

12-30-2025

Black Nurses in Leadership Roles: Resources and Opportunities Needed for Advancement

Patrick W. Petty
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Health Sciences and Public Policy

This is to certify that the doctoral dissertation by

Patrick W. Petty

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

Review Committee

Dr. Nazarene Tubman, Committee Chairperson, Health Services Faculty

Dr. Cheryl Cullen, Committee Member, Health Services Faculty

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

Walden University
2025

Abstract

Black Nurses in Leadership Roles: Resources and Opportunities Needed for
Advancement

by

Patrick W. Petty

MA/MS, University of Phoenix, 2006

BS, Western Kentucky University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

December 2025

Abstract

The lack of diversity in healthcare management is a social issue that can lead to increased implicit bias and adverse effects on patient care and quality. This study examined the underrepresentation of Black RNs in leadership roles within healthcare. The purpose of this qualitative descriptive study was to explore the perceptions of Black RNs in leadership regarding the opportunities and resources they need for advancement, as outlined in three research questions. A sample of 10 BSN nurses responded to 10 semi-structured interview questions, grounded in critical race theory. Codes were developed from responses, resulting in nine themes and 16 sub-themes, including racialized workplace dynamics, unequal treatment and expectations, experiences in leadership roles characterized by challenges and barriers related to racial inequality, equity in evaluation, access to professional growth, perceived inequities and bias, and unequal promotion opportunities. The effects of implicit bias on care quality were identified as a core element of the themes, informed by CRT, and demonstrated a negative impact on care quality. Consequently, the findings of this study have implications for healthcare professionals to recognize and unlearn their implicit biases. Recommendations for future practices in human services include establishing leadership models that encompass all nurses and creating policies to advance Black nurse leaders. The insights from this study can contribute to social change by closing diversity gaps and supporting the career growth of Black healthcare workers aspiring to leadership roles.

Black Nurses in Leadership Roles: Resources and Opportunities Needed for
Advancement

by

Patrick W. Petty

MA/MS, University of Phoenix, 2006

BS, Western Kentucky University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

December 2025

Table of Contents

| | |
|---|----|
| List of Tables | iv |
| Chapter 1: Introduction to the Study..... | 1 |
| Introduction..... | 1 |
| Background..... | 1 |
| Problem Statement..... | 3 |
| Purpose of the Study..... | 4 |
| Research Questions..... | 4 |
| Theoretical Foundation..... | 4 |
| Nature of the Study..... | 6 |
| Definitions..... | 7 |
| Assumptions..... | 8 |
| Scope and Delimitations..... | 8 |
| Limitations..... | 9 |
| Significance..... | 9 |
| Summary..... | 10 |
| Chapter 2: Literature Review..... | 11 |
| Introduction..... | 11 |
| Literature Search Strategy..... | 11 |
| Theoretical Foundation..... | 13 |
| Literature Review Related to Key Variables and/or Concepts..... | 17 |
| Disparities in Healthcare Leadership..... | 17 |

| | |
|--|----|
| Factors Contributing to Leadership Success | 24 |
| Opportunities for Leadership Ascension | 30 |
| Need for Further Research | 36 |
| Summary | 37 |
| Chapter 3: Research Method..... | 39 |
| Introduction..... | 39 |
| Research Design and Rationale | 39 |
| Role of the Researcher | 41 |
| Methodology | 42 |
| Participant Selection Logic | 42 |
| Target Population and Sampling Strategy | 42 |
| Instrumentation | 43 |
| Procedures for Recruitment, Participation, and Data Collection | 44 |
| Data Analysis Plan | 46 |
| Trustworthiness..... | 47 |
| Summary | 48 |
| Chapter 4: Results | 49 |
| Introduction..... | 49 |
| Demographics | 49 |
| Data Collection | 51 |
| Data Analysis | 52 |
| Evidence of Trustworthiness..... | 52 |

| | |
|--|----|
| Themes..... | 55 |
| Summary..... | 66 |
| Chapter 5: Discussion, Conclusions, and Recommendations..... | 68 |
| Introduction..... | 68 |
| Interpretation of the Findings..... | 69 |
| Limitations of the Study..... | 72 |
| Recommendations..... | 72 |
| Implications..... | 73 |
| Conclusion..... | 74 |
| References..... | 75 |
| Appendix A: Demographic Questions..... | 90 |
| Appendix B: Instrumentation..... | 91 |

List of Tables

| | |
|--|----|
| Table 1. Demographic Information of Sample | 51 |
| Table 2. Codes for RQ1 | 54 |
| Table 3. Themes for RQ1..... | 55 |
| Table 4. Codes for RQ2 | 58 |
| Table 5. Themes for RQ2..... | 59 |
| Table 6. Codes for RQ3 | 62 |
| Table 7. Themes for RQ3..... | 64 |

Chapter 1: Introduction to the Study

Introduction

Blacks in various professions face challenges with career progression due to systemic racism and unconscious biases. Cooper Brathwaite et al. (2022) reported that moving into a leadership position may be more difficult due to racism. Iheduru-Anderson (2021) showed that a higher percentage of White nurses ascend to leadership when compared to Black RNs. A variety of factors contribute to disparities in Black RN leadership, with researchers suggesting systemic racism as a key factor contributing to marginalization (Iheduru-Anderson, 2021; Marcelin et al., 2019). A gap exists in the literature regarding the lived experiences of Black RNs navigating the leadership landscape within the healthcare profession (Nardi et al., 2020). This investigation examines the strategies employed by Black RNs to overcome these barriers and the structural changes they believe are necessary to create a more equitable and inclusive path to leadership.

Background

The systematic barriers to career advancement for Black nurses within the U.S. healthcare system are issues that impact patient care and nursing leadership. Cooper Brathwaite et al. (2022) and Iheduru-Anderson (2021) emphasized that racism and discrimination are primary factors inhibiting the professional progression of Black nurses. A similar sentiment was echoed by Nardi et al. (2020), who called attention to structural racism as a substantial impediment to achieving health equity through nursing leadership.

Marcelin et al. (2019) addressed the underlying issue of racism and unconscious bias within healthcare systems, proposing that strategies to mitigate these biases should be informed by those who experience them, including minority healthcare professionals. These strategies are vital for enacting change within the nursing profession, as outlined by Nardi et al. (2020), who highlighted the need for a racial equity framework to dismantle barriers in healthcare leadership. Smiley et al. (2021) reported that 81% of RNs were White, whereas Black nurses represented 6.7% of the population in 2020. Such statistics further underscore the importance of understanding the experiences of Black nurses, as described by Cooper Brathwaite et al. (2022) and Iheduru-Anderson (2021). The disparities in representation contributed to the broader health inequities identified by Sivashanker et al. (2020). According to Sivashanker et al. (2020), 75% of individuals who graduate from medical school are often from the most affluent income levels. Black medical students typically leave with 62% of educational debt- compared to those of White students (e.g., 36%). Considering these disparities, researchers advocate for a pragmatic approach to address the socioeconomic impacts on health (Nardi et al., 2020; Smiley et al., 2021).

The political acumen necessary for leading healthcare change was presented by Waring et al. (2022), who suggested that understanding the decision-making processes from the perspective of healthcare leaders can inform the development of resources and strategies to support effective change. Strategies could address the leadership challenges identified by Cooper Brathwaite et al. (2022), Iheduru-Anderson (2021), and Nardi et al. (2020). The available studies demonstrate a comprehensive understanding of the challenges and opportunities faced by Black nurses within the healthcare system. A

compelling argument was formed for this study, focusing on how nursing leadership and administrative decision-making can be transformed to promote equity, diversity, and improved patient outcomes.

As healthcare systems focus on diversifying within their leadership, Black RN representation is needed for transformation. Researchers suggested that diverse leadership represents the population served and is linked to improved patient care and organizational outcomes (Joseph et al., 2022; Kett et al., 2022). This study may contribute to the body of knowledge supporting Black RNs in their ascent to leadership roles. The findings provided a framework for actionable recommendations to dismantle inequality in nursing leadership, fostering equitable change in healthcare governance and practice.

Problem Statement

The lack of diversity in healthcare management is a social issue that can lead to an increased risk of implicit bias and adverse effects on patient care and quality (Sivashanker et al., 2020). In the United States, there are 4 million RNs, with 19.3% identified as Black. Of this percentage, less than 7% hold a leadership position in a healthcare facility (Smiley et al., 2021). Cultural competency and poor diversity representation in healthcare administration at the nursing management level are continuing issues (Sivashanker et al., 2020; Smiley et al., 2021).

For most healthcare organizations, RNs in leadership roles must hold a bachelor's degree (i.e., Bachelor of Science in nursing [BSN]) or higher. This is due to the enhanced education that a 4-year degree provides to a nurse. Nursing students in 4-year degree programs acquire leadership skills and expand their knowledge and specialties. Additionally, BSNs are provided with education in management, psychology, and

evidence-based decision-making. Compared to White nurses, Black nurses are less likely to succeed in leadership positions due to a lack of resources, racism, and poor cultural competency (Smiley et al., 2021). There is a knowledge gap regarding the potential opportunities and resources that Black nurses require to advance to successful positions (Sivashanker et al., 2020). The problem being viewed in this study is that Black RNs are underrepresented in healthcare leadership roles. Furthermore, statistical data showed that Black RNs are less likely to obtain leadership opportunities than their White peers, creating an imbalance in leadership representation, which can hinder success (Smiley et al., 2021).

Purpose of the Study

The purpose of this qualitative descriptive study was to explore the perceptions of Black RNs in leadership roles regarding opportunities and resources needed for leadership ascension. A qualitative methodology and descriptive design enabled me to examine participants' perceptions through their prior experiences with advancement, potential opportunities for change, and resources that support ascension.

Research Questions

RQ1. How do Black RNs describe their experiences in leadership roles?

RQ2. How do Black RNs describe recommendations regarding opportunities needed for leadership ascension?

RQ3. How do Black RNs recommend resources needed for leadership ascension?

Theoretical Foundation

The theoretical framework guiding this study was critical race theory (CRT). This theory was developed by Delgado and Stefancic (2023) and further designed by

Crenshaw et al. (1996) through an interdisciplinary approach to viewing oppression, discrimination, and racism. The framework provided a model to understand the creation of disparities, the role of structural systems in perpetuating diversity, and the impact of policies and programs in either harming or supporting marginalized communities. CRT showed that elements of racism, colonization, and inherent support of White supremacy are embedded within all structures, both legal, public, and private (Delgado & Stefancic, 2023). As a result, disparities grow amongst marginalized communities as the specific systems fail to address needs, reduce barriers, and provide opportunities to address harmful inequities across the United States (Delgado & Stefancic, 2023). Depending upon the individual's identity, such as gender, ethnicity, race, country of origin, and disability status, the challenges of succeeding and gaining financial and social mobility may be further exacerbated (Crenshaw et al., 1996).

The CRT framework, post-development in the mid-1990s, has been employed in multiple industrial and organizational contexts. Specific to this study, the CRT framework was ideal for examining disparities, racism, microaggressions, and oppression embedded within the healthcare system (Zewude & Sharma, 2021). Regarding the purpose of the study, the CRT framework offers a model for understanding the experiences of individuals who have faced oppression. Viewing Black RNs' experiences with leadership through CRT provided a nuanced understanding of participants' experiences and recommendations for change. Furthermore, the CRT framework was ideal for exploring a potential solution to the identified problem by identifying possible opportunities for change, advancing experiences, and resources that can be utilized by

healthcare administration to address diversity gaps. Lastly, the theory was appropriate for the nature of the study, as it employed a descriptive approach that utilized qualitative textual data from participants to explore and address a problem in a real-world context.

Nature of the Study

A qualitative methodology was employed to align with the study's aim, which is to gather perceptions from participants through textual information (Johnson et al., 2020). A descriptive design was employed, in which participants described their experiences with a particular phenomenon being examined in the study (Siedlecki, 2020). The qualitative methodology is suitable for addressing the research questions, which are designed to gather textual and descriptive information from participants.

A descriptive research design was employed for the study. Specifically, the participants described their experiences to me, which supported the use of descriptive research, a method that aims to explain a topic or social phenomenon (Doyle et al., 2020). A descriptive research design utilizes multiple data sources to gather textual information from participants, addressing a topic or problem that lacks information and requires potential solutions (Doyle et al., 2020). For the qualitative descriptive study, the data collection sources included (a) a demographic questionnaire and (b) semi-structured interviews. Both data sources were used to collect textual information from participants.

I developed the data instruments in accordance with best practices and included an expert panel review. The semi-structured interviews provided an opportunity to ask participants probing and defined questions regarding their experiences and recommendations. These data sources addressed the three research questions.

Definitions

Cultural competency: Understanding, communicating, and effectively interacting with people across cultures. Cultural competency is pivotal in healthcare, ensuring that patient care is tailored to the diverse needs of the population (Sivashanker et al., 2020).

Diversity representation: The proportionate presence of diverse racial and ethnic groups in an organization, particularly in leadership positions. Diversity representation is essential for reducing implicit bias and enhancing the quality of patient care (Smiley et al., 2021).

Healthcare administration: The management of healthcare systems, including hospitals, hospital networks, and public health systems. Effective administration is crucial for implementing policies that promote equity and diversity within the healthcare workforce (Waring et al., 2022).

Implicit bias: The attitudes or stereotypes that unconsciously affect an individual's understanding, actions, and decisions. Such biases can negatively impact patient care and decision-making in healthcare settings (Marcelin et al., 2019).

Leadership ascension: The process by which individuals advance to higher levels of leadership within an organization. For Black RNs, systemic barriers often hinder this process (Cooper Brathwaite et al., 2022).

Racism: Prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's race is superior. Racism is a central barrier to career advancement for Black nurses in the United States (Iheduru-Anderson, 2021).

Systemic racism: The complex array of discriminatory practices, unfair policies, and institutional barriers continues to perpetuate racial inequity, particularly in professional environments such as healthcare (Nardi et al., 2020).

Underrepresentation: The inadequate or disproportionately low representation of a particular group within a community or workforce, especially regarding Black RNs in leadership positions within the healthcare sector (Smiley et al., 2021).

Assumptions

Assumptions are the elements of a study that the researcher assumes to be true but cannot verify. For example, it was an assumption for this study that participants would be truthful in their responses to questions during semi-structured interviews. If participants were not sincere in their answers to the questions, the study's results would be negatively affected. As such, it was assumed that participants were truthful to validate the data collected during the study. Another assumption for the study was that the data collected were reliable and could be used to create conclusions about the topic being studied. This assumption was necessary to complete the research and validate the results.

Scope and Delimitations

Scope and delimitations refer to the boundaries of the study, which are implemented to narrow the findings to a particular problem and population. For this qualitative descriptive study, the scope was limited to Black RNs in leadership roles regarding opportunities and resources needed for leadership ascension. Furthermore, the methods and design of the study were limited to a qualitative methodology and a

descriptive design, which allowed me to explore participants' perceptions through their prior experiences with advancement, potential opportunities for change, and resources to support ascension.

