

The Lived Experiences of Minority Nursing Students:
Perceived Barriers to Success, Strategies for Success, and the Role of Grit

A Dissertation submitted

by

Sherry Ann Koenigsman

to

College of Saint Mary

in partial fulfillment of the requirement

for the degree of

DOCTOR OF EDUCATION

with an emphasis on

Health Professions Education

This Dissertation has been accepted for the faculty of

College of Saint Mary by:

Dr. Lois Linden, EdD, RN

Dr. Virginia E. Tufano, EdD, MSN, RN

Dr. Theresa M. Delahoyde, EdD, RN

We hereby certify that this Dissertation, submitted by Sherry Koenigsman, conforms to acceptable standards and fully fulfills the Dissertation requirements for the degree of Doctor of Education from College of Saint Mary

Dr. Lois Linden, EdD, RN

Chair

Dr. Virginia E. Tufano, EdD, MSN, RN

Committee Member

Dr. Theresa M. Delahoyde, EdD, RN

Committee Member

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Sherry Koenigsman

Dedication

I dedicate this dissertation to my parents, Ben and Ruth Maaske, to my children (Carissa, Kaitlyn, Kelsey, Jessica, and Brent), their spouses (Brandon, Noe, Sean, and Richie), and my grandchildren (Joshua, Moriah, Eva, Chloe, Fiore, Leonie, Adelaide, Elliott, Afton, Edith, and Knox).

Acknowledgements

I dedicate this dissertation to my parents, Ben and Ruth Maaske, who encouraged me to finish when I was ready to stop, to my children (Carissa, Kaitlyn, Kelsey, Jessica, and Brent), their spouses (Brandon, Noe, Sean, and Richie), and my grandchildren (Joshua, Moriah, Eva, Chloe, Fiore, Leonie, Adelaide, Elliott, Afton, Edith, and Knox), for enriching my life in a thousand ways, to my friends who listened (even when they didn't want to), and to my dogs for laying at my feet for countless hours while I wrote.

I'd like to thank Dr. Lois Linden, who mentored me, as well as the two other members of my committee, Dr. Tufano and Dr. Delahoyde, who took time to read and respond to my work. Also, thanks are due to Jan Rice, the librarian who anticipated my needs and overlooked my deficiencies and Lindsay Kruse, who put my words into figures. The Wayne and Nancy Hester scholarship was much appreciated. Last, but certainly not least, I'd like to thank my co-workers and friends, Julie Skrabal and Sue Pilker, who set deadlines and held me to them, and promised me that someday we would see that light at the end of the tunnel.

I would be remiss if I did not express my gratitude to the minority students who took time out of their full schedules to share their experiences with me – some through tears. I am very grateful to them.

I would also like to thank God, because He is good. (Psalm 30:5).

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Abstract

The education and graduation of minority nursing students is needed to meet the healthcare needs of the people of the United States. However, more minority nursing students are lost to attrition than are white students. The purpose of this study was to seek to understand, from the perspective of the minority nursing students themselves, what barriers they face, their strategies for success, and the role grit plays in their nursing school journey. Barriers identified by the students included: academic, financial, language/communication, discrimination and bias, cultural differences, lack of social support/isolation, family responsibilities, workload, difficulty with time management, fear of not meeting family expectations, death/abandonment of family members, and technology. Strategies for success identified were: financial support; strategies related to academic support; social support; institutional and faculty commitment; mentors, minority faculty, and role models; strategies to address discrimination and bias; appreciation for cultural differences; addressing aspirational barriers; support for demands of family; language and communication support; support of family; time management; faculty advisors; and faith. Regarding grit, the participants scored nearly in the 70th percentile on the Grit-S scale and described their passion and perseverance in striving to graduate. Schools of nursing may be able to use this information to increase their minority students' level of grit, and to provide appropriate strategies for success based on the unique barriers faced by minority students at their schools.

CHAPTER I: INTRODUCTION

When minority nursing students are unsuccessful in completing their program of study, we all lose. First, the minority students (defined for this study as either Hispanic/Latino or non-white) lose. Those students who do not graduate have lost the opportunity to practice in a profession that many of them felt called to pursue, and they have lost an opportunity to work in a profession that may very well provide them some economic security.

A survey of nursing students found “They professed a vision of nursing as a ‘calling,’ a vocation, and a dream” (Hart, 2005). This call to heal and help, and the sense of fulfillment that may result from working in a respected vocation, are dreams that may never be realized to their fullest when the minority nursing student does not graduate and enter the nursing workforce. The goal of helping others in this way, once nursing school is closed to them, may never be achieved.

The student’s economic security may be negatively impacted when they lose the potential to work in an occupation which would likely have provided a reliable income for themselves and their families. In addition, when they do not graduate, they lose the tuition money they spent on pursuing that goal. Of all occupations in the United States, nursing is the fastest growing, according to Johnson & Johnson (2014). This means that the opportunities are good for finding work in nursing. Social and economic mobility is one of the purposes of higher education (Bellack, 2005). The accomplishment of these purposes impacts not only the student’s hope of economic prosperity, but often, the hopes of their families.

The sense of fulfillment that comes with realizing the accomplishment of educational and professional goals may be replaced with feelings of defeat when that accomplishment is not realized. It is no small matter to lose the prospect of working in a vocation students chose because they felt called to it. Likewise, it is no small matter to lose the prospect of working in an occupation where the chances are good that jobs would be relatively plentiful and secure.

Finding ways to promote the likelihood of success for the minority nursing student may positively impact the course of their future and that of future generations.

Additionally, when minority nursing students do not graduate, the nursing program loses. The program has invested money, the faculty has invested hours in preparing a student to contribute to the profession, and the investment did not pay off as hoped. Attrition rates increase and retention rates decrease as a result. These are indicators that the program is not successfully completing its purpose of graduating qualified nursing candidates. The current and expected future nursing shortage makes it imperative that nursing schools retain as many qualified nursing students as possible (Williams, 2010).

Third, each time a minority nursing student is lost to attrition, an increasingly diverse population loses a nurse who would have had an intrinsic understanding of a non-dominant culture. The literature shows that minority health care providers tend to work most effectively with minority, underserved populations (Adams & Price-Lea, 2004; Condon et al., 2013; National Advisory Council on Nurse Education and Practice [NACNEP], 2013; U.S. Department of Health and Human Services [DHHS] *Action Plan to Reduce Racial and Ethnic Health Disparities*, 2011). Unfortunately, the shifting demographic in recent years in the United States has not been matched by a proportionate increase in nurses who share these diverse backgrounds (Baker, 2010). The result contributes to continued disparities in health and health care for minority populations (Abrums, Resnick, & Irving, 2010; Baker, 2010; Condon et al., 2013; DHHS, *Action Plan*, 2011; DHHS, *Reflecting America's Population*, 2011).

