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Experiences of Black Women who Persist to Graduation at Predominantly White Schools of Nursing

Francine Simms Thomas
University of New Orleans

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Experiences of Black Women who Persist to Graduation at
Predominantly White Schools of Nursing

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Curriculum and Instruction

by

Francine Simms Thomas

BSN William Cary College, 1986
M.N. Louisiana State University Health Sciences Center, 1995

December 2009

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Dedicated
To the
Memory of
My
Parents
Clarence Simms and Francis Nicholas,
My Grandmother
Eva Simms Lewis,
My Aunt
Myrtle Morris,
And My Sister
Judy Ann Tucker

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Table of Contents

| | |
|---|----|
| List of Tables | x |
| Abstract | xi |
| CHAPTER 1 INTRODUCTION AND BACKGROUND | 1 |
| Statement of the Problem..... | 4 |
| Nursing Shortage | 4 |
| Nursing Education | 5 |
| Health Disparities in the Black Community | 8 |
| Significance of the Study | 9 |
| Purpose of the Study | 10 |
| Definition of Terms..... | 11 |
| Conceptual Framework | 13 |
| Researcher's Lived Experiences | 14 |
| Research Approach | 23 |
| Phenomenology..... | 23 |
| Delimitations | 24 |
| Assumptions..... | 24 |
| Organization of the Study | 25 |
| Summary | 25 |
| CHAPTER 2 LITERATURE REVIEW | 26 |
| Introduction..... | 26 |
| Conceptual Framework and Review of the Research | 27 |
| Academic Involvement | 27 |

| | |
|---|-----|
| Alienation, Loneliness and Isolation..... | 34 |
| Culture, Identity, and Fit..... | 41 |
| Self-Concept | 50 |
| Institutional Climate and Racism..... | 52 |
| Overall Summary | 59 |
| The Studies..... | 60 |
| Blacks Who Attended PWIs in Higher Education..... | 61 |
| Blacks Who Attended Predominantly White Nursing Schools | 68 |
| Black Feminism | 82 |
| Summary | 86 |
| CHAPTER 3 METHODOLOGY | 88 |
| Nature of the Study | 88 |
| van Manen’s Hermeneutic Phenomenology | 91 |
| Research Approach | 92 |
| Research Design..... | 98 |
| Sample and Participant Selection..... | 98 |
| Setting | 99 |
| Instrumentation and Data Collection | 99 |
| Data Analysis | 102 |
| Trustworthiness..... | 103 |
| Researcher’s Role | 104 |
| Ethical Considerations | 105 |
| Summary | 105 |

| | |
|---|-----|
| CHAPTER 4 THE STORIES | 107 |
| Introduction..... | 107 |
| Participants and Their Experiences..... | 108 |
| Arielle | 108 |
| Karen..... | 120 |
| Eula | 128 |
| Dawn | 136 |
| Judy..... | 145 |
| Myrtle..... | 156 |
| Jeanette..... | 162 |
| Bobbye-Francis | 171 |
| Summary | 182 |
| CHAPTER 5 INTEPRETATION AND SYNTHESIS OF THE FINDINGS | 183 |
| Theme: Dealing with Stress and Nobody Cares | 184 |
| Theme: Indifference, and the Need for Recognition | 186 |
| Theme: Do They Even Know I am Here | 189 |
| Theme: Invisibility vs. Visibility | 193 |
| Theme: Differentness, Unfairness, Condescension | 202 |
| Theme: Yes I am Black and a Woman and I am Moving On..... | 213 |
| Summary | 218 |
| CHAPTER 6 DISCUSSION, RECOMMENDATIONS, IMPLICATIONS, AND | |
| CONCLUSIONS..... | 219 |
| Overview..... | 219 |

| | |
|---|-----|
| Research Questions | 219 |
| Methodology | 220 |
| Research Conclusions and Integration with the Literature | 220 |
| Research Question 1 | 220 |
| Theme: Dealing with Stress and Nobody Cares | 221 |
| Theme: Indifference and the Need for Recognition | 222 |
| Theme: Do They Even Know I am Here | 224 |
| Research Question 2 | 229 |
| Theme: Invisibility vs. Visibility | 229 |
| Theme: Differentness, Unfairness, Condescension | 233 |
| Research Question 3 | 238 |
| Theme: Yes I am Black and a Woman and a Nurse. I am Moving On | 238 |
| Limitations | 242 |
| Implications and Recommendations | 242 |
| Conclusions and Future Research | 247 |
| References | 249 |
| Appendices | 267 |
| Appendix A: Demographic Information | 268 |
| Appendix B: Interview Guide | 269 |
| Appendix C: Consent | 272 |
| Appendix D: Invitation to Participate | 275 |
| Appendix E: IRB Approval | 276 |
| Vita | 277 |

List of Tables

| | |
|--------------------------------------|-----|
| Table1: Educational Preparation..... | 108 |
|--------------------------------------|-----|

Abstract

This study was designed to explore the experiences of Black women who attended predominantly White nursing schools. A phenomenological design was used to investigate eight nurses who persisted through to graduation from their nursing programs in the 21st century. The study examined persistence through the lens of academic involvement, alienation, loneliness and isolation, culture, identity and fit, self-concept, and institutional climate and racism. In-depth interviews were conducted to answer the following questions: (1) What does it mean to be Black in a PWI? What are Black nurses' perceptions of the nursing school experience, (2) How did the Black culture fit in with the nursing education culture, (3) What factors influenced your persistence to completion of the program?

van Manen's qualitative methods were used for data analysis. Interviews were recorded and transcribed and analyzed exegetically (text is organized around the literature review using the concepts that have already been identified) and thematically. The six themes that emerged were (1) Dealing with stress and nobody cares, (2) Indifference and the need for recognition, (3) Do they even know I am here, (4) Invisibility vs. Visibility, (5) Differentness, unfairness, and condescension, (6) Yes, I am Black and a Woman and I am moving on.

The purpose of this study was to explore the lived experiences of Black nurses who graduated from predominantly White nursing schools by using stories told by those nurses. This study sought to add to the dearth of literature available on Black's experiences in PWIs which would increase awareness and understanding of Black nurses' experiences. Educators and nursing schools can then prepare programs to recruit and retain students of color.

Key words: Black or African American nurses, persistence, racism in nursing schools, culture.

CHAPTER 1

INTRODUCTION AND BACKGROUND

It has been over 40 years since the Civil Rights Movement barred discrimination in the United States' educational system. Since then, significant changes have occurred in Black student attendance at predominantly White institutions (PWIs) of higher education. While overt discrimination has definitely decreased, some experts believe that discrimination is still a problem in educational institutions (Kossman, 2003; Hassouneh-Phillips, 2003). The battles for equity and diversity in education are not as violent as they were in the Civil Rights era, but the struggles are just as intense for Black students who attend PWIs (Ellis, 2001).

American institutions of higher education face the challenge of preparing students to live and work in an increasingly diverse society in which cultural knowledge and understanding are more important than ever before. America is one of the most diverse countries in the world with a major portion of its citizens living in diverse neighborhoods. Immigration has increased tremendously, and in 20 years the United States will be twice as diverse as it is now (United States Census Bureau, 2000). It is estimated that by the year 2015, around one third of the United States (U.S.) will consist of people of color, especially Hispanics, who are the fastest growing non-whites in the country (Fields & Moody, 2001). In 2003 Latinos became the largest non-white group bypassing Blacks in the United States. In 2004, Latinos increased from 12.5% in 2000 to 14.1% of the population. Blacks increased from 12.3% to 13.4%. It is projected that by 2070 one in two Americans will be a person of color (Friedman, 2005). While numbers of people of color increased in the US in the last decade, the White population decreased. In 2000 Whites constituted 75% of the population and in 2004 there was a decrease to 67.4% (Friedman, 2005). One in four Americans is a person of color, and this number is expected to rise

(Friedman, 2005). With this population shift, people of color may demand changes in the United States, particularly in the educational system. Cultural knowledge, cultural understanding, and inclusion of people of color into the higher education system are more important than ever before because of the rise in the non-white population in this country. Since the learning environment should change with the population shift, universities across the country should consider diversity to be one of their major assets and should embark on a major effort to develop programs to recruit, retain, and graduate non-whites successfully.

Nursing, a predominantly White female profession, is facing the problems of equity and lack of diversity in its nursing schools. Nursing also faces a critical nursing shortage around the country (AACN, 2001). Increasing non-white student admission and graduation rates will not only add to diversity, but it can also help solve the nursing shortage. Nurses, as a part of their education, are taught to provide culturally sensitive care, yet nursing students are educated in universities and colleges where students of color may not see many like themselves, and these students are experiencing a resurgence of prejudice and racism (Hughes, 2002). Institutions of higher education, especially nursing schools, greatly influence students' education and their socialization into American society. As a result, nursing schools can lead the march in the health professions to become inclusive and make a commitment to educate all nationalities of America.

Nationally, people of color are underrepresented in nursing, which (nursing) is the largest segment of the health care work force. In the United States, as of March 2000, only 12.3% of the 2.6 million registered nurses (RN) were from non-white backgrounds (HRSA, 2002), while the non-white general population in the United States was 30%. According to the national survey of RNs in 2004, the number of non-white nurses has decreased. The workforce has increased to 2.9 million RNs, while non-white nurses have decreased to 10.6% of the RNs. Black nurses

represented only 4.6% of that non-white number (HRSA, 2006). The changing demographics in the United States will prompt changes in many areas of society. Health care and education are areas that will be affected greatly and immediately. According to a report prepared by the National Advisory Council on Nurse Education and Practice (NACNEP), diversity is the key to meeting the nations' health care needs (bhpr.hrsa.gov/nursing, 2000). According to the NACNEP, because of the higher rates of illness in non-whites with certain diseases, increasing the number of non-white nurses can only help reduce the health disparities that exist. Similarly, The Orleans Health Profile (La. Department of Health and Hospitals, 2001) reveals that a culturally diverse registered nurse workforce improves access to health care, improves the quality of care, as well as improves the overall health status of the culturally diverse patient. Although people of color are well-represented in positions such as nurse aides and medical assistants, which are lower ranked positions in nursing, they are not well represented in the nursing profession.

A review of the literature on diversity and race in nursing schools and other higher educational institutions reveals many reasons for the absence of students of color in these institutions. Many of the reasons deal with lack of finances, personal issues, the institutional climate, social support, and the federal government's impact policies on desegregation and equality such as affirmative action (Tucker-Allen, 1991; D'Augelli & Hershberger, 1989). Most studies have not focused on the experiences of Black students in predominantly White institutions, especially in schools of nursing. The Black students' voices have been left out of most of the literature as it relates to recruitment, retention, barriers, and attrition of Blacks in PWIs. A study of experiences can provide unique insights into the actual feelings of Black students in those schools in relationship to campus climate, perceived racism, social

development and integration into the academic environment. This lack of knowledge on the lived experiences of Black students validates the need for research.

Statement of the Problem

Nursing Shortage

The United States is in the midst of a real nursing shortage. In 2004, the U.S. Department of Health and Human Services (DHHS) conducted a National Survey of RNs (NSSRN). The findings describe a nursing workforce that is aging. In 1980, 52.9% of the RN population was under 40 years of age. In 2004, 24% of the nursing workforce was under 40 years of age. The percent of nurses over 54 years of age increased to 25% in 2004 from 20% in 2000 (HRSA, 2006). With the increasing age of the nursing workforce and the increasing life span of the general population, the demand for nurses will only expand.

According to the 2004 report (HRSA2006), the average age of the nursing workforce is 46.8 years. This number reveals that fewer young nurses are entering the workforce. Large numbers of 50 and 60 year old RNs are in the workforce who will be retiring in the next five to ten years. The report concludes that the rate of growth of new RNs is insufficient. The aging workforce will greatly contribute to the nursing shortage. Decreasing the nursing shortage is a must for the U.S. The reasons for the ongoing shortages are multiple and complex, but the failure of nursing education and nursing practice to reach out to potential nurses who are members of a non-white group is much more perplexing.

Many believe that the nursing shortage will worsen over the next ten years. The Nursing Management Aging Workforce Survey reported that 55% of nurses they surveyed would be retiring between 2011 and 2020. HRSA (2006) reported that the RN shortage would be over one million by the year 2020. The American Hospital Association (AHA) released a report citing the

need for 118, 000 RNs to fill vacant positions (Friedman, 2005). The U.S. Bureau of Labor Statistics (2008) stated that more than 1.2 million nurses will be needed by 2014. Again, reasons for the shortage are many, including a lack of faculty in colleges and universities. Enrollment in nursing schools cannot meet the demand for nurses with the increasing age of the current workforce (AACN, 2009). One way to increase enrollment and add to the diversity of nursing is to recruit and retain students of color into nursing schools. More students of color who persist to graduation can add to the diversity in nursing while helping to alleviate the nursing shortage.

Nursing Education

The American Association of Colleges (AACN, 2001) released a bulletin encouraging nursing schools to strengthen its recruitment and retention efforts of non-white students. The Sullivan Commission Report (2004) has also encouraged schools of nursing to step up their efforts in increasing diversity. In 2001, the Commission on Collegiate Nursing Education (CCNE) stressed the need for nursing schools to improve their efforts to retain more students of color (AACN, 2001). The National Advisory Council on Nurse Education and Practice (NACNEP) advises the U.S. Department of Health and Humans Services (DHHS) and the U.S. Congress on issues related to nursing practice, education, and workforce supply. The council specifically addressed the underrepresentation of non-whites in nursing education (2000). The report specified that little research has been done to understand attrition and persistence of non-whites in nursing schools, and that this type of research must be done. Some researchers have identified these barriers to success in students of color: feelings of loneliness (Allen, Nunley, & Scott-Warner, 1988; Gardner, 2005); discrimination (Janes, 1997; Kirkland, 1998); financial problems (Childs, Jones, Nugent & Cook, 2004); and academic preparation ((Furr, 2002; Tucker-Allen, 1991). However, these barriers provide little information related to the persistence of

students of color in nursing education. Persistence, for this study, is voluntarily choosing to remain in a nursing program with successful academic performance as evidenced by graduation and attaining licensure as a RN. According to Tinto (1993), a student must remain in a program to attain a level of success.

According to the National League for Nursing (NLN News, 2006), non-white nursing enrollments were on the increase between 1994 and 2002. But since then, non-white enrollments have decreased each year since 2002. Unlike many professions, entry into nursing may be through a diploma program, associate degree program, or a baccalaureate program. Diploma programs are being phased out, and associate degree programs are predominantly located in community colleges. Baccalaureate programs can be generic or a continuation program for RNs who have received a diploma or an associate degree previously. As a result, Blacks and other students of color now entering the profession must enter via the collegiate route.

Historically and currently, Black Colleges and Universities (HBCU) play a large role in helping to increase the cultural diversity of the nation's future RN workforce (Bessent, 2002). Yet, unlike many large well-known majority universities, most HBCUs are relatively small in size. Many Black students entering nursing schools must enter PWIs. With over 1000 nursing schools in community colleges, more Blacks are enrolled in associate degree programs because of the lower cost and flexible admission standards (Carnegie, 2005). When Black students pursue a bachelor's degree in nursing, they must attend one of 24 HBCU nursing schools or enroll in a PWI. With the increasing diversity of the population, there are increasing implications for nursing to become more diverse. The profession of nursing can no longer prepare graduates to care for patients of just the White culture or use the White culture as a health care model to care for diverse patients.

An effort to produce a nursing workforce that reflects the diversity of the population is essential to meeting the health care needs of the country, especially in Black communities. The representation of Blacks in nursing is perpetuated by the decreasing enrollment and graduation of all non-whites in the nation's nursing schools. According to the NACNEP, the nursing education system is the starting point for increasing diversity in the nursing workforce (HRSA, 2002). The council (NACNEP) cites that access to educational opportunities has been and still is a major concern in enrollment of students of color into nursing programs. The increasing nursing shortage can be partially solved by recruiting and graduating more non-white nurses. However, before the schools can be successful in recruitment, they must be able to attract people of color to the profession.

The underrepresentation of non-whites in the nursing workforce mirrors the underrepresentation of non-white students in nursing educational institutions (HRSA, 2000.) History shows that non-white nurses have always been underrepresented in nursing. In the 1990s, the federal government stepped in to help fund nursing education for students of color because of that long standing history of discrimination in PWIs. The programs funded by the government were useful, but did not quickly change the historical patterns of some educational institutions (HRSA, 2002).

Few studies are available in nursing literature involving Black being successful in nursing schools. Additionally, there is no specific data on the composition of the Black applicant pool or rates at which Black students complete their nursing education program. Hearing from Black nurses in their own voice about their successes in PWIs has begun to gain momentum in the nursing education world. Examining the culture of nursing as seen by the Black student, who attended PWIs, can give nursing a blueprint for recruitment and retention of all students of color.

It is also important to understand the role of faculty, the institutions, and students in the success or failure of a Black student in PWIs in order to be able to increase the population of Black students in nursing schools.

Health Disparities in the Black Community

Disparities in health care have been around for centuries. Blacks and other non-whites are more vulnerable to most of the major diseases yet receive substandard care from health care professionals. Many reasons for the continued disparity wars are low economic status, bad health behaviors, and a lack of insurance (Friedman, 2005). But the ongoing issue of lack of an adequate non-white health care workforce also adds to the health disparities of ethnic groups. The Sullivan Commission on Diversity (2004) held national hearings on health care workforce diversity issues. The commission reported that a tremendous gap in the non-white health care workforce exists, and that the gap contributes to lack of access to health care in the non-white communities. The Institute of Medicine also warns that to eliminate health disparities, the non-white health care workforce must increase so that health professionals of color can more likely serve their own populations (2003). The three major health care disciplines which are medicine, dentistry, and nursing indicate poor health care and health disparities across racial lines (Sullivan, 2004). Of the three, nursing is the largest of the health care disciplines. The field of nursing must increase its diversity in workforce because nurses see and treat most of the ill people in the country.

For Blacks in the U.S., health disparities mean longer hospital stays and earlier deaths (CDC MMWR Weekly, 2005). Among the major diseases, more Blacks die from HIV disease, diabetes, cancer, and stroke (CDC MMWR Weekly, 2005). The Agency for Healthcare Research and Quality (AHRQ) (2001) reported that Blacks are two times as likely to be

diagnosed with diabetes as White persons. Kidney disease, which is the most reported complication of diabetes, is 2.6 times higher in Blacks than Whites. Though progress has been made in the care of all of the major diseases, and access to health care has been improved, there continues to be low representation of Black nurses and other ethnic groups providing that care. Also, morbidity and mortality for treatable or preventable diseases are on the rise for all non-white people. Lastly, health care received by non-white patients has been documented as second rate even when they have insurance and access to health care (Sullivan, 2004). Improving the health of the country should be a major goal in health care. Increasing the nurses of color in the health care workforce will, over time, improve the nation's health care dilemma and will aid in decreasing the disparities in the non-white communities.

Significance of the Study

This study is significant in nursing because results can identify factors of persistence for Black students in nursing. Students of color struggled with issues of relevance, ethnic identification, and racism in PWIs during the 1970s, 1980s and 1990s. Persistence was difficult because the PWIs tended to ignore issues related to students of color retention and persistence. With the current educational and racial climate in the U.S., changes should be visible to students of color attending PWIs. Considering the changes in the population makeup and current nursing shortage, the issue of persistence to graduation takes on increased importance in nursing. Persistence of Black students who graduate and eventually work as RNs is vital to the improvement of health care in general and in the Black community. Black nurses can play a pivotal role in the improvement of the national nursing shortage. Black nurses are cognizant of the health care issues that plague Black communities. Black nurses are better positioned to improve the quality and access to health care as it relates to prevention and treatment of the

major disease states. However, since the paucity of Black nurses is not improving, the health care delivery systems may be negatively affected by the nursing shortage in the future. This shortage is an important factor because of the health care crisis facing Americans especially Black Americans. This study can increase the awareness about Black students' experiences that lead to persistence and successful graduation. By researching the factors that relate to persistence and graduation of Black students in nursing, educators and nursing schools may identify predictors of success that can be used to increase enrollment and eventually graduation of Black students.

Purpose of the Study

The purpose of this study is to explore the lived experiences of Black nurses who graduated from predominantly White nursing schools by using stories told by those nurses. This study seeks to add to the dearth of literature available on Black's experiences in PWIs which would increase awareness and understanding of Black nurses' experiences. Educators and nursing schools can then prepare programs to recruit and retain students of color. Few studies have explored factors influencing Black nurses' persistence to complete their programs. Little is known about Black nurses' perceptions of their nursing education and of the nursing education culture. The study will focus on answering the following questions:

1. What does it mean to be Black in a PWI? What are Black nurses' perceptions of the nursing school experience?
2. How did the Black culture fit in with the nursing education culture?
3. What factors influenced your persistence to completion of the program?

Definition of Terms

Before I can delve into the factors of persistence, I have to discuss some important concepts that have shaped our educational system. They are:

1. **Blacks** are defined as any person who identifies with the Black American race (African American, Black Hispanic, African descent, People of Color).
2. **Persons or People of Color** are those who define themselves as non-white.
3. **Minorities and Race** have been defined differently according to whether the definer is a scientist or sociologist. The concept of race has been used to refer to tribes, religious groups, people from a particular language group and people who are similar in appearance (Berkowitz, 1998). Scientists believe race separates the human population into homogenous people. These groups have similar capabilities that go beyond looking alike (Berkowitz, 1998). Sociologists believe race is a social category that has meaning that has been attached to it, usually negatively. One such category is the term minority. Minorities for the purpose of this study are historically under-represented groups in the U.S. They include Blacks, Asians, Native Americans, and Hispanics. Even though these categories are broad, they represent most of the ethnic classifications that have been used in research in this country. Although the term minority is widely used, it has a connotation of being inferior or lesser than. For the purpose of this project, the terms non-white or people of color will be used to discuss races that are described in most of the literature as minorities.
4. **Registered Nurse (RN)** is a person who has graduated from an accredited diploma, associate degree, or bachelor degree program and holds a current license to practice nursing in a state in the United States.

5. **Predominantly White Institutions (PWI) and Predominantly White Nursing Schools (PWNS)** are public or private schools where the majority of faculty and students are European White Americans.
6. **Historically Black Colleges and Universities (HBCU)** are public and private schools where the majority of faculty and students are Black.
7. **Diversity** is a term covering all significant differences in people, which include race, age, gender, ethnicity and religion. While religious and age differences are a part of diversity, for this project I will discuss ethnicity, specifically as it relates to Black students' experiences in higher education.
8. **Predominantly White schools** are public or private schools where the faculty and students are majority European-White Americans.
9. The terms **racism, prejudice, and discrimination** will be used interchangeably in this paper. The main theme though is racism. Racism refers to beliefs, practices, and institutions that discriminate against people based on their color, gender, age or religion. It is a system of oppression that has a negative impact on those discriminated against (MSN Encarta, 2008). According to the American Anthropological Association (AAA), "The racial worldview was invented to assign some groups to perpetual low status, while others were permitted access to privilege, power, and wealth" (1998, p. 2).
10. **Institutional racism** is a behavior that excludes non-whites from such things as services or adopting activities and policies that are exclusionary either intentionally or unintentionally Racism and discrimination involves treating people who are of a different race unequally or denying them their rights on the basis of race. Quoting from the AAA's position paper,

“The tragedy of the United States has been that the policies and practices stemming from this worldview succeeded all too well in constructing unequal populations among Europeans, Native Americans, and persons of African descent. Institutional racism is a product of the worldview of race as defined by Europeans in this country (1998, p. 2).

11. **Persistence to graduate** is behavior that led to completion of a nursing program in a predominantly White institution. Factors that led to persistence will be viewed directly from the voices of the participants.
12. **Nursing Education Culture** refers to the traditions of nursing schools which have deep rooted values and beliefs on nursing education. The society at large, the students, and the faculty shape norms of the nursing culture.

Conceptual Framework

Few studies have explored persistence through the eyes of non-white nurses or students. Persistence models have been used by researchers generally to focus on attrition and success. (Tinto, 1987; Bean and Metzner, 1985; Swail, 2003). These persistence theories and other literary works will be a guide to frame the concepts of academic involvement, social factors, and institutional climate. Along with the named concepts, I will discuss Black feminism as it relates to how society perceives Black women in the educational arena.

Academic involvement for this study will involve academic navigation through the nursing school environment. Involvement can include but is not limited to class and clinical practices, advising, mentoring, faculty-to- student association, and curriculum and instruction issues. Social factors will be discussed on the basis of social isolation and alienation, self-concept, culture, and fit. One of the influential forces of the learning experience of any student is

the environment where that experience takes place (Allen, M., Nunley, J., & Scott-Warner, M., 1988). Institutional climate involves practices, as well as attitudes, values, and beliefs of the faculty, students, and administrators. It also involves the make-up of the school faculty and staff of the school. The concept of racism will be discussed as it impacts academic involvement, institutional climate, and social fit of the student. Each of the concepts (academic, social, and institutional factors) can in combination influence persistence or individually impact persistence. Bean & Metzner (1985) suggested that students' past experiences gives rise to students' attitudes. So the students' experiences in and out of school will shape how they navigate through college and persist to graduation. Each force can affect the students' psyche which in turn shapes their attitudes toward school.

Stereotypical images of Black women have been and still are a part of American society. These mostly negative images are brought to the educational settings and can become the defining characteristics by which institutions, faculty, and students perceive Black women in nursing schools and other higher educational settings. The two theorists that will help shape the feminist view are bell hooks and Patricia Hill Collins. I will discuss their concepts further in Chapter 2.

Researcher's Lived Experience in PWIs and Biases

The phenomenon of Black students' experiences in PWIs is fascinating to me because I am Black, and I have attended several predominantly White colleges and graduated from three. I have experience in nursing education at two PWI nursing schools and am completing a doctoral degree at another PWI. My journey in PWIs started in 1971 when the Supreme Court mandated desegregation of schools. The schools in my little town merged and became one public school system. I use the word merge loosely because it was really a takeover. The Black elementary,

middle and high schools along with their history, values, and beliefs were eradicated. The school board did not merge the two schools' practices or cultures. The Black students loved the Black school and looked forward to the day we would graduate with all of the honors and history the school displayed at all graduations. Our culture was intertwined in all of the activities of the school. Most of the faculty, staff, and other employees lived in the town so we all had a kinship of some sort. My aunt was the custodian for 30 years at my middle school and her presence kept us out of trouble. The Black students in the high school were devastated when told they would not graduate from their beloved school, yet we accepted this change as positive. We thought we would be accepted and loved as we were at our Black school. Well the first day of school was an eye opener.

The school board made the Black school the elementary school for the parish. The White elementary school for the town became the middle school. Everyone in the parish had to attend the White high school. We had never been inside of the school before the first day of school. We were all in the gymnasium for orientation when all of the honor students, both Black and White, were called to the front with the principal. I heard my name called and began to sweat. We were told we were responsible for doing tours for the new students. I wondered if someone forgot to tell the principal that we were new also. All of the Blacks looked at each other because we knew this was the start of something bad. Afterward, we got together and debriefed over lunch and recess and thought that we should have been called in earlier, given a tour of the school, and should have been informed of some of the duties the administration wanted us to perform which would have made everyone feel more comfortable.

From the first day of school the Blacks never felt part of that school. The activities that were important to our old school and culture were non existent in the new school. When any of

the Black students tried to make suggestions and inject some of our activities from the Black school, we were vetoed. We had to rejoin all of the organizations on campus, whereas the White students were considered already a member. We questioned why they (White students) did not have to rejoin also but we were not given a concrete answer. My honor society membership was defunct, and I never was inducted in the society again even with a 3.4-3.5 average for all three years. We soon found out that grades were not enough to be chosen for the honor society. Membership depended on the number of extracurricular activities students were involved in. Popularity was also a factor in induction into the honor society. Although these things occurred in the 70s, and the times dictated the circumstances, I do not understand why attending a PWI is still an issue in the 21st century in many Black students lives, especially in nursing.

My second experience with a PWI involved my enrollment in a large, predominantly White, public university. I had always done well in school especially when I had to attend the White high school. I was not going to allow anyone make me feel inferior. My commitment and dedication got me through to graduation from the White high school in 1973 because the Black students had each other for support. But I felt robbed however, of the feelings of acceptance, inclusiveness, and a sense of belonging and accomplishment at the high school. So when entering the large university, I was excited. If I persevered at that high school, I was going to persevere at this college.

My first disappointment was living in the dorm. The university assigned rooms and roommates to freshman unless there was a request for a particular roommate. My roommate was a White majorette in the large college band. We talked a lot the first day about decorating the room, our interests, and our backgrounds. We stayed together exactly two days. She slept in the room only one of those days. After the third day she said she was moving into another dorm

because she would be out practicing a lot and did not want to disturb me. I just looked at her and said “sure.” When I returned to the room from class the next day, she was gone. Now, believe me I was not shocked. She was shocked when she met me as her roommate. I did not care who she was as long as she was not a serial killer. But she could not bring herself to stay in the room with a Black girl. Well, I did not let this deter me.

Three of my classmates from my high school and two young men I knew from another high school attended the university. We became a group. We met other Blacks on campus and soon had a network of friends. We were not welcomed into the sorority and fraternity life on campus, so we formed our own organizations. We had a lot of fun together and were each others source of support. Without that group, all of us would have been lonely. Unfortunately, the university was so large that none of us had a class together. We felt so alienated in the classrooms. The biology and geography classes had 200 students. We were in culture shock once again. The social activities on campus were mostly sorority or fraternity related and involved a lot of drinking and some lewd behavior. We were in culture shock again. We were not accustomed to the heavy drinking and girls throwing underwear at boys during what was called panty raids. But through it all, we persevered that first semester.

In my second semester I became despondent at the college. A well-known Ku Klux Klan member was allowed to give speeches on the grounds at least once weekly. No one seemed to think this activity was wrong, certainly no one was overly concerned about it. The last straw for me was my being accused of cheating on a biology exam because I got one of the highest scores on the exam. The exam room was set up so that all of us were separated by a seat on each side, and no one was in the row ahead or behind you. We used scantrons where we darkened a little circle. I could not see my own circles and definitely could not see the circles of the person who

was two rows away. The instructor called me in and accused me of cheating and was told that my final exam would count as double. My midterm grade was thrown out. I was determined to make an “A” or “B” on the final exam. I put so much energy in studying to prove them wrong that I did not realize how much my self-esteem had been defeated. I made the “B” on my final exam but decided that this university was not for me. Even though we had our little groups, and we gave each other support, the institutional climate had taken the joy out of attending college. Only two of our group actually stayed and graduated from that university.

My basic nursing education came from a PWI. This school was a nursing school not affiliated with a large college. The nursing school awarded a diploma in nursing at that time and was affiliated with the large state teaching hospital. I had eight Blacks in my class of about 60. We thought that was a lot considering that the school had only been admitting Blacks ten years before we were admitted. With our cohort of Black students and the supportive atmosphere of the school, we had a wonderful fulfilling experience. We felt comfortable with faculty and with the students. We attended activities with the White students, but we had our own organization called the Black Student Organization. This organization made sure that Black voices were heard. We also sponsored parties and community activities with Black themes. I wondered why this school was so supportive when my experience was so different at the other college. I do not know the answer to this question but I have some ideas. First, we were supposed to be a caring profession, so the school had to be caring to its students. Next, the hospital we practiced in was the largest in the state with a majority of Black patients and employees at that time. The students and faculty had to come into contact with different ethnic groups for the entire time they were in school. I think this situation made everyone feel comfortable with each other. Overall, attending this nursing school was a joy. I felt supported by White faculty, but we also had three Black

faculty members whom we could go to for support or just conversation. They were so proud of us and encouraged us until we graduated. That encouragement and belief in us allowed our confidence and self-concept to develop positively.

My next experience in a PWNS involved getting bachelor's degree. I went to the large public nursing school which was a part of the same school I originally attended in the early 70s. The director of the program was very cold and rude at my interview. She literally told me she did not trust my previous education, and that I would have to repeat most of the nursing courses even though I had a license to practice already. She implied that diploma education was inferior to bachelor's education, and I was not a real nurse. Well, I left there feeling bereft. I knew I would not be attending that nursing school.

After being given such a rude interview I decided to pursue another avenue for obtaining my bachelor's degree. I went to a private college whose main campus was in another state, but their nursing program was located in Louisiana. This program was designed for RNs who were continuing their education with a goal of attaining a bachelor's degree in nursing. The main campus did not offer a generic nursing program but it did offer the continuing RN program. I transferred to the out of state campus because the courses were offered on a ten week basis instead of a semester basis. I could finish in one year what it would take two years to complete at the local campus. I arranged to attend the out of state campus and of course was the only Black in that group. Five students were in the cohort because this campus offered the RN-BSN option and did not admit beginning students in nursing. Midway to completion I met another Black student locally who had been having trouble on the local campus. I told her about the out of state campus and she transferred to that campus. We began to carpool because we had to drive two days a week for classes. All six of us had a wonderful camaraderie, and we kept in touch after

graduation for about two years. We went everywhere together on campus and off campus on the days we went to class. I felt no loneliness or alienation. I was treated the same as everyone in the group. The instructor was an over 55 year-old White woman with years of teaching experience. She treated all of us as adults, never degraded our original education, and was a great source of support. I graduated from there feeling wonderful about the experience because of my classmates and my instructor.

My next encounter with PWI brought me back full circle. I was recruited to teach at the large public PWNS where I went for an interview for the continuation program and the director was very rude. An instructor asked me to teach students in an intensive care unit where I worked. She was quitting that part-time position and thought I would be good at that job because I would work with her students while they were on our unit. I did love teaching and loved the students when they came to the unit. The only draw back was that the nursing school was the same school that I had given me a bad feeling when I first tried to attend the bachelors' program. I talked to the instructor, and she informed me I would be in the Associate of Science degree program (ASN) and therefore wouldn't have much contact with the bachelor's faculty or the director. I decided to take the position, and I loved it. I was excited about the support I received from the all White and one Black faculty in the program. The director asked me to stay on full time, but I would be required to get my Master's in nursing first. She sponsored me for the Board of Regents scholarship which allowed me to work part-time and attend school full time. Upon completion, I was hired as a full time faculty for the associate degree program. I never felt out of place and never felt unequal. Everything was not always rosy, but overall, working in that program was not a difficult endeavor. There were times when a few of the faculty would make remarks, especially when we were admitting a new class. They would say things like, "Are we

going to lower our standards to let some people in because we are on this diversity kick,” or “Well we don’t believe in quotas because that is illegal.” A few of the faculty had issues with the school’s affirmative action policies. They usually misinterpreted what affirmative really stood for and who were really the beneficiaries of those policies.

Being the only Black faculty member in the Associate of Science in nursing degree program (ASN) presented some challenges when dealing with middle and upper middle class White students. The White students interacted with me first as a Black person and then as a Black female. Of course, some interactions were laden with subliminal stereotyping. Many of the students were amazed that I actually was certified in critical care and “knew my stuff” as they put it. I have never had self-concept issues and never felt I had to prove myself in the ASN program. However, I found that proving myself is just what I had to do once the ASN degree program closed, and the associate degree faculty merged with the Bachelor’s of Science in nursing faculty (BSN).

My experiences in nursing education were mostly positive. I did not try to assimilate into the organizational culture of the BSN program but tried to introduce cultural differences in the educational community. Though my passion to succeed in the environment of the PWI as an educator was great, sometimes feelings of self-doubt crept into my psyche, and I found myself at times attempting to prove my worthiness to the White faculty. My self-esteem and motivation to succeed were put to the test when our beloved ASN program graduated its last class in 2000, and the ASN faculty had to merge with the BSN faculty. The BSN faculty had general reservations about the competence of the ASN faculty merely because we taught in an associate degree program. I was now one of five Black faculty in the school of nursing out of 70 faculty. The attitude of superiority personified by the White BSN faculty was astounding. Not only was I

dealing with the BSN faculty thinking I was inferior because I was from the ASN program, I had to overcome their thinking I was doubly inferior because of my Blackness.

Finding myself in the BSN program at this PWI closed the circle of my experience with predominantly White educational institutions. I found myself back where I started dealing with people who thought they were superior, were rude, and condescending, and lacked the general compassion that I felt while teaching in the ASN program. After being in the BSN program for a few months, I started to notice we were admitting very few Blacks and those that were accepted were always alone. One of the BSN Black faculty members who served on the admissions committee approached me to consider serving on that committee. Her tenure was up, and she felt that if one of the Black faculty members was not on the committee, the non-white students would not have an ally to speak for them. I requested to be placed on the committee which became an eye opener after hearing some of the subliminal messages about non-whites that the members of the committee discussed. Much of the discussion centered on why the committee should not lower the standards of the nursing school by admitting minority students just for the sake of diversity. These discussions were sometimes subtle but more often blatant.

Eventually, we hired eight more Black faculty . Now we felt we had a cohort and could more successfully fight the racism that was permeating in the halls of the school. We met under the guidance of one of the original Black BSN faculty members in the program who had been there over 20 years at that time. Our group decided to apply for the Workforce Diversity Grant given by Health Recourses and Services Administration (HRSA) to combat low admissions of Blacks to the nursing school. We thought it was time to put a concerted effort in recruiting, and more importantly, retaining Black students. The few Black students who attended the school generally were successful, so we decided we needed to tackle recruitment. We also felt the need

to educate the faculty members on Black issues and culture. We were met with resistance from a lot of the faculty members and from the dean. We set up focus groups and mentoring sessions for the students who were already admitted to find out what their experiences were in their courses, socially, and in the hospital setting. The students vented their feelings and frustrations. I had to refrain from agreeing with the student's perceptions or talking against our colleagues, but I listened in bewilderment and started to reflect on some of my own experiences. Most of these students were women who had been stereotyped by some of the faculty as being uncooperative if they had questions while the White students were allowed to give their opinions on everything. I met with each of the Black female students on a one-on-one basis, and they shared being attacked verbally, sometimes blatantly and most times subtly.

I am currently teaching at a PWI religious institution that brings God and faith into everything that is done. They took me in, nurtured me after all of my losses from hurricane Katrina, and have shown me in many ways that they are confident in my skills as an educator. Each experience I had with nursing educators both Black and White and with Black female students has been unique. I decided I wanted to learn more about this experience in the 21st century. I specifically wanted to know what it means to be Black in today's nursing schools. More importantly, I hope to add to the dearth of literature on Black women's experiences in PWIs and contribute to the improvement of nursing education for Black students.

Research Approach

Phenomenology

Phenomenology is a qualitative method grounded in the naturalistic-inductive paradigm, which attempts to describe and interpret some human phenomenon in the words of the participants (Creswell, 1997). Qualitative research is not guided by hypotheses or experimental

designs but is designed to examine people's words and actions in narrative or descriptive ways more closely representing the situation as experienced by the participants (Darlington & Scott, 2002). Qualitative research has become more accepted in fields such as nursing, education, and social work as these disciplines attempt to struggle with academic and world issues (Darlington & Scott, 2002). Research methods such as in-depth interviewing and participant observation are particularly well-suited to exploring questions that relate to the meaning of experiences and to interpreting human behavior (Willis, 2007). The purpose of this study is to explore the phenomenon of the lived experience of Black nurses who have attended predominantly White nursing schools. Phenomenology methodology is the most appropriate method because it requires an in-depth look into the phenomena. Qualitative research and phenomenology will be discussed in Chapter 3.

Delimitations of the Study

Delimitations for this study are as follows:

1. This study confined itself to interviewing nurses who've graduated in the last eight years.
2. Sampling was purposeful, meaning only Black women will be interviewed.

Assumptions

Based on my personal experience with the phenomenon, my readings on experiences of Blacks, especially women in PWIs from the literature, I assume that all participants will be honest in sharing their experiences. I assume that the experiences shared will be an accurate accounting of the experiences in the PWI. Since I will search for participants eight years out of nursing school, I assume that their recollection is still memorable. Lastly, I assume that the participants and I can establish trusting relationship which would elucidate the phenomenon

and help establish meaning in the study.

Organization of the Study

Chapter One of the study includes the introduction and background information. It also includes the phenomenon and its significance to nursing. I will define all terms and put forward assumptions and delimitations. Chapter Two includes the concepts by which the research is guided along with the literature review summarizing the concepts. Chapter Three will detail the methodology, discussing qualitative research as well as phenomenology. I will discuss van Manen's method for doing qualitative research as well as the researcher's role, design, sampling, data collecting techniques, and data analysis procedures in chapter four. Chapter Five involves the results of the study and implications for practice.

Summary

In summary, I hope this study will explore the lived experiences of Black females in nursing schools that are predominantly White. The study is significant because of the dearth of literature available on Black women's experiences in White nursing schools. Increased understanding of Black nurses, who persisted, can only enlighten nursing education on recruitment and retention issues.

CHAPTER 2

LITERATURE REVIEW

Introduction

To locate literature on experiences of Black nurses who persisted to graduation in PWIs, I initially searched the University of New Orleans (UNO) Library system, EBCO-Host, ProQuest Dissertations database, Louisiana State University Health Sciences Center (LSUHSC) School of Nursing's Library Catalogue (INNOPAC), and Questia, an online library. I searched LSUHSC's system and ProQuest to locate nursing journals, books, dissertations, and articles located in that library system either online or in print. The descriptors used were *experiences* or *perceptions* of *Black* or *African American students in nursing schools* and *persistence for minority and Black nursing graduates*. The identifiers used were *predominantly White nursing schools* and *nursing education*. I did not get a large number of published researches so I went to CINAHL (Nursing & Allied Health Database) and used the same descriptors and identifiers. I did not limit the year of my search because of the limited amount of published material available on experiences of Black nursing students. My search generated many more unpublished dissertations from the 1980's to the present. I reviewed some of the dissertation abstracts using CINAHL, ERIC and *Dissertation Abstracts International*. I ordered three of the dissertations using LSUHSC Library's ProQuest which is a digital dissertation site where dissertations can be ordered and downloaded on-line for a fee. I was able to retrieve a several dissertations via ProQuest on the UNO database system that didn't require a fee.

I decided not limit my search to just nursing and began to expand it to Blacks who attended primarily White higher educational institutions. I used the same descriptors and identifiers, excluding the word nursing and adding higher education. I found published research

articles, conference presentations, and papers on the subject using ERIC, JSTOR and Academic Premier Databases. Most articles were full text articles, but those articles not full text were located in UNO's library in the journal section. Next, I used the descriptors racism and discrimination in nursing schools and higher education institutions and retrieved articles related to that issue. Lastly, I used the descriptors of models and conceptual frameworks for persistence and retrieved books, articles, research, and models of attrition and persistence.

After reviewing all of the articles and dissertations retrieved from the various sources, I deleted two articles from the nursing set and two from the higher education set that did not fit into the experiences category. I reviewed all of the studies for their purpose, design, data analysis, and results. Most of the studies are qualitative, using interviews or focus groups for data collection. The data analysis in the majority of the studies was not explained in detail in the articles but was thorough in the dissertations. Grounded theory, phenomenology and constant comparative methods are used in the majority of the studies. This study will use all of which emerged from the articles. This study will use the themes of academic involvement, alienation, isolation and loneliness, culture, identity and fit, self-concept and institutional climate. Lastly, I will give a short synopsis of Black Feminism and how this concept might influence attrition in nursing schools.

Conceptual Framework and Review of the Research

Academic Involvement

Academic involvement will describe how the graduate navigated the academic side of nursing school. Classroom time, lab, and clinical time (hospital training time) can take up to 30 hours per week of a nursing student's life. Usually faculty to student interaction is approximately 25- 30 hours weekly. It is the quality of those interactions that may influence persistence. Most

of the studies reviewed discussed academic involvement in reference to cognitive factors. According to Swail (2003) and Tinto (1987, 1993), cognitive factors that relate to student persistence are decision making and problem solving ability. Cognitive factors are important because they directly relate to the student's academic preparedness which is usually based on grade point averages (GPA), high school rank, and college entrance tests scores.