Limitations

Limitations refer to the elements of a study that are beyond the control of the researcher. Limitations must be addressed in a study, as they may impact the research findings (Quick & Hall, 2015). One limitation of this study was researcher bias. To mitigate researcher bias, I used a reflexive journal to record any instances where I recognized differing opinions or was otherwise influenced by the research I was conducting. Another limitation of this study was the potential for self-reporting bias. Self-reporting bias refers to the situation where a participant may be untruthful during interviews to avoid appearing socially undesirable. Participant confidentiality and informed consent were used to mitigate self-reporting bias in this study.

Significance

This study was significant in providing information that may directly contribute to healthcare administration by obtaining the experiences of Black RNs in leadership positions. The information obtained may provide insights into potential opportunities for change and resources that can support other Black RNs in advancing to leadership positions. Addressing the problem of the study may offer real-world solutions to the lack of diversity representation among nursing leadership. Furthermore, the information can positively contribute to social change by addressing diversity gaps and supporting the career advancement of Black healthcare workers who desire to enter leadership roles.

Summary

Chapter 1 detailed the purpose of this qualitative descriptive study, which was to explore the perceptions of Black RNs in leadership roles regarding the opportunities and resources needed for leadership advancement. A qualitative methodology and descriptive design were employed to explore participants' perceptions through their prior experiences with advancement, potential opportunities for change, and resources to support their ascension. The problem addressed in this study is that Black RNs are underrepresented in healthcare leadership roles. In this chapter, the definitions of key terms were provided, along with the assumptions, scope, limitations, and significance of the study. Chapter 2 includes a review of the literature relevant to the study.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative descriptive study was to explore the perceptions of Black RNs in leadership roles regarding the opportunities and resources needed for leadership advancement. The problem examined in this study is that Black RNs are underrepresented in leadership roles within healthcare. Furthermore, statistical data showed that Black RNs were less likely to obtain leadership opportunities than their White peers, creating an imbalance in leadership representation, which hinders success (Smiley et al., 2021). In this chapter, a review of the literature relevant to the study was conducted. The literature was sourced from scholarly databases, was peer-reviewed, and was published within the last 5 years.

The literature review begins with a discussion of the search strategy I employed to identify sources for the review, including the search constraints implemented to ensure the appropriateness of retrieved sources and the search terms and search engines used to generate hits of sources for potential inclusion. The theoretical foundation selected for this study, CRT, is discussed. A synthesis of the existing literature extracted three main themes: (a) disparities in healthcare leadership, (b) factors contributing to leadership success, and (c) opportunities for leadership ascension.

Literature Search Strategy

I conducted a literature review using Emerald Insight, JSTOR, PubMed, ERIC, and Web of Science, searching for keywords related to the main themes and subthemes of the review. I formulated the main themes and subthemes of the literature review before searching for sources. Therefore, the search keywords were associated with the main

terms in the study's subthemes. These subthemes involved (a) prevalence of leadership disparities, (b) implicit bias and care quality, (c) leaders' personal and professional experiences concerning success, (d) institutional and systemic facilitators concerning leadership success, (e) skills and training for leadership, and (f) mentoring and networking in leadership. The keywords for the searches were derived from these six subthemes. However, I also iteratively modified the search terms based on the types of results that were produced. For example, regarding the sixth subtheme, I found that the term "networking" yielded results related to social media that were unrelated to the subtheme's focus. Therefore, I instead ran a search using the keyword "socialization," which more accurately reflected the point of interest and produced more relevant hits. I selected approximately 12 sources for each of the subthemes, resulting in a total of over 70 sources.

An independent search was conducted regarding CRT, the theoretical foundation of this study. For this portion, I conducted targeted searches to retrieve sources on the theory's history and its more recent applications within the relevant research. Some sources retrieved for the theory portion were not scholarly articles but books. I determined this would be appropriate due to the need to retrieve seminal sources for the theory portion and discuss the theory's development over time.

I used Emerald Insight, JSTOR, PubMed, ERIC, and Web of Science databases to search for appropriate sources. The databases were suitable for this study because they focus on professional topics, such as leadership. The filters were set to retrieve only scholarly, peer-reviewed sources from 2018 to 2023. These parameters helped ensure that all sources selected for inclusion in the literature review were credible and relevant. After

conducting the searches using the keywords discussed above, I examined the titles and abstracts of the first 30 sources retrieved for each search to determine whether they were appropriate and relevant to the present literature review.

Once sources were selected for inclusion, I organized them according to the six main subthemes of this study to prepare the sources for discussion and synthesis in the review. Some alterations were made to the search regarding the theory portion. The filter regarding recentness was turned off so that older and seminal sources would also be retrieved. I also used the Amazon website to identify the titles and publisher information of classic and recent books related to CRT. These sources were also selected for inclusion in the review.

Theoretical Foundation

CRT serves as the theoretical foundation of this study. This theory emerged in the 1980s within the legal profession. Its initial purpose was to analyze and explain the ways that many laws were written and enforced in racially discriminatory practices, such that they were biased against Blacks and other minorities, even if the plain text of the statutes in question did not explicitly mention race (Crenshaw et al., 1996). The framework and approach expanded to consider other institutions of society, such as educational institutions (Ladson-Billings, 1998). The underlying premise is that although racial discrimination may now be legally banned within the United States, the long history of White supremacy within the nation has colored the social institutions of the country at an intense level, such that the normal functioning of those institutions themselves produces racially discriminatory outcomes despite the formal ban against such discrimination. This

dynamic is known as systemic racism, an essential concept within CRT (Busey et al., 2022).

One of the implications of systemic racism is that racial discrimination can be perpetuated even within systems or institutions where no single person harbors racist attitudes, since the internal logic of the systems and institutions produces racially discriminatory outcomes. Research in CRT has evolved and developed over time, with new ideas and concepts emerging. For example, more recent literature has focused on the concept of microaggressions, which refers to comments or other forms of communication that implicitly and subtly perpetuate racism against racial minority people (Ogunyemi et al., 2020). For example, Black individuals may receive seemingly innocent but demeaning comments about their natural hair, and various types of dress codes in schools and other institutions may implicitly be designed from a White standpoint (Onnie et al., 2022). Such dynamics can make racial minority people feel uncomfortable and excluded, and the consequences could sometimes be even more severe and have academic or professional repercussions.

Another significant concept in CRT is intersectionality, which refers to the overlapping of marginalized identities producing novel experiences that are irreducible to either identity (Collins, 2019). For example, multiple intersecting identities are uniquely vulnerable to marginalization, such as race, ethnicity, gender, and abilities. In recent times, CRT has come under fire in the public conversation within the United States, primarily because many conservatives view it as unscholarly and a type of ideological indoctrination when it is used to inform educational practices at school and human

resource practices within the professional realm (H. Morgan, 2022). From the progressive standpoint, however, it is necessary to resist this conservative push and continue advocating for CRT.

Applying the idea is essential to help make the United States a more socially just and racially equitable nation. Crowley and Smith (2020) flatly affirmed, for example, that the alternative to implementing pedagogy based on CRT within the school setting is to accept white supremacist pedagogy instead. Likewise, H. Morgan (2022) argued that resisting conservative efforts to remove CRT from schools is essential. These recent controversies have sparked a broader interest in CRT among the public, and scholars have responded to this interest by developing renewed elaborations of the theory and defending it against its detractors (Delgado & Stefancic, 2023). It is fascinating that CRT has, in this way, broken out of the ivory tower and become a matter of public discussion.

One drawback of this development is that it has led to widespread misunderstandings of the theory among individuals who are not adequately trained in the relevant disciplines related to the theory or sufficiently knowledgeable about its history and scholarly roots. On the other hand, public awareness of CRT means that it is more relevant than ever, and that scholars and practitioners may have an excellent opportunity to implement the theory further to transform American systems and institutions, while also gaining broader public support for their agenda.

The CRT is highly appropriate as a theoretical foundation for the present study because this study focuses on Black RN leaders' perceptions regarding leadership opportunities. The concept of systemic racism is crucial for framing this inquiry effectively. In the United States today, it is illegal for organizations to discriminate based

on race, which means that formal, legal discrimination may not be a challenge experienced by aspiring Black RN leaders today. However, Black RNs may still experience significant barriers in the form of systemic racism. For example, candidates for leadership may be tacitly evaluated in terms of certain types of social or cultural norms, such as their accents, which are themselves coded white, with the result that Black RNs would be at a disadvantage when seeking consideration for leadership positions. Likewise, social connections may be essential for advancing within healthcare organizations. Black RNs would be less likely to be invited to participate in such relations than White RNs. These are only examples of how systemic racism may operate to hinder the leadership ascension of Black RNs. CRT thus provides handy conceptual tools for analyzing how Black RNs may still experience barriers to advancement even in a day and age where racial discrimination is formally illegal.

The purpose of this qualitative descriptive study is to explore the perceptions of Black RNs in leadership roles regarding the opportunities and resources needed for leadership ascension. This topic is timely and essential due to ongoing concerns about systemic racism within the United States. One such effect is that Black RNs are underrepresented in leadership positions across various industries, including healthcare (Adamovic & Leibbrandt, 2023; Delgado & Stefancic, 2023; A. Morgan et al., 2021). In this context, it is vital to understand how Black RN leaders perceive the state of leadership within their profession. An understanding of potential barriers against the leadership ascension of Black RNs to leadership positions and potential facilitators that could encourage such leadership ascension is needed. The results of this inquiry could help promote social justice and racial equity within the nursing profession, which may

also improve the quality of care delivered to all patients, especially those from diverse racial and ethnic backgrounds.

Literature Review Related to Key Variables and/or Concepts

This literature review presents themes related to the research questions and provides a thorough background context from the relevant scholarly literature, enabling a more effective examination of those questions. The first section of the literature review addresses the theme of disparities in healthcare leadership, including (a) the prevalence of disparities and their impact and (b) implicit bias and effects on care quality. The second section addresses the theme of factors contributing to leadership success, considering (a) personal and professional experiences and (b) institutional and systemic facilitators. The third section addresses the theme of opportunities for leadership ascension, specifically, (a) essential skills and training for leadership, and (b) mentoring and networking in leadership. This review systematically addresses each selected theme and its subthemes in turn. Finally, the chapter closes with an explanation of the need for further research. It was found that a gap exists in the literature regarding the perceptions of Black RN leaders regarding the challenges and opportunities associated with the leadership ascension of Black RNs within the nursing profession. Based on the literature review, this chapter concludes that the present study can make a meaningful contribution to the existing body of literature.

Disparities in Healthcare Leadership

This section of the literature review examines disparities in healthcare leadership, addressing two key areas: (a) the prevalence of disparities and their impact, and (b) implicit bias and its effects on care quality. The discussion reveals that disparities in

healthcare leadership were substantial, resulting in social inequities within the healthcare professions and negatively impacting the quality of care. Disparities in healthcare leadership make care delivery a less diverse and racially and culturally insensitive process, which could harm the quality of care delivered to patients with diverse racial and cultural backgrounds.

Prevalence of Disparities and Their Impact

The literature indicates that disparities in healthcare leadership are prevalent. Iheduru-Anderson (2021), for example, argued that the logic of white supremacy was embedded across all levels of the nursing profession across the United States, including nurse education. The result was that Black RNs experience much greater difficulty advancing in the profession than their White counterparts. Boothe et al. (2019) also noted that healthcare organizations were somewhat hierarchical, with professionals typically divided into leaders and followers. Putting these insights together, could see that White RNs were often in hierarchically superior positions within healthcare organizations relative to Black RNs. According to Kyere and Fukui (2022), structural racism was a significant reality across multiple professions, with one result being adverse mental health outcomes for workers from diverse racial backgrounds.

Although the research literature does not clearly state that Black RNs experience such outcomes, one may reasonably infer that they may, given the logical connections in the literature. If white supremacy is built into the nursing profession, Black RNs are thus affected by systemic racism. One could expect that this situation would have the same adverse effects on them as exposure to systemic racism has on workers within various other professions. Considering the nursing workforce itself, one may suggest that

systemic racism within the nursing profession produces significant racial disparities in nurse leadership, with one consequence being adverse outcomes for RNs from diverse racial backgrounds. To improve RN outcomes, it is necessary to address nurse leadership disparities, which requires addressing systemic racism within the nursing profession.

A. Morgan et al. (2021) also confirmed the existence of racial disparities within healthcare leadership, based on research focusing specifically on National Cancer Institute–designated cancer centers. Disparities, however, do not fall only along the axis of race. Instead, sex is also a critical axis. In their research on leadership disparities in neurosurgical societies, Shaikh et al. (2019) found a severe distinction against women, with most leaders being men. Although racial disparity is the one that is most relevant for the present study, it is also essential to be mindful of the ways that different axes of oppression and discrimination can overlap and intersect with each other. According to CRT, the concept of intersectionality suggests that the experiences of a Black woman would be different from the experiences of either a Black man or a White woman and not reducible to either of those experiences (Collins, 2019).

In other healthcare professions, however, being a Black woman might produce compounded challenges that exceed either the difficulties experienced by a Black man or by a White woman, and those compounded challenges also could not be conceptualized as the mere sum of challenges based individually on either race or sex. If it is true that not only racial disparities but also sex disparities affect healthcare leadership, then Black women RNs could be expected to experience unique challenges. However, this point may be mitigated by the fact that the nursing profession is predominantly female, with most

nurse leaders thus also being female. Sex disparities may thus be minimal in nurse leadership simply because there are not enough male RNs present to make such inequality a severe problem within this specific profession.

Sergeant et al. (2022) found that healthcare leaders in Canada were composed equally of men and women, but that people of color were significantly underrepresented. However, if healthcare leaders included nurse leaders and nurses were predominantly female, gender parity could still imply that women were less represented among healthcare leaders per capita. In any event, the research confirmed the existence of racial disparity. This finding is congruent with Waite and Nardi's (2019) analysis of systemic racism and its impact on the nursing profession, with the researchers tracing that racism back to the original act of racism that resulted in the European colonization of the Americas in the first place. It has been determined that healthcare professionals must pursue diversity and inclusion to rectify historical injustices. This cause is morally imperative in its terms.

Beyond the intrinsic morality of the matter, however, the literature also shows that disparities in healthcare leadership can harm the quality of care provided to patients. For example, Silver et al. (2019) pointed out that diversity among healthcare professionals is essential for delivering high-quality care to patients from various racial and cultural backgrounds. Gomez and Bernet (2019) confirmed that diversity in healthcare teams is linked to better care quality outcomes. This is probably because diversity brings multiple perspectives into the healthcare team and because diverse professionals may better understand the needs of different patients. Similarly, Young and Guo (2020) highlighted the importance of cultural diversity training for healthcare professionals to build the skills

needed to work effectively with patients from diverse backgrounds. In fact, providing care to such patients would become easier if the healthcare team itself included professionals from different backgrounds. Therefore, disparities in healthcare leadership have real consequences for the quality of care.