Background

The graduation and entry of minority nursing students into the nursing workforce is important in order to contribute to the provision of quality health care for all people. The lack of

minority health care providers is a significant problem, negatively affecting health care (Ferrell, DeCrane, Edwards, Foli, & Tennant, 2016; Giddens, 2008). Unfortunately, retention of minority students has been largely unsuccessful, reflected by a higher attrition rate for minority nursing students than for white students (Carthon, Nguyen, Chittams, Park, & Guevara, 2014; Duerksen, 2013; V. W. Wilson, Andrews, & Leners, 2006). While it is imperative that the nursing profession appreciates the need for minority nurses and is committed to recruiting them into its programs, it is vital that these programs retain these students until graduation. This effort begins with an understanding of the minority students' perceptions of their experiences in schools of nursing with predominantly white faculty, staff, administrators, and students. One way to increase this understanding is to discover what barriers to success the students believe they face in their nursing education. Recognizing "grit" in these students, which is the passion and perseverance to succeed, further increases an understanding of this experience. The minority students' perspectives on which strategies best support them in overcoming barriers is essential in promoting retention. These understandings should help in the creation of an environment in nursing schools that will facilitate the graduation of minority student nurses. These nurses, then, will be available to effectively provide care to an increasingly diverse population.

Need for minority nurses. The nursing profession must recruit and retain more nursing students from underrepresented, diverse populations. N. K. Lowe (2005), in responding to a report by the Institute of Medicine of the National Academy of Sciences, asserted the nation has an urgent need to be interested in developing a diverse population of health care workers. According to N. K. Lowe, one of the reasons for developing this diverse population of health care workers is that a majority of the population of the U. S. will be either Hispanic/Latino or non-white later in this century. Although increasing diversity of the United States population had

been predicted, the 2010 U.S. Census showed that it is happening faster than expected (El Nasser & Overberg, 2011). According to El Nasser and Overberg (2011) “the metamorphosis over just two decades stuns even demographers and social observers” (p. 1). By 2042, it is expected that less than half of the United States population will be white and non-Hispanic/Latino (Dixon, 2014; El Nasser & Overberg, 2011; Leonard, 2006). In fact, racial and ethnic minorities accounted for 50.4% of all births in the United States in the 2012 Census (Metcalf & Neubrandner, 2016).

The changing demographic has implications for the racial and ethnic make-up of the nursing workforce. The Sullivan Commission on Diversity in the Healthcare Workforce (2004) asserted that the presence of health care providers who are culturally competent and who speak the language of their patients is an important influence on how well health care is delivered to underserved populations. The Department of Health and Human Services [DHHS] *Action Plan to Reduce Racial and Ethnic Health Disparities* (2011) also reported that cultural competence and diversity is a key element in addressing disparities in health and health care.

Although white nurses can become culturally competent and learn to speak the language of their patients, studies have shown there is improved access to health care and improved quality of health care experiences when the diversity in the nursing profession mirrors the diversity in the general population (Carthon et al.; 2014; Duerksen, 2013; Healy, 2013; Lowe, 2005). Dixon (2014) concluded a health care workforce that is disproportionately white will not be able to effectively care for an increasingly diverse population. This increase in diversity, then, necessitates a need for more minority nurses who come from these diverse populations.

It stands to reason that when minorities in nursing education are underrepresented, there is a corresponding under-representation of minorities in the nursing workforce (Choi, 2005;

Edwards et al., 2009; Nnedu, 2009). To increase the representation of minorities in the nursing workforce, schools of nursing must increase the retention of minority nursing students. When schools of nursing increase the retention of minority students, they may be helping to decrease health disparities among underserved health care recipients (D. B. Evans, 2013). Labun (2002) was emphatic in her assertion that recruitment and retention of minority students has become a critical issue in nursing education. It is estimated at least 20,000 more minority nurses will be needed to increase the proportion of minorities in the working force by even one percent (Dixon, 2014). This means the retention and graduation of every minority nursing student with the desire and ability to succeed is significant. Thus, there is a moral and a practical imperative to increase and retain the number of minority students in nursing programs.

A more diverse nursing workforce also has the potential of enriching the profession by way of infusing new perspectives and treatment approaches to the practice of nursing in the United States. The American Association of Colleges of Nursing identified a vision for the profession as “By 2020, highly educated and diverse nursing professionals will lead the delivery of quality health care and the generation of new knowledge to improve health and the delivery of care services” (American Association of Colleges of Nursing [AACN], 2014b, p. 1). Cultural humility is a concept that includes the idea of learning from one another (Alsharif, 2012; Morton, 2012). It is important to recognize that while western medicine has much to offer other cultures, it does not have all the answers. With the introduction of more minority nurses in the profession will come the opportunity to expand nursing care beyond traditional, western methods. Thus, the increase of minority nurses benefits not only underserved minority populations, but also the health care of the general population.

Another reason to increase the retention of minority nursing students is to address the nursing shortage. Because a larger percentage of the population is coming from a minority background, more people from minority backgrounds are available to help meet the nation's need for more nurses. There are several factors which are contributing to the need for more nurses in general. One is implementation of The Affordable Care Act, which decreased the number of uninsured nonelderly Americans by almost 13 million between 2013 and the end of 2015 (The Henry J. Kaiser Family Foundation [KFF], 2016). According to KFF (2016), those who are uninsured are not as likely as those with insurance to seek out healthcare for major health conditions (acute or chronic), or to seek out preventive care. As more people are insured, then, it would be expected that more will seek out healthcare, resulting in a need for more healthcare providers, including nurses.

Another factor is the retirement of the nursing workforce. Graduating nurses will need to replace jobs vacated by the 900,000 nurses who are expected to retire this decade (Kurtz, 2013). A third factor is the increase in the population of elderly, defined by the U.S. Census Bureau as those who are aged 65 and older (Werner, 2011). It is estimated the elderly will comprise 21% of the U.S. population by 2050, when they made up only 12% of the population a decade ago (Wharton School, 2013). The elderly typically utilize the largest proportion of health care services, as old age is often associated with chronic disease (Wharton School, 2013). It is predicted that more than 170 million Americans, according to Wharton School (2013), will suffer from chronic disease by 2030. These increases will escalate the demand for nurses who can provide high quality care.

The existing shortage of nurses, according to the AACN (2012), is “a potential threat to the quality of care” (p. 4). Larger numbers of graduating student nurses are needed to

compensate for the current shortage of nurses and to replace those nurses who are retiring (AACN, 2014c; Saintsing, Gibson, & Pennington, 2011). It is not an option to ignore the contributions that minority nurses could provide to help meet this need.

Attrition of minority students. Attrition of nursing students is a problem internationally and nationally. Prymachuk, Easton, and Littlewood (2008) warned that “Attrition in...nurse education is an international issue causing concern in many parts of the developed world” (p. 149). Benn and Pacquiao (2010) noted that one fourth of all nursing students in the United States are lost to the profession through attrition.

Cantwell, Napierkowski, Gundersen, and Naqvi (2015) acknowledged there has been an increase in minority students in nursing programs, but the retention and graduation rates of these students is “disappointing” (p. 121). An even larger percentage of minority students are lost to attrition than white students (Carthon et al., 2014; Giddens, 2008). Condon et al. (2013) related that estimates of minority attrition rates range from 15% to 85%. While the estimates of attrition vary widely, it is true there are statistically significant differences between the graduation rates of white and non-white nursing students (Benn & Pacquiao, 2010). One of the results of this attrition is that only 19% of nurses in the United States represented minorities, while those same minority populations represented 37% of the population in 2012, according to the AACN (2014a). High attrition rates of minority students in nursing have worsened the nursing shortage (Johnson, Johnson, Kim, & McKee, 2009).

Barriers to retention. Members of the Diversity Advisory Committee at a Midwestern college of health sciences suggested that minority attrition may be due in large part to minority students’ feelings of isolation in a college with predominantly white faculty, staff, administrators, and students (personal communication, February 11, 2014). In her study, D. B.

