2022; US Reports: *Brown v. Board of Education*, 347 US 483, 1954). Minority nurses continued to encounter significant barriers to higher education as students and faculty members (Loyd & Murray, 2021). Iheduru-Anderson (2020) identified these challenges as stemming from institutional gatekeeping, explicit racism, and implicit biases, all of which contributed to the ongoing underrepresentation of nursing faculty of color.

The shortage of minority nursing faculty remained a pressing issue in US nursing education despite federal, national, and institutional recognition of the need for a racially and ethnically diverse nursing workforce. Organizations such as the National League for Nursing and the American Association of Colleges of Nursing support these efforts (“The Future of Nursing 2020-2030,” 2021b). Additionally, the National Commission to Address Racism in Nursing, established in 2021, investigated the pervasive effects of racism in the nursing profession. The commission’s findings revealed that 63% of all nurses surveyed reported experiencing racism in the workplace, underscoring the deep-rooted nature of this issue in nursing (American Nurses Association, 2021).

Recent studies indicated that systemic racism in nursing, shaped by entrenched institutional biases and practices, significantly affected minority nurses' experiences and challenges in healthcare settings (Brathwaite et al., 2022; Iheduru-Anderson, 2020; Vela et al., 2022). In a quality improvement study of Black registered nurses in Ontario, Brathwaite et al. (2022) administered surveys to document experiences of systemic and structural racism within the profession. Among the 205 participants, 88% reported experiencing discrimination and racism at both individual and institutional levels, with 63% stating that racism negatively affected their mental health. These findings underscore the urgent need to address systemic and structural racism within nursing.

Similarly, Iheduru-Anderson's (2020) qualitative ethnographic study of 30 Black nurses highlighted challenges faced by minority healthcare workers in predominantly White institutions, where hierarchical structures and White supremacy persisted in nursing education. Participants reported significant barriers to leadership and faculty positions, with racist behaviors from peers and managers deterring the pursuit of higher-level roles. Additionally, Beagan et al. (2022) conducted interviews with 13 minority nurses in Canada. Participants described being undervalued as credible health professionals, overcompensating in their labor loads, and contending with discriminatory stereotypes that diminished the worth of their expertise. Collectively, researchers in these studies demonstrated that structural racism in nursing is not merely a result of individual biases but a pervasive, systemic issue that affects the experiences of minority nurses at all levels.

Other experts investigated the unspoken rule of not addressing overt or covert racism and its significant role in perpetuating barriers that hindered the recruitment and retention of minority nursing faculty in the US (Kamau et al., 2022; Odzakovic et al., 2023). For example, through interviewing culturally and linguistically diverse nurses, Kamau et al. (2022) found instances of racism and bullying. These acts caused humiliation, discrimination, isolation, and decreased professional identity for the minority nurses, who reported that the organizations took little action to address racism. In a qualitative study of graduate nursing students, Odzakovic et al. (2023) found that their written reflections revealed both the presence of silence around racism and attempts to challenge this silence. The authors' study demonstrated that student nurses recognized the silencing and routinization of racism. Collectively, this evidence indicated that silent racism existed in healthcare and nursing and that both minority and non-minority students and faculty often remained silent and accepted the situation despite discriminatory practices.

Systemic racism within nursing education has significantly contributed to the underrepresentation of minority nurse faculty in the US by creating barriers that restrict the advancement and retention of diverse individuals in academic roles. Pusey-Reid et al. (2022) conducted a descriptive qualitative study with Black nursing students and found that microaggressions experienced within academic settings negatively affected learning and academic success. Consistent with the previous study, Joseph et al. (2023) conducted qualitative research with a broader range of participants, including high school seniors, undergraduate, and graduate Black students, revealing that they faced similar barriers.

These included inadequate Black representation, a lack of mentorship, feelings of isolation, experiences of overt racism and microaggressions, as well as mental health challenges, all of which can hinder academic achievement. There is alignment in the findings of Pusey-Reid et al. (2022) and Joseph et al. (2023) regarding the persistent barriers in nursing education, which were expressed in the results of systematic racism hindering students' academic success and contributing to the ongoing challenges in diversifying the faculty.

Institutional support played a crucial role in either promoting or hindering the representation of minority nursing faculty in the US, depending on whether policies and practices fostered inclusion or perpetuated systemic barriers. To examine how racial bias influenced institutional support, Ro et al. (2020) conducted a descriptive study that surveyed 116 faculty of color about their perceptions of institutional support and challenges in academic settings. The findings revealed that over 70% of faculty perceived a lack of institutional diversity and reported working harder than their White counterparts. Racial biases and discrimination also affected the faculty pipeline. Avery-Desmarais et al. (2021) conducted a qualitative study documenting how insufficient institutional support negatively affected the Ph.D. students' prospects for future faculty roles in nursing. The Ph.D. students reported that organizational culture needed to support the success of minority doctoral students in a culturally responsive environment, which can positively influence recruitment and retention efforts. Assessing institutional support, or the absence thereof, significantly shaped the academic experiences and future representation of minority nursing faculty, underscoring the need for systemic change.

### ***Bias and Discrimination***

The problem of persistent implicit bias and discrimination against minority nurses and nursing students in the US continued to act as a significant barrier to the underrepresentation of minority nursing faculty. Racial and discriminatory barriers were analyzed in interviews with 38 participants in the southern part of the US by Harnois (2023). Participants reported mistreatment, disrespect, and devaluation, which are forms of discrimination, and the inequitable treatment of people based on their groups or classes. Through analyzing participants' accounts of their experiences of mistreatment, the study clarified patterns in how people understand and deploy discrimination as a term. Similarly, Saadi et al. (2023) conducted a qualitative study on nurses' personal workplace experiences to investigate discrimination, although the study did not focus specifically on higher education or minority participants. However, discrimination was still reported by people across racial, ethnic, and religious spectrums, including from within their own or other minority groups. Many participants described these experiences as cumulative and occurring early in their careers, which created a lasting negative effect, and some left the profession. Understanding discrimination is a central theme in the studies by Harnois (2023) and Saadi et al. (2023), which identified it as a harmful form of mistreatment.

In healthcare settings, implicit bias, a form of discrimination, remained a pervasive issue that negatively affected healthcare experiences and outcomes (Kabir & Zaidi, 2022; Meidert et al., 2023). Implicit bias refers to unconscious or automatic thought processes that could contradict an individual's conscious beliefs. Both studies by Kabir and Zaidi (2022) and Etienne and Lewis (2023) found that implicit bias was

prevalent, with healthcare professionals often holding unconscious negative attitudes toward marginalized groups. To illustrate the prevalence, Etienne and Lewis (2023) conducted a qualitative study in which pre-licensure nursing students described being conflicted by the core values of the nursing profession and the existence of biases, highlighting internal struggles that hindered their academic success in the nursing program. As documented by Kabir and Zaidi's (2022) study on characterizing and addressing implicit bias among healthcare providers, there was an acknowledgment that implicit bias can negatively affect patient outcomes, but can also lead to a sense in interactions that White providers and workers are more knowledgeable and better suited for their position than minorities. Ultimately, the disparities caused by implicit biases in healthcare settings contributed to healthcare inequities, including differential treatment and access to care for marginalized groups.

Minority patients and healthcare providers both experienced the adverse effects of implicit bias across work, school, and societal environments. This discrimination and bias also affected other marginalized groups. In contrast, Handlovsky et al. (2024), unlike the case with previous studies reviewed, found similar recognition of bias as expressed by 20 predominantly White graduate nursing students in Canada who primarily identified as LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning). Based on their experiences of experiencing and observing bias, participants emphasized the need for curricular changes to address bias and discrimination. In addition, Sim et al. (2021b) reported comparable findings in a qualitative systematic review of minority patients and providers, recognizing how implicit biases contributed to discrimination and created an

unwelcoming environment, which reduced job satisfaction and perpetuated healthcare disparities. Although these studies documented the presence of implicit bias in healthcare for both patients and workers, further research remained necessary to examine the relationship between implicit bias and the underrepresentation of minority faculty in the US.

Discrimination against minority nursing faculty extended beyond implicit bias, encompassing overt and subtle acts that hindered professional growth. In a study exploring overt discrimination, Cineas and Schwartz (2022) found that participants experienced racist attitudes that blocked their development within the profession, with daily discriminatory incidents causing frustration and discouragement. Unlike implicit bias, overt discrimination was intentional and conscious. Using a different research method but arriving at similar findings, Lincoln and Stanley (2021) reviewed seven case studies from personal experiences and informal interviews to examine how unexamined discriminatory policies in higher education affected recruitment, retention, tenure progression, and alienation among minority faculty. The authors found that institutionalized discrimination continued to be a daily reality in higher education. The authors concluded that previous approaches had overlooked the diverse ways in which discrimination and racism manifest, as well as the full range of factors that enable their persistence. Assessing the barriers to overt discrimination helped clarify factors that contribute to the underrepresentation of minority faculty members.

### *Microaggressions*

Racism in nursing, particularly in the form of microaggressions, undermined minority faculty well-being, job satisfaction, and career progression. Overt bigotry and discrimination, which are forms of racism, are often manifested as forms of microaggressions through subtle expressions (Walsh et al., 2025). Microaggressions, or subtle indignities, significantly affected minority nursing faculty in the US, leading to feelings of alienation, reduced job satisfaction, and more significant challenges in career advancement and retention (Thomas-Hawkins et al., 2022). Similarly, Walsh et al. (2025) found that nurses of color reported experiencing racism and microaggressions at much higher rates than their White counterparts. These subtle, often automatic interactions, which conveyed insults to marginalized individuals, are commonly referred to as subtle indignities (Morales, 2021; Thomas-Hawkins et al., 2022).

To better understand the experiences of registered nurses, Walsh et al. (2025) conducted a qualitative study on racial microaggression. The authors found that the experiences of racism and microaggressions for nurses of color were significantly more often compared to White nurses. Additionally, by studying different populations of minority nursing students, Zajac and Benton-Lee (2023) investigated microaggressions in an online learning environment and found similar experiences to those reported in the study by Walsh et al. (2025). The 12 participants reported encountering microaggressions. However, some individuals felt better equipped to manage these interactions online, primarily because they had control over the personal information they

shared. The results and experiences expressed by minorities indicated that microaggressions appeared in the workplace or classroom in various forms.

Because minority nurses experienced a higher incidence of microaggressions, these negative encounters contributed significantly to their underrepresentation in nursing academia. In a survey of 788 hospital-based nurses, Thomas-Hawkins et al. (2022) found that non-White nurses reported greater intent to leave their positions compared to White nurses. The study also revealed that non-White nurses experienced negative racial climates, frequent racial microaggressions, and elevated levels of job dissatisfaction and emotional distress. Both non-White racial identity and exposure to workplace racism emerged as significant predictors of intent to leave. Similarly, Kay et al. (2022), through interviews with faculty physicians and medical trainees, documented the prevalence of micro- and macroaggressions during clinical work and training. Participants described these experiences as routine and as having long-term psychological and professional consequences. Understanding and identifying microaggressions proved essential for improving the experiences of minority faculty and fostering a more inclusive and supportive academic environment.

A collective effort from faculty and nursing institutions proved crucial in addressing microaggressions and fostering a more inclusive academic environment. The responsibility to acknowledge and dismantle microaggressions, unfortunately, often fell disproportionately on minorities. As observed by Morales (2021) from interviewing 62 Black students in higher education, participants frequently encountered racial microaggressions, relying on their knowledge and resilience to challenge and counter

dominant ideologies that stereotyped, dismissed, and devalued their racial group. Similarly, through studying diverse nursing students, Carter and McMillian-Bohler (2020) found that microaggressions, particularly those related to race, were prevalent. After participating in an interactive workshop, nursing students indicated that faculty needed to play a central role in recognizing and raising awareness to combat these barriers. Further research is necessary to understand how the prevalence of microaggressions experienced by minorities compared with their White counterparts in nursing education and workplace settings contributed to the underrepresentation of faculty.

### **Barriers to Entry and Recruitment**

Despite the recognized importance of diversity in nursing education, minority faculty remained underrepresented, facing significant barriers such as institutional gatekeeping, racism, and implicit biases (Bradford et al., 2022). Research underscored how hiring practices contributed to perpetuating this underrepresentation (Bradford et al., 2022; Iheduru-Anderson & Wahi, 2021). To examine how hiring practices perpetuated the underrepresentation of minority nursing faculty, Loyd and Murray (2021) conducted a qualitative study of African American faculty to investigate how hiring practices perpetuated underrepresentation and discrimination in hiring practices. Themes that emerged from the interviews included lack of clarity in the hiring process, job insecurity, insufficient diversity within the nursing academy, and overt racism. In a similar fashion, Iheduru-Anderson et al. (2022) found that Black nurses frequently faced intersectional challenges related to race and gender in hiring, with many being relegated to

administrative roles that offered limited upward mobility and set them up for failure. These inequitable practices reflected implicit biases and structural barriers that disadvantaged candidates from marginalized groups, hindering both the hiring and retention of minority nursing faculty.

Researchers examined the connection between systemic racism in institutional policies and the significant barriers for minority nurses' ability to secure positions and advance within the profession. Minority faculty members were often overlooked due to biased recruitment practices, stereotypical assumptions about their qualifications, and a lack of institutional commitment to diversity (Edwards-Maddox et al., 2022; Gichane et al., 2024). Although research on the effects of hiring practices in nursing academia in the US was limited, Hamzavi and Brown (2023) conducted a narrative inquiry study with eight minority graduate nursing students in Canada, and found that participants highlighted how whiteness and institutional racism worked to benefit and advance the dominant group. In their experiences, participants reported minimal incentive or action to foster a culture of antiracism, inclusion, and belonging. Exclusionary practices and gatekeeping by dominant White groups contributed significantly to the lack of diversity in nursing faculty. Along similar lines, White-Lewis (2021) found that departmental hiring priorities often reinforced traditional institutional practices, which restricted diversity from the outset of hiring searches. Educational leaders on candidate search committees emphasized that intentional changes to the hiring process were necessary to attract and advance racially minoritized candidates. The current study sought to

understand and analyze the relationship between hiring practices and increasing minority faculty representation.

The lack of inclusive and equitable hiring practices not only perpetuated the underrepresentation of minority faculty in nursing but also created a cycle that limited the availability of role models and mentors for minority students, further hindering recruitment and retention efforts (Ajayi et al., 2021; Akintade et al., 2023; Loyd & Murray, 2021). To break this cycle, recruitment strategies needed revision to prioritize equity, inclusion, and diversity, ensuring that minority faculty gained greater access to academic positions and career advancement opportunities (Iheduru-Anderson, 2020; González, 2022). Understanding the perspectives of nursing faculty and their experiences helped identify tools to mitigate bias and advance faculty diversity in nursing education (Bradford et al., 2022).

### ***Nursing Education***

Minority nurses aspiring to enter academia faced substantial obstacles due to limited access to nursing education and challenges throughout their academic journey (Iheduru-Anderson, 2020). Historically, nursing schools excluded minority nurses, particularly African Americans, or imposed restrictive quotas for their admission (Montgomery et al., 2021). These exclusionary practices limited the ability of minority nurses to pursue advanced education and hindered efforts to diversify the nursing workforce. Consequently, these historical and ongoing barriers contributed to the underrepresentation of minority nurses in faculty roles, perpetuating a cycle of inequity in nursing education (Iheduru-Anderson, 2020; Montgomery et al., 2021).

The underrepresentation of minority faculty in nursing is closely tied to the persistent challenges faced by minority students in completing nursing programs. Unfortunately, minority students graduated at significantly lower rates than their peers (Bennett et al., 2020; Gordon & Patterson, 2023; White et al., 2020). White et al. (2020) found that African American nursing students in the United States experienced lower persistence and graduation rates than other ethnic groups. Consistent with the previous , Bennett et al. (2020), in a longitudinal research, found that only 71% of minority nursing students graduated, compared to 80% of non-minority students at a single university between 2012 and 2016. This graduation gap contributed to the lack of diversity among nursing faculty, as fewer minority students successfully transitioned into academic roles. Improving the enrollment and graduation rates of Black and African American students proved essential for addressing broader health disparities (Gordon & Patterson, 2023).

Minority nurses encountered substantial barriers to advancing within academic careers, beginning with their admission to and successful completion of nursing programs (Mizerek, 2023). Challenges for minority nursing students included inadequate pre-entry preparation, exclusion from advanced science courses in high school, and limited access to career counseling (Bennett et al., 2020). To further examine the barriers faced by minority nursing students, Bumby and Litwack (2020) found that students reported facing challenges that hindered their academic progress, which were more pronounced than those faced by their White counterparts. Participants identified three factors that hindered transition into and through nursing programs: academic rigor, isolation, and living at home. In contrast, Coleman et al. (2021) examined the factors that contributed to the

success of African American nursing students, emphasizing the role of support systems, including mentorship, a sense of belonging, and culturally competent faculty. The findings indicated that African American students with access to supportive environments were more likely to successfully complete their nursing programs. The completion could help increase the representation of minority faculty.

Although minority nursing students frequently encountered systemic racism and discrimination, the connection remained unclear regarding how these factors affect their academic success and program completion. To better understand these relationships, Costa et al. (2024) and Hill and Albert (2021) examined nursing students' perceptions of racism and health disparities in the United States, as well as how these issues intersected with academic progression. Costa et al.'s (2024) qualitative study found that many participants lacked an understanding of systemic racism and its connection to racial disparities. Although the students acknowledged the systemic barriers they faced, including racism, discrimination, and insufficient institutional support, many reported feeling uncertain about how to respond and tended to remain silent. In contrast, Hill and Albert (2021) found that the black nursing students they interviewed expressed that their experiences represented both barriers and facilitators to success. However, participants described how discrimination strengthened their determination to persist in completing nursing school and facilitated their resolve to succeed. Collectively, these studies emphasized the need to address both individual and structural factors that shape minority nursing students' academic experiences, particularly in efforts to diversify the nursing workforce and strengthen pathways to faculty roles.

Racism, bias, and discrimination are present within nursing education; however, the extent to which these factors directly influence minority nursing students' program completion and their progression into advanced degrees and faculty careers remains insufficiently explored. Assessing factors associated with success for minority students in nursing is an essential step toward removing barriers that hinder nursing workforce diversity and developing interventions that enhance successful academic outcomes (Osakwe et al., 2022). Matthews et al. (2022) explained that the key to the success of diversifying the nursing workforce is to address institutional barriers to success. A thorough examination of these obstacles can inform targeted strategies that support inclusion, persistence, and long-term success within nursing education programs.

### ***Minority Tax***

Efforts to recruit and retain minority nursing faculty often impose an additional burden on these individuals, a phenomenon referred to as the "minority tax." The minority tax referred to the expectation that underrepresented minority faculty members take on additional duties related to diversity and inclusion efforts without receiving adequate compensation (Travers et al., 2024). Charles et al. (2024) similarly defined the minority tax as additional responsibilities placed on underrepresented faculty and students in support of diversity efforts. In focus groups with minority faculty, 63% reported experiencing minority tax, which reduced the time available for conventional scholarly activities essential for advancement. (Charles et al., 2024). These additional responsibilities often included participating in committees, recruitment, and mentorship

activities, which are often undervalued in promotion processes and could ultimately hinder career advancement (Ajayi et al., 2021).