Implicit Bias and Effects on Care Quality

Implicit bias refers to a subtle and subconscious inclination that influences one's thoughts and actions. According to the literature, implicit bias among healthcare professionals can significantly affect the quality of care. Therefore, professionals must work toward recognizing and unlearning their implicit biases (Edgoose et al., 2019). Fiscella et al. (2021), for example, found that physicians with higher levels of implicit bias provided worse care to Black patients than physicians with lower levels of implicit bias when compared to the quality of care delivered to similar White patients. Empirical findings like these are essential because they show that implicit bias is not just a vague or fuzzy concept without a concrete reference. Instead, it refers to an objective phenomenon that can have real adverse effects on the quality of care provided to patients from minority backgrounds. Hagiwara et al. (2020) discussed empirical measures that can be used to conduct such research and produce findings like these. They confirm the validity and reliability of these methods. Implicit bias is a measurable construct, and its effects on care quality can also be quantified. The concept is grounded in theory. According to CRT, and supported by empirical evidence, the impact of implicit bias on care quality can be harmful. Therefore, healthcare professionals must address this issue and learn to recognize and unlearn their implicit biases.

Indeed, much of the literature on implicit bias in healthcare focuses on how healthcare professionals can recognize and unlearn such bias. For example, Schnierle et al. (2019) provided a primer on implicit bias for physicians to ensure they are aware of the issue. Marcelin et al. (2019) specifically offered advice on how to recognize and reduce implicit bias within healthcare, including strategies like self-reflection, developing awareness of one's racial and cultural identity, and participating in diversity training to gain the skills needed for working with diverse patients. Similarly, Sukhera et al. (2020) highlighted the importance of recognizing and transforming implicit bias in health professions, suggesting that healthcare students and professionals should be taught skills that improve their critical thinking and self-awareness.

Much of the recent literature assumes, as a straightforward fact, that implicit bias exists within healthcare professions and that developing strategies to address this bias is crucial. Similarly, the negative effects of implicit bias on diverse patients are primarily supported by past research and current understanding. In other words, much of the recent literature on this topic does not revisit the evidence that implicit bias harms care quality. Instead, it moves forward to focus on identifying and solving these issues. According to Pritlove et al. (2019), while implicit bias can significantly influence various outcomes, it is also important to recognize that broader structural factors are usually involved. For example, if a healthcare professional provides poorer outcomes for a Black patient, it could be due to implicit bias, but it might also be the result of macro-level systemic issues.

level disparities, such as those related to socioeconomic status or health insurance status. Likewise, Vela et al. (2022) argued that while healthcare professionals must identify and challenge implicit bias, old-fashioned explicit bias remains a serious problem.

Although implicit bias certainly harms quality of care, it's also important not to lose sight of other factors or to attribute all issues solely to implicit bias. In this context, one might suggest that while microaggressions are definitely a concern, people of color also face everyday aggression, including the aggression of social systems that marginalize them and hinder their participation in societal institutions (Ogunyemi et al., 2020). Similarly, implicit bias should be viewed as part of a wider set of challenges that often impact diverse patients.

The literature still confirms the importance of addressing implicit bias in today's healthcare professions. Stamps (2021) stated that implicit bias can result in poor care outcomes for diverse patients and is especially insidious because it can activate without healthcare professionals realizing it, making it hard to identify as the cause of disparities in care. In this context, Sabin (2022) highlighted the need to address implicit bias in healthcare to improve care for all diverse patients. According to Gopal et al. (2021), tackling implicit bias is difficult because there are no reliable strategies known for eliminating it. However, training might help healthcare professionals become more aware of implicit bias. Furthermore, these researchers stress that discussions about implicit bias should not overshadow conversations about explicit prejudice and systemic issues, which also greatly influence care quality. While it's important to recognize and confront implicit bias, it is also essential not to see it as the sole explanation for all disparities in

care for diverse patients. Instead, in most cases, implicit bias is likely only a small factor compared to larger influences like systemic disparities at the societal level.

Factors Contributing to Leadership Success

The literature review identified several factors contributing to leadership success, including personal and professional experiences. Additionally, researchers considered relevant institutional and systemic facilitators (Gómez-Leal et al., 2022; Liu et al., 2021). Although the literature rarely examined leader experiences in relation to their success, researchers discussed leader traits and characteristics associated with certain types of experiences. Social skills and emotional intelligence were highlighted as related to success, suggesting that these traits support smooth and harmonious relationships with others. Institutional and systemic factors can either support or hinder leadership success, especially for leaders from diverse demographic backgrounds.

Personal and Professional Experiences

The relevant literature suggests that leaders develop throughout their lifetimes, undergoing a wide range of personal and professional experiences (Liu et al., 2021). Usually, the literature does not explicitly discuss these specific experiences. However, one can infer many details about them from the traits and qualities linked to successful leadership. For example, Gómez-Leal et al. (2022) highlighted the importance of emotional intelligence for effective leadership, which refers to the ability to be aware of and manage others' emotions, as well as to be aware of and regulate one's own emotions. Fareed et al. (2021) also made a similar claim about the significance of emotional intelligence in leaders for project success.

Bergner (2020) observed that simple cognitive intelligence is not, in fact, a reliable predictor of leader success. Instead, specific personality traits are essential, and leaders need to have experiences that help them develop productive characteristics. According to Bakker et al. (2023), effective leaders can motivate and inspire others to perform at high levels, which also means they can build strong social and emotional connections with their teams. Leaders are expected to develop these skills through personal and professional experiences over time, and they have a better chance to do so if they are well-connected within their social and cultural environments.

For example, suppose Black RNs have experiences within a healthcare organization that is not receptive to diversity. In that case, they might not feel a strong sense of belonging, and such a dynamic could also discourage them from gaining the professional experience needed to prepare for leadership roles within the organization. However, some organizations across different fields explicitly promote diversity, and their leaders foster attitudes that encourage full participation of diverse workers (Marchiondo et al., 2023). If Black RNs worked in such a healthcare organization, they might be better positioned to gain intense professional experiences that support advancement into leadership roles. Therefore, distinguishing between different types of professional experiences may not be straightforward. Institutional factors, on the one hand, are essential because professional experiences always occur within the context of a specific organization or institution, along with the cultural and other factors that influence the experiences of people working there.

Verawati and Harton (2020) noted a significant link between leader traits and behaviors and also observed a connection between leader experiences and behaviors.

Scholarly debate exists about whether personal and professional experiences shape the leader or whether the leader possesses intrinsic traits that lead them to pursue specific experiences. This point relates to the high level of self-efficacy that characterizes many leaders (Dwyer, 2019). Leaders may typically shape their environments and create the personal and professional experiences they need rather than being primarily influenced by such experiences. However, it was observed that people from diverse or marginalized backgrounds may find it more difficult to navigate social contexts in this way, even if they possess the natural traits often associated with leadership. Indeed, one of the most harmful effects of systemic racism is that it prevents even highly talented individuals from diverse backgrounds from ascending to leadership roles or other positions of status for which they would be naturally suited within a more socially just and racially equitable world (Delgado & Stefancic, 2023).

Other literature on leaders' personal and professional experiences discusses topics that are explored more deeply later in this review. For example, Admiraal et al. (2021) noted that effective leaders often have professional backgrounds in nurturing organizations that help them develop their leadership skills. Similarly, Yip et al. (2020) pointed out that exposure to coaching can assist leaders in shaping their professional roles and integrating different facets of their identities as they grow. It is clear that leaders influence the experiences of everyone within their organizations (Saha et al., 2019). However, the findings also show that organizational factors play a significant role in shaping the experiences of leaders and potential leaders. Some organizational elements may be much more supportive of the emergence of successful leaders than others.

Institutional and Systemic Facilitators

Researchers have discovered that institutional factors influencing leader success include discriminatory attitudes and organizational behaviors. For example, Fisk and Overton (2019) noted that female workers within organizations often report lower leadership ambitions if they expect significant gender discrimination. Similarly, Burton et al. (2020) observed that discrimination based on race and gender can have serious negative effects on leaders, such as making it harder for current leaders to succeed and discouraging potential leaders from pursuing advancement into higher roles in the first place.

Furthermore, Obenauer and Langer (2019) found that even when organizations are open and welcoming to promoting people of color to leadership roles, such leaders may still face discriminatory effects, such as not receiving as much time as White leaders to achieve notable success or not being recognized to the same degree for their accomplishments. This shows that multiple layers of issues might be involved. At a basic level, a discriminatory organizational culture may block diverse workers from reaching leadership positions. On a more subtle level, organizational factors can also hinder the success of diverse leaders even after they have reached leadership roles. Various barriers can thus prevent leadership success. Conversely, organizations dedicated to removing these barriers and creating an equitable culture will be better positioned to support the success of diverse leaders.

Inclusive leadership within organizations can promote both the success of existing leaders and the growth of aspiring leaders from diverse backgrounds. Shore and Chung (2021) stated that inclusive leadership enhances workgroup inclusion, encouraging

diverse employees to pursue leadership roles while making diverse leaders feel more valued. Dadanlar and Abebe's (2020) research also indicated that organizations with female CEOs tend to have stronger diversity policies and greater respect for diversity than those with male CEOs, which might be due to men and women often adopting different leadership styles, with inclusive leadership possibly being more common among female leaders. Ultimately, it is clear that organizational culture can significantly influence a leader's success.

For example, Chase and Martin (2021) found that many female leaders in the education field face significant gender discrimination, which makes it more challenging for them to succeed as leaders. Even worse, if female leaders fail because of the challenges posed by gender discrimination, stakeholders in organizations may circularly interpret such outcomes to mean that women are less effective leaders and that gender stereotypes have always been correct. This same dynamic could occur across various fields and industries. The nursing profession might be somewhat protected from the gender dynamic due to the predominance of women. However, it would be just as susceptible to racial dynamics as any other profession.

According to Adamovic and Leibbrandt (2023), many racial minority leadership candidates face a glass ceiling, where organizations are less likely to hire them for top positions because of their racial backgrounds. Of course, explicit racial discrimination is currently illegal. However, CRT and the idea of systemic racism help explain how racial discrimination can still persist through the normal functioning of organizations and societal institutions (Delgado & Stefancic, 2023). Systemic factors and internalized

oppression influence whether diverse candidates even decide to pursue leadership roles in the first place.

For example, Sánchez and Lehnert (2019) found that women with higher qualifications were less likely to seek leadership positions than somewhat less qualified men. Likewise, if racially diverse workers believe that organizations have a glass ceiling, that perception could diminish leader success by dissuading people of color from aspiring to leadership roles. Such a general atmosphere could also demoralize people of color who are currently leaders and make it less likely that they succeed at the highest levels, assuming they are even granted access to these levels in the first place.

Research indicates that diverse leaders often encounter unique challenges within organizations. Kea-Edwards et al. (2023), for example, examined how performance feedback for Black women leaders can be complex, highlighting that it is often difficult yet essential to differentiate between constructive feedback and racially biased comments that are not related to performance. This can lead to confusion and self-doubt, which may hinder a leader's success. Similarly, Weiner et al. (2019) explored how Black women leaders might face microaggressions, such as their unique experiences and challenges being overlooked in leadership training and preparation programs. These microaggressions can be disguised as race-neutral or gender-neutral policies that subtly favor White and male perspectives as standard, while framing differing viewpoints of Black women based on their experiences as abnormal.

Perrone (2022) affirmed that diverse leadership within organizations matters because such leadership can overcome these kinds of blind spots and foster an organizational culture and workplace environment where all members, including leaders

from racially diverse backgrounds, can achieve maximum success. Therefore, diversity within organizations is a crucial factor in enabling leader success.

Opportunities for Leadership Ascension

Researchers have discussed how leadership training helps potential leaders develop essential skills for success (An et al., 2022; Guzmán et al., 2020). However, other experts argued that training was somewhat limited because it was influenced by organizational contexts that were not always put into practice (Modoveanu & Narayandas, 2019; True et al., 2020). Mentoring and networking go beyond training, aiding in socializing potential leaders into the organizational culture. This helps them gain the specific essential skills, soft skills, and general social knowledge needed to effectively take on leadership roles within the organization. Therefore, mentoring and networking are crucial for leadership advancement.

Essential Skills and Training for Leadership

According to An et al. (2022), leadership training can help current and future leaders become more objective about the quality and dynamics of their organizational behaviors. Leaders often perceive their behaviors differently from how workers and others in the organization see them, and training can help develop objectivity in this area. Such objectivity about oneself and relationships with others is crucial for effective leadership. In another study, Guzmán et al. (2020) found that the modern environment in many industries requires leaders to be trained in specific skills, including those related to complex systems that involve intricate information and communication technologies. If possessing these concrete skills is essential for effective leadership today, it logically follows that training in these skills would prepare potential leaders for advancement.

Given the importance of leadership skills in healthcare professions today, True et al. (2020) suggested that leadership training should be a core part of graduate medical education. The same general point can also be applied to the nursing profession. Overall, the literature broadly affirms that leadership skills can be learned to some extent and that leaders in modern professions should undergo leadership training to master the essential skills needed for effective leadership today.

One potential issue with implementing leadership training is that current programs may not closely align with the practical needs of aspiring leaders. Morrison et al. (2019) found in their study that volunteers who participated in leadership training typically felt there were gaps between the one-time nature of the training and the ongoing process of leadership learning, as well as the abstract or theoretical nature of leadership training compared to the practical skills required to be an effective leader within an organization. A democratic approach to leadership training, rather than a top-down, one-size-fits-all method, can help address these gaps, which often leave out the specific skills and knowledge leaders need to succeed in today's world.

The literature also indicates that both broad and specific skills and behaviors are crucial for leadership success (Yukl et al., 2019). Broad skills might include attributes like emotional intelligence, while specific skills could involve understanding how to operate modern information and communication technology systems. Although the literature confirms the general importance of leadership training, it also shows some skepticism about whether current training programs are truly effective and highlights the need to develop new, more effective training methods.

The literature on leadership training also emphasizes different approaches to developing leadership skills. For instance, Heinen et al. (2019) concentrated on core leadership competencies within nursing, recommending that training programs prioritize building these specific skills. In contrast, Winters et al. (2022) highlighted the importance of creating leadership training ecosystems within healthcare, which involve developing organizational structures and cultural factors that foster an environment and culture of continuous learning, supporting the growth of leaders in real time. This reflects a more bottom-up than top-down approach to leadership development. García (2021) also supported a bottom-up strategy, proposing that leadership training should focus on nurturing talent within communities rather than solely targeting organizational management or recruitment.

outsiders who are trained independently of communities. The same logic can be applied to healthcare organizations, considering how they may benefit from developing leadership talent within their ecosystems rather than recruiting from outside.

Daniëls et al. (2021) also examined the connection between leadership training and the organizational learning climate, noting that training is most effective when it is part of a broader organizational environment that encourages ongoing learning and provides current and future leaders with the comprehensive resources they need to succeed. Without a culture that supports growth and development, standalone training programs may not produce lasting results, as the environment would be somewhat inhospitable. Kelly et al. (2020) further emphasized the fundamental importance of leadership training for nurse leaders, suggesting that such training can offer long-term benefits, especially if it is intensive. This finding aligns with True et al.'s (2020)

statement on the significance of leadership training in today's healthcare professions. Consequently, two main conclusions can be drawn. First, leadership training itself is a vital component in preparing potential leaders for advancement. Second, it is critical to recognize that context matters, and leadership training programs are most effective when integrated into organizations that foster a culture of growth and learning. Without such an environment, leaders may find it difficult to effectively apply the knowledge gained from their training programs, or to implement their skills within the organizational settings where they need to operate.