Evans (2013) found that “academic development, peer interaction, faculty concern, and limited employment were positively associated with retaining (nursing) students” (p. 152). From this, it could logically be concluded that an absence of academic development, feelings of isolation, perceptions of faculty indifference, and the need to work a significant number of hours while attending school could be associated with attrition. The literature has identified these and other barriers as negatively affecting the success of minority nursing students.

Academic barriers. The fact that failure rates and attrition are higher for minority students than they are for white students (Duerksen, 2013), would imply that these students may be facing some academic barriers. In fact, minority students in one program studied made up 80% of attrition related to academic difficulties (Gardner, 2005a). There may be a variety of factors influencing the academic performance of minority nursing students. Davis, Davis, and Williams (2010) remarked on the poor educational preparation given to students who come from inner city schools. This poor preparation makes success in college especially difficult. Whatever the cause, it is clear that academic barriers are a reality for many minority nursing students.

Financial barriers. Many factors can contribute to financial stress for minority students, as they must often pay for maintaining a home and meeting the needs of a family, in addition to paying tuition (Bednarz, Schim, & Doorenbos, 2010). Although these needs may be common to students from the majority population as well, Wong, Seago, Keane, and Grumbach (2008) found, in their study, that “all minority students, except Southeast Asian respondents, had more financial issues...related to the cost of college” (p. 193).

Aspirational barriers. Aspirational barriers are related to the minority student’s lack of conviction that they can be successful in nursing school (Mingo, 2008). Mingo (2008) explained that aspirational barriers can be ameliorated by family support, expectations of success, and

exposure to role models and mentors. Being the first person in the family to enter college was described by Gilchrist and Rector (2007) as one aspect of an educationally disadvantaged student. Without a role model who has been successful in college, it is more difficult for students to believe they can be successful themselves. Aspirational barriers were identified as one of three key variables which negatively influenced the minority students' ability to be successful in higher education (Mingo, 2008).

Lack of commitment by faculty and college. Gardner (2005a) found that "Institutional commitment affects students' persistence toward graduation" (p. 567). To this end, Gardner (2005a) asserted that integrating students into college life is important for retention and demonstrates institutional commitment. Strayhorn (2014) also emphasized the importance of "supportive relationships with university faculty and staff, as well as frequent and educationally purposeful engagement in campus activities and student organizations" (Introduction section, para. 3). This integration decreases the minority students' sense of isolation and increases their allegiance to the school, increasing their chances of successfully completing the program (Gardner, 2005a). Minority nursing students in another study by Gardner (2005b) also shared the importance of faculty commitment, explaining they wanted a teacher who gave them emotional support and took a personal interest in their lives.

Language and communication barriers. Language is a "major stumbling block" when teaching nursing students, especially when those students come from different backgrounds than the faculty, or when English is not the student's first language, according to Bednarz, Schim, and Doorenbos (2010). Medical terminology and American slang contribute to these difficulties. The problem transcends a simple understanding of English, however, as interpersonal communication is also affected by cultural backgrounds and understandings (Bednarz et al., 2010). Hansen and

Beaver (2012) identified lower retention rates for students who speak English as a second language. In fact, attrition rates may be as high as 83% for these students (Duerksen, 2013).

Lack of mentors, minority faculty, and role models. A shortage of minority role models was identified as a barrier by participants in a study by Cason et al. (2008). Gardner (2005b) also found that “more mentoring relationships between educators and minority students need to be established” (p. 161). Because of the shortage of minority faculty members in nursing, Gardner (2005b) pointed out that white nursing faculty should also be encouraged to take the initiative to reach out to minority students and mentor them.

Discrimination and bias. Abrums, Resnick, and Irving (2010), when discussing discrimination and bias, asserted that nurses are “inadequately prepared to care for diverse populations” (p. 160). They stated nurses are, in fact, often resistant to the idea that they, or health service organizations in general, discriminate when it comes to race and class (Abrums et al., 2010). This implicates nursing education. A study by Sedgwick, Oosterbroek, and Ponomar (2014) found that bias and discrimination were present in encounters with all of the various groups of people involved in working with minority nursing students. When discussing the creation of a positive learning environment for minority nursing students, Adeniran and Smith-Glasgow (2010) stressed it is the professor’s responsibility to acknowledge differences without value judgments in order to discourage discrimination.

Cultural differences. Cultural differences were barriers in one study in which African-American students described feelings of differentness and otherness because they looked and behaved differently than the majority population in their nursing schools, making it difficult for them to assimilate (Coleman, 2008). On the other hand, minority nursing students in a study by

Cason et al. (2008) expressed the opinion that culture can become a barrier to success when members of the student's own culture do not value education or a nursing career.

Lack of social support/isolation. African American nursing students felt that white faculty and classmates were distant and unsupportive, according to a study by Coleman (2008). While it might seem that the answer to this isolation is to establish relationships with other African Americans, there were too few, in this study, to provide an opportunity for this strategy to be successful (Coleman, 2008). This finding in itself may be significant, in that there may be too few African Americans in schools of nursing beyond the area studied by Coleman. Gardner (2005b) found, in her study of minority nursing students, that "most of the participants expressed feelings of profound loneliness and isolation" (p. 156).

Family responsibilities. Mexican-American students in a study by Bond et al. (2008) expressed the thought they had to balance their role as nursing student with their roles as wife and mother, remembering that "family is first" (p. 140). Bond et al. (2008) reported that families were seen as a barrier if the family expectations conflicted with school responsibilities. B. C. Evans (2008) found that, for the minority nursing students she interviewed, "a profound cultural sense of obligation to family members was deeply ingrained in them even to the extent of sacrificing their own resources, including study time and...stipends" (p. 212).

Barriers may vary according to ethnic background, language facility, and the location and type of nursing program in which the students are enrolled. It is important to understand the students' experiences with those barriers which impede their success. Armed with the knowledge of those barriers, nurse educators and minority students may be able to identify the appropriate strategies to overcome them, thus improving the retention and graduation of minority nursing students.

Strategies for success. Appropriate strategies are important for increasing retention and decreasing attrition of minority students. These strategies are typically aimed at assisting the minority student to overcome identified barriers. Nursing pipeline programs, designed to increase the admission of minority nursing students to nursing schools, as well as to promote the graduation of those same minority students, have been instituted by several programs in the United States and Puerto Rico over the past decade (Metcalf & Neubrandner, 2016). According to Metcalf and Neubrandner (2016), most of these pipeline programs include initiatives related to mentorship, academic support, and psychosocial support. However, because each school of nursing is unique as far as resources and student needs, each must decide which strategies are most appropriate for their minority student population. The following are a few examples of strategies used by some nursing schools to increase the success of their minority student populations, organized by the barriers they address.

Strategies to address academic barriers. Preparation for academic success was emphasized in an approach described by Metcalf and Neubrandner (2016). This approach, the Nursing Network and Careers and Technology (NN-CAT) Diversity Mentoring Program, gave academic support through tutoring and academic mentors even before potential nursing students entered their programs. A more flexible curriculum would address the barrier of “program organization” identified by minority nursing students in a study by Ferrell, DeCrane, Edwards, Foli, and Tennant (2016). Regarding pedagogy, Bednarz et al. (2010) emphasized the need to shift from traditional pedagogy to more creative ways of presenting information, including hands-on educational methods, problem-centered learning, and storytelling.

