

2018

## Experiences of Interpersonal Interaction between Nurse Educators and Minority Nursing Students

Debra Boldan  
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# Walden University

College of Health Sciences

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Debra Boldan

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Walden University

2018

Abstract

Experiences of Interpersonal Interaction between Nurse Educators and Minority Nursing

Students

by

Debra Boldan

MSN, Grand Canyon University, 2014

BSN, University of Phoenix, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

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## Abstract

Changes in the cultural composition of the United States population are not reflected in the nursing workforce. The lack of diversity in nursing may be due to the unique interpersonal needs of minority nursing students remaining unmet in traditional nursing education programs, which might unintentionally lead to alienation, isolation, and lower graduation rates for minority students. The purpose of this phenomenological study was to explore interpersonal interaction experiences nursing educators have in teaching minority nursing students. Critical social theory provided the theoretical framework to explore the ways social inquiries may hinder learning and keep marginal groups from reaching their full potential. Ten nurse educators from three community colleges were interviewed using open ended questions. Data analysis was conducted using Van Manen's three step approach and NVivo 11 for thematic analysis. Five themes emerged from the data: Perceptions of the need for minority nurses, social responsibility of nurse educators, perceptions of minority students, the effectiveness of teaching minority students, and perceptions of interpersonal interaction. Participants believed there is a need for increased diversity and that minority nursing students face specific challenges, so most of the nurse educators employ techniques that they think may help minority students. Future research should include a more diverse sample of nurse educators including educators from different geographic locations across the US. The study contributes to positive social change by identifying caring and supportive interpersonal interactions and behaviors practiced by nurse educators.

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## Dedication

I dedicate this work to my husband, Kirby Earl Boldan. You have been my rock and my support from the beginning to the end, and you continue to be there for me in every way. To my parents, Bernice and Willie Jamison. Mom and Dad, you taught me the value of hard work and the importance of never giving up on what I really want.

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## Chapter 1: Introduction to the Study

### **Introduction**

Changes in the cultural composition of United States residents pose significant challenges for healthcare and educational institutions. The current ethnic distribution of nursing staff does not reflect the ethnic distribution of the population served by the nursing profession, as the number of White nurses outnumber all other groups (U.S. Department of Health and Human Services, (DHHS), 2010). The American Association of Colleges of Nursing (AACH) (2013), Carter, Powell, Derouin, and Cusatis (2015), the Health Resources and Services Administration (HRSH), (2010), and Humes, Jones, and Ramirez (2011) provided statistical evidence regarding the lack of diversity within the nursing profession. Specifically, there was a disproportionately small number of minority nursing students and nurses in the healthcare workplace compared to the overall population.

The Office of Disease Prevention and Health Promotion (DHP) (2008) completed a survey between the 2004 to 2008 period and revealed that White female nurses represented 83.2% of the U.S. nursing population. Of registered nurses (RN), the non-White group was 5.5% non-Hispanic Asian, while the non-Hispanic Black or African American group was 5.4%. Hispanics increased to 3.6% from 2.3% (U.S. DHHS, 2010). Carthon, Nguyen, Pancir, and Chittams (2015) reported an increase of non-White nurses from 10% to 22.5%, representing a modest increase and movement toward more ethnic diversity in the profession. From 2008 to 2012, the number of Hispanic/Latino graduates increased (7.9% to 10.4%,  $p = .001$ ), but the number of African American and

Native American graduates decreased with (6.8% to 5.0%,  $p = .004$ ) and (2.1 % to 0.3%,  $p < .001$ ), respectively (Carthon et al., 2015).

To address the lack of ethnic diversity within the nursing profession, more nurses representing minority groups needed to be educated. However, not all ethnic students who enrolled graduated (Carthon et al., 2015). One of the reasons why minority nursing students might not complete a nursing program is the traditionally Eurocentric nursing education approach in the United States, which might lead to alienation and isolation for minority nursing students (DeBrew, LeWallen, & Chun, 2014). Other factors included a lack of financial resources, the perception that other ethnic groups experienced preferential treatment, and difficulty understanding interactions with peers and educators (Carter et al., 2015). Therefore, one must establish why attrition of minority nursing students occurred and how nurse educators could assist minority nursing students in completing their studies (Evans, 2013).

This chapter will provide a background to the phenomenon of teaching minority nursing students, stating the problem and purpose of the study, and culminating in a research question. A discussion of the theoretical framework that guides the study, together with operational definitions of key terms, will follow. Following, methodological aspects, such as assumptions, scope and delimitations, limitations of the study, and its significance will be discussed. A summary will conclude this chapter.

### **Background**

Historically, Hines (2014) defined the patient population in the U.S. healthcare system as relatively homogeneous; cultural awareness in healthcare did not represent a

prominent need. The U.S. Census Bureau (2011) indicated that 12.6% of people in the U.S. were African Americans, while Hispanic-Americans were 16.3%, and Asian-Americans were 4.8%. The projected U.S. population for 2060 is 339 million, with the projected minority population reaching 78 million.(U.S. Census Bureau(2011). Based on this growth rate, Colby and Ortman (2015) have projected the minority population is to account for 19% of the population in 2060, whereas it was 13% in 2014. Nurses will care for a more culturally diverse group of patients whose beliefs and practices regarding health may differ substantially from the nurse's beliefs providing care (Phillips & Malone, 2014; Seright, 2012).

Seright (2012) suggested that nurses needed to remain aware of cultural differences to adopt an appropriate cultural approach in serving patients from cultural groups other than their own. Seright reasoned that nurses of the same cultural background would better serve minority patients. The cultural differences in the minority nursing student population have indicated the importance of tailoring diversity support services to meet the needs of students from diverse backgrounds.

Carthon et al. (2015) asserted that minority students' enrollment needs in nursing education differed from Caucasians. White (2016) highlighted that this difference might be due to insufficiently structured support services provided to individual students from minority groups. Students from minority groups reported they experienced exclusion during their education and longed for inclusion (Granter, 2016). White and Fulton (2015) identified three common experiences among African American nursing students: Struggling with isolation, the prominence of nurse educators, and the need for academic

and interpersonal support. These findings paralleled Grobecker (2016) who argued that a sense of belonging was a fundamental human need that could positively influence nursing students' motivation and confidence levels. Conversely, feelings of being excluded negatively influenced the students' self-concept, learning skills, and competence levels (Grobecker, 2016).

Minority nursing students indicated a need for study support by ethnic cohorts (see Murray, 2015; Museus, Palmer, Davis, & Maramba, 2011; Payton, Howe, Timmons, & Richardson, 2013). Therefore, one must determine what support services were needed and how these services could interact with minority nursing students successfully.

Palmer, Davis and Maramba (2011) have found different reasons for the low enrollment rate of nursing students, including differences in support services (Carthon et al., 2015), the level of interaction between faculty and nursing students (Evans, 2013), and minority students' help-seeking behavior (Murray, 2015). Schoofs (2012) studied both enrollment and retention of nursing students, and identified causal factors for poor enrollment and retention; these included academic insufficiencies, inadequate test preparation and poor study skills, an absence of role models, cultural differences, and little or no support from White educators and peers.

White and Fulton (2015) emphasized the need for faculty support to improve African American nursing students' college success. Particularly, faculty interaction time was more influential for African American student success compared to other races and ethnicities. Educator-student interaction is often marred by mutual feelings of uneasiness and discomfort (DeBrew et al., 2014). Educators must understand minority nursing



students' cultural differences and exhibit an appreciation for cultural differences to minimize the minority students' feelings of being an outsider (Koch, Everett, Phillips, & Davidson, 2015). There was not much known about Black students' experiences in nursing education programs (White & Fulton, 2015). There was a need for further research on African American students' experiences with predominantly Caucasian nursing education programs. Additionally, one must identify ways in which leaders could support Black nursing students academically and interpersonally.

According to Sedgwick, Oosterbroek, and Ponomar (2014), there was a shortage of information on the experiences of nursing school educators regarding interpersonal interactions with minority students when teaching these students. Sedgwick, Oosterbroek and Ponomar's research had mainly focused on the minority students who had an educational experience and were in a position to provide feedback on their experiences and educational situation (Sedgwick et al., 2014). Sedgwick and associates have shown that interpersonal interactions between students and educators is important because these influence the students' sense of belonging (Sedgwick et al., 2014). During their education, student's interactional experiences could either positively or negatively influence their sense of belonging. Minority nursing students have experienced bias and discrimination from people they interact with during their education, which is one of the main reasons for student attrition. If researchers want to promote cultural diversity among nursing staff, then the staff should address the possibility of bias and discrimination at all levels of nurses' education.

To date, DeBrew, LeWallen and Chan (2014) have focused their efforts on finding strategies to educate minority nursing students in the classroom setting (DeBrew et al., 2014). Minority nursing student's cultural differences may cause difficulties in teaching and acquiring information. However, many nursing educators are not acutely aware of the influence of cultural differences, and therefore fail to address the students' needs (DeBrew et al., 2014). Therefore, there was a gap in the literature in addressing educators' experiences teaching minority nursing students, as the research mainly addressed the students' needs and experiences. By focusing on the experiences of the educators, this study indicated differences in attitudes or even biases that could prevent or hinder nursing educators in establishing interpersonal interactions with minority nursing students. By becoming aware of what factors could facilitate or inhibit this interaction, educators could better address this aspect of their teaching activities. The current study aimed to address this gap by focusing on the experiences of nursing educators in establishing interpersonal interaction with minority nursing students.

### **Problem Statement**

Granter (2016) recognized interpersonal interaction as a critical element of a positive educational experience for minority nursing students. Interpersonal interaction refers to the different ways, verbal and nonverbal, in which people adjust to their conversational partner during interactions (White, 2016). This adjustment during communicative interaction signals genuine interest in and acceptance of the conversational partner. Interpersonal interaction is an intrinsic part of communication,

which is an essential element of teaching because, without communicating, one would not achieve knowledge transfer (White & Gardner, 2013).

The problem was that the unique interpersonal needs of minority nursing students were unmet within nursing programs, which decreased the likelihood of successful completion of the nursing program, thus widening the diversity gap in the number of minorities who graduated and entered the registered nurse workforce (Murray, 2015). Understanding the experiences of nurse educators in demonstrating interpersonal interaction toward minority nursing students could provide insight and best practices for nurse educators who desire to better meet the learning needs of students from ethnically and culturally diverse backgrounds. However, little research existed that explored the social collaboration between nursing educators and minority nursing students. Specifically, there was a lack of research on nursing educators' experiences of interpersonal interaction with minority nursing students.

### **Purpose of Study**

The purpose of this phenomenological study was to explore the interpersonal interaction experiences nursing educators have in teaching minority nursing students. Granter (2016) defined interpersonal interaction as the effect that two or more people might have on one another within intimate relationships, broader interpersonal relationships, and broader social networks, which are recognized as critical elements of a positive educational experience for minority nursing students.

### **Research Question**

Based on the problem and purpose of this study, the following research question guided the study: What are the interpersonal interaction experiences nursing educators have in teaching minority nursing students?

### **Theoretical Foundation**

Critical social theory (CST) is a framework used to examine the ways that social inequalities affect policies and practices that could inhibit learning and knowledge formation (Fuchs, 2017), which was the lens used for examining experiences of interpersonal interactions among nurse educators in teaching minority nursing students. CST indicated reflective assessments and a critique of society and culture by applying knowledge from the social sciences and humanities. Horkheimer (1937) first proposed CST as reflecting in two directions: The first originated in sociology and political philosophy, while the second originated in literary studies and literary theory. I used the social concept of this theory as a tool for examining educational disparities.

Horkheimer (1937) defined the structure of human socialization as members of a society who depended on each other to share an understanding that can only be gained by effective communication. Members of society, in this case nurse educators, should examine themselves, and their actions through self-reflection to determine if they are not inadvertently creating environments that may be perceived by minority students as unwelcoming. Social inequities in the United States mean that for minorities, discrimination is an omnipresent fact that must be recognized in institutions, such as education and healthcare; it hinders minorities from access to and full benefit from these

institutions (Granter, 2016). Through the perspectives and experiences of nurse educators, disparities in nursing education can be highlighted, and solutions for addressing disparities can be sought. This theory will be explained in greater detail in Chapter 2.

### **Nature of the Study**

I conducted a qualitative phenomenology study to explore the interpersonal interaction experiences nursing educators have in teaching minority nursing students. Qualitative researchers focus on context and interpretation of data regarding *what* and *how* (Patton & Cochran, 2002; Rossman & Rallis, 2003), whereas quantitative research results in statistics and numbers. Quantitative research would not provide adequate descriptions of learning and understanding experiences of interpersonal interaction among nursing educators within the context of a nursing program. The study was conducted using a phenomenological methodology.

Through the collection of nursing educator interviews, in-depth descriptions were gathered on the experiences of interpersonal interactions among nursing educators in teaching minority nursing students. The data gathered were analyzed thematically, coded, and categorized using Van Manen's three-step approach. The results of this study provided insight into education or support needed to help nursing educators have more effective interactions with minority students, specifically nursing educators who might wish to demonstrate effective interpersonal interaction with students from ethnically and culturally diverse backgrounds.

## Definitions

The following working definitions outline the meaning of concepts used in this study:

*Interpersonal Interaction:* is defined as the effect that two or more people may have on one another within intimate relationships, broader interpersonal relationships, and wider social networks, which Granter (2016) recognized as a critical element of a positive educational experience for minority nursing students.

*Minority Group:* refers to a group that is fewer in number compared to the majority of the population. Minority groups in this study included males and females belonging to the following ethnic groups: Native-American, African-American, Asian, Hispanic, and Pacific Islander/Filipino. This group also included students with disabilities and English as a second language.

*Minority Nursing Students:* For the purposes of this study, minority nursing students included nursing students belonging to any minority group based on gender, ethnicity, race, or disability.

*Nurse:* According to the International Council of Nurses (ICN) (2017), a nurse is a person who is “skilled in caring for the young or the sick, usually under the supervision of a physician” (para. 1). A RN is someone who holds a license from the state after passing the prescribed examinations.

*Nursing Educator:* Nursing educator refers to a RN who is primarily interested and employed to educate nurses at a university or college (Middleton, 2016).

*Nursing Student:* A nursing student is a person who registered in a nursing program at a college or university (Middleton, 2016).

*Nursing Program:* A nursing program is a type of educational institution or program providing education and training for one to become a qualified nurse (Middleton, 2016).

### **Assumptions**

The following assumptions were made doing this research. Improving interpersonal interactions with minority students was desirable. Participants would be open and honest during the interviews. Participants would be willing to explore the possibility of inequities in their interpersonal interactions with minority students, as well as the nature of nursing education. I remained objective during the study. I used purposive sampling; therefore, external validity was limited to the participants of the study.

### **Scope and Delineations**

The study was delimited to nurse educators teaching in a nursing program at an accredited nursing education facility in the southwest portion of the United States. Experienced nurse educators who had 5 or more years of experience educating nursing students were requested to participate. The study was delimited to faculty who has experience teaching minority nursing students

The culture care theory was not used as a theoretical framework of this research, as this research was delimited to the CST. Furthermore, Tinto's (1993) theory of student attrition and the theory of coping in the face of stress (Lazarus & Folkman, 1984) was not

incorporated in the current research project. Purposive sampling was used, and only nurse educators who responded to the invitation to participate in the study were included as participants. Should less than ten participants have volunteered to participate, snowball sampling would be used to invite more participants from the same institution.

### **Limitations**

The following two main limitations were identified. The results of this study were limited to the representative sample of nursing educators. The study was limited to nursing faculty teaching in community colleges. Only the interpersonal interactions between nursing educators and minority nursing students were studied.

### **Significance of Study**

#### **Significance to Practice**

This study contributed to the existing literature regarding the experiences of nurse educators in meeting the needs of minority nursing students. Furthermore, the study indicated ways to address the needs of minority nurses within an educational environment by identifying how nursing educators facilitated a sense of belonging. Racially diverse students continue to have challenges in nursing education (Granter, 2016). Within nursing programs, minority students have expressed feeling isolated or alienated (Murray, 2015), a lack of support and sense of belongingness, and even racism and discrimination (Granter, 2016). Yet, interpersonal interaction behaviors in nursing training are a critical element of a positive educational environment, which contributes to the academic success of minority nursing students within nursing programs.