Mentoring and Networking in Leadership

Mentoring differs from training because it involves an aspiring leader working closely with an experienced leader within the organization through an ongoing, personal, and professional relationship. Early (2020) suggested that this bond between the mentor and the learner can be a powerful driver of leadership growth and advancement for the learner. Typically, in such a relationship, the expectation is that the learner will eventually advance when they are prepared and the opportunity presents itself. Cai et al. (2021) also noted that the mentor provides the learner with access to comprehensive resources, including social ones. This aligns with the concept of networking, which the literature in this context more often refers to as socialization. By forming a relationship with the learner, the mentor essentially sponsors them within the organization, granting access to the same professional and social resources as the mentor.

The mentor may have significant resources, as they are often more experienced professionals than the learner. Evans et al. (2019) indicated that the process of pairing nurses with mentors in their careers could begin as early as during nurse education, with

the establishment of such relationships helping to stabilize nurses' career paths and providing a clear route for them to eventually reach leadership positions. Mentorship, then, seems to offer several advantages that leadership training programs lack, and many of these benefits come from the fact that mentorship is inherently rooted in social and organizational dynamics and cannot exist outside of such contexts.

Gazaway et al. (2019) also noted that mentoring relationships have highly positive effects on socializing nurses into the nursing profession in general and their specific healthcare organizations. In this context, it is notable that Black RNs may particularly benefit from being mentored by Black RN nurse leaders. The concept of intersectionality within CRT suggests that people have different experiences based on their complex demographic backgrounds (Collins, 2019). In this context, Black RN leaders may have unique insights into the specific challenges that Black RNs can expect to encounter in their careers, particularly when pursuing leadership opportunities.

The mentorship relationship could thus be invaluable in supporting Black RNs. The present study may shed further light on this area. In any event, the literature broadly affirms the value of mentoring socializing professionals in organizations and providing them with access to resources and good examples to follow as they pursue their careers (Yip et al., 2020). One could thus expect all professionals in various fields to benefit from mentoring relationships. Professionals from minority or marginalized backgrounds may benefit from their relatively more precarious general socialization in their organizations. Still, they would also derive the general benefits that professionals of any background could derive from the mentoring relationship.

Salisu et al. (2019) stated that barriers to professional socialization can include personal, experiential, and educational challenges. Mentorship can assist learners in overcoming these challenges by offering personal encouragement, a clear professional pathway, and access to resources needed to address gaps in their education. Tsang (2020) found that mentorship programs can be highly valuable to colleges and universities, with older students acting as peer mentors for first-year students.

The core idea that mentorship supports effective socialization seems broadly relevant across different fields and even beyond professions to any institution or organization. Mentorship relationships can be especially crucial for professionals early in their careers, as they are still trying to find their direction, define their professional identities, and choose their paths (Squires, 2019). This supports the idea that establishing mentoring relationships as early as possible could maximize benefits for RNs, possibly starting during the transition from nursing education to a professional healthcare setting.

Other literature further explores the mentoring relationship, and the evidence largely supports the points mentioned earlier. Hayes and Mahfouz (2020), for example, found that two key factors influencing the success of mentoring are the compatibility between mentor and learner and the relationship's duration. Regarding compatibility, it's worth noting that pairing Black RNs with Black RN leaders in mentoring relationships may produce excellent results. Swaminathan and Reed (2019) examined mentors' perspectives and found that mentors believed they enhanced learners' career prospects by fostering a growth mindset and offering realistic pathways to greater success. Lastly, Anthony et al. (2019) also confirmed the important role mentors can play in helping novice professionals start their careers well. The literature is overwhelmingly positive

about mentoring relationships, with almost no drawbacks identified in current research. The main conditions for success are the mentor's competence, compatibility between mentor and learner, and the relationship's length. Generally, longer relationships with higher compatibility tend to yield better outcomes than shorter ones with lower compatibility, reflecting the typical nature of effective relationships.

Need for Further Research

The reviewed literature highlighted studies related to disparities in healthcare leadership and examined (a) the prevalence of disparities and their effects and (b) implicit bias and its impact on care quality. A recurring theme identified was the factors contributing to leadership success, including (a) personal and professional experiences and (b) institutional and systemic facilitators. The third section of the literature review focused on opportunities for leadership advancement, considering (a) essential skills and training for leadership and (b) mentoring and networking in leadership. This synthesis of existing literature presents various aspects of the chosen topic, providing a solid background for understanding the current study.

Based on a review of existing research, I identified a significant gap concerning the experiences of Black RN leaders and their perceptions of advancing in leadership roles. Iheduru-Anderson (2021) stated that white supremacy is embedded within the current American nursing profession, and CRT suggests that Black professionals can expect to face various forms of discrimination in the modern United States, even though overt racial discrimination is now illegal (Delgado & Stefancic, 2023). Adamovic and Leibbrandt (2023) also argued that minority professionals encounter a substantial glass ceiling when it comes to being hired for leadership roles. All this evidence strongly

indicates that Black RN leaders could offer valuable insights on this subject. However, existing research offers little specific information about this group or their experiences and perceptions.

Therefore, the present study may help fill a significant gap in the literature and make a meaningful contribution to the ongoing pursuit of racial equity and social justice within the United States.

Summary

This study examined the systemic barriers that Black RNs face in advancing to leadership roles within the U.S. healthcare system. By exploring the experiences of Black RNs in leadership (Cooper Brathwaite et al., 2022; Iheduru-Anderson, 2021) and the influence of systemic racism and implicit bias (Marcelin et al., 2019; Nardi et al., 2020), this research aimed to identify opportunities and resources needed for progression. It was based on the assumption that Black RNs encounter unique challenges related to race and that diversity in leadership improves patient care and health equity. The study was also specifically focused on Black RNs with leadership experience, to provide targeted insights into how the nursing profession can better support their leadership development.

This qualitative descriptive study aims to explore how Black RNs in leadership roles perceive the opportunities and resources needed for advancing in leadership. The theoretical foundation of this study is CRT, which explains why and how racial minorities in the modern United States can still face significant discrimination even after such discrimination has been formally prohibited. The literature review shows that disparities in healthcare leadership and implicit bias are common and negatively impact care quality. It also indicates that personal, professional, institutional, and systemic

factors influence leadership success, and that leader training, mentorship, and socialization are effective strategies for promoting leadership advancement. A gap in the existing research on this specific topic supports the need for this study. This concludes the current chapter. The next chapter will describe the methodology used to produce new findings, focusing on the experiences and perceptions of Black RN leaders.

Chapter 3: Research Method

Introduction

The purpose of this qualitative descriptive study was to explore the perceptions of Black RNs in leadership roles regarding the opportunities and resources needed for leadership advancement. Using a qualitative methodology and a descriptive design enabled me to examine participants' perceptions through their past experiences with career advancement, potential growth opportunities, and available resources to support progression. This chapter outlines the methodological approach used to address these three questions. It includes justification for selecting a qualitative methodology and a descriptive research design. Additionally, the chapter details the sampling technique used for recruitment, as well as the recruitment process itself. The instruments used for data collection are discussed, and the data analysis plan is presented. I also explain the ethical procedures and trustworthiness criteria applied to ensure the validity and reliability of the findings.

Research Design and Rationale

A qualitative methodology and a descriptive design enabled me to explore participants' perceptions based on their prior experiences with advancement, potential opportunities for change, and available resources to support promotion into leadership roles. A qualitative approach was employed to align with the study's goal of gathering perceptions from participants through textual information (Johnson et al., 2020). Qualitative methods examine information derived from individuals' perceptions of social phenomena. They are subjective to the participants in the study (Johnson et al., 2020). The type of data collected in qualitative studies is text-based and can

Depend on the study context. For example, the study included perceptions of Black RNs regarding resources needed for leadership promotions. Qualitative methodologies are useful for researchers aiming to understand a subjective phenomenon.

The qualitative methodology was suitable for addressing the research questions, which aimed to collect textual and descriptive information from participants. An alternative methodology considered was quantitative, which uses statistics and hypotheses to examine measurable and objective phenomena (Stockemer et al., 2019). However, because the study's focus was subjective, a quantitative approach was considered inappropriate. Additionally, the data I collected were primarily textual and derived from participant perceptions and experiences. Therefore, a qualitative methodology was considered appropriate based on the type of data and the research questions guiding the study.

A descriptive design was used for this study to examine the perceptions of Black RNs in leadership roles regarding the opportunities and resources needed for promotion to a leadership position. This approach allowed me to explore participants' perceptions through their past experiences with advancement, potential opportunities for change, and resources to support their promotion into leadership roles (Grimes & Schulz, 2002). A descriptive research design gathers information from multiple data sources to collect textual data from participants on a topic or problem that lacks sufficient information and requires potential solutions (Doyle et al., 2020).

Other research designs considered but ultimately not selected included phenomenological research and ethnography. Phenomenological designs are used to

explore individuals' lived experiences through shared meaning (Moustakas, 1994) and were deemed unsuitable since the primary goal of this study was to understand individual perspectives. Ethnography seeks to explore cultural phenomena by describing the traits and characteristics of cultural practices through observing different cultures (Brewer, 2000). Because this study did not aim to examine any cultural phenomena, ethnography was considered inappropriate for the study.

Role of the Researcher

The role of a researcher is to ensure that the study is conducted rigorously and in accordance with ethical guidelines (Bergen & Labonté, 2020). The researchers' role also cannot involve biases or perceptions that might influence how the findings are presented (Bergen & Labonté, 2020). In this study, I collected information from participants, recruited them, and analyzed the data from their interviews. I also presented the findings in line with ethical recommendations. Additionally, I had no conflicts of interest. Participants were not recruited from my workplace, nor were any personally known to me recruited.

Some methods could have been employed to reduce biases in qualitative research, such as bracketing and reflective journaling. Bracketing involves maintaining a journal to record how personal thoughts or opinions might influence the study's results. In this study, bracketing helped separate any researcher bias from the collected data. I kept a journal to document my thoughts and reflect on potential biases. Additionally, I ensured that the

The findings were presented in relation to the previously discussed literature review. The findings in Chapter 5 were analyzed in terms of theoretical knowledge and showed no researcher bias.

Methodology

Participant Selection Logic

The sampling strategy was purposive, requiring individuals to meet specific criteria to volunteer for the study. A list of sampling criteria—a brief set of questions—was developed. A semi-structured interview guide was used to explore participants' perceptions related to the research question. The population for this study included RNs in leadership roles. Currently, in the United States, there are over 4 million RNs, including both associate degree nurses and BSNs (American Association of Colleges of Nursing, 2023). According to the American Association of Colleges of Nursing (2023), 71.7% of the RN workforce are BSNs, with 50% of these nurses holding leadership positions. Smiley et al. (2021) reported that among the 4 million RNs, 19.3% are Black, with only 6.7% serving in healthcare leadership roles. In comparison, 80.8% of RNs in the United States are White, and over 86% of this group hold leadership positions (American Association of Colleges of Nursing, 2023).

Target Population and Sampling Strategy

The targeted population consisted of BSNs in leadership roles who identify as Black and were currently employed at a hospital in an urban area in the southwestern United States. Purposive sampling was used to recruit this group, as it is a strategy employed when studies require participants with specific qualifications relevant to the research questions (Campbell et al., 2020). Purposive sampling is a non-probability

method that involves intentionally selecting participants. For this study, the sample included individuals with knowledge of nursing leadership. Nurses not in leadership roles were excluded because they could not provide the necessary insights to answer the research questions.

Sample Size

The sample size for the current study followed the recommendations from Hennink and Kaiser (2022), Vasileiou et al. (2018), and Mocănașu (2020), all of whom claimed that using fewer than 20 participants for qualitative research yields higher-quality data. The key, these experts stated, was predicting the number of participants needed to reach data saturation. Data saturation occurs when a researcher finds no new information to collect, and participants begin to repeat previous statements and ideas (Guest et al., 2020). For the current study, I recruited a sample of 10 participants for interviews. All participants selected were required to answer demographic questions.

Instrumentation

For the qualitative descriptive study, the instrumentation included semistructured interviews. I developed the data instrument following best practices and included a review by an expert panel of three individuals with nursing experience and a current nursing license. These experts had at least 5 years of experience in the nursing field, with at least 2 years of teaching at an accredited university or college. This expert panel evaluated the interview questions and recommended improvements.

The semi-structured interviews offered an opportunity to ask participants targeted and specific questions about their experiences and recommendations. A semi-structured interview consists of open-ended, researcher-developed, predetermined questions

combined with open questions designed only to probe, not prompt, the participant, aiding their responses (Adeoye-Olatunde & Olenik, 2021; Ruslin et al., 2022). This data collection method depends on the questions but does not require asking them in a specific order. A qualitative researcher conducting the interviews arranges the question order based on the participant's responses and incorporates probing questions as needed. These interviews were conducted via a Zoom conference call and audio recorded.

Procedures for Recruitment, Participation, and Data Collection

I recruited the sample by posting volunteer requests on social media sites Facebook and LinkedIn. Since the posts were on my personal pages on these platforms, no permission to recruit was needed. Before recruiting the sample and collecting data, I obtained approval from the Institutional Review Board (IRB) with the approval number 12-02-24-1016288. The IRB approved the study after ensuring it met all ethical considerations related to using human participants.

I created a recruiting flyer and posted it on my personal site, Facebook, and LinkedIn. This flyer included information about the study, such as its purpose and significance. It also explained how to qualify for participation, what was required, and how to contact me if interested. The contact was through the instant messaging options on Facebook and LinkedIn. When someone reached out to volunteer, I asked for their email address and sent them an informed consent form via DocuSign for their signature. After the consent was signed, DocuSign notified me that the form had been downloaded, and I then emailed the volunteer a list of inclusion questions. These questions were as follows:

1. Are you 18 years or older?

2. Do you identify as Black?
3. Do you currently hold a BSN and have an active nursing license?
4. Are you currently employed at a hospital in an urban area in the southwest region of the U.S.?
5. Are you currently in a leadership position?
6. Have you been in this leadership position for more than 12 months?

Those individuals who answered “Yes” to all six questions and submitted a signed informed consent form were selected to participate in the current study.

The informed consent form requires the clear sharing of all necessary information for the study. This includes the benefits and potential risks of participation. The form also explains how I secured the data collection and maintained participants’ confidentiality. To do this, I replaced all names with pseudonyms. Additionally, the signed consent was stored on an encrypted USB flash drive with no other information on it. This USB drive was kept locked in a file drawer in my office. Participants were informed they could leave the interview at any time, and all collected data would be destroyed. They were also told they did not have to answer any question if they felt uncomfortable at any point.

Participation and Data Collection

Once the volunteers met the inclusion criteria and signed the informed consent form, I emailed each selected participant a Google Calendar link. This link allowed all participants to choose a day and time for the interview and complete a list of demographic questions (see Appendix A). After all participants selected their interview dates and times, I scheduled Zoom calls and sent the Zoom link for the designated day and time to each participant.

At the start of each interview, I reiterated the risks and benefits of the study and reminded participants that they could leave the interview without any consequences. I also reminded them that the interview was being audio recorded. After all the interview questions (see Appendix B) were asked, I inquired if they had anything further to add or any questions. I thanked them for their time and ended the Zoom session, thus closing the call.