Many research studies have correlated academic preparedness with persistence to graduation and attrition of nursing students (Aiken, Cervero & Johnson-Bailey, 2001). Many researchers reported that attrition rates of Black and Hispanic students' were more related to academic difficulties (Tracey & Sedlacek, 1987). Others reported that academic preparation such as high school grades were powerful predictors of success in college (Astin, 1982). Yang & Noble (1990) and Boyle (1986) reported that the American College Testing Exam (ACT) was the strongest predictor of academic performance while McClelland, Yang & Glick (1992) found pre-nursing grade point averages (GPA) and ACT scores were the strongest predictors of academic success. Researchers who measured test scores and GPAs did not take into account the other factors that might affect a Black student's academic performance such as substandard high schools, segregated communities, attending poorly funded segregated schools, and biased standardized exams.

Although GPA and ACT scores play a role in admissions and persistence in nursing programs, for the purposes of this study I want to explore academic involvement which specifically includes classroom, lab and clinical involvement, and faculty interactions. The participants recruited for this study would have met the requisite skills for persistence because they are graduate nurses. This study explored how academic involvement in class, in lab, in the hospital clinical and faculty interaction influenced their persistence to graduation.

Being a nurse, I understand the demands nursing education places on all students. “Historically, nursing students have had to deal with additional demands of preparation and performance in a human laboratory, assuming responsibility and liability for the safety and well being of patients” (Kirkland, 1998, p. 5). Most nursing classes are 3-6 hours of just in class lecture in a week. Lab time which can be a large part of the courses especially in the beginning nursing courses includes learning skills that have to be applied when working with real patients in the hospital settings. Students in the hospital setting can spend from 16-24 hours a week in what is termed clinical where they apply knowledge learned in class and lab.

Most college students take a class that meets once weekly or three times weekly for one hour, but one nursing course can take the entire week. It takes discipline to navigate a clinical nursing course. There is didactic time which includes studying for exams, projects, papers, and presentations that require either individual or group activity. The day prior to the clinical, the students go to the hospital to obtain information on the patient and to devise a care map for that patient that the instructor has assigned to them. The care map outlines what the student will do for the patient and includes a history, pathophysiology of the disease, all medications the patient has prescribed, and any treatment the patient needs during the time the student is caring for the patient.

Patient care is very involved work and can be highly stressful for the student as well as the instructor. Stress associated with nursing education mainly has been documented in the 1980s and 1990s (Kirkland, 1998; Quarry, 1990; Courage & Godbey, 1992). There are a few studies related to nursing students and stress documented in the 2000s (Marker, 2001; Oermann & Likowski, 2001; Timmons & Kaliszer, 2002). All of these studies discuss the clinical aspect of nursing to be the most stressful for students. According to Astin’s Involvement Theory (1984),

the extent to which a student is involved is directly related to persistence. In this theory, involvement is described as the amount of time spent studying and reviewing assignments with comprehension. The more involved the students are in their education, the more likely they will persist.

Mentoring, advising, and faculty-to-student interactions, forces that improve academic involvement can have a positive or negative impact on persistence. According to Gardner (2005), close contact with peers and faculty is one of the largest factors affecting students' persistence in colleges and universities. Similarly, Tinto (1993) suggests that absence of a faculty student relationship is the largest factor in persistence in higher education. Tinto proposes that on college campuses, faculty are usually the role models for the students because they provide guidance, mentoring, and tutoring to students which can increase satisfaction and may lead to persistence (Tinto, 1993). However, in nursing, students meet nurses and other health care givers in hospitals or other agencies where they train so these professionals can also act as role models for students.

A study conducted by Shelton (2001) explored the relationship of perceived faculty support and persistence of nursing students to completion of the program. The sample included 458 associate degree nursing students who were categorized according to their persistence (those who persisted, those who withdrew voluntarily, and those who withdrew because of failure). The researchers found that students who reported a greater perceived faculty support were more likely to persist to graduation. Students who reported good faculty to student interaction were also more likely to persist. Faculty members' behaviors described in Shelton's study that were considered supportive were listening, assisting with confidence and competency, boosting self esteem, and actively assisting the students to achieve their goal of becoming a nurse.

Other researchers describe behaviors such as caring, being approachable, and showing interest in the student as supportive faculty behaviors (Bergman & Gaitskill, 1990). In the classroom and in hospital teaching, students describe supportive faculty as those who present lecture and clinical material clearly, provide good communication, provide timely feedback, who fairly evaluate them and who serve as role models (Brown, 1981; Coleman and Thompson, 1987; Hanson and Smith, 1996 as cited in Shelton, 2001).

Dunn (2007) conducted a study about the lived experiences of 16 nurses of color who graduated from a nursing school on the US/Mexican border. The researcher used phenomenological methods that produced six themes, one of them being student-instructor interactions. The participants encountered instructors who did not interact with them and left them feeling disconnected from the nursing school. Even though these students persisted, they developed a negative view of their experience in the school.

For Black nursing students, contact with positive role models is a major factor in persistence. However, the nation's nursing schools fall short of reflecting the national population changes (Institute of Medicine, 2003). AACN (2004) reports that non-white faculty numbers in the nation's nursing schools sadly mirror the non-white student numbers. Less than 10 % of faculty are of a non-white group. Within that 10%, only 5.6% are reported to be Black faculty and 8.4% of the deans and major administrators in nursing schools are people of color. Some researchers report that faculty of color are needed, and their presence is a key to persistence of students of color in nursing (Mills-Wisneski, 2005; Godfrey, 2005). According to these researchers, students of color are very aware of the under representation of faculty of color in the nursing schools. According to Campbell and Davis (1996), faculty of color can assist students with self-esteem, help them feel secure, accepted, and give them self-confidence.

A study conducted by Mills-Wisneski (2005) examined Black nursing students' perceptions of the absence of faculty of color in their nursing program. The sample consisted of 71 Black nursing students. Fifty-one percent of the students indicated that the lack of Black faculty was very important. Fifty-seven percent of the 71 students provided written explanations for their responses. One of the themes that emerged was lack of role models which made it difficult for them to make a connection with the nursing faculty. The students also wrote that they had difficulty socializing into the profession of nursing since they had no one to approach with their academic problems.

Faculty commitment to the education of Black students has been shown to increase persistence of Black students (Furr, 2002; Buckley, 1980). In order for faculty to be committed to the education of Black students, cultural awareness is a necessity which includes some level of self-reflection. Self-reflection can bring out the biases and preconceived notions that faculty may have about any non-white student. A few of the assumptions some faculty may have about non-white students include lack of academic preparedness and being from a disadvantaged background (Barbee & Gibson, 2001). Faculty must recognize that not all non-white students are academically inept and that not all students of color believe they are disadvantaged (Barbee & Gibson, 2001). Students at HBCUs are usually successful and I believe success can also be mirrored at PWIs. Harvey & Williams (1989) suggested that success of Black students at HBCUs is encouraged and expected. Success should also be expected at PWIs. With encouragement and support by faculty, persistence rates would likely improve for Black students attending PWIs.

According to some researchers (Davis, Dias-Bowie, Greenberg, Klukken, Pollio, Thomas, and Thompson, 2004), some White faculty may operate from long time negative

stereotypes of students of color in the classroom. Some of the behaviors exhibited by White faculty are based stereotypes. As a result students of color may at some point become acutely aware of the faculty's perceptions of them as a student of color and may become distrustful and uncomfortable in the classroom and in the hospital setting. Likewise, students of color may also have preconceived ideas about White faculty based on previous experiences with race related issues (Shelton, 2000). This mistrust by both parties can complicate the development of a good student-faculty relationship.

Lastly, Kirkland (1998) interviewed 23 Black female nursing students at three PWIs. The study addressed stressors and coping actions the students used to persist through the program. The researcher used the Student Interview Protocol derived from *Beyond Surface Curriculum: An Interview Study of Teachers' Understandings* and the COPE Scales to categorize the coping actions used by the students. The findings revealed that the second ranked stressor was environmental in nature. The environmental stressors described by the students included insensitive attitudes of White faculty and White students, lack of Black faculty, lack of role models and poor relationships with White faculty. In her discussion of implications for practice, Kirkland writes that faculty should be more committed to the persistence of Black students. Furthermore, White faculty should have some knowledge of the needs of their Black nursing students and provide advising and mentoring to promote good faculty-student relationships and increase persistence to graduation in nursing schools.

In summary, academic involvement is multifaceted and complex. While most studies focused on GPA and standardized exam scores for admission to colleges and universities noncognitive factors such as faculty involvement and navigating the system of nursing school can play a role in persistence. Academic involvement includes not only class and clinical time

along with lab time but also involves faculty and student interaction and role modeling for student success. Advising and mentoring have positive affects on student persistence, but, the lack of faculty of color in many predominantly White nursing schools (PWNS) minimizes that affect. This study attempted to understand academic involvement as it relates to navigating the nursing educational system and specifically faculty support.

Alienation, Loneliness and Isolation

According to Swail (2003), social factors can have a negative or positive affect on persistence of students of color. Such factors include ability to cope with college life (social, institutional, and academic), parental and peer involvements, family educational experiences and maturity. Swail also writes that establishment of peer relations along with having mentoring and role models have an important affect on the student's social and academic integration in higher education. Interaction on an academic level or social level along with a positive personal attitude related to career goals and education will have a positive impact on persistence. The ability to interact on an academic and social level may also depend on cultural fit and self-concept. Tinto (1993) states that all students bring with them a variety of attributes such as family background, pre-college educational experiences, and goal commitments to campus. These experiences can influence whether the student drops out or persists to graduation.

Research implies that alienation, isolation, and loneliness are common feelings for Black students attending PWNS (Allen, Nunley & Scott-Warner, 1988). Social alienation and isolation are defined as feelings or perceptions of persistently being removed from others because of culture (Merriam Webster, 2007-2008) or an individual's feelings of uneasiness or discomfort that is reflected in self-exclusion (Hajda, 1961). Dean defines social isolation as a feeling of separation from a group or their standards.

All students have an adjustment period both socially and intellectually when attending college (Tinto, 1993). Most students may be mature but nursing school brings about another level of social adjustment. Many students in nursing school describe the adjustment period as one of individual isolation and loneliness. Black students in PWIs reported feeling extra lonely and frustrated since they were unable to attain a level of comfort in an environment where they were severely underrepresented (Childs, Jones, Nugent & Cook, 2004). Along with feelings of isolation, many students have family issues that may hinder their persistence to graduation. Amaro, Abriam-Yago, & Yoder (2006), conducted a qualitative study about perceived barriers that hindered or facilitated persistence of students of color in their nursing programs. Four themes emerged: (1) Black students encountered many family responsibilities, (2) Families can be a great support and a barrier to some students of color in their pursuit of attaining their educational goals (3) The students acknowledged that they received emotional support from family while others were under tremendous pressure to be the first to attain a degree, (4) Other students in the study reported that they had obligations at home such as caring for small children and needing to work.

According to Dean (1961) alienation is multifaceted and is usually situation driven. Dean's Alienation Theory (1961) posits that the situation-relevant variables include powerlessness, normlessness, and social isolation. Powerlessness is having a lack of control over one's everyday life (Rodgers, 1991). According to Dean, normlessness is a feeling of purposelessness because of a loss of values, norms, or purpose that gives direction to life.

Many Blacks feel powerless, normlessness, and isolated on PWNS campuses. Such powerlessness and hopelessness can be counteracted by joining subcultures and organizations in the university that can provide support and assistance. Since persistence may depend on being a

member of the college community on some level, many Black students join subcultures, but their success often depends on there being sufficient Black students available to form a group (Janes, 1993). Sharing racial origin or culture does not insure “fit” or congruence with other students, but does give the students options to become a member of a subculture. The absence of same race or culture groups on campuses has been shown to have a negative effect on persistence of students of color (Tinto, 1987).

According to Hajda (1961), membership in the majority culture on PWI campuses means sharing a way of life as well as values, customs, and interests. Unquestionably, majority members may sometimes be unwilling or unable to accept different alternatives to any of their beliefs. When non-whites attain membership in the majority, it is assumed that they accept the values, customs, and beliefs of the majority. However, they may become aware of the disparity in values, customs, and beliefs. As a result, the non-white students may then begin to self-exclude or may be excluded by some of the majority membership. With this exclusion, whether self-induced or by others, an intense feeling of loneliness and alienation from the mainstream university life may result, and often students fail to persist to graduation (Fleming, 1984).

In a longitudinal study conducted by Daugherty, Vaughn, & Lane (1997), students who felt lonely and alienated from the college had higher attrition rates than those who did not feel socially isolated. This study also reported that students who participated in formal organizations such as fraternities and sororities reported less alienation. As a former student of a PWI, fraternities and sororities were not very open to students of color on these campuses. In my experience in a large university setting and in my nursing school experience, Blacks had to form their own organizations to offset the feelings of loneliness and improve the feelings of belonging.

PWIs and PWNS usually sustain the values and norms of the White society (Hall &

Allen, 1989; Burbach, 1972). Students of color often feel rejected by the faculty, peers, and the institution because of the perceived differences in social values and preferences of the White majority on campus (Dockery, 1993). Tinto's (1975) theory suggests that students must assimilate into the social fabric of the university if they intend to persist to graduation. However, some authors suggest that Tinto's theory is severely limited when it comes to students of color (Swail 2003; Cabrera, Nora, & Castanda (1993). They imply that students of color should not have to disassociate themselves from their culture or belief system to be accepted in the academic community. Instead of assimilation, they suggest involvement in the social community without sacrificing their beliefs and culture. If everyone believed Tinto's theory, students of color would need to assimilate with the dominant culture on White campuses and abandon their values and beliefs. Of course this could lead to poor quality of life for those Blacks while attending PWIs having to deal with college life, but Blacks and other ethnic students have to "deal with psychosocial problems (stress of loneliness and alienation) at the same time they are trying to adjust to college which can be like navigating in a foreign academic environment" (Rodgers, 1991, p. 14.)

Alienation and loneliness research was popular in the 1970s, 1980s to the 1990s. Researchers in the sociological or psychological realm conducted most of the research. Some of the research performed during that time used Dwight Dean's Alienation Theory (1961) to guide the studies. Loo and Rolison (1986) focused their study on sociocultural alienation because they found that dropout behavior for students of color could not be explained by just academic difficulties. Loo and Rolison went to a small public university and conducted surveys and interviews with questions centering on alienation, academic difficulties, thoughts of dropping out, academic satisfaction, university support or non support, and ethnic representation in the

university. The sample consisted of 163 undergraduates, 109 being students of color (Chicanos, Blacks, and Asian- Americans) and 54 were White students. The researchers began with the demographic differences of all of the students. The differences were subjected to chi-square analyses and were all at or above the 0.05 level. The results showed that the main demographic differences included socioeconomic status and level of educational of the parents. The White students had higher socioeconomic status than all of the other ethnic groups. The White students' parents also had attained higher educational gains than the students of color. Results also revealed that sociocultural alienation of students of color were significantly greater than that of White students. Forty percent of the non-white students reported that the college did little to promote their values. Compared to White students, students of color reported more social isolation. Whites and Blacks in this study reported that students of color faced greater difficulties on White campuses because the university life was centered on White middle-class values which pressured students of color to conform or reject their own values and beliefs.

Social alienation and isolation experienced by students of color may be attributed to the lack of presence of non-white faculty on campuses of PWNS and PWIs. Smith (1981) found that Black students reported levels of loneliness and isolation, hostility from Whites, and the lack of Black faculty as role models as an indirect cause of academic failure. Conversely, students who assimilated into the campus life viewed the campus in a more positive way. Other researchers reported that assimilated students had better relationships with faculty (Allen, 1985; Tracey & Sedlacek, 1987). Even though positive relationships with faculty have been shown to increase persistence of students of color, some White faculty see isolation as being a student issue, not a Black student issue. In Allen, Nunley & Scott-Warner's study, White faculty suggested that alienation was no more significant for Black nursing students than it was for White students

(1988). Interestingly, some White faculty members felt that Black's sticking together was objectionable. I remember a colleague of mine asking me the same question? "Why do they stick together like that? I do not think that is good. They are always praying before exams. I asked her if she had a problem with White students sticking together. She became tongue tied and tried to explain her statement. I asked if she thought they were up to something. I could see by her body language that I had hit the mark dead in the center.

According to some researchers, social isolation and adjustment issues can be attributed to racial identity. Many PWIs lack campus activities relevant to the Black experience or any other ethnic experience (Smith, 1986). Smith contended that grades and social adjustment to the campus life are strongly related. If the social experiences were limited, the student's ability to focus on cognitive matters may also be hampered (Rodgers, 1991). The intellectual growth of students of color was closely related to the degree of social experiences the student had on campus.

Studies conducted in the 1970s and 1980s found that social and cultural integration were important to feelings of belonging of Black students (Allen, 1985; Dawkins & Braddock, 1982; Livingston, 1987). Students in these studies opted to form separate fraternities, sororities, and other Black organizations which provided vital support to the students. The Black students' ability to generate their own social networks in the 70s and 80s were limited because of the scare number of Blacks attending the PWIs. In my experience at two PWIs, the Black students had Black organizations which brought us together and gave us support. One of the institutions I attended was a very large public university consisting of approximately 23,000 students. There were approximately 400-800 Blacks on campus in 1973. I did not have another Black in any of my classes for two semesters. Without the Black organization on campus, most of us would not

have had a social life because it was an unwritten message that we were not welcomed in the majority organizations. The second PWI was a nursing school from 1977 to 1980. Though the numbers were small in relation to the public university, there were eight Blacks in my class out of 60 students. Again, we had our own organization so we could meet, talk and have parties. We also attending many events sponsored by the Student Government Association. We formed a bond with other White students in the dorms and went out with them to have pizza parties and other events. A few Whites even came to a few of our parties sponsored by the Black organization.

Does the practice of separate organizations still exist in the 2000s? In a study conducted in 2000 by Joubert-Thompson at the same large public university I attended in 1973, she found that students are still organizing in some separate organizations to counteract feelings of isolation. The study investigated whether noncognitive factors influenced academic achievement. Case study methods used interviews, observation, and document reviews. Eleven Black junior and senior students participated in the study. One finding indicated that the participants felt that participating in Black organizations circumvented feelings of loneliness and isolation that so many of them felt at that PWI.

In summary, as with academic integration, social factors such as alienation and isolation are multifaceted and complex. In some cases Blacks and Whites on PWI campuses lead separate academic and social lives within the campus environment. Blacks who are not socially involved on campus feel lonely and isolated. In some cases this loneliness may lead to attrition.

According to Dockery (1993), White students and Black students choose separate types of activities on campus. Whites prefer organized activities on campus while Blacks prefer activities that improve the state of Black life in society. Understanding the experiences of Black students

who persisted from PWIs and PWNS will give educators data to use for recruitment and retention of Black students.

Culture, Identity, and “Fit”

Little is found in the research arena about Blacks or other non-white students’ perceptions of the nursing education’s culture and its congruence or “fit” with their own culture. Race, ethnicity, and culture in this study are defined as the sense of self that Blacks have through interaction with their culture and ethnic influences (Carson, 2003). Race and culture go beyond physical characteristics however, culture, race, and identity can produce a bond with others of the same identity and may generate feelings of belonging and kinship. Culture influences the way one interprets the environment of a PWI or PWNS. Students coming from a different culture other than from the White culture may have difficulty navigating that environment. White cultures believe in meritocracy, working hard to have a good life, and individualism. Black students come from a culture that believes in traditions and group relationships. Native Americans also believe in traditions and use storytelling as a way to convey those traditions (Crow, 1993). Asians believe in good manners and quietness. All three non-white cultures have different beliefs from the dominant culture in the U. S. and often experience culture shock when exposed to that culture, especially in PWIs (Gardner, 2003).

Racial and cultural identity has been theorized in the past, but Cross & Vandiver (2001) devised a model of becoming Black called the Nigresence Theory. The theory posits that in order to develop a Black identity and to identify with the Black culture, Black people may experience three major stages. The first stage is “pre-encounter” where the individual’s sense of self is centered on being an individual. Race and culture are of little importance to this person and engagement in Black culture is non-existent. This person unquestionably accepts negative

stereotypes and historical accounts about Blacks, therefore exhibiting a self-hatred of the Black culture. The next stage is “immersion-emersion” where the person is either filled with hatred of the White society or one holds a simplistic view and is obsessively dedicated to everything Black. The last stage is “internalization”. The internalist identifies with everything Black and engages in the Black culture. An internalist who engages in everything Black but also seeks meaning in being an American is called a biculturalist. This person can celebrate being Blackness along with being an American. The internalist biculturalist can engage in the American and Black culture without sacrificing either identity. The biculturalist has no self-doubt and does not question being Black in America. According to Cross (1995), individuals can become stuck in any one of the stages, or they can regress. Many students of color attending PWNS and PWIs may be going through one of these stages. Regardless of what stage the individual is encountering at any given time, it takes good support systems and resources to move forward.

A person’s culture and race may directly or indirectly influence persistence in college and influence “fit” between the student and the campus culture (Chickering & Reisser, 1993; Schlossberg, Lynch, & Chickering, 1989). When the culture of the student conflicts with the educational culture of the institution, academic achievement may be altered. Many students of color feel marginalized because nothing on the campus resembles them or their culture and values. Being a term used for lack of “fit”, marginalization occurs when students feel as if they are being pulled between two cultures (Gossett, Cuyjet, & Cockriel, 1998). Marginality can also be defined as not mattering and feeling insignificant (Rosenberg & McCullough, 1981). Gossett et al. investigated Black students’ perceptions of marginality at PWIs. The researchers administered an instrument called Perception on Community/Environment of Undergraduate

Students in Higher Education developed by Cuyjet, who was one of the researchers. The instrument was designed to elicit information regarding mattering and marginality. The instrument was administered to 1180 students on four Midwestern PWIs. Of the students participating, 324 were Black, and 805 were non-Black. The study found significant differences in perceptions of marginality from Black and White students. Black students perceived that they did not matter, were not considered to be serious students, were expected to represent the entire Black race on all issues, and that their culture was left out of most of the lectures. One important issue that surfaced from this study was that White students had little realization of the perceived feelings of marginality and discrimination that was voiced by the Black students. Implications from this study challenged educational institutions to include policies and procedures that are inclusive of all students and to promote social activities important to non-white students. Institutions should also change their attitudes to reflect that all students are important.

The nursing education culture has long traditions of beliefs and values. A few of nursing's values are empathy, caring, integrity, and professionalism. The NLN's core values for nursing education are caring, integrity, diversity and excellence (NLN, 2007). Nursing schools have the core values written into their mission statements. Nursing schools along with the higher education culture reflect the value and belief system of the dominant culture (Kossman, 2003). White females are members of the dominant culture in the U.S. and they also dominate the nursing profession. It is expected that White faculty's beliefs and values and their worldview interact with the nursing education culture. As White females, it can be expected that they believe in meritocracy and that everyone has the same chances in life (Kossman, 2003). White females may lack awareness how the system of power, privilege, and racism has affected students of color chances in life.

However, the nursing education culture may conflict with the norms and values of students of color. This conflict, in turn, may affect persistence of those students. Since many of today's nursing schools are located in PWIs, Blacks have to seek nursing degrees at these colleges and universities. Black students may not consider ethnicity, culture, or fit when applying to PWNS. Their choices may be based on other variables such as geography, career choice, or prestige of the university. Once Black students enter a PWI or a PWNS, differences in culture and beliefs may emerge. Many theorists have tried to explain this phenomenon, but I will use Ibarra's Theory of Multicontextuality to delineate some of the differences in cultures.

Ibarra's Theory of Multicontextuality centers on differences that exist in non-white cultures with that of the dominant culture (2001). Ibarra used Edward and Mildred Hall's work on culture which describes culture as low-context or high-context to develop his Theory of Multicontextuality.

High-context cultures are usually people of color (Asians, Arab or Middle Eastern groups, Africans and American Blacks, Latinos, Native Americans) and most White American women. Low-context cultures are usually from the dominant cultures of northern European descent (White Americans especially Anglo males, Germans, Swiss). According to Hall (1984) high-context cultures are more likely to develop social systems where people are at the center of the relationships collegiate relationships which tend to become very important in the high-context person's life. Low-context cultures believe in individualism and meritocracy. Getting the job done requires speed and accuracy, rather than being nice or just being in a group. Persons from low-context cultures see multitaskers as being totally unorganized. Deadlines and schedules are very important and must be adhered to without fail. In contrast, people from high-context cultures believe in getting the job done, but success depends on the entire group and their

relationship with each other. Being nice and cooperative is a prerequisite to good group dynamics. Time flows in high-context cultures because the needs of people, family, or someone else may interfere with keeping a schedule. High-context cultures value accuracy also but feel that speed is not as important as what has been learned or gained in the process.

High-context cultures are people who value community and relationships. The culture is very important to them, and they live to preserve traditions. High context cultures are usually humble and are sensitive to conflict whereas low-context cultures are direct and value individualism (Gardner, 2003). Low-context cultures are very competitive and seek to be number one in their circle. People in low-context cultures do not place a high value on long term relationships or culture. Being mostly committed to jobs or careers, success is very important and the low-context person seeks recognition for that success.

People in high-context cultures believe that talking about accomplishments is bragging. Their commitment to people is higher than the accomplishments. Communication in low-context cultures relies on words whereas high-context cultures use non-verbal expression such as gestures, voice tone, and body language. People in low-context cultures are direct and get to the point, while people in high-context cultures will circumvent the main point so as not to appear pushy or rude. People in low-context cultures avoid interfering in others' lives while people in high-context cultures feel it is important to check on the status of others. Low-context cultures dominate colleges and universities and have shaped the higher education system as well as nursing education. Cultural dissension can occur when high-context and low-context cultures attempt to merge. However, merging and integration of cultures is not what usually happens. Students of color are expected to assimilate into the dominant culture. As stated previously, several researchers criticized Tinto's theory because he suggested that students of color must

integrate into the fabric of the college campus, thereby leaving or dissociating themselves from their culture (Rendon, Jalomo & Nora, 2000; Swail, 2003). Most students of color live in a state of two cultures, their own, and the culture of the institution.

Halls' (1990) work concluded that higher education has been shaped by low-context cultures, and the academic community continues to foster the values of the low-context cultures. Ibarra (2001) interviewed Latinos (faculty, students, and administrators in academia) across the country in quest for reasons why colleges and universities could not recruit and retain Latino students in graduate school. The respondents reported that they were generally disenchanted with academia and described their involvement in PWIs as "turbulent or missing important academic and cultural values" (p. 7).

Black culture has a history of strong social and familial tradition. According to Heath (1998), the Black culture has a history rooted in social interactions and connectedness both of which are very important to identity development. Most Black students can identify with the high-context cultures. They are usually not individualistic or competitive in everyday life and prefer group activities. However, people from high-context cultures values and traditions are sometimes incongruent with the higher education culture.

Black students' level of congruence in PWIs may be influenced by the racial makeup of the high schools they have attended and the racial makeup of their neighborhoods. Some researchers have found that Black students adjust better in PWIs if they have gone to school with Whites or lived around Whites. These same researchers found that experiences with other non-white (excluding Blacks) groups positively influenced Black students adjustment and congruence at PWIs (D'Augelli & Herschberger, 1993; Davis, 1995). They also reported that Black students who came from predominantly White neighborhoods and schools reported a general well-being

at PWIs, whereas those who went to predominantly Black schools in Black neighborhoods reported lack of well-being. Dissimilarly, the findings of Chavous, Rivas, Green & Helaire (2002), suggested that precollege racial composition in high school and neighborhoods were not related to the students' feelings of ethnic fit, identification, or adjustment at PWIs.

Fleming (1981), Fordham (1988), and Hughes (1987) are among a small field of researchers who implied that academic and social success of Black students' at PWIs are related to level of connectedness to the Black culture (as cited in Chavous, 2000). Other scholars assert that lack of perceived ethnic fit and identity has also been shown to affect Black students' feelings about their Blackness as a race (Chavous, 2000). Students who identified strongly with being Black were more likely to be involved in the campus climate and achieved success academically (Chavous, et al. 2002, Phinny, 1990). Other researchers maintained that the views or lack of knowledge about Black culture by mainstream America (White) is what hurts the social and academic development of Blacks (Baldwin, Brown, & Rackley, 1990; Taub & McEwen, 1992 as cited in Chavous, 2000). A few researchers argue that strong ethnic identity leads to negative outcomes particularly for Black students (Patterson, 1995; Fordham & Ogbu, 1986).

Chavous' (2000) study examined 164 Black women and men at a PWI who were asked about their perceived ethnic or cultural fit with the university. Students completed a demographic measure that asked gender, parental education, income, and racial makeup of their high schools and neighborhood. They also completed an ideology scale which evaluated these four philosophies: assimilation, humanism, minority, and nationalism. The ideology scale had subscales that measured how the Black students viewed politics, economic issues, cultural and social issues, intergroup issues, and attitudes toward Whites. Next, the participants were asked to

complete a centrality scale which measured the extent to which being Black was important to their self-concept. Lastly, the students completed the Perceived Ethnic Fit Scale (PEFS) which measured the students' perceptions of congruency with the college in regards to their ethnicity and culture. Results of this study disproved other studies about precollege factors such as high school and neighborhood makeup. Chavous' results suggested that precollege factors did not influence the participants' feelings of incongruence related to their ethnicity or culture. The students' beliefs about their race strongly correlated with "fit" in the college environment. Chavous', results also revealed that students who lived in mixed or predominantly White neighborhoods were involved in non-Black organizations in college. Those students who had not joined any organization on campus perceived a lack of "fit" in the college environment.

Carson (2003) investigated ethnic and academic identities of Black students at a PWI. Her study attempted to determine if Black students' identification with their ethnicity enhanced or undermined their self-concept and academic achievement. The researcher used a phenomenological approach, and Critical Race theory guided the study. Sixteen Black students were interviewed and asked about their experiences at the college. Additionally, the students completed the Multidimensional Inventory of Black Identity (MIBI), which explored the strength of their ethnic identification. Results indicated that the Black students maintained their identities and self-concept by participating in community activities involving the Black campus community and sought support from a network of Black students, staff, and faculty.

Racial identity is strongly correlated with culture. White and Black students who attend large public White universities are all in a state of culture shock. Researchers have compared the college environment to the dominant culture of the country (U.S.), with the educational system as a culture of power ruled by White America (Jensen, 2005). Similarly, nursing school life may

be expressed in terms of subtle forms of power called unrecognized White privilege (Kossman, 2003). White privilege has been around since the inception of this country. According to Jensen (1998), a noted author on White privilege, growing up with privilege is something most White people are unaware of, so consequently, all of the institutions in America were born out of that system of privilege. While most universities are spouting off successes of admitting diverse students from all races and backgrounds, Jensen writes that the diversity framework hides unpleasant truths about the society at large. Real issues such as dominance and distribution of power and wealth are not challenged and remain constant. This power of dominance is also alive in nursing schools which forces students of color to live in three cultures; the school culture, the hospital culture, and their own culture. Since nursing is dominated by the White culture and its values and beliefs, nursing's worldview is based on the culture of privilege and norms of the dominant culture. Nursing schools breed nursing students who are competitive and provide education that is dualistic where things are either right or wrong (Gardner, 2005). Students from other cultures may have difficulty navigating the nursing world because their culture believes in cooperativeness and wholism (Gardner, 2005).

A qualitative study conducted by Pacquiao (1996) investigated similarities and differences in students of different cultures with White American students. The results suggested that different ethnic groups valued teamwork and hard work, whereas White students valued individualism and independence. The researcher also asserted that the values of White students were in congruence with the universities and colleges because most faculty in PWIs and PWNS value independent individualized thinking (Gardner, 2005).

Culture shapes how people see the world and their involvement within that world. When the world of education, nursing, and personal culture meet, there may be issues of "fit." If

students feel that the college is not meeting their needs either academically or socially, the students may or may not persist. When students see little of themselves in the academic halls and classrooms, they may feel isolated. Heath describes culture as a “way of being, feeling, and knowing” (1998). For Blacks, the higher educational setting and nursing schools are often incongruent with their way of being or knowing that has been ingrained in them from birth. This mismatch can prove to have a negative effect on the student’s ability to persist to graduation. It is no coincidence, and it is well documented that Blacks students’ have a positive self-concept and persist to a greater degree in HBCUs (Heath, 1998) which are known for cultivating the students’ academic abilities along with providing the cultural support that many of these students need to be successful.

Self-concept

Self-concept is a concept closely tied to culture. It is a reflection of the student’s feelings about themselves and the environment in which they live and study (Heath, 1998). The historical framework and the cultural context of being Black contribute to Blacks’ feelings of responsibility for the entire Black race. Contrary to the White culture, excluding the Hip Hop culture, Blacks prefer interdependent and group activities not individualism (Jagers & Mock, 1995). According to Heath, “Black concept is grounded in social concern for and a need to be with others” (1998). Several studies researched self-concept in Black college students. Gurin and Epps (1975) found self-concept was related to racial identity. Various researchers identified self-concept as being central to the positive experience of Blacks in colleges and universities (Astin, 1993; Nettles, 1991; Tracey & Sedlacek, 1985, 1987).

A significant factor in developing and maintaining self-concept for Black students is the racial make-up of the college (Heath, 1998). Most students have to interact with the external

environment as well as the internal environment of the institution. When students do not see many others students like themselves, they may begin to feel marginalized especially when the internal environment is unsupportive. Other researchers who reported that Black students' self-concept was higher in HBCUs than those who attended PWIs (Janes, 1997; Gurin & Epps, 1975). Janes (1997) found students at HBCUs had a sense of well being and did not feel isolated and alienated while attending HBCUs. Janes also found that attending HBCUs was a significant factor in persistence. Black colleges encourage use of support systems especially those which have a strong sense of spirituality. In essence, the institutional climate of higher education and nursing schools can play a significant role in the development of self-concept for Black students.

Heath (1994) developed a model for academic and social self-concept for Black students where she postulated that in order to have a positive academic and social self-concept there must be some type of integration within the college. The important indicators of self-concept in the study were integration with peers and faculty within the environment of the institution. The conclusion drawn from that research was that educators who were sensitive to the emotional and academic issues of students, as well as concerned for students of color in general, had the greatest influence on self-concept for Black students. The possible mismatch of Black culture with the culture of the institution, the lack of a positive self-concept, plus feelings of loneliness, and lack of support from faculty, can lead to a lack of persistence of Black students from nursing schools and other higher educational institutions. As a faculty of a PWNS, I have found that support and caring behaviors improve students' self-concept even in the face of failure.

Students of color face many challenges on PWIs' campuses including noncognitive factors which can have a potential to affect success. Rodgers (1991) investigated cognitive and noncognitive factors as predictors of success of students of color who attend White nursing

schools. The sample included Blacks (n=40), Whites (n=117), and other students of color (n=33). The noncognitive factors of social isolation, self concept, and self esteem were investigated. Factors that were predictive of success for all students were self-concept, self-esteem, and SAT scores. For the Black nursing students, self-concept was especially predictive of success. Rodgers' study concluded that noncognitive factors such as self-concept along with cognitive factors (standardized scores and GPA) should be used to predict success for Black students.

Self-concept and culture are closely related. Collectively or separately, they help to create a person's identity. As students form their self-concepts, they do so by being a member of the cultural group in which they have been born into or have lived within. Huckleberry (2002) asserted that Blacks who embrace their culture and identity are less likely to be affected by the majority culture's values or standards, whereas students who rejected their culture reported higher incidences of anxiety and feelings of low self-esteem.

In summary, students' identification with their culture reinforces feelings of identity, "fit," and belonging, but students of color who identify with their culture may feel isolated and lonely on PWI campuses and may fail to persist. Those students who do persist may not have enjoyed the college experience. The shaping of students' self-concept and identity along with having supportive academic climate can affect the students' academic success, thereby leading them to persist to graduation.

Institutional Climate and Racism

As stated previously, one of the influential forces of the learning experience of any student is the environment where that experience takes place (Allen, M., Nunley, J., & Scott-Warner, M., 1988). Students who feel the environment is hostile may persist to graduation, but most of them do not enjoy their experiences in college. Sometimes the students of color just

accept the good and tolerate the bad experiences (Langston-Moss, 1997). Campus climate, which includes the academic and social environments, is a large part of the learning milieu of universities. The academic climate involves school and classroom structures and practices, as well as attitudes, values, and beliefs of the faculty, students, and administrators. The social climate should encourage a sense of belonging which mentoring relationships, personal support from advisors or faculty, and activities that include all of the cultures represented help to develop. Once the students are in an institution, they are more likely to persist to graduation if they feel valued and respected (Tinto, 1975). According to Tinto's Model (1975), student retention is directly related to the degree of academic and social integration and personal support. The campus climate should welcome all students as demonstrated in the curriculum, social events, support services, and dialogue concerning important issues such as racism. Several authors have suggested that some PWIs may not present a welcoming environment (D'ugelli & Hershberger, 1993).

Researchers agree that culture and campus climates are important in persistence. While navigating through nursing is tough and stressful for all students, it is especially true for students of color attending PWNS. Non-white students have the extra burden of being in a rigorous curriculum and having to deal with being different. Smedly, Myers, and Harrell (1993) identified stressors that impacted students of color on White campuses. These stressors included issues surrounding campus climate, racism, within group stressors, and academic stressors. Many students are not prepared for college life, but Blacks and other non-white students can experience culture shock especially with the added stressors aforementioned. Regrettably, the biased practices and unwelcoming environment of some PWIs contribute to the culture shock of students of color. Stigmatization and stereotyping especially female stigmatization and

stereotyping along with prejudicial behavior are concepts that must be addressed when exploring experiences of students of color in American universities (Wright, 1987). Studies have concluded that a negative campus climate can have a negative impact on persistence (Steele & Aronson, 1995; Fleming, 1984; Astin, 1975). However, Jenkins (2001) asserts that students of color have persisted in spite of the campus climate and that most of the studies have focused on the negative consequences. She concluded that students who entered college with a strong ethnic identity coupled with a strong GPA often persist despite experiencing a negative campus climate.

Nursing schools must change the way students of color are addressed in the profession of nursing. . They must implement strategies to combat the unwelcoming environments that some students have reported feeling in the PWNS. The accrediting agencies for nursing have published position papers regarding the need to increase non-white nurses' participation in nursing by recruiting and retaining students of color in the nation's nursing schools. The Commission on Collegiate Nursing Education (CCNE) issued a bulletin titled *Effective Strategies for Increasing Diversity in Nursing Programs* (AACN, 2001) which urged nursing programs to put forth more effort in increasing the racial diversity of its students. A lack of cultural diversity in nursing education can only result in fewer nurses of color who are available to help alleviate the nursing workforce shortage.

Racism and White privilege are issues on PWNS and PWI campuses that some non-white students may face. Jensen (2005) describes racism in terms of power. He writes that prejudiced behaviors such as hostility or negative attitudes about a group are distinguished from racism in terms of power. The negative behaviors become racism when a group has the power to make decisions that affect the other person's rights and privileges. Institutions of higher education, which includes nursing schools, evolved out of the system of power in the U.S. Therefore, these

educational institutions can make decisions about rights, privileges, and can be in some instances highly racial. Jensen asserts that an honest discussion about race can overcome racism and break down the system of power. However, discussions of any kind of racism in nursing are non-existent. There is a dearth of literature on racism in nursing schools. Most nursing schools either deny that racism exists by avoiding discussions on racism (Barbee, 1993) or use the color blind perspective to ignore racial differences. The colorblind ideology asserts that color is not important and should not be the basis for social judgments. According to Bonilla-Silva (2001), “The key problem with colorblind ideology is that it is an abstract principle that does not hold true in practice”

Color-blindness denies the existence of groups according their race or ethnicity. Color-blind people consider the color of the person’s skin as invisible. The underlying doctrine is to ignore a person’s physical and cultural make-up. Schofield reveals that the color-blind angle can be used to disregard Black voices and experiences (1986). By using this angle, nursing education denies that class and race shape teaching conditions. Many nursing schools may have discrimination issues, voluntarily or involuntarily. But instead of dealing with the issues head on, the institutions sometimes choose to use a color-blind approach to justify racist acts.

White privilege is a phenomena closely tied to racist behavior. White privilege means getting an advantage just because you are White. White privilege is a result of racism that is invisible to most White people. Jensen (2005) writes that White privilege is a controversial topic and a very “complex social phenomena” (p. 8). Everyone knows that not all White people are racist, but the privilege afforded to White people because they are White is often unacknowledged. McIntosh (1995) presented a paper on White privilege giving a personal account of White and male privilege. She expounded on the fact that because many Whites

refuse to acknowledge racism and its results, they will certainly deny the advantages that racism has afforded them. Some who simply believe that racism is in the past but are unable to explain the racial disparities that currently exist, especially in health care and education.

Racism has affected education because the educational system is a racially based system of advantage and there are “cultural messages in the institutional policies and practices” (Tatum, 1997, p. 7). McIntosh notes that Whites are taught not to see active or subtle forms of privilege. Subsequently, most Whites remain oblivious to the fact that they may have received the privilege just because they are White. McIntosh (1995) writes “My schooling gave me no training in seeing myself as an oppressor, as an unfairly advantaged person, or as a participant in a damaged culture” (p. 2). She also notes that “To redesign social systems we need first to acknowledge their colossal unseen dimensions” (p. 6). However, most Whites are blind to the magnitude of how institutions built on racism have afforded them privilege in education. Jensen believes that all White people have privilege, but they may or may not be overtly racist. Privilege affords those who have it to believe that everyone has equal chances in life. Privilege also affords people to deny the existence of anything that would question that privilege.

Incidents of perceived racism and discrimination are still prevalent in American society, universities, and also nursing schools. Perceptions of discrimination have a direct impact on persistence and attrition. Some students may become determined to persist only to show the discriminators that they can survive without their support. Other students may feel that it is not worth it to continue in a hostile environment. Racism affects the academic performance, the self-concept, and determination of students of color (Feagin, 1992).

According to the studies reviewed, racism is prevalent in our institutions of nursing and higher education (Feagin, 1992; Johnson-Bailey, 2001; Hassouneh-Phillips & Beckett, 2003),

manifesting itself in faculty attitudes, campus climate, and treatment of students of color in PWIs. The American Nurses Association (ANA, 1998) believes the practice of racism in nursing schools must end. To push for an end to racism, institutions of higher education must first recognize that it exists. Next, they must aggressively develop plans to end racist behavior, implement them, and lastly fund them. Also, a culturally competent administration must be willing to affirm cultural values and reflect them in their practices. These values are usually stated in formal statements of policy, strategic plans, and core values in most organizations (Rowley, Hurtado, & Ponjuan, 2002). Too often, however, these values become just words on paper or posters because they have no real substance. Since incorporating core values is a key part of the mission of colleges and nursing schools, making fairness, respect, and diversity a reality is a part of a sound business strategy. However, universities are very political and powerful. Even though fairness and diversity are posted in mission statements, many institutions ascribe to unwritten rules, some consciously and some unconsciously.

In my experience, these rules involve power, networking, perceptions, and hidden agendas that the majority has enjoyed because of a history of privilege. Additionally, many institutions of higher education stay the same because it is easier to do so. Once privileged, many faculty, administrators, and students of the majority feel the university is theirs, and that other students are outsiders (Jensen, 1998).

The bias practices of PWIs inadvertently affect all aspects of student life. Ancis, Sedlacek, and Mohr (2000) reported students of color experienced pressure to conform to the educational culture, thereby leaving their culture hidden. The researchers also found the students were pressured to conform to stereotypes and had less contact with faculty. Research has found that when instructions of learning promoted acceptance, were inclusive of other cultures, and

provided opportunities for cultural and social development, students tended to persist because of greater college satisfaction (Swail, 2003). Racism also affects students of color when overt racism goes unpunished by the institution. Unfortunately, most racism in colleges is not overt anymore. The new racism is called subtle racism which is expressed through student and faculty behaviors of avoidance (Biasco, F., Goodwin, E.A., & Vitale, K. (2001).