### **Significance of Theory**

Bryan, Lindo, Anderson-Johnson and Weaver (2015) have identified scholarly communication during lectures between nurse educators and minority nursing students as defining a positive interpersonal relationship (Bryan, Lindo, Anderson-Johnson, & Weaver, 2015). Minority nursing students have perceived interactions with nurse educators, which include demonstrating caring as the most significant attribute in fostering positive interpersonal experiences

Students may use positive interpersonal relationships in their education progression, as they learn to form relationships with their educators which is integral to the successful achievement of academic goals (Bryan et al., 2015). Further, studying experiences regarding interpersonal interaction among nurse educators is relevant at a time when leaders and researchers have demanded the increase of diversity in nursing to better reflect the population served (DeBrew et al., 2014). Nurse educators can increase diversity in the healthcare profession.

Findings from the study may also contribute to positive social change. Underrepresentation of racial and ethnic minorities in health professions can significantly influence both access to care and the quality of care received by patients (Carter et al., 2015). When sharing a common cultural background, nurses can provide culturally sensitive care by considering the patients' beliefs and values (Bryan et al., 2015). Nurses are critical due to the care they provide to patients. A lack of minority nurses in the workforce can limit the quality of care provided to minority patients; the diverse care needed by patients requires diverse caretakers (Carter et al., 2015). As nursing education

programs have a significant role in the promotion of nurses in the workplace, this study provided insight toward improving nurse educators' abilities and comfort levels in teaching minority nursing students, thereby increasing minority nursing students' self-efficacy and esteem as students.

### **Significance to Social Change**

By learning positive interpersonal interaction behaviors toward minority nursing students, nurse educators could establish caring and supportive behaviors within the curriculum. These behaviors would increase minority nursing students' perceived abilities, and therefore retention within and completion of nursing programs. According to Carter (2015), the composition of minority nurses within clinical settings would then reflect the diverse needs of patients requiring care. Meeting the needs of minority nursing student's results in meeting the care needs of diverse patients.

### **Summary**

This chapter addressed the need for an exploration of faculty interpersonal interactions with minority nursing students. Increased diversity in the U.S. population necessitated corresponding increased diversity in nursing staff and minority group nursing students, who often experienced difficulty in acquiring the necessary knowledge and skills. Nursing educators found interpersonal interactions with minority students difficult due to cultural differences (Carter et al., 2015). Findings regarding the teaching needs of minority nursing students highlighted the need for interpersonal interaction to mitigate the minority students' feelings of marginalization. In the study, I addressed the

experiences of faculty in establishing interpersonal interactions with minority nursing students due to the noted gap in the literature.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this study was to examine the interpersonal interaction experiences that nursing educators had in teaching minority nursing students. For the purposes of this study, Ackerman-Barger and Hummel's definition of interpersonal interaction was used. Interpersonal interaction was defined as the effect that two or more people might have on one another within intimate relationships, broader interpersonal relationships, and wider social networks. Interpersonal interaction was recognized as a critical element of a positive educational experience for minority nursing students.

Nurse educators have reported an uneasiness and discomfort when working with minority students (Carthon et al., 2015; DeBrew et al., 2014; Goff, 2011; Grobecker, 2016; Murray, 2015). Therefore, they may not be prepared for the challenges of incorporating diversity needs into the homogenous culture of nursing education. Because nurse educators in the United States are typically White and female, they may be holding non-White students to the cultural norms of White women (Carter et al., 2015; Morton-Miller, 2013). Minority students may be categorized as outsiders by their faculty (DeBrew et al., 2014). Students may choose to change their cultural practices and behaviors to be accepted, but this acceptance may not always be possible. As a result, students may be forced to remain outsiders, fearful of challenging the status quo and struggling throughout the course of their education (Bednarz, Schim, & Doorenbos, 2010; DeBrew et al., 2014).

### **Literature Search Strategy**

The following search engines were used: EBSCOHost, JSTOR, Science Direct, PsychArticles, and Google Scholar. Search terms used included *nursing education*, *nursing educator*, *nursing education programs*, *nursing student*, *nursing student needs*, *minority groups*, *minority demographics*, *interaction*, *communication*, *interpersonal*, *attrition*, and *recruitment*. These keywords were used in combination or individually. Relevant studies were generated from database searches. Those that were believed to be of interest to the study were included in the literature review. Sources from 2010 to 2016 were included in this review; however, older and seminal sources were also consulted.

### **Theoretical Framework**

CST is a framework to examine the ways that inequalities influence policies and practices that could inhibit learning and knowledge formation (Fuchs, 2017), which was the lens used for examining experiences of interpersonal interactions among nurse educators in teaching minority nursing students. One could use the CST through reflective assessments and critiques of society and culture by applying knowledge from the social sciences and humanities. Horkheimer (1937) first proposed CST as reflecting in two directions: The first originated in sociology and political philosophy, while the second originated in literary studies theory. I used this theory as a tool for examining educational disparities. In nursing science education, practice, and research, the goal of CST was to establish a clear distinction between the false and socially derived assumptions that often were attached to marginalized groups and the real disadvantages and class structure that existed because of societal hierarchies.

Horkheimer (1937) defined the structure of human socialization as members of society who depended on each other to share an understanding that could not be artificially produced at the administrative level but could only be acquired by communication and relationship between the parties. This communication between members of society must constantly be renewed and allowed to grow and improve. Seidman (2016) stated that researchers should examine the professional and systemic practices of interpersonal interactions in nursing. For minorities in the United States, inequality is a social construct that is present in institutions, such as education and hinders minorities from access to and full benefits from these institutions (Granter, 2016). Through the perspectives and experiences of nurse educators, one could highlight disparities in nursing education and seek solutions for addressing disparities.

The focus of this study was interpersonal interactions between nursing educators and minority nursing students. I used CST as a theoretical framework combined with a phenomenological approach to investigate the experiences of nursing educators when interacting with minority nursing students. From the perspective of CST, Milner (2015) wrote, “Knowledge can and should be generated through narratives and counter-narratives that emerge from and with minorities” (p. 28); in this case, the narratives were collected from nurse educators.

In the 1970s, Geertz (1973) expressed concern about the status of African Americans and other minorities’ civil rights movement; as a result CST was developed. The theory is a framework for nursing education professionals to investigate any practices of inequality within the nursing education system that resulted from embedded

assumptions. CST could help change assumptions and stereotypes that have reinforced inequalities.

Researchers can use CST to acknowledge and explain the inequalities that exist in society (Deaux, 2001); based on their minority status, minorities can naturally discuss issues of inequality (Horkheimer, 1937). African Americans and other minorities discussed how color blindness sustains inequality because one could deny the presence of diversity, thereby creating a platform for maintaining privileges for Whites without any accountability. According to Fuchs (2017), one could use CST to contest the concept of meritocracy because it served to uphold White supremacy.

Disparities are a regular part of society, and thus difficult to address; subtle elements of inequality are interwoven in human interaction, politics, and policies (Crichlow, 2015). Furthermore, a person's race, color, and accent can elicit different kinds of oppression or subservience. People have to examine their interactions to determine which subtle ways of discriminating are inherent in their daily professional practices (Fuch, 2017). Therefore, educators should explore their own interpersonal interactions with minority nursing students to analyze these for microaggressions (Sue et al., 2007).

Milner (2015) addressed the disparities between urban and affluent schools, and cited Martin Luther King Jr.'s letter from jail, in which King stated the four steps of nonviolent campaigns. The third step is self-purification (Milner, 2015, p. 138). Milner (2015) pointed out that self-examination was essential in changing educational

approaches; otherwise, educators could not only use new strategies but also apply old techniques that would result in the same outcomes.

Poulton (2014) explored how to uncover educators' racial, cultural, and social biases that often functioned on an unconscious level. According to Poulton, even self-proclaimed liberals could make social blunders at times. One must remain cognizant of possible microaggressions in nursing education, and these could derive from the basic assumptions of the nursing profession or interpersonal interactions.

One could uncover ingrained social disparities by using a CST approach, as this perspective provided a lens through which one could detect privileges or oppression, as suggested by Crichlow (2015). Researchers can use CST to acknowledge and place the experiences of minority groups in a central position to understand subservience. López (1996) stated people who adopted a color-blind approach did not free themselves from possible racist conduct because to go beyond racial and cultural beliefs, people must first be conscious of their beliefs. Therefore, by refusing to acknowledge inequities, one could not eliminate racism. López argued that racism permeates society on all levels and educational practices may include racist viewpoints without the educators being aware of it. In summary, CST acknowledges interest convergence and discards color blindness in society as a whole and educational curriculum, it rejects the neutrality of race that the liberalists promote and does not accept claims of meritocracy as it maintains White supremacy (Crichlow, 2015).

The aim of CST was to develop and inspire insightful criticisms of inequalities in the educational system with the view of rectifying such oppression. Educationalists have



used CST and found it useful in critically evaluating education policies and policy design to analyze acts of inequalities against students (Ladson-Billings, 1998). Although one should consider the historical background of education when analyzing policies, such analyses should also include the social conventions of the racial group(s) under consideration. Cerezo, McWhirter, Peña, Valdez, and Bustos (2013) reported the societal conventions of different social groups may have a significant impact on the educational attainment of these groups. According to Cerezo et al., the CST framework was useful in determining how general doctrine, policies, and daily practices sustained inequalities in American society.

Researchers have used CST to focus on people in marginalized groups. Cerezo et al. (2013) used the CST to create consciousness for Latino/a students' racial identities as part of the Latina/o Educational Equity Project (LEEP). Latin Americans are the ethnic group that have grown the fastest in the United States. Estimates have indicated that 29% of the U.S. population will consist of Latinos (Cerezo et al., 2013). This prospect shows the country's economy and educational attainment.

Currently, only 13.2% Latinos hold undergraduate degrees compared to the 52.3% African Americans (U.S. Census Bureau, 2011). This low percentage of graduated Latinos contrasts their beliefs that education is important to earn a better living. However, researchers have indicated that Latinos are motivated to achieve academically (Cerezo et al., 2015). Cerezo et al. (2015) concluded that outside factors, such as culture and access to campus resources, might be responsible for the poor academic achievement of Latinos. Cerezo et al. found that Latino's cultural elements were not well understood and managed

at predominantly White campuses, which led to Latino student attrition. An example was a centrality of family in the Latino culture, which contrasted the focus on the individuality of the White American population. Latino students have express feelings of alienation and loneliness due to these two contrasting approaches.

Another cultural aspect that exerts an influence on Latino's completion of degrees is gender. In the Latino society, masculinity is associated with being in control and authoritarian (*machismo*; Cervantes, 2006); conversely, they are also emotionally responsive and focused on taking care of and providing for their families (*caballerismo*; Cerezo et al., 2015). The Latino society considered it important to complete a degree to earn better wages and bring honor to the family (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). Due to the centrality of family and the emphasis placed on providing for the family, the male gender role could interfere with the student's academic achievement, as the financial demands of the college might be too much for the provider-student (Cerezo et al., 2015).

Studying the beliefs and hypotheses used when discussing adult education, Ianinska, Wright, and Rocco (2013) used CST as a framework to analyze articles that were published in a highly recognized journal of adult education. They used CST to grow existing relationships between ethnic groups, power, and oppression and to challenge these relationships to facilitate transformation thereof (Ianinska et al., 2013). The authors identified tenets of CST that to analyze articles published in 48 issues of *Adult Education Quarterly*, analyzing 185 articles, and selecting 37 articles that included some descriptors in the titles. The descriptors included gender, culture, privilege, and oppression. The

authors concluded that the CST framework provided a means to analyze the articles.

Ianinska et al. (2013) suggested that adult educators should critically examine the racial framework that it functioned in and should resist stereotyping the different minority groups. Researchers have stated, “Adopting and adapting critical social theory as a framework for educational equity means that educators will have to expose racism in education and propose radical solutions for addressing it” (Ladson-Billings, 1998).

### **Literature Related to Key Concepts of the Study**

In this section, aspects related to the study were explored further. This section begins with the racial diversity in the United States, the basic reason why the nursing population needs to become more diverse. Then the review will examine nursing education and the need for interpersonal interaction during such teaching.

### **Strategies, Methods, and Aims of the Educational Relationship**

In the medical educational field, relationships between the student and educator take a pivotal position and are deemed essential to achieving the desired learning outcomes (Heidet & Stein, 2006). In higher education, passive learning ruled the teaching scene for many years, and the lecturer was seen as the content expert, giving the most up-to-date materials to the students while the students learned (Tiberius, 2002). The role of the lecturer changed to engage the students in active learning. Interactive learning between the educator and student, which allowed relationship building to help the student achieve the learning outcomes, became prevalent. This change in teaching approach brought with it the need to change teaching strategies in higher education. The student

was no longer seen as an empty vessel but someone who actively participated in the learning process of making meaning of the subject matter (Heidet & Stein, 2006).

The lecturer was seen as a learning facilitator who engaged students collaboratively in learning activities (Davis, 1993). In designing an environment conducive to learning, the educator has the task of establishing and sustaining rapport with the learners by getting to know their needs through communicating, listening, and responding to the students' feedback, and showing appreciation for the different learning preferences of the students (Davis, 1993). Heidet and Stein (2006) suggested teachers must provide clear communication of the learning outcomes and expectations of the students. Teachers should also motivate students by meta-communicating the belief that the students could and would achieve these outcomes (Davis, 1993).

According to Heidet and Stein (2006), retention, conceptualization, and future conduct as nurses are embedded in the emotional environment of the classroom. Research in neurobiology has indicated that the brain areas where emotions are processed are closely connected with those areas where information is stored and interpreted, thus illustrating the importance of relationships and emotions during learning. Lecturers who display their emotions, especially positive emotions, during interactions with their students build stronger relationships and are more successful in facilitating learning and enthusiasm for the topic (Hagenauer and Medclaff, (2016).

Relationship building plays a major role in establishing an atmosphere of mutual acceptance and tolerance for differences (e.g., cultural and skill level), which facilitates openness to ask questions and venture to find solutions to problems (Heidet & Stein,

2006). In building warm interpersonal relationships with the students, the educator creates an environment that invites the student to disclose their need to understand a topic, rather than hide behind professionalism, which serves to widen the gap between the student and the learning situation (Heidet & Stein, 2006). Ideally, the student-teacher relationship should be flexible, collaborative, supportive, and respectful of the student's ethnic and cultural identity.

Tiberius (2002) discussed different approaches to achieve active learning that could benefit students' and lecturers' different learning and teaching styles. Of these discussion groups, collaborative problem-solving and question and answer sessions centered on a strong relationship of mutual respect and cooperation between the student and educator; students may not venture responses when they do not feel safe and accepted. Moreover, Schoofs (2012) found that minority nursing students needed different approaches to address their specific needs, especially when dealing with classroom learning, where students might be overwhelmed with learning. Schoofs used several simulations in the remedial situation before exposing the student to a patient, thus building the student's confidence and skills first. Frequent feedback sessions encouraged the student to voice an opinion and built the relationship between Schoofs and the student; Hagenauer et al. (2016) similarly recommended this practice of regular feedback. A technique that Schoofs (2012) followed to build a meaningful relationship with the student in the remedial situation was to both consult the literature about minority students' needs and concerns in the academic situation and to meet with the student on an informal level. By getting to know the student personally and having the background

knowledge from literature, Schoofs could determine the student's needs to develop a remedial program to address this successfully.