The audio-recorded data was downloaded from the interviews and transcribed using the Otter AI transcription app. The transcripts were de-identified by replacing names with pseudonyms, and all transcripts were stored on an encrypted flash drive separate from the one holding the signed informed consent forms. This flash drive was kept in a locked safe at my home when not in use and stored separately and away from the flash drive containing the signed informed consents.

Data Analysis Plan

A qualitative data analysis plan combined responses from all participants across various data collection methods to identify themes that addressed the research questions (Li & Zhang, 2022). The study collected, stored, and analyzed data from interviews. Following Braun and Clarke's (2017) six steps for thematic analysis, I first familiarized myself with the data by reading and rereading the transcripts multiple times (Braun & Clarke, 2017). I also highlighted words and phrases emphasizing common vocabulary related to the research questions. The second step was to generate codes; all data were uploaded into NVivo (Version 12) software, and I manually created codes by comparing them to the highlighted words and phrases in the transcripts. Step 3 involved sorting these codes into themes, focusing on patterns related to the research questions. The fourth step

was to review and define each theme, then assess their significance (Braun & Clarke, 2017). The sixth step involved reporting the findings, which are presented in Chapter 4. All data analyzed were stored on an encrypted flash drive that held the collected data.

Trustworthiness

Before any formal data collection took place, IRB and site authorization were secured. *The Belmont Report* guided the ethical considerations of this study (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research [NCPHSBBR], 1979). Three principles from *The Belmont Report* were followed: justice, respect for persons, and beneficence. Justice relates to the fair distribution of risks and benefits among participants by the researcher. This study addressed justice by ensuring all participants faced the same risks and benefits. There are no significant risks to participants in this study. The only potential risks involved experiencing unpleasant or uncomfortable memories during interviews. Participants could leave the study at any time without negative repercussions. Additionally, this study did not provide monetary benefits, but all participants received access to the final dissertation through the university website to ensure equal benefits.

Beneficence minimizes harm and maximizes benefits (NCPHSBBR, 1979). All participants received an informed consent form that explained their rights and their ability to withdraw from the study at any time without negative consequences. They were also made aware of the potential risks and benefits through this form. No participant could take part in the study without voluntarily completing the informed consent form.

Respect for persons ensures that all individuals are treated with autonomy and protected from data leaks, such as their personal information being shared or publicly

displayed in a way that could harm them (NCPHSBBR, 1979). In this study, respect for persons was addressed by using pseudonyms. Pseudonyms protected participant confidentiality; however, they also helped ensure anonymity. While true anonymity was not maintained in the study, participants knew that their names were replaced with pseudonyms, and all personal identifiers were removed.

The data collected in the study were stored on an encrypted USB drive. This was a separate flash drive from the one containing the signed informed consent. A secure hard drive was used to back up the data from the USB. Only I held the password for these flash drives; only the dissertation committee reviewed the data results. Per IRB regulations, after the recommended period of three years, all information related to this study will be physically and permanently destroyed. The hard drive and USB drives will be physically destroyed by smashing.

Summary

Chapter 3 describes the research methodology and the steps taken to answer the research questions. I explained why I chose a qualitative descriptive research design and how I selected the sample based on a specific and targeted population. I also covered the recruitment process, data collection methods with instrumentation, and the steps for thematic analysis. The chapter concludes with a discussion of the ethical procedures and trustworthiness criteria. Chapter 4 presents the data analysis findings through both textual and tabular illustrations.

Chapter 4: Results

Introduction

Black individuals face various challenges linked to systemic racism, unconscious biases, and obstacles that hinder career advancement. Data from Cooper Brathwaite et al. (2022) and Iheduru-Anderson (2021) show that White nurses reach leadership roles more often than Black RNs. There is a gap in research regarding the lived experiences of Black RNs navigating leadership within healthcare (Nardi et al., 2020). This study examined Black RNs' strategies for overcoming these barriers and the structural changes they see as essential for creating a more equitable and inclusive leadership pathway.

Setting

The issue addressed in this study was that Black RNs are underrepresented in healthcare leadership roles. Additionally, statistical data showed that Black RNs are less likely to gain leadership opportunities compared to their White peers, creating an imbalance in leadership representation that can hinder success (Smiley et al., 2021). This qualitative descriptive study aimed to explore Black RNs in leadership roles' perceptions of the opportunities and resources needed for advancement.

Demographics

This study employed a qualitative methodology and a descriptive design to explore Black RNs' perceptions of advancement, potential opportunities for change, and resources available to support promotion into leadership roles. The population consisted of RNs in leadership positions. Currently, in the United States, there are over 4 million RNs, including both associate degree nurses and BSNs (American Association of Colleges of Nursing, 2023). Purposive sampling criteria were used to select individuals

who met these characteristics: (a) aged 18 or older, (b) identify as Black, (c) hold a BSN and an active nursing license, (d) employed in a hospital located in an urban area of the southwest United States, (e) currently in a leadership position, and (f) have held this position for more than 12 months.

A sample of 10 participants was selected. The participants were 18 years or older, identified as Black, held a BSN and an active nursing license, were employed at a hospital in an urban area of the southwestern United States, held a leadership position, and had maintained that position for more than 12 months. After the 10 participants responded to interview questions, themes were extracted from their responses. The information collected during these interviews generated codes such as challenges, racism, representation, lack of opportunities, resources, mentoring, isolation, feeling undermined, and comparisons and expectations, which then formed categories and themes. Each of the research questions was addressed through three specific themes. The demographic information for the sample, shown in Table 1, was collected from a survey that asked participants about their age, gender, race, educational degree, years employed as an RN, and years in a leadership role.

Table 1*Demographic Information of Sample*

| <i>Participant</i> | <i>Age</i> | <i>Gender</i> | <i>Educational degree</i> | <i>Years employed as RN at this hospital</i> | <i>Years in a leadership position at this hospital</i> |
|--------------------|------------|---------------|---------------------------|--|--|
| 1 | 36 | F | BSN | 10 | 4 |
| 2 | 28 | F | BSN | 6 | 4 |
| 3 | 32 | F | BSN | 8 | 4 |
| 4 | 30 | F | BSN | 4 | 2 |
| 5 | 42 | F | MSN | 12 | 8 |
| 6 | 48 | F | MSN | 15 | 6 |
| 7 | 34 | M | MSN | 6 | 2 |
| 8 | 32 | F | BSN | 5 | 3 |
| 9 | 40 | M | BSN | 14 | 8 |
| 10 | 36 | F | MSN | 8 | 4 |

Note. BSN = Bachelor of Science in nursing; MSN = Master of Science in nursing.

The average age of the participants was 35.8 years, with 80% being female. Out of the 10 participants, four held an MSN degree, while the other six held a BSN. The average length of employment at the current hospital was 8.8 years, and the average time in a leadership role was 4.5 years. Participants with more years in leadership reported facing more intense challenges and barriers impacting their job quality. Based on the shared experiences within the sample, their leadership often involved dissatisfaction with several factors, such as support from administration, assistance with over- and under-scheduling, and addressing staffing issues.

Data Collection

Participants who signed the informed consent form and answered “yes” to the inclusion questions were part of the study. They shared a day and time that was convenient for the interviews, and I scheduled the calls via Zoom, sending each participant a unique Zoom link. It took two weeks to recruit enough participants for the interviews. I met with each participant and asked the interview questions. Those who

hesitated to answer or needed probing received questions that encouraged responses without pressuring for more details. After each interview, I asked participants to review their transcribed responses by emailing them their transcripts. The interviews lasted approximately 34.3 minutes on average.

Each participant was asked to review the transcript for accuracy or suggest any necessary corrections. All participants reviewed their respective transcripts and returned them via email, indicating they were accurate and required no corrections. After receiving the transcripts from each participant, I deleted the audio call to protect their identities. The transcripts were then de-identified by removing all personal information and replacing it with a numerical identifier (e.g., P1, P2, etc.). Finally, I uploaded the transcripts into NVivo for organization and data analysis.

Data Analysis

Data analysis procedures followed Braun and Clarke's (2017) guide to thematic analysis, which outlines these steps: (a) familiarization, (b) coding, (c) developing categories, and (d) identifying themes. The final step involves presenting the report, which in this dissertation includes Chapter 4, the results, and Chapter 5, the discussion and implications. The first phase involved familiarization, including data preparation as previously discussed.

Evidence of Trustworthiness

Trustworthiness was established through member checking, reflexive journaling, and detailed description. Member checking is a process used in qualitative research where participants review their interview transcripts to confirm accuracy and ensure the details match their views. In this study, no comments or corrections were provided by the

participants. Transferability was addressed following Braun and Clarke's (2017) guidelines, as outlined in Chapter 3. Detailed description involved quoting participants in their own words to reduce bias and strengthen trustworthiness.

The transcripts were initially coded manually by highlighting words and phrases related to the research questions and the study's purpose. These codes were then uploaded into NVivo for grouping. I merged the initial codes into final codes and compared them with those generated in NVivo. The final codes were categorized and organized by themes, with each defined in the related tables.

Results

Data analysis procedures followed Braun and Clarke's (2019) guide to thematic analysis, which includes these steps: (a) familiarization, (b) coding, (c) category development, and (d) theme identification. The final step involves presenting the report, which in this dissertation corresponds to Chapter 4, the results, and Chapter 5, the discussion of the findings and their implications. The first phase was familiarization, including data preparation as previously discussed. The analytical results are shown in the following sections, organized by research question. The codes, categories, and themes that emerged from analyzing the textual data are presented individually. After the initial analysis, category development grouped related codes based on similarity. Finally, categories were combined into overarching themes. In the upcoming sections, each set of codes, categories, and themes for RQ1-3 is discussed separately.

Research Question One: How do Black RNs describe their experiences in leadership roles?

First, each response was read three times to deepen familiarity with the participants' responses and improve understanding (Braun & Clarke, 2017). Next, the code identification process was carried out, which involved identifying repeated words and phrases across all participant quotes. During this process, any recurring words in the transcripts were tagged with a descriptive label. A total of 15 codes were identified for RQ1, capturing participants' various perceptions. Table 2 provides an overview of the codes for RQ1. The interview questions that informed RQ1 were (1, 2, 3, 5, 6, 10).

Table 2

Codes for RQ1

| Code | Frequency |
|-----------------------------|------------------|
| Undermining by Subordinates | 6 |
| Invisibility | 5 |
| Tokenism | 5 |
| Isolation | 6 |
| Microaggressions | 7 |
| Limited Access to Promotion | 8 |
| Bias in Evaluations | 8 |
| Lack of Mentorship | 7 |
| Stereotyping | 6 |
| Representation Gaps | 7 |
| Workload Disparities | 6 |
| Stress and Burnout | 6 |
| Unrecognized Contributions | 5 |

| | |
|----------------------|---|
| Gatekeeping by Peers | 4 |
| Unequal Discipline | 4 |

Results: Themes: RQ1

The final stage of the analysis involved developing and refining the main themes. This process included grouping related codes into broader, conceptually aligned categories and themes using a pattern-based analysis method. Themes were created by examining shared meanings across codes and assessing how each code helped answer the research question. To ensure accuracy and thoroughness, all codes were reviewed multiple times to confirm that none overlapped during theme development. Table 3 shows the final themes.

Table 3

Themes for RQ1

| Theme | Sub-themes |
|-------------------------------------|---|
| Systemic Barriers to Advancement | Racialized Workplace Dynamics Unequal Treatment and Expectations |
| Emotional and Psychological Burdens | Burnout and Fatigue Lack of Recognition and Support |
| Undermining of Leadership Authority | Structural Undermining |

Theme 1: Systematic Barriers to Advancement. Participants described numerous obstacles that hindered their leadership growth, especially those related to systemic racial inequities. These included unequal treatment, racialized perceptions, and institutional bias. Many Black RNs shared that their leadership experiences were shaped by perceptions rooted in racism. As P1 noted, “We continue to face more challenges

secondary to perceptions of AA nurses.” P5 also stated, “We continue to face more challenges secondary to perceptions of AA nurses.”

Other participants described *microaggressions* and assumptions about their capabilities. P9 explained, “I believe it is because of bias and stereotypes.” These experiences were not isolated; they were reinforced through daily interactions that marginalized their contributions and challenged their legitimacy as leaders. Participants frequently stated that they were held to different standards and denied access to the same resources as their White peers. According to P4, “Some of my peers complained, and some of their responsibilities were reassigned, but I did not have my responsibilities reassigned or receive any additional resources.” P2 described how leadership opportunities were limited: “I had very few opportunities to ascend because at the next level in my organization, there are new managers in place, and the opportunities are slim.” Other participants described being passed over for promotion or having to work harder to demonstrate competence. P10 described the pressure of performance: “This type of pressure is exhausting at times.”

Theme 2: Emotional and Psychological Burdens. The emotional toll of racialized leadership dynamics emerged as a core experience based on participants’ reflections. Participants described isolation, stress, and the burden of constantly proving themselves. Many Black RNs reported feeling alone or unsupported in their roles. P6 shared, “My experience has been about average as I have spoken with senior leaders from other organizations or retired.” P10 said, “Overcoming these obstacles demands strength and frequent support from peers enthusiastic about developing inclusive work environments.”

Others described burnout from carrying the extra emotional and cognitive load of navigating racially biased environments. As P8 reflected, “In my first year, I felt unprepared and not supported, but I was able to grow with the help of other Black nurses.” Some participants shared that their contributions were not acknowledged or valued. P1 noted, “I had a mentor who was not very helpful, and I also experienced insufficient management training.” Others expressed that mentorship was inconsistent or lacking altogether. Participants described a lack of recognition for their achievements, despite taking on critical leadership responsibilities.

Theme 3: Undermining of Leadership Authority. Participants also highlighted how subordinates and peers actively or subtly undermined their leadership. Several Black RNs shared that their authority was questioned or bypassed. P3 stated, “I felt the subordinates at times undermined me with patients and peers because of my race.” P1 explained, “Some subordinates tried to undermine my management skills by bypassing the chain of command and reporting issues directly to my manager’s manager.” Others described being excluded from decision-making spaces or having to request information that others received freely. This dynamic compounded feelings of marginalization and reinforced structural inequities in the leadership environment

Results Research Question Two: How do Black RNs describe recommendations regarding opportunities needed for leadership ascension?

For the second research question, the second RQ inquired about participants’ suggestions regarding opportunities for leadership growth. Related codes were grouped into categories based on conceptual similarity and then combined into broader themes that reflected participants' views on the opportunities needed for leadership progression.

This iterative process involved multiple rounds of code review to ensure accuracy and consistency in theme development. Table 4 shows the final thematic structure for RQ2, including the related codes. The interview questions that informed RQ2 were (1, 2, 4, 5, 7, 9, 10).