Racism in nursing schools is a taboo topic. Most of the educators and students in nursing schools are White females who feel uncomfortable discussing race and prefer to use the politically correct lingo when discussing difficult topics. When racism is discussed, it is done in covert ways such as denying that it exists, by saying that the school espouses to the colorblind perspective therefore ignoring the cultural differences that Black students bring to the school. Blacks in these institutions discuss race among themselves so as not to appear hostile or angry. Nursing either feels racism does not exist or that nursing scholars have not deemed it important enough to study.

Nursing is based on the concepts of caring and empathy. As a nurse, I learned that people were all the same and should be treated the same, but I also realized that treating everyone the same, does not allow for differences. Nursing prefers homogeneity and does not want conflict in the educational environment. Even some Black nurse leaders have denied institutional racism in the past because of the view that nurses have to care so they will not appear to be racist (Barbee, 1993). Current nurse leaders believe that racism exists but are divided on how to overcome and confront it. The literature reveals how racism discourse remains under the umbrella of diversity. But even though racial diversity exists, nurses learn little about different cultures in their classrooms or in clinical practice (Brink, 1990).

Racism in many forms is a prevalent theme in much of the literature involving Black

students experiences at PWIs. Racism and prejudice are attitudes usually based on faulty, preconceived, and unsubstantiated information. Perceptions of racism both overt and subtle are pervasive throughout the studies that I have reviewed. Barbee (1993) discussed racism and privilege in nursing that includes denial of its existence, believing that nursing is color blind that effectively ignores cultural and racial differences. Whether subtle, overt or covert, students are affected emotionally by a hostile campus climate.

Historically, higher educational institutions have been silent on the issues of race (Johnson-Bailey, 2001). Unfortunately, they have avoided the subject of race as revealed in research, in publications, and in texts on nursing education. No setting is immune and nursing schools and other institutions of higher education are embroiled in the issues of racism. Racial issues exist in all aspects of university life including, admissions, classroom activity, sports, and social events. According to Feagin (1992), students of color continue to face racism on college campuses at PWIs. Feagin identified specific university barriers to eliminating racism. They were White students, White faculty, White administrators, and White alumni. All of those groups participate in or condone (intentionally or unintentionally) racism in higher education. Feagin & Sikes (1995) wrote that Black students have instituted a self-imposed segregation on most PWIs. This self-segregation is mainly a defense mechanism that helps them to cope with institutional racism. I must admit that I left the large public university because I felt alienated, invisible, and discriminated against. That was in 1973 and this is 2009, and racism is hidden in the political rhetoric of correctness.

Overall Summary

In conclusion, according to Tinto's Theory (1975), social integration is one of the keys to students' satisfaction on college campuses. Tinto (1975) also noted that the inability to overcome

loneliness and isolation might lead to attrition. According to the studies and their findings, I can conclude that feeling a sense of belonging and identity are important concepts in any university setting. Educational institutions' campus climates can have a direct impact on motivation, satisfaction, attrition, and recruitment. The studies consistently point out that a perceived hostile climate has decreases motivation and how committed the student is to the school. If the students persisted through the curriculum, they were successful, but felt unhappy about the experience. Acceptance by the faculty and students also played a large role in the students' sense of belonging. The studies revealed that Black students felt alienated and isolated or simply felt unwelcomed. They perceived that their presence was insignificant, so they felt powerless (Langston-Moss, 1997). The overwhelming conclusions have very deep implications for the nursing profession. Until nursing schools, universities, and faculty can begin to understand what it means being Black in a PWI, meaningful strategies for recruitment of nursing students will not be successful, and the nursing shortage will continue. Historically, Black women were barred from nursing, but even today Black women are still experience some negative issues in nursing schools in the 2000s. The studies in the review include the Black student's voices. In nursing they include the Black woman's voice which is necessary to understand the students' experiences and perceptions of nursing education.

The Studies

In many studies, Black students voice feelings of loneliness, isolation, lack of support systems, and disconnectedness with the university (Davis, 1995, Hughes, 2002, D'ugelli et al., 1993). Other studies show Black students' perceptions of being left out of the curriculum, harassed by faculty, given tougher assignments in nursing clinical areas. Some students who attended PWIs rated their general well-being low as it related to campus life (D'Augelli et al.,

1993, Langston-Moss, 1997). I will review the following studies in relation to the concepts of the culture, self-concept, feelings of loneliness or isolation, academic involvement, and institutional climate. These studies reveal that Black students and other students of color experiences are different from White students, and sometimes their persistence is adversely affected. Even though many students of color persisted in these studies, their feelings of social estrangement related to White cultural domination left them dissatisfied with the education they received (Tinto, 1993). The studies also emphasize the role faculty can play in creating a welcoming and supporting environment (Tinto, 1993). Value and cultural conflicts can occur with students and faculty which can cause a lack of integration socially and academically which can also affect persistence. Literature from the higher education research is included along with research conducted in nursing. It is presumed that experiences of Black students on any PWI campus regardless of the profession may be similar.

Blacks Who Attended PWIs in Higher Education

D'ugelli & Hershberger's (1993) study compared experiences of White and Black students at a PWI. They hypothesized that race played a factor in the experiences of the Black students and that those experiences made a difference in how the Black students viewed the campus climate. The study was centered on Tinto's (1975) Retention Model, which involves academic and social factors that influence outcomes of students in college. The sample size was 146 students with 73 White and 73 Black students participating in the study. Quantitative survey methods were utilized and analyzed using multivariate ANOVA. Instruments used were The General Well Being (GWB) scale and a researcher made instrument that was previously used on that campus by the authors in 1991. The researcher-made instrument consisted of demographic information and 10 questions that commonly had an impact on student life (e.g. finances,

performance, grades, etc.). The GWB scale offered data related to how the student felt physically and emotionally while attending the school. The Black and White students were matched according to GPA within .25 points (increase or decrease) to control for that variable. The results were compared for the White and Black students using a *t*-test. Results concluded that Blacks had a lower well-being and depressed mood than the White students ($F(df=6,139)=3.28, p < .01$). Also, Black students were less satisfied with the university and its services than White students ($t(df=142)=4.38, p < .001$). D'ugelli (1993) et al. found that 89% of Black students dealt with racist remarks, harassment that was verbal, and threats that had a great impact on their feelings of security on campus. D'ugelli also found that these experiences had a negative effect on the students' feelings about the university's campus climate.

Davis' (1995) study was designed to examine how Black students completed daily life at a PWI. The Theoretical Framework for this study centered on Identity and Fit. According to Davis, there had not been thorough research in the area of "Fit" and "Identity" using students of color as the participants. She interviewed 18 students, nine students in 1992 and nine in 1993 by using open-ended questions. Davis concluded that social integrations were important to the Black students. Many of the students discussed being the only Black in their classes and that interacting with faculty was difficult. They felt ignored by the instructors even when raising their hands for recognition. Social gatherings with other Black students, sponsored by Black organizations, were among the things that were most important to the student participants in this study. One student in the study stated that racism was so common that she tended to forget it existed.

Hughes (2002) explored the experiences of Black and White students at a university in the south. Qualitative methods (focus groups) were used to collect and analyze data. The

qualitative design is a solid design used to extrapolate rich data from the participants of their experiences at a PWI. The author felt qualitative designs had not been used in previous studies and that those studies missed the substantial descriptions provided by using qualitative methods. The framework Hughes used was centered on how campus climate influences students' social and psychosocial development. Hughes analyzed the data using Glaser and Strauss' (1967) constant comparative method. The results showed that students felt subliminal messages were being sent to Black students on campus. At the institution studied, the multicultural services office was located in the basement. The students thought the location was strategically placed, and that there was a hidden message in that placement. Black students also felt that the university claimed to embrace diversity, but all of their activities and traditions were non inclusive to the Black students on the campus. This study also revealed that faculty were non supportive and services were segregated, whereas the White students thought the services were great. There were no non-white representatives in the advisor category and few Black faculty in the entire university ($n < 40$), but not many Blacks or other ethnic groups of any kind in administration. Most of the non-whites (70%) in the university held service jobs (housekeeping or maintenance). Hughes discussed the need for Blacks to have a kinship with someone on campus that would help with the students' social growth and academic integration.

Hughes (2002) also found that feelings of loneliness were viewed as a barrier to success. On the other hand, White students surveyed were satisfied with the services of the school and did not have a problem with the traditions of the school. The Black students felt the school was two worlds, one Black and one White. The students ignored comments and images that depicted Blacks negatively feeling they had to play the game and not rock the boat in order to be successful in that university.

Retention has been and still is a hallmark of most universities and colleges. However, Kemp (1990) suggested that higher education should focus its efforts on persistence. Kemp argued that programs should be developed, funded, and implemented with students of color in mind so graduation rates can be improved. Other researchers have suggested that colleges shift their focus from why non-white students drop out of college to explore why they persist to graduation (Cabrera, Nora, & Castanda, 1993; Levin & Levin, 1991). Littleton's (2002) study examined the experiences of 24 Black students who persisted toward graduation at four small PWIs in the Southeastern U.S. The researcher decided on small private colleges because similar studies had mostly been conducted at large public universities. Qualitative methods were used to guide the study. Phenomenology inquiry guided the analysis and interviews were used to collect data. The importance of faculty was an indicator of persistence in this study. Seventy-one percent of the participants indicated that faculty influenced their persistence. Even though these students spoke highly of faculty, they felt that Black faculty were needed for guidance and role modeling.

The results of the study revealed the importance of the college environment on persistence. Forty-two percent of the students felt the environment was peaceful with few distractions. Although the students did not enjoy some elements, they appreciated the personal attention they received because of the small college environment. Classroom management was a small issue in that Black students felt they were expected to represent the entire Black race on various issues but many of the students did not want that responsibility because they were the only Black in many of their classes. The small PWIs had both positive and negative effects on the Black students. . They spoke of instances where faculty and administrators would contact students who were struggling academically. Lastly, even though the students felt supported by the college, they formed their own alliances with each other which they felt added to their

sense of belonging, “fit,” and community.

Swim Hyers, Fitzgerald and Bylism (2003) conducted a study examining racism in a PWI in the Northeast portion of the country. This study was interesting in that it used qualitative and quantitative methods of data collection. The qualitative inquiry involved completing a diary and interview methods. The sample was chosen from a possible sample of 163 students. The participants (n=51) kept a diary of everyday racism as it happened. The students had to document incidents as soon as they were able to, preferably on the same day of the incident. Prior to the diary writing, the students participated in the quantitative portion of the study. They had to rate what their emotions were when interacting with White European Americans in general. There were 24 emotions that revealed shock, feeling threatened, or feeling safe. The Likert type scale responses ranged from 1= very unrepresentative to 7= very representative. Next, they completed the Identity ($\alpha=.76$) portion of the Collective Self-Esteem Scale. The authors wanted to assess how important group membership was to the students’ self-concept.

The diaries involved writing a description about the incident of racism and who was responsible, what was the gender, and what was the students’ relationship with the person. The next piece of the diary had students rate the incidents using their own definition of racism, as to whether the behavior was actually racism or prejudice. Using a 7-point scale (1= no awareness to 7= very aware) the last part of the diary asked students to rate to what extent the person responsible for the act was aware of such behavior. The students were asked one to two weeks after diaries were turned in to complete what was called post diary measures to assess the representativeness of the findings.

Three factors emerged from this study: comfort, surprise, and threat (Cronbach’s alphas of .93, .93, and .86). Results showed that overt and covert forms of racism did exist as perceived

by the students. The students reported an average of 1.24 ($SD=1.45$) incidents over a two-week period that they labeled prejudiced. At least 55% of the students reported one or two incidents of racism while 10% reporting three to seven incidents of prejudice. Using grounded theory coding procedures, the researchers used the diaries to describe what type of racial incident the participants described. The themes that emerged were staring, verbal expressions of prejudice, bad service, and miscellaneous offenses. The incidents the participants described were from subtle or covert forms to overt and direct comments. The students described that the incidents happened in various places, such as public, institutional, or social settings. The students described the perpetrators as White European Americans except for one (one was African American). When asked to what extent they felt the perpetrators were aware of the behavior and was it intentional, on average, the participants' standpoint was that they were aware ($M=4.97$, $SD 1.78$) and the racist behavior was intentional ($M=4.94$, $SD= 1.68$). The predominant emotional response to the racial incidents was anger (58%).

According to Marcus, Mullins, Brackett, Tang, Allen and Pruett (2003), tremendous racial gains have been made in higher education, but "racism remains one of the most pressing social problems and that racial issues excludes no institution" (p. 1). Their study involved a liberal arts university with a White student population of 63% and Black student population of 31%. Of the 318 faculty, 7% are non-white while, 93% are White. The community where the university was located was the first capital of the Confederacy. The authors wanted to examine racism and discrimination experiences because of the unique history of the community so they collected from 398 students who attended day, evening, and weekend classes. The ending sample included 31.9% Black, 64% White and 3.3% other. By gender, the sample included 70.4 % females and 29.6% males. The instrument was designed by the researchers for the study and was

19 pages long. They collected demographic data was collected along with specific questions involving racism and discrimination while in class, going to class or at a social event on campus. They used a two-by-two analysis of variance to analyze the data and decided that any response that had a four percent response rate, they would examine for differences. Racism on campus yielded a four percent response rate. Eight percent of the students found fliers or pamphlets on campus with racist messages. Some students reported having been pushed or shoved on campus (7.5%). Others reported that while walking to class, racist and abusive words were directed at them (6.2%). The Black students reported a greater incidence of abusive words while walking to class ($M = .14$, $SD = .45$, $n = 99$) as compared to White students ($M = .05$, $SD = .23$, $n = 222$). The F score ($F = 3.23$) was significant at $p < .01$. Black students and mixed race students reported being ignored in class (Blacks: $M = .50$, $SD = .990$, $n = 99$) as compared to White students ($M = .23$, $SD = .6$, $n = 220$). The F score for being ignored in class was significant at $F = 7.14$. Further results of this study revealed that prejudice was not as overt as it once was, but it was still widespread in public settings.

Research has focused on how a negative climate is linked to success (Davis, Dias-Bowie, Greenberg, Klukken, Pollio, Thomas, & Thompson, 2004). Positive climates involve classroom environment, instructional practices, and the attitudes and beliefs of teachers and administrators. Several researchers suggest that climates are perceived as hostile if the students are left out of educational offerings, are stereotyped, and are devalued as if their culture does not warrant discussion (Davis, et al., 2004). Davis et al. did a phenomenological study where they interviewed 11 black undergraduate students. Rich and deep excerpts from the participants validated that student perceptions of that unfairness, sabotage, and condescension happened everyday on the campus. Another theme in this study dealt with social integration on campus.

The students interviewed had feelings of isolation and lack of connection on the campus. Students who felt isolated and disconnected were not likely to remain on that campus, or if they did, would probably not recommend that college to any friends or family. Universities may not believe in the power of the spoken word, but if a negative evaluation of a particular college is promulgated in the Black community, very few parents will send their children to that school. Davis et al. (2004) found that racism on PWIs propelled Black students to concentrate on the need to prove their worth by erasing stereotypes and invalidating the negative prejudices especially about their academic performances.

Blacks Who Attended Predominantly White Nursing Schools

Several generalizations about Black students' experiences in PWIs and PWNs that had been documented in the 1970s continue to be documented three decades later. Studies done in the 1990s and the few that have been conducted in the 21st century have cited many barriers to persistence to graduation of Black students. In this century Blacks are more likely to come from poor neighborhoods with substandard educational facilities that can later impact their persistence, even at a HBCU. Many Blacks who are successful in the environment of PWIs and PWNs do so because of commitment and perseverance, usually while coping with the emotional toll the stressors of college life can bring to any student.

Tucker-Allen (1991) completed the first descriptive study that involved experiences of students of color in a large university nursing program. The study was completed in 1985 and at that time no studies that dealt with the feelings and perceptions of students of color about their educational experiences. The Minority Student Nurse Questionnaire was a three part instrument designed by Tucker-Allen. Part I covered demographic data, and Part II consisted of questions about the prerequisite courses and nursing courses. Part III asked for suggestions for

improvement in certain areas such as preadmission resources. This quantitative study included 44 non-white nursing students which consisted of 20 Blacks, 11 Hispanics, and 13 Asians. The results suggested that students felt a sense of loneliness (73% of Hispanics and 65% of Blacks) and isolation at the school. There was minimal peer support because students felt when they joined together, they were viewed as unruly and nonprofessional. When asked if non-white students were friendly, Black students felt they were less friendly ($\bar{x}=3.9$, SD 1.6), while Hispanic and Asian students felt they were friendly ($\bar{x}=5.6$). Black students felt that Black History Month should have been celebrated or given more recognition by the school of nursing. Students also felt that the school could recognize important non-whites in nursing and other health care fields. Lastly, the Black students felt discrimination throughout all of their collegiate courses.

Porter-Tibbets' (1992) study was designed to exam coping strategies ethnic students used to combat alienation and compared the experiences with faculty perceptions. Porter-Tibbets interviewed 23 ethnic students and 12 faculty of which four were non-white. Glaser and Strauss' constant comparative method was used to analyze the taped interviews. In keeping with the theme of academic involvement and how students have navigated the academic side of nursing, these students felt they had no control over of their academic or personal life. Once control was loss, the students perceived the loss as a threat to their identities. The students felt pulled in many directions by the demands of nursing school. They described feeling "out-of-control, overwhelmed and threatened" (p. 83). Since many of the students had spouses and children or parents who needed them, they had difficulty managing the dual or triple roles. The participants discussed how much time and work nursing school demanded, feeling lost in the papers, readings, and assignments. Another pattern that emerged from this study was the concept of

exclusion. The students felt they were disregarded as it relates to their culture and their identity. This exclusion led to alienation and threatened the students' self-concept.

Janes' (1993) study compared Black students' experiences attending a Black nursing school to those attending a White nursing school. The eight participants were a convenience sample of nurses who had attended one of the two nursing schools, had graduated at least two years prior to the study, and passed the licensing exam. Four Black students from each nursing school were interviewed. Ethnographic phenomenology methods were used for this study. From Janes' perspective, the perceptions of the students supported the ideas of loneliness and isolation. Janes reported that the students attending the predominantly Black nursing school (PBNS) considered the environment comfortable and nurturing, whereas the Blacks attending the PWNS felt the environment was cold and uncaring. The students at the PBNS were proud and planned to support the school through alumni activities. The students believed the PBNS elevated their self-concept and esteem. Faculty relations at the PWNS were positive according to two of the students, but the students felt they were treated differently. The other two students at the PWNS felt negatively about the faculty. The two students relayed instances of faculty speaking to them in a condescending manner, and they felt overlooked and discriminated against. The students at the PBNS felt the faculty was caring and helpful. The White faculty at the PBNS was also very nurturing and caring. The Black students alluded to the fact that the Black faculty were role models for them and mentored and socialized them into the nursing profession.

Similarly, Jordan (1996) examined the experiences of Black Nursing students using Hermeneutics as a method and as a philosophy for the study. Hermeneutics involve knowing something about what is being studied and having something in common with the participants. This sharing makes the participants is done so they can feel comfortable with the researcher in

sharing stories and accounts of their experiences. The research questions centered on what it meant to be Black in a PWNS, and did being Black hamper capability or desire to complete their education? The participants were enlisted from volunteers who were obtained through faculty that were members of The National Black Nurses Association. The study showed that the students felt a lack of identity and that White faculty and students expected them to represent all Blacks in the country which put additional pressure on them to succeed because the students felt a sense of responsibility for all Black students. Other findings included feelings of frustration and perceptions that Blacks were negatively portrayed in the curriculum and in the clinical area. The curriculum did not include cultural specific care and this student was concerned that White students weren't being taught how to take care of clients who were Black or non-white. Another student discussed how some of the professors' indifference toward her as a student made her feel ignored. Black students also felt alienated and out of place.

Sims' (1996) study examined experiences of Black women in PWNS. The researcher used van Manen's phenomenological method to frame and analyze the study. The study participants included 18 Black women who had graduated within one year or less from associate degree nursing schools that were PWNS. Data were collected using face-to-face interviews, and participants were asked to describe their experiences as a Black woman in the PWNS. Three major themes emerged. The first was called "getting in" which described interactions with the PWNS environment and focused on feelings of marginality felt by the students. The Black women described ways that they dealt with perceptions of marginality such as trying to fit in, trying to prove themselves, or trying to hide things about themselves that they thought would be perceived negatively by their instructors. Some students tried to fit in by denying their culture and beliefs. One student changed her appearance to something she thought was more acceptable

to the White nursing faculty. Sims discussed the fitting in sub theme in relation to students lacking self-concept of who they were. Some of the students allowed their identity and self-concept to be defined by others. Other students attempted to assimilate into the dominant culture thereby causing them stress and anxiety. Another student described how she would just sit in the corner and withdraw or avoid the dominant culture in order to fit in. Withdrawal was associated with feelings of isolation, hopelessness, and powerlessness. Other Black students decided to embrace their culture and refused to change their appearance or beliefs, even though White students and faculty did not care for the student's appearance but the student was defiant on maintaining her identity.

The second theme was "getting through" which described the approaches the students used to persevere and persist. The students described how they assumed a submissive attitude and cooperative stance so they could finish nursing school. They discussed how they ignored slights, overt and covert attacks on their being, and how they had to give up who they were in order to graduate. The last theme was "getting out" which illuminated the determination of the students to persistence even in the face of obstacles. One obstacle was described as being treated differently. The students perceived that their race, gender, and class affected how they were treated at the nursing school. They perceived that the White females received more instruction, were allowed to make mistakes, and received privileges that they were not afforded. All of the students described feeling of loneliness and social isolation in the classroom, and in the dormitory. They also felt that racism ran rampant in the school, but remained unchecked and ignored.

Similar findings were documented in Yoder's study about non-white nursing students' experiences (1996). Yoder used qualitative inquiry to frame the study and interviewed 26 nursing

instructors and 17 RNs. The ethnicity of the educators was not given but 47% were non-white. The races of the RNs were five Blacks, five Mexican Americans, and seven Asian/Pacific Islanders. Yoder used an outside panel of educators to assist with the data analysis. The RNs asserted that while attending the PWNS, feelings of being invisible and marginalization were present throughout their tenure in the program. A majority of the RNs had experienced some form of discrimination or racism during their program.

Langston-Moss (1997) conducted a phenomenological qualitative study on experiences of female Black students in nursing schools. Nine Black nursing students was interviewed for this study. The students were all seniors from predominantly White baccalaureate and associate degree nursing programs. Interviews using open-ended questions along with probing questions were used to extract the data about their experiences in those schools. The findings suggested that the students felt that teaching was directed towards White students. The participants felt harassed and ignored by the instructors. They perceived that they were getting tougher assignments and were expected to make errors. One student described an incident where medications were left out on a counter. The first name the instructor called was hers. However, the White student left the medications out unattended. Once the instructor found out that it was not the Black student, but the White student, she decided to handle the situation in such a way that the White student did not get into trouble with the unit staff nurses. The Black student felt that had it been her, the situation would have been handled differently where she would have gotten in trouble with the staff and would have been reprimanded by the instructor. Again, the participants in this study felt isolated, lonely, and that they did not fit into the social or academic climate at the university. All of the students interviewed stated that their most influential social support network was their family. The support from their families gave them the strength to

continue in the program. Most of the teachers were not a significant influence or a great source of support for the students.

Aiken, Cervero, & Johnson-Bailey (2001) used a qualitative approach to study ten Black women in nursing completion programs. Nursing completion programs are for registered nurses (RN) with diplomas or associate degrees who went to return to nursing school to obtain a baccalaureate degree. The purpose of the study was to explore factors that encouraged and discouraged participation of Black women in RN completion programs. The authors used Black adult women because the literature was lacking in studies on experiences of any other ethnic or racial group except White adult students. Aiken et al. used the Black Feminist Theoretical Framework to guide the study. According to Aiken et al., The Feminist Framework draws attention to the daily race-based experiences Black women endure daily. The framework also supports the thought that groups that are bound by race, gender, or class can accurately represent those groups' concerns (Aiken et al.). The factors that encouraged Black women's participation in continuation programs were intrapersonal (belief in God) and cultural (potential for advancement in nursing). One factor that discouraged these women was the experience of being "The Other." The other reflected the students' feelings of being treated differently in classrooms and being marginalized. The other factor of discouragement was the culture of racism. Participants identified instances of covert and overt racism. Some of the injustices perceived by the students were humiliation, silence, being ignored, being treated differently, and White students' reluctance to interact with them. Most of the students also thought their programs supported the culture of racism by ignoring or denying that it existed.

Hassounah-Phillips & Beckett's (2003) qualitative study, *An Education in Racism*, mirrors the above study. In this study, nine women of color in nursing doctoral programs were

interviewed. Two group interviews and one individual interview were conducted. The participants were from different PWIs. They were asked to provide experiences on socialization, faculty contacts, and experiences of racism. The participants reported that racism was an education in it self. Examples of racism given by the participants were Eurocentric curriculum, stereotyping, slander of faculty of color, racial slurs, and discouraging studying or even mentioning non-European cultures. The participants also thought that universities wore masks because the administration and faculty gave lip service about diversity, but upheld policies to maintain the status quo. Also, most of the schools where these students attended had negative reputations in their communities. The participants felt that they also wore masks to hide their vulnerability. They pretended not to be angry, hurt or sad, mainly out of necessity for survival in that environment. The students and the authors suggested that the masks allow Euro-American faculty and students to feel at ease in their positions of privilege.

Similarly, Gardner's (2003) study examined barriers affecting the success of students of color in nursing in PWNS. Phenomenological design was used to examine the experiences of ethnic students in PWNS. The researcher used the interview method for data collection. Fifteen non-white participants were interviewed (3 East Indians, 2 Hispanics, 2 Laotians, 2 American Blacks, 2 Nigerians, 1 Filipino, Nepalese, Vietnamese and Chinese). Eight themes emerged from the study: (a) loneliness and isolation, (b) differentness, (c) absence of acknowledgment of individuality from teachers, (d) peers lack of understanding of cultural differences, (e) lack of support from teachers, (f) insensitivity and discrimination, (g) determination, (h) and overcoming obstacles. In summary, the students felt ignored, left out, devalued, misunderstood, and isolated (Gardner, 2003). All of the students expressed profound loneliness and depression. Differentness was expressed in several ways. They reported that their White peers did not respect

them or their cultures and knew very little about any other culture other than their own. They saw their White peers as aggressive students who liked to party, drink, and eat out. Discrimination was described in relation to marginality. The students of color coped by ignoring the discrimination, while some blamed themselves, and others tried to assimilate into the dominant culture. Whatever coping mechanism they chose, the stress of the mechanism and the ongoing feelings of marginality added to the stress of attending the PWNS. Most of the students of color were unhappy but intended to persist because the individual goal of becoming a nurse was a great motivator.

Kossman's (2003) study was designed specifically to explore the culture and fit of nursing education with Black nursing students. The researcher's purpose was to investigate what impact if any, did the nursing education culture have on persistence or attrition of the students in PWIs and HBCUs. Individual interviews and focus groups were used to collect data. Forty-three participants were included, 14 were faculty (11 White, 2 Black, and 1 Indian), and 22 were students (20 Black, 1 White, and 1 Asian). This study mimicked previous studies in that the students of color voiced perceptions of racism. One of the research questions explored the non-white students' perception of "fit" with the nursing education culture in terms of their beliefs and values. The Black students felt comfortable with the nursing education culture values (caring, respect for diversity, service, and professionalism). However, the behaviors exhibited in nursing education such as inflexibility, compliance, bias, and avoidance of conflict did not enhance the students' perceptions of a good fit with nursing culture.

Another finding in this study was that the students (both Black and White) found the institutional climate unwelcoming and hostile. Faculty at the same institution validated that the environment was unwelcoming and hostile. Black students in the other focus group also

reported an unwelcoming institutional climate. Interestingly, the White students at the large public university felt the environment was also unwelcoming and cold. The White students felt accepted by their peers but not the faculty or administrators. The difference here is that the Black students did not feel accepted by faculty or their peers. The only students in the study that felt the nursing school was welcoming and that the faculty was supportive were the Black students who attending the predominantly Black nursing school. The climate and nurturing effect of the Black nursing school positively affected the students' feelings of belonging. The Black students at the PWNS cited instances where racism was either overt or covert. The Black students stated the White students did not want to be in groups with them, did not sit near them in exams, and generally expected them to do poorly in the school. Sometimes leaving the college environment can bring some relief from the stress of school but the Black students talked of instances in the nearby community where they were profiled, where they overheard bias statements from some of the Whites in the community and in the hospital setting where they practiced. All of the unwelcoming behaviors and racial bias experienced by the Black students negatively impacted their sense of "fit or congruence."

A pilot study explored the lived experiences of Black nursing students in a PWNS in a rural southeastern community (France, Fields, Garth, 2004). A phenomenological approach was used to guide the study and van Manen's methodology was used to analyze the data. Watson's Theory of Human Science and Human Care were used as the theoretical framework. The sample included four Black nursing students in a baccalaureate program. At the time of the study, the four students were the only Black nursing students at the PWNS. The researcher taped interviews, used field notes, as well as an assistant's journal was used. The researchers analyzed the data by writing and rewriting until themes emerged. The first theme was "You're just shoved

to the corner” (p. 30). The students expressed a lack of support from peers. The Black students felt that White nursing students had discounted them because of their race. They expressed not feeling a part of the group. White students shared information and would not offer the same information to the Black students. The students shared stories about trying to join study groups, but it never materialized.

The second theme that emerged from the study dealt with the pressures of having to prove themselves against the negative stereotypes while attending class or clinical. The last theme to emerge from the study was about persevering regardless of the feelings of isolation and perceptions of being discounted. Other findings of this study revealed that the Black students had difficulty navigating the university and nursing system. The students describe faculty as supportive and did not feel discriminated against by them.

In an expansion of Yoder’s study (1996) Amaro, Abriam-Yago, & Yoder (2006), explored barriers and factors that hindered or facilitated persistence to graduation for ethnically diverse students in nursing schools. The researchers used grounded theory methodology to frame and analyze the study. The 17 participants graduated from nursing schools within six months to two years of the study. Consistent with Yoder’s findings, this study revealed that the needs of non-white students remained constant. The study suggested several desires the graduates felt were essential for diverse students to be successful in the nursing programs. The needs were personal, academic, language, and cultural needs. Under the theme of personal needs, many of the participants stated they had to care for small children at home and although family can be a great source of support, they can also be a hindrance. Participants discussed cultural differences as obstacles to their nursing education. They reported because of a lack of a diverse faculty on campus, they had no role models or mentors to consult with. The majority of the participants

reported that they did not experience discrimination or prejudice from nursing faculty. However, many encountered prejudice from the some of their classmates, hospital staff, and nurses during their practicum or clinical in the hospital. Peer support was a major factor in these students persistence to graduation.

The final study is my pilot study conducted in 2004 and 2005 (Thomas, 2004, 2005) which examined the experiences of non-white students at the institution where I was an assistant professor. This study was inspired by a Minority Workforce Grant that three Black faculty applied for which received funding. The purpose of the grant and study was to recruit Black students to the nursing school. Not many Black students were applying to the nursing school, and we wanted to find out why. I explored the lived experiences of two groups of students of color using phenomenological inquiry. This type of inquiry captured the voices that have been ignored in the literature. Focus groups allowed me to gather information about the lived experiences from a number of people at the same time. Focus groups are valuable sources of information, because group dynamics play an important role in participants speaking more freely.

Phenomenology captures the diverse experience as told by the person and is not concerned with cause and effect (Creswell, 1997). Participants were able to share thoughts and elaborate further based on what other participants may have said. Phenomenology also describes the meaning of experiences for persons who are experiencing the same phenomena. This pilot study explored student experiences through the lens of culture, social integration, faculty characteristics, and admissions. All participants were non-white students at one PWNS. Letters were sent to all of the students of color enrolled in the nursing school who were juniors for the first focus group and those who were juniors or seniors for the second focus group. The first group consisted of six students, four Black and two Vietnamese females. Juniors were chosen

because they had been in nursing school long enough to encounter faculty and had been exposed to most of the curriculum. The second group had three seniors and three juniors which consisted of two Black males and four Black females. One Indian student came to the second focus group but decided not to participate because she did not consider herself a student of color and she had assimilated into the dominant culture. I included seniors in this group because they had gone through most of the curriculum and had come into contact with most of the faculty. Seniors had the greatest opportunity to socialize and assimilate with the dominant culture on campus because they had been in the school at least three years. The ages of all participants ranged from 22-40 years of age. One student in each group was 40 or over.

Once I obtained consent from each participant I scheduled the focus groups and conducted each session using a moderator's guide. The guide included guidelines for the focus group, the purpose of the session, and three open-ended questions. The questions dealt with lived experiences, culture inclusiveness in curriculum, socialization and changes that were needed to support ethnic students. I taped the session and transcribed the data with permission of the participants. The transcripts were coded using Strauss and Corbin's open coding techniques. Four themes emerged from the analysis of the data. *They are placed here everyday* represents the obstacles the students faced upon entering nursing school and throughout their stay in the school. These obstacles were unwelcoming actions by counselors, faculty, and the general environment of the school. These actions resulted in feelings of racism, unfairness, stereotyping, condescension, and feelings of being unsupported. Students coped with these feelings through prayer and support from family, friends, and Black faculty.

The next theme was *The Other Experience*. The experiences of being the "other" or being different caused students to feel lonely and isolated in some instances. The school did not

provide any outlets for cultural socialization. Many of the social activities were planned and attended by the White students with no consideration for any one else in the class. Most non-white students did not feel welcomed at major socializing events. The student organizations planned many of the events, and the Black students were not in any organizations. Although one student suggested joining, everyone did not because the organizations did not represent their issues. Many students voiced being weary because of the demands being in nursing school requires. They voiced feelings of loneliness, and isolation, added to the stress. Students revealed that because there were only a few non-whites on campus they always felt alone. *The Other Experience* also involved representation of cultures in a negative way in class by faculty, in the curriculum, and in textbooks. Study groups are all White with no invitation to join. If students of color asked to join they were met with silence. The last part of the “other” is what I called supervisability. Because of the low numbers of non-whites on campus, White faculty and White students expected the few non-white students to be representative of all people of their culture. The next theme, *Sticking Together Like Glue* represents ways in which students coped and persisted to graduation. The few, mostly Black students on campus, sought each other’s friendship, shared material, and provided each other with support.

Lastly, *How Do I Get Here and Stay* represented the actions of the school that could have led to the students feeling welcomed and supported. Students felt that faculty, as well as the student body needed more diversity. Also, students felt that the school did not place enough emphasis on the recruitment of non-white students. Students of color on campus helped each other to persist to graduation because of the perceived support and the belonging the students felt with someone like themselves. Nevertheless, even with the obstacles, feelings of being the “other,” trying to find a bond with other students of color, and finding ways to persist to

graduation, the students said, “we are here, and we are moving on.” By moving on, they felt they would persist to graduation and, in the process, would have learned many lessons from going to this school. While a few of them said they would not recommend friends or family to this school, some said they would. The students who would recommend the school to others stated that what they experienced was real life in America. The students also felt that they should be a part of the solution and would return and assist with the recruitment activities of students of color in high schools in the area.

Black Feminism

This study will focus on the phenomena of Black women’s experiences in PWNS in the 21st century. The experiences of Black women in education may be shaped partly by clichéd images seen in the media and in the general public. Labels and images may determine how Black women are treated and perceived in higher educational institutions. Historically, Barbee argues that Black women were seen as “mammies” and “matriarchs. Those symbols represent racist depictions of Black women which are not so evident today but, “racial bias in nursing is demonstrated in the small numbers of Black RNs and the lack of Black nursing students in nursing schools (Barbee, 1993, p. 346).

Social, political, and economic domination in American history has partly depended on stereotypical images of non-white people. Historically, Black women’s images were constructed out of slavery. These images included that of the mammy who was the obedient, faithful servant (Collins, 2000). According to Collins, negative images were created to justify exploitation of Black women. The “mammy” image depicts Black women as the nurturer and keeper of her White family while having to neglect her own family. To some White Americans, the “mammy” image is the symbolic way they see Black women. Mammy was not only obedient, but she was

also subordinate. Many professional women have made great strides in this country, but the “mammy” image lives in the educational arena as well as popular society (Collins, 2000). Similarly, hooks (1981) writes that the “mammy” image of Black women aids in the continued oppression of Black women.

Black women were sexually exploited during slavery and were labeled as loose or bad. Once slavery ended, Black women chose Black men as their partners but Whites continued to label these women as loose or bad. Blacks attempted to redefine the Black woman’s image during reconstruction, but Whites resisted the image change. Black women then attempted to model White women in behavior and dress. They were mocked and made fun of even in the newspapers and magazines. They were harshly reminded that they were not worthy of respect (hooks, 1981).

Collins (2000) asserts that objectification is a vital process that oppresses Black women. Objectification involves classifying Black women as objects whose identity and reality has been defined by others. Historically, Black women were domestics, worked in the fields and were called girls instead of women. Devaluation of Black women by using objectification and other means such as treating them as though they were invisible was and is a means of social control and is used to keep the races separated (Sims, 1996).

Matriarch is another label most recently given to Black women. Mammy “typifies” the Black mother figure in White homes while matriarch is the mother figure in Black homes (Collins, p. 75.). Society has viewed matriarchy as bad because of its contribution to the social ills of the Black family and community. Black women who worked outside of the home were characterized as unable to supervise their children properly which caused failure in school and contributed to the social ills of the community. These matriarchs were also labeled as overly

aggressive women who emasculated their men (Collins, 2000). From the dominant group's perspective, it was understandable that the men left the home or did not marry their women. These matriarchs were not submissive and dutiful and were labeled as bad mothers.

Matriarch and mammy images have shaped the way many Black women are treated in today's society. Black women who are very passionate about an idea or have an opinion or who just decide to speak their mind may be seen as angry, aggressive, lacking warmth, and lacking as a nurturer. A prime example today is the 2008 presidential campaign. Michelle Obama, a successful Black woman with her own ideas and opinions, has been labeled in some media as angry, aggressive, and of course unpatriotic. Conversely, Laura Bush and Cindy McCain have been depicted in the media as soft, dainty, unassuming and, of course, patriotic. Essayist, Diane Roberts of National Public Radio, writes of Obama, "She doesn't seem angry to me, just confident. And self-assured...And just about everybody congratulated this Princeton- and Harvard-educated woman for appearing on "The View," where she revealed to a breathless nation that she doesn't wear pantyhose and loves bacon" (Roberts, 2008). "Labeling Black women as unfeminine and too strong works to undercut Black women's assertiveness" (Collins, p. 76-77). So many believe that Mrs. Obama had to reinvent herself to look and act more feminine and less aggressive.

During the 1980's through 2008, another image of Black women became that of the welfare mother. Even though all Americans are entitled by law to social welfare benefits if needed, Black women are the face of welfare in America. The welfare mother is labeled as a bad mother. According to Collins (2000), the welfare mother is portrayed as lazy and content to just sit around and collect benefits from the government. This image continues to provide justification for the dominant society to place Black women in a negative category just like the

mammy and matriarch images did post slavery. During the Reagan years, the image of the welfare mother was highly stigmatized. Reagan's administration used the negative image of the "welfare queens" to cut government spending on social welfare programs (Collins, 2000). During the 1980s the media depiction of the Black woman on welfare symbolized the deterioration of American values.

During the same period starting in the late 1980s up to 2008, a class specific image of the "Black lady" emerged (Lubiano, 1992). The "Black lady" was the opposite of the welfare queen, but she is still depicted as a bad woman. The "Black lady" completed an education, sought a professional job, and is hardworking. Yet the "Black lady" is seen as an emasculator of men and lacks femininity. They are deemed too assertive, which is why the Black lady is single and alone. Collins (2000) asserts that the "Black lady" is a glamorized version of the "mammy and the matriarch". The "Black lady" is a hard worker whose jobs are all consuming; therefore they have no time for their families and have no time to nurture their men.

More current negative images of Black women are perpetuated by the media (television, radio, and music media). Jezebel, "hoochie" and whore are controlling images of Black women in the media. According to Collins (2000), the Jezebel image began as an effort to control Black women's sexuality. Labeling a woman a Jezebel justified White men's sexual assaults on Black slaves by labeling the women as sexually aggressive. The modern day "hoochie" has been made very popular by the music, print, and television media. Rap and hip hop videos depict Black women as overly aggressive sexual objects who will do anything for money. Unfortunately, the media and rap groups are the ones that will do anything for money. But the rap groups are lauded for telling the truth in their music, thereby giving credence to the negative image of the Black woman in their videos. Acceptance of these images by Black people is embedded in the financial

benefits of these groups. What Black people cannot see are the large financial gains made by the White controlled media.

Another characterization of Black women is superhuman. This Black superhuman woman endures hardships and can do hard work (hooks, 1981). She is also depicted as an “overweight nagging maternal figure” (hooks, 1981, p. 66).

In conclusion, Black women have been historically portrayed with far more negative images than positive images. Educational institutions, the news media and government agencies are important sites for reproducing the negative images of Black women (Collins, 2000). Popular culture and the Internet have also become a great medium to promote the negative images of Black women. With continued White male dominance over education, government, and media, White men determine what is deemed as the truth in American society (Collins 2000). The negative images such as mammy, matriarch, Jezebel, and welfare queen have contributed to how Black women are seen in society. Nursing schools are a part of American society, so those images can permeate through the halls of those institutions.

Summary

This chapter provided an overview of the evolution of the phenomena of the lived experiences of students of color at PWIs. Discussion centered on the concepts of academic, social, and institutional issues surrounding persistence in PWIs and PWNS. The discussion included thoughts on Black feminism which presented Black women’s images in yesterday and today’s society. Findings suggest that racism, alienation and loneliness, powerlessness, and culture may affect persistence of non-white students in nursing and higher education. However, do these phenomena still exist in today’s culture of color blindness and political correctness? Are Black students, especially women, still facing the same issues Blacks faced post-slavery, post-

reconstruction and post-civil rights eras? Many of the studies completed were in the 1970s and 1980s through the 90s. There has been a resurgence of studies on experiences of Black students at PWIs in the 2000s but not in nursing schools. The lack of ongoing research in nursing education amid the nursing workforce crisis, the health care crisis, and the changing demographics of the U.S., support the need for further in-depth studies about the experience of being Black and female in predominantly White nursing schools. With increased understanding of what it takes to persist in nursing schools, despite the perceived barriers, the nursing profession can close the nursing shortage gap while increasing the non-white nurses' presence in the profession.

CHAPTER 3

METHODOLOGY

Nature of the Study

A phenomenologist spins a web so that one can understand the structures of the lived experience (O'Donoghue & Punch, 2003). Phenomenology is a philosophical method of research that examines experiences as they appear in the life of a person. In phenomenology, the meaning of the experiences is of utmost importance and the structure of the experience is in the form of the first-person point of view (Smith, 2005). Experiences such as thoughts, feelings, and passive experiences, such as those experienced through vision and hearing, are examined through phenomenology. Active experiences such as walking or running are also examined. The experiences are made conscious because of an inner awareness of the experience.

Phenomenology began in the mid-1890s in Germany and thus is over a century old. During the 1920s, phenomenology extended into the United States and other countries, and was used to research symbolism, education, music, and religion (Embree, 1997). During the 1930s phenomenology began to catch on in countries such as Italy and Korea and was used to research architecture, literature, and theater (Embree, 1997). After World War II, phenomenology became popular around the world and was used to explore ethnicity, film, and gender. In the 1960s and 1970s phenomenology was used to encompass research done in the arts such as dance, also geography, law, and psychology (Embree, 1997). Lastly, in the 1980s and 1990s, phenomenology was used to research ecology, medicine and nursing (Embree, 1997).