Mentoring students in a small group or individually is an effective way to build meaningful relationships and facilitate student success (Payton et al., 2013). Payton et al. (2013) studied students' views of mentoring as a way to address the attrition of African American nursing students. Payton et al. (2013) found that the students needed a mentoring relationship of "support and stress reduction, guidance, identification encouragement, cultural inclusion, role models, and academic support" (p. 174). The students appreciated the self-disclosure of their mentors, as it provided reassurance that they could be successful. This openness strengthened the student-mentor relationship. The students participating in the Payton et al. (2013) study revealed a strong desire to have a role model who shared the same ethnicity and understood their cultural background and needs. However, some did indicate that a Caucasian mentor who did not share the same culture was beneficial in setting higher expectations. The interpersonal relationship and support that the students got from the mentoring situation helped break through their feelings of isolation and loneliness. The students perceived everyone else as achieving and knowing what to do, while they felt lost and unsure. By having a mentor with whom they could communicate, the students could address their fears and anxiety about various aspects of nursing training and practice (Payton et al., 2013).

Eller, Lev, and Feurer (2014) identified eight elements of effective mentoring. They studied mentoring in nursing, emphasizing the importance of relationship building and communication. The elements included "(1) open communication and accessibility;

(2) goals and challenges; (3) passion and inspiration; (4) caring personal relationship; (5) mutual respect and trust; (6) exchange of knowledge; (7) independence and collaboration; and (8) role modeling” (Eller et al., 2014, p. 815).

Formal structured mentoring programs, though beneficial, are expensive and not always sustainable (Eller et al., 2014; Heidet & Stein, 2006; Payton et al., 2013). However, building mutual caring and respectful relationships between students and educators does not imply additional appointments of mentors. Researchers have suggested an educator should take the time to make an emotional investment in the teaching situation (Eller et al., 2014; Heidet & Stein, 2006; Payton et al., 2013). Someone who is willing to take an interest in the student as a person, to engage in open communication with the students, and to establish a safe environment that is both inviting and challenging can achieve positive results (Eller et al., 2014; Heidet & Stein, 2006; Payton et al., 2013).

### **Increasing Racial/Ethnic Diversity in Nursing**

During the 2014 census, the changing demographics of the population was evident, as the number of immigrants had increased. This change provided the foundation for population forecasts to the year 2060 (Colby & Ortman, 2015). According to the census data and growth trends, the United States is becoming more ethnically and racially diverse (see Table 1). An increase in the diversity of the nursing workforce will improve health care outcome for minority patients (Phillips & Malone, 2014). Some researchers have shown patients are more comfortable receiving care from nurses who look like them and share a common culture. These patients are more likely to return for follow up care,

follow complex medication routines, and receive immunizations (B. White & Fulton, 2015).

In 2012, approximately 41 million immigrants were living in the United States (U.S. Citizenship and Immigration Services, 2014). Between 2008 and 2013, there was an increase of 1.5% foreign-born persons living in the United States, which amounts to 556,000 people. The largest group of foreign-born immigrants were the Mexican-born immigrants who represent 29.8% of all foreign-born immigrants residing in the United States. The rest of the foreign-born immigrants were made up of 4.5% Philippines, 4.3% from India, and 3.7% from India; moreover, 57.7% of the foreign-born immigrants living in the United States in 2013 were from Vietnam, Korea, Cuba, Canada, and the Dominican Republic. The prevalence of immigrants from Mexico and Asian nations in the 21st century contrasted the 1960s' trend when immigrants were mostly from European countries (U.S. Citizenship and Immigration Services, 2014).

Nearly 75% of the U.S. Hispanic population lives in California, Texas, and Florida, as well as New York, Illinois, Arizona, New Jersey, and Colorado (Brown & Lopes, 2013). Latinos are the fastest growing and largest group of foreign-born immigrants reaching over 53 million people in 2012 (Brown & Lopez, 2013). Many of the foreign-born immigrants can either not speak English or speak very limited English when they arrive in the United States. Furthermore, their health-related customs and beliefs differ significantly from U.S. practices, which constitute a challenging situation to the U.S. health services (Zhen, 2013). This increased diversity in the U.S. population,



especially in the southern states, has increased the need for an equally diverse nursing population (Salimbene, 1999).

Table 1

*Projected Demographics of U.S. Ethnic Groups*

Ethnic group	Share of total population	
	2014 census	Forecast for 2060
Non-Hispanic White (all ages)	50%	44%
Two or more races	2.5%	6.2%
Asian	5.4%	9.3%
Hispanic	17%	29%
Native Hawaiian and Other Pacific Islander	>1%	>1%
Black American	13%	14%
Alaska Native	1%	1%
American Indian	1%	1%
Minority (all except Non-Hispanic White)	37.8%	56.4%
	Children 2- 18 years	
Non-Hispanic White (children 2 -18 years)	52%	36%
Black Americans	13.8	13.2
Asian	4.7%	7.9%
Hispanic	24.4%	33.5%
Native Hawaiian and Other Pacific Islander	0.2%	0.2%
Alaska Native and American Indian	0.9%	0.6%
Two or more races	4.1%	8.9%
Minority (all except Non-Hispanic White)	48.0%	64.4%

*Note.* As adapted from *Projections of the size and composition of the U.S. Population: 2014 to 2060*, S. L. Colby and J. M. Ortman (2015). Washington, DC: Census Bureau. Copyright 2015 by the Census Bureau.

Health care disparities may occur due to the lack of ethnic diversity in the nursing workforce (Mareno & Hart, 2014). Registered nurses (RN) make up the most substantial number of healthcare representatives, but the ethnic diversity of this group does not reflect the population demographics. In 2010, the percentage of minority RNs was 16.8%, while the total number of minorities comprised 37% (Loftin, Newman, Gilden, Bond, & Dumas, 2013). Phillips and Malone (2014) called for continued efforts to reduce the ethnic diversity gap in registered nurses. Phillips and Malone (2014) asserted that there

was a pressing need to “recruit and retain a culturally diverse workforce that mirrors the nation’s change in demographics” (p. 45). Similarly, Bleich, MacWilliams, and Schmidt (2015) emphasized the need to recruit minority nursing students to address the ethnic disparity in nursing. Researchers have also included a reduction in cultural and language barriers and patient satisfaction among the benefits of an ethnically diverse healthcare system (Mareno & Hart, 2014).

National Academies of Sciences, Engineering, and Medicine (2016) conducted a study to focus on the future of nursing education. The findings indicated the lack of diversity in the RN workforce and the need to recruit and retain minority nursing students. Additionally, the findings indicated that increased diversity of RNs would better address the future health care requirements of the United States by providing more culturally appropriate care. According to the percentages obtained, nursing colleges’ associate degree programs provided an important avenue for nursing training for minority students. National Academies of Sciences, Engineering, and Medicine suggested initiatives to retain minority nursing students, including financial support, mentoring, and professional counseling. Table 2 shows percentages of minority RNs relative to the population.

Table 2

*Percentages of Minority RNs relative to the Population*

Ethnic group	Percentage RN in 20-40 age group			Percentage of the Population
	RN Workforce	Associate Degree Baccalaureate graduates		
African American	10.7%	10.3%	9.3%	13.6%
Hispanic/Latino	5.6%	8.8%	7.0%	20.3%

Men	9.2%	11.6%
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*Note:* Adapted from *Assessing progress on the institute of medicine report the future of nursing*, by. National Academies of Sciences, Engineering, and Medicine, 2016, Washington, DC: The National Academies Press. Copyright 2016 by the National Academies Press.

### **The Role of Culture in Nursing Education Programs**

During the review of the literature, specific themes related to nursing education programs emerged, including the need for racial sensitivity in designing nursing education programs. A prominent theme that emerged was the Eurocentricity of the training programs and a colorblind approach to address this issue. McGibbon, Mulaudzi, Didham, Barton, and Sochan (2014) argued that nursing education, policy, and values derived from colonialism with its assumptions that Eurocentric was good, and ignoring race was all that was needed to remedy the racist accusations against RNs. Nursing has developed against the backdrop of colonialism, which has sexist and racist viewpoints, with White privilege and racism continuing in nursing (Georges, 2003). The current approach to nursing and nursing education is that colonialism is of the past. By adopting an egalitarian approach, nursing educationalists have advocated the idea that everyone has the same opportunities, while still practicing a White privileged nursing methodology (McGibbon et al., 2014).

DeBrew et al. (2014) confirmed that the values of the healthcare system, including nursing training, was Eurocentric. In an effort to be more inclusive of diversity, nursing evaluation derives from ways in which other ethnic groups differ from the majority of White nurses (Puzan, 2003). The nursing tradition leans on respect of authority and communication customs between peers and superiors that originates from western society. Nursing educators aim to treat everyone the same to be fair when

assessing student work, even if this means that all students have to be answerable to the same standards that the educator had to achieve as a student (DeBrew et al., 2014).

DeBrew et al. (2014) further asserted that nursing educators might enforce White female cultural values when dealing with students because that was the demographics of nursing educators in the United States.

Apart from accumulating knowledge on the different topics in nursing education, clinical nursing education is of the essence during these formative years, which necessitates personal and professional skills building (Heidari & Norouzadeh, 2015). Nursing educators have to focus on the merits of science and moderate the significance of customs and culturally based health practices. In this process, the students' understanding and expectations of the clinical and teaching situation is needed. For instance, students indicated a need for clear communication of expectations and outcomes in each subject area, including classroom work (Eller et al., 2014; Heidari & Norouzadeh, 2015).

Regarding clinical experience, the goal was to expose the students to patients of different ethnicities, thus building their expertise to manage cultural differences as a bedside nurse (Hvalič-Touzery et al., 2017). By observing and consulting senior minority group students, the nursing educators benefit from their insights about the influence of their cultural differences and specific needs in nursing education, which can inform curriculum development and methodological approaches in nursing training (Heidari & Norouzadeh, 2015; Payton et al., 2013). Researchers have noted an increased awareness of cultural differences and corresponding adjustments in educational practices (Hvalič-Touzery et al., 2017). However, not all educators may be fully conversant with the needs

and values of the different ethnic groups they teach. Despite this issue, the increased awareness of the differences and flexibility in teaching and assessment methods may signify a move toward inclusive education of nurses from various ethnicities and cultures.

Another occurring theme within the literature that deals with culture is nursing educators who indicated they had trouble deciding whether to pass or fail a student during practical and classroom assessments. They referred to students whom they considered outsiders or minority nursing students (Lewallen & DeBrew, 2012). DeBrew et al. (2014) showed that outsiders—foreign students, males, older students, and those who had physical disabilities—did well in the classroom but found it difficult to manage the practical demands of nursing education. Outsiders face a real possibility to fail to graduate or fail the national licensing examination. Additionally, researchers have shown that the failure of minority nursing students may be because nursing educators are primarily White females (DeBrew et al., 2014). The nurse educators may be holding these students to a different or more Ethnocentric standard.

B. White and Fulton (2015) stated that educators could improve college success for African Americans. Interaction time with educators was more influential for African American student success than for other races and ethnicities. DeBrew et al. (2014) argued that educators' uneasiness and discomfort toward minority nursing students created the feeling of being an "outsider" among these students within the dominant nursing population. Researchers have also noted that due to the nursing education being based on dominance and tradition (i.e., achieving competencies on outdated tasks, such as bed making), the traditional influences within the nursing program set the standards and

accepts only those who conform to these practices. For example, Koch et al. (2015) discussed the importance of understanding diverse students to ensure a positive learning and clinical environment. Findings showed that diversity characteristics were associated with a less positive classroom experience; therefore, the care provided within the clinical setting might have been impacted (Koch et al., 2015). Various cultural issues, such as public assertiveness, the opposite gender, and cultural expectations in the clinical setting, were embedded in nursing education and might contribute to the minority nursing students' perceptions of not fitting in or being excluded (DeBrew et al., 2014). These perceptions could negatively influence their learning success (DeBrew et al., 2014).

### **Minority Nursing Students**

A difficulty that some minority nursing students may face is that English is not their first language. This issue can lead to various problems, such as misunderstandings and misinterpretations of study material (e.g., misinterpreting multiple-choice examination questions). As a result of their English Second Language (ESL) status, some minority nursing students may be hesitant to speak in public to ask questions in class, which may further jeopardize their academic progress (DeBrew et al., 2014).

In the classroom or practice setting, ESL students may fail to understand procedures or communicate effectively with the patient due to their restricted mastery of English. Having to communicate mainly in English, the minority nursing students may feel they have to discard their own cultures to be accepted in the predominantly English culture of the lecturer and peers. Paterson, Osborne, and Gregory (2004) found that students' cultural practices might increase their feelings of being inadequate. While they

try to please the nursing educators, they experience feelings of guilt and conflict by not observing their cultural norms.

Minority nursing students can experience the education situation (e.g., clinical situations with patient assignments) as singling them out, resulting in them feeling alienated or like outsiders (DeBrew et al., 2014; Paterson et al., 2004). For instance, nursing educators may repeatedly assign overweight patients who require lifting to a male student who may perceive this negatively. Male students may perceive their interactions with nursing educators as being different due to the stereotypical nature of the female educators' expectations.

**Attrition or drop-out of minority nursing students.** Researchers have defined attrition as one leaving an educational program (i.e., a nursing program before completion; Lewallen & DeBrew, 2012). Leaving the program too soon may cause not only financial losses but also emotional losses. The minority nursing student may feel like a failure.

Attrition is a major cost to the state, as finances allocated to the training of that student cannot be retrieved (Harris, Rosenberg, & O'Rourke, 2013). Moreover, qualifying students, who may have completed the course and are denied admission, lost the opportunity to do so because of full admission quotas (Schneider, 2010). In New York, 43.9% of nursing students in the baccalaureate program dropped out after the first semester. In fact, researchers have estimated the average attrition rate for enrolled nursing students at 50% and 47% for graduate students (Harris et al., 2013).

The best way to predict attrition is the reading comprehension scores of students admitted to nursing programs (G. C. Walker et al., 2011). G. C. Walker et al. (2011) realized that students who were classified as at risk due to their reading comprehension were 16% more prone to attrition compared to students who were not at risk. Students classified as at risk on the strength of their reading comprehension also had other risk factors that doubled their chances of dropping out of the study program (G. C. Walker et al., 2011).

Attrition may also occur due to factors, such as financial difficulties and work-related issues (Amaro, Abriam-Yago, & Yoder, 2006; Evans, 2013; Mansour, Gemeay, Behilak, & Albarrak, 2016; Rivera-Goba & Nieto, 2007; Smith, 2016; Villarruel, Canales, & Torres, 2001); insufficient academic training and study skills (Amaro et al., 2006), support from family, role models, and mentoring concerns (Evans, 2013; Riviera-Goba & Nieto, 2007); and exposure to racism and ethnic discrimination (Amaro et al., 2006; Villarruel et al., 2001).

**Minority students' status.** Schoofs (2012) considered minority students in many nursing programs as at-risk students who faced recruitment and retention barriers. The barriers include academic deficiencies, especially in a rigorous science curriculum; inadequate preparation for standardized admission tests; lack of role models for minority students; poor study skills; lack of a support system; lack of financial resources, including ignorance about financial aid programs; and cultural alienation reported as a perceived lack of support from White faculty and classmates. Schoofs conducted a thorough literature review prior to discussing a short mentoring program created to assist a



minority student who failed two clinical rotations. During an initial conversation with the student to build a relationship, Schoofs found the student felt isolated and invisible, which corresponded with findings in the literature.

The student participated in a 6-week mentoring program consisting of four weeks of simulations and two weeks of patient care (Schoofs, 2012). After each simulation, the student had a debriefing and discussion session with the lecturer; during the final discussion, she reported the simulations helped her gain confidence in caring for the patient and communicating with different role players. This experience was a valuable preparation for the actual patient caring experience. The student passed both modules and graduated successfully (Schoofs, 2012). Because of this experience, Schoofs (2012) became more aware of her communication when dealing with ESL students and providing assistance in test taking and assignments to these students.

Sutherland, Hamilton, and Goodman (2007) identified at risk students. These students were from areas in the state with predominantly minority populations and were provided early intervention. This intervention included a structured program of monitoring and mentoring the students through the nursing program. Focused tutoring was also provided for students who needed help in the classroom. The tutors were not only the nursing educators but also minority nurses who were experts in the required clinical fields (Sutherland et al., 2007). Early identification of at risk students and positive interpersonal interactions along with tutoring that was provided in a culturally sensitive manner resulted in these students not only graduating but also passing their state board examinations.