### ***Teaching Workloads***

Nursing faculty workload is a multifaceted issue directly influencing job satisfaction and retention in higher education. Research suggested that minority nursing faculty often perceived heavier workload demands than their peers, including larger classes and more courses (Johnson et al., 2024; Ludwig-Beymer et al., 2021). In a study examining the decisions of 496 nursing faculty to leave or consider leaving academia, Anderson et al. (2024) identified unrealistic workload expectations, inadequate compensation, limited recognition, and personal demands as primary contributors to attrition. Compounding these concerns, the ongoing faculty shortage, organizational constraints, and fluctuating student enrollment make the development of equitable workload models challenging (Ludwig-Beymer et al., 2021). Successful workload policies must account for the full scope of faculty responsibilities, including clinical supervision, program coordination, academic advising, and class size (Hamlin, 2021). Furthermore, transparent procedures, strong faculty governance, and open communication between faculty and administration are essential to fostering workload equity (Johnson et al., 2024; Ludwig-Beymer et al., 2021). Addressing workload disparities is a critical step toward strengthening faculty retention and improving job satisfaction in nursing education (Anderson et al., 2024).

## **Workplace Environment and Support**

Research examining resilience among minority nursing students and nurses highlighted the challenges and strategies required to support their success. Black nurses experienced racism-related stress, which negatively impacted their psychological resilience (Byers et al., 2021). In a review of 50 Indigenous communities in the United States and Canada, Heid et al.(2022) found that promoting resilience led to enhanced well-being among youth. The findings align with McLetchie-Holder et al.'s (2025) qualitative study of Black nursing students, who described maintaining a strong determination to succeed despite facing hostile environments, limited belonging, and other race-based challenges in academic and clinical settings. With a broader population of Black college students, Mills (2021) investigated the relationships between general, academic, and racial campus climates and academic resilience. The findings from the moderated regression analyses indicated that more positive perceptions of general and academic campus climates significantly predicted higher levels of academic resilience. Still, more positive perceptions of racial campus climate significantly predicted lower levels of academic resilience. These findings underscored the importance of developing targeted wellness initiatives and systemic approaches to support minority nurses and nursing students in overcoming challenges and building resilience.

### ***Inclusive Teaching Practices***

Minority faculty members are often undervalued in terms of their teaching effectiveness and research contributions due to stereotypes about their race and ethnicity (Charania & Patel, 2022; Lin et al., 2022; Victor et al., 2023). The feeling of being

undervalued aligns with Jackson-Summers et al.'s (2024) systematic review, which reported that inclusive teaching practices, particularly those grounded in the Center for the Integration of Research, Teaching and Learning inclusive pedagogy framework, significantly enhanced students' sense of belonging, engagement, and academic confidence across disciplines, including nursing. The significance of inclusive learning environments is further supported by Moffitt and Durnford's (2021) research, which examined undergraduate students' perceptions of creating culturally safe classrooms in northern Canada. Participants reported that a culturally safe environment fostered diversity and inclusion. The investigation found that establishing culturally safe classrooms was a critical and complex process involving genuine sharing, disrupting dissonance, addressing history, and transforming through relationality. Collectively, the research suggested that inclusive pedagogical approaches are crucial for fostering equitable educational environments that support minority faculty and students, while addressing systemic biases within nursing academia.

There is a clear need for the nursing workforce in the United States to better reflect the diverse populations it serves. Prior research underscored the critical role of nursing education institutions and faculty in improving the recruitment and retention of historically underrepresented and marginalized groups (Jackson-Summers et al., 2024; Li et al., 2022; Victor et al., 2023). For example, Li et al. (2022) examined inclusivity in graduate nursing education and found that future efforts should go beyond simply fostering inclusive practices and attitudes among students, focusing instead on transforming the learning environment. The authors' analysis revealed a disconnect

between the strategies designed to create an inclusive environment and students' experiences. This disconnect is further highlighted by Brockett-Walker and Moore (2024b), who explored the experiences of minority faculty transitioning from clinical practice to academia at a predominantly White nursing institution. The faculty members noted that although inclusivity was crucial for minority groups, it was not prioritized within the institution's broader strategic plan. This lack of prioritization contributed to the ongoing barriers and underrepresentation of minority faculty.

Nursing programs should adopt innovative teaching strategies that encourage students to reflect on their personal value systems when considering the values of others, particularly in relation to diversity, equity, and inclusion. This approach is supported by Victor et al. (2023), who evaluated an intervention designed to develop teaching strategies rooted in inclusion and equity. The research, which included a needs assessment of the nursing curriculum and an analysis of student participants' written papers, revealed that modifications were necessary to incorporate inclusivity concepts. These changes led to perceived improvements in students' awareness, sensitivity, knowledge, competence, and holistic perspectives. Further reinforcing the need for nursing education to adapt to an increasingly diverse workforce, Johannessen et al. (2022) conducted a qualitative analysis on the experiences of ethnic minority nursing students. Participants expressed motivation to enter the nursing profession but also reported challenges related to language, social integration, cultural incongruence, and strained interactions with faculty and peers. The authors found that although most students were motivated to become nurses, the participants described experiences related

to the challenges and barriers they faced as ethnic minority nursing students. To support students and improve graduation rates, the authors underlined the importance of fostering integration and creating a positive, inclusive learning environment within nursing institutions.

### ***Isolation***

Recognizing the barriers to increasing minority faculty in nursing programs is essential to addressing the underrepresentation of diverse voices within the field. The isolation of minority faculty played a significant role in perpetuating this underrepresentation, limiting opportunities for both minority students and faculty in the US. Unfortunately, research on the lived experiences of faculty from underrepresented groups remains limited. To address this gap, Lee et al. (2022) conducted a descriptive phenomenological study with 12 minority nurses. The participants described how being the *only one* in their work environments, referring to their minority status, made relationship-building complicated and heightened feelings of isolation. This sense of isolation is not exclusive to faculty but also among nursing students. In a systematic review of nine inquiries, Osakwe et al. (2022) found that social isolation and stress in the school environment contributed to underrepresented minority nursing students' reduced sense of belonging and poorer outcomes in nursing programs. Additionally, in similar research by Brockett-Walker and Moore (2024a), minority faculty reported feeling isolated due to the lack of additional minority colleagues. This isolation created an unwelcoming work environment, contributing to dissatisfaction and increased turnover. These findings highlighted the need for nursing institutions to implement systemic efforts

that reduce isolation and foster inclusive, supportive environments for minority faculty and students.

### ***Lack of Minorities in Leadership Roles***

The advancement of minority nurses into leadership positions in healthcare and higher education institutions is crucial for enhancing patient outcomes, promoting the success of minorities in nursing programs, and fostering the overall growth of the nursing profession (Akintade et al., 2025). Research indicated that a lack of minority nurse educators can send a message to potential students that nursing undervalues diversity and fails to offer opportunities for career advancement (Osakwe et al., 2022; Avery-Desmarais et al., 2021). Furthermore, studies indicated that increasing racial minority representation in higher-level leadership roles brings diverse skill sets, promotes innovation, and produces positive outcomes for both the profession and the communities it serves (Brockett-Walker & Moore, 2024a; Calvert et al., 2025; Iheduru-Anderson & Shingles, 2023).

Representation in educational settings has a positive influence on minority students, staff, and faculty (Joseph et al., 2023; Miller & Vaughn, 2022; Valdez et al., 2023). The effects of representation were explored by Miller and Vaughn (2022) in a qualitative review of 13 Black and Hispanic nursing students who strongly desired more diversity in the nursing school. In similar research on the positive effects of representation, Isik et al. (2021) analyzed 18 minority medical students and found that the lack of ethnic minority role models hindered the development of a positive image of the program. The examination also found that minority faculty representation increased

students' confidence and increased their feelings of relatedness. In a qualitative analysis on representation, Valdez et al. (2023) examined representation among nursing faculty. The authors found that faculty members who shared common backgrounds and experiences played a crucial role in shaping learner experiences and achieving successful outcomes. The findings highlighted the significant role of diverse representation in shaping positive educational experiences and outcomes for minority students.

Although more minority nurses are earning graduate and doctoral degrees, many still face barriers to career advancement in the nursing field. Conversely, Iheduru-Anderson and Shingles (2023) analyzed this lack of racial and ethnic diversity among nurses in faculty and leadership roles. Using a qualitative narrative inquiry of 34 Black nursing leaders, the authors found that early mentoring from individuals with similar backgrounds produced highly positive outcomes. However, the barrier of the limited number of Black nurses in executive leadership created challenges in finding nurse leaders willing to serve as mentors. Contrary to the results of most studies, the participants reported that White nurse leaders were just as important in mentoring if they approached the relationship with positive outcomes as the goal. Conversely, Brown-DeVeaux et al. (2021) found, through an investigation of formal mentoring models, coaching, and sponsorship, that minority nurse leaders were less likely to pursue career development. A mentorship program was established to offer minority nurses guidance, support, and networking opportunities for career advancement. The program also emphasized the development of leadership skills and facilitated the creation of a supportive network for nurses, which ultimately contributed to improved career

advancement prospects and a more substantial presence of minorities in senior leadership positions.

### **Professional Development and Advancement**

Although minority faculty played a crucial role in developing a diverse nursing workforce, they remain underrepresented in nursing academia. Professional development encompasses structured learning experiences that enhance professional skills, knowledge, and competencies, ultimately improving practice and outcomes in the field (Sims & Fletcher-Wood, 2021). Researchers have examined the importance of professional development opportunities for retaining and advancing all nursing faculty, particularly those from minority backgrounds (Moore et al., 2023; Ro & Villarreal, 2023). To identify elements of support received and desired by nursing faculty of color for retention and promotion in academia, Ro and Villarreal (2023) conducted semistructured interviews with 16 minority faculty in the US. The participants described receiving support through focused and intentional faculty development programs, particularly those designed to enhance professional skills, promote retention, and provide secure pathways for advancement.

The underrepresentation of minority faculty in nursing programs is closely related to limited access to professional development opportunities, which hinders the ability to advance to leadership roles. An example of this is Ro et al. (2020b) found that faculty recommended support programs to enhance leadership skills, course design, pedagogy, career development, and access to research opportunities. Such programs facilitated academic promotion and skill-building, particularly for minority faculty members.

Participants indicated a particular need for development opportunities tailored to their unique challenges, including guidance on overcoming the barriers faced in predominantly White institutions. This gap in professional development was also documented by Mokel et al. (2021b), who identified that ethnic and racial minorities, as well as Lesbian Gay Bisexual Transsexual and Plus individuals, faced additional challenges not only related to academic expectations but also in navigating environments that lack diversity and inclusivity. Without adequate support and development opportunities, minority faculty members experienced frustration and a sense of isolation compared to their White peers, which further exacerbated their underrepresentation in nursing. Providing targeted professional development could address these barriers and support the advancement of minority faculty within the nursing profession.

### ***Mentorship and Workshops***

Nursing faculty often rely on multiple mentors to support scholarly productivity, career advancement, work–life balance, and integration into the academic environment (Fernández-Lorente et al., 2025). Mentorship plays a crucial role in retaining faculty by clarifying roles and responsibilities, reducing uncertainty, and strengthening the retention of qualified nursing educators, whether they are new to academia or to a specific institution (Wynn et al., 2021). Minority faculty in recent studies regarding the importance of mentoring to the success of representation in nursing have reported experiencing additional challenges to success (Iheduru-Anderson et al., 2022; Mokel et al., 2021b; Shen & Tucker, 2024).

Aspiring faculty often struggle to find mentors and supportive communities, even as they seek academic role models to guide and enrich their learning. In interviews with Black nurses across various healthcare roles, Iheduru-Anderson (2020) found that racial discrimination, combined with a lack of access to mentorship and support, discouraged qualified and experienced nurses from applying for high-level positions. Conversely, research by Patterson et al. (2020) found that leadership mentors provided individualized guidance to support leadership development and growth. The study further examined the influence of coaching in a 12-month leadership development program for nurse faculty and administrators, noting that mentoring involved structured guidance to develop less experienced individuals through skill-building and knowledge sharing. Participants reported that coaching and mentoring sessions made a substantial contribution to their leadership development outcomes. These findings demonstrated that mentoring and coaching functioned as best practices in nursing education, highlighting the need for further research to evaluate the benefits of mentoring for both individual faculty and institutional outcomes.

Mentoring functioned as a key mechanism for career advancement and promoting inclusivity within nursing. However, the lack of professional development and mentorship for minority faculty contributed to their underrepresentation in academia. Additionally, Brockett-Walker and Moore (2024) interviewed five minority nursing faculty about their transition from clinical practice to academia and identified themes of insufficient support and mentorship. These findings aligned with Ro and Villarreal's (2023) survey of minority faculty, which underscored the significance of mentorship in

fostering a successful academic career. Furthermore, Iheduru-Anderson and Shingles (2023) explored mentoring for Black female academic nurse leaders through a CRT lens and documented disparities in access to mentorship and resources between Black nurses and their White peers. Newer faculty struggled to navigate their careers without adequate mentoring, which affected the broader nursing pipeline, including graduation rates and faculty retention. Researchers have emphasized the importance of mentors, faculty, and leaders from diverse backgrounds in facilitating career development, access to professional networks, and skill acquisition within the nursing workforce.

### **Summary and Conclusions**

The reviewed literature highlighted the barriers to minority faculty representation in nursing programs in the US. By examining research that addressed systemic racism in nursing education, workforce entry and retention, workplace culture, and professional development opportunities, participants identified consistent themes and challenges. Exploring the perspectives of nursing faculty helped to understand the ongoing issue of underrepresentation. Researchers documented how microaggressions, bias, discrimination, and racism negatively affected the recruitment and retention of minority nursing faculty. The deterrents and challenges reviewed in the literature emphasized how these factors contributed to a lack of support, mentorship, and professional growth opportunities for minority faculty. The literature presented by the researchers also emphasized the need for structural changes in nursing education to address systemic inequalities and to create a more inclusive and supportive environment for minority faculty members. Although research has proposed strategies to improve recruitment and

retention, including mentorship programs and diversity initiatives, it has also identified persistent gaps in the implementation and effectiveness of these interventions.

Further research is required to explore the lived experiences of minority nursing faculty and to identify targeted, actionable solutions that can foster greater representation and equity within nursing academia. The research from the current study focused on identifying the gaps in nursing faculty's perspectives and experiences, improving the preparation and support for minority nursing faculty, and enhancing their inclusion in nursing school curricula and design. Gaining perspectives from participants contributed to the broader body of knowledge and provided valuable insights for nursing programs, healthcare organizations, and policymakers. Chapter 3 outlines the research methods used to ensure the study effectively addresses this gap in the literature.

### Chapter 3: Research Method

The purpose of this basic qualitative study was to explore faculty perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States. I employed a basic qualitative research methodology, using semistructured interviews to explore faculty perceptions of the effectiveness and challenges associated with efforts to address the underrepresentation of minority full-time faculty in nursing programs.

In this chapter, I outlined the research methods used to conduct the study. The section began with a description of the research design and rationale, followed by an explanation of the research questions and the role of the researcher. Additionally, I provided detailed descriptions of the participants, along with the instrumentation used and the recruitment techniques applied for participant selection. I outlined and described the data collection plan. Measures were implemented to support the study's trustworthiness, along with actions that protected the privacy and rights of the participants.

#### **Research Design and Rationale**

I developed the following research question aligned with the conceptual framework of CRT and the literature review in Chapter 2 of this study. The central research question for this study was as follows:

RQ: What are nursing faculty's perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States?

I chose a qualitative approach to generate rich, detailed insights into faculty perceptions and to inform strategies for recruiting and retaining minority nursing faculty while addressing systemic issues contributing to underrepresentation in US nursing programs. Lim (2024) explained that qualitative research emphasizes context, existence, experience, perspective, meaning, and subjectivity, and recommends a specific approach to explore and explain the intricacies of social phenomena. I used qualitative research methods because they offer flexibility and adaptability for capturing diverse human experiences and perspectives. In this study, I applied a basic qualitative approach to explore and understand the meanings individuals assign to their experiences, typically through interviews, focus groups, or observations (see Creswell & Poth, 2018).

I used qualitative methods to support the co-creation of reality between the researcher and the participant, aiming to provide a contextually rich understanding that authentically reflects participants' lived experiences. I maintained academic rigor by following foundational methodologies and procedures, including the trustworthiness criteria of credibility, dependability, confirmability, and transferability (Lim, 2024). I employed a basic qualitative research method to support the purpose of this study, which examined the personal experiences of nursing school faculty regarding the factors contributing to the underrepresentation of minority faculty members.

### **Role of the Researcher**

In this qualitative study, I assumed multiple responsibilities. First, I facilitated data collection by conducting interviews with nursing faculty to document their experiences, perceptions, and insights related to the underrepresentation of minority

faculty in nursing education. I approached this study with a commitment to maintaining an empathetic and respectful stance toward participants, recognizing the profoundly personal nature of the topic and the potential for sensitive narratives to emerge.

My role also involved ensuring the research process was conducted rigorously. I established trust with participants to create a safe and open environment in which they could share their experiences and feelings. Additionally, I engaged in ongoing reflection regarding my positionality, including how my background, biases, and perspectives could affect data collection and analysis. This reflexive practice supported the accurate representation of participant perspectives and minimized the influence of assumptions during interpretation.

As a former administrative employee at a nursing school, I had prior exposure to nursing education environments and previously provided support to nursing students, although I was not a nurse myself. My past experiences could influence my perspectives, interpretations, and interactions with participants. To mitigate any potential biases, I adopted a reflexive approach throughout the research process. The approach involved being continually aware of my past role, its possible impact on my interpretations, and how it might shape my expectations of the data. I regularly reflected on how my prior experiences might shape the research process. I also kept a research journal to document my thoughts, reactions, and any moments of self-awareness during the data collection and analysis process. This process helped me identify any predetermined notions that may emerge and ensure that they do not unduly influence the findings.

I also maintained a strong commitment to participant-centered inquiry, ensuring that the voices of nursing faculty guide the research rather than my assumptions or past experiences. I accomplished this by using open-ended questions, active listening, and allowing participants to share their narratives without steering the conversation in a particular direction. Additionally, I triangulated my data collection methods and sought feedback from colleagues and mentors to validate my interpretations and findings. These measures served as safeguards against the influence of my prior assumptions and experiences, supporting a rigorous and balanced analysis.

When discussing the study with participants, I remained transparent about my role and prior experiences, acknowledging that my background could influence aspects of the research process. This transparency supported rapport-building and fostered a collaborative environment in which participants felt comfortable sharing their experiences. I maintained a reflexive approach throughout the study, continuously examining how my experiences and perspectives shaped the research process. I also remained committed to adhering to ethical guidelines and upholding the privacy, confidentiality, and rights of participants. Ultimately, my objective as the researcher was to develop an accurate and meaningful account of the barriers associated with the underrepresentation of minority nursing faculty in the United States.

### **Methodology**

I used semistructured interviews as the primary data collection method in the research design. The participants for this study were selected from current and previous nursing faculty members who were willing to engage in an interview to share their

experiences and perceptions. I used this method to explore participants' views in depth, allowing flexibility to probe emerging topics during the interviews. After collecting the data, I transcribed the interviews and analyzed them thematically to identify patterns and insights aligned with the research questions.

### **Participant Selection**

Sample size determination in qualitative research is a complex issue, and research suggests saturation could be reached based on a range of 10 to 12 interviews for homogeneous populations (Hennink & Kaiser, 2021). The goal of this study was to collect detailed insights from faculty members with relevant perspectives on the underrepresentation of minority nursing faculty and the barriers they face. To address the research problem, purpose, and question, I selected the study participants from nursing faculty in the United States.

I applied a purposeful sampling approach to recruit participants for this study. I relied on purposive sampling and used my judgment to identify and select individuals, cases, or events that could provide the best information to achieve the study's objectives (see Ravitch & Carl, 2021). I defined the target population and established inclusion criteria as essential parts of the study design to ensure that selected participants could effectively support the research objectives and align with the methodological framework (Dahal et al., 2024). I selected eligible participants who were full-time didactic nursing faculty teaching primarily classroom-based content rather than clinical practice. Each participant had at least three years of current or prior teaching experience in registered nursing or baccalaureate programs and agreed to participate in qualitative interviews.