Strategies to address financial needs. The importance of meeting the financial needs of minority nursing students was recognized in a study by Ferrell and DeCrane (2016). Financial

support that minority nursing students found helpful included scholarships, Federal loans (both subsidized and unsubsidized), and grants (Ferrell et al., 2016). Work study programs were also valued by students (Condon et al., 2013).

Strategies to address aspirational barriers. As noted previously, the aspirations of minority students, their goals and ambitions and drive, are related to the minority student's conviction that they can be successful in nursing school (Mingo, 2008). Mingo (2008) explained that these aspirations are influenced by family support and expectations and exposure to role models and mentors. Gilchrist and Rector (2007) asserted that "parent involvement in students' education and expression of high aspirations for their children have been found to be highly predictive of university enrollment" (p. 279). Georges (2012) described a project to encourage Hispanic students to complete a pre-nursing program. At the recommendation of a Hispanic dean of nursing, the students' families were involved from the beginning of the project, in order to provide the students with support (Georges, 2012). The need to be exposed to successful role models was noted by Kreuter et al. (2011). They highlighted the importance of arranging opportunities for African American health professionals to meet African Americans with high-level positions so that they could imagine what they could do in their own professional lives.

Strategies to promote institutional and faculty commitment. Duerksen (2013) stressed the individual nature of the minority students' needs and the selection of appropriate interventions to meet those needs. She summarized four categories of needs for minority students, which included supporting the students' individual strengths, providing caring faculty, providing peer support, and offering multicultural training for faculty (Duerksen, 2013). Duerksen described the successful implementation of a strategy with Alaska Native/American Indian students using these four categories. However it is done, faculty commitment is an

important factor in the retention of minority nursing students (Wong, Seago, Keane, & Grumbach, 2008).

Strategies to address language and communication barriers. Hansen and Beaver (2012) focused on the development of a plan for success for students who spoke English as a second language. Their approach was centered on improving their students' language skills, providing peer mentors to help negotiate the difference in American learning models, and the establishment of study groups and tutoring, as well as giving support to the faculty (Hansen & Beaver, 2012). Amaro, Abriam-Yago, and Yoder (2006) suggested these students be given more time to take notes and speak in the classroom and that they be given detailed handouts. Amaro et al. also suggested the faculty practice patience with these students.

Strategies to address a lack of mentors, minority faculty, and role models. Nursing students in a study by Bond et al. (2008) described the importance of mentoring and noted that it often took place in their workplace, as the nurses they worked with were particularly encouraging and supportive. Similarly, Gardner (2005a) found that working minority Registered Nurses (RNs) who were asked to mentor minority students enacted this role by being "role models, friends, confidantes, and a support system" (p. 567). Cason et al. (2008) found that participants in their study stated a mentor or role model was a major factor in their academic success.

Strategies to address discrimination and bias. Abrums et al. (2010) addressed the problem of discrimination by teaching students about race, class, and privilege in health care. The students in their nursing program were required to write an autobiography, considering their own experiences with race, class, and privilege (Abrums et al., 2010). The students were then asked to write a paper applying those concepts to consider how they would care for others in

their nursing career (Abrums et al., 2010). Abrums et al. found that the students who completed this exercise showed progress in their understanding of discrimination and oppression in health care, but cautioned that growth in this area is lifelong.

Strategies to address cultural differences. Coleman (2008) suggested African American students themselves must be aware of how their cultural differences can impact their experiences in nursing programs with predominantly white faculty, staff, administrators, and students. Seeking support from both faculty and peers is an appropriate follow-up to this awareness (Coleman, 2008). Coleman (2008) also recommended that nursing schools provide programs to support white faculty to develop a better understanding of cultural differences and increase sensitivity. Gaffney (2000) described a teaching strategy that encouraged minority students to share their customs and values whenever a relevant topic was presented in class.

Strategies to address a lack of social support. A study by Sedgwick et al. (2014) which aimed to find out how minority nursing students experience belonging during clinical experiences, found that those who most influenced the sense of belonging were the RNs they worked with, their clinical nursing instructors, and their peer clinical groups. They found “feeling connected and part of the student clinical group was a vital component in the learning and socialization process” (Sedgwick, Oosterbroek, & Ponomar, 2014, p. 92). One suggestion for providing social support for students was to use a “buddy system”, pairing students to work together to provide patient care, while on the clinical area (Noone, 2008). Belonging to ethnic nursing associations and being supported by faculty and peers were also identified by nursing students as important factors in their success (Amaro, Abriam-Yago, & Yoder, 2006).

Strategies to provide support for demands of family. Families of minority nursing students in a study by Bond et al. (2008) demonstrated their support by sacrificing their own

needs in a variety of ways, including taking on responsibilities so the nursing student could study, or by providing child care and money. Cason et al. (2008) found that one of the most formidable sources of support for Hispanic students was family. B. C. Evans (2008) concluded “we must foster strong connections with families, a critical source of educational support and encouragement that affects educational persistence for minority students” (p. 216).

Summary. As Duerksen (2013) noted, the minority student is in the best position to identify what types of strategies are most beneficial for them. Although many minority students may benefit from the same types of interventions, the need for specific interventions may vary depending on the characteristics of the minority student population and variables related to the school. One method for discovering successful strategies is to ask the minority students themselves what has best facilitated their success.

Grit. While identifying barriers to success should help to drive strategies to promote success, not all students will take advantage of these opportunities or succeed even if they do use these strategies. It has been recognized there are innate variables in students which help them to persevere in the face of obstacles (Duckworth, Peterson, Matthews, & Kelly, 2007). Pappano (2013) maintained that academic outcomes are related to how students conceive their abilities in relation to the task ahead of them. Some students will set long-term goals for themselves and continue to pursue them even when they encounter difficulties and fail to receive positive feedback from others (Duckworth, 2016; Duckworth et al., 2007). Duckworth, Peterson, Matthews, and Kelly (2007) described these individuals as “gritty” and defined grit as “perseverance and passion for long-term goals” (p. 1087). Stoltz (2014) wrote that, “Without (grit) nothing happens. Greatness suffocates. Dreams die. With it, nearly anything is possible... Ultimately, our individual and collective fates irrefutably rely upon grit” (p. 8). Understanding

the minority students' perceptions of their experiences in schools of nursing with predominantly white faculty, staff, administrators, and students would be incomplete without an understanding of what makes them continue to persist in following their goal of graduating from nursing school, even when they face obstacles that may seem insurmountable at the time. Ferrell and DeCrane (2016) emphasized we need "to help support minority student perseverance in nursing programs" (p. 39).