A nursing school in the south was successful in identifying at risk students in the nursing program (Heubrander & Metcalff, 2016). Researchers identified and recruited Native American and Appalachian students during their last year of high school. The primary focus of the school was to meet the educational and positive interpersonal interaction needs of the students. The school leaders developed the Nursing Network Careers and Technology (NN-CAT) program (Heubrander & Metcalff, 2016). The program provided support to underrepresented and disadvantaged nursing students in the area. The NN-CAT program provided tutoring and mentorship for students who needed it, as well. Because of the effects of the providers of the program, there was an increase in the number of at risk students completing the nursing program (Heubrander & Metcalff, 2016).

**Educational needs of minority nursing students.** The education of professional nurses includes both theoretical and practical applications. Ackerman-Barger and Hummel (2015) stated interpersonal interaction was critical to minority nursing students' experiences of their nursing education as positive. Researchers have found that the specific interpersonal needs of minority nursing students are unmet within nursing programs (Ackerman-Barger & Hummel, 2015; Carthon et al., 2015; Koch et al., 2015; B. White & Fulton, 2015). Therefore, successful completion of the nursing program by minority nursing students is less likely, which widens the diversity gap in the number of minorities who graduate and enter the registered nurse workforce. By studying the nursing educators' experience of interpersonal interactions when interacting with

minority nursing students, one can examine the influence on program completion (Ackerman-Barger & Hummel, 2015).

Thus, the phenomenon investigated included minority nursing students' needs and experiences, while studying to become a nurse. Caucasian nursing educators may find interpersonal interactions with minority nursing students either difficult or different (Murray, 2015). With the rise of the minority population in the United States, more minority health care providers, including nurses, are needed to provide culturally congruent care in underserved communities. Researchers have found interpersonal interactions with students are a critical element of successful nursing training (B. White & Fulton, 2015). The experiences of nursing educators when interacting with minority nursing students was considered as basic to their interpersonal interactions with minority nursing students (B. White & Fulton, 2015).

**Perceptions.** Researchers have revealed that minority students enrolled in nursing programs feel isolated and unsupported by nurse educators (Ackerman-Barger & Hummel, 2015; Murray, 2015; B. White & Fulton, 2015). Minority nursing students have perceived nursing educators by stereotypes, and they have demonstrated uneasiness or discomfort when working with them (Murray, 2015). In turn, an educational climate is created that negatively influences intellectual curiosity, persistence, and academic performance, as well as attitudes and beliefs about learning (Museus et al., 2011; Murray, 2015; Payton et al., 2013; Renn & Reason, 2013; B. White & Fulton, 2015). Minority nursing students' negative perceptions of a racial educational climate can influence the decision to remain on campus and complete their program (Murray, 2015).

Carthon et al. (2015) found that differences in enrollment patterns among minority nursing students might be attributed to the efficacy of support services provided to the students; therefore, the researchers emphasized the importance of tailoring diversity support services to meet the unique needs of diverse students. Similarly, Evans (2013) concluded that faculty interaction and concern toward minority nursing students influenced degree completion among minority students. Apart from feelings of isolation and alienation, students have reported difficulty seeking help that negatively influenced students' academic success (Murray, 2015). These reported difficulties in assistance seeking behavior were not the only problems experienced by minority nursing students. B. White and Fulton (2015) conducted a review of the literature on minority nursing students, finding African American nursing students experienced challenges and struggles within the dominant Caucasian culture of nursing that was different compared to their Caucasian nursing student peers. In their research on enrollment patterns among underrepresented minorities, Carthon et al. (2015) found that minority nursing students had unique needs that attributed to their success within nursing programs.

### **Relationship Between Interpersonal Interaction and Nursing Education**

Bryan et al. (2015) studied the interpersonal relationships between faculty and minority nursing students using the Carl Rogers model. Bryan et al. considered nurse educators as nurturers in the academic education situation; by engaging in a positive manner with the students, they could influence students' behaviors. Three factors of the Rogers model were studied, namely "realness, prizing, and empathetic understanding" (Bryan et al., 2015, p. 141). The findings showed that realness ( $\beta = 0.50, p < .001$ ) could

be regarded as a noteworthy predictor of students' opinions of nursing educator members' interpersonal liaisons. Additionally, Ackerman-Barger and Hummel (2015), Carthon et al. (2015), Koch et al. (2015), and B. White and Fulton (2015) researched interpersonal needs of minority nursing students and interpersonal relationships within nursing education. Seeing that there was not much known of Black students' experiences of nursing education programs, B. White and Fulton (2015) emphasized the need for further research on Black students' experiences of predominantly White nursing education programs to pinpoint ways in which Black nursing students could be supported academically and interpersonally. Moreover, interpersonal interaction is part of interpersonal communication, which includes verbal and nonverbal communication, as well as conversational rules that are culturally sensitive (Wood, 2015).

**Interpersonal communication.** People communicate with one another on a daily basis; therefore, they do not pay attention to this common phenomenon (J. White & Gardner, 2013). However, interpersonal communication is an essential part of human beings; they express and receive care, share concerns and joys, learn, grow, and establish themselves as part of society and as individuals (Wood, 2015). In the teaching and learning situation students gain knowledge and feedback on their achievements, they build relationships with peers and their educators, and in the case of nursing students also with patients and the rest of the medical fraternity they come into contact with. One can discuss concerns, fears, and joys with peers and teaching staff, which can assist the nursing student to work through any issues to process the challenges of the study situation. Wood (2015), a Communication Specialist, discussed ways in which

interpersonal communication fulfils various personal needs, including physical needs (e.g., food and pain relief), emotional (e.g., love, companionship and closeness), socialization (e.g., friendship and social interaction), safety (e.g., protection), and education (e.g., teaching, discussion, and mentoring). Through social interaction, a person develops a sense of self and self-identity that is essential to a successful adult life and career. Interpersonal communication is not without challenges—all have experienced the pain of misunderstandings and misrepresentation of communication. Regarding intercultural or multicultural communication, it becomes more complicated as each ethnic group of culture has its own communicative conventions that should occur in successful interactions (J. White & Gardner, 2013).

Appreciating and adapting to social differences in a work situation and at university is essential for professional success and student achievement. Researchers have shown nurses should be culturally sensitive when dealing with patients from other ethnic groups (J. White & Gardner, 2013). For example, Hispanics perceive eye contact as calming and reassuring, which contrasts Asian individuals who feel uncomfortable when strangers look directly at them (Wood, 2015). Intercultural awareness enables communication partners to interpret each other's verbal and nonverbal communication more accurately; therefore, it represents an important aspect of the increasingly multicultural society (Bednarz et al., 2010).

## **Related Studies**

### **Teacher-Student Interactions**

Several researchers have studied student-teacher relationships because these are crucial to student motivation and academic achievement (Pennings et al., 2014). Student-teacher relationships develop during normal classroom interaction, but researchers have not researched real-time interactions, which was the goal of the Pennings et al. (2014) research. Pennings et al. used the dynamic systems theory (Hollenstein, 2013) as a theoretical framework for their study of how classroom interaction influenced teacher-student relationships. The authors focused on three constructs of interpersonal interaction, namely (a) interpersonal content, (b) interpersonal structure, and (c) interpersonal complementarity.

Pennings et al. (2015) used real-time analysis of teacher-student interactions, as opposed to the customary survey format of previous studies or observing only the teachers' behaviors without considering students' behaviors and reactions. A third approach was to observe teacher and student behavior toward another student or teacher. Pennings et al. addressed the teacher-student dyad as a communication unit. Pennings et al. compared the real-time interactions of two teachers with different student relationships to determine if there was a measurable difference in future research. The results showed the different interpersonal interactions between educators and students provided different data on all three of the constructs studied. Therefore, one might use real-time communication dyads in studying teacher-student interactions to deliver interventions to teachers who need to improve their interactions with students. For the purposes of the

current study, different interactional styles of teachers elicited different reactions from students that either supported and motivated them or elicited oppositional behavior. This finding had implications for academic achievement of students.

### **Experiences of Nursing Educators**

One of the few studies that included the experiences of nursing educators came from Malawi. Researchers addressed teaching moral competence by examining the educators' experiences when teaching nursing skills (Tveit, Solum, & Simango, 2015). Ethical aspects of nursing decision-making are of particular importance, as these involve the well-being of patients. Therefore, educators should teach students to reflect on moral values during the decision-making process. Apart from the professional ethical codes that students should consider, they should also be aware of how their personal code of ethics function during every day decision-making and clinical practices (Solum, Maluwa, Tveit, & Severinsson, 2016).

Developing the students' moral competence by developing critical thinking and reflecting on the possible outcomes of a situation is of importance in educating nursing students. Reflective practice forms part of experiential learning, which is also of importance in the clinical practice of nursing students because it facilitates learning from experience and taking actions from different perspectives (Jasper, 2003). There is a need for educational practices that promote reflection and a caring attitude toward patients (Solum et al., 2016).

Solum et al. (2016) aimed to identify nursing educators' experiences and difficulties in enhancing the moral competence of students during classroom experiences



that might lead to a discussion to improve practices. After conducting a needs assessment, Solum et al. found that Malawian nursing educators used old teaching methods and lacked materials and skills to teach nursing ethics. The result was that nursing students and RNs often failed to conduct ethical decision-making processes in the face of conflicting situations, and thus behaved unprofessionally. Solum et al. suggested nursing educators needed to promote critical thinking and reflection as part of the student's daily practice, even though this implied the educators had to learn new ways of teaching.

Solum et al. (2016) identified eight nursing educators from different nursing teaching colleges in Malawi to interview using semi structured interviews. After analyzing the data, Solum et al. found the educators used authoritarian teaching methods while expressing apprehension about making remarks on the student's practice. The educators were fearful of letting the students detect their lack of knowledge and cultural insight. There was a gap between the college learning outcomes and the possible opportunities afforded to the students. This theory-practice gap was further emphasized by the lack of appropriate role models and resources (Solum et al., 2016). Some educators remarked on the lack of a trusting relationship between students and educators resulting in fewer opportunities for discussion, as well as educators not providing feedback after practical situations (Solum et al., 2016).

Due to the authoritarian teaching style adopted by the Malawian nursing educators, the students and educators did not communicate openly. This communication leads to fear and mistrust, and valuable teaching and learning opportunities are wasted

(Solum et al., 2016). The communicative tone of the authoritarian interaction between students and educators frightened the students and led to emotional tension that was not conducive to academic achievement and knowledge acquisition.

Chabeli (2001) stated the African culture required young people to respect authority, which precluded open discussion or challenging behavior. To address the lack of appropriate teaching methodology that would promote critical thinking and problem-solving skills, Chilemba and Bruce (2015) recommended that the teachers should foster a learning climate that welcomed discussion. True listening and communication skills should be practiced, where the two parties listen and consider the other's viewpoints before reacting. Although Chilemba and Bruce used only a few participants, the results confirmed previous studies on African colleges' teaching and communication methods. Chilemba and Bruce's results could not be transferred to other training situations but should be considered when interpreting outcomes of similar studies.

### **Educators' Perceptions and Experiences in Teaching**

Kulakac, Arslan, Dag, and O'Lynn (2015) and Bell-Scriber (2008) noted a gap in the literature as nursing educators' perceptions and experiences in teaching nursing male students is not well represented. Kulakac et al. addressed this gap by exploring the experiences of the nursing educators during the rapid education and integration of male nursing students in an all-female profession. To this end, the authors examined the experiences of nursing educators teaching male nursing students in all spheres of their teaching—classrooms, laboratories, and clinical or practice areas. Ninety-nine nursing educators participated in the qualitative study that mainly used semi structured interviews

as a data collection method, and the findings were grouped into three categories with associated subthemes. The categories included “(a) Pre-acceptance of Gender Roles, (b) Perceived Impairment in Comfort, and (c) Time heals everything” (Kulakac et al., 2015, pp. 2-3).

Having to accept the differences between female and male students, the nursing educators embraced their existing gender stereotypes. These stereotypes attributed positive characteristics to women students but denied the male students’ questioning attitudes and stronger presences (Kulakac et al., 2015). The educators preferred being obeyed and not questioned. Although they wanted to install a critical attitude, it had to be exercised outside of the educational situation (Kulakac et al., 2015). Teaching practices had to be adjusted.

The lecturer would previously use one of the students as a model; however, this was not possible anymore. In their attempt to create inclusion, male nurses faced the use of female orientated terminology, which became problematic. For example, the term *sister* was used when addressing a more senior nurse, which was not acceptable to the male nurses, but the female corps did not want to change the term. This and other similar situations caused friction and discomfort among the male nurses (Kulakac et al., 2015).

Having male students in the class complicated the teaching load of the educators. The male nursing students needed more assistance in socializing in the overwhelming female environment (Kulakac et al., 2015). Twenty-nine educators complained that the teaching load became heavier due to the presence of men in the classroom, as they needed more attention compared to the female students. One such area involved having to

teach caregiving to male students, and educators noticed the men avoided direct care of the patients, which necessitated extra vigilance from the educator to ensure that they received the required practical experience (Kulakac et al., 2015). The male students found the new role of societal stereotypes prohibited them from performing specific tasks, such as feeding babies, but they enjoyed performing those tasks. As the male students were clumsy with caregiving tasks and needed more encouragement and instruction, the nursing educators teaching men had to take one extra work (Kulakac et al., 2015).

Under the third category of time heals everything, Kulakac et al. (2015) identified several subthemes. As the educators became used to the new dispensation, they started to appreciate the different elements that male nurses brought to the profession and began to enjoy having them in the classroom. Some educators were apprehensive about the possibility of male aggression, but their initial fears of being harmed by them subsided as they became used to the situation (Kulakac et al., 2015).

The gender differences and being confronted with sexuality also caused discomfort (Kulakac et al., 2015). In the all-female situation, the educators never had to consider sexuality and only realized the possible sexual leadeness of nursing when having males in the classroom. As time passed, the educators developed different teaching strategies that made managing the gender differences better; it did not pose a problem anymore.

One challenging situation involved having to address the male students' shortcomings without influencing their masculine dignity (Kulakac et al., 2015). The

educators found this situation different from when dealing with females who accepted being criticized more positively. The last category provided a more positive outlook on having to integrate males in nursing education in Turkey. Although the educators did not address any long-term issues of a male nursing corps, the positive outlook of the educators promised to turn the new situation into a win-win situation for everyone (Kulakac et al., 2015).

Kulakac et al. (2015) had special relevance for the present research, as it was one of the few studies that addressed the experiences and perceptions of faculty when dealing with a minority group of students or outsiders. Although the study was performed in Turkey, the outcomes of the study provided insights into the kinds of difficulties nursing educators experienced when dealing with the minority group (Kulakac et al., 2015). These outcomes, among other insights, could be utilized during the semi structured interviews and interpretation of data.

### **Summary and Conclusions**

The U.S. population has become more diverse due to population growth, as well as immigrants from non-English speaking countries, such as Mexico and Asia. The projected growth of the different ethnic groups has indicated that the United States will become a minority-majority nation before 2060 (Colby & Ortman, 2015). The 2008 to 2013 1.5% increase in foreign-born persons living in the United States amounts to 556,000 people—a significant number of persons may challenge health care delivery and services. The Mexican-born immigrants, representing 29.8% of all foreign-born

immigrants, are the largest group foreign-born immigrants living in the United States (Colby & Ortman, 2015).

Researchers have recommended that more minority nursing students should be recruited and retained to address the growing need for diversity in the nursing profession (Colby & Ortman, 2015). According to the researchers, a diverse nursing corps will better address the future health care requirements of the United States by providing more culturally appropriate care (Colby & Ortman, 2015). Nursing educators have reported that they were uneasy and uncomfortable when dealing with minority nursing students (Carthon et al., 2015; DeBrew et al., 2014; Goff, 2011; Grobecker, 2016; Murray, 2015). This finding may reflect on them not being adequately prepared for the challenges of incorporating diversity and the diverse needs of minority students into the uniform culture of nursing education (DeBrew et al., 2014).