## **Instrumentation**

I used semistructured interviews as the primary instrument to collect data for this study, which examined nursing faculty perspectives on the underrepresentation of minority nursing faculty. This format provided flexibility to explore participants' perceptions, experiences, and insights while maintaining a consistent framework of questions. It also enabled participants to share detailed accounts, allowing me to probe deeper into responses when necessary (see Ravitch & Carl, 2021). Lin (2024) defined in-depth interviews as a qualitative data collection method that involves one-on-one interactions between the researcher and the participant. I designed the interview questions to align with the study's research question and CRT framework, ensuring that the questions focused on participants' lived experiences related to systemic barriers and faculty representation.

I have included the interview protocol in the appendix. The protocol incorporates open-ended questions validated through expert panel consultation and peer review. I reviewed relevant literature and best practices to ensure the protocol aligned with established qualitative methods. I asked my committee to serve as an expert panel and confirm that the questions were relevant and aligned with academic standards. The committee provided feedback to improve clarity and focus. Peer reviewers offered an external perspective to validate the research design, data collection, and analysis methods (see Lin, 2024). Finally, I conducted a practice interview with a peer to identify and resolve any ambiguities in the questions.

## **Procedures For Recruitment, Participation, and Data Collection**

### **Recruitment**

I recruited faculty participants for this qualitative study to explore the perceptions of full-time nursing faculty regarding the barriers and challenges that minority nursing faculty face in the United States. I employed sound recruitment procedures to gather a diverse range of perspectives, ensuring adherence to ethical guidelines and Institutional Review Board requirements. This comprehensive approach enabled me to gather nuanced insights into the perceptions of minority faculty within nursing education. I ensured transparency throughout the recruitment process, encouraged informed participation, and collected meaningful, high-quality data.

I initiated the recruitment process by contacting local contacts at colleges and universities, identified through their email addresses, to distribute recruitment flyers. Following that recruitment strategy, I contacted nursing groups, professional communities' organizational websites, and listserv contacts. I contacted national and regional nursing associations to post announcements on their message boards. Another strategy involved calling for participants through social media platforms, including LinkedIn, Twitter, and Facebook. Additionally, I employed snowball sampling by encouraging participants to refer colleagues who met the study's eligibility criteria.

After implementing all outreach strategies and receiving responses, I sent a follow-up email to potential participants. Each email explained the purpose of the study, the significance of their participation, outlined confidentiality measures, detailed the time commitment, and provided information about the potential benefits of participating. I

contacted individuals who volunteered by email to finalize recruitment and schedule their interviews.

I determined a sample size range of 10–12 participants based on data saturation, which refers to the point in qualitative research when no new themes, ideas, or patterns emerge from data collection, indicating that sufficient data has been gathered to draw meaningful conclusions (Ahmed, 2024). Saturation was reached during the interviews when repeated themes began to emerge. At that point, I concluded data collection and proceeded to analysis, as additional interviews were unlikely to yield new insights.

### **Participation**

Participation in this study was voluntary and limited to full-time nursing faculty who met the established inclusion criteria. Before each interview, I emailed a detailed recruitment letter that explained the study's purpose, interview procedures, confidentiality measures, potential risks, and participant rights. The email also instructed participants to provide consent by replying with "I consent" and included a scheduling Doodle link to select an appointment time. After receiving responses, I sent Microsoft Teams calendar invitations to confirm the interview schedule.

Before each interview, I sent a reminder email containing the meeting link and any necessary instructions for accessing the virtual session. I provided clear instructions on navigating the platform and addressed technical concerns before the interview. To ensure preparedness for the interview, I practiced my introduction, consent statement, and the study's purpose. I also employed techniques such as active listening, avoiding prompting or steering the conversation, and maintaining a suitable interview pace.

## **Data Collection**

Each participant completed a semistructured interview lasting approximately 45 to 60 minutes. During the interview, I collected demographic information, including name, interview date, organization, and years of experience as a nursing didactic faculty member. I employed strategic data collection and purposeful participant selection to support the success of this qualitative study (Lim, 2024). I conducted and recorded the interviews on Microsoft Teams because the platform provided secure, high-quality video and audio, and allowed participants to join from home or work. These recordings enabled me to capture participants' responses accurately and transcribe the interviews verbatim for detailed analysis. The audio data served as a factual foundation for the study, supporting the generation of valid and trustworthy findings (see Rutakumwa et al., 2019).

During the interviews, I asked the participants to keep their cameras on, but they were allowed to turn them off if they wished. At the end of each interview, I asked the participants if they had any questions and reviewed a timeline of the next steps. I checked the transcriptions for completeness and accuracy, correcting any errors. I securely stored the audio recordings and transcriptions. After each interview, I emailed participants a thank-you message and explained the next steps, including how they could access the final study findings.

## **Data Analysis Plan**

I conducted data analysis for this qualitative study using thematic analysis, as outlined by Braun and Clarke (2006). In this method, I followed a structured, six-phase process to identify, analyze, and report patterns referred to as themes within qualitative

data. This flexible yet rigorous approach enabled me to systematically interpret the nursing faculty's perceptions of the barriers and challenges faced by minority nursing faculty members. I aimed to identify recurring themes and patterns in participants' responses that reflected the complexity of their experiences within the nursing education context. This method provided an in-depth understanding of the issues minority nursing faculty face and supported a nuanced analysis of their experiences.

I began data analysis by generating automatic transcripts of the audio-recorded interviews in Microsoft Teams. I reviewed and edited each transcript for accuracy to ensure that the text captured participants' responses verbatim and reflected their intended meaning. To maintain confidentiality, I removed all identifying information and assigned numbers to participants. This process enabled me to immerse myself in the data and develop a comprehensive understanding of participant responses.

After finalizing the transcripts, I began the initial coding process using Saldana's (2021) coding model, which progressed through the stages of data analysis as a repetitive and evolving process. I read each transcript to identify key phrases, words, and concepts relevant to the research questions. The codes represented topics such as perceived barriers to minority faculty representation, challenges in institutional support, and strategies for overcoming these barriers. I applied inductive coding to allow themes to emerge naturally from the data rather than imposing predefined categories. I grouped and refined codes as the analysis progressed.

After completing the initial coding, I conducted thematic analysis to identify patterns and recurring themes across the interviews. Thematic analysis involves

iteratively comparing data to detect connections, similarities, and contradictions within emerging themes (Naeem et al., 2023). I refined themes by reviewing them against the coded data and the full dataset to capture the essence of participants' experiences. I revisited the data multiple times to ensure that the final themes accurately represented the diversity and complexity of participants' perceptions. I combined, separated, or discarded themes that lacked sufficient supporting data.

In the fifth step, I defined and named the themes. I clearly described what each theme represented and identified the aspect of the data it captured. I assigned each theme a concise and meaningful name. In the sixth step, I analyzed the themes by integrating them with compelling excerpts from the data. This approach created a coherent narrative that addressed the research questions and highlighted the significance of the findings.

### **Trustworthiness**

I established trustworthiness in this qualitative research by applying four key criteria: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). To ensure fidelity and rigor throughout the study, I implemented strategies that supported each criterion. Because qualitative analysis transforms raw data into meaningful insights, I used a systematic and transparent approach. I enhanced credibility and consistency by using member checking and peer debriefing during the analysis process.

### **Credibility**

I considered establishing credibility an essential step because it determined the accuracy of the findings (Ahmed, 2024). I verified that the data accurately reflected

participants' input through prolonged engagement and participant validation. I established credibility through reflexivity, which in qualitative research refers to the ongoing process of critically reflecting on the researcher's role, background, assumptions, and potential influence on all stages of the research process (Ahmed, 2024). I also used peer review and adhered to established qualitative research practices to strengthen credibility.

### **Transferability**

I established transferability by assessing whether the insights could apply to other contexts or situations (Lincoln & Guba, 1985). I enhanced transferability by providing rich, detailed descriptions that allow readers to determine applicability. I documented the context, participants, and settings in detail to help readers make informed judgments about the relevance of the findings to their own environments.

### **Dependability**

I also ensured dependability by conducting thorough audits and documenting procedures to demonstrate that the study can be repeated with consistent results over time. I maintained detailed records of the research process, including data collection and analysis procedures. I also engaged in regular committee debriefings to review and confirm the consistency of the research methods and findings.

### **Confirmability**

I ensured confirmability by giving participants the opportunity to review the themes and findings after the initial analysis. After completing the analysis, I invited participants to review the overall results. This feedback process, known as member

checking, allowed participants to confirm that my interpretations accurately reflected their perspectives. I conducted follow-up interviews with a select group of participants via Microsoft Teams, recorded and transcribed them, and analyzed the data using the same procedures as those employed in the initial interviews. Involving participants in the verification process ensured that their viewpoints and experiences were accurately represented, strengthening confirmability by allowing participants to validate or correct the interpretations (Ahmed, 2024).

I addressed research bias through confirmability. To maintain a clear and consistent perspective during data analysis, I engaged in regular reflective journaling throughout the research process. After each interview and during every stage of analysis, I documented my reflections on the data, noted emotional responses, and recorded any patterns or assumptions that emerged. By regularly reviewing these entries, I remained aware of potential subjectivity and ensured that my interpretations were grounded in the data rather than influenced by personal perspectives. This practice enhanced research transparency and strengthened the study's trustworthiness.

### **Ethical Procedures**

Although each participant volunteered to participate in the study, I paid careful attention to ethical procedures. The Walden Institutional Review Board reviewed and approved the proposal to ensure compliance with ethical standards. I ensured that participants fully understood the study's purpose, methods, potential risks, and benefits. I provided consent forms and explained that the interviews would be recorded and transcribed in advance using accessible language and formats. I implemented

confidentiality measures, including the use of pseudonyms and anonymized data, to protect participants' identities and personal information. Participants had the right to withdraw from the study at any time because participation was voluntary. I stored all collected data securely with password protection and retained it for a specified period before archiving.

### **Summary**

I conducted this basic qualitative study to explore faculty perceptions of the underrepresentation of minority nursing faculty in the United States. The qualitative approach provided an in-depth understanding of individual experiences, beliefs, and insights regarding the barriers and contributing factors to underrepresentation. I recruited a purposive sample of nursing faculty members and collected data through semistructured interviews. This format allowed conversational flexibility while focusing on key themes related to minority faculty representation. The interviews included open-ended questions about faculty experiences, perceptions of institutional policies and practices, and suggestions for improving diversity among nursing faculty. With participants' consent, I recorded the interviews on Microsoft Teams and transcribed them verbatim for analysis.

I identified and interpreted recurring themes and patterns within the data through thematic analysis. I coded the transcripts by grouping similar responses and identifying key themes related to systemic barriers, institutional support, diversity initiatives, and faculty retention. I verified the data through member checking, during which participants reviewed the findings to confirm accuracy. I followed ethical guidelines to ensure

confidentiality, voluntary participation, and informed consent. I present the study's results and findings in the following chapter.

## Chapter 4: Results

In this chapter, I presented the findings of this study and addressed the research question. I collected data from a sample of 12 current and former didactic nursing faculty in the United States using qualitative methods, including semistructured interviews. Chapter 4 began with an overview of the study setting and participant demographics, providing context for the findings. Additionally, I described the methods of data collection and established credibility before presenting the results. I designed this study to explore nursing faculty perceptions of the underrepresentation of minority faculty in nursing programs in the United States. The primary research question that guided this study was: What are nursing faculty's perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States?

### **Setting**

The participants in this study consisted of full-time nursing faculty members employed at various accredited nursing programs across the United States. These individuals represented a range of academic institutions, including public and private colleges and universities located in the Northeast, South, Midwest, and Western regions. The institutions varied in size, mission, and student population demographics, providing a diverse context for exploring faculty perceptions. Participants held positions such as associate professor, assistant professor, associate faculty, clinical nurse educator, and associate dean, reflecting a spectrum of leadership and instructional roles within their respective programs.

## Data Collection

I collected the data for this study through semistructured interviews conducted virtually via Microsoft Teams between July 9, 2025, and August 11, 2025. I also recorded and transcribed the interviews verbatim. Each interview lasted approximately 45 minutes, and participants were able to select a date and time that was most convenient for them. Before each interview, I emailed participants an informed consent form that outlined the study's purpose, the estimated duration of the interview, and a summary of potential risks associated with participation. I shared a digital flyer describing the study on professional and social platforms, including LinkedIn, Facebook, and the American Association of Colleges of Nursing (AACN) community message board. Several participants referred colleagues who met the study criteria, which expanded the participant pool through snowball sampling. In total, 12 full-time nursing faculty members participated in the study, providing diverse perspectives on the effectiveness and challenges of efforts to improve the underrepresentation of minority faculty in nursing education.

I met with each participant once for an initial interview, and six participants later joined a second, shorter follow-up session for member checking. Researchers widely accept member checking as a strategy to enhance the credibility, accuracy, and trustworthiness of qualitative research findings (see Merriam & Tisdell, 2016). During the follow-up sessions, I invited participants to review and confirm the accuracy of their transcribed responses and my interpretations of their narratives. I conducted the member-checking sessions via Microsoft Teams between September 29, 2025, and October 3, 2025, and each session lasted approximately 30 minutes.

I securely stored all interview audio recordings and transcriptions on a password-protected computer at home. In accordance with ethical research standards, I will retain the data for 5 years and then permanently destroy it. To maintain participant confidentiality, I assigned each individual a unique identifier (e.g., Participant 1, Participant 2) and excluded all personal identification information from the data analysis and reporting.

### **Demographics**

Of the 12 participants included in this study, all identified as female and were full-time nursing faculty members across the United States. The age range of participants spanned from 35 to over 65 years, with the largest group falling between 45 and 54 years old. Participants represented diverse racial and ethnic backgrounds, including African American ( $n = 6$ ) and White ( $n = 6$ ). Their professional titles indicated a range of seniority and leadership experience, contributing varied perspectives on academic culture, career progression, and institutional dynamics.

Years of professional experience in nursing education ranged from 13 to 52 years, offering both emerging and seasoned perspectives on faculty diversity. Participants were employed at institutions located across various U.S. regions, including the Northeast ( $n = 8$ ), South ( $n = 2$ ), Midwest ( $n = 1$ ), and West ( $n = 1$ ). Participants indicated employment at private, online, public, and historically Black colleges and universities. Most participants also stated that they had worked as traveling nurses, bedside nurses, or in hospitals before transitioning to teaching. Table 1 presents the demographic characteristics of the 12 participants in the study.

**Table 1***Demographic Characteristics of Participants*

Participant #	Age Range	Gender Identity	Race/Ethnicity	Job Role or Title	Years of Experience	Geographic Region
1	55–64	Female	African American	Associate professor	22	Northeast
2	45–54	Female	White	Associate professor	20	Northeast
3	65+	Female	African American	Associate dean of academic affairs	45	South
4	55–64	Female	White	Senior lecturer & assistant program manager	40	West
5	45–54	Female	White	Clinical nurse educator	21	Northeast
6	35–44	Female	African American	Clinical nurse educator	13	Northeast
7	65+	Female	White	Assistant professor	48	South
8	45–54	Female	African American	Nursing educator	23	Northeast
9	45–54	Female	White	assistant Professor	23	Midwest
10	55–64	Female	White	clinical Educator for onboarding	38	Northeast
11	45–54	Female	African American	Assistant professor of Nursing	20	Northeast
12	65+	Female	African American	Senior faculty	52	South

*Note.* Age range, gender identity, race/ethnicity, job role or title, years of experience, and geographic region were self-reported by participants.

### Data Analysis

After completing the first interview, I analyzed the data by editing and reviewing the transcribed responses. I examined the responses for emerging patterns and identified themes using Braun and Clarke's (2006) six-phase method for thematic analysis. In Step

1, familiarization with the data, I removed identifying information and corrected transcription errors.

In Step 2, the generation of initial coding, I applied Saldaña's (2021) descriptive and in vivo coding strategies to capture participants' own words and summarize key ideas. As an additional analytic aid, I used ChatGPT (OpenAI, 2025) to review the verbatim transcripts and assist in identifying potential codes, which I then verified and refined through manual review. The final set of 37 codes represented concrete concepts, actions, and perceptions expressed during the interviews.

In Step 3, I organized codes into potential themes by applying pattern coding to cluster related first-cycle codes into broader categories that conveyed higher-order meaning. These categories played a crucial role in developing themes and helped group related concepts, events, and elements. Pattern coding produced five categories, which I refined and consolidated to identify eight preliminary themes.

In Step 4, I reviewed the preliminary themes to refine them. I examined each theme critically to determine whether it accurately represented the coded data and the full dataset. This process involved rereading transcripts, checking for coherence within each theme, and ensuring clear distinctions among themes. During the review, I refined theme definitions, combined overlapping themes, and removed those that lacked sufficient supporting data. This process strengthened the alignment between the themes and the participants' responses, preparing them for final definition in Step 5, where the set of themes is defined and named.

In Step 5 of the thematic analysis, I refined and finalized five themes by systematically reviewing the categories and associated codes to ensure that each theme represented a distinct and meaningful aspect of participants' experiences. I defined the themes to reflect recurring patterns, similarities, and variations across responses. I assigned each theme a descriptive name that captured its central organizing concept and wrote clear definitions to distinguish each theme from the others.

In Step 6, I conducted a deeper inquiry and reflection to explore the underlying causes and motivations within each category. This process helped me develop a more nuanced understanding of the data and consider the broader implications of each theme across various contexts. Through this reflection, I examined how the themes related to societal structures and real-world impacts, particularly in connection with equity, representation, and professional advancement in nursing academia.

During the coding process, I identified one discrepant case that required careful consideration in developing themes. A White participant explained that, although she identified as White, her physical appearance and perceived lower socioeconomic status led others to assume she was a member of a racial minority. She reported experiencing racism while living and working in the southern United States. Initially, I coded her narrative alongside other experiences of discrimination; however, I later categorized it as a discrepant case because her racial identity differed from that of most participants who reported race-based bias.

This case highlighted the role of perceived identity and social context in shaping experiences of marginalization. Although her account did not fully align with the

dominant themes of racial discrimination reported by participants of color, I included it in the analysis to acknowledge the complexity of identity and the influence of appearance and class on how individuals are treated. Her narrative strengthened the thematic development by reinforcing the importance of intersectionality and social perception in understanding faculty experiences. Table 2 presents how I grouped the initial codes into categories and how those categories informed the development of the final themes.

**Table 2**

*Codes, Categories, and Themes*

Codes	Category	Theme
Code 1: Token hires Code 2: Checking a box Code 3: Lack of follow-up Code 4: Empty DEI pledges Code 5: Lack of leadership accountability Code 6: Misalignment between mission and practice Code 7: DEI fatigue	Category 1: Performative diversity efforts	Theme 1: Faculty believed that institutions often voiced support for diversity but failed to follow through with action.
Code 8: Limited faculty diversity in leadership Code 9: Limited recruitment pipeline Code 10: Hiring from the same pool Code 11: Overreliance on word-of-mouth hiring Code 12: Exclusion of non-traditional candidates Code 13: Lack of diversity on search committees Code 14: Overburdened with DEI work  Code 15: Emotional labor	Category 2: Hiring or promotion bias, cultural taxation	Theme 2: Nursing faculty expressed that structural and interpersonal barriers limit minority faculty hiring and advancement.