Problem Statement

The United States is experiencing an unprecedented increase in diversity (El Nasser & Overberg, 2011; Hansen & Beaver, 2012). Because of this, there is an increased need for nurses who can effectively care for patients from culturally and ethnically diverse backgrounds. The literature has shown that patients respond best to nurses who share their cultural and ethnic backgrounds and these nurses are also more likely to choose to serve these populations (Condon et al., 2013; Giddens, 2008; Healy, 2013; Kreuter et al., 2011; Rearden, 2012; The HHS Advisory Committee on Minority Health [ACMH], 2011; Wong et al., 2008). In fact, Condon et al. (2013) found that 86% of minority students who completed their program worked as nurses in medically underserved areas. Unfortunately, the number of minority nurses in the workforce does not mirror the population (ACMH, 2011; The Sullivan Commission, 2004). The importance of resolving this problem in order to benefit minority populations was acknowledged by the Institute of Medicine (IOM, 2010), which stated in a report that

diversity continues to be a challenge within the (nursing) profession. Greater racial and ethnic diversity among all health care providers leads to stronger relationships with patients in non-white communities, which are likely to grow as the U.S. population becomes increasingly diverse. (IOM, 2010, p. 4)

In order to best meet the needs of these diverse populations, more minority nursing students, those who come from culturally and ethnically diverse backgrounds, need to graduate from schools of nursing. However, there is a lower retention rate among minority nursing students (Duerksen, 2013). There is, therefore, a need to discover how to support minority students to be successful in nursing school. In order to discover how to best retain these students, it is necessary to first of all understand their experiences in schools of nursing with predominantly white faculty, staff, administrators, and students. A better understanding of the minority nursing students' experiences in nursing school, specifically the barriers they face, the strategies they find useful, and the role of grittiness (perseverance and passion) as they are challenged by those barriers, should result in the implementation of appropriate interventions to promote success in school. It is hoped that this success would increase the probability that minority students will graduate, pass the licensure examination, and enter the nursing workforce.

Deficiencies in the Literature

A roundtable discussion of the Diversity Council at a college of health sciences, consisting of leaders in diversity and education in a Midwestern community, debated the cause or causes of the continued higher attrition of minority nursing students and affirmed the need for more research into the question (personal communication, February 11, 2014). D. B. Evans (2013) declared there has been significantly less research directed to the problem of retaining minority nursing students than recruiting them. Condon et al. (2013) also identified the need for more research to discover “which components and interventions are most important and cost-effective to increase retention...for disadvantaged and ethnically diverse students” (p. 404). Similarly, Baker (2010) encouraged further research on strategies her study found to be effective in increasing retention of minority students. Rearden (2012) observed there is a scarcity of

research concerned with the perspectives of minority nursing students. More research incorporating the perspectives of the minority students themselves related to retention issues and strategies for success is needed to fill in these gaps.

In addition, a review of the literature showed that noncognitive variables have been increasingly related to academic success (Pappano, 2013; Perkins-Gough, 2013; Steiner-Adair, 2013). One of the tools available to measure these noncognitive variables, the “Grit Scale”, is of particular interest to many educators (Hoover, 2012). Although a survey of the literature found there were several academic articles describing the concept of grit and its relationship to success, there was only one reference to grit found in a search of nursing literature, and this was in the body of a dissertation. Further investigation of minority nursing students’ characteristics related to grit should provide additional insight into the experiences of these students in schools of nursing.

Purpose Statement

The purpose of this hermeneutic phenomenological qualitative study was to discover the lived experiences of minority nursing students who attend schools of nursing with predominantly white faculty, staff, administrators, and students in the Midwest. The study focused on those situations or factors (both positive and negative) which were most influential in their experiences, including characteristics related to “grit”, a measure of perseverance and passion when pursuing a goal (Duckworth et al., 2007; Duckworth & Quinn, 2009; Perkins-Gough, 2013). Ultimately, it is hoped this study will help colleges of nursing to anticipate those factors which may help to prevent high attrition and promote retention of minority students in nursing.

Research Questions

The study sought to answer the following central question: How do minority junior or senior year students describe their experiences in a college of nursing in the Midwest with predominantly white faculty, staff, administrators, and students, regarding the barriers they have faced, the strategies for success they have used, and their personal attributes related to grit?

In order to answer this question, the following subquestions were identified:

1. What barriers most negatively influence the experience of minority junior or senior year students who are enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest?
2. What strategies for success have most positively influenced the experience of minority junior or senior year students who are enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest?
3. How do minority junior or senior year students enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest describe themselves in regard to characteristics related to grit, using the Grit-S scale and a pictorial representation of their experience?

Nature of the Study

This study was phenomenological in design. Phenomenological research involves the study of people's lived experiences (Creswell, 2013). It is believed that this approach provided insight into several minority students' shared experiences of attending a nursing school where the students, faculty, administrators, and staff were predominantly white. It was expected that the students interviewed were conscious of these experiences, and descriptions of their experiences were derived from interviews with them.

Hermeneutical phenomenology involves an interpretation of the “texts” of life (Creswell, 2013), and it is this type of phenomenological research that was used. Interviews with minority nursing students from Midwestern colleges of nursing were conducted by the researcher. Students were asked what they had experienced in terms of being a minority nursing student on a campus with predominantly white faculty, staff, administrators, and students. Their perceptions of both positive (strategies for success) and negative (barriers to success) factors related to their experiences of this phenomenon were elicited. A checklist of barriers and strategies allowed students to select which were most applicable to their experiences. Students were asked to complete the Short Grit Scale (Grit-S) and discuss their responses as they related to their experiences in nursing school. Students were also asked to draw a description of their experiences in nursing school and explain their drawings.

Based on the interviews, responses to the Grit-S questionnaire, and the drawings, a description of the phenomenon of being a minority student in a school of nursing with predominantly white faculty, staff, administrators, and students was developed and interpreted. From these descriptions, a composite description, the essence of the experience, was extracted. The essence of their experiences led to a deeper understanding of the barriers and strategies for success that were relevant for the minority nursing students interviewed, as well as the perceived role of grit in persevering to graduation.

Theoretical Framework

The theoretical framework developed consists of four distinct elements. The first element is the nursing student who identifies as being non-white or Hispanic/Latino. The second element is the barriers to success the students perceive they face, and the third is strategies for success the minority students perceive as being helpful in overcoming those barriers. The fourth element is grit, the students’ passion and perseverance to pursue a long-term goal (Duckworth, 2016). These

four elements interact in that grit is an internal noncognitive trait that the minority nursing students possess in varying degrees, and which, along with strategies for success, helps these students to overcome perceived barriers in order to successfully graduate from nursing school.

Minority nursing student. The first element in the theoretical framework is the minority nursing student. This student was defined as a nursing student who self-identified as either Hispanic/Latino or non-white. This junior or senior student was enrolled in an associate degree or baccalaureate degree nursing program in the Midwest in which the percentage of white faculty, staff, administrators, and students was greater than the percentage of minority students. Both male and female students were invited to participate, and participants who were either immigrant or native to the United States were included. Participants may or may not have learned English as their first language.

Barriers to success. The second element is the perceived barriers to success the minority student faces in a nursing school or program with predominantly white staff, faculty, administrators, and students. It was these barriers this study sought to find. Based on the literature review, it was anticipated these barriers may have included such things as: academic barriers (Davis, Davis, & Williams, 2010; Duerksen, 2013; Gardner, 2005a); financial barriers (Bednarz et al., 2010; Wong et al., 2008); aspirational barriers (Gilchrist & Rector, 2007; Mingo, 2008); lack of commitment by the faculty and college (Gardner, 2005a; Gardner, 2005b; Strayhorn, 2014); language and communication barrier (Bednarz et al., 2010; Hansen & Beaver, 2012; Lewis, 2010; Ume-Nwagbo, 2012); lack of mentors, minority faculty, and role models (Cason et al., 2008; Gardner, 2005b); discrimination and bias (Abrums et al., 2010; Adeniran & Smith-Glasgow, 2010; Sedgwick et al., 2014); cultural differences (Cason et al., 2008; Coleman,

2008); lack of social support/isolation (Coleman, 2008; Gardner (2005b; Loftin et al., 2012); and family responsibilities (Bond et al., 2008; B. C. Evans, 2008).