Although phenomenology has been around in the United States since the 1920s it wasn't taken seriously as a form of research until later. During the 1960s and 1970s, several research approaches were designed to study reality as experienced by the person. One of the new research

approaches was phenomenology. These approaches caused confusion and hostility in the field of research. Although in today's world there are many ways to approach phenomenology, four dominant types have emerged.

Edmund Husserl first developed phenomenology in the early 20th century (1859-1938). Husserl, a Jewish scholar, born in an Austrian Province, is considered the 20th century "Father" of phenomenology. Husserl (1917) wrote that the major task of phenomenology is to investigate how something is perceived. Husserl used many of his ideas from works of his teachers, philosophers and psychologists such as Franz Brentano and Carl Stumpf. He borrowed from them the notion that all phenomena are directed at some intentional object. Everything humans believe, love, or desire is intentionally directed at something or someone. Intentionality is the key element that separates mental phenomena from physical phenomena because a physical phenomenon lacks intentionality (Stanford Encyclopedia of Philosophy, 2003). In a lecture in 1917 on phenomenology, Husserl wrote that the task of phenomenology is to investigate how something is remembered, fantasized, or represented by pictures or symbols. He called these representations "themes." Husserl also referred to the themes as the "science of consciousness." This type of phenomenology was called realist phenomenology (Husserl, 1917).

Thirteen years later Husserl made some key changes to realist phenomenology and what constitutes phenomena. The major characteristics of Husserl's method of phenomenology include discovering the essence of the phenomena, epoche, or bracketing the phenomena, and reducing the phenomena (O'Donoghue, T. & Punch, K., 2003). First, during the discovery phase, the subjects must describe their experiences as completely and honestly as possible. The essence of the phenomena is the core meaning of the experience. The subject use free imagination, reflection, and insight to bring out that essence. Next, epoche or bracketing by the

researcher is necessary. Bracketing requires that the researcher suspend personal beliefs so the phenomena can be focused on and understood. Once the researcher's attitudes and beliefs are suspended, the researcher must then attempt to make sense of what has been discovered. This task is referred to as reduction and facilitates identification of the essence of the phenomena. Much of Husserl's work has been, and still is, depicted as descriptive phenomenology (Embree, 1997) and called transcendental phenomenology.

Existential phenomenology, developed by Heidegger (1962), studied concrete human existence which included the experience of free choice in concrete situations. Heidegger stated that consciousness is already in the world. The state of being and consciousness is the starting point of discovering meaning in experience. He did not agree with Husserl about bracketing experiences because Heidegger thought that everyone's being is "being- in-the-world" (Smith, 2005). Instead of bracketing, individuals should interpret activities and what meanings these activities have by looking at the context of the experiences or the activities themselves (Smith, 2005).

Heidegger, along with such notables as Hans-Georg Gadamer, are decisive figures in the development of twentieth century hermeneutics, which is the last form of phenomenology that will be discussed. The basic themes of hermeneutics are interpretation, textual meaning, discourse, pre-understanding and tradition (van Manen, 1990). Hermeneutics phenomenology states that every form of life is interpretive, and central to this interpretation is the "Being." Another contributor to hermeneutics was Paul Ricoeur who was a French philosopher who in the course of developing his philosophy made a major methodological shift. According to Dauenhauer (2005) most of Ricoeur's earlier writings prior to 1960 centered on the tradition of existential phenomenology. After that time, Ricoeur concluded that in order to study properly

human reality, a combination of phenomenological description along with hermeneutic interpretation was needed. For Ricoeur, hermeneutics involved whatever that is intelligible and is accessible to us in and through language and that all use of language calls for interpretation (Dauenhauer, 2005).

van Manen's Hermeneutics Phenomenology

Phenomenological studies exam experiences through the eyes of the person being studied (Creswell, 1994). Phenomenology describes phenomena rather than explanaphenomena. Phenomena are anything that appears, or presents itself in the consciousness such as emotions, feelings, thoughts, and perceptions. There are multiple realities and meanings of experiences. These meanings are what constitute reality. The meanings of experiences are mediated by our values, and each event in our lives shapes each other (Lincoln & Guba, 1985).

van Manen's research method was utilized in my study (1990). van Manen writes that "Hermeneutic phenomenology is a human science which studies persons." (van Manen, 1990, pp. 6). The word "persons" is used because van Manen believes that using the words "subjects" or "individuals" to refer to the participants is the same as classifying a horse, a tree, or a man. The term person denotes something that is unclassifiable and unique.

van Manen (1990) writes that in order to have real understanding of hermeneutics, the researcher must understand the experience from the inside. His description of hermeneutics is spelled out in what it is and what it is not. According to van Manen (1990), phenomenology studies the lived experience. To research the lived experience, the experience has to present itself to the consciousness. Once the experience has presented itself, it can be reflected upon by the person and the researcher. Although the experience cannot be reflected upon while the person is living through the experience, it can be recollected and then can be reflected upon.

Once the experience has been reflected upon, the essence of the experience can be extricated. The essence as described by van Manen (1990) is a deeper and more significant description of an experience. The essence is the core meaning of the phenomena that makes it what it is (O'Donoghue, et al., 2003). Lastly, van Manen expressed that phenomenology is a search for what it means to be human. Hermeneutic phenomenology researches what it means to be you as a human, a woman, a man and so forth. The critical goal of phenomenology is to realize who we really are.

van Manen also discusses what phenomenology is not. First, phenomenology is not an analytical science. Phenomenology is not interested in empirical facts and cannot prove one situation is better than the other. Second, phenomenology is not mystical in nature. Phenomenology seeks to understand concrete lived experiences only. Third, phenomenology will not solve any problems. It seeks meaning that cannot be solved.

Research Approach

Hermeneutic phenomenology, as described by van Manen (1990), has six steps. The first step is the nature of the lived experience which has three sub-steps. First, there must be an interest and then a commitment to the phenomena of interest. This commitment is called turning to the nature of the lived experience. I became committed to exploring the lived experiences of Black nurses who attended predominantly White nursing schools (PWNS) in my role as a faculty member at a PWNS. Many of the Black students revealed instances of fear, loneliness, and racism. Likewise, many of my nurse colleagues in the field attended PWNS and revealed some of the same experiences the students were dealing with when they attended their perspective universities. Also, the nursing school did not admit or recruit Black students. The desire to understand the feelings, emotions, and experiences of Black students/nurses who

attended PWNS compelled me to study the phenomena of interest. This is called orienting oneself to the phenomena (van Manen, 1990). According to van Manen, “to orient oneself to a phenomena always implies a particular interest, station or vantage point in life” (van Manen, 1990, p. 40). My orientation to the life world is that of an academician in nursing. Therefore, to study the experiences of Black nurses in PWNS, van Manen states it is not enough to just recall these experiences They but they must be recalled so that the essential meanings of the lived experience is constructed.

The next sub-step under commitment to the phenomena of interest is formulating the phenomenological question. To investigate the experiences of Black nurses who attended PWNS, I remained open to the possibilities of what the experiences brought forth and in living the question. van Manen (1990) states that “we live this question...we become this question.” Keeping an open mind and living the question is called the essence of the question. The last sub-step is called the nature of the lived experience which deals with separating assumptions and preconceived ideas from the phenomena that is being investigated. According to Husserl (1970), the natural attitude must be bracketed. Though it is not possible to suspend all knowledge about a phenomenon, it is possible to be aware that the knowledge exists and that it can be controlled. Trying to forget what is already known makes us more aware of the knowledge. It will come back up over and over in the reflective writing and in the analysis of the data. Consequently, it is better to make biases and assumptions obvious and then hold them at bay (van Manen, 1990).

The second step in the research method is investigating the experience as it is lived. To do this, van Manen states that personal experience should be used as a starting point because the researcher’s personal experiences may possibly be the same experiences of others and their experiences may be the same as yours. One’s own experiences may provide hints that will guide

the research through all of the stages. Next, in obtaining the description of the experience, words and phrases may lose some of their original meaning and may have a different meaning to the person giving the description. It may also be wise to discover original meanings of words because they may help to tie the lived experiences to a time when the words had great significance in the lives of others. The phenomenologist must pay close attention to these words because they can be used later during the analysis and interpretation phase of the research.

The data of the lived experience may be collected using several methods. The interview is one method I used for this project. I also used anecdotal notes to gather and reflect on the experiences of my participants. I have described my own experiences with the phenomena and described my biases and assumptions about the phenomena.

The third step in the research method is reflection. Hermeneutical reflection tries to grasp the essence of the experience (van Manen, 1990). In getting to the essence, the deeper meaning of the experience is made explicit. Themes are uncovered that are fuller descriptions of the experience. Themes are usually not a single concept but rather are phrases that attempt to allude to the phenomenon being studied. Themes can be found through taped interviews, accounts of stories, others reflections about the experience, or in passing comments. To isolate thematic statements, three approaches can be used. The first approach is to read the whole text. Next, ask what is the main significance of the text as a whole. The next step is the selective or highlighting approach where the text is read several times. From this, the researcher has to look for phrases that stand out and are revealing about the experience being described. These phrases are highlighted for possible themes. Lastly, reading line by line performs a detailed reading. Next the question is asked if the sentence or sentence cluster reveals deep meaning about the experiences being described. Once themes have been identified, they may be used as follow up in

conversations with the participants to interpret the significance of the themes and to gain further insight into the experience. I followed the steps as suggested by van Manen. I conducted a thematic analysis of the interview transcripts along with reviewing my field notes to identify the essence of the experience, thereby extracting the essential text organized around the concepts in the literature review.

The fourth step in the research method is hermeneutical phenomenological writing. Anecdotal writing is telling a story in narrative form. According to Rosen (1986), anecdotal narrative writing is powerful because it compels our attention, allows us to reflect, it involves us personally, and it may transform us so that we may be touched or moved by the story, and it measures our ability to interpret the story (as cited in van Manen, 1990). “Phenomenological writing also let’s us sees what shines through and what may be hiding. The reader must be prepared to be attentive to what is said in and through the words” (van Manen, 1990. p. 130-132). Writing the story and the experience may turn into a multifaceted process of writing and rewriting the text to capture fully the experience of the participants. van Manen likens the rewriting to artistic creation where the artist approaches the art object again and again to finally arrive at the masterpiece that has the signature of the author. Writing and rewriting did occur in my study until understanding of what it meant to be Black and female in PWNS.

The fifth step in the van Manen’s (1990) method is maintaining a strong and oriented relation to the phenomena. To stay oriented, the text has to show the relationship between life and theory. The text has to be rich and concrete so that it captures the life experiences in narrative form as well as capturing is exceptional and irreplaceable. To give the text meaning, it needs to have depth. The writing should capture a perspective where the text speaks for the Black nurses, and the research is presented as a text of teachings, not a summarization of

findings. To stay oriented and to provide a deep rich text of the experiences of the Black students, the themes and interpretations from the text were connected to the theory and literature in the study.

The sixth and last step in van Manen's phenomenological method is balancing the research context by considering the parts and the whole. First, it must be realized that pedagogical research must be moral and ethical. Second, the research project identifies the object of the human experience to be studied and plans what is necessary to collect anecdotal and descriptive experiences of the participants' emotions and feelings. Whatever means are used to collect the descriptions of the lived experience, the material collected should be compared with the "reflective recollections obtained by interviewing" (van Manen, 1990, p. 163) the nurses about their experiences at PWNS. Another aspect of balancing the research context is to have a well-defined and well-focused research project. The study has to be manageable by narrowing the focus of the study to a manageable topic. Lastly, the research writing of the study has to be structured in some way. van Manen suggests that the study can be structured in one or more of the following ways:

1. (Thematically): The emerging themes may be used as guides that generate text in the study. Each section of the descriptive text can be headed by a theme. Complex themes can be further divided into sub-themes.
2. (Analytically): Interviews can be constructed into life stories. Only material that highlights the themes should be used so that the phenomenon is meaningfully understood.
3. (Exemplificatively): The description of the phenomena is made visible, and then the initial descriptions are filled in with anecdotal illustrations.
4. (Exegetically): The writing of the text can be organized around the literature review using

the themes and discussion already identified to structure the writing of the text.

5. (Existentially): Four existentials terms can be used as interpretive guides in research studies. Interlaced into the descriptions in the text, they “temporality (lived time), spatiality (lived space), corporeality (lived body), and sociality (lived relationship to others)” (van Manen, 1990, p. 101).

My study was designed to explore and understand the meaning of being Black and female in predominantly White nursing schools (spatiality). The space is the PWNS in which the experience took place. The lived body (corporeality) means that humans are always “bodily in the world” (van Manen, 1990, p.103). Everyone interviewed was met through the body. Lived time (temporality) was the time spent at the PWNS, and sociality is the relationship the nurses had with others at the PWNS. My study used the concepts in the literature review to generate the text (exegetically). The concepts and discussion in the review are academic involvement (classroom and clinical time, mentoring, faculty and student interactions), alienation, loneliness, and isolation, culture, identity and “fit”, self-concept, institutional climate and racism, and Black feminism. van Manen’s approach was consistent with the views of hermeneutic phenomenology that were used to frame my study. The steps are turning to the nature of the lived experience, investigating the experience as we live it, hermeneutical reflection, phenomenological writing, maintaining a strong orientation and balancing the research. The interviews were transcribed into narrative text from each participant of her experiences while attending a PWNS. These data were obtained from one, in-depth interview and one follow-up interview for clarification and additions. The interview transcripts and text formulated from the interviews were read and reread until the essences of the experiences were revealed. The writing of the text is a descriptive account that tells the stories and reveals the emotions and feelings of the nurses.

Research Design

Sample and Participant Selection

In phenomenology, purposeful sampling is commonly used. This method allows selection of participants who have knowledge of the phenomena and are willing to share that knowledge. (Speziale & Carpenter, 2007). I targeted five to eight Black women, who graduated from a PWNS, who are licensed as a RN, and graduated within the last eight years was targeted. I chose eight years because that time period marked the beginning of the 21st century. However, one participant graduated in December of 1999. Since she graduated right before the year 2000, I decided to include her in the study. All of the nurses graduated from both private and public PWNS in Louisiana.

The participants were selected using the “snowballing” or networking technique (Speziale & Carpenter, 2007; Wood, & Ross-Kerr, 2006). This technique uses one participant to find another. My initial referral came from a colleague whose daughter graduated from a PWNS. I obtained another participant from this initial referral. Both graduated from the same PWNS. My next referrals came from a nurse who was doing her practicum at my educational institution. Once that referral agreed to participate, she referred another nurse who graduated from the same PWNS. That referral agreed to participate and gave me the name of another referral that graduated from a different PWNS. The sixth, seventh, eighth and ninth referrals were given to me by a nurse who worked with several Black nurses. The last nurse did not fit the criteria for selection because she graduated in 1991. The eighth and ninth referrals gave me referrals that did not meet criteria for selection. Both graduated in the early 1990s. Once the referrals were eliminated, I had a total of eight that met the criteria for selection. Data saturation and redundancy was reached with the eight nurses, and I did not have to recruit any more

participants. Common experiences were identified and consistent experiences evolved.

Setting

The setting for qualitative research should occur in the field. The field is where the participants of interest work, live, or just experience life (Speziale & Carpenter, 2007). The participants attended five different schools located in three different metropolitan areas in Louisiana. The face-to-face interviews were conducted at times and places mutually convenient to the participants and me. The telephone interviews were scheduled at times and days that were convenient for the participants. I worked around their needs and work schedules. I allowed the participants to choose where they wanted to meet and share their experiences. I encouraged the women to choose places that were quiet and free from intrusion. There were five face-to-face and three telephone interviews. The telephone interviews were conducted when the participants were not working and had time to talk while at home.

Instrumentation and Data Collection

Once a potential participant was referred to me, a telephone call was made to inquire about participation in the study. A summary of what the research involved and what I wanted to accomplish with the results was discussed. Each participant was initially contacted by telephone and was then sent a letter of invitation (Appendix D) and a consent document (Appendix C) by e-mail or regular mail with a stamped self-addressed envelope for return. All eight women responded to the invitation and signed the consent form and returned the documents within one week. The next task was setting up interviews. Three of the women worked straight nights while three worked alternating shifts, and two worked day shifts. All worked 12-hour shifts in their hospitals. Because of scheduling conflicts, three interviews were conducted by telephone. All of the follow-ups were conducted by telephone and e-mail.

The researcher was the interviewer and served as the research instrument. A brief self-administered questionnaire was used to obtain demographic information that included age, marital status, year of graduation, school attended. I sent the forms by mail or e-mail to my telephone participants for completion. Prior to starting each interview, I reiterated what the purpose of the study was and reviewed the consent again. I allowed time for clarification and questions. I explained the use of the tape recorder and reviewed confidentiality of the information they were going to give in the session. Even though they were sent all of the information in the consent form, I needed to review the information again to make sure no one had any questions or reservations.

The start of each interview was casual, mainly discussing the state of nursing and health care. Casual conversation put the participants at ease as I explained that I would be jotting down notes and questions for clarification. I encouraged each nurse to be candid and reinforced the importance of sharing their feelings and experiences in nursing school. At that time, I shared with each nurse my experiences in PWIs and PWNS. I used open-ended interview techniques, which are unstructured conversations with a purpose (Speziale & Carpenter, 2007). The first question I asked was “Describe your experience of being a Black woman in a PWNS.” I asked them to describe all their feelings, both good and bad, all of the emotions they felt while attending the PWNS. I asked them to start at the beginning with pre-nursing and then go forth to graduation. I specifically asked about mentoring, advising, admissions, classroom and clinical experiences. The next question I asked involved self-concept, culture and “fit.” I asked, “How did the Black culture fit into the nursing education culture and how did what you felt about your self-concept as a Black woman either help you or hurt you?” With that question I discussed the image of Black women and asked them to discuss being a Black woman in the White

dominated field of nursing.

The last big question I asked was “What factors influenced your persistence to completion of the program?” The interviewees were so forthcoming that I did not have to use the optional probes because much of what they discussed answered those optional questions. I performed five face-to-face interviews and three telephone interviews with a follow-up phone interview if needed for clarification and questions. The participants were given a choice to whether they wanted their transcripts sent to them by email. I had to take into account differences in age, social class, and other variables that may have affected the interview. I maintained a research journal with field notes taken at the time of interview. Field notes were handwritten, stored, and manually categorized into the data. Types of notes that were taken were descriptions of observations, description of each setting, non-verbal cues and my experiences during each encounter.

I recorded all interviews with the permission of each participant with a small but powerful recorder so as not to interfere with the flow of the conversation. The recordings were transcribed into narrative format with each transcription named in a way as not to identify the participant. Data was partially analyzed with transcription. After the end of each interview, I allowed time for the participant to add any additional information or ask questions. Interviews lasted from one to two hours.

Once interviews were transcribed, they were emailed to the participants that requested them and follow-up telephone were made to three of the participants for clarifications. No corrections were made but two participants thought of more information they wanted added to their transcript. I asked one participant to be more specific about the factors contributing to her persistence in the program. The transcripts’ identifying data was removed and tapes and

transcripts were stored in a locked file cabinet.

Data Analysis

Data analysis began immediately after the interviews and was done throughout the data collection process. To isolate statements and stories that revolved around the concepts in the literature review, three approaches were used. Using van Manen's (1990) steps to data analysis, the first approach was to read the whole text of each transcribed interview. I read each transcript in its entirety twice. Next I asked myself what was the main significance of the text as a whole? I jotted notes in the margin which was the beginnings of categorizing the data. The next step was the selective or highlighting approach where the text was read multiple times. Here I looked for clusters of phrases that stood out and were revealed the experience being described. Lastly, I performed a detailed review by reading line by line and asking if the sentence or sentence cluster revealed deeper meaning about the experiences that were being described. Once I identified statements in the text, they were placed in categories according to the concepts in the literature review. As I categorized the statements, I used my field notes to gain further insight into the experience.

The next step I used was to hand write the concepts (academic involvement, isolation, loneliness and alienation, culture, identity and "fit", self-concept, and institutional climate and racism) on a poster leaving room under each for text that related to that concept. I made several copies of each transcript but highlighted just one. I cut and pasted text and placed it under the concept forming a matrix. I included page numbers of where the text and data were found in the transcript on the matrix poster. Many of the textual statements chosen for a particular concept were moved around until I could see where the statement fit best. Once I placed all of the textual statements under a concept, I read the transcripts again a final time for consistency and to

make sure the literature supported the findings.

Lastly, I began writing a descriptive account that told the stories and revealed the emotions and feelings of the nurses. Using van Manen's (1990) steps, the conceptual framework served as a guide that generated text in the study. Each section of the descriptive text is headed by the concepts. Lastly, the research writing of the study had to be structured in some way. As van Manen suggests, the study can be structured thematically, analytically, exemplificatively, exegetically or existentially. I chose to structure my writing exegetically, and thematically. Exegetically is "the writing of the text that is organized around the literature review using the themes and discussion already identified to structure the writing of the text" (van Manen, 1990, p. 101). I used imagination, reflection, and field notes to immerse myself in the data. As stated earlier, Rosen (1986) states that anecdotal narrative writing is powerful in that it compels our attention, allows us to reflect, involves us personally and may transform us so that we may be touched or moved by the story, and it measures our ability to interpret the story (as cited in van Manen, 1990). There were several rewrites until I thought the essence of the Black woman's experience in PWNS shone through in the descriptions.

Trustworthiness.

Rigor in qualitative research is important to demonstrate to the readers of qualitative studies that this type of research is respectable (Speziale & Carpenter, 2007). In this study, trustworthiness was accomplished by member checking and triangulation (Creswell, 1994; Lincoln & Guba, 1985). Triangulation was accomplished by employing several techniques when analyzing the data. I tape recorded all of the interviews, made observations during face-to-face interviews, listened for changes in voice patterns during telephone interviews, and used my field notes to validate data from all interviews. I confirmed credibility using member checks. This

was accomplished by mailing the transcripts to the participants and by a second telephone interview that determined accuracy of the qualitative findings. Two participants made additions, and one participant was asked to expound on factors of persistence. All participants were given the opportunity to see the final results in narrative format if requested. Data was reviewed several times, and my field notes documented my feelings, non-verbal cues from the participants, voice inflections during the telephone interviews, and general observations. The primary strategy for transferability will be the collection of rich, thick, detailed, descriptions centered on the concepts discussed in the literature review.

Researcher's role.

Researcher's bias is a major threat to the credibility and validity of qualitative research (Guba & Lincoln, 1985). Epoche or bracketing by the researcher is necessary. Bracketing requires that the researcher suspend personal beliefs so the phenomena can be focused on and understood (O'Donoghue, T. & Punch, K., 2003). The researcher is the instrument, and credibility of the findings depends on the researcher being aware of personal biases and preconceptions. My perceptions of nursing education and nursing have been shaped by my personal experiences. I attended several PWIs and graduated from all of these schools. My experiences were both positive and negative. My other experience with PWIs has been in my career as a nurse and as an educator. Those experiences have also been both positive and negative. To avoid major threats to my research I had to avoid becoming too personally involved with the participants so that I could remain objective. I hoped to collect enough data to allay any preconceived bias that may exist based on the concepts discussed in the literature. My goal was to understand, describe, and capture the meaning of the experiences as told to me by the participants. The purpose of the study is to record lived experiences of Black women who

persisted in PWNS in the 21st century. The data will be carefully collected, recorded, transcribed, and written for truthfulness and consistency.

Ethical Considerations

A major concern for conducting this research was protection of the rights of the participants. The proposal for this study was submitted to my major professor and my committee and then submitted it to the University of New Orleans' Institutional Review Board (IRB). The IRB determined that my study was exempt and gave me the permission to start data collection. Potential participants who met the selection criteria were sent a letter of invitation enlisting their participation in the study. Once the participants agreed to participate, they were informed verbally by telephone about the research and sent a consent form. Each nurse agreed to participate verbally by signing an informed consent (Appendix C) which discussed the purpose of the study, the research methods to be used, confidentiality of the data, voluntary participation, withdrawal statements and potential risks and benefits. Once the interviews were completed, each participant was informed that the data would be kept in a locked cabinet and would be destroyed when the study was completed.

Summary

As previously stated, phenomenological studies examine experiences through the eyes of the person being studied (Creswell, 1994). The purpose or aim of phenomenology is description of phenomena rather than explanation of that phenomenon. Phenomena are anything that appears, or presents itself in the consciousness such as emotions, feelings, thoughts, and perceptions. There are multiple realities and meanings of experiences. These meanings are what constitute reality. This study explored the experiences of Black women who attended predominantly White nursing schools. An increased understanding of persistence of Black

women who attended White nursing schools was examined through the lenses of academic involvement, social factors (loneliness, isolation & alienation), culture, identity and fit, self-concept, institutional climate and racism.

This chapter discussed the nature of the study (phenomenology), research design using van Manen's approach and methodology used in the study. Finally, I discussed how trustworthiness was established in this study. The ethical considerations and researcher's role were discussed. Chapter 4 will describe the participants stories centered on the concepts in the literature review in narrative format.

CHAPTER 4

THE STORIES

Introduction

The purpose of this study was to explore the lived experiences of Black nurses who graduated from predominantly White nursing schools by using stories told by those nurses. This study sought to add to the dearth of literature available on Black nurses' experiences in PWIs which could increase awareness and understanding of Black nurses' experiences. Educators and nursing schools can then prepare programs to recruit and retain students of color. The primary questions were:

1. What does it mean to be Black in a PWI? What are Black nurses' perceptions of the nursing school experience?
2. How did the Black culture fit in with the nursing education culture?
3. What factors influenced your persistence to completion of the program?

The experiences of Black women who attended PWNS guided the process of data collection. The secondary questions dealt with classroom culture, social activities, stereotyping, racism, and mentorship (Appendix B).

The characteristics of the nurses are presented in relation to age, marital status while in school, if they had any children while in school, and if they had to care for a relative while in school. Demographic information was collected delineated the nurses' basic preparation in nursing school, whether they attended a public or private institution, and what was the year of graduation. I report these findings, and discuss them within the conceptual framework discussed in Chapter 2, and delineate the rich descriptions resulting from the phenomenological process. The interview text was analyzed and statements were isolated around the concepts of academic

involvement, isolation, loneliness and alienation, culture, identity and fit, self-concept, and institutional climate. Lastly, the study examined the nurses' perspective from a feminist view.

Participants and Their Experiences

The sample in this study consisted of eight Black women ranging in age from 24 to 37 years of age. All eight women attended PWIs prior to matriculating to the PWNS. The PWIs were both public and private colleges. The eight participants represent five PWNS in south Louisiana who offer either associate degrees (ASN) or bachelor's degrees (BSN) in nursing (Table 1).

Table 1

Educational Preparation

| Name | Basic Preparation | Type | Graduation Year |
|----------------|-------------------|---------|-----------------|
| Arielle | BSN | Public | 2004 |
| Eula | ASN | Private | 2007 |
| Myrtle | BSN | Public | 1999 |
| Judy | ASN | Public | 2006 |
| Jeanette | BSN | Public | 2004 |
| Bobbye-Francis | BSN | Private | 2002 |
| Karen | BSN | Public | 2003 |
| Dawn | ASN | Private | 2007 |

Arielle

Arielle is a 27-year old graduate from a BSN program in 2004. Arielle was single the entire time she was in the nursing school. She lived at home with her mother and did not have

any children but worked part-time to help with her finances and living expenses. Arielle and I met face to face in her home for our interview. The setting was relaxed and quiet. Having a happy and a delightful demeanor, Arielle described herself as humorous but professional. She depended on her family for support while in school. Arielle's mother is a Licensed Practical Nurse, and they are very close. Arielle attended an all Black primary and secondary school, so entering the PWI to complete prerequisite courses was a shock, although the university had many students of color in attendance. Once Arielle completed her pre-requisite courses, she went to see the advisor for the PWNS she wanted to enter. Her journey started with that meeting.

Academic Involvement

Arielle was in the public university finishing her pre-nursing courses when she saw a flyer announcing that the advisor for the school of nursing would be seeing students. She was stunned because she did not know the nursing school was located in her city. She thought it was on the main campus in another city. On her first visit with the advisor she was told that she should seek alternative career goals, that she would not fit in at the PWNS, and that her grades were not good enough to be admitted. Arielle said:

She looked at me and told me I wouldn't fit in at the PWNS. I said why? I have the grades and I am doing well in the pre-nursing courses. So why can I not fit in? That lady stared at me awhile and said I would never get in. That school only accepts high GPAs. Arielle discussed how she is overweight and has asthma. She wondered if she was being told she did not fit in because she was overweight or because she was Black. Arielle decided to apply for admission in spite of what the advisor said and was admitted to the school of nursing. Once she was admitted her next ordeal began. She declared:

When I first started over there I didn't think it was such a big deal. I had family who went

to nursing school and they never talked about all the issues and everything that goes on in nursing school. I was overwhelmed when I first got there, and it was just, the first semester was just like I didn't know what to expect. The students were nice, the teachers were semi-nice. They made me feel welcomed. As I progressed semester to semester I felt like more of a target. I felt like they wanted me to fail. I wasn't expecting just two Blacks in the class and a class of all White people. I had never been around that because I went to public schools that were all Black.

As stated in the literature review, mentoring, advising, and faculty-to-student interactions are forces that improve academic involvement and may have a positive or negative impact on persistence. Arielle had both good and bad experiences with advisors and instructors. The first was at the university where she was in the pre-nursing courses. The next experience was with her advisor in nursing school. She recalled:

My advisor was nice but did not go out her way to give me tips or strategies for success. I would find out from other White students that she gave them extra advice and tips for passing exams. So I asked her why was I not getting extra tips from her. She said she did not think I needed them.

When asked about the demands of nursing school Arielle repeats she was not prepared for the stress she encountered. Between the labs, clinical, and class, she did not have time to have a life. She stated:

It took me a long time to become acclimated to the demands of nursing school. I wish I had another student who could have helped me in the beginning to navigate the course, clinical, lab, studying for exams and turning in paperwork. Once I put in a year, I met some other Black students who were going through the same things I was going through.

So we bonded and started helping each other. With help, I started to become more organized. They gave me tips and books to help with care plans, gave me study tips.

Once I had help with all of that stuff, I was much more comfortable in clinical with my patients.

Arielle discussed the times she thought about quitting nursing school because of the high demands, the lack of help from instructors, and sometimes the stress made her ill.

She recalled:

So I kind of felt uncomfortable and my mama told me I had to go in there and be the best because you got two strikes against you; Black and fat. So I had to stay there and prove a point to these people and I was worth keeping at the nursing school. So we formed study groups among ourselves. We asked White students to join in their groups and we were met with silence. So we formed our own. Sometimes I just felt bad.

As Arielle progressed in the nursing curriculum, Black faculty members were hired, Arielle and other Black students began going to them for advice. According to Arielle:

At first we did not know there were Black faculty members at the school. When I started they had maybe two Black faculty members. When I got closer to the end there were eight Black faculty members at the school. Having Black faculty mentors helped so much. We wanted to come back and endure the treatment we received because we had Black mentors we could go to for support, tutoring, and advising. If we did not have that I do not know if I would have continued. I had a lot of motivation because of the Black faculty. I cannot even begin to state how the students feel now that there are 1-2 black faculty left there. They feel like they are alone now. They don't have what we had.

Positive role models have been documented as having a positive impact on

persistence. According to Mills-Wisneski (2005), faculty of color are needed in PWNS, and their presence

is key to persistence of students of color in nursing. Arielle was asked what influenced her persistence in the program. She recollected:

For one thing, all the Black students stuck together. We all looked out for each other. It didn't matter if you were a freshman or a senior. That was something I had not experienced before. The Black faculty members were a great source of support and provided mentoring, tutoring, and advising. I saw Dr. M. (named changed) in one of the graduation pictures on the wall and I wondered how she put up with this kind of stuff way back then in the 70s. Then we see her in administration and what she has accomplished, it made me want to finish and made me think it was possible to finish. When I brought situations to the White faculty is just brushed off. We had to do a team paper and I told the instructor that everyone wasn't doing their part, it was just ignored. When I made a comment about the students putting their feet on the back of the desks on your jackets, show some respect for the classroom. It was ignored. So I sat at the bottom of the class, but I pay tuition just like everybody, why did I have to sit at the bottom because they wanted to stretch out, this ain't no movie theatre. My family was a great source of support. My mom was my rock. She encouraged me, prayed with and for me. She is one of the reasons I persisted.

Arielle remembers her drive and commitment to finishing nursing school. When she started to recalled what she went through, she felt that most of it was unnecessary, but worth it to become a RN. She works in a Children's hospital and enjoys her work.

Alienation, Loneliness, and Isolation

All students have an adjustment period when entering college (Tinto, 1993). Black students report feeling lonely and frustrated with an inability to attain a level of comfort in environments where they were severely underrepresented (Childs, Jones, Nugent & Cook, 2004). Arielle was very uncomfortable in the PWNS in the beginning of her course work. There were four Black students in the class of 75 and they did not know each other at first. They were all fearful and uncomfortable in the environment. They did not begin to bond until they finished the first class. Arielle says they all felt isolated and alienated from the internal school environment. Here is an excerpt:

We tried to talk to White class mates, but sometimes they would stare as if to say, “You talking to me?” I remember White students passing around a study guide and we asked for a copy. They said, “Oh it’s just something we threw together, it’s not any thing special”. So they did not give us one. We never asked again. My solace came from my family and my belief in God. So instead of trying to fit in, I excluded myself from them. Once the Black students became friends, we had our own social network and the loneliness ceased. At the time though, I felt powerless and again thought about quitting. But I wanted to be a nurse and I couldn’t afford the Black private college, so I had to persist there through to completion. I had a brother and a mom who supported me.

Students of color sometimes form social networks in PWIs to circumvent feelings of loneliness and isolation. Arielle agreed:

No, we didn’t socialize outside of class. We just stuck together while in class and while we were on the premises. We studied in our groups sometimes off campus. We didn’t attend any of the activities sponsored by the organizations because they were not things

we like to do. We liked family stuff and church stuff. Most of the activities were in bars. We all came to the reception the chancellor gave for diversity, but that was it. We were all so proud that the White chancellor was giving something that honored diversity we could not miss it. Anyway, most of us live off campus with our family, so the feelings of isolation were only prevalent when at school all day. But once we all became friends and bonded, we met in the atrium to eat and just talk. It was obvious Whites were with Whites and Blacks were with Blacks. Because we shared the building with the other schools in the medical center, we saw other students mingling and talking of all races. The medical school even had a diversity day, which we went to, and we ate different foods from other countries. We never did anything in nursing, not even on Black history month.

Culture, Identity, and “Fit”

In this study race, ethnicity, and culture are defined as the sense of self that Blacks have through their interaction with their culture and ethnic influences (Carson, 2003). Arielle says she comes from a group-oriented family with strong religious backgrounds. The women in the family are especially involved in the church. Arielle lived with her mother in an all Black neighborhood, went to all Black elementary and high schools and attended her first PWI in college. According to the Nigresence Theory (Cross & Vandiver, 2001), a Black person can celebrate being Black, but can also seek the meaning of being an American. This person is a biculturalist, who believes their Blackness does not have to be sacrificed to fit into the American culture. Arielle fits into the biculturalist category. She would not sacrifice her culture just to fit in with the White students and White faculty. She did feel that there was a lack of “fit” between her and the school, but she was not going to change herself and lose herself trying to fit in. She said:

I am who I am and I'm not going to change. I talk loud and laugh loud but that's me. I accept you so you accept me.

Arielle was asked about how the nursing education culture fit in with her Black culture. She was also asked if culturally sensitive information was discussed in class or in clinical. Her response:

There was no other culture there but the White culture. When teachers were questioned about Black culture they didn't seem to know how to answer. They always turned to us for the answers. Like, how do you bathe a Black person? How do you comb Black people hair? I'm like you are the teacher. How do you pronounce a Black person's name? They expected me to know all the answers about Black people. This made me feel, you know like put on display. It was something about cyanosis and Black persons gums. They turned to me and said you know what I'm talking about. I said no I don't know what you talking bout because my gums are pink. Everybody in my family gums are pink. I don't know, I need a demonstration just like everybody else. Don't just assume I know just because it is a Black question or if it pertains to the Black culture. This made me feel targeted again, put on the spot. I felt, you the teacher, you should find out these things if we going to practice on mostly Black people.

Another example of cultural insensitivity was as follows:

Most of the insensitivity came in clinical. One teacher kept repeating that when bathing a Black person the dead skin follicles come out on the towel. She kept saying, they are not dirty, they are not dirty, don't think its dirt. I said oh why is she repeating that statement so may times? Is she saying because they are Black somebody might think they are dirty? I'm sure skin follicles shed on White people too. I don't think she was trying to be insensitive. She just did not know how to handle the situation.

In Arielle's last course in the program, she came across faculty who she felt were very culturally sensitive and insisted on positive work in certain communities. She stated:

I felt the community faculty members were really a culturally sensitive group. They brought us to places in the 9th ward. They really became a part of that community. Here I was able to be Black because we were dealing with Black communities. I felt I finally fit in. This was the first time we were doing anything that was group and team related. Some of my classmates (White) were so competitive. They would do anything for an "A" and did not believe in sharing. A few of the students felt like they were saving the poor Black from themselves. But overall this was a positive experience.

Self-concept

A significant factor in developing and maintaining self-concept for Black students is the racial make-up of the college (Heath, 1998). As stated earlier, the class Arielle was admitted to had four Blacks out of 75 students. Arielle stated earlier that she felt she did not fit into the culture of the nursing school. Students form their self-concepts by being a member of the cultural group to which they have been born within which have lived. With few Blacks being admitted to the nursing school, Arielle felt out of place and decided she would just stay to herself. After she met and bonded with other Black students in the school, her feelings about herself and her feelings about the school changed. She felt more confident because her Black friends accepted her as she was and not who they think she should be or how she should look.

My friends did not care that I talked and laughed loud. They knew that was me and they enjoyed my craziness. With friends, I became more confident in school and my grades reflected that I was feeling better about the school.

Institutional Climate and Racism

As discussed in the literature, the campus climate is important in persistence. Stigmatization, stereotyping, especially female stigmatization have been documented as occurring in some PWIs. Arielle spoke about some instances of what she thought was racist behavior.

When I was in clinical, like if I didn't have homework or careplan all together, it was an ordeal, but if the White students didn't have their homework done it wasn't such a big deal. They said things like my computer broke. The excuse was accepted. I couldn't come with those kinds of excuses. If I said my computer ran out of ink it was a bigger ordeal. Even when going over medications, it seem like they questioned and questioned and questioned us. Even at the end of the semester when I went for my evaluation I was told that I targeted you because I knew you could do better, that's why I pushed you more. But it didn't seem like it, it seemed that they were constantly picking on me. Don't sit down, stand up the whole time, and stay by your patient's bedside. But the White students could sit at the desk; do their homework, talk, and all this kind of stuff. All I could do was thank God. It was mostly in the clinical area I felt this way it wasn't really in the classroom. Maybe the reason for that is the classes were large in number and it was hard to pick at any one student.

Arielle talked about one specific incident that she did not know how to handle:

One faculty member in maternity clinical kept pointing out to me that the cartoon and pictures of children that were drawn on the walls wouldn't be allowed in a private hospital and it was allowed because it was a state hospital. When we went to a private hospital, she pulled me to the side. This is when the school tried to come up with

the diversity committee. She pulled me in the closet and questioned me for an hour. I'm thinking she's about to drill me on medications or something. She drilled me she said, Why do you think Black people fail? Do you think the white teachers give the white students answers and grades? Do you think this committee is necessary? She drilled me for an hour. I kept saying I don't know for all my answers because I didn't know where this was coming from. Another clinical instructor in Adult II constantly badgered me, told me I had to stay at the patient's bedside. I just did it and I learned a lot, but after I did that and went to get evaluated from her, she told me, your clinical performance didn't make me deserve an "A", but she gave a jeopardy game and I was the only one able to answer all the questions. That made me get an A, not anything else I did all semester but that one game got me the A. I did all this stuff with my patients, but none of that was worthy of an A, just that I could answer a few questions.

Arielle also talked about advisors and instructors discomfort when talking to Black students.

We would go to the teacher or our advisors and they would tell us to go see Ms. T., or Ms. B. or Ms. J. They would say they could probably help you more and answer your questions. I told one of them, but you are my advisor. I'm just asking for help, I'm not doing well in this class. I need some help. Again, she repeated what she'd said and never looked me in the eye. Several other Black students said the same thing when they went to teachers. They told them to go to what in essence was the Black faculty for help. I know one of my friends failed the first exam and was told by the coordinator to withdraw because she would never pass the course. We were all a little stunned that they would overtly decide to not help us. But, the Black faculty was our saving grace.

Summary.

Arielle's overall experiences at the PWNS were both good and bad. Arielle commented on the way she thinks Black female students were perceived in the school.

I think they thought we were always on the defensive or angry or something. I just talk loud, that's me. If I asked a question it was sometimes taken as being angry. When one instructor found out my mom worked at the city hospital she had a shocked look on her face. She then asked was she a nurse's aide. I then asked her why she would assume she was a nurses' aide. She said she did not mean anything by it she was just wondering. I told her no she is a nurse. I think she assumed my mom was an aide because she was a Black woman and she might be used to Black woman being in the lowly caretaker role instead of the professional caretaker role.

When asked what contributed to her persistence to graduation, Arielle stated:

I got through with the help of Black faculty, family especially my mom, and my commitment to finishing to become a RN persisted to graduation. I admit that I sometimes thought about quitting and going elsewhere but decided no one was going to stand in my way of becoming a nurse.

Arielle and her mother were overjoyed with the accomplishment but did not feel good about the overall experience at the school. They said they would have to think about whether they would refer any Black person to the school. Arielle states that she has not joined the alumni association because she does not want to be involved in anything that has to do with that school. It has been four years since she graduated and she still feels the sting of attending that PWNS. She realized that her experience might not be the norm at other PWNS', but she feels that it was the norm at the school she attended.

Karen

Karen is a 29 year old who graduated from the same PWNS as Arielle. Karen graduated in 2003 with a BSN. She was and remains single with no children and did not have to be a caregiver while in school. She had to work part-time while attending school to help with living expenses. She has a mother, grandmother, two siblings and nieces and nephews. Karen's parents have some college education though neither graduated. Karen attended a private Catholic high school that was about 40% Black. She worked part-time during school to help with living expenses. Since graduation, she moved and resides in another state. I was lucky that she was visiting family and met her in a quiet restaurant for lunch. Karen works in a large hospital on an adult unit. She is happy about her move to Houston and is grateful she was able to move on from the Katrina issues that heavily affected her family. She avidly remembers her time at the PWNS in her home city. She feels at peace now and is able to discuss her experiences without anger or regret.

Academic Involvement

Karen begins her discussion talking about how condescending the pre-nursing advisor was at the White university. She went to this university because the nursing school recommended that all courses come from this university. She found no fault in the university. The counselor for nursing was the only problem she discussed. She described it this way:

The counselor was very discouraging to me. She kept saying your grades are not high enough. I also received a lot of wrong information. She told me to finish the co-requisites once or if I was admitted. I then found out she advised the White students differently. She told them it was better to get all of the courses out of the way before

taking nursing courses. I found about the misinformation through talking with other students who wanted to apply to nursing school. Another thing that happened was the chemistry I took she said it would not be accepted. Then I find out that a White student was told by her to petition to get the courses accepted. That is a course I could have been given credit for if I had been given the same information. Once a bunch of us (Black students) starting talking about our experiences with this counselor, by the way we were all accepted into the nursing school, we went to the Dean. She made excuses for her and brushed us off. We knew then, our voices did not mean a thing at that school.