Codes	Category	Theme
Code 16: Lack of recognition Code 17: Tokenism Code 18: Disproportionate student support roles Code 19: Burnout from Advocacy	Category 3: Impact of diverse faculty	Theme 3: Participants believed that representation is powerful for students, but underprioritized by institutions.
Code 20: Students relate more Code 21: Need for role models Code 22: Cultural alignment Code 23: Lack of representation Code 24: Positive influence Code 25: Lack of inclusive pedagogy Code 26: Visibility reduces bias and stereotypes	Category 4: Weak support systems	Theme 4: Nursing faculty expressed that the lack of mentorship and onboarding contributed to isolation for new faculty of color.
Code 27: No formal mentoring Code 28: Self-directed navigation Code 29: Limited onboarding Code 30: Unclear tenure expectations Code 31: Professional isolation Code 32: Dependent on informal networks	Category 5: Systemic solutions and accountability	Theme 5: Participants expressed that sustainable change depended on collective commitment and systemic alignment.
Code 33: Strategic hiring plans Code 34: Policy enforcement Code 35: Leadership follow-through Code 36: Equitable funding Code 37: Mentorship pipelines		

To further illustrate the findings, I have included Table 3, which presents selected excerpts from participants that directly support the five identified themes. These quotations reflect perceptions expressed across interviews and provide insight into how nursing faculty viewed institutional efforts, barriers, and opportunities related to the underrepresentation of minority faculty. The participants described both shared

experiences and divergent perspectives, grounding the thematic analysis in their own words.

**Table 3**

*Participant Excerpts Supporting Themes on Minority Faculty Representation in US*

*Nursing Programs*

Theme	Participant ID	Excerpt
Theme 1: Faculty believe that institutions often voice support for diversity, but fail to follow through with action	P8	“The university talks a lot about diversity in meetings, but when it comes to actual hiring, it feels like lip service.”
	P6	“Leadership’s statements about inclusion sound good, but the real action is missing.”
Theme 2: Structural and interpersonal barriers limit minority faculty hiring and advancement	P9	“Even when a minority candidate is qualified, they are often overlooked for promotions or leadership roles.”
	P11	“There’s a lot of subtle bias in committees, and that affects who gets hired or mentored.”
Theme 3: Representation is powerful for students, but underprioritized by institutions	P3	“Students notice when faculty look like them; it motivates them. Yet, administrations rarely prioritize this.”
	P11	“I’ve seen students light up when they see someone like them in a leadership role. It’s powerful, but our institution barely tracks this.”
Theme 4: Lack of mentorship and support hinders minority faculty success	P5	“There’s not really a strong mentoring process in place... new faculty of color often feel isolated.”
	P4	“We don’t have a system for onboarding; everyone just kind of figures it out on their own.”

Theme	Participant ID	Excerpt
Theme 5: Institutional policies and practices inadequately address minority faculty challenges	P12	“Real progress requires intentional, well-resourced, and accountable leadership.”
Institutional policies and practices inadequately address minority faculty challenges	P9	“We need leadership and faculty buy-in at every level for things to change.”

### **Evidence of Trustworthiness**

#### **Credibility**

To establish credibility, I used several rigor-enhancing strategies outlined in Chapter 3, including prolonged engagement with the data, reflexivity, member checking, and committee debriefing. These methods aligned with current qualitative research standards for ensuring credibility, which is considered the qualitative equivalent of internal validity (Ahmed, 2024). I revisited transcripts multiple times to confirm accurate interpretation and thematic consistency. I conducted member checking through follow-up interviews with five participants, which allowed them to review and validate preliminary findings. Although no major changes were required, I expanded the peer debriefing process to include more frequent consultations with committee members, which helped refine the coding framework and reduce interpretive bias.

#### **Transferability**

I established transferability by providing detailed descriptions of the study context, participant demographics, and institutional settings, which enabled readers to assess the applicability of the findings to other nursing education environments (see Arslan, 2025). I maintained these descriptions throughout Chapter 4 to help readers

evaluate the relevance of the findings to their own contexts. I did not make significant adjustments to the original strategy; however, I added more contextual detail during the final write-up to enhance clarity and support broader applicability.

### **Dependability**

I addressed dependability by documenting the research process in detail, including interview protocols, coding procedures, and analytic decisions. I maintained an audit trail that included memos, reflective journal entries, and records of committee feedback. These practices align with current recommendations for maintaining methodological transparency and consistency (see Ahmed, 2024). During the analysis phase, I adjusted the coding structure slightly to accommodate emergent subthemes that I had not initially anticipated. I documented and reviewed these adjustments to ensure consistency and transparency.

### **Confirmability**

I strengthened confirmability through member checking, reflexive journaling, and secure data management. After developing the initial themes, I invited participants to validate the interpretations and incorporated their feedback into the final analysis. I continued reflective journaling throughout the study to identify and mitigate potential researcher bias. These strategies minimized bias and supported objective interpretation of the data (see Arslan, 2025). I did not make major changes to the confirmability strategy; however, the journaling process proved especially valuable for maintaining objectivity during the theme refinement process.

## Results

The research question was: What are nursing faculty's perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States? Analysis of participant interviews produced five themes: (a) faculty believed that institutions often voiced support for diversity, but failed to follow through with action; (b) nursing faculty expressed that structural and interpersonal barriers continue to limit minority faculty hiring and advancement; (c) participants believed that representation is powerful for students, but underprioritized by institutions; (d) nursing faculty expressed that the lack of mentorship and onboarding contributed to isolation for new faculty of color, and (e) participants expressed that sustainable change depended on collective commitment and systemic alignment. These themes represent recurring patterns in participants' experiences and provide insight into the challenges and opportunities for increasing minority faculty representation.

### Theme 1

In Theme 1, faculty believed that institutions often voice support for diversity but failed to follow through with action. Eight of the 12 participants noted that, although institutions frequently expressed verbal support for diversity, these commitments rarely extended to hiring and promotion practices. Theme 1 synthesizes participants' observations about how diversity is emphasized in official communications, meetings, and mission statements but often lacks tangible actions and implementation. As one participant noted, "The university talks a lot about diversity in meetings, but when it

comes to actual hiring, it feels like lip service.” Another participant similarly expressed that, “We get emails celebrating diversity month, but I don’t see policies changing or support for minority hires.”

Theme 1 brought together information on perceived performative support for diversity within academic institutions. Six participants expressed that although diversity is publicly celebrated, it is not operationalized in meaningful or measurable ways. Institutional messaging, through mission statements, meetings, and celebratory communications, was viewed as a source of frustration and disengagement among minority faculty, who believe their contributions were undervalued or overlooked despite claims of inclusivity. As one participant explained, “Leadership’s statements about inclusion sound good, but the real action is missing.” In response to interview Question 7, each participant described the climate at their current institution. Notably, six participants cited the current political climate as a factor that has made it challenging to engage in open and authentic dialogue about diversity, equity, inclusion, and belonging.

Several participants expressed that leaders play a critical role in shaping how diversity, equity, inclusion, and belonging initiatives are perceived and enacted within institutions. Participant 1 explained that the installation of an African American campus president significantly shifted the organizational climate, noting, “The culture had changed, and she’s done some really incredible work at changing the culture of the organization as it relates to diversity, equity, inclusion, and belonging.” The participant emphasized that under this campus president, efforts toward inclusivity became more intentional and visible, even in the face of external political pressures. As they stated, “If

we have to change the language due to the political challenges, we'll change the language, but the constructs will remain the same.”

Another participant reflected on both progress and ongoing challenges, describing instances of incremental improvement but with limited outcomes. For instance, the participant stated:

Yeah. I think overall, we've made a lot of progress. I think that we're starting to see an increase in diversity, probably because we've made some changes to how we do things. But I don't think that we're really there yet. I think overall, there are a lot of well-meaning people.

The participant further explained that efforts have focused on “building faculty capacity, to try to understand, like what are some of the structural things, what are some of the inclusive teaching practices that we should be using,” but acknowledged that “the progress has been slow there.” They also shared that issues of belonging extended beyond race and ethnicity, describing how differences in religion and geographic location have factored into the challenges of integrating into campus culture. As the participant observed, “Just not being from the school area is like this, like another factor that students are grappling with.” Although they believed their college had “made some really good progress,” they emphasized, “We're not there yet” in fully closing these gaps in inclusivity.

Participant 12 offered another perspective on this theme, illustrating a variation in how inclusion is experienced based on degree type and institutional background:

“There's still that disconnect between DNP [doctor of nursing practice] and Ph.D.,”

which at times influenced the perception within academic spaces. The participant further shared that, because they did not attend a historically Black college or university, interactions in certain professional settings felt segregated, and at times, the resulting ostracism was experienced as exclusion due to having attended a primarily White institution. The participant also noted a separation by subject area in staff meetings and provided examples, such as the obstetrician-gynecologist-specific nurses sitting together, as well as the pediatric nurses. This response illustrated differences in belonging not only across racial and ethnic identities but also academic credentials, specialty areas, and institutional affiliations.

On the other hand, the responses of some contrasted with the broader pattern of frustration over institutions' lack of follow-through on diversity commitments. Participants who worked in regions described as more progressive and diverse noted similarities in perceiving their institutions as taking meaningful strides toward inclusion. Participant 5, who worked in the Northeast, explained, "I know that within our group here of instructors, there are people from all sorts of different cultures and backgrounds." From this vantage point, the participant described a climate where "race is not a priority" in decisions related to hiring or advancement. This account highlighted a variation in experience where institutional culture was perceived as encouraging diversity and inclusion, rather than presenting barriers.

Participant 6, who also worked in the Northeast but had a different ethnic background, described a different variation in perception compared to Participant 5. Although acknowledging respect and openness from colleagues, the participant expressed

frustration that “the minorities get swept up with everyone, and that annoys me.”

Participant 7, based in the South, described yet another difference in how support for diversity was experienced. This participant explained that being older and White meant that cultural background “didn't matter because what I came with was recognized. It was embraced, and I was welcomed with the assumption that I matter, and I didn't have to prove my relevance. I was accepted as relevant as soon as I got there.”

These accounts from participants described their perceptions of institutional support and the important variations in how such support is perceived across faculty identities, geographic regions, and institutional contexts. These varied accounts underscored the complexity of institutional diversity efforts and the perception that symbolic gestures often outweighed substantive change. Although some faculty acknowledged incremental progress, the overarching sentiment reflected skepticism about the depth and sustainability of institutional commitments. Participants emphasized that without structural accountability and transparent metrics for diversity outcomes, initiatives risked being perceived as superficial. Additionally, the influence of leaders and administration emerged as a pivotal factor in shaping institutional climate, with several participants noting that intentional leadership could catalyze meaningful cultural shifts. The data suggested that faculty perceptions are shaped not only by institutional messaging but also by personal experiences of inclusion, recognition, and support within their academic environments.

## Theme 2

In Theme 2, nursing faculty expressed that structural and interpersonal barriers continue to hinder the hiring and advancement of minority faculty. One common pattern that emerged was that nine of the 12 participants described persistent obstacles that hindered both recruitment and promotion, including institutional structures and interpersonal dynamics as barriers. Although the specific details varied, the similarity across participant narratives underscored that minority nursing faculty faced cumulative challenges.

Participants presented accounts of qualified minority candidates being overlooked in hiring and promotion once employed. Participant 6 explained, “Even when a minority candidate is qualified, they are often overlooked for promotions or leadership roles.” Similarly, Participant 11 described the dynamic within hiring committees that they have participated in, stating, “There’s a lot of subtle bias in committees, and that affects who gets hired or mentored.” However, there were also differences in how participants framed these experiences. For example, Participant 3 acknowledged the problem but emphasized proactive steps that institutions could take to reduce bias and strengthen recruitment and retention. This participant explained:

I think there’s a lot of things that can be done about retention and recruiting. I think that it doesn’t have to be a DEI committee. Share with this potential candidate. Listen, you know, we welcome you. We want you. Don’t make this particular person feel like you’re being hired because of your skin or your race, but that they’re being hired for their education, their experience, and by recruiting them,

giving them opportunities and showing them how they can grow, giving them time. A good recruiting tool and retaining tool is equitable workload. Their workload is just as similar as everybody else on the team, and of course, making them feel valued and welcome and warm and appreciated.

This account offered a distinct perspective by shifting the focus from barriers to concrete strategies for improvement. Although the account differed in its emphasis on recognition, workload fairness, and intentional inclusion as central to retention, the expression aligned with other responses in affirming the broader need for equitable treatment of minority faculty. This perspective underscores the importance of actionable solutions, expressing that retention efforts benefit from moving beyond identifying challenges to implementing targeted strategies that promote equity and inclusion.

Another pattern that emerged across participants' responses was the emphasis on opportunities as both a barrier and a pathway to diversifying nursing academia. Several participants expressed that access to academic opportunities was often uneven and limited by institutional practices. Participant 10 explained:

I think opportunities are a barrier. A lot of times, these opportunities are not open to us. You see a lot of these institutions promote from within, and even though you have the qualifying experience, they're going to pick the person who's been there.

This participant described how hiring bias is not solely based on race or ethnicity, but on status and internal preference.

Similarly, Participant 9 reflected on the importance of building inclusive environments that support access, noting that institutions must create “a place where everyone’s welcome. I mean, it’s like you have to have that foundation that everyone’s welcome.” Participant 6 added another dimension by pointing to differences in how equity is applied in hiring:

I think it has to do with the mindset. I think it has to do with the mindset of equity, whereas you bring someone in who may already possess certain things and who has the ability to grow, but also, whereas some may come in with absolutely nothing, but they're not given that same opportunity.

Taken together, these perspectives reflected a shared concern that institutional structures and mindsets shaped how opportunities are distributed, with similar observations that limited access undermined efforts to recruit and advance a diverse faculty.

Similar responses from participants were expressed regarding interpersonal barriers. Several participants described microaggressions and reduced professional visibility as obstacles for minority faculty. For instance, Participant 1 noted, “Minority faculty often face obstacles in networking and gaining visibility for leadership opportunities.” Participant 12 explained that faculty of color sometimes feel they must “constantly assert their credentials to be taken seriously.”

Participant 8 added important context by describing how barriers to advancement can emerge in both faculty and student interactions. The difference in treatment from students was noted, as the participant explained, “Some students show less respect or question authority more quickly with minority faculty.” This reflection expressed how

authority can be perceived across different faculty identities. In addition, Participant 8 highlighted structural barriers tied to academic qualifications, noting that “You have to have an advanced degree. That’ll put you in a better position for advancement.” This account described the role of credentials in faculty advancement, but also drew attention to how interpersonal dynamics and structural requirements intersect to shape opportunities for minority faculty.

Participant 4 provided a perspective that expanded the structural discussion to include the overall scarcity of nurse educators. The participant reflected: “I think there are so few nurse educators in general, and then even fewer nurse educators of color. Plus, we’re a primary teaching institution. We don’t pay the best.” Participant 4 further explained that candidates may hesitate to apply to institutions in such environments where diversity is low, observing: “I don’t know why you would necessarily come work at my institution, because I don’t think anyone really wants to be the trailblazer there.” The participant described compensation as a barrier, but also a variation in the focus on institutional culture and the challenges of being “the only one.” The participant further critiqued structural barriers at the student level, pointing to “two strikes and you’re out” policies that may reduce the pipeline of diverse future faculty.

Recruitment challenges surfaced in multiple responses, though participants described them in different ways. Participant 6 argued: “Recruitment has to be key,” highlighting untapped pools of potential faculty within community and bedside nursing. Participant 7, by contrast, focused on awareness gaps about academic careers, noting that many students assume, “You’re either going to be a nurse or an advanced practice nurse,

and that's where it ends." This participant suggested outreach efforts to culturally diverse communities and historically African American institutions to build interest in teaching roles. Similarly, Participant 4 described how a faculty member's encouragement during a master's program sparked an interest in becoming an educator, illustrating how personal guidance can influence the decision to pursue academia. Because the specifics of their perspectives varied, the responses collectively reinforced a common pattern: recruitment remains an underdeveloped strategy for advancing faculty diversity.

Although the focus of the question was regarding barriers for minorities in recruiting and retaining faculty, compensation and full-time opportunities were also raised as barriers that influence interest in faculty roles overall. Participant 8 described how institutional hiring freezes and reliance on clinical instructor positions, which involve instructors taking students to hospitals and facilities to obtain their own clinical hours, created limited and often discouraging entry points into academia. The participant explained:

The offering of space, because right now a lot of these institutions are on freeze from hiring anybody, and then you have to almost get in as a clinical instructor, and then if they like you, they'll promote you as a full-time or they'll offer you a full-time position."

This pathway was described as particularly unappealing because of the workload and compensation; as the participant noted, "Nobody wants to do clinical instruction."

Participant 8 described clinical instruction as a demanding role, noting that instructors are often responsible for orienting students who arrive unprepared. They emphasized that this

added responsibility contributes to the perception that clinical instructors are undervalued within the academic setting. This perspective reinforced a recurring pattern in the data: limited opportunities and comparatively low pay not only deter potential candidates from pursuing faculty positions but also contribute to differences in retention between clinical and academic settings.

Participant 1 similarly expressed the intersection of compensation and workload as a structural barrier that affected retention. The participant explained:

Many of our faculty who come in and leave, they're driven by money. ... When they find out that the salaries are not what they can make at the bedside, a lot of them choose to leave after the first year.

This perspective showed similarity with Participant 4 in identifying pay as a barrier, but also highlighted the variation in workload expectations, noting that new faculty often underestimate the demands of academia. This account also underscores how financial considerations and workload perceptions jointly influence faculty turnover, revealing that retention strategies must address both competitive compensation and realistic workload orientation for new hires.

Theme 2 revealed a consistent perception among nursing faculty that structural and interpersonal barriers continue to impede the recruitment, retention, and advancement of minority faculty. Across interviews, participants described hiring bias, unequal access to opportunities, and microaggressions as persistent challenges, with institutional culture and leadership playing a critical role in shaping these experiences. Although some participants emphasized the need for equitable workload, inclusive environments, and

intentional outreach, others highlighted systemic issues such as compensation disparities and limited full-time roles.

### **Theme 3**

Theme 3 is that faculty perspectives indicated representation is a powerful influence on student success, yet it remained underprioritized by academic institutions. Most participants, regardless of ethnic background, emphasized that diverse nursing faculty representation holds significant meaning for students, particularly those from underrepresented groups. Several participants described how students view faculty, particularly those who share their racial or cultural background, as role models who affirm their identity and sense of belonging within the nursing profession. As one participant explained: “Representation matters. Students are looking for role models who look like them, who understand their cultural background, and who can affirm their place in this profession.” Another participant echoed the sentiment, noting: “The absence of diverse faculty sends a message that their voices may not be as present in academic spaces.” Participant reflections revealed that racial and ethnic representation, defined here as the presence and visibility of faculty members from diverse racial and ethnic backgrounds, plays a meaningful role in fostering students’ sense of belonging, even though the degree of emphasis varied across individual accounts.

The connection between faculty identity and student trust emerged as a recurring theme across participant accounts. Participant 8, who identified as minority faculty, shared:

Students of color will come directly to me because they feel like I understand them. They feel safer sharing their concerns with me, and they tell me that it matters to see someone who looks like them at the front of the classroom.

This account expressed how students may intentionally seek out faculty who share aspects of their cultural or racial background for support and mentorship. Participant 12 described how identity influenced student engagement, noting that faculty of color often felt compelled to “constantly assert their credentials to be taken seriously,” which can affect how students perceived and trusted them.

Several participants further explained how representation enriches students’ educational preparation. Participant 1, who identified as a minority, shared: “They were happy to see someone who looked like me teaching them.” This account described how the visibility of diverse faculty members affirms students’ sense of possibility and belonging. Participant 8, who also identified as a minority, emphasized the effect on confidence and identity, stating:

When students can see a faculty member who shares their background, they feel like they can achieve it too. It’s not just talk. It’s visible proof in front of them.

I’ve had students say to me, I didn’t think I could be here until I saw you.

These perspectives revealed a shared understanding of representation as a powerful influence on student development, and also showing variation in how it supported either educational outcomes or personal confidence.