Table 4

Codes for RQ2

| Code | Frequency |
|------------------------------------|------------------|
| Formal Mentorship Programs | 5 |
| Leadership Development Training | 7 |
| Transparent Promotion Criteria | 7 |
| Inclusive Leadership Pipelines | 6 |
| Equitable Access to Resources | 5 |
| Bias Training for Staff | 5 |
| Supportive Peer Networks | 8 |
| Cultural Competence Training | 7 |
| Leadership Shadowing Opportunities | 7 |
| Fair Evaluation Practices | 5 |
| Dedicated DEI Leadership Roles | 5 |
| Anonymous Reporting Channels | 4 |
| Recognition of Contributions | 5 |

| | |
|------------------------------------|---|
| Cross-Racial Mentorship Pairings | 6 |
| Structured Feedback for Promotion. | 5 |

In the third phase of analysis, themes for RQ2 were developed by identifying conceptual patterns across related codes. This process involved reviewing all codes multiple times to ensure accurate grouping and to avoid omission. Table 5 presents the themes related to RQ2.

RQ2: Themes

In the final phase of analysis, all previously identified categories were consolidated into broader themes through iterative pattern analysis. Codes were reviewed for conceptual similarity and merged where appropriate. For example, the theme Support Systems for Advancement reflects participants' emphasis on greater access to mentorship, professional development, and organizational support.

Table 5

Themes for RQ2

| Theme | Sub-themes |
|------------------------------------|--|
| Support Systems for Advancement | Mentorship & Guidance Structures Professional Growth Access |
| Fair and Transparent Advancement | Equity in Evaluation |
| Institutional Commitment to Equity | Pipeline Development Cultural Awareness & Sensitivity |

Support Equity

Accountability Structures

Theme 4: Support System for Advancement. Participants emphasized the need for strong, structured support systems to facilitate leadership development. Many described mentorship and training gaps, citing limited opportunities to receive guidance or access to professional networks. The importance of mentoring was frequently highlighted. P8 shared, “In my first year, I felt unprepared and not supported, but I was able to grow with the help of other Black nurses.”

In contrast, P1 noted, “I had a mentor who was not very helpful, and I also experienced insufficient management training.” These accounts underscore inconsistencies in support and the need for formal mentorship models. Participants also expressed the value of peer relationships, particularly with colleagues who shared similar experiences. As P10 described, “Overcoming these obstacles demands strength and frequent support from peers enthusiastic about developing inclusive work environments.”

Leadership training and structured career development opportunities were viewed as critical but often unavailable. P2 explained, “I had very few opportunities to ascend because at the next level in my organization, there are new managers in place, and the opportunities are slim.” P4 similarly reported, “Some of my peers complained, and some of their responsibilities were reassigned, but I did not have my responsibilities reassigned or receive any additional resources.” These inequities highlight how Black RNs are often left to navigate advancement alone.

Theme 5: Fair and Transparent Advancement. Participants consistently called for evaluation and promotion systems that are transparent, consistent, and free of bias. Several RNs noted unequal treatment in assessments and feedback. P5 shared, “We continue to face more challenges secondary to perceptions of AA nurses.” These perceptions often influenced evaluations and limited access to advancement, despite participants’ qualifications or accomplishments. The emotional burden of constantly having to validate one’s competence also surfaced. As P10 noted, “This type of pressure is exhausting at times. “Participants expressed frustration over their achievements being overlooked. Some shared that, despite taking on significant responsibilities, their leadership was neither acknowledged nor rewarded. This lack of recognition was often tied to broader patterns of racial bias and workplace exclusion.

Theme 6: Institutional Commitment to Equity Participants emphasized the need for systemic changes at the organizational level, including formal DEI initiatives, culturally competent leadership, and accountability mechanisms. Bias, stereotypes, and microaggressions were frequently cited. P9 stated, “I believe it is because of bias and stereotypes,” in reference to being passed over or underestimated in leadership contexts. This underscores the importance of cultural competence and anti-bias training for all staff. Several participants discussed disparities in access to leadership resources. P4 highlighted this directly: “Some of my peers complained... but I did not receive any additional resources.” These comments illustrate a broader concern that equity efforts must go beyond symbolic gestures and address real structural disparities.

Research Question Three: How do Black RNs recommend resources needed for leadership ascension?

For RQ3, codes were created by identifying recurring words and phrases, following the same method used for RQ1 and RQ2. These codes, which represent common words and phrases, were marked throughout all transcripts. A total of 15 codes were identified for RQ3, reflecting the diverse perceptions of the participants. Table 6 summarizes each code. The interview questions that informed RQ3 were (4, 6, 7, 8, 9, 10).

Table 6

Codes for RQ3

| Code | Frequency |
|---|------------------|
| Implicit Bias | 5 |
| Racial Stereotyping | 6 |
| Dismissive Communication | 7 |
| Increased Scrutiny | 7 |
| Passed Over for Promotion | 8 |
| Limited Leadership Visibility | 5 |
| Higher Standards for Advancement | 5 |
| Inadequate Leadership Training | 8 |
| Denied Continuing Education | 4 |
| Lack of Mentorship or Coaching | 8 |
| No Succession Planning | 5 |
| Lack of DEI-Focused Development | 5 |
| Need for Transparent Promotion Policies | 6 |

| | |
|--|---|
| Call for Inclusive Leadership Criteria | 7 |
| Insufficient DEI Infrastructure | 6 |

In the third phase of analysis, each category represented a cluster of related experiences or perceptions reported by participants. This process was conducted iteratively, with all codes reviewed multiple times to ensure none were overlooked. The resulting categories were then organized into three broader themes reflecting participants' recommendations and experiences related to leadership advancement.

RQ3: Theme

In the final stage of analysis, overarching themes were identified by grouping conceptually related categories through pattern analysis. This involved examining how categories aligned with broader ideas expressed by participants in response to RQ3. The resulting themes highlighted the recommendations of African American Registered Nurses for overcoming barriers to leadership advancement. The final three themes included: *Barriers to Leadership Advancement*, *Resource and Training Gaps*, and *Recommendations for Equity and Inclusion*. These themes collectively reflect participants' calls for greater access to leadership opportunities, fair treatment, and institutional support via resources and training. Table 7 displays the themes for RQ3.

Table 7

Themes for RQ3

| Theme | Sub-themes |
|------------------------------------|--|
| Barriers to Leadership Advancement | Perceived Inequities and Bias, Unequal Promotion Opportunities |

| | |
|--|---|
| Resource and Training Gaps | Lack of Preparation and Support, Absence of Structured Programs |
| Recommendations for Equity and Inclusion | Policy and Systemic Reform, Institutional Accountability |

Theme 7: Barriers to Leadership Advancement. Participants described how implicit biases, negative perceptions, and unequal treatment created persistent barriers to career advancement. Many shared stories of being overlooked, dismissed, or judged more harshly than their peers. P6 stated, “My experience has been full of implicit biases and a lack of organizational support.” Others reported experiencing racial stereotyping or subtle microaggressions that made them feel unwelcome in leadership spaces. As P4 shared, “Some colleagues would dismiss my suggestions outright.”

Many participants also felt that they were more closely scrutinized than their white colleagues. According to P5, “I was always watched more closely than my peers.” These patterns of bias led to emotional fatigue and a lack of psychological safety in leadership roles. Several participants described being passed over for promotions despite possessing the necessary qualifications. P1 stated, “I was clearly qualified but still not promoted.” Others noted that leadership visibility was often reserved for individuals with more informal access to power. As P8 explained, “Leadership never even knew who I was.” Participants also felt they were held to higher standards. P9 commented, “I had to prove myself more than others to be considered.” These patterns of exclusion and inequity reinforced systemic barriers that restricted advancement.

Theme 8: Resource and Training Gaps. Black RNs described a lack of access to formal training, structured development programs, and ongoing professional support.

Many participants entered leadership roles feeling underprepared. P1 said, “I felt unprepared after my inadequate training.” Similarly, P6 reported limited institutional investment in her growth: “I consistently requested continuing education classes from my employer.” The absence of mentorship or coaching left some RNs navigating leadership expectations on their own. P10 stated, “There was no one to guide me when I stepped into a leadership role.”

Participants noted a lack of clear pipelines or succession plans to support aspiring leaders. P3 shared, “There was no plan for developing future leaders like me.” Others described the burden of having to advocate for their own development. According to P3, “I had to advocate for DEI training to be included.” These gaps reinforced participants’ perceptions that they were expected to self-navigate systems that were not designed to support them.

Theme 9. Recommendations for Equity and Inclusion. Participants offered clear strategies for advancing racial equity in nursing leadership. These included structural reforms, transparent promotion pathways, and institutional accountability. Participants urged leadership to adopt fair, consistent criteria for advancement. P7 stated, “We need promotion criteria that are clearly communicated and fair.” P6 added, “Leadership should be selected based on equity, not popularity.” Such reforms, they argued, would help reduce the influence of informal networks and implicit bias on advancement decisions.

Beyond policy, participants called for real investment in diversity, equity, and inclusion. P4 shared, “The organization lacks real DEI initiatives beyond training slides.” They emphasized that accountability measures, not symbolic gestures, were

necessary to create a culture of equity. Participants' collective experiences point toward the need for both individual and institutional commitments to address long-standing barriers.

Summary

The interviews yielded findings that were organized into three key themes. These themes addressed the research questions and the study's overall purpose. The goal of this qualitative descriptive study was to explore Black RNs' perceptions of opportunities and resources necessary for leadership advancement. The guiding RQs were (a) How do Black RNs describe their experiences in leadership roles? (b) How do Black RNs frame their recommendations regarding opportunities needed for leadership progression? and (c) How do Black RNs suggest resources required for leadership growth?

For RQ1, which explored how Black Registered Nurses describe their experiences in leadership roles, three themes emerged: (a) Theme 1: Barriers Rooted in Racial Inequality, (b) Theme 2: Undermining and Lack of Peer Support, and (c) Theme 3: Invisibility and Exclusion in Leadership Contexts. For RQ2, which focused on recommendations for supporting Black RNs' leadership development, the following themes were identified: (a) Theme 4: Mentorship and Leadership Development Needs, (b) Theme 5: Institutional Bias and Unfair Evaluation Practices, and (c) Theme 6: Creating Equitable and Inclusive Work Environments. For RQ3, which examined specific strategies to overcome leadership barriers, participants identified: (a) Theme 7: Barriers to Leadership Advancement, (b) Theme 8: Resource and Training Gaps, and (c) Theme 9: Recommendations for Equity and Inclusion.

Career progression poses a challenge for many Blacks due to biases and systemic racism (Cooper Brathwaite et al., 2022). Iheduru-Anderson (2021) documented that a higher percentage of White nurses advance to leadership roles compared to Black RNs. There is a gap in the literature concerning the lived experiences of Black RNs navigating leadership within the healthcare profession (Nardi et al., 2020). The issue examined in this study is the underrepresentation of Black RNs in healthcare leadership positions. Additionally, statistical data indicate that Black RNs are less likely to secure leadership opportunities than their White peers, leading to an imbalance in leadership representation that can hinder success (Smiley et al., 2021).

The next chapter, Chapter 5, presents the findings, discusses how the research questions are addressed, and compares them with the literature reviewed in Chapter 2. Additionally, Chapter 5 highlights the implications of the theoretical framework. This final chapter offers recommendations for future research and practices. It also reviews the implications and recommendations based on the findings presented in Chapter 4.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative descriptive study was to explore the perceptions of Black RNs in leadership roles regarding the opportunities and resources necessary for leadership advancement. This addresses the social issue of limited diversity in healthcare management, which can increase the risk of implicit bias and negative impacts on patient care and quality (Sivashanker et al., 2020). To fulfill this purpose, data were collected from a sample of 10 Black RNs through one-on-one semi-structured interviews conducted via Zoom. These interviews were audio-recorded, transcribed, and analyzed for themes using Braun and Clarke's (2017) six-phase approach to thematic analysis to answer the three research questions.

- RQ1. How do Black RNs describe their experiences in leadership roles?
- RQ2. How do Black RNs describe recommendations regarding opportunities needed for leadership ascension?
- RQ3. How do Black RNs recommend resources needed for leadership ascension?

RQ1 was addressed through the responses of Black RNs, who shared their experiences in leadership roles, highlighting the challenges and barriers tied to racial inequality. RQ2 included feedback from Black RNs about the need for better resources and mentoring to support leadership growth. RQ3 revealed that Black RNs emphasized the importance of resources, fair treatment, and training to overcome obstacles in advancing to leadership positions.

Interpretation of the Findings

The findings were based on a thematic analysis that identified three key themes in response to the three research questions. The interpretation of these themes and how they addressed the research questions was discussed. These themes were also compared to the literature reviewed in Chapter 2. The first theme answered the first research question, which asked, How do Black RNs describe their experiences in leadership roles? Black RNs stated that leadership roles were defined by challenges and barriers related to racial inequality. Theme 1 showed that Black RNs described various biases, systematic barriers, and challenges that hindered their chances of promotions. Additionally, encounters with microaggressions and lack of mentorship were seen as major barriers that sustain racial inequalities in healthcare leadership.

The research review found that challenges stem from implicit biases and their impact on the quality of care provided by RNs to patients. According to the literature, implicit bias among healthcare professionals can significantly influence care quality. Therefore, professionals must work on recognizing and overcoming their implicit biases (Edgoose et al., 2019; Fiscella et al., 2021). Researchers observed that physicians with higher levels of implicit bias delivered worse care to Black patients than those with lower levels, especially when compared to the quality of care given to similar White patients (Hagiwara et al., 2020; Marcelin et al., 2019; Schnierle et al., 2019). Implicit bias is a measurable concept, and its effects on care quality can also be quantified. The concept is Theoretically informed by CRT, but it has also been empirically confirmed, and its impact on care quality can be pretty damaging. As such, healthcare professionals must confront this issue and learn to recognize and unlearn their implicit biases.

The second theme, which involved Black RNs describing the need for better resources and mentoring to support leadership growth, addressed the second research question: How do Black RNs describe their recommendations for opportunities needed for leadership advancement based on their access to resources and treatment as subordinates and leaders? This theme highlighted the importance of mentorship and guidance in supporting leadership development. Issues such as limited access to resources, the need for improved leadership training programs, and networking opportunities to strengthen organizational support were also highlighted. A strong need was stressed for the development of better support systems to help overcome the barriers they face in leadership.

This finding aligns with the literature reviewed in Chapter 2, which suggests that improving learners' career prospects involves developing a growth mindset and offering realistic pathways to achieve greater success (Hayes & Mahfouz, 2020; Swaminathan & Reed, 2019). Others also highlight the vital role mentors play in helping novice professionals start their careers effectively (Anthony et al., 2019; Evans et al., 2019). The literature strongly supports mentoring relationships, with almost no drawbacks noted in the sources (Gazaway et al., 2019; Salisu et al., 2019; Tsang, 2020). The key factors for successful mentoring include the mentor's competence, the compatibility between mentor and mentee, and the length of the relationship. Longer, more compatible relationships typically produce better outcomes than shorter, less compatible ones, which probably reflects the nature of productive relationships overall.

The third research question, which asked how Black RNs recommend resources needed for leadership advancement, was addressed by the third theme where Black RNs

described the recommended need for resources, equal treatment, and training to overcome challenges related to leadership progression. This theme underscores the need for better resources to tackle unequal treatment. The data showed that those at a disadvantage require more structured training compared to their peers, along with opportunities that foster fair and equitable leadership. According to participants, enhancing workplace policies that promote inclusivity and equal treatment could support growth into leadership roles.