As Karen goes on to discuss the academic side of nursing school, she acknowledged that nursing school was hard and stressful. She noted that a lot of stress came from unsupportive faculty whom she feared would fail her if she voiced her opinion. She also discussed how wonderful it was when Black faculty were hired. She finally had mentors. Unfortunately, it was her senior year, and she only got to bond with them for one semester. She recalled:

I had about four to six Black students out of 70 students in my class. In the class after me, I think they had about eight, which was a lot for that school. No one prepared me for the rigors of nursing school. We had no time for anything except school. We had to take three courses one with a lab, and one with lab and clinical. Everyday of the week was taken up. I was exhausted everyday. I thought I would never catch up. As the semesters went on, it became better probably because I had learned how to organize everything better. I would go to the instructors and ask for organization and time management tips but they just told me I needed to learn to get it together. I didn't know what to do at one time. I thought I would stop and do something else. But I wanted to be a nurse.

Karen was very involved in her academics and sought help from other Black students in her

class. She made sure she volunteered to be a Big sister to other students coming after her.

Karen was unsuccessful in one of her senior courses and had to repeat the course. She discussed that experience:

The Blacks in our class stuck together our entire time at that school. We learned early on that the White students (not all of them but a fair majority) had no intentions of being inclusive. We even tried to join groups and ask for things they had and shared stuff we had. When worked in group activities they would discard what I said. After awhile, it wears you down. Well anyway, I failed the critical care course. So I said, calm down and re-take this course. You know what it is about so go in there and pass it. Then the Black faculty set up tutoring and mentoring for the students. Boy what a change. We were elated. My self-confidence increased. I felt proud. Then, a White faculty blew my confidence out of the water. I was in the ICU and my patient had all this stuff. I was so proud, I knew all the labs, all the medicine, and I knew all the lines and what they were for, boy I felt good! The teacher looked at me and said, "But you forgot this one thing". She never said anything about what I had gotten correct, only about the one thing I didn't say. She deflated me and I could not recuperate for the rest of the rotation. I finally passed that course but never could get back my joy. I was so happy to get out of there.

Karen did not have children or a spouse, but she was very active in the care of her grandparents, nieces and nephews. Her family did not pressure her when she had schoolwork, but sometimes she was caught doing something for a family member when she should have been studying.

Overall, she did not enjoy the experience of becoming a nurse at the PWNS.

Alienation, Isolation, and Loneliness

Karen lived at home with her mother and brother. She did not feel the loneliness many students feel when living on campus away from home. She was able to go home daily and bond with her family. Until she met other Blacks in her class during the middle of her second year, she felt alienated more than lonely. Karen states:

Many of the social activities were planned with consideration for only a few select students. There was the SNA (Student Nurses Association) but I did not join. We went to the first meeting and we tried to make suggestions. I wasn't even acknowledged. So I didn't join. We joined the Nurses Student Christian Fellowship organization. There was one White student in that organization. We sponsored food drives and did community stuff. We also gave each other moral support. The one White student was wonderful. We all became friends. Once you are in the classroom or in clinical though, you may be the only Black in there. You always need an ally. I became friendly with the only Asian in my class. We began to hang together in clinical and went to lunch with other Black students. She was very lonely and was so happy to meet me.

Karen admits to self-exclusion from others in her class because she felt alienated. Once she met other Blacks and her Asian friend, she felt less alienated and began to feel more confident that she would graduate.

Culture, Identity and "Fit"

Karen began the discussion about culture, identity, and fit by saying:

Having a Black friend, my Asian friend and my White friend from the Christian organization made me feel like I belonged. Two of them were from different races, but we formed a little group and learned about each other's culture from each other. That was

a learning experience by itself. When I went to the university on the lake, we always saw diversity. All races hanging together talking, walking, and in class together. Races were not separated to one side like it is here. The snobbery of some of these students is insane. Our little group was a mixed group, one of the few in the nursing school. But mixing and culture is not encouraged by the faculty either.

According to Ibarra (2001), people can belong to high-context or low-context cultures. High-context cultures value community and relationships. Karen loved doing community work and learning about ways she could help the communities in New Orleans. She discussed an incident where a faculty member was discussing homelessness in class.

Ms. T. was a White faculty and was excellent. She encouraged everyone and loaned a helping hand to anyone who asked. She was very devoted to community work and brought a lot of real issues into the discussion. I see part of culture is talking about the social ills of our community, not just race. The discussion turned heated when several of the White students stated that these people (homeless) were a detriment to society and didn't contribute anything to society, just want handouts and stuff. I'm usually quiet because I do not like conflict. But I put my two cents in and the discussion became heated. Who in the world wants to be homeless! I could not believe the snobbery of the students. This was not the first incident I had with a cultural issue. The only time we talked about cultural sensitive issues about Blacks was if it was negative. With only a few Blacks in class it was hard to defend anything. In clinical, I felt like I had to represent all Blacks, I had to know the whole Black culture. Well I do not know everything about Black diseases and stuff. We were talking about hypertension. The instructor in my clinical said, do not call it hypertension when you go in there, say high blood, isn't that

what Black people say? She directed the question to me. I said I do not know. Me and my family say high blood pressure.

The cultural insensitivities described by Karen often left her disillusioned about being a nurse. Her commitment to becoming a nurse helped her to persist to graduation.

Self-Concept

Karen acknowledged that she had no problem with her identity as a Black woman when she first started the nursing school. As time passed, she doubted herself on many occasions. A few times her self-esteem was trampled on, and she thought she would quit the school and go to another school where she would feel comfortable. But her mother expected her to be strong like many of the women in her family and graduate as the first nurse in the family. As she progressed in the program and the mentoring began with the Black faculty, her self-concept improved. She said:

I felt bad a lot. Not physically bad just bad. Once I got into the Christian organization and met others like me and some not like me, I started to feel better about myself. Then the mentoring started. Those caring faculty boosted my self-concept even when I failed the course. I stopped being afraid to defend something I believed in and my values were important just like all the others were. I felt proud when the chancellor started the diversity initiative. Finally someone was adding some culture to the health sciences center.

Institutional Climate and Racism

The academic climate involves school and classroom practices as well as clinical practice in nursing. Some students encounter hospital staff that are hostile and unhelpful along with dealing with rigid discouraging faculty members. Karen discussed her experiences in clinical:

I was at the hospital in the west of the city. Most of the nurses were White as well as the patients. The patients were grateful and nice to all of us. For the most part, the nurses were decent also. I can remember a couple of nurses were very hostile to me. I thought it was all students at first until I saw her interact with White students. She was just nasty to me. She went to the instructor and reported something about me. The instructor did not ask me anything. She just accused and wrote me up. I did not have a chance to tell my side. From that day forward I just kept quiet.

Karen discussed how she felt that a great number of students along with some faculty were very insensitive to other cultures. She said:

We were in the community store in a Black neighborhood. The meat in the case was not the best quality. The instructor made a culturally insensitive remark and started the remark with, "This is why these people"...All I heard was these people. The rest of the sentence went over my head. Later I found out she was mocking the people for buying the meat because that is why they get hypertension. All of the students laughed except one. She turned red and was embarrassed. This is the one time I had to speak up. I asked the instructor what she meant by these people. She told me to not be so sensitive. She did not mean anything by it. She blew it off and went on with the clinical.

Karen remembers some special something was done for one of the White students because of hardship. She also remembers Black students going to the dean of nursing about a Black student needing the same consideration as the White student. The dean denied giving the Black student the same consideration she had given the White student. Karen recalled when the same dean saw them talking in the hallway saying that they must have been up to something

because they were talking with each other. Karen felt the dean was stereotyping them by some of the statements she made. She stated:

We went to the dean because something had been done for a White student and a Black student needed the same thing but was denied. We went to her to discuss fairness. Well she told us to go talk to Dr. M. she could probably help us more. Dr. M was the Black female in administration. We told her that we were told they she would have to give these special considerations not Dr. M. We explained our point of view and she actually accused us of being angry Black women. We asked her if she thought the White students who came in to talk to her were angry White women. She turned red and soon ended the talk. Another time a few us (Black students) were talking in the hallway after class. The dean passed us and said, "You all must be up to something, out here in a group talking together." All of us looked at her and someone said, "Why do we have to be up to something. We're talking, aren't we allowed talking time"? She realized she had spoken out of turn, so she said she was joking. None of us laughed or accepted her halfhearted apology. So when the top person makes racist innuendos the trickle down effect is obvious.

Summary.

Karen remarked that nursing school was difficult and she did not need the added pressures of dealing with people who judged her because she was Black. When asked what factors contributed to her persistence in the nursing school she remarked:

Well, I was determined to be a nurse. I thought about transferring several times during my three year stay there. When I failed I was in my senior year. It was too late to quit. Besides, by then our Black faculty stepped in to help us. I felt much better and my

self- concept and confidence rose. My mother has an aggressive personality. She was not going to let me quit. I had all the support from all of my family but my mother built up my confidence. I've had other Black people in the community who knew the history of this school with its racist past and present, who asked me why I went there in the first place. They would never allow one of their kids to go to that school. I told them, to let them go. The more minorities the school has the more reason to change some of its practices. Also, the minority students will have more of them present where they can have more support from each other. I went there, and here I am, a nurse.

Eula

Eula is a 37-year old who graduated from a private Catholic college with an ASN in 2007. At the time she was in nursing school she was married and did not have any children. She was having marital problems prior to entering nursing school so she decided she needed a job or a career. She continued to have those problems and eventually got a divorce while in the beginning of nursing school. The problems she had with her spouse made nursing school much more difficult. She had to work while attending school but decreased her hours on the job while in school. Her family helped her financially so she could survive while in school.

Eula and I met in my office in the middle of the week. She chose my office because she was going to be in the area and thought it was convenient for both of us. Most of the students and faculty were in labs or clinical and the school was quiet. My office is cozy, and we talked with the door closed. I instructed the secretaries that I was interviewing someone and I did not want to be disturbed unless it was an emergency.

Eula attended another PWI before nursing school and received a degree but never worked in that field. She felt nursing would open more avenues for her especially since she knew she

would need the income because of her marital problems. Eula works full time on a medical-surgical unit and loves the hospital where she works. She attributes her success to the PWNS and to her commitment to nursing. Eula has attended several PWIs since she was in 5th grade.

Academic Involvement

Eula considered herself adequately prepared to enter nursing school. She attended PWIs before and felt comfortable attending this PWNS. She was older than most of the students in the school so she felt mature enough to tackle the pressures of nursing school. She recalled:

My experiences at the X College were pretty much positive. I was 34 when I entered and much more mature than most of the students. I had personal problems which made my first few months difficult, but I persevered and passed. Keeping everything organized was tough. I was not used to clinical courses and had to get used to juggling class, clinical and labs. Plus I had to get paperwork in every week. Then we took Pharmacology along with the nursing course. We did not have one minute to waste. Boy, at first I didn't think I would make it. I had trouble with one class. That is the one I failed.

Eula was not successful in one course in the college but she does not blame the failure entirely on the course. She said:

I thought I was doing okay until I got to OB. I didn't pass it and had to repeat it. To me that particular class and instructor was not fair. I think it was partially race, because some of those girls were dumb as rocks. I'm not going to brown nose, what ever I get out of this is for me, I'm here to do my work and get what I deserve. One day she came in and said I look like somebody. That rubbed me the wrong way. I may have reacted the wrong way and brushed her off and that started the downward trend. So it is part my fault. I retook the course and passed it.

Researchers describe behaviors such as caring and being approachable as supportive faculty behaviors (Bergmann & Gaitskill, 1990). Eula described the faculty as mostly supportive. Eula related:

Some instructors (two Blacks and one White) were excellent in helping and leading me in the right direction. The one Black instructor, many of the students didn't like her because she was a straight shooter. Taught me a lot and was a great mentor to me. I like her teaching style. The White students perceived something that was not there. She was good. She was strict, but good. So many of them tried to get out of her group and those that remained gave her bad evaluations. They had closed minds about her before giving her a chance even though they could not come up with concrete issues. Those students who were there to learn and were objective in their thinking also enjoyed having her as their teacher. All of the students who did not want her were White.

Certainly having Black faculty at the PWNS was a great source of support for Eula. There were Black faculty members in every course so the Black students felt comfortable in the nursing school. Eula's experiences at this PWNS were overall positive except for her failure in that one course. She felt she had a great deal of support on campus as well as off campus.

Alienation, Isolation and Loneliness

The PWNS Eula attended was a commuter college with no central meeting place for students. She went to lunch with classmates and had camaraderie during class and clinical. She did not feel lonely or isolated. She stated:

Because I was in my 30s, I already had long friendships in my life. I wasn't looking for that in school. There were several Black students in my class. We met and became friends. I was also friends with some White students. But there was a lot of separatism on

both sides. I think it is just ingrained because we live in the south. We tend to feel more comfortable with people like yourself. Even though I went to a White high school, I think it is okay in high school. Once you get into college or after you become an adult, everybody tends to stick with their race. I don't know why. In high school things were more accepted. I was bused in school and kids didn't care. They invited everyone to their slumber parties. As a kid I didn't understand why I couldn't go. As an adult, I understand why my mom wouldn't let me go. As I've grown in age, I see things and experienced things that make me not trust some White people. So my experiences as an adult shaped how I feel about the mistrust. But then I can say that also about some Black people. White people tend to stick together and we don't. That's one of our problems is that we don't stick together as Black people. I see it all the time on the hospital units. I see it with the PCAs (patient care techs). If I ask them to do something they have an attitude. When the Whites ask they do it without attitude. The Whites talk down to them.

Powerlessness is defined as having a lack of control over one's everyday life (Rodgers, 1991). Eula did feel out of control and powerless when she failed the one course. She also laments that the first semester was out of control for everyone.

When I failed, I felt hopeless even though I had been successful until then. I wanted to go to the Black instructor but it seems to me like she was powerless in that course also. All of us felt that way, even the White students. My feelings of powerlessness came from my failing and not knowing who to go to and why I did poorly. Support from the faculty, especially Ms. J., helped me to see that I just stumbled, but I can get up. I got up and passed.

Culture, Identity, and Fit

Eula always felt as if she fit into the college and into the nursing school. She did not feel her race was an obstacle. There were Black faculty in the school and Black students in the nursing program. The school was diverse in its mission and policies. Consequently, all students felt welcomed and equally important in the nursing school. The religious nature of the school impacted how students were treated and influenced diversity. Eula said:

I didn't have trouble fitting in but maybe that may have been my age. I never felt anyone was singling me out because I was Black. I felt comfortable being Black and discussing Black issues. A couple of White students were overheard talking about the admissions process. They were talking about the school letting Blacks in who were less qualified than Whites. I was going to answer them but they decided it wasn't worth it. In class and clinical we discussed cultural issues in a positive way. We had a good number of Blacks and other cultures in my class. If we discussed a cultural issue in clinical or class the instructors were always open, they did not expect us to know about all Black causes just because we were Black.

Overall, Eula felt very comfortable and did not have identity issues. Eula admits that going to PWIs in the past may have prepared her to attend the PWNS. She was well-adjusted and reported a general well-being at the school.

Self-Concept

Eula's self-concept is closely tied to her feelings about her culture. She has strong family bonds and feels good about herself as a Black woman. She believes her positive self-concept was central to her persistence. She recalled:

When I started, I was in turmoil because of my marital problems. Coming to school took my mind off that for a time everyday. I never let my problems get in the way of what I needed to do. My self-concept faltered a little when I failed that one course, but I realized if I sulked over it too long, I would not bounce back and pass the course. I felt I belonged and I had the support of other Black students and Black faculty.

Institutional Climate and Racism

As stated previously, racism and White privilege are issues on PWNS campuses that some non-White students may experience (Jensen, 2005). Eula had positive relationships with White and Black faculty in the school of nursing. The nursing school was in a separate building from the rest of the college so did not have much contact with other students on campus. Later, she realized that the campus was literally all White except for the nursing school. There was one Black faculty member in one other program on campus. The nursing school was the model for the college. Even though the nursing school was diverse, some of the White students felt entitled to a degree even when they did not work for the degree. Their parents would come to the school to talk to the faculty or the dean of nursing if the student failed a course. White privilege as discussed previously stems from a system of power and with that power there are advantages given they may not be deserved. Eula stated:

A lot of the White students would fight until the end, even if they were wrong, and then bring their parents to school and throw around names that they thought would scare administration. I thought, what makes them feel they are entitled to a grade if they did not make that grade. These students felt privileged and a few thought that they had an advantage because they went to all White private schools and their education was superior so they should pass the course. After all, they made “As” in previous high school

and college work and they are supposed to pass these courses. I did not personally feel any racism in the classroom setting, but I know when a few White students failed, it seemed they always blamed the Black faculty. They wouldn't say the Black faculty, but called each of them by name in some of the courses I took.

Eula had positive relationships with the faculty in the nursing school and for the most part in clinical. The behaviors of some of the nurses in the hospitals were questionable. Eula said:

I heard a lot of students talking about the nurses in the hospitals were racist. My friend said she came across a lot of racist behavior, but she is a drama queen so I don't put much stock in what she said. In the hospital where I did clinical and where I now work, there were other students from B school of nursing. Those students were cocky, rude, and did not want to take direction. Then at the other hospital, the nurses there treated the students poorly, but it wasn't due to race; they treated all the students bad. As I said before, a lot of students did not like Ms. J because she held them to a higher standard. I did not feel that most of the White faculty were racist. The Dean was fair and approachable so we were not afraid to approach her to talk. I felt there were more racist behaviors in the students than the faculty. Some of them were more snobs than racist. I did see some of them being rude in class when a Black faculty was teaching and kept quiet when a White teacher was up there. Also, when we were in a group project, the Whites students made all of the decisions and if I spoke up with an idea, it may not have been acknowledged. But I'm assertive enough to repeat what I said and make them hear me. They felt they knew it all and usually they wanted to do some project that did not teach us anything. I'm not talking about all of the White students, but there were some who thought they were

privileged and everyone should listen to them. Some Blacks see everything as racist. I don't do that. I give everybody a chance and don't see race in everything.

When discussing factors they impacted her persistence Eula credits her family, God, and the school of nursing. Even though she stumbled in that one course she would refer others to go to the school. Overall, she felt supported by faculty and the school tried to live by its mission.

I felt I did the work and thereby persisted, but I have to say that I had faculty who were supportive. The two Black and one White faculty members that I consider mentors were wonderful. Most of the faculty members were pretty much supportive. I felt I belonged and thereby did not feel very bad about attending the school.

Summary.

Eula's overall experience at the PWNS was positive. She credits her positive experience and her persistence to her being mature, the school having role models and mentors, and her commitment to become a nurse. Family and her spirituality also helped Eula persist to graduation in the PWNS.

I was very committed to completing this degree. It was wonderful having Black faculty who served as role models and mentors for us and for the White students. Of course my family was my rock especially my mom.

As for stereotyping and Black female marginalization, she found that most faculty were fair in their dealings with Black female students. Most of the stereotyping came from White students and hospital personnel especially nurses. One hospital nurse asked her how she got into that nursing school. She heard it was tough getting in the school.

This nurse asked me, "How did you get into that nursing school. It is supposed to be tough to get in". I told her I got in just like everyone else, with my grades and

determination. She then said she heard that sometimes they let minority students in to keep a balance in the admissions. I hesitated before I answered her. I had to let my maturity take over before I said something I could not take back. I asked her why was she asking me this question. Does she think they let me in on some technicality because I was a Black female?

Eula credits her mom and her family with giving her the strength to persist. She also credits that one Black faculty member who encouraged her and supported her. Her faith in God was a staple in her life and without that faith she asserted that she would not have been successful.

Dawn

Dawn is a 25-year-old nurse who graduated from an ASN program in 2007. The PWNS she graduated from is the same private religious college where Eula graduated from except the schools are in different cities. Eula attended school on the main campus, and Dawn attended a satellite campus. Dawn was single and had no children when she attended nursing school and could not work because of the accelerated nature of the nursing program. Dawn's parents are high school graduates and both have stable jobs. Dawn attended majority Black high schools and attended a HBCU majoring in pre-med before deciding to go to nursing school. She applied to three nursing schools in her area which were all PWNS. She interviewed at the first PWNS and admits to being very nervous. She did not recall seeing any other Blacks waiting for an interview except for one. Dawn interviewed and was accepted to a fast track RN program and began the program in August 2005 before hurricane Katrina hit the city. Dawn and I could not meet face to face because of her work schedule. She worked straight nights and slept during the daytime hours so I interviewed her on the telephone and verified and clarified information via e-mail.

Academic Involvement

Dawn had barely begun the program when hurricane Katrina hit the city. She was in a fast track program that was supposed to last ten months. The entire city was at a standstill. Dawn tells of her plight with relocation and trying to navigate the nursing program in another city. She stated:

I had my interview at the hospital affiliated nursing school, and I got in and then Katrina hit. Once the storm hit, we had to relocate to the main campus in another city. I was commuting then to the main campus daily from my hometown. We had classes on Monday through Friday. This was very, very stressful. At some point they gave us the option to defer our enrollment to the next year if we decided we just could not handle the commute. My grades began to drop so I said, you know what, I need to defer and I crossed my fingers that the school would be back in my hometown the following year. I also tried to find an apartment in the city where the school was located but there weren't any available. So I deferred and restarted with the next accelerated class in the fall of 2006 and graduated in 2007.

Dawn and her classmates were recovering from a devastating loss in the city and had to train in a hospital that was barely functioning. The high stress of nursing school was doubly stressful because of the turmoil in the city. She stated:

The city was in a state of turmoil and so was the place where we had classes and trained. The staff was always anxious, and it was stressful times for everyone. The director of our school decided not to return so we were also in a state of transition. It was hard keeping up with everything. I wasn't prepared for the stress, but I learned to adapt and got through. The schedule we maintained meant there was no time for a life. I couldn't work

because we were in class 5 days a week. The school pretty much controlled my life for ten months. I had to make sacrifices to succeed. I was able to make it financially because the hospital paid our tuition and gave us a small stipend. We studied all week and had to go to clinical two days a week. We had to do prep work for clinical which could take up to four hours the night before clinical. Our classes lasted six hours each day except for clinical days. I had to spend my weekends studying and then started all over again on Monday. Thank God I was successful. Coming back to my city and my home campus helped me relax because I did not have to commute.

Faculty can influence persistence, but it is the quality of the interactions that resonates with students. Dawn had mostly positive interactions with faculty and thought one particular faculty member was a major student advocate. She also felt comfortable because her class and the faculty were a diverse group. She stated:

I had a good relationship with the faculty, counselor, and staff. We had a diverse group of faculty, and it is always nice to see someone that looks like you in the program. The faculty at that school was very supportive and without that support many of us may not have made it through that program. I liked the program even though it is not for everyone. You have to have good study habits, cannot be a procrastinator or a slacker. We had exams every week, and a few courses lasted four weeks. I was always a nervous wreck, always stressed out. I tell people all the time I don't know how people with children and a family can do this. I was a wreck. But that faculty member made me feel like I could do this. One particular faculty was a mentor to us all. She was so supportive and kind and would just listen to us. We had some issues in the class with a few students that made the rest of us uncomfortable, but the faculty members and the counselor

were there for us.

Student nurses go to hospitals to learn how to care for patients. Students meet nurses and other health care professionals in these settings. These professionals can have an impact on persistence of some students in nursing programs. Dawn relates stories about nurses and other health professionals in the hospital setting. Dawn related:

Many of the hospital staff, especially the nurses were awful to a lot of us. I can't say it was racial because they were awful to all of us, White and Black. I know one thing, if I had not accepted the stipend from that hospital, I would never work there on my own accord. Their treatment along with the gruel of the program almost made me quit. But I hung in there and promised the minute I fulfilled my contract obligations, I would be out of there.

Dawn admitted that the program was very hard, and trying to juggle a life was almost impossible. She spoke about two students who had children and spouses. She stated:

They had a very hard time. I was single with no children and had to struggle to keep up. Then Katrina put a dent in all of our plans. Those mothers had to try to commute and finish along with dealing with the after math of Katrina. They made it, but I don't know what sacrifices were made to accomplish graduating from the program.

Dawn voiced that having Black faculty and mentoring helped her tremendously during program. Navigating nursing school was the toughest thing she has done in her life, but the trip was well worth it in the end.

Alienation, Isolation and Loneliness

Dawn attended a commuter college, so there were not many opportunities to bond socially with classmates. She talks about the classmates in the first class before Katrina as being

very tight knit. She felt a part of the team, but that feeling was short lived. Once she deferred her admission and ended up in the next class, she knew she could not become socially involved with any of those students. She stated:

Several students were always getting into arguments and there was so much dissension in the group. I decided early on after meeting this group that I would stay clear of most of them until I finished. So, yes it was a little lonely at school. Another student and I sat to the back of the class, kept our mouths closed and got out of there. There were several students, especially this one White guy, who just could not be a student. He had to be in charge questioning everything. When he and others wanted to do something social I refused. He caused trouble the entire ten months we were in the program. We were situated in classrooms located in the hospital so we were not on a campus. We worked so hard that I did not know if I was lonely or not. We had one hour for lunch in the middle of six hour classes. I did not have time to be lonely. Once the day ended, I headed home.

Dawn did not have much else to say on loneliness and isolation. She did not feel isolated because the class was together all of the time. They attended class two to three times weekly all for six hours a day. She admits that she did not socialize with the other students outside of the class because she thought they were immature and disrespectful.

Culture, Identity, and Fit

According to Carson (2003), race, ethnicity, and culture are defined as a sense of self that one experiences by having interaction with their culture. Culture influences the way one interprets the environment. Dawn was around the same age as her classmates but felt more mature. She credits her identity and “fit” to her maturity along with a strong sense of who she is as a Black female. She preferred group dynamics, but she said this group (classmates) was toxic.

The toxic nature of the group hinged on one student. As she described him, the low context cultures came to mind. People in low context cultures are competitive and seek to be number one in their circle. Success is very important, and recognition is sought for that success. She described him as not being able to be a student. She described him like this:

Bob was very disrespectful to the faculty, especially one Black female faculty and a female student (who was also Black). He tried to treat both of them as if they did not matter and he thought he was always right and told everyone he represented the class. I regret not speaking up at the time, but I wanted to get out of there so I kept quiet. I realize now that was a mistake. Well he felt like he was the only one that worked hard and deserved an “A” even though he did not make one. Instead of administration shutting him down, they allowed him to fester making our lives miserable. I was so glad at graduation that would not have to see him again. He reminded me of the White male stereotype. He thought he was right and knew everything just because he was a White male. I’ve had dealings with a lot of White males that were great. That is why I call him the stereotypical White male, you know the one who feels privileged and everyone should be privileged to be in his company. It seems that no one told him he was not special. It seemed the faculty and administration was afraid of him because they did not do anything to stop him.

Dawn felt comfortable and thought she fit right in with the other students. Half the class was Black, and the school had Black faculty. She did not feel her culture clashed with the nursing education culture. Dawn felt that since this educational experience was not her first in higher education, she was able to fit in and adjust to the environment. While getting her bachelor’s degree, she stated that she learned how to cope with the majority culture and their beliefs even

though she attended a HBCU. There were Whites that attended that HBCU because of its pre-medicine and pharmacology programs. She identified with her race and would not allow anything to interfere with how she felt about her culture.

Self-concept

Dawn had a very positive self-concept. She credits maturity and having gone through four years of college with helping her to shape how she feels about her self. She is very proud to be a Black woman. However, she does not want to represent the whole race. She talked about a few White faculty alluding to the fact that she must know about this Black issue because she was Black. Dawn stated:

I didn't feel uncomfortable at this school. I did not try to hide my blackness. I am proud to be a Black woman. However, I do not know what all Black people think or how they perceive health care. The subject is something I would like to research further in the future but right at that time I was just trying to learn nursing. I partially socialized with one student in the classroom who was also Black. We did not segregate ourselves, but everyone had their friends. We were in such close proximity all the time that we did not get much free time to be by ourselves while at school. Both the other student and I had a lot in common, and we talked during lunch times. In the first class I was in before Katrina, the class was more than half Black. So I was very comfortable. The second class after Katrina had a few Blacks but more men. I was glad to see more men until the year progressed and the one male student caused so much confusion. I never felt isolated, I chose to self-isolate so I would not become involved in the mess.

Institutional Climate and Racism

As stated previously, racism and White privilege are issues on PWNS campuses that some non-white students may face. Jensen (2005) describes racism in terms of power and privilege. Along with dealing with issues of privilege, in the past Black women have been viewed as hostile and angry or who are the obedient and faithful servant (Collins, 2000). Dawn describes an incident where she thought a White male was disrespecting a Black female faculty.

Well I didn't have a problem, but we did have one incident where a student got into it royally with a teacher. He was a White male, and we had many problems with that student the entire time we were there. Granted, some of the things the teacher said were out of the box but she was always very nice to me, and we had nice conversations. It blew up, and she had to be escorted off the campus, and we had to get another teacher for the rest of the class. She only got into it with him, no one else. But we had many problems with that particular student throughout the program anyway. I think it was more so him than her. Prior to coming to school he worked at another nursing school or school in administration, so he felt that he knew how everything was supposed to be run and always had to put his two cents in on something. He couldn't just be a student; he never knew his place as a student. He was always butting in on things trying to tell people what to do. No matter how old you are and what kind of experience you have it is not going to prepare you for what these teachers are talking about. I think she could have handled the situation differently, but she was a "hot head." But it happened and a lot of us were just sitting there with our mouths open wondering what was going on. I was like "Oh my god!" I think he was being disrespectful because she was an African American female.

He should have had some level of respect for her, but he never did. Moreover, a lot of these White students wanted to run something. Some were disrespectful to the Black faculty and some were not. This same White male had a major disagreement with a Black female student. She was very outspoken; I can't lie about that. She didn't bite her tongue. So they were both kind of hot headed. He claimed she threatened him and almost got her kicked out of the program right at graduation. Again, I never had a problem with her and no one else did either.

When asked whether she thought the nursing school administration condoned (either intentionally or unintentionally) the alleged racist behavior, she responded:

I don't think the administrators intentionally condoned this behavior. Both were out of line, but the student was way over the top with disrespecting this lady. He was generally a person who thought because he was who he was, he had the right to question, be disrespectful, and get some undeserved privilege in the program. He thought he was right no matter the topic. He had an air of superiority about him. He especially did not get along with the two Black females in the mix, the instructor and another student. He did not expect anyone to question his authority. The administrators handled the situation with what they were told and knew. We wished he had been escorted out also because he was the catalyst in all of this. This is the only thing I think was racist the whole time I was in the program.

Summary.

Dawn's experiences at the PWNS were mixed, and she had the added trauma of Hurricane Katrina. She was happy in the first class but Hurricane Katrina changed the course of her and her classmates' outcomes. In the second cohort she describes a lot of drama seemingly

spearheaded by one student. Dawn discussed how two females of color were treated by one person, and she wished she was out of the nursing school many times. She credits her persistence to the Black faculty, the counselor, and to her family, especially her mother who is a strong Black female in her life. She thought about quitting a few times but decided that perseverance and commitment should get her through to the end. She graduated but wants to have nothing to do with most of her classmates. She recently received an email from the White male that caused all of the trouble inviting her and classmates to a reunion at his home. She admitted wanting to see a few of the students she graduated with but decided that she could not and would not go to his home.

Judy

Judy attended a public college and obtained an associate degree in nursing in 2001. She is 32 years old, has one child and ailing parents, all of whom she had to care for while attending nursing school. Judy had home and school responsibilities and could not work in the beginning of nursing school. She did work later in the program when she was almost finished in the program. Judy attended an all Black high school in the area. Her parents were laborers but provided a sound upbringing for her and her siblings. Because of Judy's work schedule, I interviewed her on the telephone. Judy describes herself as serious, goal minded, and a bit of a rebel. Judy attended mostly Black primary and secondary schools, and the community college she attended was very diverse. Once she was accepted into the nursing program at the community college, she thought that the nursing department was just as diverse as the general college population. She said:

Well let me see, first of all it was a culture shock. I went to the City (name changed)

College for my prerequisites and the community college had a lot of Black students there.

Then I was accepted into the school of nursing and 85-90% of the students were White. So that was a culture shock for me. I went to the public school system where we had mixture of White, Black, and Asian, but Blacks were 60% of public school where I went, and Whites about 28%, and other about 2%. So it was a shock to go there and in the classroom everybody looked different from me. We had 150 students in a class. I had a few (2-3) Blacks in my class. So this is how my journey started. I said, well so what. I came here to become a nurse. It does not matter who is in the classroom.

Academic Involvement

Judy decided to attend the PWNS because of its reputation of being a good nursing school. She was older when she began (23 years old) to take her prerequisites. She had a child to care for, and her father was ill. So she put off starting college to attend to her personal affairs. Once she thought she had her affairs in some order, she applied to the college and then to nursing school. She describes how hard it was for her to care for family at home and make sure she did well in school. She related:

My father was ill, and I had to help take care of him. I also had my child to care for. My mom helped as much as she could. Both of my parents wanted me to finish my degree in nursing. I had to make time for my child, but I had to study so I could finish on time. I could not afford to fail. It was hard for me. Quitting was always in the back of my mind. But my parents and my faith kept me going all of the time. My father was a big cheerleader and thought I deserved to become a nurse. I took good care of him, and he was my biggest cheerleader. If it wasn't for my faith in God, I don't know if I would have persisted through to the end.

As stated previously, nursing school responsibilities can take up the entire week. According to

Astin's involvement theory (1984), the more involved students were, the more likely they were to persist. Judy describes her typical week:

We had so much to do in a week. I had to go to class twice a week, go to preclinical in the afternoon before class, and then go to clinical two days a week. Sometimes we had to go to the lab to learn the procedures first and then go to clinical. Clinical was an eight or sometimes 12 hour day. All I could do after clinical was go home and take a nap. I had to study everyday so I wouldn't get behind and so I could spend a little time with my child. In between studying, I helped with my father and ran errands for my mom. I had no social life. But my goal was to finish, and that is all I thought about. I wasn't an "A" student, but I passed because I worked hard. I was very involved. I went to everything offered. I went to the teacher when I needed to and asked questions. I didn't see things as optional. If it was offered, I was there. I felt that they were offering this extra for a reason, so I took them up on it.

The nation's nursing schools are far from being diverse. Less than 10% of the faculty are non-white (AACN, 2004). Judy relates that there were at least five to seven Black faculty. There were a few more just teaching clinical and therefore were part time instructors. Most of the part time instructors taught in the evening division, and some taught in the LPN programs. Judy was very aware of the underrepresentation of Black faculty as well as Black students at the nursing school. The paucity of Black faculty led to Black students having few options for role models. She said:

It was really crazy, to me, I felt like I was picked on and that they did not care. They did not reach out to the Black students. If we were having problems at school the White faculty didn't reach out. I had one White instructor was nothing like that? She cared for

all of her students and she treated every body the same, I appreciated that and I have the utmost respect for her because that's who she was. She wasn't putting on a show. For the most part I felt the White instructors did not care for the Blacks. I felt they did not even go as far as their job description should have been. I don't think that the Black students were the ones failing out of the program at a higher rate. When we were by our selves with each other we discussed some of the things going on and we all felt the same way. Other than that one instructor, who was White, we had no mentors. Because there were so few Black instructors, I didn't have one of them for clinical. We saw them in the theory portion when they had to give a lecture. One Black instructor who was the director of the senior level was very proud of us and encouraged us once we got to that level. That made me feel better, and I knew then I would make it.

Alienation, Loneliness and Isolation

Feelings of isolation along with family obligations may hinder persistence (Amaro, Abriam-Yago, & Yoder, 2006). Judy had obligations at home with caring for her small child and parents. Her parents were a great source of support but caring for all of them sometimes made her consider quitting nursing school for awhile until things stabilized at home. Instead of allowing what could have been barriers to persistence, Judy worked through the family obligations with help from her parents so she could persist to graduation. Judy bonded with other classmates and other Blacks at the school. She never felt lonely, at school but she did feel a great deal of frustration. She felt powerless to change the way Black students were treated because they were outnumbered. The Black students on campus formed their own unofficial groupings to socialize and study at school. Those unofficial subcultures the Black students formed helped to combat the feelings of powerlessness, alienation, and isolation felt by many Black students on

PWI campuses. She said:

We did feel powerless at school because we felt our voices were being ignored. We did try a couple of times to point out things or unfairness but it was ignored. So we self isolated. We laughed and talked with those who were willing to laugh and talk with us. The White students were just as bad as some of the instructors. We did not socialize outside of school and we were members of student nurses association but again, our voices were ignored. It was not worth it to me to cause problems because when we said something it was misconstrued as anger. So we helped each other out and became life long friends.

Culture, Identity, and Fit

A person's culture and race may indirectly influence persistence and "fit" between the campus culture and the student's culture (Chickering & Reisser, 1993). When conflicts arise between the educational culture and the student's culture, academic achievement may be altered. Marginalization may be felt by non-white students when they feel as if they are being pulled between two cultures (Gossett, Cuyjet, & Cockriel, 1998). Judy relays a story of cultural differences between the nursing education culture and her upbringing as a Black woman.

Another thing I remember me being a dark skinned Black woman the uniform policy stated that we had to wear white underwear. My mom always taught me that when you wear white, wear Black underwear so they cannot be seen. This was an issue for the White instructors. I'm an instructor now at that same nursing school and I had to discuss this notion about White vs Black underwear as a cultural moment. I went back there to teach because I thought they needed some cultural awareness. Black people do not wear White underwear under White clothes. That is what we were taught. That policy has

actually changed now because I went back and brought this up in a faculty meeting. I started working there in 2006. So in 2006 instructors are still not aware of cultural differences and cultural competencies. How can you teach cultural competence and you are not aware yourself of cultural issues.

I admitted to Judy that I was also taught to wear black under white so your personals were not viewable through your white clothes. When I was in nursing school I had to wear white under my uniform also which conflicted with what I was taught from childhood. Judy related another incident where a White student made some assumptions about Black hair. She stated:

I was in PEDs (pediatrics) and we were learning about lice. The point I'm about to make is that it was not only teachers but some classmates also. The teacher was talking about lice, and one of the White students asked well don't Black people get it because their hair is dirty and because they don't wash their hair every day. My head almost snapped off my neck because I couldn't believe that girl said that out loud. I could not believe this heifer said that. I have never known anyone with lice and I've never had lice. Then my focus was on the instructor and how she was going to answer that question. So the instructor to the best of her knowledge said a few words and then she allowed the Black students to educate them on hair culture. So we started talking about the chemicals we use and moisturizers we used and then they understood why Black people couldn't wash their hair daily. Of course the girl never apologized. I could have said that you wash your hair every day because your hair is so dirty. But of course I didn't say that because I know that is not the reason. But I took time to understand the differences and most of my White peers have not taken the time to learn about others who are not like them.

Self-Concept

Judy had no problem with self-esteem or self-concept. She had the support of her parents and believed God would help her persist to graduation. She did however have moments when she felt instructors attempted to derail her confidence and self-concept. She said:

As far as I can remember, taking a test, I believe people can overcome anything because I believe in God. But whatever reason, this instructor came in the class and I was sitting in the front of the room. We had test review and I was sitting on top of the desk so were a few of the other students. The teacher did not make the comment about me sitting on the top of the desk because when she came in I got off of the desk and sat in it. She asked the class to be quiet and be seated so that we could get to test review. By me being in front of the class, I said to a classmate, “Yes lets get this over with so I can move on to the next step”. That instructor looked at me and said to me you better hope you make it to the next step. I was like oh my God! I was very serious and I looked into her eyes and said, “You don’t know who my daddy is”. She said “excuse me what do you mean?” I said you don’t know my daddy, my daddy’s name is capital G-O-D and I will be moving on to the next step. I thought to myself why she would say something like that to a student. She didn’t know my grades and she didn’t know my average. I had a 90 average, which was a “B” and I would have to plum fail this test in order to not go to the next course.

Institutional Climate and Racism

Incidents of perceived racism are still prevalent in American society and in nursing schools. As stated in the literature review, institutions of higher education must first recognize that racism exists in order to develop and implement plans to end racist behavior. Judy encountered incidents early in nursing school that she perceived was racism. She perceived that

racism was prevalent throughout the entire time she that she attended the pns. The negativism she encountered prompted her to go back to her school five years later to teach. She says someone has to assist with the cultural education of the faculty. She talks about one of her encounters below:

I started noticing that I was being treated differently in the clinical area. I never got singled out much in class but it was more noticeable in clinical. For example, I noticed that when me and another Black student were in clinical together, we got the hardest patients. I was at “C” hospital on the neuro floor. There was a patient who had epileptic symptoms and was having seizures and he was diagnosed with a neuro disorder. The clinical instructor assigned that patient to another student who was White. We got our assignments the day before and we went to the hospital to review our charts. The next day in preconference the White student told the instructor that she read in the chart that the patient was combative and verbally abusive and so on. The clinical instructor looked at me and said, well I think that is a challenging patient Judy, I think you can do better with that patient. So I was a student and so honestly to me no problem, I took it as a personal challenge for myself as well as an opportunity to show that if the patient was approached and treated right he may not be difficult. So that was what I did. But it did bother me. Also when I got the patient I could not find anything in the chart that said he was verbally abusive or combative. The instructor just took her word and up and changed the assignment. So that was very peculiar to me. I had not seen any instructor change the assignment like that because a student said something. If the patient was so abusive, then why give him to me. I had to pray on this one. A lot of times you think about whether it is worth it to put up with stuff like that.

Judy related another incident of how she and other Blacks were treated at the nursing school. She said:

There are other examples but sometimes you would go to clinical and you outright had the hardest patient. The people you had to constantly clean up or were bed bound and you had to go in and turn them a lot of bedside care. Whereas I would see my counterparts (White students) sitting at the nursing station talking to the staff. This was very prevalent my whole time there. I had a couple experiences that instructor made comments that were inappropriate, and I felt they were purposeful and I had other times when instructors made comments and they did not know any better.

There were other incidents Judy spoke of but could not decide whether it was a cultural issue or racism issue. She related:

I think this next incident I'm telling you is a little bit of a cultural issue and a racism issue. Some racism and lack of knowledge of cultural issues is not always meant to be negative. Some people do not know how they come across or they may not realize that others view their own cultures in high regard just like the White people. Somehow this instructor did not think doing a paper on Black issues was a good idea. My senior course, which is PEDS, you have to do a paper to finish that course. You had to get the instructor to approve your topic. I wanted to do disparities with African Americans with health care. My instructor, God rest her soul because she has passed, she looked at me, and this is one of the instances where I think she just didn't know. She looked at me and said, "Judy you are not going to find any information about this because this is not a big issue." I was like, this is what I want to do. She said are you sure because you are going to have trouble putting a paper together on this topic for ten pages. I said I think I'll be able to

find enough information, so she approved it. The next day after she approved it and she brought the newspaper, which made me think she just didn't realize what she was saying, and she was a clinical instructor in the health care arena, and you aren't aware that there are health care disparities in the African American (AA) community. That was 8 years ago. I don't understand that. We practiced at the large public hospital in the city. I felt she thought and other White instructors thought, in their eyes, you are getting health care for free, and you are lucky to get what your are getting. I think that is the attitude that was there when I was there and still exist today. But low and behold, the next day on the first page of the newspaper was a big article about health care disparities in the AA community. She brought me the paper. She came and found me in class and said I wanted to give you this because I know you're doing your paper on this, and I was just amazed that this was the topic in the paper today. I still have that paper somewhere in here today. My dad is in his 70's now but was in 60's then. He grew up on a plantation. He has a different outlook on how you should talk to White people in power. When I told him that was going to be my topic and read my paper to him, he asked me if I was crazy. He felt they would do me something. He asked, "Is your teacher White". I said yes. "He said you going to turn this in to her. I don't think that is something you should do. I don't want to see nothing happen to you. You working to hard in nursing school and these people will do anything to get you out of there." I said well Daddy If I don't say something about what is really going on who will. So I turned the paper in and received an "A" on the paper. I came back and told him I made an "A." He said girl you have more guts than I ever saw in my life. He was like that is something you don't do, talk about Black and White issues to Whites.