Minority nursing students have experienced challenges from being treated differently and as outsiders (Harris et al., 2013; Wells, 2003). One of these is their ESL status, which can lead to misunderstandings and misinterpretation of information given by senior nursing staff, medical staff, or patients. Responding to multiple-choice questions is more challenging to ESL students, as a misunderstanding of the question and alternative answers can easily occur.

Attrition among minority nursing students is high, and therefore problematic (Wells, 2003). Harris et al. (2013) found that 50% of enrolled nursing students and 47% of graduate students have left the program prematurely. Researchers have endeavored to find factors that would predict attrition but did not succeed in finding specific indicators

that could be used as screening factors (Harris et al., 2013; Wells, 2003). The education of professional nurses is at the core of nursing practice; this education includes both theoretical and practical applications. Ackerman-Barger and Hummel (2015) stated interpersonal interaction was critical to minority nursing students experiencing their nursing education as positive. Researchers have found that the specific interpersonal needs of minority nursing students are unmet within nursing programs. In the next chapter, an overview of the methods used in the research study will be presented.

## Chapter 3: Research Method

### **Introduction**

The purpose of this phenomenological study was to explore interpersonal interaction experiences nursing educators had in teaching minority nursing students. Interpersonal interaction was defined as the effect that two or more people might have on one another within intimate relationships, broader interpersonal relationships, and broader social networks interpersonal interactions is recognized as a critical element of a positive educational experience for minority nursing students (Fuchs, 2017).

This chapter will discuss the research methodology in the study. This chapter includes a qualitative research overview, a description of the data collection process credibility, and transferability of the study and analysis. Chapter 3 will also include the instrumentation and procedures.

### **Research Design and Rationale**

#### **Research Question**

Based on the problem and purpose of this study, the following research question guided the study: What are the interpersonal interaction experiences nursing educators have in teaching minority nursing students?

#### **Phenomenon of the Study**

The objective of phenomenology was the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanations or objective reality. I used a phenomenological research design. Using this approach provided an opportunity to give a description of the meaning of the nursing educators'



experiences of the phenomenon, namely interpersonal interactions with minority students. The central concepts of the study involved exploring how and in what ways nurse educators perceived themselves as demonstrating caring behaviors toward minority nursing students. These caring behaviors included having approachability, providing support, recognition, positive reinforcement, and active listening, and creating a positive learning environment. The goal of phenomenological qualitative studies is to understand individuals' perceptions or experiences within a particular context or situation to capture as closely as possible the ways in which one experiences the phenomenon within the context in which the experience occurs (Giorgi & Giorgi, 2003).

### **Rationale for Approach**

A phenomenological research methodology was used to understand a nursing educators' perceptions, perspectives, and understandings of a particular situation. The objective of phenomenology was the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanations or objective realities. The disadvantage of using phenomenology for research was the subjectivity of the data, which might lead to difficulties in establishing credibility and validity of approaches and information. There could be difficulty in ensuring pure bracketing, which could result in interference in the interpretation of the data. The presentation of results was qualitative, which made them difficult for a researcher to present in a manner that was usable by practitioners. Qualitative researchers are concerned with meaning and do not make generalized hypotheses statements (Mason, 2010). Large sample sizes of

qualitative data are demanding, time-consuming, and not practical (Crouch & McKenzie, 2006).

When performing qualitative research, the principle of saturation and not sample size should be the focus (Bowen, 2008; Mason, 2010). Data saturation is reached when there is no new information (Fusch & Ness, 2015). Charmaz (2006) indicated that saturation might be attained more quickly with smaller studies. Additionally, Burmeister and Aitken (2012) emphasized that data saturation focused on the depth of the data, instead of the number of participants.

This study used a phenomenological research design. Using this approach provided an opportunity to give a description of the meaning of the nursing educators' experiences of the phenomenon, namely interpersonal interactions with minority nursing students. I avoided biases by standardizing the data collection process and justifying the results, which helped to draw a valid result. When conducting a phenomenological study, researchers reduce the participants' experiences to essential meanings (Moustakas, 1994). By using semi structured interviews, information was gathered on the participants' lived experiences in a particular context, namely interacting with and teaching minority nursing students.

The data were transcribed and coded into critical statements and themes to construct a textual account of the participants' experiences. Identified points of similarity indicated insights and conclusions about particular educators' practices that nursing educators use in their classes. I used semi structured interviews to obtain flexible and detailed descriptions and accounts. Additionally, the individual experiences of

participants were explored by using observation and one-on-one interviews. Data were collected on the perspectives of the participants' experiences of interpersonal interaction with minority nursing students. Inductive reasoning to find trends and meaning was employed in this study. I followed this approach to isolate issues or themes that affected teaching minority nursing students broadly.

## **Methodology**

### **Role of the Researcher**

My role as the researcher involved conducting the semi structured interviews. Crotty (1996) asserted that qualitative investigators could not be entirely objective when conducting research. The qualitative researcher is primarily responsible for collecting and analyzing data, and acts as the primary collection instrument during these activities. As the researcher, I remained aware of biases, attitudes, and beliefs to put everything that could affect the research process aside.

The process of putting one's own attitudes and beliefs aside is bracketing in phenomenological research (Chan et al., 2013). In this study, bracketing implied that all knowledge, experiences, beliefs, and values about nursing and nursing education were kept out of the work, so these did not influence observation and analytic abilities of the researcher through bracketing, the validity of the data collection and analysis process was demonstrated. I made every effort to remain aware of and put aside all knowledge, biases, and experiences to enable the description of the participants' life experiences.

Participants' involvement was entirely voluntary. There was no financial or other incentive for participation. I had no affiliation with the participants who were involved in the study. I had no affiliation with the facility that allowed access to their employees.

### **Sample Size**

Qualitative researchers typically use small sample sizes (Patton & Cochran, 2002); therefore, I estimated 10 to 12 people in a homogeneous group. The sample size of 10 was based on studies that used a phenomenological approach. The sample size of this study is justified by similar research. Choy, Wong, and Gao (2009) interviewed 10 educators to explore the interventions and actions between Singapore students and teachers. In another study on educators to educator bullying in the workplace, de Wet (2011) interviewed 10 educators. Dattilo, Brewer, and Streit (2009) explored the experiences of first-year nurse educators, and saturation was reached with 10 participants.

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

#### **Recruitment**

I purposefully selected experienced nursing educators who taught minority nursing students and work at a community college. I recruited nursing educators employed at a community college who had five or more experience as an educator with at least 3 years experience teaching minority nursing students. The participants had to be available for interviews lasting 45-60 minutes and agree to being audiotaped.

Once the Institutional Review Board (IRB) granted approval was obtained from the community colleges and from Walden University, the assistant to the vice president of academic affairs granted permission for recruitment flyers to be placed within the nursing department for identifying possible participants. With the help of flyers, participants were recruited. Contact information, as well as the purpose of the research, was displayed on the flyer.

Once participants were identified, each person received a consent form, demographic form, and the interview protocol via email or in person. All forms were filled and collected during the time of the interview. These forms were made available on paper during the interview process. Interviewing continued to occur until saturation was reached, which meant no new information was found during the interview process. I interviewed 10 nursing educators for this study to ensure there was enough data available for the analysis. Recruitment criteria were mentioned on the flyer; however, relevant participants with experience were selected for recruitment. Participants were selected based on their answers from the descriptive analysis form.

### **Participation**

Individuals who responded to the flyer received an introductory email with the demographic form (see Appendix A). After receipt of replies on the demographic form, a follow-up email was sent to the participants, indicating the proposed date and times that I visited the community colleges. A preliminary timetable for the interviews was attached for completion by the participants. Participants were asked to indicate possible times to be interviewed to enable me to draft a suitable timetable.

Interviews were conducted at the community colleges using the conference room provided by the community colleges or alternatively another private venue that was arranged with the administrator of the community college. A consent form was provided and collected when a researcher met with participants. The email stated that only participants who completed the informed consent form might participate in the research interview. Prior to the interview, the purpose of the research was explained, as well as the role of the participant. Assurance was given that the participants' identity would remain confidential by using pseudonyms, such as a false name. The process of member checking was explained, as well as the possibility that I would ask for clarification after the transcription of data.

### **Instrumentation**

The primary data collection instrument was the interview protocol to carry out semi structured interviews (see Appendix B). I drafted the questions for the semi structured interviews based on the literature studied and the purpose of this research. The questions were open-ended to allow for elaboration by the nursing educators, as I needed thick and rich descriptions for the analysis. The alignment between the research question and data is depicted in Table 3.

Table 3

*Alignment between the Research Question and Data Collection.*

Question	Purpose	Assumption	Data collection procedure
What are the interpersonal interaction experiences nursing	To explore the nature of the interpersonal interaction between	Nursing educators' beliefs and understanding are socially constructed	Data from semi-structured interviews and artifacts such as

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educators have in teaching minority nursing students?	nursing educators and minority nursing students. To discover possible similarities / differences in the beliefs, values, and interactional patterns of nursing faculty when dealing with minority students.	and are developed through experience.	marked assignments of students.
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The interview protocol included the following: First, I established initial rapport by briefly discussing my role in the research project, the researcher's occupation, and the purpose of the study and interviews. By disclosing information, the participants would feel more comfortable. Secondly, I asked a general opening question that was not specified in content to put the participants at ease. I established trust by keeping the participants talking; using follow-up or probing questions, such as "tell me more"; and by listening intently to develop the depth of rapport and information quality further. To conclude the interview, I summarized and exited by asking the participants for key points. I thanked the participants for participating in the interviews.

### **Data Collection Instruments**

I used semistructured individual interviews, which were conducted at the community colleges where the participants were employed. The semistructured interview served as the data collection tool for this study (Appendix A). An interview guide was developed based on theory and literature, which guided the interviews. The interview guide served as an instrument to which I relied on regarding ensuring all interview

questions were asked; additionally, it provided participants the opportunity to expand on a topic or thought. The interviews lasted approximately 30 to 45 minutes; prior to the interview, the participants were informed that the interview would be audiotaped to assist in capturing the data. The nature of the interviews included the participant's experiences of interpersonal interaction with minority nursing students.

During and after the interviews, I wrote detailed notes regarding observations made during the interview. A field diary was maintained to record observational notes and other inscriptions, such as thoughts, feelings, experiences, and perceptions during the research process. The field journal contained both explanatory and personal notes to help attain analytic dissociation from the actual data (Polit & Beck, 2012).

After the interview session was completed, all participants were sent a thank you email for their participation. However, once research was published, the participants were informed. All participants received the opportunity for debriefing after publishing. Each interviewee was asked open-ended questions to help them explore the facts, thoughts, and experiences of the related event. The focus was on assisting each interviewee to understand their feelings after the interview process. Each interviewee was asked about the hardest part of the interview process and their feelings about the experiences (Armstrong, 2000). This questioning gave each interviewee the opportunity to understand that any symptoms they experienced might be common or typical reactions to the events. Each interview was given the opportunity express all concerns during and after the data collection process, as well as after publication.



### **Data Collection**

I used diary notes as triangulation of data to ensure trustworthiness. Within 24 hours after the interviews were conducted, I captured the data on a password-protected, personal computer and the transcribed data were emailed to participants for member checking. Member checking is the most crucial technique for establishing credibility in a study (Lincoln & Guba, 1985, p. 314). Member checking refers to one giving the collected data to the participants and requesting them to check these for approval or any incongruities. I used member checking during the collection of data by checking with all those involved before the next interview occurred. Data were clarified before moving into the following interview; this process lasted approximately 10 minutes. During each member-check, the interview was discussed and the observations and artifacts were studied, if applicable. Nursing educator participants were asked to clarify any questions that I might have about the data. After the final member check, the research findings were shared, and participants received the opportunity to explain or add to the results of the research.

This study results were available to the participants who contributed to this project. The participant could contact me if results were desired. Each participating nursing educator was exposed to the same methods of data collection, and every effort was made to establish good rapport before moving into the interview. Throughout the interviews, I facilitated and valued dialogue. I aimed to establish interview dialogue that flowed naturally and was explanatory to gain information regarding the nursing educator's beliefs and practices about their experiences with minority students. The effort

was made to establish a relaxing, nonjudgmental situation to enable open reflection of the participant on the interpersonal interaction established with minority nursing students.

Procedures to ensure accuracy in the study included (a) using triangulation, (b) conducting member checks, (c) finding thick descriptions, (d) searching for negative or disconfirming evidence, and (e) bracketing to check researcher biases.

### **Data Analysis Plan**

In performing phenomenological data analysis, researchers have found patterns shared by the participants (Polit & Beck, 2012). Van Manen's (1990) three-step approach to analyzing phenomenological data was utilized in this study. The steps included (a) an all-inclusive (holistic) approach—where I viewed the transcribed data as a whole and encapsulated the meanings, (b) selective approach—focused on assertions or phrases that seem critical to the experience, and (c) detailed approach—every sentence was analyzed (Polit & Beck, 2012). I used the three-step approach to identify themes in this study.

All interviews were audiotaped. Each interview lasted approximately 45 to 60 minutes. Interviews were transcribed verbatim within 24 hours after the interview. Initially, I read the transcripts as a whole to obtain an overall impression of what was said. During this reading phase, initial themes or ideas that were prominent were noted in the margins of the transcript that was set wide, especially for this purpose (Smith & Dunworth, 2003). I reread the transcripts more than once to gain a more thorough sense of the accumulated information (Smith & Dunworth, 2003).

After achieving an overall understanding of the transcripts, I reviewed the transcripts to establish the themes with greater accuracy. During this phase, the surfacing

themes were separated into units of meaning (Smith & Dunworth, 2003). The meaning unit denoted an exclusive area of the participants' experiences of the phenomenon. The whole meaning was highlighted from start to end (Smith & Dunworth, 2003). Coding was conducted next, in which a code was attached to each separate meaning unit, and it was marked with a number in the margins of the transcripts. On a separate paper, the transcript numbers were written, together with its associated meaning unit number (Smith & Dunworth, 2003). I used this process of coding the meaning units separately to attach meaning to the verbalizations of the experiences of the participants (Smith & Dunworth, 2003).

Each transcript was analyzed in the same manner until that all the transcripts were analyzed (Smith & Dunworth, 2003). The computer software program, NVivo 2.0, was used to assist with the coding process, which was employed after the hand coding was completed. By using NVivo 2.0, each transcript was recorded, using the hand codes as a guide (Smith & Dunworth, 2003). After coding all transcripts using NVivo 2.0, a grouping of the codes or clustering of the codes was completed. Through this process, subthemes were created that represented an overall or master theme (Smith & Dunworth, 2003). Master themes that were recognized as similar codes were known as an audit trail. Through the data analysis process, I was immersed in the data. This way an agreement of master and subthemes was established between the supervisor and the researcher (Smith & Dunworth, 2003). Any discrepancies were used and noted, as this added to the richness of the data and validity of the research.

## **Issues of Trustworthiness**

### **Credibility**

Threats to credibility included bias, drawing premature conclusions, basing themes on isolated responses, and misinterpreting the data (Miles et al., 2014). I addressed these threats by interviewing only those subjects who met the criteria for the study. Credibility was enhanced by cross checking the interviews with relevant literature. Reflexivity and bracketing were used by maintaining a journal and field notes. Each participant was asked to review their responses to the interview questions for accuracy. In addition, I attempted to understand the lived experiences of the nurse educators by prolonged engagement with the participants and their setting. This process included spending one month analyzing the data.

### **Transferability**

The transferability of a study refers to the ability of the results of the study to be applied to another group or situation (Miles et al., 2014). The experiences and descriptions shared by these nurse educators were unique to this group. Although thick and in-depth descriptions from each participant were presented by using direct quotes from the participants, an interested researcher might apply the findings to another context, group, or setting at their own judgement.