Existing research, including the findings of researchers who agree with this study's conclusions, indicates that leadership training can help current and future leaders become more objective about the quality and dynamics of their organizational behaviors (Morrison et al., 2019; True et al., 2020). Leaders often perceive their behaviors differently from how employees and others in the organization view those behaviors, and training can help develop greater objectivity in this area. Such objectivity about oneself and relationships with others is crucial for effective leadership (An et al., 2022; Guzmán et al., 2020; True et al., 2020).

Researchers also suggested that both broad and specific skills and behaviors are crucial for leadership success (Heinen et al., 2019; Yukl et al., 2019). Broad skills may include practices such as emotional intelligence, while specific skills might involve understanding how to operate modern information and communication technology systems. Although the literature confirms the overall importance of leadership training, it also expresses some skepticism about whether current training programs are as effective as they could be, and highlights the need to develop new, more effective training methods.

Limitations of the Study

Limitations refer to elements of a study that are beyond the researcher's control. Limitations must be addressed in a study because they may influence the research findings (Quick & Hall, 2015). One limitation of this study was researcher bias. To minimize researcher bias, a reflexive journal was used to record any instances where I recognized differing opinions or was otherwise influenced by the research I conducted. Another limitation was the potential for self-reporting bias. Self-reporting bias occurs when a participant may be untruthful during interviews to avoid appearing socially undesirable. Participant confidentiality and informed consent were used to reduce self-reporting bias in this study. No other issues were noted. I kept a reflexive journal, which helped lessen bias. Additionally, confidentiality and informed consent were used to protect participants from self-reporting bias.

Recommendations

Recommendations for future practices in human services include establishing leadership models for all nurses, regardless of race or gender. Advocating for Black RNs, especially Black female RNs, could help create practices that increase the number of Black nurse leaders. This study showed that Black RNs face significant challenges in achieving leadership roles, as many participants reported difficulties with peers and senior leaders. These challenges revealed that Black RNs are aware of biases, systemic barriers, and obstacles that hinder their career progression. Encounters with microaggressions and lack of mentorship were identified as major barriers that sustain racial inequalities in healthcare leadership.

To overcome such barriers, it is recommended to increase and improve resources to enhance nurses' leadership abilities through ongoing education and professional development. Mentorship programs could be established, involving Black and White RN leaders, to train nurses in leadership responsibilities that include diversity and inclusion for RNs of all races. Human resources leadership should ensure the development of programs to support and advocate for all RNs aspiring to leadership roles. Providing training opportunities in leadership skills, self-awareness, and communication, among others, may help elevate RNs who silently desire leadership but lack the confidence to pursue it. RN leaders, especially those who identify as Black, should advocate for more education and training for Black RNs to strengthen their knowledge and skills for leadership roles.

Implications

The outcomes learned from this study's examination of how Black RNs in leadership roles perceived opportunities and resources necessary for leadership advancement highlighted the need to address racial disparities within the RN field. During my doctoral journey, I discovered that these changes included recognizing the need to address racial disparities in RN leadership roles. However, when acknowledging these disparities, I am also concerned with how to address the issues without causing hard feelings among the nursing staff.

As a leader, I want to discuss with my counterparts the importance of increasing the number of Black RNs in leadership roles while also sharing information about both racial and gender disparities. However, I recognize that this is a very sensitive topic. Based on my study's findings, I now see that changes are necessary within my field and

in leadership positions. I have considered proposing the creation of a program to mentor Black nurses to become leaders.

Conclusion

Chapter 5 provided an overview of how the results of this research increased awareness that Black RNs are less likely to be given opportunities to advance into leadership roles. This section explains how changes can be implemented within departments, such as Human Resources. The chapter reflects on the self and the scholar-practitioner to describe how I learned from this research experience. Understanding the situation and learning about the perceptions of Black RNs in leadership roles—who explained the opportunities and resources needed for leadership advancement—allowed for ideas regarding progress, potential opportunities for change, and resources to support future RN leaders through human resources participation.

Based on this study's findings, social changes in the nursing field specific to Black RNs and Black RN leaders could lead to improvements in leadership practices. Additionally, applying these findings in real-world settings might help reduce the gap between Black and White RNs in leadership roles. For example, current Black RN leaders should encourage Black men and women to pursue RNs and support their advancement into leadership positions. Such efforts could increase the recruitment of Black nurses. Mentoring programs should be promoted across healthcare facilities to help Black RN leaders guide Black RNs toward leadership roles, thereby increasing the number of Black RNs in leadership positions.

References

- Adamovic, M., & Leibbrandt, A. (2023). Is there a glass ceiling preventing ethnic minorities from entering leadership positions? Evidence from a field experiment with over 12,000 job applications. *The Leadership Quarterly*, 34(2), Article 101655, 1-13. <https://doi.org/10.1016/j.leaqua.2022.101655>
- Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, 4(10), 1358-1367. <https://doi.org/10.1002/jac5.1441>
- Admiraal, W., Schenke, W., De Jong, L., Emmelot, Y., & Sligte, H. (2021). Schools as professional learning communities: What can schools do to support the professional development of their teachers? *Professional Development in Education*, 47(4), 684-698. <https://doi.org/10.1080/19415257.2019.1665573>
- American Association of Colleges of Nursing. (2023). Transform 2023. *American Association of Colleges of Nursing*. <https://www.aacnnursing.org/transform>
- An, S.-H., Jensen, U. T., Bro, L. L., Andersen, L. B., Ladenburg, J., Meier, K. J., & Salomonsen, H. H. (2022). Seeing eye to eye: Can leadership training align perceptions of leadership? *International Public Management Journal*, 25(1), 2-23. <https://doi.org/10.1080/10967494.2020.1763533>
- Anthony, A. B., Gimbert, B. G., Luke, J. B., & Hurt, M. H. (2019). Distributed leadership in context: Teacher leaders' contributions to novice teacher induction. *Journal of School Leadership*, 29(1), 54-83. <https://doi.org/10.1177/1052684618825086>

- Bakker, A. B., Hetland, J., Olsen, O. K., & Espevik, R. (2023). Daily transformational leadership: A source of inspiration for follower performance? *European Management Journal*, 41(5), 700-708. <https://doi.org/10.1016/j.emj.2022.04.004>
- Bergen, N., & Labonté, R. (2020). “Everything is perfect, and we have no problems”: detecting and limiting social desirability bias in qualitative research. *Qualitative Health Research*, 30(5), 783–792. <https://doi.org/10.1177/1049732319889354>
- Bergner, S. (2020). Being smart is not enough: Personality traits and vocational interests incrementally predict leaders’ and entrepreneurs’ intentions, status, and success beyond cognitive ability. *Frontiers in Psychology*, 11, Article 204, 1-19. <https://doi.org/10.3389/fpsyg.2020.00204>
- Boothe, A., Yoder-Wise, P., & Gilder, R. (2019). Follow the leader: Changing the game of hierarchy in health care. *Nursing Administration Quarterly*, 43(1), 76–83. <https://doi.org/10.1097/NAQ.0000000000000289>
- Braun, V., & Clarke, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297–298. <https://doi.org/10.1080/17439760.2016.1262613>
- Brewer, J. (2000). *Ethnography*. McGraw-Hill Education.
- Burton, L. J., Cyr, D., & Weiner, J. M. (2020). “Unbroken but bent”: Gendered racism in school leadership. *Frontiers in Education*, 5, Article 52, 1-13. <https://doi.org/10.3389/feduc.2020.00052>
- Busey, C. L., Duncan, K. E., & Dowie-Chin, T. (2022). Critical what? Theoretical a systematic review of 15 years of critical race theory research in social studies education. *Review of Educational Research*, 93(3), 412–453. <https://doi.org/10.3102/00346543221105551>

- Cai, D., Liu, S., Liu, J., Yao, L., & Jia, X. (2021). Mentoring and newcomer well-being: A socialization resources perspective. *Journal of Managerial Psychology*, 36(3), 285–298. <https://doi.org/10.1108/JMP-08-2019-0485>
- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: Complex or simple? Research case examples. *Journal of Research in Nursing*, 25(8), 652–661. <https://doi.org/10.1177/1744987120927206>
- Chase, E., & Martin, J. L. (2021). I can't believe I'm still protesting: Choppy waters for women in educational leadership. *International Journal of Leadership in Education*, 24(1), 1–23. <https://doi.org/10.1080/13603124.2019.1623917>
- Collins, P. H. (2019). *Intersectionality as critical social theory*. Duke University Press.
- Cooper Brathwaite, A., Versailles, D., Juüdi-Hope, D. A., Coppin, M., Jefferies, K., Bradley, R., Campbell, R., Garraway, C. T., Obewu, O. A. T., LaRonde-Ogilive, C., Sinclair, D., Groom, B., Punia, H., & Grinspun, D. (2022). Black nurses in action: A social movement to end racism and discrimination. *Nursing Inquiry*, 29(1), 1–12. <https://doi.org/10.1111/nin.12482>
- Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (Eds.). (1996). *Critical race theory: The key writings that formed the movement*. Free Press.
- Crowley, R. M., & Smith, W. L. (2020). A divergence of interests: Critical race theory and white privilege pedagogy. *Teachers College Record*, 122(1), 1-24. <https://doi.org/10.1177/016146812012200103>
- Dadanlar, H. H., & Abebe, M. A. (2020). Female CEO leadership and the likelihood of corporate diversity misconduct: Evidence from S&P 500 firms. *Journal of*

Business Research, 118(2020), 398-405.

<https://doi.org/10.1016/j.jbusres.2020.07.011>

Daniëls, E., Muyters, G., & Hondeghem, A. (2021). Leadership training and organizational learning climate: Measuring influences based on a field experiment in education. *International Journal of Training and Development*, 25(1), 43-59.

<https://doi.org/10.1111/ijtd.12206>

Delgado, R., & Stefancic, J. (2023). *Critical race theory*. NYU Press.

Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, 25(5), 443–455.

<https://doi.org/10.1177/1744987119880234>

Dwyer, L. P. (2019). Leadership self-efficacy: Review and leader development implications. *Journal of Management Development*, 38(8), 637–650.

<https://doi.org/10.1108/JMD-03-2019-0073>

Early, S. L. (2020). Relational leadership reconsidered: The mentor-protégé connection.

Journal of Leadership Studies, 13(4), 57-61. <https://doi.org/10.1002/jls.21671>

Edgoose, J., Quiogue, M., & Sidhar, K. (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family Practice Management*, 26(4), 29–33.

https://www.aafp.org/pubs/fpm/issues/2019/0700/p29.html?cmpid=em_FPM_20190710

Evans, M. M., Kowalchik, K., Riley, K., & Adams, L. (2019). Developing nurses through mentoring: It starts in nursing education. *Nursing Clinics*, 55(1), 61-69.

<https://doi.org/10.1016/j.cnur.2019.10.006>

Fareed, M. Z., Su, Q., & Awan, A. A. (2021). The effect of emotional intelligence,

- intellectual intelligence, and transformational leadership on project success; an empirical study of public projects of Pakistan. *Project Leadership and Society*, 2, Article 100036, 1-10. <https://doi.org/10.1016/j.plas.2021.100036>
- Fiscella, K., Epstein, R. M., Griggs, J. J., Marshall, M. M., & Shields, C. G. (2021). Is physician implicit bias associated with differences in care by patient race for metastatic cancer-related pain? *PLoS ONE*, 16(10), Article e0257794, 1-16. <https://doi.org/10.1371/journal.pone.0257794>
- Fisk, S. R., & Overton, J. (2019). Who wants to lead? Anticipated gender discrimination reduces women's leadership ambitions. *Social Psychology Quarterly*, 82(3), 319–332. <https://doi.org/10.1177/0190272519863424>
- García, I. (2021). Leadership training as an alternative to neoliberalism: A model for community development. *Community Development*, 52(4), 440–458. <https://doi.org/10.1080/15575330.2021.1881135>
- Gazaway, S., Gibson, R. W., Schumacher, A., & Anderson, L. (2019). Impact of mentoring relationships on nursing professional socialization. *Journal of Nursing Management*, 27(6), 1182-1189. <https://doi.org/10.1111/jonm.12790>
- Gomez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, 111(4), 383–392. <https://doi.org/10.1016/j.jnma.2019.01.006>
- Gómez-Leal, R., Holzer, A. A., Bradley, C., Fernández-Berrocal, P., & Patti, J. (2022). The relationship between emotional intelligence and leadership in school leaders: A systematic review. *Cambridge Journal of Education*, 52(1), 1-21. <https://doi.org/10.1080/0305764X.2021.1927987>

- Gopal, D. P., Chetty, U., O'Donnell, P., Gajria, C., & Blackadder-Weinstein, J. (2021). Implicit bias in healthcare: Clinical practice, research, and decision making. *Future Healthcare Journal*, 8(1), 40–48. <https://doi.org/10.7861/fhj.2020-0233>
- Grimes, D. A., & Schulz, K. F. (2002). Bias and causal associations in observational research. *The Lancet*, 359(9302), 248–252. [https://doi.org/10.1016/S0140-6736\(02\)07451-2](https://doi.org/10.1016/S0140-6736(02)07451-2)
- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PloS ONE*, 15(5), Article e0232076, 1-17. <https://doi.org/10.1371/journal.pone.0232076>
- Guzmán, V. E., Muschard, B., Gerolamo, M., Kahl, H., & Rozenfeld, H. (2020). Characteristics and skills of leadership in the context of Industry 4.0. *Procedia Manufacturing*, 43, 543–550. <https://doi.org/10.1016/j.promfg.2020.02.167>
- Hagiwara, N., Dovidio, J. F., & Penner, L. A. (2020). Applied racial/ethnic healthcare disparities research using implicit measures. *Social Cognition*, 38(2020), 1-18 <https://doi.org/10.1521/soco.2020.38.supp.s68>
- Hayes, S. D., & Mahfouz, J. (2020). Principalship and mentoring: A review of perspectives, evidence, and literature 1999-2019. *Research in Educational Administration and Leadership*, 5(3), 722–751. <https://doi.org/10.30828/real/2020.3.4>
- Heinen, M., van Oostveen, C., Peters, J., Vermulen, H., & Huis, A. (2019). An integrative review of leadership competencies and attributes in advanced nursing practice. *Journal of Advanced Nursing*, 75(11), 2378-2392. <https://doi.org/10.1111/jan.14092>

- Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, 292, Article 114523, 1-10. <https://doi.org/10.1016/j.socscimed.2021.114523>
- Iheduru-Anderson, K. C. (2021). The White/Black hierarchy institutionalizes White supremacy in nursing and nursing leadership in the United States. *Journal of Professional Nursing*, 37(2), 411–421. <https://doi.org/10.1016/j.profnurs.2020.05.005>
- Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, 84(1), 7120–7132. <https://doi.org/10.5688/ajpe7120>
- Joseph, M. L., Nelson-Brantley, H. V., Caramanica, L., Lyman, B., Frank, B., Hand, M. W., Parchment, J., Ward, D. M., Weatherford, B., & Chipps, E. (2022). Building the science to guide nursing administration and leadership decision making. *JONA: The Journal of Nursing Administration*, 52(1), 19–26. <https://doi.org/10.1097/NNA.0000000000001098>
- Kea-Edwards, A. N., Diaz, J. B. B., & Reichard, R. J. (2023). Development or discrimination: Black women leaders' experience with multisource feedback. *Consulting Psychology Journal*, 75(1), 68–93. <https://doi.org/10.1037/cpb0000215>
- Kelly, S., Sarver, W., Kline, M., & McNett, M. (2020). Impact of intensive leadership training on nurse manager satisfaction and perceived importance of competencies. *Nursing Management*, 51(1), 34–42. <https://doi.org/10.1097/01.NUMA.0000580592.92262.40>