In some instances the students said or remarked on something that could be construed as racism. At other times the racism was blatant. Judy had friends who were mostly Black but did have a few relationships with White students. She felt that she should treat everyone with respect and keep an open mind about incidences. In one instance, she talked about not being able to keep an open mind. She related:

Now since the hurricane all the schools have to share units with the big “C” closed. We were trying to register and get our clinical together and the last thing that was available was the VA hospital. This girl said and I quote, “I’m not going to that place with all those nasty Black patients.” One of the teachers heard her, but just ignored it. What do you do when 90% of your class is White? What do you say? And all of your teachers except a few are White. What kind of discipline you expect this person to get when everyone is White. We felt our hands were tied. She wasn’t in my clinical group because if she was I would have addressed that comment. The instructor, who I was my colleague, did not address the remark.

Summary.

Judy’s overall experience included positives and negatives. She perceived instances of a lack of cultural competence and racism throughout her nursing school stay. When asked about experiences of stereotyping and marginalization of Black women she stated:

I have to say, when that instructor changed that assignment, I did not feel she thought I could do a better job, but she thought I should be the one to do this job. By that I mean she saw me as the person who needed to do the hard work and if the patient was combative then I deserved the abuse and not her White student. She assumed I was tough and her White girl was too delicate to handle this patient. Black women are used to being

caretakers and can do hard work, so let me have to do this. Not only was this stereotyping me as a Black woman, it was pure racism.

Judy was asked to summarize her reasons for persisting to graduation. Judy credits determination along with her faith in God as her main reasons for persisting. Her parents were her greatest source of support and encouraged her to keep going until graduation. She does think having mentors and more faculty and students who were non-White may have helped her and her fellow non-White students cope with the demands of nursing.

Myrtle

Myrtle is a 33-year-old graduate from a BSN program in 1999. We talked via telephone because she worked different shifts and we could not synchronize our schedules. Myrtle was single and had no children while in school and did not have caretaker duties. She stayed on campus in the dormitory at the medium size public university for the first year. She moved off campus during her second year in that college. Myrtle did not have to work while attending nursing school. Myrtle is a serious but happy person. Her mother is a nurse with a PhD and her father has a good job. Myrtle is an only child. Myrtle attended PWIs in her primary and secondary school years but had never attended schools where there were so few Blacks until her nursing school years.

Academic Involvement

Myrtle was very involved in her academics but states it was very stressful keeping up with the demands of nursing. She made good grades but wished there had been someone she could have conversed with such as a Black faculty member or other Black students in the upper levels of the program. There was no Black faculty at the nursing school until Myrtle's last semester at the school. There were one or two other Black students in the upper levels of the

entire school. She said:

I didn't really have any bad experiences. It would have been nice to have some advanced AA students who could have been student mentors for the freshman and sophomore nursing students. These students could also come in and encourage you tell students to come in because it really is not that bad. You're going to experience the same challenges other students faced. My advisors were still from the college of nursing. They were all White but it was fine. They were very encouraging. There was one Black staff person running the lab where we practiced. I had been dealing with this lady for two years and I did not find out she was a RN almost until the end. They gave her no credit for anything. Then I found out under the table as if it was a secret. They downplayed her as if she was just a lab assistant, not a RN.

Overall Myrtle's experience at the PWNS was good, but she felt that being a public university where everyone paid taxes, they should strive toward more diversity. White people were not the only ones supporting the college with their tax dollars. She stated:

I do think the school needed more ethnicity in there. I felt like that wasn't a concern of the school, to increase diversity I mean. They were more concern with getting a 100% passage rate and did not care if there were other minorities there. We are known for having a high pass rate on NCLEX. I had 4 Blacks in my class. I grew up in a different time period from my mom and dad but we still need someone to tell us yes you can do it. I feel I paid tuition like everyone else and that I should have some peers I can go to give me encouragement. Black students are always being told you're not good enough. You didn't come from good schools. Blacks students don't have to be a product of their environment. All these state public universities use taxpayer's money so everyone

should have an opportunity to attend one of them.

Despite the lack of diversity at the school in the student body and the faculty, most of Myrtle's experiences were positive. Mentoring and faculty involvement could have been improved, but Myrtle persisted in spite of the lack of much faculty involvement. Myrtle discussed that the faculty did not do anything to hurt her, and she did not feel discriminated against, but they did not

go out of their way to help you either. There was one faculty exception where she encouraged Myrtle to apply for a prestigious program which gave out a monetary award. Myrtle stated:

Towards the end of one of my clinical an instructor brought to my attention about the Ronald McNair Program that had a monetary award. No one knew about it. This instructor brought it to my attention and helped me apply. If other instructors had done something like that with Black students then it would have been great. Then I wondered were there other programs that we didn't know about. This instructor wanted me to succeed. Even though I did well and my experiences were not that bad, it would have been better.

Alienation, Isolation, & Loneliness

Despite having four Blacks in her class and only one to two other Blacks in the nursing school, Myrtle made friends with a few students both Black and White. She got along with her classmates and her roommate for the first year on campus. She felt she fit in wit the campus culture and did not feel isolated. Her goal was to complete nursing school, and she was not going to let anything interfere with that commitment.

I didn't feel isolated at all. I felt mostly comfortable because I was used to being in the environment where there were predominately Whites and with some Blacks attending the

school. I was not involved in anything on the campus. I lived on campus one year and then off campus. I was out of the loop and when I got in nursing I did not have time. I never got invited to join Sigma Theta Tau and I wondered why. My GPA was good. But I can't say that was racial.

Myrtle was not interested in the social scene at the school, but would have joined an organization that was designed to encourage Black students to go into nursing and served as a nursing club.

In fact I had a conversation with the Black lab coordinator who was a RN and we were talking about nursing organizations on campus, and I said I wish we had a Black organization that would come in and encourage the minority students in nursing. She became offended as to why I would say something like that because we had fought so hard to be a part of the mainstream. Why have something separate. I told her that Black students needed someone to look up to so they could realize they could do it too, become a nurse. That's where I was coming from. I envisioned a club of sort not for partying but for camaraderie and mentorship. I would have joined such a club.

The absence of diversity at the PWIs negatively impacts students of color (Tinto, 1987), but because Myrtle attended mostly PWIs so she adjusted well to the environment. She did not feel alienated even though she did not participate in the social culture of the school.

Culture, Identity, and, "Fit"

When the culture of a student differs from the culture of the educational environment, the student's persistence may be altered. Myrtle was able to celebrate her culture while assimilating into the predominantly White culture of the university. She did not have issues with identity. She knew she was a Black woman in a very non-diverse nursing school setting. She was used to

being the minority in school where she was able to succeed because of her commitment to that goal. She said:

I don't remember anything specific that was culturally exclusive. We talked about all ethnic groups in class. Most of our patients were White though. I didn't remember any faculty saying anything derogatory about any ethnic group. I'm not saying they were culturally educated, just that they did not say anything bad. I made friends with both White and Black students so I felt I fit in well. But just because I was adjusted doesn't mean I did not realize how the nursing school lacked racial diversity. The campus had some diversity but the nursing school had very little racial diversity. I recently met someone who graduated from my school, and I was surprised because I had never met another Black nurse who graduated from there.

Self-Concept

According to Heath (1994), in order for Black students to have a positive academic and self-concept, there must be some type of integration within the college. Myrtle was well integrated within the college. She had a strong sense of self and did not feel intimidated because she was one of a few Blacks in the school. She felt intimidated in the beginning of nursing school, but as she relaxed and did well in school she became less intimidated.

I always had this intimidation thing from what all I heard I was expecting a hard time.

But once I got in there it wasn't so bad. I felt good about what I was accomplishing and felt good about myself.

Institutional Climate and Racism

The nursing school that Myrtle attended did not overtly display any perceived racism. She did wonder why certain things happened the way they happened. Myrtle's grades were good

and it took good grades to be inducted into the nursing honor society, Sigma Theta Tau.

Consideration for being accepted into the society was by invitation only. Someone had to write a letter in support of you and usually faculty wrote many of the letters. I told her how my previous employer solicited invitations to Sigma Theta Tau. The school of nursing invited all students to apply and then solicited letters of support from faculty and others once they were deemed to be eligible. That way everyone had an equal chance to apply for induction. She did not want to believe it was some sort of exclusion or racism, but she did feel something was not right with the lack of an invitation.

I never got invited to join Sigma Theta Tau and I wondered why. My GPA was good.

But I can't say that was racial and I can't say it wasn't racial. There were not any Blacks in the Sigma Theta Tau Chapter on the campus.

Another incident Myrtle considers to be along racial lines was a statement made by a so-called White friend. In many cases, once you are friends with another culture or race, you may feel comfortable and may make some stereotypical statements regarding the other person's culture.

A girl who was White who was supposed to my friend said to me, "Myrtle I got a flat tire in the ghetto. I was so scared. No offense." I said, "First of all, why would I take offense? You think all Black people live in the ghetto?" I told her I didn't grow up in the ghetto. There are some places in White areas I would be afraid if I got a flat tire too.

Other students heard what she said and it sort of went against her. Even White students came to my side and asked her, "How could you insult her that way?" She felt she had been around me enough that she could say that.

Myrtle's friend did not mean to insult her, nor did she feel she was being racist in any way.

But racism and prejudice are attitudes usually based on faulty, preconceived, and

unsubstantiated information. The friend apologized profusely once she realized her error.

Summary.

Myrtle's overall experience was positive at the PWNS. She credits her persistence to hard work and commitment.

I've always gone to PWI in high school and college so that did not bother me. I never felt discriminated against in my nursing school or that I was given a hard time. It was hard because of the demands of nursing. I never considered quitting. I was going to finish. Myrtle never felt that she had to represent all Blacks, or that she was stereotyped because she was a Black woman. Other than the incidents she talked about concerning the lack of diversity and the issues with stereotyping from another student, she felt that going to this PWNS was not hard, but that nursing school was hard. Her parents were a great source of support. Her mom was her greatest cheerleader.

Jeanette

Jeanette is a 31-year old who graduated from a public ASN degree program. She graduated in 2004 from the same nursing school as did Judy. She also attended the same community college that Judy that is affiliated with their nursing school. Jeanette worked full time while getting her pre-requisites but only worked part-time during nursing school. Jeanette had two school age children and was married while attending nursing school. Jeanette's parents and husband had high school diplomas but no college experiences. Jeanette attended Black public high schools. Jeanette and I met face to face in a library in her hometown. She had a quiet personality and enjoyed recalling her stay at the PWNS. She enjoyed it because she finally got a chance to talk about her experiences with someone who would really listen. We chose a spot in the back of the library where no one else was sitting. Our conversation started with her

perception of the community college versus the nursing program that was affiliated with that college.

Academic Involvement

Jeanette began her quest to become a RN by attending the local state community college because they offered a nursing program. She had no problems taking her pre-requisites at the college. It was very diverse and included Blacks, Whites, Asians, and disabled students. She noticed the difference in the makeup of the nursing school, which was not as diverse. However, she felt fine because she was admitted to this school against a competitive field. Once she started the nursing portion, it was difficult. The demands were great and she thought she would not be able to progress a few times. She had her children and husband whom she had to continue to give time to, and she had to make time for her studies. She said:

Boy was nursing hard and demanding. I did not know that at the time. I thought I would need to just complete one course at a time. I virtually had no time for my family and I had to work a little also. I knew after my first course that work was not going to continue because I could not handle nursing, family, and work. But I couldn't quit just yet. I had to make a schedule so I could keep up at home and at school. I had to ask my husband to pitch in more at home so I could study. My parents helped me out a lot especially when my husband acted out because he felt he was doing everything. I prayed and asked God to give him and me patience so my family would not suffer and that I would not have to quit school.

Involvement in academics involves the time spent studying and reviewing assignments (Astin, 1984). Jeanette spent every waking moment trying to juggle family life with school life. She studied in the school library most of the time because her children demanded her time at home.

She sought out teachers for advising and some mentoring but the ones she asked were not very receptive to her requests. She said the school had some Black faculty mostly teaching in the evening division. There were a few in the day division who mostly taught in the upper levels.

She notes:

I spent all of my free time in between classes studying at school. I would go to the library because it was quieter than at home. I tried to finish all of my work in the library so I would not have to do so much at home. I ended up staying up late at night sometimes especially when there was an exam. I almost quit several times. It was so much stress. I did not know trying to get an education and improve my standing in life was going to cause so much stress. Why did I continue? I sometimes look back and wonder, but I now realize that this is a tough profession. Many of the trials I went through helped me to be a strong nurse.

Jeanette progressed through the first semester with difficulty, but she was successful. She thought that if she completed one semester it would get easier as she progressed up to graduation. She wanted to explore a working relationship with the faculty members in the next course and see if she could get someone to work with her and be her mentor. She explained:

I needed a mentor or an instructor I could run things past. I asked for help from a couple of instructors and received curt answers to my inquiries and the statement have you not studied. Just study this and read. Then clinical was a war zone for me. I seemed to always get the worse patients on the units. Meanwhile my White peers are sitting at the nurse's station talking to the nurses. Thank God we did our clinicals at the public hospital. There were a lot of Black nurses who took me under their wing and helped me out. In fact, some of the White nurses were also very helpful and thoughtful. Even they saw the

inequities with the instructors' assignments. One out right asked me, "Why do you get all the hard patients?" Well at least you will learn a lot. I secretly hoped she was right. I could not find a faculty mentor until my third semester. The Black instructor was the director of that level. Boy was I glad to see her. I was afraid to approach her at first but she asked me how I was doing one day in the hall. So I asked her if I could talk to her and we did. I did not talk about any person. I just asked her for help in organizing and decreasing my stress. I did not want to mess up when I saw the finish line ahead. She counseled me and helped me organize a schedule. She talked to me about sitting down with my husband and letting him know what I need him to do until I finished. You don't know what a blessing that was to see her in the hallway that day. Most of the instructors on that level were kind and helpful. I did not feel that they did not want to help me anymore. I began to get more courage and with prayer and help from my mom, I graduated. Now that school has a lot of Black instructors so I hope the Black students are now getting the mentoring they need.

Alienation, Isolation and Loneliness

Jeanette's family life played havoc with her school life. She had no social life to speak of but found some pleasure in the few friends she made at the school. Jeanette found that it was wonderful talking to someone who understood what she was going through at the time. Jeanette found some support in a small study group consisting of a few Blacks, an Asian, and one White student. She remarked:

Boy I thought that nursing school was never going to end. At first it seemed like years to me. The classes were hard but I could deal with that. What I couldn't deal with was some of the things said and done by faculty and students. I felt alone a lot at the school. I also

felt alone at home because my husband didn't understand what was going on in the school. He just thought I should tell people off and get over it. I could not talk to him. I once thought about it because I witnessed a White guy sort of tell the teacher off in class but she laughed it off. Then I thought I'd better not do this.

Jeanette felt rejected by her peers and the institution. There were not many instructors who looked like her and not many students who were from other cultures attending the school.

Once I found a few friends to study with and we sort of became a group. He (her husband) had the nerve to be jealous. I needed that camaraderie. My whole demeanor changed once I had people to talk to and become a group. I did not like studying alone or eating alone. I'm used to group activities. I felt the nursing school was right smack in the middle of a cultural melting pot but the school did not reflect its surroundings.

Culture, Identity and Fit"

As stated in the literature, many Black students feel marginalized and have a perception of being insignificant to the institution (Rosenberg & McCullough, 1981). Jeanette perceived that Blacks did not matter except in the case of their learning their skills on those patients in the hospital. Jeanette did not question her culture, but she was willing to understand and work within the dominant culture of the school. She recalled:

Once I was accepted into the nursing school, I went in with an open mind. I was used to being in classes with at least a few Whites in high school. I have worked in jobs where there were all cultures. But Whites for the most part did not attend public schools here. But they sure want to attend the public colleges and universities once they are out of high school. I actually thought that this school being a community college that there would be more Blacks here because the cost was reasonable. I did not think my voice would be left

out of most lectures. By that I mean the minority voice and more specifically the Black voice. After all, we were taking care of Black patients all the time. Other than caring for the patients at the various hospitals, there was no culture in the schools. A few of us joined the student government association and attended a few meetings. We thought this was an avenue to network more and maybe do some community work. The only thing I remember was planning for the next party or social. I'm not against socials or parties, but we suggested doing something in the community as an event also. Well that was not received that well and the excuses they came up with was that it was too dangerous to go in the communities. I said is it too dangerous to have that drinking party over there in that community? So of course I decided that organization was not for me.

Ibarra's Theory of Multicontextuality discusses some of the differences in high and low context cultures. People in high-context cultures crave relationships where the people are the center of the relationship. They value community, and the culture of the community is important in their lives. Jeanette explained:

I really wanted to be part of a group. Not so much for social stuff but for just talking and studying. I like group activities where all of us just brain storm. I did not get that until my 3rd semester here. As I said before by that time I had made some friends and that group interaction was so important to me. I tried to join study groups earlier in my semesters but never got a positive reaction from any of the students. The study groups were all White. I had I think one to two more Blacks in my class and we are all so stressed we did not get together until later. A rumor going around that when Blacks banded together to study or whatever, it was said they were up to something. We sure were up to something. We were up to figuring out how to pass. I would envy my White

peers because they had group interactions and seemed to be always happy. I wanted to feel that. I did not want to eat alone or not be a part of something. I realize that maybe I could have reached out more. I did once and got rejected, I did not try again until my group sort of got together my third semester. If I got anything I would share it with my group. If we had a big project we would work on it together. We had no elected leader but it was according to what we decided to do a leader always emerged. Those were the best days of my nursing school. The first two semesters were pure hell. I think back now and realize that the support I received from my mentor and from my group helped me to decrease my stress. I even was able to change some things at home. Boy, support was all I needed and if I had gotten it from the beginning of nursing school I think I would have enjoyed nursing much better.

Self-Concept

Jeanette went into the nursing school with her self-concept intact. She knew who she was and what she wanted to achieve. She was self-reliant and did not perceive that she would need much help as long as she went to class and asked instructors for guidance. After a few semesters, Jeanette realized that she was suffering from a lack of self-esteem and self-concept. She states:

I was doing okay in clinical for the most part and I thought I could rely on the teacher for guidance when I needed it. I was hesitant with one teacher because I had seen how she answered other students who asked questions. I used my resources, and I sometimes asked other students if they knew something. This instructor made everyone nervous and seemed like she wanted to break us down. I witnessed this instructor humiliate a student who happened to be Black. Not that I thought it happened because the student was Black. But I know I never saw her act quite that way with a White student. I did have to go to

her a few times about something I did not quite understand or for her guidance in a skill. I had not done before in any clinical. Well after she stared at me for it seemed minutes but was only seconds, I thought to myself, why I asked this lady anything. After that day she constantly hammered me on any and everything. I felt horse whipped. I could feel my self-esteem dropping every day I had to see this teacher. So I did everything I could to avoid this teacher in clinical. I used my resources and asked nurses on the units for guidance. I asked a few White students in that group what they thought about the instructor. They thought she was great and very helpful. They went to her for everything and according to the students she never yelled or was condescending to them. Well I saw her humiliate another student, and then this instructor also humiliated me. Well both of us were Black. So we started hiding ourselves and becoming invisible.

Institutional Climate and Racism

Jeanette describes her time at the PWNS as challenging. She perceived that their race affected how they were treated in the school of nursing. She believed and witnessed White female students being given the benefit of the doubt or given assistance with a nurturing attitude. On the Other hand, she saw Blacks being treated as if they did not belong in the school. She states:

I witnessed where White students were given breaks in meeting some of the standards. I was in the med room and the White student did not know her meds. The instructor allowed her to give them anyway and told her to study harder. I stumbled on one medication out of five and she told me if it happened again she would give me an unsatisfactory. Also, I was never allowed to perform a procedure unsupervised. The White students were allowed to do procedures without the instructor. I remember when

we all witnessed this instructor absolutely belittle a Black male student. She did it over and over again. We know a few of our classmates had gone to the Dean about another student-faculty situation and the dean intervened. We thought she would intervene with this situation too. Well she told us we must be imagining that this instructor was being rude and would not hear what we had to say. She dismissed us from her office. Another incident that caused two instructors to quit was when the dean intervened and changed two White female students' grades to passing. She did it without talking to the instructors and we heard she said they had studied hard and needed to pass.

Jeanette was not happy about the students passing by the hand of the dean. The students did not follow the posted grade appeal process but went straight to the dean. She heard rumors that those students felt they deserved to be heard by the dean and was not going to waste time going through the appeal process. To Jeanette, the school of nursing was perceived as an institution for the predominately White students. She was aware that the school and administration was an authoritarian based environment when it came to Black students. However, when it came to following the rules and procedures of the school, the White students were given different privileges. As stated previously, White privilege is a complex phenomenon that many Whites are oblivious to the fact that they may have received the privilege just because they were White.

Jeanette explained:

Once those students received passing grades, the students in the course wanted a meeting with the Dean. The students wanted to know what questions were given back so they could see if they deserved any more points. The Dean refused and said her decision was based on other things. Now these girls were going around thinking they received passing grades because they were right. We don't know exactly why the Dean changed the

grades, but we know she would not discuss it and if everything was on the up and up, why keep it a secret. But the students' whose grades were changed were convinced they were right. Their parents attended the meeting with the dean and one of the fathers was an alumnus of the university and a doctor. The students who received the privilege went around the school saying stuff like my parents are important people and Mary's dad is a doctor so the dean had to change the grades.

Summary.

Jeanette persisted through nursing school because of commitment and ongoing support from her family, especially her mother. She felt she had positive experiences but had too many negative experiences. As a Black female entering a PWNS, Jeanette felt that she had to be invisible and conform to the PWNS' culture. She did not feel free to ask questions or question anything. She witnessed an instructor totally belittle a Black classmate in front of other students. She was there when a White student was given the benefit of the doubt and when a Black student had the same issue, he was not given the benefit of the doubt. She also heard from other Black students that they had similar experiences from White faculty. They were accused of being angry when confronting issues in class or trying to correct some cultural misconception, so they stopped trying. Their goal was to graduate and get out of that school.

Bobbye-Francis

Bobbye-Francis is a 32 year-old graduate of a private Catholic college offering a bachelor's in nursing. Bobby-Francis graduated in 2002 and obtained a BSN and has since acquired Master's degree in nursing. She lived with her aunt during nursing school because she allowed her to use her car to get to school, and her home was closer to the school than her mother's home. Bobbye-Francis had no children and was single during her time in nursing

school. Her mother is a RN, and aunt was also a professional. Bobbye-Francis attended a predominantly Black high school. She did not work during nursing school until her senior year. At that time she worked part-time in a hospital. Bobbye-Francis and I met face to face at her home for our interview. We also spoke once after the interview to clarify some issues. Bobby-Francis' forehead crinkled and she grimaced when talking about her experiences at the PWNS. She is now married and is looking forward to having children. Bobbye-Francis attended culturally mixed high school with Blacks being the dominant ethnic group. Bobby-Francis was happy when she was accepted to the nursing school and immediately noticed that ten students in the class were Black.

The school was a small school within a small college that admitted 35-40 nursing students once a year. The nursing school was the most culturally mixed school in the college with two Black faculty and a good percentage of Black students enrolled. During her enrollment, one of the Black faculty members died and the school replaced her with a White faculty member. Bobbye-Francis finished the majority of her prerequisites at the college and had no complaints about the college in general. Her journey began once she entered the nursing program.

Academic Involvement

Bobbye-Francis started nursing school with great enthusiasm. Her mother was a nurse and she wanted to follow in her footsteps. She decided to go to this small Catholic College in her hometown because of its size and its spiritual connection. She had never met any Blacks who graduated from the college, but that was not a reason for not attending. She states:

I began at another school but transferred to this college once I knew I wanted to go to the nursing school. So I took most of my prerequisites in the general college. I did not have

any trouble. There were other Blacks in the college, and I became friends with other Blacks who wanted to get into the nursing program. No one prepared me for the demands nursing put on you. I was up for the challenge, but I faltered a few times and thought about quitting and going to another school. This place was something. Not so much in the general education courses, but once I got to nursing I was challenged and not always in a good way.

Bobbye-Francis was not prepared for the emotional and physical toll nursing placed on its students. Once she realized how demanding nursing would be she talked to her mother and decided to continue in the program. She said:

My mom did not tell me nursing was so hard. While others students went out and partied, I was studying. I did not want to get behind in my studies. We were in class two days and clinical two days. I needed the last day of the week to study and prepare for clinical. I had to go talk with my mom and my aunt. They encouraged me to stick it out and finish what I started. So I did. But there were many stumbling blocks along the way.

Perceived faculty support plays a role in success of all students but especially Black students (Shelton, 2001). Bobbye-Francis perceived that the faculty along with the dean were indifferent and non supportive to the Black students. She explained:

My experience was somewhat challenging. In the first nursing class we had to do skills check offs. I had to also take speech on Monday. My clinical instructor scheduled me to do my check offs at the same time I had speech at 12 o'clock. I went to her and told her I had a class. She wouldn't change it. So I went to my speech teacher and told her I couldn't attend class because I had a check off in my nursing class. He told me that was okay. The dean of nursing cornered me in the hall and said it was not okay for me to miss

speech class. So I said what about my check offs, I told Ms W. I had speech class and she wouldn't change the time. All she said was you cannot miss class and you owe your speech teacher an apology and she would check to see if I apologized. So I had to go to my speech instructor and apologize to him. So I still had to do the check off at 12. That wasn't changed. So I had to miss the speech class and then apologize even though it was not my fault that I had to miss the class. I had to do what I had to do so I apologized.

Positive role models may influence persistence but in nursing schools there remains a paucity of faculty of color (AACN, 2004). Many White faculty members have stepped up to mentor all students including students of color. In some cases however, students of color had no one on faculty to provide mentorship to them. Bobbye-Francis stated:

We had two Black instructors and one died. We started out with about ten Black students in the class and six graduated. The total class dwindled to about 20-30 students. It was a small class. We had one instructor who was a student advocate. We all went to her if we needed to talk or needed help. She was a White instructor. The one Black instructor was close to some of the students, but she wasn't an advocate for us. We did not think we would make it. We had to stick together because we could not go to most of the instructors. They all seemed indifferent to us. I thought about quitting many times but my family encouraged me to stick with it until the end.

Faculty who are perceived as caring and supportive can influence persistence to graduation. Conversely, faculty who are perceived as uncaring can also affect persistence in a negative way. Bobbye-Francis discussed how an instructor intimidated her so much that she could not speak. She said:

In my Adult Health course we had to do a teaching-learning project and teach one of

our patients. The patient I had was mentally challenged and she had to get a colostomy. The instructor told me to teach her to open and close her colostomy bag because that was something she probably could understand due to repetition. So I did what she told me, and we received a grade. To keep that grade we had to present to the faculty and students why we deserved the grade. By that I mean we had to go to the instructor and tell her why we deserved this type of grade. Well I did everything everyone else did. I did graphs and pictures and made it visual. When I got in there I froze and couldn't do the presentation. I couldn't tell her how I did the graphs or anything. Then she started saying well you didn't do this work. You did not do that. So I got a "C" instead of an "A". So I had to let that go. I got so nervous. She intimidated me so bad I just froze. The instructors went out of their way to intimidate the Black students. I never noticed them doing that to the White students.

Alienation, Loneliness, and Isolation

Swail writes that establishment of peer and parental involvements have an important affect on the student's social and academic integration in higher education (2003).

Bobbye-Francis established a close peer relationship with several Black students and she and one of them remain very close friends today. They leaned on each other for support throughout their time at the nursing school. Once they adjusted to the school's culture and became friends, the feelings of isolation were lessened. Bobbye-Francis recalled:

We were not involved in any social activities in the school nor were we involved in any organizations. We stuck together. We started studying early about a week before the exam. So we started to do really well on our exams. We did not discuss the exam in the hallway. We left out of exams went to eat and then went home. When we got together we

actually studied. We did not talk or waste time. Most of us lived off campus so we went to our private lives after leaving school. We had our little pockets of friends as did the White students. I'm just glad there were Blacks in the program so I could have a peer at the school to study with and just hang with at break. If I did not have a couple of friends at that school to bounce things off or just ventilate to, I don't think I would have stayed. We gave strength to each other to survive and continue on to graduate. Without that support, I know I would not have made it there.

Culture, Identity, and "Fit"

The nursing program Bobbye-Francis attended was located in suburbs of a major metropolitan city which was composed of 70% people of color. Interestingly, this nursing program admitted students of color in their program in high numbers when compared to the other public nursing schools in the area. Yet the school's culture was synonymous with the culture of the White majority in the United States. The White students had little realization of how the culture affected Black students. The policies and procedures of the school were not inclusive of all students. The social activities were important events for the White students. Group relationships were not encouraged, but individualism was re-enforced on a daily basis. Cultural education was lacking in the nursing school, and the one Black instructor they had was not a student advocate.

Bobbye-Francis recalled:

There was no cultural education, nothing on campus. Black students had their little pockets of friends about three to four of us hung together in each group. We had our own study groups. One White student was in the study group with us. The rest of them wouldn't study with us. Even though there was never anything negative said out loud,

cultural competence was not something we talked about at all. I even heard a student say something about a person whose accent was heavy that they needed to conform to our way of doing thing since they are here. The instructor did not intervene and say anything. If we tried to say something that was congruent with our culture or how we may do things it was met with silence. One student said well that is not the majority so we needed to come in and be with the majority. I tried to educate the clinical group on hair care and how important the church was in Black families. They were not interested. The instructor did not encourage the conversation at all. We just went on to the next topic. One day we were talking about a service project and a few of us wanted to do a group project. We were out voted and all had to do individual projects. Even though there were Black students in the college and in the nursing program, the atmosphere changed once I was in nursing. I know I did not fit in with the mainstream in the nursing school. I had invested too much time and money to try to start over. So I just tried for the most part to keep quiet and not rock the boat. I was not going to change who I was as a Black woman so me and my mom just decided that I should just keep myself out of the lime light. The Black students could never bring up an alternate way of doing things that we might be familiar with. It was their way or the highway. The students were so competitive and would fight for a point even though they were not right. They forced us to see the world through their eyes. We had no choice but to conform or fail.

Self-concept

Various researcher identified self-concept as being central to the positive experience of Blacks in colleges and universities (Astin, 1993; Nettles, 1991; Tracy & Sedlacek, 1985, 1987). When students do not see many like themselves, they feel marginalized and unsupported (Heath,

1998). Bobbye-Francis' self-concept was intact when entering the college. She took most of the prerequisites at the college and according to her had no issues. Once she was accepted into the nursing school she was happy to see quite a few Black students in her class. As she progressed through the curriculum she began to question her self. She recalled:

I was happy to see other Blacks in the class I was in. In clinical we had at least one to two of us in each group. However, we saw a difference in how we were treated as opposed to the White students. We were afraid to say anything, and one instructor had me questioning who I was. She deflated me on several things, and I had her for three classes. We only had about ten instructors, and we had several instructors for more than one course. This same instructor sort of blew me and other Black students off when we tried to interject culture into the discussion. She said we are all the same and we shouldn't be looking for the differences all of the time. So we just shut up most of the time if we wanted to persist. I made it out of there but I hope things have changed. I cannot say it was all of the school but a few instructors can make it seem that way.

Institutional Climate and Racism

Bobbye-Francis did not enjoy her nursing education. She decided to stay at the school because she had invested so much time and money into becoming a RN. She recalled several stories where she felt singled out and discriminated against. The first story was discussed under academic involvement when Bobbye-Francis had to apologize to her speech teacher for missing class, but the nursing instructor was not asked to change the schedule so she could attend her speech class. Instead, she had to miss the speech class because she would have failed that course in nursing. Instead of intervening and correcting the situation, the student was made to feel guilty and had to offer an apology. She recalls other instances of perceived racism in the

nursing school. She said:

We moved on to the second nursing course OB and Peds and went through clinical. That same instructor Ms W. who wouldn't change my checkoffs in the first course told me my handwriting was too messy and that I needed to learn how to write my nurses notes neatly. She told me this while we were standing at the nurses' station in front of the nurses and other students. I guess I wasn't doing what she wanted me to do. Of course I was embarrassed. Why couldn't she tell me this in a conference or alone or just somewhere else. She also embarrassed other students, but I noticed it was mainly the Black students.

Bobby-Francis also explained another incident:

At the end of the OB course I failed my nursing course by 0.2 points. It was 77.2. Several students failed, and we had to go talk to the dean. She told most of the White students I guess you can do better. She told my friend, another Black student, I think you need to go into another profession because nursing is not for you. All of the students who failed had just failed that one course. Yet she told my friend she needed to go into something else. I don't know what she based that on because all of us failed. She did not tell any of the other students that, and we were the only two Blacks that failed. The rest of the failures were White students.

Another incident recalled:

We both came back after failing the course and did well. We had to retake OB-Peds. We did wonderful in the course. During the clinical the instructor said someone had to volunteer and go to the nursery. I volunteered to go to nursery. The instructor, the same one who gave me trouble before, showed us how to do the assessment. I returned the

demonstration, and she loved it. I did a great job. This White student did not do her assessment well. The instructor wasn't pleased. She grabbed me and gathered up all the other students and said if Bobbye-Francis can't answer this or tell me what this spot is on the baby then all of you are in trouble. I said Oh my God! Why is she asking me? Why is she singling me out when I did my assessment correctly and this student didn't? The White student was not put on the spot. I ended up answering the assessment question and she said, "Well she just saved all of you." I had enough of this teacher but, I wanted to get out of there and pass this class the second time around. So I kept quiet.

Bobbye-Francis continued:

I was proud of myself because I felt I had finally pleased this woman. So the next week she asked us to work out a drug problem and I did something wrong and it was not correct. Of course that was not good enough that I got the answer right about the assessment question. None of us could work out the problem but she told me I was not going to pass clinical but I got pass that and moved on. The next incident I had with her involved a paper the class I had to do on newborn assessment and I forgot to site the references. She brought my paper to AP&G committee before she even asked me what happened. Another instructor called me into her office and told me that my paper was in committee and they were deciding whether to fail me or not. I was shocked. She thought I plagiarized the paper. I told this instructor I followed the directions and did what she told us to do. I did not plagiarize anything. I had to leave. I was so upset. No one even talked to me. No one said anything to me. My average in the class was an "A." I did not know if they were going to put me out of the program. The next day I went to her, and she said they were still deciding. She could not find where I got the information from

and since she could not find it she gave me a “F.” It dropped my grade to a “C.” I couldn’t argue with her because I had to get through the program. I told her I could give her the references but she said it was too late.

Lastly, Bobbye-Francis states:

They (White students) could get away with doing just a little. I had to do a lot and go out my way to prove to them I could do it and do it well in order to get through. It was so unfair. Another instance of bias was when we had the exit test that we had to make a certain percentage on to graduate. One Black student did not make the percentage. They failed her and she was put out the program and could not graduate. This student got a lawyer and won the case so they had to let her finish. So she passed it and graduated later. When this happened to the White student, they let her participate in graduation and she re-took the exam after graduation. Boy was that unfair or what! I was so happy to graduate.

Summary.

Bobbye-Francis recalled many instances of difficulty while attending the PWNS. Nursing school was difficult enough without the perception of being treated differently because she was a student of color. When asked what factors contributed to her persistence in the nursing school she remarked:

First, I finished because of the grace of God. I faltered once and went through so much with watching how differently I was being treated. I also watched other Black female students going through the same thing I went through. We felt we had no one to advocate for us and we had to acquiesce or fail. As a Black woman, I felt any time I said something I was being judged. It seemed like I was speaking Greek. So after a while I

just stopped interjecting anything unless the teacher asked me. If it wasn't for my mom and aunt, I would have quit that school and maybe go to another. I wanted a BSN so there were certain schools that offered that degree. From what I heard, one of them was just as discriminatory as this one. I have to say that not all of my experiences were negative. I had that one teacher who was an advocate for all of us. She was caring and obviously interested in our success. The dean of the school did not advocate for students either. She was cold and uncaring. I even saw her a few years after I graduated and told her I was accepted to a certain school's graduate program. She looked at me with a frown on her face and said, "You know that is a good school, you are really going to have to do well." I looked at her and said, "What else am I supposed to do but well?" My friend was with me; the one she told to quit nursing. My friend did not understand why I told her in the first place. My friend did not say anything to her. It is amazing that both of us have done well in nursing and have advanced degrees.

Summary

This chapter described the participants' experiences written in narrative format, centered around the concepts in the conceptual framework which are academic involvement, alienation, loneliness and isolation, culture, identity, and fit, self concept and institutional climate and racism. The next chapter will discuss the interpretations of the stories using the research questions as a guide.

CHAPTER 5

INTERPRETATION AND SYNTHESIS OF THE FINDINGS

What is the meaning of being a Black female in a PWNS? The purpose of this study was to explore the lived experiences of Black nurses who graduated from predominantly White nursing schools by using stories told by those nurses. This study sought to add to the dearth of literature available and increase awareness and understanding of Black women's experiences in PWNS. Little is known about Black nurses' perceptions of their nursing education and of the nursing education culture. The study focused on answering the following questions:

1. What does it mean to be a Black female in a PWNS? What are Black nurses' perceptions of the nursing school experience?
2. How did the Black culture fit in with the nursing education culture?
3. What factors influenced your persistence to completion of the program?

Embedded in the stories of the Black female nurses are meanings of the experiences. As the stories were analyzed and interpreted, certain features or themes related to academic involvement, loneliness, alienation, and isolation, culture, identity and fit, and institutional climate and racism emerged which illuminated the phenomenon of interest. This study revealed the experiences of Black women in PWNS who persisted through joy, pain, injustice, and learned about health care through the eyes of the White culture. The purpose of this chapter is to interpret and discuss the stories of the nurses. The stories were written from text obtained through in depth- interviews and field notes. The interviews were tape-recorded and transcribed. Using van Manen's hermeneutic phenomenology steps as a guide, the internal meaning and essence of the Black nurses' experiences were revealed. van Manen methods used in this study

were (a) turning to the nature of the lived experience, (b) investigating the experience as it is lived, (c) using hermeneutical reflection to grasp the essence of the experiences, (d) using anecdotal writing to tell the stories in narrative form which is hermeneutical writing, (e) staying oriented to the phenomena by providing a deep rich text, (f) and structuring the writing of the study in one or more ways. I chose to structure the text exegetically which is writing the text organized around the literature review, and thematically. The first research question will be discussed in relation to academic involvement, isolation, loneliness and alienation. The second research question will focus on culture, feminism, institutional climate, and racism. The last research question will be devoted to issues of persistence. The women have told their own stories in their own words.

Theme: Dealing with stress and nobody cares.

Adjustment to nursing school was a similar problem for all of the participants in the study. Most of the participants were not prepared for the rigors of nursing school. Arielle states she was not prepared for the stress she encountered in nursing school. She had to struggle to keep up with class, clinical, labs, and life. She longed for a peer who was ahead of her in the program to help her navigate the academic side of nursing school. In her second year she bonded with other Black nursing students who provided her help with organization, studying, and just plain support. Karen acknowledged that nursing was very stressful but that a lot of her stress was as a result of dealing with unsupportive faculty. Eula's adjustment to nursing school was not as difficult as the other participants in the study. Her problems stemmed from an unsupportive spouse and a divorce while attending school. She had a previous degree and was better prepared for college life. Dawn had a natural disaster issue that made nursing school more stressful. She had a bachelor's degree in pre-medicine and thought she was prepared for the demands of

nursing school. Hurricane Katrina forced Dawn to commute to the nursing school on the main campus and her attempts at temporary relocation failed. It was too much for her to handle, so she chose to delay her education in hopes that the school would return to New Orleans and she could continue her progression. Once she returned to school the demands of nursing weighed heavily on her and her classmates. The hospitals were functioning at less than 50% since the city did not have many services up and running, and the long class days were grueling. Judy described the nursing school as taking up all of her time in a week so all she could do after class and clinical was go home and take a nap. She had home responsibilities with one child and ailing parents whom she had to care for while attending nursing school. She had to study at odd times to keep up and had save some time to spend with her child.

Myrtle is the only participant that said nursing school was not that bad. She admits it was demanding and sometimes stressful, but her experiences were mostly positive. Jeanette and Bobbye-Francis spent many hours trying to juggle family life with school life. The feeling of stress that most of the participants experienced is supported by the literature. Stress associated with nursing education, mainly in the 1980s and 1990s, has been well documented (Kirkland, 1998; Quarry, 1990; Courage & Godbey, 1992). Although nursing school was demanding and stressful, all of the participants persisted to graduation.

Involvement played a huge role in the success of the participants which supports the Astin's Involvement Theory (1984). According to Astin, the extent to which a student is involved is directly related to persistence. All of the participants were heavily involved in their nursing education. Arielle sought help from advisors and Black faculty. She helped to form study groups and went to tutoring. Karen was very involved in her studies. She looked to other Black students on campus for help and volunteered to be a Big Sister for incoming students who

needed help navigating the education system. She joined study groups and went to tutoring. Eula studied alone most of the time or with a few friends. Judy stated that school responsibilities took up the entire week and her life. She went to everything offered that she felt would help her success. Jeanette made schedules, spent every waking moment studying, went to the library and sought out teachers for assistance when needed. Bobbye-Francis studied while classmates and her other friends had a social life. According to Astin (1984) and Tinto (1995), the more involved the students are in their education, the more likely they will persist. All of these students were involved in their education and persisted which supports the literature.

Theme: Indifference and the need for recognition

Faculty support and mentoring have been linked with persistence of Black students (Shelton, 2001). According to the literature, close contact with peers and faculty are the largest factors affecting students' persistence in colleges and universities (Gardner, 2005; Tinto, 1993; Shelton, 2001). Other researchers describe behaviors such as caring, being approachable, and showing interest in the student as supportive faculty behaviors (Bergman & Gaitskill, 1990). In the research, Black nursing students need role models and faculty support in order to have a positive education experience (Institute of Medicine, 2003).

The need for faculty recognition and support was strong for all of the participants. The nurses repeatedly shared experiences about the lack of mentoring and relationships with faculty which were barriers to their performances. Most of the nurses wanted their teachers to take an interest in them and to understand their needs as students of color. Most of the participants reported negative relationships with faculty members and advisors. They also reported that most of their schools had few if any Black instructors. Some comments by the participants were:

1. My advisor was nice but did not go out her way to give me tips or strategies for success. I would find out from other White students that she gave them extra advice and tips for passing exams.
2. The counselor was very discouraging to me. She kept saying your grades are not high enough. I also received a lot of wrong information. She told me to finish the co-requisites once or if I was admitted. I then found out she advised the White students differently.
3. It was really crazy, to me, I felt like I was picked on and that they did not care. They did not reach out to the Black students. If we were having problems at school the White faculty didn't reach out.
4. ... we had no mentors. Because there were so few Black instructors, I didn't have one of them for clinical.
5. ... wish there had been someone she could have conversed with such as a Black faculty member or other Black students in the upper levels of the program.
6. I needed a mentor or an instructor I could run things past. I asked for help from a couple of instructors and received curt answers to my inquiries and the statement have you not studied. Just study this and read.
7. I could not find a faculty mentor until my third semester.
8. The one Black instructor was close to some of the students but she wasn't an advocate for us. We did not think we would make it. We had to stick together because we could not go to most of then instructors. They all seemed indifferent to us.

Each student found someone at their schools, either a peer, or a Black or White faculty member whom they developed a positive relationship with. Arielle met Black students in year

two of her schooling and bonded with them. They helped each other study. Once Black faculty were hired, Arielle sought them out and received mentoring and tutoring. She said:

Having Black faculty mentors helped so much. We wanted to come back and endure the treatment we received because we had Black mentors we could go to for support, tutoring and advising. If we did not have that I do not know if I would have continued. I had a lot of motivation because of the Black faculty.

Karen discussed how wonderful it was when Black faculty was hired. She finally had mentors. It was not until after Eula failed a nursing course that she sought out a mentor. She said:

Support from the faculty, especially Ms. J., helped me to see that I just stumbled, but I can get up. I got up and passed.