### **Dependability**

Dependability is the relevance of the data (Miles et al., 2014). Dependability was maintained by using the audit trail, detailed documentation of sources and information, data, and decisions related to qualitative research (Houser, 2015). A journal of field notes

was also maintained. Triangulation of the data was achieved by comparing the data sources, the research method, and the theoretical foundation (Miles et al., 2014).

### **Confirmability**

Confirmability is maintaining objectivity during the research process. (Miles, Huberman, & Saldana, 2014). I accomplished confirmability by keeping a research journal including reflective notes. I used bracketing to control and sustain my bias. Reflexivity was used to maintain my sensitivity to the way the research was being shaped by the data based on introspection and acknowledgement of my bias through bracketing. I used triangulation of the research findings and compared them to the results of NVivo thematic analysis and the literature review. The findings were verified by comparing the transcriptions of the recordings to ensure accuracy. I explained the research findings based on the theoretical foundation of this study as confirmation of the trustworthiness of the findings.

### **Ethical Procedures**

I obtained approval to conduct the study from the Walden University Review Board (IRB) and the nursing department's ethical committee prior to the start of the study. The approved IRB included permission and terms of the agreement to collect data. I informed all participants about the purpose of the study. Participant's confidentiality was maintained at all times, and their participation was on a voluntary basis. They were notified they could withdraw from the study at any time without consequences.

After receiving approval to conduct the study, I obtained the necessary consent from the administrator of the nursing school to carry out interviews with the faculty. Prior

to the data collection process, I assessed potential risk related to the physical, psychological, socioeconomic, and legal harm to participants. Every effort was made to eliminate these possible risks to all participants. All participants received an opportunity for debriefing after the interviews were conducted. All information gathered will be kept on a password-protected personal laptop computer to which only I have access.

Prior to initiating research, universities' leaders require ethical standards for conducting research with human beings, instituted formal research ethics committees, and institutional procedures to ensure that informed consent was obtained (Rudestam & Newton, 2012). Rudestam and Newton (2012) asserted that informed consent should contain the following: (a) identification of the person conducting the study to the participant, (b) reasons why the particular potential participant was singled out to participate, (c) an indication of the time commitment, (d) information about any benefits to be expected, (e) an explanation of any potential risks and management of risks to be expected, (f) an explanation of the study including an offer to answer questions, (g) information stating that participation was voluntary, (h) statement that participants would receive a copy of the informed consent form, (i) information informing the participants of any reimbursement and explaining confidentiality of participation to the participants, and (j) information regarding debriefing. The above elements were included in the informed consent form.

### **Summary**

This chapter contained information on participation selection and recruitment, the instrument used, and a description of the interview, data collection process, and data

analysis. This phenomenological study used a purposive sampling of experienced nursing educators employed at a southwestern community college. Data collection was completed using a semistructured interview process at the community colleges, and interviews were videotaped to enable correct transcriptions of data. Hand coding, combined with NVivo computer software, was used to analyze data. Throughout the research process, trustworthiness was planned for and maintained throughout all processes. Ethical standards were observed, as this study dealt with humans, which necessitated specific behaviors to ensure their confidentiality. Chapter 4 presents the results and findings of the study.

## Chapter 4: Results

### **Introduction**

The purpose of this phenomenological study was to explore interpersonal interaction experiences nursing educators had in teaching minority nursing students. Interpersonal interaction was defined as the effect two or more people might have on one another within intimate relationships, broader interpersonal relationships, and wider social networks. Interpersonal interaction is a critical element of a positive educational experiences for minority nurses (Ackerman-Barger & Hummel, 2015). Based on the problem and purpose stated, the following research question guided the study: What are the interpersonal interaction experiences nursing educators have in teaching minority nursing students?

The remainder of this chapter includes the setting and demographics of participants that were used to address this study's research question. Description of collection methods and analysis of the data gathered from the participants, as well as evidence of trustworthiness, are presented. The results from participants and a summary are also presented.

### **Setting**

Once research approval was granted (IRB #0130-18-0559725), the phenomenological study with the participants was conducted in person and on the phone. Nine nurse educators were interviewed in person at two different sites. A private conference room was provided at each location. The tenth interview was conducted using my password protected cellphone. Participants did not express personal or organizational



conditions or concerns that might have influenced their perceptions before, during, or after the interviews. I maintained a participation log that included dates, times, and location of all interviews conducted.

### **Demographics**

I purposefully selected experienced nursing educators who taught minority nursing students. The following inclusion criteria were used in identifying suitable participants:

Participants were nursing educators who were employed as nurse educators

Each participant must have 3 or more years' experience as a nursing educator.

Each educator must have at least 3 years of experience teaching minority nursing students in the classroom setting.

Table 4 depicts the study participants' demographic information, including occupation, age, gender, education level, current job title, number of years as an educator, and the percentage of minority nursing students each participant stated they were currently teaching.

### **Participant Demographic Summary**

I created a profile summary of each participant during the data collection period. The profiles acted as a guide for review of results. The following is a participant demographic summary. There were 10 participants: Nine females and one male. The mean age of the participants was 52 years, with a range of ages from 33 to 60 years. participants' education levels included seven with a Master's degree and three with a

Ph.D. The nurse educators interviewed had a mean of 46.1 years as RNs. The participants had an average of 9.7 years as nurse educators.

Table 4

*Characteristics of the Participants*

Participant #	Age	Gender	Education Level	Race	Years as a nurse	Years as an educator	Percentage of minorities currently in class
1	56	Female	MSN/M.Ed.	Caucasian	34	15	10
2	33	Female	MSN	Caucasian	10	8	20
3	41	Female	MSN/PNP	Caucasian	17	12	10
4	39	Female	Ph.D.	Caucasian	17	9.5	5
5	60	Female	Ph.D.	African American	35	15	30
6	56	Female	MSN	Caucasian	30	5	20
7	34	Male	MSN	Caucasian	10	3	20
8	55	Female	Ph.D.	Caucasian	30	10	10
9	50	Female	MSN	Caucasian	35	15	5
10	54	Female	MSN	Caucasian	30	15	10

**Data Collection**

There were 10 participants who volunteered for the study. I used purposive sampling to recruit participants from two community colleges and posted a flyer at the three community college sites in the nursing department of each campus and on the websites. All interviews with the nurse educators were conducted between February 13 and February 23, 2018. Each interview was 30 to 45 minutes in duration. Nine of the interviews with the nurse educators were recorded in face-to-face interviews. These interviews were conducted in a private conference room in one of two research sites.

After each participant completed the interview, I used voice recognition software that was on my password protected laptop to back up my recordings. Voice recognition

software was used to transcribe each interview. After transcription, each participant was asked to review their responses for accuracy. I recorded my observations and reflective notes immediately following each interview.

Saturation was achieved at nine participants, as I began to hear the same concepts and ideas repeated in the interviews through constant comparison. Constant comparison was used to compare findings as themes emerged from the data analysis. The 10th subject agreed to a phone interview. I recorded the interview on my password-protected cell phone with the speaker on in my private office with the door closed. I used voice recognition software as a backup. I transcribed the final interview and emailed the transcript to the last subject to check for accuracy.

### **Data Analysis**

Van Manen's three-step approach to analyzing phenomenological data was used in this study. These steps included (a) an all-inclusive (holistic) approach, where I reviewed the transcribed data as a whole and strived to encapsulate the meanings, (b) a selective approach that focused on assertions or phrases that seemed critical to the experience, and (c) a detailed approach where every sentence was analyzed (Polit & Beck, 2012). The three-step approach enabled me to identify themes in this study.

Initially, I read the transcripts as a whole to get an overall impression of what was said. During this reading phase, initial themes or ideas that were prominent were noted in the margins of the transcript. I read the transcriptions 10 times to gain a sense of the accumulated information.

After achieving an overall understanding of the transcripts, I reviewed them to establish the themes with greater accuracy. During this phase, the surfacing themes were separated into units of meaning. The meaning unit denoted an exclusive area of the participants' experiences of the phenomenon. The whole meaning was highlighted from start to end.

Coding was conducted next. A code was attached to each separate meaning unit, and it was marked with a number in the margins of the transcripts. On a separate paper, the transcript numbers were written together with an-associated meaning unit number. This process of coding the meaning units separately enabled me to attach meaning to the verbalizations of the experiences of the participants.

Each transcript was analyzed in the same manner until all the transcripts were analyzed. The computer software program NVivo 2.0 was used to assist with the coding process, which was employed after the hand coding was completed. By using NVivo 2.0, each transcript was recorded, using the hand codes as a guide. After coding all transcripts with NVivo 2.0, a grouping of the codes or clustering of the codes was completed. Through this process, subthemes were created that represented an overall or master theme.

### **Evidence of Trustworthiness**

#### **Credibility**

There were threats to the credibility of this research. Threats to credibility included bias, drawing premature conclusions, basing themes on isolated responses, and misinterpreting the data (Miles et al., 2014). I addressed these threats by interviewing

only those subjects who met the criteria for the study. Credibility was enhanced by cross checking the interviews with relevant literature. Reflexivity and bracketing were used by maintaining a journal and field notes. Participants were asked to review their responses to the interview questions for accuracy. In addition, I attempted to understand the lived experiences of the nurse educators by prolonged engagement with the participants and their setting. This process included spending one month analyzing the data.

### **Transferability**

The transferability of a study refers to the ability of the results of the study to be applied to another group or situation (Miles et al., 2014). The experiences and descriptions shared by these nurse educators were unique to this group. Although thick and in-depth descriptions from each participant were presented by using direct quotes from the participants, an interested researcher might apply the findings to another context, group, or setting at their own judgement.

### **Dependability**

Dependability is the relevance of the data (Miles et al., 2014). Dependability was maintained by using the audit trail, detailed documentation of sources and information, data, and decisions related to qualitative research (Houser, 2015). A journal of field notes was also maintained. Triangulation of the data was achieved by comparing the data sources, the research method, and the theoretical foundation (Miles et al., 2014).

I provided a detailed description of the research method and compiled the recording and the data analysis report to justify the conclusions. I triangulated the information in the data analysis process with Van Manen's (1990) three-step approach.

The steps in the Van Manen's approach started with a comprehensive approach, in which all interviews were reviewed as a whole to attempt to encapsulate meanings. The next step involved focusing on assertions that were important to the lived experiences of the nurse educators. The third step involved reading the data line-by-line 10 times to discover the meanings behind a cluster of words (Polit & Beck, 2012).

### **Results**

Five themes emerged from the data, which included (a) perceptions of the need for minority nurses, (b) social responsibility of nurse educators (c) perceptions of minority students, (d) the effectiveness of teaching minority students, and (e) perceptions of interpersonal interaction. The following sections present the aforementioned themes using direct responses from the participants.

#### **Theme 1: Perceptions of Need for Minority Nurses**

The first theme to emerge from the research question was perceptions of the need for minority nurses. Within this theme, respondents discussed a need for more minority nurses, noting the importance of a culturally diverse nursing workforce that could provide and understand the needs of a diverse community. Participant three (P3) explained that the need for minority nurses was a matter of reflecting the changing demographics of society:

Having a nursing workforce that is more representative of the populations we serve should be one of many approaches. We have a growing minority population. We have a growing immigrant population with unique healthcare needs. Our

workforce and the educators teaching that workforce need to be better prepared to address those needs.

Participant eight (P8) noted the following:

Our society is becoming more diverse and I realize that we may not be able to meet the needs of every single patient that comes through the door, but having nurses that are familiar and aware of the different cultures that we may encounter may help minority patients to give up unhealthy practices or at least help incorporate practices into their care.

The emphasis on the connection between patient and nurses, particularly through the lens of cultural competence, was highlighted by participants. As participant five (P5) explained, there might be nuanced aspects of patient care that might be missed when a nurse was not attuned or aware of a patient's ethnic or racial background. In P5's words,

In the clinical areas, I see a diverse patient population, and sometimes, I do not always know if we are handling a situation in the most culturally sensitive manner. If a nurse was of similar ethnic background as the patient, would she or he be able to provide better insight into the needs of the patient?

Participant six (P6) echoed this sentiment:

People tend to relate better to someone who understands their culture, having more minority nurses will meet that need better. As much as we try to understand the culture of some patients, a nurse from the same cultural back ground will be the one to understand the patient best.

Similarly, participant nine (P9) said, “Care should be culturally compatible and I think patients are more comfortable with someone from their own culture. I have seen this many times.” Participant four (P4) added that while cultural sensitivity might be taught, such an education could only go so far: “Culturally appropriate care can be taught, but there are still elements of the human experience that can’t be taught. I think it is important to develop a diverse workforce that is reflective of the population it serves.”

Two other participants stated that having a diverse nursing force was important; however, they also had qualifications to those perceptions. For instance, participant seven (P7) explained there was no guarantee that a minority nurse would be matched with a similar minority patient, making cultural education more important than just minority nursing numbers. P7 explained,

I believe it could have a beneficial impact. However, I think one issue to be concerned about is how much of an impact this is going to have since a lot of times you don’t get a lot of flexibility in terms of who you get as your nurse for the patient or even which patients you see as a nurse. I think that it’s probably more beneficial to also enhance training so that we can have a culturally appropriate relationship to handle patients’ needs and the care that they need in the setting of the relationship between nurse and patient.

However, participant 10 (P10) did not agree that more minority nurses were the answer to the important tasking of “caring for patients in a culturally sensitive way.” As P10 explained the following:



I don't feel like this is accomplished by only having nurses having the same race or cultural background as the patient. I love to teach and send out competent, caring nurses into the workforce. I don't really care what their own ethnicity is, only that they are accepting of all patients and provide culturally sensitive care to whomever they are assigned to care for.

Participant two (P2) said, "I both agree[s] and disagree[s]" with needing more minority nurses. While the participant did contend that "it is important to have a multicultural cultural and diverse perspective," she remained unconvinced that "increasing diversity of RNs would promote more culturally appropriate care." Instead, P2 stated that while having a more diverse nursing staff was "one facet of a very large approach," P2 also said, "We as a field need to do a lot more than just hire more minorities, for example we need to offer culturally competent training and make it a standard of education, etc."

Alternately, P1 did not see the need for more minority nurses because, in this educators' experience, there was an abundance of such RNs. As P1 explained, such a perception might be based on her own personal experience teaching in some areas of the country:

Interestingly, I don't feel there is a lack of diversity in the workplace but that might be because I have worked in the inner city and most of my teaching in the last 10 years has been for an online university where every class I taught had a tremendous amount of diversity.

P2 stated that such social responsibility to diversify the nursing workforce was “not exclusively [of] educators,” but educators played a significant role because “as educators, we are often seen as leaders and therefore we need to appropriately set the tone and support this important endeavor.” P6 agreed that she had such a responsibility, noting that such a duty was fulfilled by working “very hard to help my minority students succeed.” This was done by being “mission-minded,” as well as “realizing the cultural differences that may interfere with learning.” P5 agreed that she could fulfill her “social responsibility to contribute to the profession of nursing” through instruction. As P5 explained, this could be done by “providing the students with my instruction the best possible education that I can.” According to P5, such instruction was essential because “diversity is a concern in nursing and there needs to be some fundamental changes in the way nursing is taught.” P5 explained that cultural training needed to become part of the nursing curriculum.

## **Theme 2: Social Responsibility of Nurse Educators**

The second theme of social responsibility of nurse educators was cited by participants. These respondents primarily noted that such accountability was not only related to increasing diversity in the nursing workforce, but also to educate and help minority nursing students graduate. P2 stated that such social responsibility to diversify the nursing workforce was “not exclusively [of] educators,” but educators played a significant role because “as educators, we are often seen as leaders and therefore we need to appropriately set the tone and support this important endeavor.” P6 agreed that she had such a responsibility, noting that such a duty was fulfilled by working “very hard to help

my minority students succeed.” This was done by being “mission-minded,” as well as “realizing the cultural differences that may interfere with learning.” P5 agreed that she could fulfill her “social responsibility to contribute to the profession of nursing” through instruction. As P5 explained, this could be done by “providing the students with my instruction the best possible education that I can.” Such instruction was essential, according to P5, because “diversity is a concern in nursing and there needs to be some fundamental changes in the way nursing is taught.” P5 explained that cultural training needs to become part of the nursing curriculum. P5 said, “There needs to be better awareness of the cultural needs of patients and of nursing students.” For P10, this role of the educator was as trainer and model: “My responsibility is to train and be a role-model for my students.”