Although identifying as White, Participant 7 emphasized that representation is not only about visibility but also about ensuring students are taught by individuals with lived

experiences that reflect their own. They explained that students benefited from learning “not from the second or third person, but from the actual lived experiences” of faculty who shared their cultural or racial backgrounds. This perspective connected the idea that representation enhanced educational relevance and depth, particularly in preparing students to care for diverse patient populations.

Participant 10 emphasized that representation is essential not only within nursing programs but also in clinical environments. The participant explained:

For me, I think it's essential with this diverse community that we're in. I think it would be important for our nursing students to see their community in the faculty. As much as I would like to see our patients seeing their community in their nurses that are caring for them, I think that's important too.

This response highlighted a recurring pattern that representation is seen as vital for preparing students to serve diverse populations, with its impact extending beyond the classroom to the quality of patient care. This perspective expressed how representation influences both the learning environment and the delivery of healthcare, underscoring that visibility of diverse faculty directly strengthens nursing education by modeling inclusivity and preparing students for practice in multicultural contexts.

Similarly, Participant 5 described representation as more than symbolic visibility, stressing its role in fostering connection and belonging for both students and faculty. The participant explained: “I think that minority faculty want to be able to see others that look like them as well... Having just one in a group is not enough, they will always probably feel a little bit isolated.” This account emphasized how the lack of representation affects

faculty experiences of inclusion and isolation, not just student learning. Participant 5 further tied this issue to clinical environments, echoing Participant 10 by stating:

It would be important for our nursing students to see their community in the faculty. As much as I would like to see our patients seeing their community in their nurses that are caring for them, I think that's important too.

Participants described how the absence of racial and ethnic diversity among faculty affected both student perceptions of belonging and the morale of faculty of color, suggesting that representation is not merely symbolic but tied to tangible outcomes in educational and workplace experiences.

Participant 5 also described how representation in leadership contributed to their perception of institutional inclusivity. They stated, "I was very proud that our chief nurse officer was African American here at the institution. I was very proud that our associate chief was also African American, and our magnet director." However, the participant noted that recent changes in leadership no longer reflected that diversity, adding, "Now our chief nurse is Caucasian, but I felt very proud that our institution was diverse, and I felt very proud that the university was too, and looked like a culture that represented a diverse background of people." Similarly, Participant 2 emphasized the need for ongoing reflection within the profession, particularly given nursing's demographic makeup. They stated: "We need to continue to reflect, especially where we're primarily a white female workforce. Even though diversity is increasing, I think we have to continue to examine our profession." Participant 2 further acknowledged the racial dynamics within nursing education, stating that "individuals of color going into a

nursing program where they're going to be around a lot of white women" may experience isolation. The participant noted that students are sometimes pressured to fit into "this perfect nursing student box," which restricts broader diversity. Their observation, "People need to see themselves within our profession," corresponded with other participants who emphasized representation as foundational to inclusivity, although their specific focus on policies and traditions added nuance to how representation was framed. This account further explored the importance of reviewing policies, practices, and teaching approaches to ensure that students from diverse cultural and personal backgrounds can enter nursing.

The theme also revealed differences in how representation was experienced by students and faculty themselves. Participant 11 recalled teaching at a predominantly White institution where African American students were underrepresented. They noted that these students expressed appreciation for "having nursing academic nurse educators who didn't look like me and not being surrounded by an equitable percentage of students who look like me as well." This lack of representation motivated the participant to pursue teaching, recognizing the importance of visibility and cultural connection in academic spaces. However, the participant also described challenges, including a racially biased remark from a colleague who stated that "Blacks were not as smart as Whites." This situation created tension and highlighted the interpersonal barriers faculty of color may face, even as their presence affirms and supports underrepresented students. The account illustrated both the positive effect of representation and the persistent challenges within academic environments.

Representation was also described as shaping how students envision their own futures. Participant 9 explained: “When students don’t see people of color in leadership, they start to question whether they belong in those positions themselves.” Participant 7 echoed this sentiment, emphasizing that representation “signals to students that leadership and scholarship are not reserved for one group. It breaks down stereotypes and shows that excellence in nursing comes in many forms.” Several responses suggested that faculty diversity could play a role in shaping student aspirations, with varying emphasis on leadership, scholarship, and professional identity.

Participant 7 further expressed the tangible consequences of inadequate representation, noting that the departure of diverse faculty members at the institution had a significant effect. The participant described how several minority faculty, including the dissertation chair and a dean focused on diversity, equity, and inclusion, had left within a short timeframe, and that these positions remained unfilled. This turnover, the participant explained, eroded the sense of inclusion and support for both students and the remaining faculty. Similarly, Participant 4, who identified as White, reflected on her personal awareness of racial dynamics in nursing, noting that her family ties and professional experiences made her acutely aware of the lack of diversity in the field: “Even though I am of a white ethnicity... You still become aware of differences and where there is a lack of diversity.”

Taken together, participant responses emphasized that racial and ethnic representation among nursing faculty holds meaningful value for students, particularly in affirming identity and fostering a sense of belonging. Several participants described how

seeing faculty who reflect their own backgrounds helped students feel more confident and supported in their academic journey. For example, participants noted that students often seek faculty of color for mentorship and guidance, suggesting that representation can influence trust and engagement. However, participants also pointed out that representation alone is insufficient; it must be supported by intentional recruitment, equitable retention practices, and institutional accountability.

#### **Theme 4**

In Theme 4, nursing faculty expressed that the absence of mentorship and effective onboarding contributed significantly to the isolation experienced by faculty of color. A consistent pattern emerged across interviews, revealing that mentorship, whether formal or informal, was perceived as a vital factor in faculty retention, career advancement, and navigating the hidden curriculum of academia. Participants' experiences varied, as some described receiving meaningful guidance from senior colleagues, but others noted a lack of structured support. The responses revealed differences in how mentorship is distributed and perceived across participants' institutions. Although perspectives varied, several participants noted that a lack of mentorship could contribute to feelings of discouragement, hinder professional growth, and influence decisions to leave academia, particularly among minority faculty.

A common thread in responses was the view that mentorship extended beyond professional guidance. Participants described mentorship as contributing to a sense of belonging and helping to mitigate feelings of isolation. Several accounts noted that the absence of mentorship was associated with feelings of being undervalued or unsupported

in their roles. Participant 8 stated: “Mentorship is key. Without it, you feel like you’re just dropped into the classroom with no direction, and for minority faculty, that isolation is even greater.” Similarly, Participant 9 expressed: “I didn’t really have anyone to guide me, and that made the first few years very difficult. I watched others who had mentors advance quickly, while I felt stuck trying to figure things out on my own.” Finally, Participant 1 explained: “When new faculty aren’t supported, it’s not just about teaching. It’s about navigating the system, understanding the politics, and finding your place. Without that, the turnover is high.”

Participant 8 shared that they did not have a mentor, describing their experience as: “It was like: ‘Here, go and be great.’ That’s kind of what it was.” They added that the only factor that helped them navigate the role was their prior experience as a travel nurse, highlighting how the absence of mentorship can leave new faculty to rely solely on personal resilience and past experiences. Participant 9, who also did not have a formal mentor, emphasized the importance of mentorship in navigating the hidden challenges of academia, stating:

That’s one of the hardest things about academia, actually, is all these like unwritten paths that you don’t even know are there until you go over it... That’s one of the things that I think mentors could really help with—navigating those things and standing behind people when they are advocating.

In addition to professional guidance, mentorship was described as essential for validating the experiences of minority faculty within predominantly White academic environments. Participant 3 shared that having multiple mentors significantly shaped

their nursing career, stating, “They helped me in terms of my professional development. They also taught me about presentation. The mentor said, ‘Your presentation is everything.’” This account highlighted how mentorship extended beyond academic advice to include professional identity and self-presentation. Without such support, participants reported feeling more vulnerable in their roles. Participant 7 reflected on the emotional and developmental impact of mentorship, and through lacking this mentorship, stated: “It might have cut some of the time off my learning curve... But you know, when you receive love and when you feel validated, and when you feel seen, I think.” This account highlighted how mentorship not only accelerated professional growth but also fostered a sense of belonging and affirmation that is especially critical for faculty of color.

Participant 10 reflected on the challenges of beginning a faculty role without mentorship or structured orientation. The participant recalled being hired onto a small campus where the dean acknowledged from the start that there was no capacity to provide guidance, noting that the new hire was primarily placed in the lab rather than supported as a faculty member. In those early years, the participant described “snatching information questions on the fly” and seeking development independently by attending conferences, taking classes, and building informal connections. Although mentors were eventually found who “had a huge impact” on faculty practice, the absence of support at the start left the participant “flailing about trying to figure it out.” Looking back, the participant explained that a formal mentorship program would have significantly strengthened confidence as a new faculty member, observing: “I think it would have had

a huge impact on my confidence. I look back on some of the stuff I was doing, and I think, Holy cow, I wish I had known more at the time.” The participant concluded that structured mentorship early in the career would have provided reassurance and guidance, comparing it to the positive experience of being assigned a mentor for a master’s project, where “It would have been nice to have a preceptor, if you will.”

For those who participated in a formal mentorship program, the common sentiment was that it played a pivotal role in shaping their professional identity and encouraging them not only to enter but also to thrive in the nursing faculty profession. Participant 2 illustrated this by recalling: “Once I became a nurse faculty member, I had a senior faculty member just kind of take me under her wing and like kind of explained like how everything works because it’s a different world.” Participant 11 described the transformative impact of mentorship throughout their academic journey, beginning with a senior faculty member who “recognized their potential” and encouraged them to pursue graduate education and consider teaching. Later, another mentor affirmed their aspirations, telling them, “All a torch has to do is be lit, and you’ll carry it the rest of the way,” underscoring the powerful role mentors play in both recognizing and nurturing the potential of faculty of color.

Participant 11 also emphasized that effective mentorship must be intentional and reciprocal, describing it as “being present in the moment with that person and showing that you care.” They stressed that mentors should actively present opportunities, guide mentees toward advanced education, such as pursuing a Ph.D. in nursing, and help them understand the professional trajectory available to them. Importantly, the participant

expressed that mentorship should not be viewed as a strictly hierarchical relationship, but rather as a collegial and evolving partnership: “It’s a reciprocal relationship... There are different stages of growth during that mentor-mentee relationship.” This perspective suggested that mentorship may be strengthened by genuine connection, mutual growth, and a sustained commitment to the mentee’s development.

Participant 12 added valuable insight into mentorship as a strategy for addressing barriers to diversifying nursing academia. They emphasized the responsibility of “seasoned nurses” to guide newer faculty into academic roles by “opening the door, showing them what’s expected of them.” This perspective conveyed a belief that entering academia may be guided more by a commitment to the profession than by financial incentives. Participant 12 expressed: “I didn’t go into this profession to get rich. God knows I didn’t. I had ambition. I was in love with the profession. I love studying it. I love studying the education of it.” By illustrating both passion and dedication, Participant 12 described how mentorship can help set realistic expectations and model professional commitment, potentially contributing to clearer and more sustainable pathways into nursing faculty roles.

Finally, several participants, regardless of racial or ethnic background, emphasized that mentorship should not be treated as an afterthought or informal arrangement, but rather as a deliberate, well-resourced practice embedded within institutional culture. As one participant noted: “Institutions talk about diversity, but if they don’t back it up with mentoring, people won’t stay.” This comment reflected a perceived connection between institutional diversity efforts and the presence of

meaningful mentorship. Across interviews, several faculty members emphasized that mentorship is not solely about individual success. The relationship could also serve as a strategic tool for supporting the broader pipeline of minority nursing faculty.

### **Theme 5**

In Theme 5, participants expressed that sustainable change depended on collective commitment and systemic alignment. Participants emphasized that achieving lasting change in nursing academia may require more than individual effort. Several noted that such a change could depend on collective commitment and systemic alignment.

Participant 4 underscored the need to examine structural barriers, stating: “We need to look at really addressing what could be the biases... the organizational, systematic things that are preventing people from advancing.” Participant 4 further emphasized that sustainable change begins with acknowledging the need for a more diverse academic workforce. Reflecting on their experience teaching an introductory nursing course, the participant noted that although diversity in nursing is improving, it remains insufficient. The participant stated: “We need to... empower those diverse populations, those diverse nurses to move into academia or leadership.” This perspective suggests that increasing representation may benefit from intentional strategies, such as mentorship programs tailored to the specific needs of underrepresented groups. Participant 4 also stressed that systemic barriers, such as scheduling interviews during hours that conflict with night shift schedules, must be addressed to ensure equitable access to advancement opportunities.

Participant 3 similarly emphasized that sustainable change in nursing academia must include intentional recruitment and retention strategies that go beyond surface-level

diversity efforts. They stressed the importance of making candidates feel genuinely valued, stating: “Don’t make this particular person feel like you’re being hired because of your skin or your race, but that they’re being hired for their education, their experience.” This perspective suggested that institutions may need to consider providing equitable workloads, access to resources for research and professional development, and recognition for achievements to support faculty success. Participant 3 also advocated for creating visible pathways to leadership by offering committee roles and mentorship, noting that African American faculty benefited from seeing others who looked like them in positions of influence. Additionally, they recommended internal leadership training and the establishment of safe spaces for faculty to voice concerns without fear of retaliation, thereby reinforcing the importance of institutional accountability and psychological safety in fostering long-term equity.

Participant 2 acknowledged that although progress has been made in increasing diversity, significant gaps remain. They noted: “I think overall we’ve made a lot of progress... but I don’t think that we’re really there yet,” pointing to well-meaning efforts that have yet to fully address structural barriers. Their institution has taken steps to build faculty capacity around inclusive teaching practices, but the participant noted that the pace of change has been gradual. Participant 2 described how belonging can be influenced by multiple factors, including regional and religious identity. They shared that at their religious college, students who are not from the state or who do not share the same religion may sometimes feel like outsiders. This example suggests that efforts

toward systemic alignment should consider not only racial diversity but also broader cultural and institutional norms that shape inclusion and equity.

Participant 8 raised concerns about the gap between institutional policy and actual practice, stating: “Policy [is] in place, but do they follow it? I’m not sure,” and described how unfair scheduling, workload distribution, and credit assignment led to staff departures. They expressed disparities in teaching assignments, noting that African American faculty were often tasked with teaching most of the courses, whereas their White counterparts were assigned fewer, less demanding ones. These inequities were reported to affect faculty morale and retention, and in some cases were linked to broader consequences such as enrollment disruptions resulting from staffing imbalances. This account suggested that institutions may need to move beyond policy statements to more fully embed equity into daily operations and decision-making.

Participant 2 expressed the need for ongoing reflection within the nursing profession, particularly given its predominantly White, female workforce. They noted that although diversity is increasing, institutions must continue to examine their policies and practices, stating: “We have to reflect, and we have to really think about... what are the policies that are out there?” They challenged the traditional image of the “ideal” nursing student, arguing that rigid expectations around appearance, behavior, and career paths can exclude individuals from diverse backgrounds. Instead, they advocated for structural changes that supported inclusive education and equipped faculty with the tools to teach equitably. This perspective suggested the value of reexamining entrenched norms

and creating environments where both students and faculty can more readily see themselves reflected in the profession.

Similarly, Participant 11 reflected on how their experiences with adversity, especially when race played a role, shaped their ability to navigate professional challenges. They shared: “It didn’t make me stronger, but it made me more comfortable addressing and confronting adversity,” noting that racial dynamics often intersect with professional insecurities. They described how differences in presentation, communication style, and academic background can lead to mischaracterizations, particularly for faculty of color. “Being assertive can oftentimes be mischaracterized as aggression,” they explained, emphasizing how institutional norms and implicit biases can undermine inclusion. This account expressed that systemic change may require more than policy adjustments. Adjustments could also involve challenging cultural assumptions and supporting diverse expressions of professionalism.

In exploring positive systemic implementation, Participant 10 expressed that their organization is proactive in fostering inclusion and belonging through structured support systems. They described the presence of team member resource groups, which provided spaces for individuals with shared identities or experiences, such as African American nurses, Asian nurses, veterans, and LGBTQ+ staff, to connect and address challenges. These groups also contributed to onboarding and professional development by engaging with new nurses during residency. Participant 10 emphasized that the organization offers policies and resources to report bias anonymously and supports growth in various directions, stating: “It’s always nice to find someone who has the same mindset as you...

You want to find your tribe.” This example advocated for how institutional infrastructure, when intentionally designed and resourced, could contribute to fostering a culture of belonging and support systemic change.

Participant 7 described their current institution as a model of an inclusive and affirming culture, emphasizing that their age, cultural background, and nontraditional academic profile were not seen as barriers but embraced as assets. They shared that the environment fostered a sense of belonging from the outset, where they felt welcomed without needing to prove their worth. As they put it: “We come to the table with this acceptance... I haven’t been where you’ve been, but I want to hear your story.” The participant emphasized that their age, cultural background, and nontraditional academic profile were not barriers to acceptance, but rather were embraced as valuable contributions. “I was welcomed with the assumption that I matter, and I didn’t have to prove my relevance,” they shared. This experience highlighted how institutional culture can actively affirm diverse identities, underscoring the importance of intentional inclusion practices in enhancing faculty retention and morale.

In Theme 5, participants emphasized the importance of aligning policies, practices, and culture to ensure equity in recruitment, retention, and advancement. They expressed the need to move beyond performative diversity efforts by addressing structural barriers such as inequitable workloads, biased hiring practices, and limited access to leadership opportunities. Several participants shared examples of inclusive environments where belonging was actively cultivated through mentorship, resource

groups, and safe spaces for dialogue. Others pointed to the persistence of professional insecurities and mischaracterizations rooted in racial bias.

### **Summary**

Chapter 4 presented the findings of a qualitative study exploring nursing faculty perceptions regarding the underrepresentation of minority full-time faculty in nursing programs across the United States. Drawing on semistructured interviews with 12 full-time nursing faculty members, diverse in terms of race, region, and professional roles, the chapter identified five key themes. These themes included: (a) faculty believed that institutions often voiced support for diversity, but failed to follow through with action; (b) nursing faculty expressed that structural and interpersonal barriers continue to limit minority faculty hiring and advancement; (c) participants believed that representation is powerful for students, but underprioritized by institutions; (d) nursing faculty expressed that the lack of mentorship and onboarding contributed to isolation for new faculty of color, and (e) participants expressed that sustainable change depended on collective commitment and systemic alignment.

Participants stressed that meaningful efforts to improve faculty diversity must extend beyond policy statements and become embedded in the daily operations and decision-making structures of academic institutions. Many described how mentorship, particularly when tailored to the needs of underrepresented groups, can foster professional growth, model commitment, and help navigate the complexities of academic culture. However, the availability and quality of mentorship varied widely, with some

participants noting that its absence contributed to discouragement, stagnation, and early departure from academia.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

I explored the perceptions of full-time nursing faculty regarding the effectiveness and challenges of efforts to improve the underrepresentation of minority faculty in nursing programs in the United States. In this qualitative study, I conducted semistructured interviews with 12 participants from diverse institutional and geographic backgrounds. In Chapter 5, I expanded on the findings presented in Chapter 4 by analyzing the themes in greater depth, discussing their implications for nursing education, and providing recommendations for institutional practices and future research. I organized the chapter into three sections: interpretation of key findings, recommendations for policy and practice, and implications for future scholarship and leadership in nursing academia.