- Kett, P. M., Bekemeier, B., Altman, M. R., & Herting, J. R. (2022). “Not everybody approaches it that way”: Nurse-trained health department directors’ leadership strategies and skills in public health. *Nursing Inquiry*, 29(4), 1–12.
<https://doi.org/10.1111/nin.12487>
- Kyere, E., & Fukui, S. (2022). Structural racism, workforce diversity, mental health disparities: A critical review. *Journal of Racial and Ethnic Health Disparities*, 10, 1985-1996. <http://doi.org/10.1007/s40615-022-01380-w>
- Ladson-Billings, G. (1998). What is critical race theory, and what is it doing in a field like education? *International Journal of Qualitative Studies in Education*, 11(1), 7–24. <https://doi.org/10.1080/095183998236863>
- Li, Y., & Zhang, S. (2022). *Qualitative data analysis*. Springer International Publishing.
- Liu, Z., Venkatesh, S., Murphy, S. E., & Riggio, R. E. (2021). Leader development across the lifespan: A dynamic experiences-grounded approach. *The Leadership Quarterly*, 32(5), Article 101382, 1-18.
<https://doi.org/10.1016/j.leaqua.2020.101382>
- Marcelin, J. R., Siraj, D. S., Victor, R., Kotadia, S., & Maldonado, Y. A. (2019). How to recognize and mitigate the impact of unconscious bias in healthcare. *The Journal of Infectious Diseases*, 220(Supplement_2), S62-S73.
<https://doi.org/10.1093/infdis/jiz214>
- Marchiondo, L. A., Verney, S. P., & Venner, K. L. (2023). Academic leaders’ diversity attitudes: Their role in predicting faculty support for institutional diversity. *Journal of Diversity in Higher Education*, 16(3), 323–332.
<https://doi.org/10.1037/dhe0000333>

- Mocănașu, D. R. (2020). Determining the sample size in qualitative research. In *International Multidisciplinary Scientific Conference on the Dialogue Between Sciences & Arts, Religion & Education*, 4(1), 181-187.
<https://doi.org/10.26520/mcdisare.2020.4.181-187>
- Modoveanu, M., & Narayandas, D. (2019). The future of leadership development. *Harvard Business Review*. <https://hbr.org/2019/03/the-future-of-leadership-development>
- Morgan, A., Shah, K., & Tran, K. (2021). Racial, ethnic, and gender representation in leadership positions at National Cancer Institute–designated cancer centers. *JAMA Network Open*, 4(6), Article e2112807.
<https://doi.org/10.1001/jamanetworkopen.2021.12807>
- Morgan, H. (2022). Resisting the movement to ban critical race theory from schools. *The Clearing House*, 95(1), 35–41. <https://doi.org/10.1080/00098655.2021.2025023>
- Morrison, C. C., Greenhaw, L. L., & Pigg, J. (2019). Is it worth it? A case study exploring volunteers' perceptions of leadership training. *Journal of Leadership Education*, 18(2), 81–94. <https://doi.org/10.12806/v18/i2/r6>
- Moustakas, C. (1994). *Phenomenological research methods*. Sage publications.
- Nardi, D., Waite, R., Nowak, M., Hatcher, B., Hines-Martin, V., & Stacciarini, J. M. R. (2020). Achieving health equity through eradicating structural racism in the United States: A call to action for nursing leadership. *Journal of Nursing Scholarship*, 52(6), 696–704. <https://doi.org/10.1111/jnu.12602>
- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). The Belmont Report. *U.S. Department of Health*

and Human Services. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>

- Obenauer, W. G., & Langer, N. (2019). Inclusion is not a slam dunk: A study of differential leadership outcomes without a glass cliff. *The Leadership Quarterly*, 30(6), 1–10. <https://doi.org/10.1016/j.leaqua.2019.101334>
- Ogunyemi, D., Clare, C., Astudillo, Y. M., Marseille, M., Manu, E., & Kim, S. (2020). Microaggressions in the learning environment: A systematic review. *Journal of Diversity in Higher Education*, 13(2), 97–119. <https://doi.org/10.1037/dhe0000107>
- Onnie, R. L., Versey, H. S., & Cielto, J. (2022). “They’re always gonna notice my natural hair”: Identity, intersectionality, and resistance among Black girls. *Qualitative Psychology*, 9(3), 211–231. <https://doi.org/10.1037/qup0000208>
- Perrone, F. (2022). Why a diverse leadership pipeline matters: The empirical evidence. *Leadership and Policy in Schools*, 21(1), 5–18. <https://doi.org/10.1080/15700763.2021.2022707>
- Pritlove, C., Juandos-Prats, C., Ala-Ieppilampi, K., & Parsons, J. A. (2019). The good, the bad, and the ugly of implicit bias. *Lancet*, 393(10171), 502–504. [https://doi.org/10.1016/s0140-6736\(18\)32267-0](https://doi.org/10.1016/s0140-6736(18)32267-0)
- Quick, J., & Hall, S. (2015). Part three: The quantitative approach. *Journal of Perioperative Practice*, 25(10), 192–196. <https://doi.org/10.1177/175045891502501002>
- Ruslin, R., Mashuri, S., Rasak, M. S. A., Alhabsyi, F., & Syam, H. (2022). Semi-structured interview: A methodological reflection on developing a qualitative

research instrument in educational studies. *IOSR Journal of Research & Method in Education (IOSR-JRME)*, 12(1), 22-29.

<http://repository.iainpalu.ac.id/id/eprint/1247/1/Saepudin%20Mashuri.%20Artkel%20inter..pdf>

Sabin, J. A. (2022). Tackling implicit bias in health care. *New England Journal of Medicine*, 387, 105–107. <https://doi.org/10.1056/NEJMp2201180>

Saha, R., Shasi, R., Cerchione, R., Singh, R., & Dahiya, R. (2019). Effect of ethical leadership and corporate social responsibility on firm performance: A systematic review. *Corporate Social Responsibility and Environmental Management*, 27(2), 409–429. <https://doi.org/10.1002/csr.1824>

Salisu, W. J., Nayeri, N. D., Yakubu, I., & Ebrahimpour, F. (2019). Challenges and facilitators of professional socialization: A systematic review. *Nursing Open*, 6(4), 1289–1298. <https://doi.org/10.1002/nop2.341>

Sánchez, C. M., & Lehnert, K. (2019). The unbearable heaviness of leadership: The effects of competency, negatives, and experience on women’s aspirations to leadership. *Journal of Business Research*, 95, 182–194. <https://doi.org/10.1016/j.jbusres.2018.10.033>

Schnierle, J., Christian-Brathwaite, N., & Louisias, M. (2019). Implicit bias: What every pediatrician should know about the effect of bias on health and future directions. *Current Problems in Pediatric and Adolescent Health Care*, 4(292), 34–44. <https://doi.org/10.1016/j.cppeds.2019.01.003>

Sergeant, A., Saha, S., Lalwani, A., Sergeant, A., McNair, A., Larrazabal, E., Yang, K., Bogler, O., Dhoot, A., Werb, D., & Razak, F. (2022). Diversity among health care

leaders in Canada: A cross-section study of perceived gender and race. *Canadian Medical Association Journal*, 194(10), E371-E377.

<http://doi.org/10.1503/cmaj.211340>

Shaikh, A. T., Farhan, S. A., Siddiqi, R., Fatima, K., Siddiqi, J., & Khosa, F. (2019).

Disparity in leadership in neurosurgical societies: A global breakdown. *World Neurosurgery*, 123, 95-102. <https://doi.org/10.1016/j.wneu.2018.11.145>

Shore, L. M., & Chung, B. G. (2021). Inclusive leadership: How leaders sustain or discourage work group inclusion. *Group & Organization Management*, 47(4), 1-10. <https://doi.org/10.1177/1059601121999580>

Siedlecki, S. L. (2020). Understanding descriptive research designs and methods. *Clinical Nurse Specialist*, 34(1), 8-12. <https://doi.org/10.1097/NUR.0000000000000493>

Silver, J. K., Bean, A. C., Slocum, C., Poorman, J. A., Tenforde, A., Blauwet, C. A., Kirch, R. A., Parekh, R., Amonoo, H. L., Zafonte, R., & Osterbur, D. (2019). Physician workforce disparities and patient care: A narrative review. *Health Equity*, 3(1), 1-15. <https://doi.org/10.1089/heq.2019.0040>

Sivashanker, K., Mendu, M. L., Wickner, P., Hartley, T., Desai, S., Fiumara, K., Resnick, A., & Salmasian, H. (2020). Communication with patients and families regarding healthcare-associated exposure to COVID-19: A checklist to facilitate disclosure. *Joint Commission Journal on Quality and Patient Safety*, 46(8), 483-488.

<https://doi.org/10.1016%2Fj.jcjq.2020.04.010>

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)

Squires, V. (2019). The well-being of the early career teacher: A review of the literature on the pivotal role of mentoring. *International Journal of Mentoring and Coaching in Education*, 8(4), 255–267. <https://doi.org/10.1108/IJMCE-02-2019-0025>

Stamps, D. C. (2021). Nursing leadership must confront implicit bias as a barrier to diversity in healthcare today. *Nurse Leader*, 19(6), 630-638.

<https://doi.org/10.1016/j.mnl.2021.02.004>

Stockemer, D., Stockemer, G., & Glaeser, J. (2019). *Quantitative methods for the social sciences*. Springer International Publishing.

Sukhera, J., Watling, C. J., & Gonzalez, C. M. (2020). Implicit bias in health professions: From recognition to transformation. *Academic Medicine*, 95(5), 717-723.

<https://doi.org/10.1952/2020/00000095/00000005/art00021>

Swaminathan, R., & Reed, L. (2019). Mentor perspectives on mentoring new school leaders. *Journal of School Leadership*, 30(3), 1-10.

<https://doi.org/10.1177/1052684619884785>

True, M. W., Folaron, I., Colburn, J. A., Wardian, J. L., Hawley-Molloy, J. S., & Hartzell, J. D. (2020). Leadership training in graduate medical education: Time for a requirement? *Military Medicine*, 185(1-2), e11-e16.

<https://doi.org/10.1093/milmed/usz140>

Tsang, A. (2020). The value of a semi-formal peer mentorship program for first-year students' studies, socialization, and adaptation. *Active Learning in Higher Education*, 24(2), 125-138. <https://doi.org/10.1177/1469787420945212>

- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over 15 years. *BMC Medical Research Methodology*, *18*, 148–152. <https://doi.org/10.1186/s12874-018-0594-7>
- 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 healthcare: Evidence and research needs. *Annual Review of Public Health*, *43*, 477–501. <https://doi.org/10.1146/annurev-publhealth-052620-103528>
- Verawati, D. M., & Harton, B. (2020). Effective leadership from the perspective of trait theory and behavior theory. *jurnal Rekomen*, *4*(1), 13-23. <https://pdfs.semanticscholar.org/d57a/9f30e3e4c88a3a0610372818d3bdb5e75693>
- Waite, R., & Nardi, D. (2019). Nursing colonialism in America: Implications for nursing leadership. *Journal of Professional Nursing*, *35*(1), 18–25. <https://doi.org/10.1016/j.profnurs.2017.12.013>
- Waring, J., Bishop, S., Black, G., Clarke, J. M., Exworthy, M., Fulop, N. J., Hartley, J., Ramsay, A., & Roe, B. (2022). Understanding the political skills and behaviours for leading the implementation of health services change: a qualitative interview study. *International Journal of Health Policy and Management*, *11*(11), 2686–2697. <https://doi.org/10.34172/IJHPM.2022.6564>
- Weiner, J. M., Cyr, D., & Burton, L. J. (2019). Microaggressions in administrator preparation programs: How Black female participants experienced discussions of identity, discrimination, and leadership. *Journal of Research on Leadership Education*, *16*(1), 3-29. <https://doi.org/10.1177/1942775119858655>

- Winters, R. C., Chen, R., Lal, S., & Chan, T. (2022). Six principles for developing leadership training ecosystems in health care. *Academic Medicine*, 97(6), 793–796.
https://journals.lww.com/academicmedicine/Fulltext/2022/06000/Six_Principles_for_Developing_Leadership_Training.34.aspx
- Yip, J., Trainor, L. L., Black, S., Soto-Torres, L., & Reichard, R. J. (2020). Coaching new leaders: A relational process of integrating multiple identities. *Academy of Management Learning & Education*, 19(4), 1-10.
<https://doi.org/10.5465/amle.2017.0449>
- Young, S., & Guo, K. L. (2020). Cultural diversity training: The necessity of cultural competence for health care providers and in nursing practice. *The Health Care Manager*, 39(2), 100–108. <https://doi.org/10.1097/HCM.0000000000000294>
- Yukl, G., Mahsud, R., Prussia, G., & Hassan, S. (2019). Effectiveness of broad and specific leadership behaviors. *Personnel Review*, 48(3), 775–783.
<https://doi.org/10.1108/PR-03-2018-0100>
- Zewude, R., & Sharma, M. (2021). Critical race theory in medicine. *CMAJ*, 193(20), E739-E741. <https://doi.org/10.1503/cmaj.210178>

Appendix A: Demographic Questions

1. How old are you?
2. What is your gender identity?
3. What race do you identify with?
4. How long have you worked at this hospital as a registered nurse (RN)? How long have you been in a leadership position at this hospital?

Appendix B: Instrumentation

Interview Questions

1. How would you describe your experience in leadership roles?
 - a. Do you believe that your race/ethnicity has impacted your experience in a leadership role? Why or why not?
2. Have you ever felt discriminated against due to your race/ethnicity by subordinates while in leadership positions?
 - a. If yes, how, or why? If no, how, or why?
3. Have you ever felt that your decision-making skills were questioned by your peers or higher-ups in leadership positions because of your race/ethnicity?
 - a. If yes, how, or why? If no, how, or why?
4. How would you describe the opportunities you have had to ascend into leadership positions?
 - a. Do you believe that your race/ethnicity had an impact on these opportunities? Why or why not?
5. Have you ever felt discriminated against due to your race/ethnicity when being considered for leadership roles?
 - a. If yes, how, or why? If no, how, or why?
6. How would you describe your experience as a candidate for a leadership role, and did you ever feel that your race/ethnicity impacted your candidacy?
 - a. If yes, how, or why? If no, how, or why?
7. How would you describe upward mobility in your leadership role, and did you ever feel that your race/ethnicity impacted your chances for upward mobility?

- a. If yes, how, or why? If no, how, or why?
8. Do you feel you have the necessary resources to ascend into higher leadership roles? Why or why not?
9. Do you feel that others have access to resources you do not have due to your race/ethnicity?
 - a. If yes, how, or why? If no, how, or why?
10. How do you feel others view you as a leader? Do you believe your race/ethnicity impacts how others view you as a leader? If so, to what degree?