P8 noted that her responsibility was both “to educate minority students and help them graduate” because “the future of our society depends on a more diverse nursing workforce.” In addition, P8 stated that nurse educators themselves needed to be diverse: “We also need to increase the number of minority nurse educators as well.” P4 stated the following:

As a minority nurse educator, I do have some responsibility to contribute to increasing diversity in the nursing workforce. I think it is important for the general population to see a diverse workforce. I think it is also important for minority nursing students to have the opportunity to interact with and be educated by a diverse group of faculty.

P1 focused on her responsibility was also two-fold. First, such a responsibility was about helping minorities graduate:

A diverse workforce is essential toward health equity in the US so as an educator I have a social responsibility to educate and see these minority students through to their degree and hopefully beyond the bedside when minorities are not well represented.

Moreover, P1 noted that attracting and retaining those minority nurses was also important: “Congress is already trying to retain a diverse pool of nursing professionals in rural areas. STEM collaborative are trying to develop strategies to recruit and employ minorities.” P9 agreed, noting that her social responsibility was both “to educate minority nursing students” and also to “attract them to the nursing work force.” As P9 explained the following:

The problem may be that maybe minorities do not see nursing as a profession that they can be in because they do not see many minorities. What would help is having more minorities nurse educators who can be role models for students.

While P3 also believed, “We all share that responsibility” to help nurture a diverse nursing force, she also noted that such responsibility had to be shared by educators at every level. This educator explained,

It starts long before students are in my classroom. If we want to increase diversity in the nursing workforce, we need to start in the elementary school, middle school. High school. Students of all genders and all ethnicities who demonstrate a natural gift and interest in the sciences should know that nursing is an option for

them one day. Students who want to serve others, who are interesting in research, in teaching, and in healthcare should know nursing can fulfill all of these.

However, P7 stated, “I don’t think there’s a lot in the way that I can contribute in terms of increasing diversity.” The participant noted, “I can definitely be there for my students regardless of what their culture or gender is or race,” but P7 continued, “If I try to focus too much on recruiting based on race or trying to help people based on race I may miss lots of good nurses that also need my help.” Instead, P7 stated that his focus should remain “purely on giving students the best education I can regardless of race or gender.”

### **Theme 3: Perceptions of Minority Students**

The third theme to emerge from the research questions was perceptions of minority students. Within this theme, participants described their minority students as primarily as any other nursing students; however, these same participants also acknowledged the unique challenges minority nursing students might face. P1 simply noted, “Minorities are like every other student. The good can be very good but the bad can be very challenging.” P4 added, “Overall, I have had a positive experience with minority students in the classroom setting.”

Regarding their academic performance, P4 emphasized, “I don’t think that work ethic or lack thereof is a reflection of race/ethnicity.” However, the educator also noted that she was “aware that due to the nature of the program and the institution itself, minority students sometimes encounter unique challenges and must thrive in spite of them.” P5 echoed this sentiment, describing her “experience with minority nursing

student for the most part” as positive.” She explained, “Minority nursing students are like any other student, when they are good very are good, but when they are bad they are bad like any students.” Like P4, she did note, “Some minority nursing students may sometime come into higher education at a disadvantage in their writing or reading skills, and sometimes there is a language barrier that they must overcome, but many strive to overcome this.” P8 and P9 also shared these opinions. P8 explained, “Minority nursing students are like every student, there are good and bad,” adding, “I realize that for some students English may not be their first language and this may present a challenge for them and for us but most try to do their very best.” P9 concurred with the following:

Minority nursing students are like any other student, when they are committed they are committed, when they are not committed to their studies, it can be a challenge. Some of my best students have been minorities, as well as some of my worse. Sometimes there is language barrier if the student is from another country, but they try very hard.

P3 not only recognized that these minority students “had unique experiences in my eyes, both in relation to each other and to non-minority students,” but also noted that their performance varied. P3 said the following:

Some have excelled academically and soared through their clinical component. Some struggled to keep up with the rigors of the course. Some students we knew in advance would need extra support and so we could have plans in place; others were not as fortunate. I’ve seen several students blossom as they move into the

community course and clinical experience, as they realize they have unique skills and experiences to contribute that may have been hidden before.

P3 added that minority students had much to contribute to a class and advocated for that narrative to be heard. Other participants had perceptions about their minority students. For P10, she saw her minority students as “motivated, hardworking, and competent students.” According to P10, this was primarily a function of being “junior and senior students.” As she explained, “The fact that they are still in this program at that point typically tells me” they were diligent and committed. However, like the previous instructors, she noted that minority students often “might have had additional struggles to have reached this point in their education.” Unlike the previous respondents, P10 saw these struggles as “only helping them in being successful.” P6 described her experience with minority students as “varied” with “some minority students who did not expect to succeed and had a defeatist attitude that was hard to break through,” while others were “so motivated and determined to succeed that they did an amazing job in everything.” This participant seemed to link these attitudes directly toward being a minority student. Finally, P7 linked minority students to issues of retention, noting that it was often first-generation students whom might lack the skills to stay enrolled. P7 said the following:

I know that one of the issues is retention rates are definitely lower for minority students in general and there should be a way to address that but I’m not sure what that answer is. It may just be a fact that a lot of minority students are first-time university students for their entire family and so they have a difficult time

maximizing their education at college compared to peers that have had multiple family members go to university.

#### **Theme 4: Effectiveness of Teaching Minority Students**

The fourth theme was effectiveness of teaching minority students. While all 10 educator participants believed they were effective teachers, one of the 10 contended that this effectiveness was not minority student-specific. Those nine who classified themselves as effective for minority students gave specific examples of how they were effective. Table 5 lists these examples.

Table 5

##### *Strategies for Teaching Minority Students*

P1	Textbooks, assignments, courses
P2	Open-door policy; modifications for teaching/assignments
P3	Inclusive language, anticipate potential struggles, patient/nurse assignments
P4	Consistency and transparency; offering a safe space
P5	Tailor teaching to learning style
P6	Identify cultural differences
P8	Open-door policy; tailor teaching style
P9	Open-door policy

Educators had a variety of ways that helped with their effectiveness in teaching minorities. P1 said hers were primarily classroom content-based, noting that not only did she teach a “Transcultural Nursing course,” but also she had group-based assignments that let students to work together. P2 also was primarily content based, noting that because of “lots of training on the subject,” she was “comfortable with diversity,” and therefore she made “a point of tailoring my material and delivery to all students.” In addition, P2 noted that her teaching style flexibility made her effective, and she was



“happy to modify any teachings to better meet their needs and talk to me if this is an issue.” This also included an open-door policy. P5 similarly discussed the need to tailor material for the individual student. She explained the following:

I really try hard to get to know my students and tailor my delivery to match a student learning style as much as possible. I admit that I do not always reach this goal but I try. If I see a student is not doing well, I will call that student in and ask her or him if there is anything I can do. Sometimes we lose a student because of the reason that is beyond control, and that makes me sad.

P8 also noted, “I try to tailor my teaching to meet the need of the unique learning need of each student,” and this was done in two ways: by being “approachable” and having an “open-door policy.” Like P5, P8 noted that while she was “probably not always successful but I try to continuously improve myself.” Likewise, P9 emphasized her open-door policy, as well as her attempt to “be fair as possible to everyone.” P4 characterized these efforts as offering a safe space, saying, “Sometimes, minority students need a safe space to discuss some of the unique challenges they may face. I offer a safe space to talk as well as advice if warranted.” In addition, P4 highlighted her “consistency and transparency” that led her students to trust her.

P6 also noted that learning about her minority students were important, and she argued this could be done by trying to prevent or recognize cultural differences that might be affecting the student:

I do believe myself to be an effective nurse educator when teaching minority students because taking the time and energy to try my best to make sure learning

is taking place and try to identify any cultural differences that may prevent success.

P3 also explained that as an “effective nurse educator teaching minority students, she “tries to anticipate potential student struggles, and plan to address them early.”

Moreover, she used specific other strategies within the classroom, including content and teaching style:

I try to use inclusive language while speaking and, in my lectures, and have adapted our history and physical exam templates every year in doing so, and to address more social determinants of health. I try to match students with preceptors who will be the best fit and provide a supportive learning experience at the bedside. I try to model culturally-sensitive patient care. We have recently started smaller break-out sessions in some of our courses, to encourage more student participation and sharing of ideas and experiences, since the larger lecture halls can be intimidating for all students.

However, two other participants did not see their effectiveness as a nurse educator through the lens of race and ethnicity. As P7 explained the following:

I really don't consider the race or culture of the students I'm teaching generally. I am not sure if there is something I could do differently. I generally try to treat all of my students on the same level with one another and I don't try to tailor my teaching style unless an individual student has a problem that I can help solve from another direction.

However, P7 explained that in “dealing with religious/cultural dress standards,” he would always make modifications:

Since the teaching lab is a BSL-2 lab there are specific dress requirements. For certain students they always wear dresses because of their religion so I make adjustments that will fall in line with the dress requirements for safety in the lab.

P10 also did not view her role as a nurse educator through race or ethnicity, arguing that while those factors were there, as an instructor, she might not always be aware of some of the challenges that students faced:

I feel like I have been an effective instructor of ALL students. I don't separate my students into racial or ethnic categories. I try to be sensitive to all my students. I honestly feel that some students have more hidden factors that I may have no way of knowing that they might be sensitive to. Race and ethnicity are right there.

However, P10 also had some exceptions, noting that she had, “in the past, assigned a student whom I know has a similar language background to a patient to make it easier for the patient to communicate.” Nevertheless, P10 clarified that she would never “assign a patient to a student because they are the same race or ethnicity. I expect my students to care for their patients as humans, which we are all.”

### **Theme 5: Perceptions of Interpersonal Interaction**

The final theme that emerged from the research question was perceptions of interpersonal interaction. Within this theme, participants perceived themselves as providing not only a positive learning environment for minority students, but also doing so by being approachable and supportive. For P3, this affirmative and encouraging

environment was about feedback for students, regardless of the grade, as well as being accessible and welcoming:

All students need to know what they are doing well, not just what they are lacking. One of the first things new students hear from me is that they are not working for grades, they're working to become experts in caring for someone's sick child, and there is no greater honor than that. I would praise a hard-earned B (grade) from someone who exemplifies ideals that can't be taught, like compassion, than an easy A (grade) from someone who is more focused on her/his earning potential at the end. In giving feedback, I first recognize, in writing, how hard a student has clearly worked. I tell them, in writing, that if my notes don't make sense, I am ready and willing to meet anytime - in person, by FaceTime, by Skype, etc. - to make sure they understand what is missing before the next assignment is due.

Moreover, P3 described her strategies in helping a student that she perceived might need support:

At the very first signs of struggle, whether that be academically or mentally (e.g., showing signs of anxiety or depression), I encourage students to use the many university resources we have and to partner with me in ensuring their health and success. The follow-up piece is just as important; we can't suggest counseling or exam preparation support and not check in frequently to make sure that help was adequate and a good fit for that individual student.

P3 gave a recent example:

Just recently, one of our minority students confided in another student that she was struggling in clinical and was scared to confide in the faculty. That student appropriately noticed the red flags in her text messages, and helped her seek faculty assistance promptly. Although I'm reassured that we're building supports for her now and she knows we're here to help, I feel terribly that this wasn't brought to light sooner. We can never become complacent and think we're doing enough to support our students most at risk.

P4 also emphasized the need to create a safe space as a way to produce a positive environment for minority students, as well as relating to the challenges those students might face:

Students know that they are welcome to speak with me in confidence and in a safe space. (Now of course if they express something that has to be reported that is understood.) I try to make sure they leave feeling supported, feeling better, and feeling a little more optimistic about their circumstances. I try to reinforce that they are capable of addressing anything that arises and encourages them to surround themselves with individuals that are supportive. Completing nursing school can be challenging; however, I share some of my experiences and let them know I have been there and it can be done.

P5 had a similar response, underlining the notion of having a welcoming, friendly environment: "I have an open-door policy, my students can e-mail me or talk to me anytime. I let my students know that I am here to help them be successful." P8 echoed these sentiments, noting that she made "every effort to be as fair as possible to my

students in all ways. I have an open-door policy as I mentioned and I try hard to get to know my students and how each one learns best.” P1 also described the need for a positive environment as one that emerged from “the student first mantra” that included openness and availability to her students:

My students have my phone number and my email. I hold generous office hours and they know that, other than when I’m asleep, they can pretty much expect a response from my day or night. I encourage them to use the university resources from writing centers to loaner laptops. And my classroom has an air of openness and friendliness to it.

The remaining four teachers had different definitions of how they created interpersonal interaction and a positive learning environment. While P2 also described the importance of open communication, she linked this to student-to-student, rather than just student-to-educator:

My teaching approach is very much empowering. I encourage students to share their experiences and learn from one another. If there are minorities, I ask them if they are comfortable to share their opinions with the class and any insights or valuable information from a diversity perspective etc.

For P6, such an environment was created by maintaining a bias-free attitude and environment, as well as recognizing the challenges that minorities might face. In this way, P6 acknowledged her racial privilege and allowed minority students to be understood:

First of all, I do not carry any attitudes or feelings of racism personally. I do not feel my race is in any way superior to any other race. I do, however, realize the advantages I have had because of my race. I go out of my way to make sure the students know what is expected, and the minority is African American or Indian, I realize and plan for there to be extra work on my part in making they are understanding, heard, and supported.

Conversely, P10 described her interpersonal interaction as positive because she ignored the idea of race and treated the students the same way, offering academic and mentorship guidance:

I treat all my students the same. I support them fully and don't choose to support based on anything other than the fact I have experience and skills that can help them. I have often written references and supported students that ask for help in their job searches while in school or after. I also, often provide guidance and support through the process of taking their NCLEX exams after graduation.

Finally, while P7 categorized himself as “fairly good at support and positive reinforcement,” he also noted that he was not as approachable as his students might like, which he attributed to, in part, gender. Regarding support, P7 noted the following:

The lab is technically difficult and requires skills that take a while to learn and I try to be there for students to encourage and correct their methods without being too critical. Positive rather than punitive. This also extends to safety issues, I'd far rather have willful compliance that has the corrective knowledge behind it rather

than fearful attempts at compliance and potentially trying to hide issues so they don't get in trouble.

However, he also noted that he might need more work in being approachable:

I know for a fact that many students have asked that I be more approachable, I try to be but my interpersonal skills are a bit lacking. I'm generally quite friendly on a one to one basis but with so many students, sometimes more than 100, I have a hard time breaking past the lecturer/lab coordinator persona. I always feel like I've let them down when they leave comments on the feedback for the class that I should be more approachable or when they tell me they were nervous at first before they sat down to meet with me.

### **Discrepant Data**

One of the participants believed that she had a responsibility to increase diversity but the effort to recruit minority nursing students should start much earlier. Participant 3 stated the following:

If we want to increase diversity in the nursing workforce, we need to start in the elementary schools, middle schools, and high schools. Students of all genders and all ethnicities who demonstrate a natural gift and interest in the sciences should know that nursing is an option for them one day.

There were studies on the importance of helping minorities see nursing as a possible career option. Mignor, Cadenhead, and McKee (2002) explained that school counselors were not aware of the opportunities that a career in nursing could provide and that educating school counselors might have to fall to the nursing professional. Alexander



and Rempusheski (2014) argued that African-Americans and Latinos had few role models and were not aware of the many career choices in nursing.