### **Interpretation of the Findings**

The purpose of this basic qualitative study was to explore faculty perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States. The findings of this study confirmed and extended existing knowledge about the persistent underrepresentation of minority faculty in nursing education. Drawing from the perspectives of 12 nursing faculty members across diverse backgrounds, this study highlighted participants' perceptions of how systemic inequities may continue to influence faculty experiences, even amid institutional and national efforts to promote diversity. Through thematic analysis, five key themes emerged that reflect participants' experiences and perceptions

regarding diversity and equity in academic nursing. First, many faculty described a disconnect between institutional rhetoric and meaningful action on diversity initiatives. Second, structural and interpersonal barriers were frequently cited as ongoing challenges to the recruitment and advancement of minority faculty. Third, participants emphasized the importance of representation for students, yet felt it was not prioritized by their institutions. Fourth, the lack of mentorship and onboarding was seen as contributing to feelings of isolation among new faculty of color. Ultimately, participants acknowledged that sustainable change necessitates a collective commitment and systemic alignment across institutional levels.

Based on the five themes, five findings were developed. These findings included: (a) Institutional diversity messaging often lacks substantive follow-through; (b) Structural and interpersonal barriers limit minority faculty advancement; (c) Faculty representation was perceived as critical to student belonging but remains underprioritized; (d) Culturally responsive mentorship enhances minority faculty identity and belonging; and (e) Sustainable equity requires systemic alignment and institutional accountability. These findings are not limited to individual experiences but instead illustrate systemic dynamics that influence faculty recruitment, retention, and advancement.

The findings, drawn from faculty experiences, revealed participants' perceptions of persistent challenges related to diversity, equity, and inclusion within academic nursing environments. These reflections shaped not only interpersonal dynamics but also influenced access to resources, recognition, and opportunities for advancement. Participants emphasized that when institutional infrastructure is intentionally designed

and adequately resourced, it can foster a culture of inclusion and serve as a catalyst for systemic change. To explore these dynamics, I presented the findings as generalized insights, each supported by participant narratives and relevant literature, which provided a deeper understanding of both the persistent challenges and the potential pathways toward equity in nursing academia.

**Finding 1: Institutional Diversity Messaging Often Lacks Substantive Follow-Through**

Member checking confirmed that several participants perceived a disconnect between institutional messaging about diversity and the practices that support equity. Although institutions frequently expressed commitments to diversity, participants consistently described these efforts as performative, symbolic gestures that lacked meaningful structural change. Using critical race theory as a lens, this finding suggests that race and racism shape institutional systems in ways that are not always visible to those in dominant groups. Although participants did not always explicitly name these dynamics, their narratives revealed patterns that aligned with critical race theory's emphasis on the embedded and often invisible nature of systemic inequities. Faculty of color reported that performative diversity efforts, which were viewed as superficial approaches, contribute to feelings of exclusion, skepticism, and mistrust.

These insights, aligned with patterns identified by Lin (2022), who conducted a critical analysis of institutional history narratives at historically Black colleges and universities, revealed that many predominantly white institutions center Whiteness in their storytelling, often omitting or minimizing the roles and contributions of

marginalized communities. Similarly, Moore and Drake (2021) examined how institutional diversity efforts often reproduced systemic inequities by failing to challenge the underlying structures that sustained White normativity. The faculty narratives in this study echoed these concerns, highlighting a disconnect between institutional diversity rhetoric and the lived experiences of faculty of color, particularly in areas such as hiring, mentorship, and advancement.

## **Finding 2: Structural and Interpersonal Barriers Limit Minority Faculty**

### **Advancement**

I found that minority nursing faculty encountered persistent structural and interpersonal barriers that impeded both hiring and career advancement. Participants described experiences such as hiring bias, inequitable workloads, and microaggressions, issues that closely mirror those documented in prior research. For example, Iheduru-Anderson (2020) identified how racial bias in hiring practices and workplace culture contributes to the marginalization of Black nursing faculty. Beagan et al. (2022) further examined how subtle forms of exclusion, including microaggressions and informal gatekeeping, shape the professional trajectories of racialized faculty.

Building on these findings, Walsh et al. (2025) investigated how institutional norms and expectations perpetuated inequities in promotion and leadership opportunities. In their 2025 study, Walsh et al. found that participants from underrepresented backgrounds in academia frequently reported being overlooked for leadership roles, disproportionately tasked with diversity-related responsibilities, and subjected to heightened scrutiny. These findings empirically reflected the concept of the “minority

tax,” as described in Travers et al. (2024) and Charles et al. (2024), which referred to the additional burdens placed on minoritized individuals that could hinder career advancement and contribute to burnout. The authors’ findings underscored the need for intentional structural reforms to address the compounded effects of bias and inequity in nursing academia.

### **Finding 3: Faculty Representation Is Perceived as Critical to Student Belonging but Remains Underprioritized**

I found that faculty perceived racial and ethnic representation as a meaningful influence on student belonging and motivation, particularly within nursing education. Participants described how students felt more supported and inspired when they saw faculty members who reflected their racial and cultural backgrounds. These perceptions aligned with Miller and Vaughn's (2022) findings, which found that faculty diversity significantly enhanced student retention, persistence, and sense of belonging, particularly among Black and Latino students. Similarly, Valdez et al. (2023) investigated the role of inclusive faculty representation in enhancing student engagement and mitigating exclusionary harm in nursing programs. Building on the engagement noted, Isik et al. (2021) explored how minority students experience significant benefits when they see visible role models who affirm their identities and aspirations, underscoring the broader importance of representation within educational environments.

Despite these benefits, participants noted that racial and ethnic representation is underprioritized in institutional hiring practices, often overshadowed by other considerations. This study extended existing literature by revealing that representation

also affects faculty morale and retention, not just student engagement. These findings resonated with the concept of the “minority tax,” as described by Travers et al. (2024) and Charles et al. (2024), where faculty of color are disproportionately tasked with diversity-related responsibilities, often without institutional recognition or support. When institutions failed to prioritize representation, they risked perpetuating environments that feel exclusionary to both students and faculty of color, underscoring the need for intentional and systemic reform.

#### **Finding 4: Culturally Responsive Mentorship Enhances Minority Faculty Identity and Belonging**

I found that mentorship programs tailored to the cultural and professional realities of minority faculty played a critical role in fostering inclusion and career development. Participants emphasized that effective mentorship extends beyond retention by actively shaping professional identity, confidence, and a sense of belonging within predominantly White institutions. The findings support Bimbola Akintade et al. (2025), who described the transformative potential of mentorship in affirming the professional identities of faculty of color, particularly in environments where they are underrepresented. Similarly, Ro and Villarreal (2023) examined the importance of culturally responsive mentorship in mitigating systemic barriers faced by underrepresented faculty. The present study corroborates and expands on the insights of Iheduru-Anderson et al. (2022), who explored mentorship as a structural necessity for equity in academic spaces, and Mokel et al. (2021b), who emphasized the institutional responsibility to embed mentorship within diversity and inclusion frameworks. By illustrating the emotional and professional effects

of mentorship, the study's results reinforced the argument that mentorship should not be treated as a supplemental resource, but rather as a foundational element of institutional support.

Participant responses revealed a notable contrast in how mentorship was experienced and valued across racial lines. African American participants consistently emphasized the emotional and cultural significance of mentorship, describing it as essential for navigating institutional barriers and affirming their professional identities. The experiences were comparable with Iheduru-Anderson et al. (2022), who found that mentorship for Black faculty often serves as a counterspace, a concept rooted in critical race theory, where individuals can resist marginalization and build community. In contrast, White participants tended to view mentorship more narrowly, focusing on career advancement and skill development, echoing the more transactional models of mentorship described by Mokel et al. (2021b). This divergence underscored the need for institutions to move beyond one-size-fits-all mentorship models and instead design programs that are culturally responsive and attuned to the lived realities of faculty of color. Additionally, Ro and Villarreal (2023) presented empirical evidence supporting mentorship frameworks that intentionally address racialized experiences and promote holistic support for minoritized students, particularly within Hispanic-serving institutions. Their study demonstrated how these frameworks fostered inclusive environments and affirmed students' identities, ultimately contributing to academic success.

### **Finding 5: Sustainable Equity Requires Systemic Alignment and Institutional Accountability**

Finally, I discovered that the systemic alignment and institutional accountability expanded upon existing literature by emphasizing that sustainable change in nursing academia required more than individual effort. The sustainable change demanded structural transformation. Participants advocated for embedding equity into the daily operations of academic institutions through policies such as equitable hiring practices, inclusive pedagogical approaches, and leadership development pathways. These results reinforced the recommendations of the Future of Nursing 2020–2030 report (National Academy of Medicine, 2021), which called for systemic reforms to advance health equity and diversify the nursing workforce.

Davis et al. (2024) similarly reported that without sustained institutional commitment to structural change, efforts to support minority faculty often lacked cohesion and effectiveness. In a related study, Liera and Desir (2023) emphasized that equity-focused leadership must extend beyond individual actions to transform institutional structures, highlighting the importance of creating environments where faculty of color feel a sustained sense of belonging. Their framework for equity-minded organizations underscored the need for systemic support and accountability to address persistent inequities in higher education. The participants' responses from the current study supported Liera and Desir's (2023) study, consistently identifying holistic strategies as instrumental in addressing systemic barriers within academic institutions.

Moreover, the current study contributed to the literature by highlighting the importance of intentional, equity-driven practices, such as equitable workload distribution, access to professional development, and culturally responsive mentorship, as mechanisms that addressed the persistent underrepresentation of minority faculty. These strategies aligned with Davis et al.'s (2024) focus on accountability metrics and institutional transparency, which were identified as foundational elements for implementing sustainable change through collective commitment and measurable actions. By grounding these insights in the firsthand perceptions of nursing faculty, the current study offered a nuanced understanding of how systemic alignment can be operationalized in academic settings. These insights directly addressed the primary research question and served as the foundation for Chapter 5, which presented a deeper analysis of the themes and interpretation of the data.

In summary, the current study builds upon previous studies, which describe the persistence of underrepresentation and systemic inequities in nursing academia, extends current understanding by analyzing the role of mentorship and representation in faculty retention and student success, and challenges institutions to move beyond symbolic diversity efforts toward actionable, systemic change. By situating mentorship and representation within the broader context of structural inequities, the study offered a nuanced contribution to ongoing efforts aimed at transforming institutional cultures in nursing academia. These findings add to the growing body of literature advocating for equity, inclusion, and structural reform in nursing education.

### **Limitations of the Study**

As with most research, this study includes limitations. One notable limitation was the small sample size, which restricted the generalizability of the results. There was initial interest from 25 participants who met the study's criteria; however, only 12 were ultimately able to participate in interviews that yielded usable data. Although the final number of participants was at the higher end of what is typically required for a qualitative study, the reduction from the initial pool of interested individuals could have limited the diversity of experiences and perspectives captured, potentially impacting the depth and transferability of the findings.

Another noted limitation is that all the faculty members interviewed were women. Although this limitation reflected the current nursing faculty population in the US, the absence of male nursing faculty members limited the diversity of perspectives represented in the study, particularly regarding gendered experiences within academic nursing environments. Male faculty members could encounter different challenges, expectations, or dynamics in nursing education, and their exclusion means that these experiences have not been explored. Including male voices could have enriched the findings and provided a more comprehensive understanding of gender-related issues in nursing academia.

There was a low representation of other racial and ethnic minority groups in the study, with the participant pool being predominantly composed of White and African American women. This limited diversity could have constrained the range of cultural and intersectional perspectives explored, potentially affecting the study's overall inclusivity

and transferability. Although most participants affirmed the accuracy of the findings, one noted that the study did not fully capture the experiences of faculty with intersecting identities. As a result, the findings may not fully reflect the nuanced experiences of faculty from underrepresented backgrounds, such as Hispanic, Asian, Native American, or multiracial individuals, whose voices remain absent from the data.

## **Recommendations**

### **Recommendations for Practice**

Based on this study's findings, I proposed several practical recommendations to address the underrepresentation of minority faculty in nursing programs across the US. There is a need to enhance diversity and inclusion initiatives. During follow-up interviews, one participant questioned whether institutional messaging could ever be truly inclusive without leadership accountability. This perspective suggested a need to further examine the role of power and positionality in shaping equity efforts. Institutions could strengthen efforts to recruit, retain, and support faculty from underrepresented racial and ethnic backgrounds. The efforts can include creating inclusive hiring practices, mentorship programs, and leadership development opportunities that are culturally responsive and equity-focused.

Through the findings of this study, I suggest that to establish direct pipelines from nursing education to academia, institutions should develop structured pathways that connect nursing students, particularly those from underrepresented backgrounds, with information, mentorship, and opportunities related to academic careers. Early exposure to the role of nursing faculty, along with guidance on the steps required to enter academia,

could help demystify the profession and encourage more diverse candidates to pursue faculty roles. Institutions could further strengthen these efforts by collaborating with academic nursing organizations to create internships, research assistantships, and shadowing programs that immerse students in the academic environment and foster long-term interest in faculty roles.

Additional recommendations included implementing professional development opportunities informed by CRT for all faculty, not just those from minority backgrounds. Institutions should provide training and create spaces for dialogue that explore the intersection of race, gender, and career advancement. These initiatives could help faculty and administrators identify and challenge systemic barriers within academic environments. Professional development programs could also support the creation of safe spaces for open conversation. Establishing forums where faculty feel empowered to share their lived experiences without fear of retaliation could foster a more inclusive and supportive organizational climate. These forums could also generate valuable insights to guide institutional decision-making and policy development.

### **Recommendations for Future Research**

Building on the strengths and limitations of this study, future research should explore promising directions to address the underrepresentation of minority faculty in nursing programs in the US. Further qualitative studies should include male nursing faculty to explore their experiences and examine gender dynamics more comprehensively, identifying any unique challenges or advantages they may encounter. Future research recommendations could also include the development of policies to

expand racial and ethnic representation. Research should include faculty from diverse backgrounds, including those of Hispanic, Asian, Native American, and multiracial descent, to deepen the understanding of intersectionality and cultural diversity in nursing education.

Improving minority faculty representation in nursing programs requires examining how institutional policies, practices, and campus climates influence equity in faculty advancement. A CRT lens would be particularly useful in analyzing these systemic factors. In addition, conducting longitudinal studies could further explore how to improve the underrepresentation of minority faculty through tracking experiences over time, which could provide insights into how career trajectories evolve and how institutional changes impact equity and inclusion. Such research could also inform the development of targeted institutional interventions that support the retention, promotion, and overall career satisfaction of minority faculty.

Finally, geographic and family constraints should be further explored, and research is needed to understand how geographic mobility and family responsibilities influence career advancement, particularly for women and caregivers in academia. These factors may limit access to professional opportunities, especially when relocation or extended travel is required for advancement. Future studies should investigate how institutional policies, such as flexible work arrangements, remote work opportunities, and family leave, can mitigate these barriers and support equitable career trajectories.

## **Implications**

The findings of this qualitative study regarding faculty perceptions of the underrepresentation of minority faculty in nursing programs in the US have the potential to contribute to positive social change at multiple levels, particularly within the organizational, societal, and policy contexts of nursing education. The findings could empower nursing faculty, especially women and those from underrepresented backgrounds, by validating their lived experiences and highlighting the challenges they face in academic environments. This recognition could foster greater self-advocacy and professional growth.

The implications of positive social change within this study included, on an individual level, creating responsive mentorship and increased faculty representation, which can enhance the professional identity, confidence, and sense of belonging for minority faculty. This support from mentorship could also improve student outcomes by fostering stronger connections between students and faculty who reflect their lived experiences. At the community level, addressing geographic and family constraints in faculty hiring and advancement can reduce stress and improve work-life balance, particularly for women and faculty of color. The community focus could lead to greater career satisfaction and stability, positively impacting family well-being. At an organizational level, institutions that aligned diversity messaging with structural action can foster more inclusive environments, reduce faculty turnover, and improve morale. Implementing equitable hiring practices, mentorship programs, and onboarding processes

could help dismantle systemic barriers and promote long-term institutional accountability.

From a societal and policy perspective, the study contributed to broader conversations about diversity in higher education and healthcare leadership. Although the scope of the study does not extend to direct policy recommendations, the findings may indirectly support efforts to shape policies that address systemic inequities in academia and promote representation in nursing leadership. These implications remained within the boundaries of the study's design and participant scope, focusing on the experiences of nursing faculty and the organizational contexts in which they work.

Methodologically, this study demonstrated the effectiveness of qualitative research in capturing the perspectives of nursing faculty. The use of in-depth semistructured interviews allowed participants to share personal narratives that revealed nuanced insights into race, gender, and professional identity. The study also described the challenges of recruiting a diverse sample, which is a common issue in qualitative research involving underrepresented populations.

Theoretically, the study was guided by CRT, which provided a multidimensional lens for examining the intersection of race, gender, and professional advancement in nursing academia. CRT provides a framework for examining the complex ways race intersects with gender, class, and ethnicity, and was instrumental in uncovering the presence of discrimination, oppression, and inequality within academic environments. The findings supported CRT's premise that race and gender are central constructs in shaping the experiences of faculty, particularly African American women. Participants

shared personal accounts that corresponded with CRT's tenets, revealing how systemic barriers and social constructs influenced their career trajectories. The study affirmed the relevance of CRT in nursing education and suggested its continued use in examining institutional climates and diversity initiatives.

Empirically, this research contributed to the limited body of literature on the experiences of minorities, especially African American women, in nursing faculty roles. It documented the challenges they face, including racism, classism, and structural barriers to advancement. The study also identified gaps in representation, particularly the absence of male faculty and other racial and ethnic minorities, which called for further empirical exploration. These findings aligned with broader patterns observed in higher education leadership and underscored the need for policies and practices that promote equity and inclusion.

### **Conclusion**

The purpose of this study was to explore the perceptions of faculty within nursing academic institutions to better understand the persistent underrepresentation of minorities in faculty roles. Through thematic analysis of 12 participant interviews, five key findings were identified through this study: (a) institutional diversity messaging often lacked substantive follow-through; (b) structural and interpersonal barriers limited minority faculty hiring and advancement; (c) representation is critical for student belonging but remained underprioritized; (d) culturally responsive mentorship enhanced faculty identity and retention; and (e) sustainable equity required systemic alignment and institutional accountability. These findings provided insight into the realities of nursing faculty and

provided a foundation for practical recommendations and future research aimed at promoting equity in nursing education.

Increasing the visibility and support of minority faculty has the potential to inspire future generations, close equity gaps, and transform nursing education into a more inclusive and socially responsive field. This study offered a deeper understanding of the systemic barriers that contributed to the underrepresentation of minority faculty in nursing education. Including a diverse range of faculty voices, not limited to one racial or ethnic group, the study revealed how institutional practices, mentorship gaps, and performative diversity efforts shape faculty experiences across racial lines. The findings underscored that meaningful change requires more than individual resilience. There is a need for institutional accountability, culturally responsive support systems, and a commitment to equity that is embedded in policy and practice. Ultimately, increasing representation and support for minority faculty is not only a matter of fairness but is essential to transforming nursing education into a more inclusive, effective, and socially responsive field.