Strategies for success. The third element to the framework is the perceived strategies for success. This includes those things the student identified as being helpful in assisting them to overcome the barriers to success they identified. Therefore, it was anticipated that strategies may have included interventions to address: academic support (Bednarz et al., 2010; Ferrell et al., 2016; Metcalf & Neubrander, 2016); financial support (Baker, 2010); addressing aspirational barriers (Georges, 2012; Kreuter et al., 2011; Mingo, 2008); institutional and faculty commitment (Duerksen, 2013; Wong et al., 2008); language and communication support (Amaro, Abriam-Yago, & Yoder, 2006; Hansen & Beaver, 2012); mentors, minority faculty, and role models (Bond et al., 2008; Cason et al., 2008); addressing discrimination and bias (Abrums et al., 2010); a college environment that shows appreciation and support for cultural differences (Coleman, 2008; Gaffney, 2000); social support (Amaro et al., Noone, 2008; Sedgwick et al., 2014); and supporting participants with family demands (Bond et al., 2008; Cason et al., 2008; B. C. Evans, 2008). These strategies may have been provided by the school of nursing the student attended, or the students may have sought them out independently of the college.

Grit. The fourth element of the conceptual framework is grit – the passion and perseverance to pursue a long-term goal. Noncognitive skills have been identified as essential characteristics of success, even surpassing intelligence (Duckworth et al., 2007; Duckworth & Quinn, 2009). Healey (2013) observed that “The successful (minority nursing) students were those who, despite a perception of a high level of barriers to success, were persistent, and used available resources such as tutoring, study groups, and ethnic nursing student associations” (p. 11). Duerksen (2013) also declared that the successful nursing students were those who were

able to maintain “high aspirations and goals, a sense of determination, perseverance and resiliency, a willingness to learn and change, and the ability to balance multiple stressors at one time...throughout the duration of a nursing program” (p. 5). The essence of these noncognitive skills has been incorporated in the concept of grit. Grit is a term used to describe passion and perseverance, noncognitive traits that studies have found to be a reliable predictor of success (Duckworth et al., 2007; Duckworth & Quinn, 2009; Goodwin & Miller, 2013; Hoover, 2012).

Essentially, “grit is the tendency to sustain interest in and effort toward very long-term goals” (University of Pennsylvania, 2014, p. 1). This made it an appropriate framework for considering the experiences of minority students in nursing school. While admission criteria for schools of nursing generally include minimum standards related to high school GPA, ACT or SAT scores, and other cognitive measures of success, they do not account for a student’s ability to persevere, to overcome perceived failures, or to be resilient when challenged by negative events. Success in schools of nursing requires years of sustained effort and is often punctuated with stressful negative events the student may or may not have anticipated. Steiner-Adair (2013) observed that stress can negatively affect the motivation and passion required to succeed. Grit is expressed as the students’ ability to work hard in spite of this stress and to stick to the long-term goals they are passionate about (Perkins-Gough, 2013). The Short Grit Scale (Grit-S) was developed to measure the traits of perseverance and passion toward pursuing these long-term goals (Duckworth & Quinn, 2009).

This study explored the perceived barriers faced by minority students and the strategies they perceived to be most effective in overcoming them. The students’ perceived qualities related to grit as they utilized strategies to overcome barriers was also examined. The interaction of these four concepts – minority student, barriers to success, strategies for success, and grit --

constitutes the theoretical framework of the study (see Figure 1).

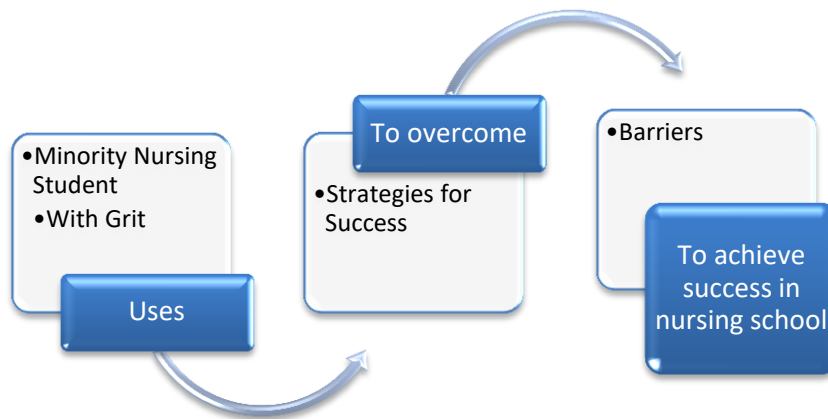


Figure 1. Proposed Koenigsmann's Model for Minority Students' Grit and Success in Response to Barriers Encountered in Nursing School

Definition of Terms

Barrier: “a law, rule, problem, etc. that makes something difficult or impossible” (Merriam-Webster, n.d.). In this study, a factor that makes it difficult for minority students to successfully complete their nursing school education.

Grit: “trait-level perseverance and passion for long-term goals”; Measured by the Grit-S scale in this study (Duckworth & Quinn, 2009, p. 166).

Minority students: in this study, either Hispanic/Latino or non-white junior or senior year students enrolled in a nursing program in the Midwest that is made up of predominantly white faculty, staff, administrators, and students. The students in this study will be juniors or seniors and may be male or female. These students may or may not speak English as their first language, and may be immigrants or native to the United States.

Nursing programs: in this study, associate degree or baccalaureate degree schools of nursing in the Midwest.

Strategy for success: a strategy is “a careful plan or method for achieving a particular goal, usually over a long period of time” (Merriam-Webster, 2014). In this study, a strategy for success refers to a plan, policy, or approach used by the student, the faculty, or the college to promote the academic success of minority students.

Nursing school/program with predominantly white faculty, staff, administrators, and students: in this study, a nursing school or campus in which the percentage of white faculty, staff, administrators, and students is greater than the percentage of minority students.

Assumptions

It was assumed that the students being interviewed shared their experiences honestly with the interviewer. It was also assumed that the experiences of the minority students were unique and distinct from the experiences of the white students in nursing schools. A third assumption was that, regardless of ethnic or cultural background or gender, minority students would share some commonalities in their experiences in nursing schools with predominantly white faculty, staff, administrators, and students.

Intentionality of consciousness is an essential aspect of phenomenology (Creswell, 2013). For this study, it was assumed that the minority students had a conscious awareness of their experience in a school of nursing primarily made up of white faculty, staff, administrators, and students. It was also assumed that they were consciously aware of the barriers they had faced and of strategies that they had used to overcome those barriers. Although they may not have been consciously aware of the concept of grit, it was assumed that the students were consciously aware of ways in which they had persevered over challenges in their education, that they would be able to complete the short Grit-S tool, and that they would be able to draw a pictorial representation of concepts related to barriers, strategies for success, and their own perseverance and passion in pursuing a degree in nursing.

Scope, Limitations, and Delimitations

Scope. The scope of the project involved interviewing and surveying persons who were minority students in a nursing school environment with primarily white students, faculty, and staff. The data was expected to contribute to information related to the lived experiences of minority students in schools of nursing with predominantly white faculty, staff, administrators, and students, positive and negative factors (strategies for success and barriers to success) in that experience, and self-identified characteristics related to the concept of grit. The interviews and surveys took place with minority students from three colleges in the Midwest.