Dawn said:

I had a good relationship with the faculty, counselor, and staff. We had a diverse group of faculty and it is always nice to see someone that looks like you in the program. The faculty were very supportive and without that support many of us may not have made it through that program. But the faculty made me feel like I could do this. One particular faculty was a mentor to us all. She was so supportive and kind and would just listen to us.

Judy did not meet a mentor until her senior year. The Black faculty member was the coordinator of that level. She said:

One Black instructor who was the director of that level was very proud of us and encouraged us once we go to that level. That made me feel better and I knew then I would make it.

Bobbye-Francis had one White instructor whom she considered a mentor. Myrtle did not have bad experiences with faculty but wishes that the school had Black faculty to mentor the Black

students. She also wished they would admit more Black students so they would have students like them to encourage them to persist. She felt it would have been very encouraging to see someone who almost made it, and they looked like you.

Theme: Do they even know I am here too?

Six of the participants in this study felt alone and or alienated at some point in their education at the PWNS, while two stated they did not feel lonely at their school. Eula said:

Because I was 30, I already had long friendships in my life. I wasn't looking for that in school. There were several Black students in my class. We met and became friends. I was also friends with some White students.

Myrtle said:

I didn't feel isolated at all. I felt mostly comfortable because I was used to being in the environment where there were predominately Whites and with some Blacks attending the school. I was not involved in anything on the campus. I lived on campus one year and then off campus. I was out of the loop and when I got in nursing I did not have time.

Conversely, the other participants describe situations where they felt isolated and alienated on their campuses. Arielle said:

We tried to talk to White class mates, but sometimes they would stare as if to say, "You talking to me?" I remember White students passing around a study guide and we asked for a copy. They said, "Oh it's just something we threw together, it's not any thing special". Once the Black students became friends, we had our own social network and the loneliness ceased.

Arielle also said:

No, we didn't socialize outside of class. We just stuck together while in class

and while we were on the premises. We studied in our groups sometimes off campus. We didn't attend any of the activities sponsored by the organizations because they were not things we like to do. We liked family stuff and church stuff. Most of the activities were in bars.

Karen said:

Many of the social activities were planned with consideration for only a few select students. There was the SNA (Student Nurses Association) but I did not join. We went to the first meeting and we I tried to make a suggestion, I wasn't even acknowledged. So I didn't join. We joined the Nurses Student Christian Fellowship organization. There was one White student in that organization. We sponsored food drives and did community stuff. We also gave each other moral support. The one White student was wonderful. We all became friends. Once you are in the classroom or in clinical though, you may be the only Black in there. You always need an ally. I became friendly with the only Asian in my class. We began to hang together in clinical and went to lunch with other Black students. She was very lonely and was so happy to meet me.

Dawn recalled:

Several students were always getting into arguments and there was so much dissention in the group. I decided early on after meeting this group that I would stay clear of most of them until I finished. So, yes it was a little lonely at school. Another student and I sat to the back of the class, kept our mouths closed and got out of there.

Judy stated:

We laughed and talked with those who were willing to laugh and talk with us.

The White students were just as bad as some of the instructors.

We did not socialize outside of school, and we were members of student nurses association but again, our voices were ignored.

Jeanette said:

I felt alone a lot at the school. I also felt alone at home because my husband didn't understand what was going on in the school. Once I found a few friends to study with, and we sort of became a group; he had the nerve to be jealous. I needed that camaraderie. My whole demeanor changed once I had people to talk to and become a group. I did not like studying alone or eating alone. I'm used to group activities.

Bobbye-Francis stated:

We were not involved in any social activities in the school nor were we involved in any organizations. We stuck together. Most of us lived off campus, so we went to our private lives after leaving school. We had our little pockets of friends as did the White students. I'm just glad there were Blacks in the program so I could have a peer at the school to study with and just hang with at break. If I did not have a couple of friends at that school to bounce things off or just ventilate to I don't think I would have stayed.

Dean's Alienation theory posits that powerlessness is a feeling of having no control over one's life (Dean, 1961; Rodgers, 1991). Several of the participants stated they felt powerless in their nursing schools and often felt rejected. As a result of the rejection and perceptions that the faculty were non caring, the students self-isolated and formed their own groups. As previously stated, they were not asked to join study groups and if they did ask, they were met with silence or no answer. Arielle said:

We tried to talk to White class mates, but sometimes they would stare as if to say, "You talking to me?" I remember White students passing around a study guide

and we asked for a copy. They said, “Oh it’s just something we threw together, it’s not any thing special”. So they did not give us one. We never asked again. So instead of trying to fit in, I excluded myself from them. Once the Black students became friends, we had our own social network and the loneliness ceased. At the time though, I felt powerless and again thought about quitting.

Karen felt more alienated than lonely and admits to self-exclusion. She said:

There was the SNA (Student Nurses Association) but I did not join. We went to the first meeting and we I tried to make a suggestion, I wasn’t even acknowledged. So I didn’t join. We joined the Nurses Student Christian Fellowship organization. There was one White student in that organization. We sponsored food drives and did community stuff. We also gave each other moral support. The one White student was wonderful. We all became friends.

Judy discussed an instance where she felt powerless. She said:

We did feel powerless at school because we felt our voices were being ignored. We did try a couple of times to point out things or unfairness, but it was ignored. So we self isolated. We laughed and talked with those who were willing to laugh and talk with us. The White students were just as bad as some of the instructors. We did not socialize outside of school and we were members of student nurses association but again, our voices were ignored. It was not worth it to me to cause problems because when we said something it was misconstrued as anger.

The majority of the nurses in this study felt loneliness, isolation, and alienation in their nursing schools. Their feelings were supported by the literature. Similarly, Eula, and Myrtle’s feelings of not being lonely because they had previous experiences in PWIs and lived in mixed

neighborhoods was also supported in some of the literature. Yet the students did not let their feelings of loneliness or alienation dissuade them from their goal to become a nurse.

Theme: Invisibility vs. visibility

Nursing education teaches students to think critically about the care they are delivering. How can a nursing student think critically when they are being taught from one culture's ideas? Why is nursing not inclusive of all cultures? A person's culture and their lack of fit with the nursing education's culture may hamper persistence. Being inclusive can lead to positive outcomes for all students. Conversely, a lack of inclusiveness can lead students of color to have feelings of marginalization because nothing in the curriculum or on the campus resembles them or their culture. (Gossett, Cuyjet, & Cockriel, 1998; Chickering & Reisser, 1993). Most of the participants in this study felt that their culture did not matter. Some researchers write that Black students' connection with their culture breeds success in those students (Fordham, 1988; Hughes, 1987; Chavous, 2000). All of the participants persisted in their programs but they were well aware of the lack of culture and the lack of cultural education in their programs.

The nursing education culture has long traditions of beliefs and values. The nurses all believed in the values of nursing, a few of which were caring and empathy. Students learn these values along with unspoken values and norms through instruction and experiences. This is called professional socialization. To have an unwelcoming environment is incongruent with the espoused values of nursing. The nurses felt surprised and disappointed when they not feel accepted in their programs, and that their culture was not important enough to be in the curriculums of the schools. The nurses would not sacrifice who they were just to fit in at the school.

Arielle said:

I am who I am and I'm not going to change. I talk loud and laugh loud but that's me. I accept you so you accept me.

Bobbye-Francis said:

Even though there were Black students in the college and in the nursing program, the atmosphere changed once I was in nursing. I know I did not fit in with the mainstream in the nursing school. I had invested too much time and money to try to start over. So I just tried for the most part to keep quiet and not rock the boat. I was not going to change who I was as a Black woman so me and my mom just decided that I should just keep myself out of the lime light.

All of the nurses talked about the lack of cultural understanding and the lack of cultural education more than fit or identity. All of them had a strong Black identity, and they coped with the "fit" issues by persisting to graduate. Another issue they discussed was being expected to represent the entire Black race on all issues including health care.

Arielle said:

There was no other culture there but the White culture. When teachers were questioned about Black or Black culture they didn't seem to know how to answer, they always turned to us for the answers. Like, how do you bathe a Black person? How do you comb Black people hair? I'm like you are the teacher. How do you pronounce a Black person's name? They expected me to know all the answers about Black people. This made me feel, you know like put on display. It was something about cyanosis and Black persons gums. They turned to me and said you know what I'm talking about. I said no I don't know what you talking about because my gums are pink. Everybody in my family gums are pink. I don't know I need a demonstration just like everybody else. Don't just assume

I know just because it is a Black question or if it pertains to the Black culture. This made me feel targeted again, put on the spot. I felt, you the teacher, you should find out these things if we going to practice on mostly Black people.

Karen stated:

In clinical, I felt like I had to represent all Blacks, I had to know the whole Black culture. Well I do not know everything about Black diseases and stuff. We were talking about hypertension. The instructor in my clinical said, do not call it hypertension when you go in there, say high blood, isn't that what Black people say? She directed the question to me. I said I don not know. Me and my family say high blood pressure.

In addition to values, nursing has written and unwritten norms and rules that students are expected to follow without question. Another unwritten rule in nursing is conformity. Nursing educators like sameness in thinking and behavior. Judy talked about an issue that went against her upbringing but was the norm for the nursing school. She said:

Another thing I remember me being a dark skinned Black woman the uniform policy stated that we had to wear white underwear. My mom always taught me that when you wear white you needed to wear Black underwear so the underwear cannot be seen. This was an issue for the White instructors. ... Black people do not wear White underwear under White clothes. That is what we were taught.

Judy also said:

I'm an instructor now at that same nursing school and I had to discuss this notion about white vs. black underwear as a cultural moment. I went back there to teach because I thought they needed some cultural awareness. That policy has actually changed now because I went back and brought this up in a faculty meeting.

Behavior that is congruent with nursing's values includes respecting differences, recognizing different cultural views, and teaching and culturally appropriate health care. Most of the nurses acknowledged that there was incongruency in what was espoused and what was actually done in their programs.

Jeanette said:

I did not think my voice would be left out of most lectures. By that I mean the minority voice and more specifically the Black voice. After all, we were taking care of Black patients all the time. Other than caring for the patients at the various hospitals, there was no culture in the schools.

Bobbye-Francis said:

There was no cultural education, nothing on campus. Black students had their little pockets of friends about three to four of us hung together in each group. We had our own study groups. One White student was in the study group with us. The rest of them wouldn't study with us. Even though there was never anything negative said out loud, cultural competence was not something we talked about at all.

All of the nurses except two talked about instances when they had to be the teacher of cultural issues. Sometimes the teaching was received, and sometimes the students seemed uninterested. Karen discussed a time when cultural education was being taught in the classroom and the students reacted negatively She said:

Ms. T. was a White faculty and was excellent. She encouraged everyone and loaned a helping hand to anyone who asked. She was very devoted to community work and brought a lot of real issues into the discussion. I say part of culture is talking about the social ills of our community, not just race. The discussion turned heated when several of the White

students stated that these people (homeless) were a detriment to society and didn't contribute anything to society, jut want handouts and stuff. I'm usually quiet because I do not like conflict. But I put my two cents in and the discussion became heated. Who in the world wants to be homeless! I could not believe the snobbery of the students.

Bobbye-Francis said:

If we tried to say something that was congruent with our culture or how we may do things it was met with silence. One student said well that is not the majority so we needed to come in and be with the majority. I tried to educate the clinical group on hair care and how important the church was in Black families. They were not interested. The instructor did not encourage the conversation at all. We just went on to the next topic.

There were other times when the instructor allowed the Black students to teach a cultural issue mainly because they did not know how to handle the situation. The participants talked about the Black culture being absent in the curriculum, and, in some instances, the nurses themselves had to act as the teacher on issues regarding the Black culture. The nurses also implied that there were many instances of outright cultural insensitivity.

Arielle asserted:

Most of the insensitivity came in clinical. One teacher kept repeating that when bathing a Black person the dead skin follicles come out on the towel, she kept saying, they are not dirty, they are not dirty, don't think it's dirt. I said oh why is she repeating that statement so may time? Is she saying because they are Black somebody might think they are dirty? I'm sure skin follicles shed on White people too. I don't think she was trying to be insensitive, she just did not know how to handle the situation.

Myrtle's story of cultural insensitivity involved a White friend on campus. She said:

A girl who was White who was supposed to my friend said to me, “Myrtle I got a flat tire in the ghetto. I was so scared. No offense.” I said, “First of all, why would I take offense? You think all Black people live in the ghetto?” I told her I didn’t grow up in the ghetto. There are some places in White areas I would be afraid if I got a flat tire too.

Karen stated:

The only time we talked about cultural sensitive issues about Blacks was if it was negative. With only a few Blacks in class it was hard to defend anything.

Judy stated:

The teacher was talking about lice and one of the White students asked well don’t Black people get it because their hair is dirty and because they don’t wash their hair every day. ... I have never known anyone with lice and I’ve never had lice. Then my focus was on the instructor and how she was going to answer that question. So the instructor to the best of her knowledge said a few words and then allowed the Black students educate them on hair culture. ... Of course the girl never apologized.

According to Ibarra’s Multicontextuality Theory, people in high context cultures value community and relationships. People in high-context cultures also like group activities. When trying to network and suggest some community work to the college association, Jeanette was ignored and given excuses as to why that could not be done.

A few of us joined the student government association and attended a few meetings. We thought this was an avenue to network more and maybe do some community work. The only thing I remember was planning for the next party or social. I’m not against socials or parties, but we suggested doing something in the community as an event also. Well that was not received that well and the excuses came up that it was too dangerous to go in the

communities. I said is it too dangerous to have that drinking party over there in that community? So of course I decided that organization was not for me.

People in high-context cultures also like group activities. Jeanette said:

I really wanted to be part of a group. Not so much for social stuff but for just talking and studying. I like group activities where all of us just brain storm. I did not get that until my third semester here. As I said before by that time I had made some friends and that group interaction was so important to me. I tried to join study groups earlier in my semesters but never got a positive reaction from any of the students. The study groups were all White. I would envy my White peers because they had group interactions and seemed to be always be happy. I wanted to feel that. I did not want to eat alone or not be a part of something.

Eula and Myrtle had different experiences with culture and fit than the other participants.

Eula felt that she was a good fit for the college and the nursing program. She said:

I didn't have trouble fitting in but maybe that may have been my age. I never felt anyone was singling me out because I was Black. I felt comfortable being Black and discussing Black issues.

Myrtle stated:

I made friends with both White and Black students so I felt I fit in well. But just because I was adjusted doesn't mean I did not realize how the nursing school lacked racial diversity.

Cultural experiences differed for Eula and Myrtle. Eula's school celebrated diversity by having a large number of Black faculty and discussing cultural issues in the curriculum.

Eula recalled:

In class and clinical we discussed cultural issues in a positive way. We had a good number of Blacks and other cultures in my class. If we discussed a cultural issue in clinical or class, the instructors were always open, they did not expect us to know about all Black causes just because we were Black.

Myrtle acknowledged that she could not recall anything that was culturally exclusive or derogatory but could not say that the faculty had cultural knowledge.

I don't remember anything specific that was culturally exclusive. We talked about all ethnic groups in class. Most of our patients were White though. I didn't remember any faculty saying anything derogatory about any ethnic group. I'm not saying they were culturally educated, just that they did not say anything bad.

A stated in the literature, a significant factor in maintaining self-concept for Black students is the racial makeup of the college (Heath, 1998). Once all of the participants met and bonded with other students on their campuses, their self-concepts improved. A positive self-concept added to their confidence because they felt accepted.

Arielle noted:

My friends did not care that I talked and laughed loud. They knew that was me and they enjoyed my craziness. With friends, I became more confident in school and my grades reflected that I was feeling better about the school.

Karen's self-concept diminished as she went further in the program but improved once Black faculty served as a mentor for her and to her students.

I felt bad a lot. Not physically bad just bad. Once I got into the Christian organization and met others like me and some not like me, I started to feel better about myself. Then the mentoring started. Those caring faculty boosted my self-concept even when I failed the

course. I stopped being afraid to defend something I believed in and my values were important just like all the others were.

Eula's self-concept faltered when she failed a course, but, with the help of a Black faculty member, she regained her confidence and passed that course.

My self-concept faltered a little when I failed that one course, but I realized if I sulked over it too long, I would not bounce back and pass the course. I felt I belonged in the school and with the support of other Black students and Black faculty, I did not feel I was in this alone.

Dawn believed in herself as a Black woman. Her self-concept wavered a bit after the hurricane that forced the school to relocate to the main campus.

I didn't feel uncomfortable at this school. I did not try to hide my blackness. I am proud to be a Black woman. In the first class I was in before Katrina, the class was more than half Black. So I was very comfortable. The second class after Katrina had a few Blacks but more men.

Judy's self-concept was tested by a particular instructor that attempted to derail her confidence after an exam.

...this instructor came in the class... We had a test review... and I was sitting on top of the desk so were a few of the other students. She asked the class to be quiet and be seated so that we could get to test review. ...I said to a classmate, "Yes lets get this over with so I can move on to the next step." That instructor looked at me and said to me you better hope you make it to the next step. I was like oh my God! I was very serious and I looked into her eyes and said, "You don't know who my daddy is." She said "excuse me what do

you mean?” I said you don’t know my daddy, my daddy’s name is capital G-O-D and I will be moving on to the next step.

Jeanette realized she was suffering from lack of self-concept and self –esteem after a few semesters into the nursing program.

She said:

I did have to go to her (the instructor) a few times about something I did not quite understand or for her guidance in a skill I had not done before in any clinical. Well after she stared at me for it seemed minutes but was only seconds, I thought to myself, why I asked this lady anything. After that day she constantly hammered me on any and everything. I felt horse whipped. I could feel my self-esteem dropping every day I had to see this teacher. So I did everything I could to avoid this teacher in clinical.

Bobbye-Francis stated:

We were afraid to say anything, and one instructor had me questioning who I was. She deflated me on several things and I had her for three classes. We only had about ten instructors and we had several instructors for more than one course. This same instructor sort of blew me and other Black students off when we tried to interject culture into the discussion.

Theme: Differentness, unfairness, condescension.

All eight participants reported incidents that were perceived as unfair and or racially biased. Actions of classmates, faculty, and some administrators contributed to perceptions that the PWNS had an unhealthy climate for Black students. Arielle’s plight started with her advisor informing her that she would not get in and would not fit in at the nursing school.

She looked at me and told me I wouldn't fit in at the PWNS. I said why? I have the grades and I am doing well in the pre-nursing courses. So why can I not fit in? That lady stared at me awhile, and said I would never get in. That school only accepts high GPAs.

Another incident experienced by Arielle:

We would go to the teacher or our advisors and they would tell us to go see Ms. T., or Ms. B. or Ms. J. They would say they could probably help you more and answer your questions. I told one of them, but you are my advisor. I'm just asking for help, I'm not doing well in this class. I need some help. ... They told them to go to what in essence was the Black faculty for help. I know one of my friends failed the first exam and was told by the coordinator to withdraw because she would never pass the course. We were all a little stunned that they would overtly decide to not help us.

All of the participants spoke of times when White students were treated with different standards than the Black students. They also talked of having to prove themselves worthy of being in the nursing school.

Arielle recalled:

When I was in clinical, like if I didn't have homework or care plan all together, it was an ordeal, but if the White students didn't have their homework done it wasn't such a big deal, they said things like my computer broke. Their excuse was accepted, I couldn't come with those kind of excuses, if I said my computer ran out of ink it was a ordeal, even when going over medications, it seemed like they questioned and questioned us....it seemed that they were constantly picking on me; don't sit down, stand up the whole time, stay by your patient's bedside. But the White students could sit at the nursing station and do their homework, talk, and all this kind of stuff.

Bobbye-Francis recalls how she thought she finally proved that she knew what she was doing to the instructor. She said:

The instructor, the same one who gave me trouble before, showed us how to do the assessment. I returned the demonstration and she loved it. I did a great job. This White student did not do her assessment well. The instructor wasn't pleased. She grabbed me and gathered up all the other students and said if Bobbye-Francis can't answer this or tell me what this spot is on the baby then all of you are trouble. I said Oh my God! Why is she asking me? Why is she singling me out when I did my assessment correctly and this student didn't ?

Bobbye-Francis talked about different standards for the White and Black students. She said:

They (White students) could get away with doing just a little. I had to do a lot and go out my way to prove to them I could do it and do it well in order to get through. It was so unfair.

Bobbye-Francis told a story about almost being expelled from the school without due process.

She recalled:

The next incident I had with her involved a paper the class had to do on newborn assessment and I forgot to site the references. She brought my paper to AP&G committee before she even asked me what happened. ...Another instructor told me what was happening. I was shocked. She thought I plagiarized the paper. I told this instructor I followed the directions and did what she told us to do. I did not plagiarize anything. I had to leave. I was so upset. No one even talked to me. No one said anything to me. ... The next day I went to her (my teacher) and she said they were still deciding. She could not find where I got the information from and since she could not find it she gave me a "F." It

dropped my grade to a “C.” I couldn’t argue with her because I had to get through the program. I told her I could give her the references but she said it was too late.

Bobbye-Francis recalled another incident where the standards were different for a Black and a White student. She stated:

Another instance of bias was when we had the exit test that we had to make a certain percentage on to graduate. One Black student did not make the percentage. They failed her, and she was put out the program and could not graduate. This student got a lawyer and won the case so that had to let her finish. So she passed it and graduated later. When this happened to a White student, they let her participate in graduation and she re-took the exam after graduation. Boy was that unfair or what! I was so happy to graduate.

Arielle was drilled by an instructor in a closet:

This is when the school tried to come up with the diversity committee. She pulled me in the closet and questioned me for an hour. I’m thinking she’s about to drill me on medications or something. She drilled me she said, “Why do you think Black people fail? Do you think the White teachers give the White students answers and grades? Do you think this committee is necessary”? She drilled me for an hour. I kept saying I don’t know, I don’t know because I didn’t know where this was coming from.

Karen discussed several incidents she perceived a racially motivated She said:

I can remember a couple of nurses were very hostile to me. I thought it was all students at first until I saw them interact with White students. She was just nasty to me. She went to the instructor and reported something about me. The instructor did not ask me anything, she just accused me and wrote me up. I did not have a chance to tell my side. From that day forward I just kept quiet.

Karen discussed another incidence of racial bias and condescension. She said:

We were in the community store in a Black neighborhood. The meat in the case was not the best quality. The instructor made a culturally insensitive remark and started the remark with, “This is why these people”...All I heard was these people. The rest of the sentence went over my head. Later I found out she was mocking the people for buying the meat because that is why they get hypertension. All of the students laughed except one. She turned red and was embarrassed. This is the one time I had to speak up. I asked the instructor what she meant by these people. She told me to not be so sensitive. She did not mean anything by it. She blew it off and went on with the clinical.

Karen discussed another incident of unfairness. She stated:

We went to the dean because something had been done for a White student and a Black student needed the same thing but was denied. We went to her to discuss fairness. Well she told us to go talk to Dr. M. she could probably help us more. Dr. M was the Black female in administration. We told her that we were told they she would have to give these special considerations not Dr. M. We explained our point of view and she actually accused us of being angry Black women. We asked her if she thought the White students who came in to talk to her were angry White women. She turned red and soon ended the talk.

The same Dean of Nursing accused Karen and her friends of being up to something because they were talking in the hallway after class. She said:

The Dean passed us and said, “You all must be up to something, out here in a group talking together”. All of us looked at her and someone said, “Why do we have to be up to something, we’re talking, aren’t we allowed talking time”? She realized she had

spoken out of turn so she said she was joking. None of us laughed or accepted her halfhearted apology. So when the top person makes racist innuendos the trickle down effect is obvious.

Jeanette described incidences of unfairness. She said:

I witnessed where White students were given breaks in meeting some of the standards. I was in the med room and the White student did not know her meds. The instructor allowed her to give them anyway and told her to study harder. I stumbled on one medication out of five, and she told me if it happened again she would give me an unsatisfactory. Also I was never allowed to perform a procedure unsupervised. The White students were allowed to do procedures without the instructor. I remember when we all witnessed this instructor absolutely belittle a Black male student. She did it over and over again.

Jeanette and some of her classmates decide to intervene on the male student's behalf and went to discuss the situation with the Dean. She stated:

We know a few of our classmates had gone to the Dean about another student-faculty situation and the dean intervened. We thought she would intervene with this situation too. Well she told us we must be imagining that this instructor was being rude and would not hear what we had to say. She dismissed us from her office. Another incident that caused two instructors to quit was when the Dean intervened and changed two White females' students' grades to passing. She did it without talking to the instructors, and we heard she said they had studied hard and needed to pass.

Eula talked about the feelings of privilege some of the White students displayed in the nursing school. She recalled:

A lot of the White students would fight until the end, even if they were wrong, and then bring their parents to the school, throw around names that they thought would scare administration. ... These students felt privileged and a few thought that they had an advantage because they went to all White private schools and their education was superior so they should pass the course. ... I did not personally feel any racism in the classroom setting, but I know when a few White students failed, it seemed they always blamed the Black faculty. They wouldn't say the Black faculty, but called each of them by name in some of the courses I took.

Dawn also talked about privilege in that a student took it upon himself to represent the students. She also felt he was unable to be a student that he needed to be in charge because he was a White male. She said:

Well I didn't have a problem, but we did have one incident where a student got into it royally with a teacher. He was a White male and we had many problems with that student the entire time we were there. Granted, some of the things the teacher said were out of the box but she was always very nice to me and we had nice conversations.

But we had many problems with that particular student throughout the program anyway.

... He couldn't just be a student; he never knew his place as a student. He was always butting in on things trying to tell people what to do. ... I think he was being disrespectful because she was an African American female. He should have had some level of respect for her but he never did. Moreover, a lot of these White students wanted to run to the something. Some were disrespectful Black faculty and some were not. This same White male had a major disagreement with a Black female student.

She also said:

Bob was very disrespectful to the faculty, especially one Black female faculty and a female student (who was also Black). He tried to treat both of them as if they did not matter; he was right and told everyone he represented the class. I regret not speaking up at the time but I wanted to get out of there so I kept quiet. I realize now that was a mistake. ... Well he felt like he was the only one that worked hard and deserved an "A" even though he did not make one. ... He reminded me of the White male stereotype. He thought he was right and knew everything just because he was a White male. I've had dealings with a lot of White males that were great. That is why I call him the stereotypical White male, you know the one who feels privileged and everyone should be privileged to be in his company. It seems that no one told him he was not special. It seemed the faculty and administration was afraid of him because they did not do anything to stop him.

Jeanette talked about an incident she thought reinforced the White privilege phenomenon. She said:

Once those students received passing grades, the students in the course wanted a meeting with the Dean. The students wanted to know what questions were given back so they could see if they deserved any more points. The Dean refused and said her decision was based on other things. Now these girls were going around thinking they received passing grades because they were right. We don't know exactly why the Dean changed the grades but we know she would not discuss it and if everything was on the up and up, why keep it a secret. But the students' whose grades were changed were convinced they were right. Their parents attended the meeting with the dean and one of the fathers was an alumnus of the university and a doctor. The students who received the privilege went around the

school saying stuff like my parents are important people, and Mary's dad is a doctor so the Dean had to change the grades.

Judy's case of unfairness happened when the instructor just changed the assignment because the White student did not want to care for a particular patient. She said:

I started noticing that I was being treated differently in the clinical area. ... I noticed that when me and another Black student were in clinical together, we got the hardest patients. ... There was a patient who had epileptic symptoms and was having seizures and he was diagnosed with a neuro disorder. The clinical instructor assigned that patient to another student who was White. ... the White student told the instructor that she read in the chart that the patient was combative and verbally abusive and so on. The clinical instructor looked at me and said, well I think that is a challenging patient Judy, I think you can do better with that patient. ... The instructor just took her word and up and changed the assignment. So that was very peculiar to me. I had not seen any instructor change the assignment like that because a student said something. If the patient was so abusive, then why give him to me.

Judy talked about being given the hardest patients on the unit: She said:

...sometimes you would go to clinical and you outright had the hardest patient. The people you had to constantly clean up or were bedbound and you had to go in and turn them a lot of bedside care. Whereas I would see my counterparts (White students) sitting at the nursing station talking to the staff. This was very prevalent my whole time there.

Judy talked about another incident where she could not decide if it was racism or just lack of cultural knowledge. She said:

Somehow this instructor did not think doing a paper on Black issues was a good idea. ...

I wanted to do disparities with African Americans with health care. She looked at me and said, “Judy you are not going to find any information about this because this is not a big issue.” ... The next day after she approved it and she brought the newspaper, which made me think she just didn’t realize what she was saying and she was a clinical instructor in health care and was not aware that there are health care disparities in the African American (AA) community. ... But low and behold, the next day on the first page of the newspaper was a big article about health care disparities in the AA community.

Bobbye-Francis went to a small nursing school where the instructors taught more than one nursing course. Each student may have the same instructor for two or more courses in the curriculum. Bobbye-Francis had an instructor who she said personified unfairness.

That same instructor Ms W. who wouldn’t change my checkoffs in the first course told me my handwriting was too messy and that I needed to learn how to write my nurses notes neatly. She told me this while we were standing at the nurses’ station in front of the nurses and other students. I guess I wasn’t doing what she wanted me to do. Of course I was embarrassed.

The Dean of the school told one Black student who failed she needed to find another profession while others failed that same course got the “You can do better lecture.”

She told my friend, another Black student, I think you need to go into another profession because nursing is not for you. All of the students who failed had just failed that one course. Yet she told my friend she needed to go into something else. I don’t know what she based that on because all of us failed. She did not tell any of the other students that and we were the only two Blacks that failed. The rest of the failures were White students.

Myrtle did not experience much overt racism or bias, but she felt that there was a different form of racism because as there were not many Blacks admitted there in the first place.

I do think the school needed more ethnicity in there. I felt like that wasn't a concern of the school, to increase diversity I mean. They were more concern with getting a 100% passage rate and did not care if there were other minorities there.

The participants not only discussed bias from instructors, but some also faced bias from other students and hospital personnel. Judy stated:

We were trying to register and get our clinical together and the last thing that was available was the VA hospital. This girl said and I quote, "I'm not going to that place with all those nasty Black patients." One of the teachers heard her but just ignored it. What do you do when 90% of your class is White? What do you say? And all of your teachers except a few are White. What kind of discipline you expect this person to get when everyone is White. We felt our hands were tied.

Eula found that the White students and some of the White nurses at the hospitals displayed racist attitudes. She said:

I heard a lot of students talking about the nurses in the hospitals were racist. ... I felt there were more racist behaviors in the students than the faculty. Some of them were more snobs than racist. I did see some of them being rude in class when a Black faculty was teaching and kept quiet when a White teacher was up there. Also, when we were in a group project, the Whites students made all of the decisions and if I spoke up with an idea, it may not have been acknowledged. But I'm assertive enough to repeat what I said and make them hear me.

Eula also stated she did not see race in everything that happened at the school as did some of her classmates. She said:

Some Blacks see everything as racist. I don't do that. I give everybody a chance and don't see race in everything.

Theme: Yes I am Black and a woman and a nurse! I am moving on.

The Black females in this study discussed many factors in their persistence to graduation from their PWNS. Even with some of the perceived obstacles, feelings of loneliness, perceived racism, and lack of support from faculty, these Black females persisted. The issues of marginality are embedded in their stories. Marginality as described by bell hooks (1984), discusses how Black women are apart of the whole, which is society at large. Even though they are part of the whole, they are outsiders. The participants spoke of incidences when they were judged as if they were outsiders.

Arielle stated:

I think they thought we were always on the defensive or angry or something. I just talk loud, that's me. If I asked a question it was sometimes taken as being angry.

Arielle also spoke of a faculty member who assumed her mother worked as a nurse's aide because she was a Black female. She said:

When one instructor found out my worked at the city hospital she had a shocked look on her face. She then asked was she a nurse's aide. I then asked her why she would assume she was a nurses' aide. She said she did not mean anything by it she was just wondering. I told her no she is a nurse. I think she assumed my mom was an aide because she was a Black woman and she might be used to Black woman being in the lowly caretaker role instead of the professional caretaker role.

Karen spoke of being accused of being an angry Black woman. She said:

We went to the dean because something had been done for a White student and a Black student needed the same thing but was denied. We went to her to discuss fairness. Well she told us to go talk to Dr. M. She could probably help us more. Dr. M was the Black female in administration. We told her that we were told they she would have to give these special considerations not Dr. M. We explained our point of view and she actually accused us of being angry Black women. We asked her if she thought the White students who came in to talk to her were angry White women. She turned red and soon ended the talk.

Karen remarked about being accused of being up to something because a few Black female students were congregating in the hallway after class. She recalled:

Another time a few of us (Black students) were talking in the hallway after class. The Dean passed us and said, “You all must be up to something, out here in a group talking together.” All of us looked at her and someone said, “Why do we have to be up to something, we’re talking, aren’t we allowed talking time”? She realized she had spoken out of turn so she said she was joking. ... So when the top person makes racist innuendos the trickle down effect is obvious.

Judy talked about stereotyping, marginalization, and being depicted as superhuman as described by hooks (1981). hooks wrote that Whites and society promoted an image of Black women that states they were superhuman and could endure more hard work.

I have to say, when that instructor changed that assignment, I did not feel she thought I could do a better job, but she thought I should be the one to do this job. By that I mean she saw me as the person who needed to do the hard work and if the patient was

combative then I deserved the abuse and not her White student. She assumed I was tough and her White girl was too delicate to handle this patient. Black women are used to being caretakers and can do hard work, so let me have to do this. Not only was this stereotyping me as a Black woman, it was pure racism.

Staying with the concept of marginalization, Bobbye-Francis felt she was always being judged. She said:

I also watched other Black female students going through the same thing I went through. We felt we had no one to advocate for us and we had to acquiesce or fail. As a Black woman, I felt any time I said something I was being judged. I. It seemed like I was speaking Greek. So after a while I just stopped interjecting anything unless the teacher asked me.

Myrtle gives an example of marginalization even though she did not see the behavior as such. The Black coordinator, who was a Black female RN, was totally against Myrtle discussing how Black students should form an organization to celebrate their culture. The coordinator fits the description of bell hooks' marginalized Black female of being a part of the whole but outside of the main body. Myrtle said:

I had a conversation with the Black lab coordinator who was a RN and we were talking about nursing organization on campus and I said I wish we had a Black organization that would come in and encourage the minority students in nursing. She became offended as to why I would say something like that because we had fought so hard to be a part of the mainstream. Why have something separate. I told her that Black students needed someone to look up to so they could realize they could they can do it too, become a nurse. That is where I was coming from.

Jeanette felt she had to become invisible at the school and conform to the PWNS culture in order to be successful. Her persistence was due to her family support and her commitment to her goal of becoming a RN.

The people who had the most impact on persistence in this study were the mothers of all of the participants. All of the participants talked about support from their families, but they put extra emphasis on their mothers' guidance. Black feminist literature espouses that society places emphasis on the negative images of Black women in education, in the media, and in the general public. Conversely, not enough has been said about the strength demonstrated by Black women in this society. The participants see their mothers as someone to be celebrated and imitated.

The Black women in this study experienced many negative and positives things when they attended PWNSs. Their experiences may have been shaped by their Blackness and partly by the clichéd images of Black women depicted in society. As a result of being Black and female, the Black woman may have been treated differently in the education arena. Race and gender are vital to the self-concepts of Black women. This study sought to reveal the experiences of the nurses using both of their identities, i.e., being both Black and female.

The theme of "I am moving on" was excerpted from my pre-dissertation paper. These Black females in this study were determined to graduate by any means necessary. The factors that facilitated the participants' success are multi-layered. All of the participants were motivated and committed to becoming a RN. All of the participants used their faith in God as a prerequisite to success. Lastly, Black faculty played an important role in the success of most of these nurses. The nurses' statements on persistence are elucidated below.

Arielle said:

I got through with the help of Black faculty, family especially my mom, and my

commitment to finishing to become a RN persisted to graduation. I admit that I sometimes thought about quitting and going elsewhere but decided no one was going to stand in my way of becoming a nurse.

Karen stated:

Well, I was determined to be a nurse. I thought about transferring several times during my three-year stay there. When I failed I was in my senior year. It was too late to quit. Bedside, by then our Black faculty stepped in to help us. I felt much better and my self-concept and confidence rose. My mother has an aggressive personality. She was not going to let me quit. I had all the support from all of my family.

Eula credits having Black mentors, her commitment, and her spirituality are the reasons for her persistence. She said:

I was very committed to completing this degree. It was wonderful having Black faculty who served as role models and mentors for us and for the White students. Of course my family was my rock especially my mom.

Dawn credited her mother for success and described her as an anchor. She also recognized that the Black faculty, the counselor at the school and her family help to guide her success. She thought about quitting several times, but her commitment to her goal inspired her to persist. Likewise, Judy's determination, her faith in God, and her parents were her greatest sources of support. She credits all of those factors as reasons to why she persisted in that school.

Bobbie-Francis credits God, her mother and her aunt for her persistence. She said:

First I finished because of the grace of God. I faltered once and went through so much with watching how differently I was being treated. I also watched other Black female students going through the same thing I went through. We felt we had no one to advocate

for us and we had to acquiesce or fail. ...If it wasn't for my mom and aunt, I would have quit that school and maybe go to another. ...I had one teacher who was an advocate for all of us. She was caring and obviously interested in our success.

Summary

This chapter presented the findings this study. I discussed the findings and explained them within the context of the concepts in the framework and structured the findings into themes. The themes gave life to the phenomenon, and the concepts gave structure to the experiences of Black women who attended PWNS. I often reflected back on my own experiences both as a student and as a faculty member.

In the next chapter, I will discuss the meaning of the research by revisiting the research questions and the themes generated from the stories. The discussion will conclude with implications and recommendations for future research.

CHAPTER 6

DISCUSSION, RECOMMENDATIONS, IMPLICATIONS, AND CONCLUSIONS

I conducted this qualitative study to add to the dearth of literature and to increase awareness and understanding of experiences of Black women who attended PWNS. It sought to reveal the meanings of the lived experiences of those nurses who attended PWNS by using stories told by those nurses. Educators and nursing schools can then prepare programs to recruit and retain students of color. Few studies have explored factors influencing Black nurses' persistence to complete their programs. Little is known about Black nurses' perceptions of their nursing education and of the nursing education culture. The women's stories uncovered pain and joy, injustice and justice, stereotyping and acceptance. Findings in this study support much of the literature on academic involvement, loneliness and alienation, culture, identity and fit, self-concept, and institutional climate.

This chapter discusses the findings in relation to the research questions. From the analysis of the stories, themes emerged that were related to the conceptual framework. They were: (a) dealing with stress, (b) indifference and need for recognition, (c) do they even know I am here, (d) invisibility vs. visibility, (e) differentness, unfairness condescension, (f) yes I am Black and a woman and a nurse! I am moving on. I will also discuss implications for nursing education and recommendations for future research.

Overview

Research Questions

The purpose of this research was to seek answers to three research questions. They were:

1. What does it mean to be Black in a PWI? What are Black nurses' perceptions of the nursing school experience?

2. How did the Black culture fit in with the nursing education culture?
3. What factors influenced your persistence to complete the program?

Methodology

The study design used phenomenology with purposeful sampling. This method allowed selection of participants who had knowledge of the phenomena and were willing to share that knowledge. (Speziale & Carpenter, 2007). Eight Black women who graduated from a PWNS, are licensed as RNs, and graduated within the last eight years were interviewed. I chose eight years because that time period marked the beginning of the 21st century. However, one participant graduated in December of 1999. Since she graduated right before the year 2000, I decided to include her in the study. All of the nurses graduated from both private and public PWNS in Louisiana.

The participants were selected using the “snowballing” or networking technique (Speziale & Carpenter, 2007; Wood, & Ross-Kerr, 2006). I used a brief self-administered questionnaire to obtain demographic information that included age, marital status, year of graduation, school attended. I collected the rest of the data using interviews both face to face and by telephone which were recorded and transcribed. . Follow-up and member checks were done via email and telephone. The participants were sent a copy of their transcripts by email for review and accuracy. Data analysis began immediately after each interview. I isolated statements that revolved around the concepts in the literature review. I analyzed the interview text using van Manen’s (1990) methodology.

Research Conclusions and Integration with the Literature

Research Question 1: What does it mean to be Black in a PWI? What are the perceptions of the nursing school experience?

Theme: Dealing with stress and nobody here cares.

The Black female participants' perceptions were similar for six of the participants and different for two of the participants. The concept of academic involvement illuminated the participants' struggles with the demands of nursing. The over-reaching theme from this concept was dealing with stress. Adjustment to the PWNS campus was a culture shock to the participants. They were not prepared for the paucity of students of color in the nursing schools. Most of the participants went to the same colleges where the nursing programs were located and the campuses seemed diverse. However, the nursing programs in those same colleges and universities had very low percentages of students of color in those programs.

All of the participants described the stress they felt trying to keep up with classes, labs, and clinicals. They longed for someone to help them navigate the academic side of nursing. All of the participants were heavily involved in their studies. The time spent trying to be successful in each course was astronomical. The women described that the work to prepare for clinical and class took most of their time and left little time for a social life or family. The findings in this study support what is documented in both Kirkland (1998) and Porter-Tibbets' (1992) studies in regard to the demands of nursing school. Kirkland found that students had to deal with the elements of preparing for performing in a human laboratory and assuming responsibly and liability for human patients. Being responsible for human life is stressful alone. Porter-Tibbets found that the students felt out of control because of the high demands of nursing school. She also found that students felt overwhelmed with having to deal with school and family life. Judy and Jeanette had children and Judy had ailing parents to care for at home. Eula started nursing school with a non supportive husband who she had to divorce while she was in school. Stress associated with nursing education was well documented in the 1980s and 1990s and has been

documented less in the 2000. (Kirkland, 1998; Quarry, 1990; Courage & Godbey, 1992; Oermann & Likowski, 2001; Timmons & Kaliszer, 2002). The theme of stress was weaved through out the participants' stories.

Theme: Indifference and the need for recognition.

Seven of the participants reported having a Black mentor or advisor who was critical to their success. One participant (Myrtle) did not have any Black faculty at her school. However she was able to forge relationships with the White faculty and felt the advising from those faculty as sufficient. Even though she persisted through the program with no perceived problems, she wished for more of a Black presence in the nursing school. The one Black person in the school was the lab coordinator, and she encouraged assimilation into the culture of the school rather than cultivation of different cultures. The literature supports the idea of faculty encouragement as a key to success in nursing programs. Gardner wrote that close contact with faculty is one of the major factors in student persistence. Similarly, Tinto (1993), Shelton (2001), and Dunn (2007) support the findings that positive faculty interactions are keys to success. Littleton (2002) found that faculty support influenced the persistence of the students in the study. The students also felt supported by the college which added to their sense of it.

Six of the eight participants revealed instances of indifference, having to prove that they were competent, and lacked support of the nursing faculty. The participants wanted their nursing faculty to take an interest in them and recognize them as students and as Black women. Many of the faculty members were not approachable or caring in their dealings with the participants. Arielle and Karen were discouraged by the pre-nursing advisor. Arielle was told she would not fit in at the nursing school. Arielle was overweight by White standards, and she had asthma. She was passionate about her feelings and was not shy about discussing her opinion. The advisor

immediately stereotyped her as a loud and angry Black woman. Bobbye-Francis felt she was constantly onstage proving that she knew the script. Findings in the literature support the notion that students must have positive relationships with faculty in order to be successful. Bergmann & Gaitskill (1990), found that caring and being approachable assist students of color feel supported. They also found that serving as role models, being good communicators, and providing feedback to students increased the students' confidence. The participants clearly did not have supportive caring faculty until they connected with Black faculty and a few White faculty who were committed to their success.

Conversely, the lack of role models and negative faculty relations played a huge part in the participants' lack of satisfaction with their nursing education. It also added to the stress of nursing school. Tinto wrote that in order to have satisfaction in academia the student must have role models to emulate who also provide guidance and mentoring (1995). Other studies support the idea that negative faculty relationships can lead to dissatisfaction and a lack of persistence to graduation (Hughes, 2002; Janes, 1993; Langston-Moss, 1997; Gardner, 2003). While all of the participants persisted, six of them did not enjoy the experience of becoming a nurse.