## References

- Ackerman-Barger, K., Goldin, P., Draughon-Moret, J., London, M., & Boatright, D. (2022). Microaggressions, school satisfaction and depression: A national survey of nursing students. *Nursing Outlook*, *70*(3), 496–505. <https://doi.org/10.1016/j.outlook.2022.02.002>
- Adynski, G. I., Bravo, L. G., Emmanuel, C. J., Ledford, A., Ikharo, E., Zaragoza, S., Harris, L. K., Rodgers, S., & Woods-Giscombe, C. (2023). Barriers and facilitators to recruitment and retention of underrepresented racial and ethnic minoritized students to PhD programs in nursing: A qualitative descriptive study. *Nursing Outlook*, *71*(3), 101962. <https://doi.org/10.1016/j.outlook.2023.101962>
- Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine Surgery and Public Health*, *2*, 100051. <https://doi.org/10.1016/j.glmedi.2024.100051>
- Akintade, B., Brockett-Walker, C., González, J., Idzik, S., Iheduru-Anderson, K., Indenbaum-Bates, K., Jones, M., Lowery, Y., McCamey, D., Reis, P., & DeWitty, V. (2025). Influence of underrepresented leaders on recruiting and retaining underrepresented faculty and students in nursing programs. *Journal of Professional Nursing*. <https://doi.org/10.1016/j.profnurs.2025.07.006>
- Allan, H. T. (2021). Reflections on Whiteness: Racialised identities in nursing. *Nursing Inquiry*, *29*(1), e12467. <https://doi.org/10.1111/nin.12467>
- American Nurses Association. (2021, April 6). *National Commission to Address Racism in Nursing*. ANA. <https://www.nursingworld.org/practice->

[policy/workforce/racism-in-nursing/national-commission-to-address-racism-in-nursing/](#)

American Association of Colleges of Nursing. (2023, April). *Enhancing Diversity in the Nursing Workforce*. [Www.aacnnursing.org](http://www.aacnnursing.org). <https://www.aacnnursing.org/news-data/fact-sheets/enhancing-diversity-in-the-nursing-workforce>

Anderson, M., Taylor, N., Rowley, T., Owens, C., & Jacob, E. (2024). Understanding factors influencing nursing faculty departure and intentions. *Nurse Educator*, 49(4), 222–226. <https://doi.org/10.1097/nne.0000000000001612>

Arslan, E. (2022). Validity and Reliability in Qualitative Research. *Pamukkale University Journal of Social Sciences Institute*, 51(1), 383–394. <https://doi.org/10.30794/pausbed.1116878>

Avery-Desmarais, S. L., Hunter Revell, S. M., & McCurry, M. K. (2021). A theoretical framework to promote minority PhD and DNP student success in nursing education. *Journal of Professional Nursing*, 37(6), 1149-1153 <https://doi.org/10.1016/j.profnurs.2021.10.002>

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, 389(10077), 1453–1463. [https://doi.org/10.1016/s0140-6736\(17\)30569-x](https://doi.org/10.1016/s0140-6736(17)30569-x)

Battaglia, M. (2008). Purposive sample. In *Encyclopedia of survey research methods* (Vol. 0, pp. 645–647). Sage Publications, Inc., <https://doi.org/10.4135/9781412963947>

- Beagan, B. L., Bizzeth, S. R., & Etowa, J. (2022). Interpersonal, institutional, and structural racism in Canadian nursing: A culture of silence. *Canadian Journal of Nursing Research*, 55(2), 195–205. <https://doi.org/10.1177/08445621221110140>
- Beagan, B. L., Bizzeth, S. R., Sibbald, K. R., & Etowa, J. B. (2022). Epistemic racism in the health professions: A qualitative study with Black women in Canada. *Health an Interdisciplinary Journal for the Social Study of Health Illness and Medicine*, 28(2), 203–215. <https://doi.org/10.1177/13634593221141605>
- Bell, D. (1974). Race, racism, and American law. *Stanford Law Review*, 26(3), 713–714. <https://doi.org/10.2307/1227685>
- Bimbola Akintade, Lowery, Y., Oluremi Adejumo, Baker, B., Campbell, Y., & Oluwatosin Olateju. (2025). Empowering underrepresented faculty through active mentee engagement: A path to success in nursing education. *Journal of Nursing Education*, 64(1), 3–4. <https://doi.org/10.3928/01484834-20241204-01>
- Brathwaite, A. C., Varsailles, D., & Haynes, D. (2022). Building solidarity with Black nurses to dismantle systemic and structural racism in nursing. *Policy Politics & Nursing Practice*, 24(1), 5–16. <https://doi.org/10.1177/15271544221130052>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braveman, P. A., Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic and structural racism: Definitions, examples, health damages, and approaches to

dismantling. *Health Affairs*, 41(2), 171–178.

<https://doi.org/10.1377/hlthaff.2021.01394>

Brockett-Walker, C., & Moore, E. (2024). Voices Unveiled. *Nursing Education Perspectives*, 45(3) 103–105. <https://doi.org/10.1097/01.nep.0000000000001282>

Brooks, L., Medina, R., Pitts, C. J., Dahlem, C. H. (Gina), Downes, L., & Beard, K. V.

(2022). Building a culturally responsive workforce: Faculty of color in nursing

education. *The Journal for Nurse Practitioners*, 18(5), 575–579.

*The Journal for Nurse Practitioners*, 18(5), 575–579.

<https://doi.org/10.1016/j.nurpra.2021.12.019>

Brown-DeVeaux, D., Jean-Louis, K., Glassman, K., & Kunisch, J. (2021). Using a

mentorship approach to address the underrepresentation of ethnic minorities in

senior nursing leadership. *JONA: The Journal of Nursing Administration*, 51(3),

149–155. <https://doi.org/10.1097/nna.0000000000000986>

Blockett, R. A., Ross, T. J., & Todd, P. A. (2022). Critical perspectives on Black

students' success. *New Directions for Higher Education*, 2022(197), 47–57.

<https://doi.org/10.1002/he.20426>

Bumby, J. C., & Litwack, K. (2020). Student experiences in an academic support

program to diversify the nursing workforce. *Nurse Education Today*, 97, 104615.

<https://doi.org/10.1016/j.nedt.2020.104615>

Byers, O. M., Fitzpatrick, J. J., McDonald, P. E., & Nelson, G. C. (2021). Giving while

grieving: Racism-related stress and psychological resilience in Black/African

American registered nurses. *Nursing Outlook*, 69(6), 1039–1048.

<https://doi.org/10.1016/j.outlook.2021.05.010>

- Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as mud': Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, 2(2), 1–13. <https://doi.org/10.1177/160940690300200201>
- Carter, B. M., & McMillian-Bohler, J. (2020). Rewriting the microaggression narrative. *Nurse Educator*, 46(2), 96–100. <https://doi.org/10.1097/nne.0000000000000850>
- Charania, N. a. M. A., & Patel, R. (2022). Diversity, equity, and inclusion in nursing education: Strategies and processes to support inclusive teaching. *Journal of Professional Nursing*, 42, 67–72. <https://doi.org/10.1016/j.profnurs.2022.05.013>
- Cineas, N., & Boyle Schwartz, D. (2022). Minority voices: Addressing the lived experience of Black nurses and nurse leaders confronting racism in the nursing profession. *Nurse Leader*. 21 (2), 282-289 <https://doi.org/10.1016/j.mnl.2022.09.004>
- Coker, D. C. (2022). A thematic analysis of the structure of delimitations in the dissertation. *International Journal of Doctoral Studies*, 17, 141–159. <https://doi.org/10.28945/4939>
- Coleman, J. J., Harvey, N. R., & Pritchett, T. (2021). Factors contributing to success in nursing school: Experiences of African American BSN students. *Nursing Education Perspectives*, 43(2), 123–125. <https://doi.org/10.1097/01.nep.0000000000000854>
- Costa, M., Griswold, M. K., & Canty, L. (2024). Nursing student perceptions of racism and health disparities in the United States: A critical race theory perspective. *Nursing Outlook*, 72(3), 102172. <https://doi.org/10.1016/j.outlook.2024.102172>

- Crenshaw, K. W. (1988). Race, reform, and retrenchment: Transformation and legitimation in antidiscrimination Law. *Harvard Law Review*, *101*(7), 1331–1387. <https://doi.org/10.2307/1341398>
- Creswell, J. W., & Guetterman, T. C. (2019). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (6th ed.). Pearson.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
- Crouse, T., & Lowe, P. (2018). Snowball sampling. In B. B. Frey (Ed.), *The SAGE encyclopedia of educational research, measurement, and evaluation* (Vol. 4, pp. 1532–1532). SAGE Publications. <https://doi.org/10.4135/9781506326139>
- Dahal, N., Neupane, B. P., Pant, B. P., Dhakal, R. K., Giri, D. R., Ghimire, P. R., & Bhandari, L. P. (2024). Participant selection procedures in qualitative research: Experiences and some points for consideration. *Frontiers in Research Metrics and Analytics*, *9*, 1512747. <https://doi.org/10.3389/frma.2024.1512747>
- Davis, S., Martin-Holland, J., Gameda, M. L., & Mitchell, D. A. (2024). An antiracism framework for educating nursing professionals. *Nursing Outlook*, *72*(5), 102242–102242. <https://doi.org/10.1016/j.outlook.2024.102242>
- Davis, T. M., Jones, M. K., Settles, I. H., & Russell, P. G. (2021). Barriers to the successful mentoring of faculty of color. *Journal of Career Development*, *49*(5), 1063–1081. <https://doi.org/10.1177/08948453211013375>

- Delgado, R., & Stefancic, J. (1998). Critical race theory: Past, present, and future. *Current Legal Problems*, 51(1), 467–491.  
<https://doi.org/10.1093/clp/51.1.467>
- Delgado, R., & Stefancic, J. (2017). *Critical race theory: An introduction* (3rd ed.). New York University Press.
- DeWitty, V. P., & McCamey, D. (2022). Mentorship and sponsorship—Viable strategies for increasing nursing school faculty. *Journal of Nursing Education*, 61(9), 499–501. <https://doi.org/10.3928/01484834-20220705-03>
- Edwards-Maddox, S., Reid, A., & Quintana, D. M. (2022). Ethical implications of implicit bias in nursing education. *Teaching and Learning in Nursing*, 17(4), 441–445. <https://doi.org/10.1016/j.teln.2022.04.003>
- Egede, L. E., Walker, R. J., & Williams, J. S. (2023). Addressing structural inequalities, structural racism, and social determinants of health: A vision for the future. *Journal of General Internal Medicine*, 39(3), 487–491.  
<https://doi.org/10.1007/s11606-023-08426-7>
- Etienne, S., & Lewis, L. S. (2023). Racial implicit bias: Perspectives of nursing students. *Journal of Professional Nursing*, 50, 95–103.  
<https://doi.org/10.1016/j.profnurs.2023.10.007>
- Fernández-Lorente, L., Rodríguez-Almagro, J., & Hernández-Martínez, A. (2025). Enhancing support for new nursing faculty: An extensive scoping review of mentoring practices. *Nurse Education Today*, 147, 106595.  
<https://doi.org/10.1016/j.nedt.2025.106595>

- Fields, S., Wharton, M., Ackerman-Barger, K., Lewis, L., & Beard, K. (2022). The rise of diversity, equity, and inclusion (DEI) practitioners in academic nursing. *OJIN: The Online Journal of Issues in Nursing*, 27(1), 1-10.  
<https://doi.org/10.3912/ojin.vol27no01man03>
- Fiske, S. T. (2017). Prejudices in cultural contexts: Shared stereotypes (gender, age) versus variable stereotypes (race, ethnicity, religion). *Perspectives on Psychological Science*, 12(5), 791–799.  
<https://doi.org/10.1177/1745691617708204>
- Flaubert, J. L., Le Menestrel, S., Williams, D. R., & Wakefield, M. K. (2021, May 11). *Educating nurses for the future*. In *The future of nursing 2020–2030: Charting a path to achieve health equity*. National Academies Press.  
<https://www.ncbi.nlm.nih.gov/books/NBK573912/>
- Frazer, C., Lopez, L., Graham-Perel, A., Ochs, J., Pool, N., Land, D., & Sailsman, S. (2024). Microaggressions in nursing. *AJN: The American Journal of Nursing*, 124(5), 18–19. <https://doi.org/10.1097/01.NAJ.0001016344.57827.09>
- Frey, W. H. (2021, August 13). New 2020 census results show increased diversity countering decade-long declines in America’s white and youth populations. *Brookings*. <https://www.brookings.edu/articles/new-2020-census-results-show-increased-diversity-countering-decade-long-declines-in-americas-white-and-youth-populations/>

- Ganek, E., Sazon, R. A. P., Gray, L., & Sherry, D. (2023). An introduction to faculty diversity, equity, and inclusion for excellence in nurse education: Literature review. *Asian/Pacific Island Nursing Journal*, 7, e49231.  
<https://doi.org/10.2196/49231>
- Gill, M. E., & Wicks, M. N. (2023). A call to action for preparing nursing faculty to teach nursing theory. *Journal of Nursing Education*, 62(4), 191–192.  
<https://doi.org/10.3928/01484834-20230323-01>
- Gichane, M. W., Griesemer, I., Cubanski, L., Egbuogu, B., McInnes, D. K., & Garvin, L. A. (2024). Increasing diversity, equity, and inclusion in the health and health services research workforce: A systematic scoping review. *Journal of General Internal Medicine*, 40(7), 1487–1497. <https://doi.org/10.1007/s11606-024-09041-w>
- Gordon, P., & Patterson, L. (2023). Sustaining success for Black nursing students. *Journal of Professional Nursing*, 49, 102–107.  
<https://doi.org/10.1016/j.profnurs.2023.09.009>
- Hamlin, L. (2021). A model for graduate nursing faculty teaching workload. *Journal of Professional Nursing*, 37(2), 244–248.  
<https://doi.org/10.1016/j.profnurs.2020.12.014>
- Hamzavi, N., & Brown, H. (2023). “Who has been here that looks like me?”: A narrative inquiry into Black, Indigenous, and People of Color graduate nursing students’ experiences of white academic spaces. *Nursing Inquiry*, 30(4), e12568.  
<https://doi.org/10.1111/nin.12568>

- Handlovsky, I., Slemon, A., & Dhari, S. (2024). Redressing discrimination in Canadian nursing programs: Student perspectives. *Nurse Education in Practice*, 80, 104134. <https://doi.org/10.1016/j.nepr.2024.104134>
- Hantke, S., St. Denis, V., & Graham, H. (2022). Racism and antiracism in nursing education: Confronting the problem of whiteness. *BMC Nursing*, 21(146), 1–9. <https://doi.org/10.1186/s12912-022-00929-8>
- Harnois, C. E. (2023). The multiple meanings of discrimination. *Social Psychology Quarterly*, 86(4), 413–431. <https://doi.org/10.1177/01902725221134266>
- Health Resources and Services Administration. (2024). *Nursing education and training: Data from the 2022 NSSRN*. U.S. Department of Health and Human Services. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nssrn-education-training-report.pdf>
- Heid, O., Khalid, M., Smith, H., Kim, K., Smith, S., Wekerle, C., Bomberry, T., Hill, L. D., General, D. A., Green, T. J., Harris, C., Jacobs, B., Jacobs, N., Kim, K., Horse, M. L., Martin-Hill, D., McQueen, K. C. D., Miller, T. F., Noronha, N., & Smith, S. (2022). Indigenous youth and resilience in Canada and the USA: A scoping review. *Adversity and Resilience Science*, 3(2), 113–147. <https://doi.org/10.1007/s42844-022-00060-2>
- Hennink, M., & Kaiser, B. N. (2021). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, 292, 114523. <https://doi.org/10.1016/j.socscimed.2021.114523>

- Hill, S., & Albert, N. M. (2021). Understanding the experiences of African American nursing students. *Journal of Nursing Education, 60*(3), 150–154.  
<https://doi.org/10.3928/01484834-20210222-05>
- Hynson, E., Bloomer, J., Samson, Z., Price, K., Tran, D., & Muench, U. (2022). Workforce trends of underrepresented minority nurses in the United States over the last decade: Progress towards equal representation? *Policy, Politics, & Nursing Practice, 23*(4), 215–227. <https://doi.org/10.1177/15271544221118319>
- Iheduru-Anderson, K. (2021). Barriers to career advancement in the nursing profession: Perceptions of Black nurses in the United States. *Nursing Forum, 55*(4), 664–677.  
<https://doi.org/10.1111/nuf.12483>
- Iheduru-Anderson, K., Alexander, K. E., Webber-Ritchey, K., Atkins, R., Ramdin, V. A., Calvert, W. J., Ugorji, J., McCamey, D., Okoro, F., & Johnson, V. (2024). Voices of resilience: An autoethnographic exploration of the contributions of Black nursing faculty in nursing education. *ABNFF Journal, 1*(1), 17–39.  
[https://www.researchgate.net/publication/379953392\\_Voices\\_of\\_Resilience\\_An\\_Autoethnographic\\_Exploration\\_of\\_the\\_Contributions\\_of\\_Black\\_Faculty\\_in\\_Education](https://www.researchgate.net/publication/379953392_Voices_of_Resilience_An_Autoethnographic_Exploration_of_the_Contributions_of_Black_Faculty_in_Education)
- Iheduru-Anderson, K. C., & Shingles, R. R. (2023). Mentoring experience for career advancement: The perspectives of Black women academic nurse leaders. *Global Qualitative Nursing Research, 10*, 233339362311550.  
<https://doi.org/10.1177/23333936231155051>

- Isik, U., Wouters, A., Croiset, G., & Kusurkar, R. A. (2021). “What kind of support do I need to be successful as an ethnic minority medical student?” A qualitative study. *BMC Medical Education*, 21(6), 1–12. <https://doi.org/10.1186/s12909-020-02423-8>
- Jackson-Summers, A. G., Mrakovcich, K. L., Gray, J. P., Fleischmann, C. M., Emami, T., & Page, E. J. (2024). A systematic review of inclusive pedagogical research using the CIRTL inclusive pedagogy framework: Multi-disciplinary and STEM perspectives, current trends and a research agenda. *Discover Education*, 3(30), 1–25. <https://doi.org/10.1007/s44217-024-00093-y>
- Johannessen, B., Flateland, S., Haraldstad, K., Skisland, A., & Rohde, G. (2022). Being an ethnic minority nursing student – A meta synthesis. *Journal of Professional Nursing*, 40, 111–121. <https://doi.org/10.1016/j.profnurs.2022.03.011>
- Johnson, H. L., Cruthirds, D. F., Taylor, L. A., Suszan, L. T., Owen, R. P., Trautmann, J. L., Beatty, J. R., & Seibert, D. C. (2024). Redefining faculty workload metrics: A data-driven approach. *Journal of Professional Nursing*, 55, 112–118. <https://doi.org/10.1016/j.profnurs.2024.08.006>
- Joseph, R., Thomas, L., Vatalaro, A., Anderson, R., Akiwumi, F., & Briscoe, R. (2023). Learning while Black: Racial and educational challenges of Black students. *Journal of Black Studies*, 54(8), 639–660. <https://doi.org/10.1177/00219347231200888>
- Kamau, S., Koskenranta, M., Isakov, T., Kuivila, H., Oikarainen, A., Tomietto, M., & Mikkonen, K. (2022). Culturally and linguistically diverse registered nurses’

experiences of integration into nursing workforce – A qualitative descriptive study. *Nurse Education Today*, 121, 105700.

<https://doi.org/10.1016/j.nedt.2022.105700>

Kakar, Z. U. H., Rasheed, R., Rashid, A., & Akhter, S. (2023). Criteria for assessing and ensuring the trustworthiness in qualitative research. *International Journal of Business Reflections*, 4(2), 150–173. <https://doi.org/10.56249/ijbr.03.01.44>

Kay, C., Bernstein, J., Yass, N., Woodard, J., Tesfatsion, S., & Scholcoff, C. (2022). Faculty physician and trainee experiences with micro- and macroaggressions: A qualitative study. *Journal of General Internal Medicine*, 37(13), 3419–3425.

<https://doi.org/10.1007/s11606-022-07423-6>

Khalifa, M., Dunbar, C., & Douglas, T.-R. (2013). Derrick Bell, CRT, and educational leadership 1995–present. *Race Ethnicity and Education*, 16(4), 489–513.

<https://doi.org/10.1080/13613324.2013.817770>

Kabir, R., & Zaidi, S. T. (2022). Implicit bias against BIPOC patients in clinical settings: A qualitative review. *Spectra Undergraduate Research Journal*, 2(1), 28–46.