Limitations. One limitation was that the Grit-S instrument, which was used to measure student levels of grit, relies on self-report. A second limitation was that respondents were asked to recall experiences, and recollection is not always accurate. Another limitation was that the minority students who agreed to participate in the study may not have been typical of all minority students in schools of nursing, and therefore the results may not be generalizable. Researcher bias was also a limitation. The researcher had, and still has, the perspective of a white, middle-class female who attended nursing school with a population made up primarily of other white, middle-class females.

Delimitations. Delimitations include the fact that all data collection was completed in a limited geographical area in the Midwest. The population of minority students included Hispanic/Latino and non-white students. The unique differences in the life experiences of those from different ethnic and cultural backgrounds were not explored. Also, students were included whether or not they spoke English as an additional language. It is recognized that this variable may have made a significant difference in the lived experiences of minority students; however, those differences were not explored in this study.

Significance of the Study

Increasing the proportion of minority nurses so that it more closely resembles the increasingly diverse population in the United States is important in order to lessen the disparity in health care outcomes for minority populations (ACMH, 2011; IOM, 2010). Increasing recruitment of minority students contributes to the solution, but more importantly, the minority students who are recruited must be successful if they are to contribute to creating a positive health care experience for the increasingly diverse public. Unfortunately, minority nursing students have a significantly higher attrition rate than do white students (Cantwell, Napierkowski, Gundersen, and Naqvi, 2015; Ume-Nwagbo, 2012) (. Baker (2010) observed that graduation rates have not improved for minority students, even though researchers have focused on minority student retention for many years. Baker (2010) summarized the importance of this topic, stating:

In light of current nursing shortages, lack of diversity in the nursing workforce, and high costs of academic preparation, minority student retention remains a priority for nursing programs...The success of greater numbers of minority nursing students will influence health care in the future. (p. 220)

Summary

Overall, research which leads to a deeper understanding of the lived experiences of minority nursing students who attend schools of nursing with predominantly white faculty, staff, administrators, and students is important because “initiatives focusing on increasing ethnic and cultural diversity of healthcare workers are of high priority” (Veal, Bull, & Miller, 2012, p. 100). These initiatives, which include decreasing attrition of minority students, will be most effective if they are targeted toward the needs of these students. Increased insight into these needs can

often best be determined through listening to the students themselves. The intent of this study was to listen to minority nursing students as they described their lived experiences in schools of nursing with predominantly white faculty, staff, administrators, and students. It was hoped the themes extracted from these interviews increased the understanding of factors which negatively and positively impacted the experiences of these students, and may be generalizable to the larger population of minority nursing students. It was also hoped themes related to the concept of grit would be discovered. Ultimately, understanding the experiences of these students should provide insight into strategies which may be used to promote successful entrance of minority students into the nursing workforce.

Chapter II: LITERATURE REVIEW

A review of the literature was conducted to discover what is known about the minority nursing student experience. This review encompassed a variety of topics, including a history of minorities in nursing, reasons for recruiting and retaining minority nursing students, barriers to success for minority nursing students, and strategies to promote their success. A review of the literature related to grit, a concept designed to describe an individual's passion and perseverance in accomplishing long-term goals, was also completed.

A History of Minorities in Nursing

Tuft (2005) declared that nurses in general have had a long history of being supporters of minority rights. She supported this statement by noting that as early as 1896 the mission of the American Nurses Association (ANA) included fostering high health care standards for people of all nationalities, races, creeds, and colors (Tuft, 2005). Far from being obsolete, this goal has become increasingly important. For example, in a groundbreaking report, The Sullivan Commission on Diversity in the Healthcare Workforce (2004) stressed the importance of increasing the diversity of U.S. health care providers in order to care most effectively for an increasingly diverse population. B. Evans (2004) noted that the commission was responding to a 2003 Institute of Medicine report on health disparities between white and minority patients and determined that the problem was severe enough that there was an urgent need to improve the cultural sensitivity of all health care workers. It is understood, however, that health care workers who share the cultural or ethnic background of their patients are generally the most cultural sensitive (Ume-Nwagbo, 2012). The changing demographics in the United States have made an appropriate response to these findings even more crucial (Graham, Phillips, Newman, & Atz, 2016). The nursing profession's 1896 mission has not yet been fulfilled.

Efforts to recruit nursing students from underrepresented populations began as early as 1951 when African American nurses were officially integrated into the ANA (Brush, 1999). Unfortunately, these nursing students were still segregated in that they worked and studied in black hospitals and black training programs (Brush, 1999). The inclusion of African Americans into white schools of nursing happened very slowly. Of 1,200 schools of nursing in the 1950s, Brush (1999) observed that only 29 accepted “Negro” students. In 1956, after the U.S. Supreme Court declared school segregation illegal, 721 schools of nursing accepted students who were black (Brush, 1999).

Limited opportunities for minority nurses were associated with limited recruitment of them. A statement from the Intergroup Relations Program Committee, which was organized in 1950 to eliminate racial and religious discrimination in the recruitment and employment of nurses, issued this statement in 1955:

Employment and upgrading of minority group nurses to positions in nursing service and nursing education for which they are qualified are still infrequent with respect to minority recruitment and employment. Many schools of nursing which state they accept qualified minority group applicants have no minority students enrolled; a fact which may be because no minority group member wished to apply to the school of nursing. (Brush, 1999, p. 177)

Mancino (2005) cited statistics which show that in 1950, 3.5% of nurses were black, and in 1963, 2.7% of students enrolled in nursing schools were black. The National Association of Colored Graduate Nurses organization disbanded in 1950, and to its credit, the ANA made an effort to take in its functions (Lowe & Archibald, 2009). In 1964-1965, it was noted in a

Surgeon General's report that "men, married women, older women, and members of certain racial groups, particularly blacks, are not accepted by all schools" (Mancino, 2005, p. 66).

Mancino (2005) suggested that the Vietnam War and Civil Rights Movement were the two main issues defining the 1960s. He believed these two social conditions came together to result in an interest in recruiting qualified students to nursing who had previously been overlooked (Mancino, 2005). Tuft (2005) observed that social awareness was strong in the 1960s, and with the advent of legislation such as *Brown vs. Board of Education* in 1954, the integration of public schools was introduced. There was increased pressure for making progress in Civil Rights (Tuft, 2005). According to Brush (1999), legislation that positively impacted the integration of African American nurses was the Civil Rights Act of 1964, the Voting Rights Act of 1965, and the Fair Housing Act of 1968.

Tuft (2005) pointed out that the pressure related to civil rights in the 1960s was consistent with a theme seen across the country. People began to recognize that minority students had been underrepresented in nursing for a long time (Tuft, 2005). Tuft stated that many college students wanted to right the wrongs of past racial segregation and discrimination. According to Mancino (2005), the National Student Nurses Association (NSNA) was in a good position to be on the frontline of social consciousness. The NSNA's position was that "nursing schools should be more open and accessible to all" (Tuft, 2005, p. 50).

Tuft (2005) believed students of the time often felt that improving conditions for all people in America was as important as their own education. Members of the NSNA were committed to increasing the number of minority nursing students in order to make the profession of nursing more diverse (Tuft, 2005). Change still occurred slowly, however. Brush (1999) stated, "although legal intervention, the law of supply and demand, and the maldistribution of

nurses in the 1950s and 1960s shook the foundations of nursing's segregation, education and practice opportunities for minority nurses remained low" (p. 177).