Dissimilar treatment by faculty which led to perceptions of being picked on was pervasive throughout this study. These behaviors evoked feelings of dissatisfaction, anger, surprise, and hostility. Because of the paucity of Black faculty at all of these PWNS except Eula's school, the students felt as if they had no voice. These findings are supported in the literature findings. The IOM wrote that Black nursing students need contact with positive role models (2004). Mills-Wisneski (2005) and Godfrey (2005) reported that faculty of color are needed in nursing school and that their presence is a key to persistence of students of color. Campbell and Davis' (1996) research showed that faculty of color can assist students with their self-esteem and

make them feel secure and accepted. Even though all of these nurses persisted, they wanted and wished for better relationships with the entire faculty. They wanted role models to help them feel secure and accepted. Once each nurse was able to secure a role model at some point in their education, they began to relax and enjoy their experiences more. These nurses also felt that part of their success in their schools, and the success they now have in their professional careers was because of the mentorship they received from mostly Black faculty.

Faculty commitment has been shown to increase persistence in Black students. (Furr, 2002; Buckley, 1908; Kirkland, 1998). Once the students found mentors and faculty who were committed to their well being and their success, the students' entire demeanors changed. The students made statements such as:

Having Black mentors helped so much.

Support from the (Black) faculty helped me to see that I just stumbled, but I could get up.

I had a lot of motivation because of the Black faculty.

But the faculty made me feel like I could do this.

The director of that level was very proud of us

These statements show that the Black faculty expected success and were committed to the success of the Black students. Harvey & Williams (1989) suggested that Black students at HBCUs are encouraged to be successful. Success should also be encouraged at PWIs.

Theme: Do they even know I am here too?

According Swail (2003), social factors can have a positive or negative affect on persistence of students of color. Establishment of peer relationships along with faculty mentoring can have an important affect on persistence. Tinto (1971) states that students bring with them attributes such as family background, high school experiences, and experiences from their

communities that may affect how they perceive the college milieu. Other research implies that alienation, loneliness and isolation are common feeling for Black students attending PWNS (Allen, Nunley & Scott-Warner, 1988; Tucker-Allen, 1991; Hughes, 2002; Gardner, 2003). Other researchers contend that students who feel lonely and alienated often feel powerless on PWI campuses (Dean, 1961; Rodgers, 1991). Six of the participants admitted to feeling lonely, isolated, and alienated at some point in their education at PWNS. Most of the nurses felt alienated more than lonely. They discussed instances when they were not invited to join study groups even after showing interest in joining. The social cultures of the schools reflected dominant culture activities so none of the participants took part in social gatherings outside of school.

All of the participants except one attended all Black high schools and lived in predominantly Black neighborhoods where there were a few White families. Myrtle attended PWIs during her primary and secondary school years. Eula also attended PWIs in high school and had a previous degree from a PWI. Myrtle and Eula who attended PWIs most of their school years seem to have fewer problems with loneliness and alienation. Eula and Myrtle's experiences seem to support some of the literature that says student's level of congruence in PWIs may be influenced by the racial makeup of the high schools and the racial makeup of their neighborhoods. One study reported that Blacks who came from predominantly White neighborhoods and schools reported a general well-being at PWIs (D'Augelli & Herschberger, 1993; Davis, 1995). The experiences of Myrtle and Eula support some of the literature that states that the more the student assimilated into to the social and academic life of the campus, their view of their experiences were more positive (Tinto, 1993; Allen, 1985; Tracey & Sedlacek, 1987). Other researchers wrote that Blacks students should not have to assimilate into the fabric

of the schools, but rather they should become more involved in the community of the school without sacrificing their beliefs and culture (Swail, 2003). Six of the participants in this study did not assimilate and none of the eight disassociated from their culture or belief system. They found Black classmates and Black faculty to form their own informal groups for support.

The participants in this study were not invited to join study groups even if they asked to join. The social culture of the schools was such that the Black students felt uneasy and reflected that uneasiness by self-exclusion. The students felt uneasy because they were underrepresented, because there were few faculty in the school that looked like them. The literature states that Black students in PWIs reported feeling extra lonely and frustrated since they were unable to attain a level of comfort in an environment where they were severely underrepresented (Childs, Jones, Nugent & Cook, 2004; Smith, 1981).

Most of the nursing schools the participants attended admitted an average of 100 students and had 30 -70 nursing faculty. Dawn and Bobby-Francis' school admitted the lowest number of students (n= 35-40). Dawn's school had three Black faculty out of seven, and Bobbye-Francis had two Black faculty out of 15. Arielle's school had four Black students in her class and three Black faculty in the school. Karen had four to six Black students in her class and three Black faculty in the school. Eula had the most Black faculty (n=10) and students (n=10) in her class. There were more Black students in all of the class levels at Eula's school. Dawn had four to eight Black students, and Judy had two to three Black students in her class. Myrtle had no Black faculty at her school until her last semester at the school. There were four Black students in the entire school. Jeanette's school had a few (n=2-3) Black faculty in the upper divisions and three to four students in her class. Lastly, Bobbye-Francis had the second largest amount of students in her class (n=8-10) and only two Black faculty.

The participants in this study did not socialize outside of school. Arielle did not like the types of activities sponsored by the school organizations. She preferred family and church functions. The activities on her campus were centered around bars and partying. According to Dockery (1993), White students and Black students choose different types of social activities on campuses. White students prefer organized activities on campus, while Black students prefer activities that improve the state of Black life in society. Seven of the participants met other Black students at some point in their progression in the schools and forged a study and support network with those friends. Myrtle was the lone student who had only White friends because the nursing school had very few Black students.

Studies in the 1970s, 1980s, 1990s and a few in the 2000s found that many Blacks students formed separate organizations that provided them with their own brand of socialization (Allen, 1985; Dawkins & Braddock, 1982; Livingston, 1987; Janes, 1993; Daugherty, Vaughn, & Lane, 1997). Those organizations were for networking, different community activities, and sponsoring parties. Only one of the participants in this student joined an organized group on campus. Instead, they formed informal groups for studying and socializing at school. Most attempted to become a part of a group mainly for studying but were often times rejected by the White students so they formed their own groups. Karen went to a meeting of the Student Nurses association and tried to interject something into the discussion and was ignored. Karen decided not to join that group but joined the Nurses Student Christian Fellowship organization. This organization did fundraisers for the community and sponsored food drives. Karen liked these activities much more than the going out to bars which is what the other clubs and organizations did on campus.

Alienation theory posits that social isolation leads to powerlessness (Rodgers, 1991;

Dean, 1961). The participants did not use the word powerlessness, but with the lack of connection to the school and their voices not being heard indicated powerlessness. When the nurses attempted to make a connection with students or faculty, they were often times met with silence or ignored. Arielle stated that she attempted to talk to White students, but sometimes they would stare as if to wonder who she was speaking to. Karen felt more alienated and admits to self-isolation. Judy used the word powerless to describe how she felt because the Black students' voices were not being heard. Six of the nurses initially felt isolated and lonely at their schools. Myrtle and Eula were the only participants that did not have feelings of loneliness. Again, the literature states if Black students attend PWIs in their primary and secondary school years and live in mixed neighborhoods, their social and academic integration into a PWI is less complicated, and their relationships with faculty are more positive than students who attended predominantly Black schools. (Tinto, 1995; Allen, 1985; Tracey & Sedlacek, 1987).

The theme of "Do they know I am even here" speaks to the lack of connection many of the participants felt in their schools. The nurses in this study felt that the faculty and students did not know they were in the school. It is well documented that the inability to achieve some type of connection with the institutions will more often than not result in failure (Tinto, 1993, 1995; Swail, 2003; Fleming, 1984; Daughtery, Vaughn, & Lane, 1997; Loo & Rolison, 1986). Davis et al. found that students who felt disconnected to the school persistence was in question and that they would not recommend their college to any of their family or friends (2004). All of these nurses persisted even though six of them felt disconnected from the school, which is inconsistent with the literature. I have no explanation for this inconsistency except to combine their commitments to their goals and the support they all eventually received from some Black faculty, and a few White faculty made a difference in their success.

Research Question 2: How did the Black culture fit in with the nursing education culture?

Theme: Invisibility vs. visibility.

The second research question examined the participants' perceptions of inclusiveness. The nursing schools' culture consists of the students, the faculty, and the nursing curriculum. The ideas and values of the students, faculty, and curriculum influence the culture of the nursing schools. Culture influences the way one interprets the environment. If the environment is not inclusive of all of the students who are navigating within that environment, outcomes can be negative.

The participants seemed to feel comfortable with some of nursing education values such as caring, professionalism, empathy, diversity, and integrity. However, in order for nursing schools to actualize these values, all members of society must be included in the makeup of the school. A person's culture and race may influence persistence and perceived "fit" between the student and the campus culture (Chickering & Reisser, 1993; Schlossberg, Lynch, & Chickering, 1989). The behaviors witnessed by most of the participants' defied the values of nursing education's culture. The espoused values were not crossing over into the academic lives of the nurses so the schools' culture did not enhance a good "fit" with the nurses. All of the schools had low percentages of students and faculty of color. Most of the participants felt marginalized because nothing on campuses resembled their culture and values. They felt that they had to persist so they would not question the culture and value system in the schools, which for the most part did not include them as a culture. They felt invisible. Even though they felt invisible, they would not sacrifice who they were in order to assimilate into the school. As a result, they became invisible on another level. They stayed to themselves, did not talk much in class or clinical for fear of being embarrassed. The participants described conscious and unconscious bias

to Black students in every aspect of their journey to become a RN. Similar findings are described in the literature. (Gossett, Cuyjet & Cockriel, 1998; Rosenberg & McCullough 1998) described marginalization as feeling insignificant. Davis (1995) found that students became invisible because they were the lone Black in the class and felt ignored even when they spoke up about something.

The Black women in this study identified with the people who belong to high-context cultures in Ibarra's Theory of Multicontextuality (2001). The nurses in this study wanted to be a part of a group. They wanted to be a part of the culture of the school but they were met with obstacles in joining study groups and organizations. They formed their own informal groups for support and studying which again made them invisible to the school. Research shows that social integrations were important to Black students (Davis, 1995; Janes, 1993). They were not a part of the mainstream of the school because they felt they were not accepted by their peers. In reality, the numbers for diverse students were so small they seemed invisible.

Ethnic fit and identity are formed from how connected people feel to their cultures which is supported by the literature (Chavous, 2000; Phinny, 1990; Heath, 1988; Littleton, 2002). The centermost theme in the participants' descriptions was about living in a culture that was not their own and then succeeding in that culture that did not include them on any level. The findings of this research support the literature about lack of "fit" on one level. However, all of the nurses persisted in the face of this lack of "fit" which is not supported by the literature. Two of the participants felt that they fit in with the nursing school's culture. Both of those nurses attended PWIs in elementary and high schools. The two nurses used the word "fit," and I used the word adjustment. They were used to the PWIs' and had learned to adjust to the culture of the schools. Some of the literature supports the fact that attending PWIs and living in racially mixed

neighborhoods would influence adjustment and congruence of Black students who attended PWNS (D'Augelli & Herschberger, 1993; Davis, 1995).

Conversely, other researchers have found that racial makeup of high schools and neighborhoods were not related to the students' feelings of fit and adjustment (Chavous, Rivas, Green & Helaire, 2002; Chavous, 2000). This study revealed that six of the nurses attended all Black schools and lived in all Black neighborhoods. All six of these participants felt a lack of connectedness to their nursing schools. They began their nursing education in culture shock at the lack of diversity in their nursing schools. Again, all of the nurses persisted because of their resiliency which is not consistent with the literature.

An essential factor underlying the feelings of lack of fit appeared to be related to the theme invisibility. In this instance invisibility seemed to be born out of the lack of cultural sensitivity, the lack of cultural education in the curriculum, and the schools not embracing diversity as they claim to in their missions and value statements. All of the participants except one discussed the lack of culture in the curriculum. The faculty could not answer cultural questions related to Black health care and Black culture norms. Health care for the Black culture was left out of most lectures unless it was a negative issue. Some faculty had to allow students to teach about cultural norms in the Black culture because they did not know the answers. At other times, students were not interested in any other culture and felt everyone should be in step with the majority. The participants also had to deal with cultural insensitivity and bias. Most of the bias and insensitivity was born out of lack of cultural education in a general sense as well as lack of cultural health care knowledge. Of course some of the bias and insensitivity was born out of racial prejudice.

The theme visibility represents some of the participants' feelings of having to be the

teacher of cultural issues and having to represent all Blacks on various issues. Arielle spoke of being asked how to bathe a Black patient, how to pronounce a Black name, and how do you comb Black hair. Karen discussed being asked to represent the whole Black culture on diseases. At other times, some of the participants had to be visible to teach cultural issues. Bobbye-Francis attempted to teach about Black hair care and how important the church is in Black families. Blacks became visible when something negative was being discussed. A student in Judy's clinical group implied that Black people's hair was dirty because they did not wash their hair every day. The White student assumed only Black people get lice. This visibility left these students feeling out of place and uncomfortable. Once the spotlight of whatever was being discussed was completed, they reverted back to being invisible.

The literature clearly supports the themes of invisibility and visibility. Davis' et al. (2004) study found that students went from being visible to being invisible. The students in Davis' study felt as if they were swinging from one extreme to another. Littleton (2002) study found that even though the students in that study felt comfortable and spoke highly of the faculty there, they did not want to represent all Blacks. They did not want that type of visibility. The students said representing all Blacks added to their stress levels. Jordon's (1996) study found that White faculty expected the few Black students at that school to represent all Blacks. Again making them visible but in a negative manner. Yoder (1996) found that students had feelings of invisibility and marginalization throughout their entire time in their nursing program.

Self-concept is closely tied to fit and culture. Six of the participants were affected by the lack of fit and feelings of being ignored. In turn, their self-concepts were altered. These findings are similar to Porter-Tibbets' (1992) who found that feelings of exclusion threatened the students' self-concept. According to the literature, a positive self-concept is central to the

positive experience of Blacks in colleges and universities (Astin, 1993; Nettles, 1991; Tracy & Sedlacek, 1985, 1987). Another factor in maintaining a positive self-concept is the racial make-up of the college (Heath, 1998). Six of the participants felt that their self-concepts were altered at different times in their programs. Seven of the participants reported that the racial make-up of their schools did not lend itself to much socializing and group activities. Seven of the schools had few Black students and even less Black faculty. However, once the students met other Black students and Black faculty mentored and supported them at the schools, their self-concepts became more positive and they persisted. These findings tie in well with the cultural and self-concept literature. Janes (1993) found that students who attended HBCUs had positive self-concepts because they felt supported by the institution. Rodgers (1991) found that noncognitive factors such as positive self-concept were predictive of success.

Theme: Differentness, unfairness, condescension.

Many researchers agree that campus climate may affect persistence of Black students (Swail, 1993; Allen, Nunley, & Scott, 1988; Tinto, 1975; Smedly, Myers & Harrell, 1993; Jenkins, 2001). All students face challenges in navigating an institutional setting. Black students have the additional stressors of dealing with some hostile environments. In turn, the hostile environments lacked Black faculty and Black students, and there was little cultural education most of the curricula thereby limiting the quality of the Black nurses interactions inside and outside of the classroom. In this study, the concepts of institutional climate and racism are closely tied to dissimilar treatment and behaviors of some faculty. The themes of differentness, unfairness, and condescension describe the perceived threats to the Black women's identity and self-concept. The threats created feelings of confusion, anger, and in some cases low-self-concept. The feelings of confusion, anger, and low-concept further led to feelings of not being

valued or accepted which contributed to feelings of being marginalized. All of the feelings forced the participants to either conform to the culture of the schools or dropout of their programs. Conformity is supported in Ancis, Sedlacek, & Mohr's study (2000). The nurses felt that their differential treatment was twofold. They felt that the images depicted about Black women influenced the way they were treated and that their race was the additional factor. The participants were disappointed and surprised at the treatment they received because nursing champions the values of caring, empathy, and diversity. Where was the caring for them as students of those schools?

As stated previously, one of the influential forces of the learning experience of any student is the environment where that experience takes place (Allen, M., Nunley, J., & Scott-Warner, M., 1988). Students who feel the environment is hostile may persist to graduation, but most of them do not enjoy their experiences in college. Six of the eight participants did not enjoy their progression to nursing. One of the nurses even went back to her alma mater as an instructor where she could make a difference for other Black students entering the program. Two of the nurses stated that they did not have problems with their schools, but did have a few issues in other areas. Eula was concerned that her peers were more racist than the faculty. The literature supports the idea of a hostile climate having a detrimental affect on Black students in the way of lack of persistence or dissatisfaction with the academic experience. (Langston-Moss, 1997; D'ugelli & Hershberger, 1993; Smedly, Myers, and Harrell, 1993; Steele & Aronson, 1995; Fleming, 1984; Astin, 1975).

The Black women discussed everyday occurrences in the PWNS that were perceived as racism. In order to make a connection with their peers and faculty, they had to initiate the interaction. Once the contact was made by them, they were, more times than not, met with

silence or indifference. Several nurses described how they had to prove themselves worthy of being in the school but even then that was not enough. Several nurses discussed being ignored while in class and in clinical. One student discussed how the instructor decided she would have to answer for another student's mistake, and the entire clinical group's grade for the day hinged on her answer. Conversely, two students reported positive experiences at their schools. Myrtle reported positive experiences in her school, but she was well aware of the lack of diversity in the school. She was surprised when she met another Black nurse who graduated from her school. She had never heard of any Black nurse graduating from her school. Eula reported that there was more racism in the students and the nurses at the various hospitals than the faculty of her school. She felt welcomed and believed she could go to any of the faculty for advice.

The all-encompassing influence of perceived racism on the participants was evident in their narratives. The findings of this study support what is documented in the literature regarding experiences of racism of Black students attending PWNS (D'ugelli & Hershberger's, 1993; Davis, 1995; Swim, Hyers, Fitzgerald and Bylism, 2003; Marcus, Mullins, Brackett, Tang, Allen and Pruett, 2003; Davis, Bowie, Greenberg, Klukken, Pollio, Thomas, & Thompson, 2004; Jordan, 1996; Feagin, 1992; Johnson-Bailey, 2001; Hassouneh-Phillips & Beckett, 2003). Examples of racism supported in the literature included ignoring all cultures except the White culture in the curriculum, lack of cultural knowledge by the faculty, having to prove one's worth in clinical and class, hostility, differential treatment from faculty and administrators and indifference.

Other examples that are supported in the literature include getting tougher assignments, being questioned over and over again, and being ignored (Sims, 1996; Yoder, 1996; Langston-Moss, 1997; Aiken et al. 2001; Hassouneh). One nurse reported being drilled in a closet about

racial issues and being asked why was there a diversity committee at the school. The same nurse discussed how the faculty member implied that the state hospital had cartoon pictures drawn on the walls of the children's units and how that would not be allowed at a private hospital. The implication was that the state hospital was classless, and the private hospital had class. Class is often correlated with race. Two nurses discussed being given different information by advisors than was given to White students. Another talked about advisors who sent them to see the Black faculty if they needed help even if that faculty member was their advisor.

The theme of unfairness was prevalent in the stories. One nurse discussed how a faculty member wrote her up without hearing her side of the story. Another told of almost being expelled without a hearing or her side being told. Still another nurse reported being given harder assignments and having her assignment changed because the White student complained about the patient. Several nurses talked about being singled out in clinical. One discussed making one mistake of discussing one out of five of the patient's medications and was threatened with failure. Yet another nurse discussed having to apologize to a faculty member for something that was beyond her control. All of these examples are supported in the literature on campus climate and racism (Aiken et al., 2001; Gardner, 2003; Kossman, 2003; France & Garth, 2004).

Another aspect of racism is stereotyping. The participants felt that there were instances of stereotypical behavior from the faculty, the administrators, and the students of the PWNS. One nurse felt she was stereotyped as an overweight angry Black woman. The Dean of one of the schools accused the Black students of being up to something because they were talking in the hallway. Another nurse talks about the Dean calling them angry Black women when they went to discuss a privilege she gave a White student and a Black student needed that same allowance. She refused to give it to the Black student. A student in one of the nurse's clinical group

stereotyped Black people as having dirty hair because the hair care rituals are different for Black and Whites. Lastly, another student in one of the nurses' group refused to care for the "nasty Black patients in the Veterans Hospital (VA) Hospital."

Condescension is the opposite of respect and the stories told of a culture of disrespect. One student discussed her excitement about passing to the next course when the instructor told her she had better hope she went to the next course. The Dean of one school and faculty members of another referred Black students to the Black administrator and Black faculty members without listening to their needs. Two nurses felt there was a basic disrespect for the Black faculty members at their schools. One participant witnessed an instructor belittle another Black student in front of everyone. One nurse was herself belittled at the nurse's station in front of the nurses and other students. Another participant described how she and some fellow Black students went to the Dean to discuss unfair treatment and she told them they were imagining the differential treatment and dismissed them from her office. Lastly, one participant described an incident where the faculty did not know one of the big issues in health care was the disparities in health care in minorities. The nurse considered it racism because she felt the instructor either did not think Black people were worth studying or her knowledge of the current state of health care was deficient.

Privilege is another form of racism that is often is invisible to most White people. Jensen (2005) writes that White privilege is a controversial topic and a very "complex social phenomena" (p. 8). Everyone knows that not all White people are racist, but the privilege afforded to White people because they are White is often unacknowledged which permeated the stories of these nurses. One nurse discussed how White students were allowed to make excuses for not completing work, and their excuses were believed. That same privilege was not offered to

the Black students. The Black students had to stay in their patients' rooms while White students were allowed at the nurse's station doing their homework and socializing with the staff. Another nurse spoke of a Dean affording a White student privileges and the Black student denied that same privilege. One student discussed how White students believed they deserved good grades even if they were not earned. Another participant talked about the Dean changing grades for two White students because of their influential family. The students then thought they were deserving of the grade they received when in actuality they received the grade change because of who they were not what they accomplished. Six of the participants discussed instances of White students being given breaks and being held to a different standard than they were held to. These same students (White) were able to perform skills unsupervised where they (Black students) were constantly supervised. Lastly, one participant told the story of a Black student having to get a lawyer to get an opportunity to retake an exit exam and graduate. The same thing happened to a White student who was allowed to participate in graduation prior to re-taking the same exit exam. Jenson (2005) and Bonilla-Silva (2001) and McIntosh (1995) support the participants' perceptions of White privilege.

Research Question 3: What factors influenced your persistence to complete the program?

Theme: Yes I am Black and a woman and I am moving on.

Academic involvement, feelings of loneliness and alienation, culture, identity, and fit, self-concept, institutional climate and racism are factors that may affect Black students' persistence to graduation in PWNS. All of these concepts intersected in the Black nurses' educational life at their PWNS in this study. The participants in this study met the requisite skills for persistence, but I wanted to find out how other factors influenced or hampered their persistence.

According to Astin's involvement theory (1984) and Tinto's Retention Theory (1993), the extent to which a student is involved in their academics is directly related to persistence. All of the nurses were very involved in their academics. They formed study groups, sought out help when needed and used spare time to study. They described many instances of difficult work in their programs but they were up for the challenge.

Mentoring, faculty commitment to the education of Black students, and positive faculty-student relationships can have a positive impact on persistence (Tinto, 1993; Gardner, 2005; Shelton, 2001; Bergman & Gaitskill, 1990; Janes, 1993; Dunn, 2007). Conversely, lack of having a mentor, lack of faculty commitment and negative faculty relationships can alter students' persistence. Establishing meaningful relationships with faculty was important for all of the nurses. Having role-models who were Black was also important to all of the nurses. The nurses reported negative relationships with some White faculty while reporting having good and sustaining relationships with some Black faculty. The nurses voiced the importance of having role models who looked like them and appreciated having them as a positive element in their educational journey. All of the nurses were aware of the lack of faculty and students of color at their schools.

According to Swail (2003) social integration can affect persistence. Tinto, (1993) writes that increased integration into the social and academic life of the institution causes greater commitment and persistence. Integration included how the student coped with college life and how they established peer relationships. The participants did not attend formal school activities nor did they join any organizations. There was an attempt to join an organization by one of the nurses, but was ignored. That student joined a Christian fellowship group and was happy with that choice. The students' were shunned from joining already established study groups so they

formed their own groups. The literature supports the idea that Black students formed their own organizations both formal and informal to enhance feelings of belonging (Joubert-Thompson, 2000; Livingston, 1987; Janes, 1993). However, these students did not integrate themselves into the mainstream social life at their schools. Yet they persisted anyway.

Culture, identity, and fit can generate feelings of belonging and kinship thereby influencing persistence (Carson, 2003; Chickering & Reisser, 1993). The participants in this study felt they were left out the nursing education culture in the classroom, on the campus, and in the hospitals. Six of them felt that they were marginalized and being forced to conform to the dominant culture of the schools. The students formed their own groups and forged relationships with the few Black faculty members on their campuses and began to feel a sense of belonging in their schools. Once the nurses found mentors and peers, their self-concepts improved.

Campus climate and racism can shape persistence by affecting academic involvement, by adding to the loneliness and alienation of the students, by stripping away cultural identity, and by damaging self-concepts. The nurses felt anger and disappointment at how they were treated by faculty and sometimes administrators at their institutions. While listening to their recorded interviews, I noticed that their voices became more animated and the tones and volumes rose to another level. All of them were very passionate about perceived racism in their nursing education whether it was from faculty members, students, or administrators.

The nurses in this study persisted to graduation in spite of some of the negative forces that threatened their goals. What were the driving forces that led them to persist? Certain factors were recurrent in the nurses stories related to their persistence. They were individual commitment, positive role modeling, mentoring, and connection to a peer, their belief in God, and family support were the driving forces to their persistence.

Individual commitment to their goal of being a nurse was the major factor in the persistence of these nurses. The participants were determined to complete their programs and decide no one would stop them from achieving those goals. Two of the nurses had generally positive experiences and were committed to completion of their programs. Regardless of the negative incidents that six of the nurses experienced, they were just as committed to becoming a nurse. Tinto's (1975) and Astin's (1982) theory of involvement supports the concept of commitment to a goal. Tinto posits that strong commitment can influence persistence even when the institution is not committed to supporting student. While these participants did not integrate themselves into the mainstream social fabric of the schools, they did find way to integrate themselves into the academic culture by forming relationships with peers and Black faculty members.

Role modeling and mentoring were factors in the nurse's persistence to graduation. The participants praised faculty who they could look up to and whom were supportive of their endeavors. They valued that support especially from the Black faculty members of the schools. For these participants, the support from the Black faculty counterbalanced the feelings of rejection and dissimilar treatment from they received from some of the other faculty in their schools. Forming social networks with other Black students were integral in the success of these nurses.

Four of the eight participants had a strong belief in God. There is no particular literature that supports having faith in a higher power encourages persistence. However, four of the participants believed that their faith helped them to remain committed to their goals. Their faith also helped to persevere in the face of hardships while keeping them grounded and respectful while in their programs. The nurses handled the dissimilar treatment and perceived lack of

respect by staying on task and completing their nursing degrees. Lastly, their faith in God gave them the inner peace and the strength to move forward.

Lastly, these participants unanimously gave credit to their families for the unconditional love, guidance, and support they received while they were obtaining their degrees. All of the women in the study were mentored and inspired by their mothers. The mothers and the participants defied the images that portray Black women as uncaring for their own families. Some of the nurses' families also provide stability by assisting with finances, childcare, and living arrangements. Two of the nurses had children while in school and without family support, they would have had to quit school until later time in their lives. Another participant had adult parents to care for and in turn they helped her with living expenses and child care.

Limitations

This phenomenological study sought to uncover the lived experiences of Black women who attended PWNS. Very few studies have been conducted recently that sought to reveal Black women experiences with their nursing education program. This study also revealed that even in the face of adversity, these women persisted.

This study is limited because of its sample size. There were eight participants from five nursing school located in south Louisiana. Black students were the only group represented in this study so the results cannot be generalized to all students of color. The participants varied in age and went to both ASN and BSN programs.

Implications and Recommendations

A Black female is still a rarity in PWNS in the United States. In the U.S., 12.3% of the 2.6 million RNs are non-white (HRSA, 2002). Black nurses represent only 4.6% of the non-white nurses in this country (HRSA, 2006). With the predicted population shift, one in two

Americans will be a person of color by the year 2070 (Friedman, 2005). Blacks and Hispanics are expected to make up for 30% of the population by the year 2015 (Fields & Moody, 2001). Yet nursing schools have not kept up with the pace of admitting and graduating students of color.

The nursing shortage is well-documented in the literature and efforts to produce a nursing workforce that reflects the diversity of the population is essential to meeting the health care needs of the country (HRSA, 2006; AHA, 2005; AACN, 2009; NLN, 2006). Historically, Black colleges have played a large role in helping to increase the Black nursing workforce, but most are small in size (Bessent, 2002; Carnegie, 2005). The implications of this research to the nursing education are multifaceted. First, the health disparities because of lack of care, access and finances is ongoing. In order to eliminate access issues and health disparities, a diverse workforce is needed (Sullivan, 2004; IOM, 2003). Second, the workforce is aging and there is a nursing faculty shortage in most nursing schools. Third, the population is changing and the workforce should be ready to provide all of our citizens with competent culturally specific care.

This study helps to illuminate struggles and successes of Black women in PWNS. An increased understanding of factors related to success along with factors that may hamper success can help institutions recruit and retain Black students. All faculty should be committed to the success of their students. The faculty needs to have more cultural awareness and the curriculum needs to include care for different cultures. Faculty members at all of the nursing schools should understand their roles as advisors, mentors, and role models. Finally, the institutions should act on the espoused values of diversity, caring, integrity, and empathy. The first place to start is with the students of color attending those institutions.

Studies like this have implications for research, practice, and policy. Practice implications include acknowledgment of the effects that an unwelcoming environment

has on students of color. The destructive nature of racism, lack of support, stereotyping, and the sense of struggle students of color described, have a detrimental effect on feelings of well being, and satisfaction with their education. The institutions that teach nursing can use results from studies like this one to redesign the learning environment. Also, schools can develop strategies to make the environment more welcoming and sensitive to students of color. These strategies should be supportive, collaborative, and interactive.

Policy implications are aimed at the administrative level. Before any place can be diverse, there must be a culturally competent administration willing to affirm cultural values, and reflect them in their practices. These values are usually stated in formal statements of policy, strategic plans, and core values in most organizations but are just not all actualized as seen in this study.

The findings of this research and past research solidify the need for recruitment and retention of qualified faculty of color. Studies indicate that persistence and success in schools of nursing are influenced by supportive faculty, role models, and student-faculty relationships. Along with hiring diverse faculty, nursing schools must also recruit and hire administrators of color. These administrators can also serve as examples of leadership to students of color. Mentoring relationships with faculty is critical to academic success and social integration of Black students.

Nursing schools must develop sound, funded, diversity initiatives that include having special diversity affairs offices, and counseling available to help students of color navigate the university system. These initiatives should include counseling, enrichment programs, support groups, and examples of success stories of students of color.

Educational programs for faculty members, student advisors, and staff of PWNS

need to be designed to focus on diversity initiatives of the college. These programs should also include strategies in communication, listening skills, and how to focus on the needs of students of color. Student and faculty orientations should include the diversity initiatives of the school. It should be reinforced that the school is serious about the initiatives by affirming the values of the schools acting on them. Mentoring programs should be another focus of educational programs. These mentoring programs would help faculty to connect with students of color. Another focus should be to teach staff, administrators, faculty, and students about culture competence and insensitivity.

Nursing schools must develop curriculum with all cultures included. Issues such as how to care for people who are different from the dominant culture, what diseases are prevalent to other cultures, investigate how different cultures view health care, and how different cultures navigate the health care system, so nurses can be prepared to break down barriers to health care. Students must be aware of the health care disparities in the minority communities so that they can work to provide access to good health care. Education for faculty should include rethinking some of the traditional ways of teaching students of color. Developing different pedagogical approaches in the classroom, and in the clinical area, along with ongoing evaluation of successes, should be included in faculty development opportunities. Faculty should encourage students of color to express their culture and allow them to educate other students as appropriate.

Nursing schools and colleges must perform an assessment of the campus climate, and racial climate on the campuses. Student and faculty orientations should include the diversity initiative of the school and it should be explicit on prevention of harassment and discrimination. Issues of racism should be addressed immediately as they are reported and investigated.

Nursing schools must improve the learning environment of all students and

especially students of color. Faculty members should evaluate their own behavior in the success of students of color. Self-awareness is critical for the honest appraisal of bias and prejudice (Ballmer, 1999, p.70). Once self awareness is evident, the faculty and administrators should recognize differences, and use those differences for success. The nursing schools must listen to the Black students' voices of concern, and struggle, and develop methods to support multiculturalism. Lastly, the nursing schools should be plan cultural events that encompass all of the student body.

Nursing schools should establish advisory boards with Black high schools for planning and development of programs to meet the needs of Black students. Enlist community leaders and students of color for policy, and planning academic program development.

Lastly, nursing schools need to recruit and retain a diverse student body. Begin at the high school level with outreach programs that target students of color interested in the nursing profession. Develop pre-nursing programs that attract high school students of color which provide mentoring, tutoring, and job shadowing. Once recruited, efforts are needed to develop programs for retention of students of color. Aggressive funding opportunities need to be researched for retention efforts. Lastly, administrators and faculty need to reevaluate their curriculums, policies, and teaching strategies to determine if they are unfair especially in the clinical area. All of the nurses in this study credit a higher power with giving them strength to persist to graduation. Developing denominational or non-denominational spiritual groups on the campuses may give the students a sense of spirituality. Having students join together to worship or just talk about their faith, is another method to learn about culture.

Conclusion and Future Research

The study's findings revealed multifaceted experiences and what their impact was on persistence of Black women in PWNS. Some aspects of college life are universal to all students, but other factors played a role in the participants' experiences and satisfaction with their nursing education. The nursing education culture with its espoused values in some instances failed to live up to those values. The institutional climate and racism greatly affected the nurse's experiences along with the lack of support of White teachers. The higher education and nursing literature has shown that Black students have been and are still battling with social isolation, racism, lack of faculty support, and a hostile cultureless environment. However, two of the participants were happy on their PWNS campuses. They were treated fairly, supported by faculty members, and persisted to graduation without the anger voiced by the other participants.

Nursing school is a demanding profession and regardless of race or culture. Nursing education must protect the public against incompetent providers so nursing education can be a struggle. The long hours, constant studying, and clinical practice on live patients, can be very stressful. Coupled with the demands of nursing, many of these participants had to work part time. Two of them had children. Two had unsupportive spouses, and one had caregiver role for her parents. Along with the personal struggles some of the participants faced, six out of eight faced additional struggles in their programs. The most pervasive of the struggles was perceived racism. The participants described instances of racism in the school, in the hospitals, and in the community. The struggle with perceived unfairness is an active issue U.S. society and in nursing schools, where equality is espoused but very seldom actualized. Yet these women persisted in spite of those challenges. The major factor in their success was commitment to their goals of becoming a registered nurse.

A body of knowledge has to be developed that addresses the experiences of all students of color. Until that knowledge is built, many will think these studies are a one-time mishap. Future research should take specific students of color, study them separately, and then compare the experiences. More studies that involve uncovering the experiences of faculty members who teach in diverse schools and compare them with faculty in PWNS are needed. Many individuals in the country suggest that racism is no longer exists with the election of the first Black president. This study proves that racism is alive and well in this country and continues to permeate through the walls of our educational institutions.

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APPENDICES

APPENDIX A

DEMOGRAPHIC DATA

The following information is being collected to learn more about you as it relates to your experiences as a Black female nurse who persisted and graduated from a predominately White nursing school:

1. Age_____
2. Marital Status at the time you were enrolled in nursing school_____
3. Did you have any children while in nursing school? If Yes how many?

4. Did you have someone else to care for while in school? _____
5. Basic Nursing Preparation: Associate_____; Diploma_____; Bachelor's_____
6. Type of School: Public University or College_____Private College_____
7. Graduation year: _____

APPENDIX B
INTERVIEW GUIDE

What are the experiences and perceptions of Black women who persisted to graduation in a
predominantly White nursing school?

1. **Consent (small talk)**

- Discuss the purpose of project
 - The purpose of this study is to explore the lived experiences of Black nurses who graduated from predominantly White nursing schools as told by those nurses. This study seeks to add to the dearth of literature available on Black's experiences in PWIs therefore increasing awareness of nurse educators and nursing schools to the phenomena. Understanding these Black nurses' experiences, educators and nursing schools can better prepare programs to recruit and retain students of color. Few studies have explored factors influencing Black nurses' persistence to completion. Little is known about Black nurses perception of their nursing education and the nursing education culture. To learn minority students experiences in an undergraduate nursing program for recruiting & retention purposes
- Discuss Consent and procedure for interview (see consent)
 - voluntary
 - taped
 - last up to one hour
 - notes transcribed into a paper
 - no names or identifying information will be used

- I will be the only one reviewing the notes and the tapes
- There are no risks, no consequences for termination of consent
- confidentiality

2. **Introduction (turn on tape)**

3. **Interview Questions**

The study will focus on answering the following questions:

1. What does it mean to be Black in a PWI? What are Black nurses' perceptions of the nursing school experience?
2. How did the Black culture fit in with the nursing education culture?
3. What factors influenced your persistence to completion of the program?

4. **Optional Probes**

- What made you choose the nursing school?
- Tell me about your a few of your experiences as a student as it relates to culture?
 - Possible Follow -ups
 - Now tell me your perceptions about comfort for you and other students of color at your school?
 - Have your experiences been what you thought they would be? Positive or negative?
 - Did class lectures include culturally sensitive information? Give example.
 - Were you involved in social activities or organizations in school or outside of school?

- Name instances if any that stereotypes about Blacks or women cropped up in the class, social event or lecture.
 - What was done?
- Would having a mentor (faculty or peer) have aided you in your matriculation through this program? Names some ways.

4. Closing

- Is there anything else you would like to add or say
- If you think of something you'd like me to know, please call me anytime
- How did you think this interview went
- Are there any questions you'd like me to answer?
- Thank you for your time. If you would like a copy of the transcript let me know and I'll send it to you. Thanks again.

APPENDIX C
CONSENT FORM

Study: Experiences and Perceptions of Black women who Persisted to Graduation in a
Predominantly a White Nursing School

Project Director

Francine Thomas, CCRN, MN

Assistant Professor of Clinical Nursing

LOLO College School of Nursing

Phone: 504-615-3295

E-mail: lthoma111@cox.net or francine.thomas@lolcollege.edu

Student in Doctoral Program University of New Orleans (UNO) under the Supervision of
Dr. Judith Kieff, Professor, Department of Curriculum and Instruction, University of
New Orleans, New Orleans, La. Telephone: 504-280-6527; E-mail: jkieff@uno.edu

Purpose of this Research Study

- The purpose of this study is to explore the lived experiences of Black nurses who graduated from predominantly White nursing schools as told by those nurses. This study seeks to add to the dearth of literature available on Black's experiences in PWIs therefore increasing awareness of nurse educators and nursing schools to the phenomena. Understanding these Black nurses' experiences, educators and nursing schools can better prepare programs to recruit and retain students of color. Few studies have explored factors influencing Black nurses' persistence to completion. Little is known about Black nurses perception of their nursing education and the nursing education culture.

Procedures for this Project

- This study will employ qualitative methods, specifically open-ended interviews that will be audiotaped and transcribed. The interview will begin with collection of some demographic information that will be coded along with a name change when transcribed with the interview notes. I will describe my experiences as a Black female who's attended, graduated and worked at predominantly White institutions and nursing schools. If you agree to participate, an interview will be scheduled at your convenience at a place and time convenient to both of us. Face-to face interviews are preferred but if you can only participate by telephone, then that will be acceptable. A follow-up phone interview may or may not be done for clarification and verification.
- All data with the potential to identify any participant will be held in confidence. You will select a pseudonym to identify your interview. Your participation is voluntary and you may withdraw consent and terminate participation at any time. All tapes and notes will be held in a locked file cabinet at my home. All notes and tapes will be destroyed when the study is completed. If the results of this study are published, presented at professional conferences or released to a funding agency, your privacy will be protected and you will not be identified in any way.
- Potential Risks
 - There are no risks involved in participation. If you experience emotional stress in recalling any experience, please discuss them with the project investigator.
- Potential Benefits
 - Participants may experience some catharsis by discussing their thoughts and feelings about their nursing school experiences. Sharing the experience may help future Black women persist in predominantly White nursing schools.

- I understand that I will not receive any monetary compensation for participation in this study.

Signature and Consent to Participate

I have been fully informed of the above-described procedure with its possible benefits and risks, and I have given my permission to participate in this study. I understand that participation is voluntary and I can withdraw at any time during the interview. Your signature acknowledges that you have read the information and willingly signed this consent form.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Investigator

Investigator

Date

Questions and concerns about the study may be directed to:

Doctoral Student: **Francine Thomas**
Lthoma111@cox.net
(504) 615-3295

Major Professor: **Dr. Judith Kieff**
jkieff@uno.edu
(504) 280 -6527

APPENDIX D

INVITATION TO PARTICIPATE

Dear: _____:

I am a doctoral candidate in the College of Education at the University of New Orleans. As partial fulfillment of the doctoral degree requirements, I am conducting a study concerning Black women who've persisted to completion at predominantly White nursing schools (PWNS). You are being invited to participate in this study because you have been identified as an individual who has attended PWNS and may be interested in sharing those experiences

If you decide to participate, you will be asked to complete a short demographic form and participate in a private taped interview, which may last 60 to 90 minutes. The setting for the interview will be negotiated between us and your absolute comfort will be considered. All information will be kept in the strictest of confidence.

Please respond to the following:

Yes, I am interested in participating in your study_____.

No, I am not interested in participating in your study_____.

If interested, please give a contact number and the best time to reach you:

Phone number (s): Hm. _____ Cell: _____

Best Contact Time: Day_____Afternoon:_____Evening_____

A self-addressed stamped envelope is enclosed for your convenience.

Sincerely and Thank-you,

Francine Thomas, Graduate Student UNO, New Orleans, La.

APPENDIX D

University Committee for the Protection of Human Subjects in Research University of New Orleans

Campus Correspondence

Principal Investigator: Judith Kieff
Co-Investigator: Francine Thomas
Date: December 14, 2008
Protocol Title: "Experiences and Perceptions of Black Women who
Persisted to Graduation at Predominantly White Schools of
Nursing"
IRB#: 02Dec08

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101 category 2, due to the fact that any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.
Sincerely,

Robert D. Laird, Chair
UNO Committee for the Protection of Human Subjects in Research

VITA

Francine Conetta Simms Thomas was born in New Orleans, Louisiana. She spent the first 18 years of her life in a small town on the bayou called Napoleonville, Louisiana. Francine left home to go to college and lived in New Orleans for the next 31 years. Hurricane Katrina forced Francine and her children to relocate because of the destruction of their home. Francine has made Baton Rouge, Louisiana her home since 2005.

Francine received a diploma in nursing from Charity Hospital School of Nursing, a bachelor's degree in nursing from William Carey College and a Master's degree from Louisiana State University Medical Center. She has worked as a nurse in different capacities at Charity Hospital, Methodist Hospital, Veterans Memorial Hospital, and Humana Hospital all in New Orleans, Louisiana. Francine has taught nursing for the last 14 years in both associate and baccalaureate degree nursing programs. Francine's first teaching position was at Louisiana Health Sciences Center, and presently is at Our Lady of the Lake College.

Francine is certified in critical care and has an endowed professorship in honor of Mother Gertrude Hennessey at Our Lady of the Lake College. Francine is married to Alvin Thomas Sr. and has two children, Alvin Jr. and Arielle. Francine is the proud grandmother of Tahj Thomas born May 11, 2009.