<https://doi.org/10.9741/2766-7227.1014>

Lee, O. D., Tillman, K., & Mott, J. (2022). Being different while making a difference: A qualitative analysis of underrepresented nursing faculty members' lived experiences. *Journal of Nursing Education and Practice*, 12(7), 22–29.

<https://doi.org/10.5430/jnep.v12n7p22>

- Lewis, C., Cohen, P. R., Bahl, D., Levine, E. M., & Khaliq, W. (2023). Race and ethnic categories: A brief review of global terms and nomenclature. *Cureus, 15*(7), e41253. <https://doi.org/10.7759/cureus.41253>
- Li, L., Kazmie, N., Vandervelde, C., Balonjan, K., & Strachan, P. H. (2022). Inclusivity in graduate nursing education: A scoping review. *Journal of Nursing Education, 61*(12), 679–692. <https://doi.org/10.3928/01484834-20221003-04>
- Liera, R., & Desir, S. (2023). Taking equity-mindedness to the next level: The equity-minded organization. *Frontiers in Education, 8*, 1–6. <https://doi.org/10.3389/feduc.2023.1199174>
- Lim, W. M. (2024). What is qualitative research? An overview and guidelines. *Australasian Marketing Journal (AMJ), 33*(2), 199–229. <https://doi.org/10.1177/14413582241264619>
- Lin, J. C. P. (2022). Exposing the chameleon-like nature of racism: A multidisciplinary look at critical race theory in higher education. *Higher Education, 85*(5), 1085–1100. <https://doi.org/10.1007/s10734-022-00879-9>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Lincoln, Y. S., & Stanley, C. A. (2021). The faces of institutionalized discrimination and systemic oppression in higher education: Uncovering the lived experience of bias and procedural inequity. *Qualitative Inquiry, 27*(10), 1233–1245. <https://doi.org/10.1177/10778004211026892>

- Loyd, V., & Murray, T. A. (2021). Raising awareness: African American faculty perceptions of the interview process. *Journal of Professional Nursing, 37*(5), 900–906. <https://doi.org/10.1016/j.profnurs.2021.07.001>
- Ludwig-Beymer, P., Vottero, B., Coates, A., Blodgett, N., Rogers, J., & McGonigal-Kenney, M. (2021). Nursing faculty workload. *Nurse Educator, 47*(3), 174–179. <https://doi.org/10.1097/nne.0000000000001121>
- Matthews, A. K., Abboud, S., Smith, A. U., Smith, C., Jeremiah, R., Hart, A., & Weaver, T. (2022). Strategies to address structural and institutional barriers to success among students of color in nursing programs. *Journal of Professional Nursing, 40*, 96–104. <https://doi.org/10.1016/j.profnurs.2022.03.005>
- McFadden, T., Keyt, J., & Fang, D. (n.d.). *Special survey on vacant faculty positions for academic year 2021–2022*. American Association of Colleges of Nursing. <https://www.aacnnursing.org/Portals/0/PDFs/Data/Vacancy21.pdf>
- McLetchie-Holder, S., Showunmi, V., & Bragg, S. (2025). Personal tutoring Black nursing students: A qualitative study of the experiences of students and tutors. *Nurse Education Today, 146*, 106552. <https://doi.org/10.1016/j.nedt.2024.106552>
- Meidert, U., Dönnges, G., Bucher, T., Wieber, F., & Gerber-Grote, A. (2023). Unconscious bias among health professionals: A scoping review. *International Journal of Environmental Research and Public Health, 20*(16), 1–28. <https://doi.org/10.3390/ijerph20166569>

- Mills, K. J. (2021). Black students' perceptions of campus climates and the effect on academic resilience. *Journal of Black Psychology, 47*(4–5), 354–383.  
<https://doi.org/10.1177/00957984211001195>
- Miller, S., & Vaughn, S. (2022). “Everybody’s scrutinizing you”: Perspectives of inclusion among Black and Hispanic nursing students. *Teaching and Learning in Nursing, 18*(1), 98–102. <https://doi.org/10.1016/j.teln.2022.09.004>
- Minow, M. (2021). Equality vs. equity. *American Journal of Law and Equality, 1*, 167–193. [https://doi.org/10.1162/ajle\\_a\\_00019](https://doi.org/10.1162/ajle_a_00019)
- Merriam, S. B., & Tisdell, E. J. (2015). Basic qualitative research. In *Qualitative research: A guide to design and implementation* (4th ed., pp. 23–25). John Wiley & Sons.
- Misra, S., Kwon, S. C., Abraído-Lanza, A. F., Chebli, P., Trinh-Shevrin, C., & Yi, S. S. (2021). Structural racism and immigrant health in the United States. *Health Education & Behavior, 48*(3), 332–341.  
<https://doi.org/10.1177/10901981211010676>
- Mizerek, E. (2023). Promoting inclusivity in nursing education. *Teaching and Learning in Nursing, 19*(1), e30–e33. <https://doi.org/10.1016/j.teln.2023.08.007>
- Moffitt, P., & Durnford, K. L. (2021). Undergraduate nursing students' perceptions about creating culturally safe classrooms: Living the epistemology, ontology and pedagogy. *Nurse Education Today, 105*, 105029.  
<https://doi.org/10.1016/j.nedt.2021.105029>

- Mokel, M. J., Behnke, L. M., Gatewood, E., Mihaly, L. K., Newberry, E. B., Lovence, K., Ro, K., Bellflower, B. B., Tabi, M., & Kuster, A. (2021). Mentoring and support for underrepresented nursing faculty. *Nurse Educator*, *47*(2), 81–85. <https://doi.org/10.1097/nne.0000000000001089>
- Moore, S. E., Coleman, C. L., Hughes, T. L., Dorsen, C., Smith, S. K., Bower, K. M., Clochesy, J. M., Clark, K., & Sherman, A. D. (2023). A systematic review of U.S. nursing faculty’s knowledge, awareness, inclusion, and perceived importance of sexual and gender minority-related content in nursing curricula. *Nursing Outlook*, *71*(3), 101950. <https://doi.org/10.1016/j.outlook.2023.101950>
- Moore, S., & Drake, D. (2021). We are the solution to our problem: A brief review of the history of racism and nursing. *Women's Healthcare: A Clinical Journal for NPs*, *9*(4), 34–39. <https://www.npwomenshealthcare.com/we-are-the-solution-to-our-problem-a-brief-review-%E2%80%A8of-the-history-of-racism-%E2%80%A8and-nursing/>
- Morales, E. (2021). “Beasting” at the battleground: Black students responding to racial microaggressions in higher education. *Journal of Diversity in Higher Education*, *14*(1), 72–83. <https://doi.org/10.1037/dhe0000168>
- Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*, *22*, 1–18. <https://doi.org/10.1177/16094069231205789>

- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. National Academies Press. <https://doi.org/10.17226/25982>
- National League for Nursing. (2023, September 25). *NLN releases new survey results of nursing schools & programs showing persistent challenges to addressing the nursing shortage*. <https://www.nln.org/detail-pages/news/2023/09/25/nln-releases-new-survey-results-of-nursing-schools-programs-showing-persistent-challenges-to-addressing-the-nursing-shortage>
- Nelson, Y. M., Bundy, J., Harmon, E., Hammond, L., Robinson, K., Lyons, N., Vessels, R., Bush, K., & Thomas-Payne, D. (2023). Factors affecting the advancement of Black nurses into leadership roles: A scoping review. *Nursing Outlook*, 71(4), 102000. <https://doi.org/10.1016/j.outlook.2023.102000>
- Odzakovic, E., Huus, K., Ahlberg, B. M., Bradby, H., Hamed, S., Thaper-Björkert, S., & Björk, M. (2023). Discussing racism in healthcare: A qualitative study of reflections by graduate nursing students. *Nursing Open*, 10(6), 3677–3686. <https://doi.org/10.1002/nop2.1619>
- OpenAI. (2025). *ChatGPT* (Feb 2025 version) [Large language model]. <https://chat.openai.com/>
- Osakwe, Z. T., Obioha, C. U., Minuti, A., Atairu, M., & Osborne, J. C. (2022). Barriers and facilitators to success in undergraduate nursing education among minority students. *Nurse Educator*, 47(2), E18–E23. <https://doi.org/10.1097/nne.0000000000001154>

- Patterson, B. J., Brewington, J., Krouse, A., & Hall, M. (2022). Building academic leadership capacity through coaching. *Nursing Education Perspectives, 43*(4), 222–227. <https://doi.org/10.1097/01.nep.0000000000000981>
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report, 20*(2), 76–85. Retrieved from <http://nsuworks.nova.edu/cgi/viewcontent.cgi?article=2097&context=tqr>
- Pusey-Reid, E., Gona, C. M., Lussier-Duynstee, P., & Gall, G. (2022). Microaggressions: Black students' experiences - A qualitative study. *Journal of Professional Nursing, 40*, 73–78. <https://doi.org/10.1016/j.profnurs.2022.03.004>
- Ravitch, S. M., & Mittenfelner Carl, N. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological* (2nd ed.). SAGE Publications.
- Ro, K., Sin, M., & Villarreal, J. (2021). Perceptions of support by nursing faculty of color. *Journal of Professional Nursing, 37*(1), 29–33. <https://doi.org/10.1016/j.profnurs.2020.11.006>
- Ro, K., & Villarreal, J. (2023). Desired and received support as experienced by faculty of color in nursing academia: A qualitative study. *Journal of Professional Nursing, 48*, 173–180. <https://doi.org/10.1016/j.profnurs.2023.07.007>
- Robinson-Lane, S. G., & Patel, R. V. (2022). The imperative to address institutional racism in nursing practice. *Nursing Outlook, 70*(5), 691–693. <https://doi.org/10.1016/j.outlook.2022.06.001>
- Rosseter, R., & American Association of Colleges of Nursing. (n.d.). *Enhancing diversity in the nursing workforce* [Fact sheet].

<https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Enhancing-Diversity-Factsheet.pdf>

Rutakumwa, R., Mugisha, J. O., Bernays, S., Kabunga, E., Tumwekwase, G., Mbonye, M., & Seeley, J. (2019). Conducting in-depth interviews with and without voice recorders: a comparative analysis. *Qualitative Research*, 20(5), 565–581.

<https://doi.org/10.1177/1468794119884806>

Saadi, A., Taleghani, S., Dillard, A., Ryan, G., Heilemann, M., & Eisenman, D. (2023). Nurses' experiences with racial, ethnic, cultural, and religious discrimination in the workplace: A qualitative study. *AJN, American Journal of Nursing*, 123(5),

24–34. <https://doi.org/10.1097/01.NAJ.0000931892.39368.e1>

Saldana, J. (2021). *The Coding Manual for Qualitative Researchers*. SAGE.

Shen, Q., & Tucker, S. (2024). Fostering leadership development and growth of nurse leaders: Experiences from Midwest Nursing Research Society Leadership Academy. *Nursing Outlook*, 72(6), 102293.

<https://doi.org/10.1016/j.outlook.2024.102293>

Sim, W., Lim, W. H., Ng, C. H., Chin, Y. H., Yaow, C. Y. L., Cheong, C. W. Z., Khoo, C. M., Samarasekera, D. D., Devi, M. K., & Chong, C. S. (2021b). The perspectives of health professionals and patients on racism in healthcare: A qualitative systematic review. *PLoS ONE*, 16(8), e0255936.

<https://doi.org/10.1371/journal.pone.0255936>

Sims, S., & Fletcher-Wood, H. (2021). Identifying the characteristics of effective teacher

- professional development: A critical review. *School Effectiveness and School Improvement*, 32(1), 47–63. <https://doi.org/10.1080/09243453.2020.1772841>
- Smiley, R. A., Ruttinger, C., Oliveira, C. M., Hudson, L. R., Allgeyer, R., Reneau, K. A., Silvestre, J. H., & Alexander, M. (2021). The 2020 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 12(1), S1–S96. [https://doi.org/10.1016/S2155-8256\(21\)00027-2](https://doi.org/10.1016/S2155-8256(21)00027-2)
- Smith, J. W., & Mayo, A. (2024). Structural racism: A concept analysis. *Nursing Outlook*, 72(6), 1–10. <https://doi.org/10.1016/j.outlook.2024.102295>
- Solórzano, D. G., & Yosso, T. J. (2002). Critical race methodology: Counter-storytelling as an analytical framework for education research. *Qualitative Inquiry*, 8(1), 23–44. <https://doi.org/10.1177/1077800402008001003>
- Stratton, S. J. (2024). Purposeful sampling: Advantages and pitfalls. *Prehospital and Disaster Medicine*, 39(2), 121–122. <https://doi.org/10.1017/s1049023x24000281>
- Tan, T. Q. (2019). Principles of inclusion, diversity, access, and equity. *The Journal of Infectious Diseases*, 220(2), 30–32. <https://doi.org/10.1093/infdis/jiz198>
- Taylor, E. C., Gillborn, D., & Ladson-Billings, G. (2015). Foundations of critical race theory in education. In *Routledge eBooks*. Informa. <https://doi.org/10.4324/b23210>
- Thomas-Hawkins, C., Flynn, L., Zha, P., & Ando, S. (2022). The effects of race and workplace racism on nurses' intent to leave the job: The mediating roles of job dissatisfaction and emotional distress. *Nursing Outlook*, 70(4), 590–600. <https://doi.org/10.1016/j.outlook.2022.03.001>

- Travers, J. L., Rosa, W. E., Raval, A., Montgomery, T. M., Deng, R., Gatica, J., & Aronowitz, S. V. (2024). Racial and ethnic diversity in academic nursing leadership: A cross-sectional analysis. *Nursing Outlook*, 72(4), 1–6.  
<https://doi.org/10.1016/j.outlook.2024.102182>
- Unger, R. M. (1983). The critical legal studies movement. *Harvard Law Review*, 96(3), 561–675. <https://doi.org/10.2307/1341032>
- Brown v. Board of Education*, 347 U.S. 483 (1954). (n.d.). *Library of Congress*.  
<https://www.loc.gov/item/usrep347483>
- United States Census Bureau. (2021, August 12). *Race and ethnicity in the United States: 2010 Census and 2020 Census*. Census.gov.  
<https://www.census.gov/library/visualizations/interactive/race-and-ethnicity-in-the-united-state-2010-and-2020-census.html>
- Vela, M. B., Erondy, A. I., Smith, N. A., Peek, M. E., Woodruff, J. N., & Chin, M. H. (2022). Eliminating explicit and implicit biases in health care: Evidence and research needs. *Annual Review of Public Health*, 43(1), 477–501.  
<https://doi.org/10.1146/annurev-publhealth-052620-103528>
- Verma, S., & Kaur, G. (2024). Faculty retention dynamics: Investigating the role of HR climate, trust, and organizational commitment in higher education context. *SAGE Open*, 14(1), 1–17. <https://doi.org/10.1177/21582440241233372>
- Victor, J., Gangaware, A., & Siek, J. (2023). Strategies for teaching diversity, equity, and inclusion in principles of nursing. *Nurse Educator*, 49(2), E88–E91.  
<https://doi.org/10.1097/nne.0000000000001495>

- Walsh, H., Theeke, L. A., Ricciardi, R., Ackerman-Barger, K., Inouye, A. J., Cox, C. W., & McNelis, A. M. (2025). Racial microaggressions in nursing: “We have a long way to go.” *Nursing Outlook*, 73(2), 1–7.  
<https://doi.org/10.1016/j.outlook.2024.102347>
- Weaver, E. (2021). Silence in the face of inequity—Nurses' time to speak up. *ANA—New York Nurse*, 6(2), 22–26. <https://www.proquest.com/trade-journals/silence-face-inequity-nurses-time-speak-up/docview/2597850577/se-2>
- Webster, M. (2022). *Racism*. In *Merriam-Webster.com dictionary*. <https://www.merriam-webster.com/dictionary/racism>
- Weitzel, J., Luebke, J., Wesp, L., Graf, M. D. C., Ruiz, A., Dressel, A., & Mkandawire-Valhmu, L. (2020). The role of nurses as allies against racism and discrimination. *Advances in Nursing Science*, 43(2), 102–113.  
<https://doi.org/10.1097/ans.0000000000000290>
- Wynn, S., Holden, C., Romero, S., & Julian, P. (2021). The importance of mentoring in nursing academia. *Open Journal of Nursing*, 11(04), 241–248.  
<https://doi.org/10.4236/ojn.2021.114021>
- Yadav, D. (2022). Criteria for good qualitative research: A comprehensive review. *The Asia-Pacific Education Researcher*, 31(6), 679–689.  
<https://doi.org/10.1007/s40299-021-00619-0>
- Young, L., Dean, F., Alasagheirin, E., Brenner, G., Adams, J., Stephens, E., Thomas-Payne, D., & Wisconsin Center for Nursing. (2023). *2021–2022 Wisconsin nursing education and nurse faculty survey report*.

<https://wicenterfornursing.org/wp-content/uploads/2023/12/2021-2022-Wisconsin-Nursing-Education-Facility-Report.pdf>

Zajac, L. K., & Benton-Lee, J. (2023). Microaggressions: Experiences of diverse graduate nursing students in online education. *Journal of Transcultural Nursing*, 34(4), 301–309. <https://doi.org/10.1177/10436596231166043>

## Appendix A: Interview Guide

Interviewees Name:

Interviewers Name:

Date:

Time:

Interviewees Organization:

Interviewees Contact Information:

Introduction

Pre-Interview Questions:

Hello. My name is Akua Oxendine, and I would like to thank you for helping me with my research. As you know, the purpose of this interview is to explore the perspectives and experiences of nursing faculty regarding the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the US. This interview should last one hour. I will notify you when we approach our 1-hour mark. It consists of several probing questions. After the interview, I will be examining your responses for data analysis. I will not identify you in my documents, and no one will be able to identify you with your answers. You can choose to stop the interview at any time. Also, I must let you know that I will record this interview for transcription purposes. Do you have any questions?

Demographic Questions: Please state your name, years of teaching, and the organization in which you worked as a nursing faculty member. Are you ready to get started?

## INTERVIEW QUESTIONS:

RQ: What are nursing faculty's perceptions of the effectiveness and challenges of efforts to improve the underrepresentation of minority full-time faculty in nursing programs in the United States?

## Question 1:

Please give me some background about yourself and your career path—how and why did you become a faculty member in nursing? What roles and responsibilities have you held during your faculty career?

## Question 2:

In what ways has race been a topic of discussion or reflection at any point in your career?

## Question 3:

How has your racial identity influenced your professional opportunities or experiences?

## Question 4:

What are the barriers that minority faculty face in seeking employment in a college or nursing program?

## Question 5:

Did someone mentor you or assist you in your professional development? If so, please describe how they assisted you.

## Question 6:

If you did not have a mentor, in what ways would having a mentor have been helpful?

Question 7:

How would you describe the overall organizational climate at your institution in terms of its support for diversity, equity, and inclusion?

Question 8:

Based on your experience, what is essential in recruiting and retaining minority nursing faculty members?

Question 9:

What can nursing academic institutions and healthcare organizations do to help minorities move into leadership roles?

Question 10:

Can you share any experiences where you perceived racism, either subtle or overt, within your academic environment, and how it affected you or your colleagues?

CLOSING

This concludes our interview. After the initial analysis, I will invite participants to review

the themes and findings from the overall results. This feedback process, known as member checking, allows participants to confirm that the interpretations made by the

researcher accurately reflect their perspectives. A component of member checking will be

a short second interview with a few participants. This second interview will occur via

Microsoft Teams and will be about 10-15 minutes. The interviews will also be recorded, transcribed, and analyzed like the initial interview. Thank you for sharing your

time and insights. It is greatly appreciated and valued. Please feel free to contact me with

any questions or clarifications. Would you like to add any other thoughts or reflections to

this interview?

Thank you again, and goodbye.