P2 stated more minority nurses was one approach to increase diversity. She believed a better approach would be to integrate culturally sensitive education into the nursing curriculum and make it standard. P2 explained,

I think it is fundamentally important to increase diversity and offer culturally competent practices but, I think we, as a field, need to do a lot more than just hire more minorities. For example we need to offer culturally competent training and make it a standard of education.

Yilmaz, Toksoy, Direk, Bezirgan, and Boylu (2017) discussed the need to prepare nurses to deliver more culturally sensitive care to a growing ethnic society.

P7 explained that he could do a better job of providing an environment that could make it more supportive of not just his minority students but all of his students. P7 explained,

I know for a fact that many students have asked that I be more approachable, I try to be but my interpersonal skills are a bit lacking. I'm generally quite friendly on a one to one basis but with so many students, sometimes more than 100, I have a hard time breaking past the lecturer/lab coordinator persona. I always feel like I've let them down when they leave comments on the feedback for the class that I should be more approachable or when they tell me they were nervous at first before they sat down to meet with me. I suppose this is a skill I need to be more

aware of in general rather than when I meet one on one. A classroom skill or an in the hall skill.

P7 confirmed research findings in Chapter 2: Nurse educators expressed an uneasiness with minority students. P7 admitted he had “concerns about his approachability with all students, minority and non-minority,” but he explained, “I am aware of my lack of approachability and it is a process for me to improve.”

### **Summary**

In this phenomenological study, 10 nurse educators expressed their interpersonal interactions with minority nursing students. Purposeful sampling was used to determine if the participant met the inclusion criteria for the study. Nine participants were recorded during one-on-one interviews. One participant was recorded over the phone.

There were five themes that emerged from the data: perceptions of the need for minority nurses, social responsibility of nurse educators, perceptions of minority students, the effectiveness of teaching minority students, and perceptions of interpersonal interaction. Within the first theme, participants believed there was a need for more minority nurses, noting the importance of a culturally diverse populace, as well as culturally sensitive care. Two other participants believed diversity in the nursing force was important but had caveats to their responses, while one other participant did not see the need for more minority nurses and another saw no lack of minority nurses.

The second theme of social responsibility of nurse educators was cited by participants. These respondents primarily noted that such accountability was not only related to increasing diversity in the nursing workforce, but also to educate and help

nursing students graduate. The nurse educators embraced their responsibility to increase diversity.

The third theme to emerge from the research questions was perceptions of minority students. Within this theme, participants described their minority students as primarily the same as any other nursing students; however, these same participants also acknowledged the unique challenges that minority nursing students might face.

The fourth theme was the effectiveness of teaching minority students. The participants described themselves as effective teachers. Two of the educators contended that this effectiveness was not minority student-specific.

The final theme that emerged from the research question was perceptions of interpersonal interaction. Within this theme, the participants perceived themselves as providing not only a positive learning environment for minority students, but also doing so by being approachable and supportive. One of the participants knew his approachability needed to be improved, and he was working to achieve that goal for his students.

Chapter 5 will start with a discussion of the findings and continue with the interpretation of the results. Chapter 5 will then include the limitations of the study, recommendations for further research, and implications for social change. Finally, Chapter 5 will include a conclusion to the research will be provided.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this study was to examine the interpersonal interaction experiences that nursing educators had in teaching minority nursing students. For the purposes of this study, Ackerman-Barger and Hummel (2015) defined interpersonal interaction as the effect that two or more people might have on one another within intimate relationships, broader interpersonal relationships, and broader social networks. Interpersonal interaction was recognized as a critical element of a positive educational experience for minority nursing students.

The research question for this study was the following: What are the interpersonal interaction experiences nurse educators have with minority nursing students? The key findings of the study confirmed several concepts explored in Chapter 2. Five themes emerged from the data: (a) Perceptions of the need for minority nurses, (b) social responsibility of nurse educators, (c) perceptions of minority students, (d) the effectiveness of teaching minority students, and (e) perceptions of interpersonal interaction.

This chapter explores the interpretation of the findings of the study. The limitations of the study, as well as recommendations and implications, are presented. Finally, conclusions of the study are discussed.

## **Interpretations of the Findings**

### **Interpretations from the Literature**

The findings from this phenomenological study may offer insights and viewpoints about the interpersonal interactions between nurse educators and minority nursing students. The findings confirmed that the nurse educators interviewed were aware of the social impact that the lack of diversity in the nursing workforce might have and providing positive interpersonal interactions with minority nursing students might be effective in keeping minority students in a program. Respondents believed there was a need for more minority nurses and noted the importance of a culturally diverse populace as well as culturally sensitive care.

Such findings confirmed the literature that addressed the need for increased diversity within the nursing workforce and advocated for the social influence that diversity could have. Bleich et al. (2015) suggested that society specifically minority patients would benefit from increased diversity in the nursing workforce because the cultural needs of the community would be better met. Mareno and Hart (2014) supported the need to increase diversity within the nursing workforce, as well as provide care that is as culturally sensitive as possible.

The second theme found in the results, that nurse educators have a social responsibility to help diversify the nursing workforce, also aligned with the literature. Murray, Pole, Ciarlo, and Holmes (2016) determined that ethnic minorities remained underrepresented in the nursing workforce compared to the general population. They noted that the numbers of minorities enrolled in nursing education programs are

insufficient to meet the healthcare workforce diversity needs of the future. Similarly, Craft-Blacksheare (2018) noted that increasing the racial and ethnic diversity of the U.S. healthcare workforce would have profound implications for the health care system, these implications include increasing healthcare access and quality for minority patients. These results also paralleled Loftin, Newman, Gilden, Bond, and Dumas (2013), who concluded that the racial and ethnic diversity of the current nursing workforce was not reflective of the general population, and increasing nursing workforce diversity could have positive influences on the health of minority patients.

The third theme to emerge from the research questions was perceptions of minority students. Participants described their minority students as primarily like any other nursing students. However, these same participants also acknowledged the unique challenges minority nursing students might face. These results seemed to contradict, in part, the extant literature on nurse educators and minority students. For instance, DeBrew et al. (2014) noted that nurse educators expressed discomfort toward minority nursing students, thereby creating feelings of being an outsider among these students within the dominant nursing population. Similarly, Lewallen and DeBrew (2012) found that when nursing educators had trouble deciding whether to pass or fail a student during practical assessments, the educators were often referring to students whom they considered outsiders or minority nursing students. However, the results of my study indicated that nurse educators saw their minority students not as outsiders but as students, no different than their nonminority students.

Just as nurse educators saw minority students as having specific challenges, so too did the literature. For instance, DeBrew et al. (2014) argued that with an ESL status, minority nursing students might be hesitant to speak in public to ask questions in class, which might further jeopardize their academic progress. Murray et al. (2016) found that students' cultural practices might serve to increase their feelings of being inadequate; while they tried to please the nursing educators, they experienced feelings of guilt and conflict by not observing their cultural norms.

The fourth theme was effectiveness of teaching minority students. All participants believed they were effective teachers. Loftin et al. (2013) discussed the positive effectiveness of practices, such as adjusting teaching styles, being flexible, and using inclusive language. These could influence minority students' sense of belonging. The final theme was perceptions of interpersonal interaction, where participants perceived themselves as providing not only a positive learning environment for minority students, but also doing so by being approachable and supportive.

Through these two themes, research findings confirmed that positive interpersonal interaction was a responsibility participants accepted. In the process of building positive interpersonal relationships with minority nurses, the educators created an environment that invited the students to ask questions and take advantage of open door policies. Ford et al. (2016) revealed the importance of building student-teacher relationships that were flexible, collaborative, and respectful of the students' ethnic and cultural differences and identity. Craft-Blacksheare (2018) said that nurse educators needed to build nursing programs that engaged students and provided positive learning environments.

### **Interpretations Based on Theory**

The theoretical foundation for this study was the CST. I used the social aspects of CST to analyze and interpret the findings in the study. One of the primary tenets of CST involved creating an awareness by in this case , nurse educators of the distinction between socially derived assumptions that were, at times, attached to minorities, as well as the real disadvantages and class structures that could exist because of societal inequalities. (Horkheimer, 1937). In the context of CST, nurse educators perceived themselves to be aware of the need and the social responsibility to increase nursing diversity.

This study confirmed that participants were aware of some of the challenges that minority nursing students might face during their educational pursuits. According to Duchscher (2000), autonomy, social responsibility, and endowment through education were the keys to a student-teacher relationship that would empower and maximize the individual's potential. Leonard (2017) concluded that for marginalized groups to flourish in an educational setting, nurse educators should provide an environment that encouraged empowerment. In this way, nurse educators' awareness of minority challenges, and their conscious decision to help cultivate a relationship through the educational process, acted as an embodiment of interpersonal interactions. The literature supported and confirmed the theme that emerged from the study concerning perceptions of interpersonal interactions (Duchscher, 2000; Leonard, 2017).

A secondary tenet of CST involved growing existing relationships between marginalized groups (minorities) and power holding entities, such as nurse educators and



institutions of higher learning. CST ideologies challenges these groups to facilitate the transformation of these relationships into something more meaningful and beneficial for each party (Horkheimer, 1937). Findings in the study confirmed participants engaged their minority students by having positive interpersonal interactions. The data supported and confirmed perceptions the participants had of minority students.

CST is a theoretical and philosophical position that is used to explain and address sociopolitical conditions that affect health, healthcare, and the community in general. The lack of diversity in the workforce is an oppressive social arrangement, which is a tenet of CST (Horkheimer, 1937). Although healthcare is provided despite the lack of diversity, the lack of diversity within the workforce and the healthcare system may be perceived as an oppressive state that must be addressed through empowerment and emancipation, which is another tent of CST. The results of this study confirmed these tenets, as nurse educators embraced their social responsibility for diversity, were aware of the need for such diversity in the workforce, and were committed to offering empowerment and emancipation through their interpersonal interactions with students.

### **Limitations of the Study**

Using purposive sampling was a limitation of the study. Purpose sampling was used to select subjects that possess characteristics that enhance credibility (Miles et al., 2014). However, the sample size was small and might not represent a larger group of educators. The nurse educators who were interviewed taught at the community college level, although some also taught at the university level. The experiences expressed by the nurse educators in this study might be unique to this group.

The limitation to trustworthiness that arose from the study was transferability, which referred to the degree to which the results of qualitative research could be generalized or transferred to other contexts or settings (Miles et al., 2014). Although thick in-depth descriptions were used, the results of the study might not apply to another group of educators.

Confirmability was a limitation of this study. Confirmability was the ability to maintain and reduce bias (Houser, 2015). Every effort was made to control and maintain objectivity by using reflexivity and bracketing during field notes and journal documentation. Triangulation of data from interviews, the literature, and use of an audit trail was also used to reduce bias. Researcher bias could be difficult to determine or detect (Houser, 2015).

There were also limitations to using a phenomenological approach to research. Phenomenology required my interpretations by making phenomenological reductions. This aspect was an important component to reduce biases, assumptions, and preconceived ideas about an experience or phenomenon, which could affect transferability and generalizability (Miles et al., 2014).

### **Recommendations**

Future research should include a more diverse sample of nurse educators, including educators from different geographic locations across the United States. The ways in which some nurse educators adjust their communication and teaching styles to meet the needs of their minority nursing students should be further explored. Several of the nurse educators discussed their various teaching strategies for engaging minority

nursing students. According to an integrative review of literature conducted by Graham, Phillips, Newman, and Atz (2016), nursing educators need to address the challenges and issues within the nursing program that may influence the experiences of minority nursing students.

Future studies can include the integration of culture into the curriculum, an idea expressed by two of the nurses interviewed. The literature showed support for the need to provide ethnically and culturally sensitive training into the nursing curriculum, such as in a study conducted by Hvalič-Touzery et al. (2017). Nursing students can benefit from exposure to situations that are culturally diverse and stimulating. This exposure can help build their expertise to manage cultural differences at the bedside (Mareno & Hart, 2014; National Academies of Science, Engineering, and Medicine, 2016).

### **Implications**

The findings of the study confirmed what was reported in the literature review. Mareno and Hart (2014) and the National Academies of Science, Engineering, and Medicine, 2016) reported the need for more diversity within the nursing profession. In the current study, there was a perception from the participants of the need for more minority nurses and a social responsibility to provide minority students.

Aspects of a positive interpersonal interaction included providing a space that was safe, nonjudgmental, and accepting of the differences within minority nursing students. Bryan et al. (2015) reported the importance of positive interpersonal interaction between nurse educators and minority nursing students. By learning positive interpersonal

interaction behaviors toward minority nursing students, nurse educators could establish caring and supportive behaviors within the curriculum (Murray et al., 2016).

This study contributed to social change by helping nurse educators to identify behaviors that might provide positive interpersonal interactions between themselves and minority nursing students. As Evans (2013) noted, faculty interaction and concern toward minority nursing students influenced degree completion for minority students. Therefore, nurse educators should continue to focus on having positive interpersonal interactions with their minority students. These positive relationships with students might help nurse educator's better meet the needs of minority nursing students.

### **Conclusion**

The theoretical foundation of the CST was used to explore the experiences of interpersonal interactions nurse educators have with minority nursing students. There were 10 nurse educators who were interviewed for this study. Each nurse educator expressed their awareness of the need to increase diversity within the nursing workforce and their feelings of responsibility to society to meet the needs of a community that was growing more diverse.

The findings in the study confirmed what was reported in the literature review. The participants confirmed that having positive interpersonal interactions with their minority nursing students was a critical element for a positive educational experience. Building positive interaction experiences between minority nursing students and nurse educators did not imply a need for additional investments in technology or personnel. The nurse educators in the study were willing to take the time to invest in a student as a

person and to engage in open communication with the student to establish an environment which was both inviting and safe.

When minority nursing students feel accepted and included in a nursing program, it may make the difference between a minority student leaving a program or staying to complete the program and graduate. A benefit to society from an increase in the number of minority nurses in the workforce is that these nurses may be in a better position to influence minority members of society to abandon unhealthy attitudes, beliefs, and practices. I concluded a healthier minority population can lead to healthier communities.

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Code for this interviewee\_\_\_\_\_.

### **Appendix A: Demographics form**

**Date**\_\_\_\_\_

**Name**\_\_\_\_\_

**Occupation**\_\_\_\_\_

**Age**\_\_\_\_\_

**Gender**\_\_\_\_\_

**Marital status**\_\_\_\_\_

**Years as a nurse**\_\_\_\_\_

**Years as an instructor**\_\_\_\_\_

**Percentage of minorities'  
taught**\_\_\_\_\_

**Type of  
program**\_\_\_\_\_

**Highest degree**\_\_\_\_\_

***E-mail address*** \_\_\_\_\_

***Telephone number*** \_\_\_\_\_

## Appendix B: Interview Protocol

Audio recording and observational notes

Date \_\_\_\_\_

Time \_\_\_\_\_

Interviewee \_\_\_\_\_

1. According to a study focusing on the future of nursing education conducted by the National Academies of Sciences, Engineering, and Medicine. (2016). One of the outcomes of this study was the lack of diversity in the RN workforce and the need to recruit and retain minority nursing students. The findings of this report indicated that increased diversity of RNs would better address the future health care requirements of the U.S. nation by providing more culturally appropriate care, increase diversity. Do you agree or disagree with this and why or why not?
2. Do you believe that as a nurse educator you have a social responsibility to contribute to increasing diversity in the nursing workforce, why or why not?
3. During your years as a nurse educator, what has been your overall experience with minority students in the classroom setting ?
4. Do you believe yourself to be effective nurse educator when teaching minority nursing students, why? Or why not?
  - A. Please give me examples of your effectiveness or non- effectiveness as a nurse educator teaching minority students?

5. Interpersonal interaction is defined as the effect that two or more people may have on one another within intimate relationships, broader interpersonal relationships and wider social networks, and of which is recognized as a critical element of a positive educational experience.

Based on the above definition, do you as a nurse educator believe you provide a positive learning environment for minority students that include approachability, support, positive reinforcement. Please describe these experiences.

Prompting questions for clarifying experiences:

- a. Can you tell me more about that?
- b. How did (do) you feel about that?