The NSNA Nursing Recruitment Committee developed a program in 1964 to promote the recruitment of minorities into the profession, making the recruitment of minorities a national project (Barnes, 2005; Mancino, 2005). This program, Breakthrough to Nursing, was established specifically to set guidelines for minority recruitment (Barnes, 2005). These efforts began in 1965 with the setting of a goal to enroll at least 15 minority students in targeted nursing schools in Pittsburgh, Omaha, and Minneapolis (Barnes, 2005; Tuft, 2005). All three of these schools exceeded these goals, and more target cities were added in succeeding years (Barnes, 2005). One interesting memory that Barnes (2005) shared was "the irony of being in Boston in the middle of a race riot as we, an interracial group of 150 student nurses, staff and professionals, met peacefully at one of the universities!" (p. 73).

The goal of Breakthrough to Nursing was not only to increase the number of minority recruits to nursing school but also to increase the number of minority students who graduated from their nursing programs (Moore, 2005). Mancino (2005) noted one of the approaches included having NSNA members serve as tutors for black students in elementary and secondary schools (Mancino, 2005). These NSNA members met recruited candidates face to face and helped the candidates talk through the various challenges they would likely face in nursing school (Moore, 2005). Moore (2005) also noted that they helped the candidates to take the right courses and supported them if they had academic difficulties. Funding was provided through the Department of Health, Education, and Welfare to help provide the tutoring needed to assist these minority students to be successful (Tuft, 2005). Through interventions such as these, Mancino

noted, the NSNA members themselves benefited by being exposed to the inequities of American society. At the same time, they were participating in the solution (Mancino, 2005).

Change continued to occur slowly. In 1972, the National Black Nurses' Association was organized as the result of dissatisfaction with the limited work and educational opportunities available for black nurses (Brush, 1999). Brush (1999) reported that in 1997, the Breakthrough for Nursing program state presidents made a commitment to their associations to continue with the program even in the absence of federal funding. This demonstrated a continued concern by the nursing profession to encourage minorities to become nurses (Brush, 1999). In 1986, the ANA shared, for the first time, its intention to build up programs in nursing which were related to cultural diversity (Lowe & Archibald, 2009).

In 1995, the Nursing Relief Act addressed the question of recruiting foreign nurses to address staffing shortages (Brush, 1999). Some expressed a belief that hiring foreign nurses was more costly and less effective than developing and retaining the "minority talent" available in the United States (Brush, 1999). Brush (1999) stated that:

the broad exclusion of African Americans in nursing is linked to larger social, cultural, economic, and political forces that segregate...African American nurses to practices in certain areas with certain clientele...If nursing is committed to diversifying its workforce, it must strive toward minority inclusion at all levels and in all places. (p. 179)

In 1997, the United States Department of Health and Human Services Division of Nursing Leadership Invitational Congress focused on caring for the underserved populations in the United States (Lowe & Archibald, 2009). In fact, the purpose of the congress itself was to "enhance racial and ethnic diversity and cultural competency in the nursing workforce" (Lowe & Archibald, 2009, p. 13). B. C. Evans (2005) noted that in 1998 the Nurse Education and Practice

Improvement Act focused specifically on methods to promote success for students of color. According to B. C. Evans (2005), these included pre-entry preparation, retention activities, scholarships, and stipends. Other efforts to promote recruitment and retention included provision of part-time curricula; minority nurse mentors; summer enrichment or bridge programs; funding for additional faculty; faculty mentors and tutors; and enhancement of reading, critical thinking, study skills, and coping skills (B. C. Evans, 2005).

In 2004, the U.S. Census Bureau information stated only 11.6% of registered nurses were racially or ethnically diverse (Lowe & Archibald, 2009). According to J. Lowe and Archibald (2009) this data does not vary significantly with data from the 1970s. In fact, more recent data shows that nineteen percent of nurses come from minority backgrounds, while 83% are Caucasian (AACN, 2014a). Only nine percent of the minority nurses are black, Hispanic/Latino, or American Indian (Dixon, 2014).

Although the increase in minority populations, and the resultant need for nurses from these populations, may seem to be a relatively new phenomenon, Brush predicted in 1999 that recruitment and retention of minority nurses was inadequate to meet the needs of an increasingly diverse U.S. population. Brush (1999) seemed prophetic in asserting, in 1999, that the effect of this underrepresentation of minorities in nursing would result in higher morbidity and mortality rates in minority populations. These health care disparities constitute one of the reasons for increasing the percentage of minority nursing students and nurses (Ferrell et al., 2016).

Reasons for Retention of Minority Nursing Students

There are several reasons for increasing the diversity of student nurses. One is the changing demographics of our nation, and the resulting need to provide a culturally and linguistically competent nursing workforce to address existing racial and ethnic disparities in

health care. Additionally, it is prudent for the nursing profession to take advantage of the talent that exists in members of minority populations. Recruiting nurses from the minority population should help alleviate the nursing shortage. It is also important to provide minority students with the opportunity to benefit from their role in the nursing profession, and for the profession to benefit from the contributions of minority nurses.

Changing demographics. The U.S. demographic served by nurses is changing significantly in that it is becoming increasingly diverse (AACN, 2014a; Labun, 2002; Nnedu, 2009; Parran, 2004). In fact, Cooper (2012) explained that the United States will soon become a “plurality nation”, meaning that no racial or ethnic group will be in the majority. This means that it is expected that a majority of the population of the United States will consist of non-white, or Hispanic/Latino, racial and ethnic groups, and it is anticipated this will occur in the latter part of this century (Dixon, 2014). Cooper (2012) explained that because the majority of children under age 18 will not constitute any single racial or ethnic group by the end of this decade, the word “minority” as it is used today will no longer be applicable. Further, it is anticipated there will be no majority group of any age by the year 2043 (Cooper, 2012). Specifically, the Hispanic/Latino and Asian populations are expected to double, and the black population is estimated to increase slightly in percentage (Cooper, 2012). Gonzalez, Gooden, and Porter (2000) took note of the increased diversity in the United States and claimed this growing diversity has “strong implications” for health care delivery (p. 56).

Ume-Nwagbo (2012) pointed out that even with this projected demographic shift in the U.S. population, minority groups continue to be underrepresented in the nursing profession. In fact, the percentage of nurses representing minority groups actually decreased from 2000 to 2004 (Milone-Nuzzo, 2007). African Americans, Hispanic/Latinos, and Native Americans are among

these underrepresented groups (Lowe, 2005). For example, Gordon and Copes (2010) noted that African Americans make up about 13 percent of the population of the United States, but only 4.9% of the Registered Nurse (RN) workforce. The Hispanic/Latino population is significantly underrepresented in schools of nursing (Kaufman, 2011; Rivera-Goba & Campinha-Bacote, 2008). While the percentage of the U.S. population was about 16 percent Hispanic/Latino in 2010, only about 7.6% of associate degree nursing students were Hispanic/Latino (Kaufman, 2011). According to Kaufman (2011), the percentage of Hispanic/Latino students became even less as statistics for Bachelor of Science in Nursing (BSN) programs and graduate nursing programs were examined. This statistic is even more troubling when considering the Hispanic/Latino population is projected to account for over 30 percent of the U.S. population by 2050 (Kaufman, 2011).

An important strategy for eliminating health disparities in minority populations is to increase the number of minority health care providers (Qaabidh, Wesley, Gulstone, & George-Jackson, 2011; U.S. Department of Health and Human Services *Action Plan to Reduce Racial and Ethnic Health Disparities*, 2011;). However, predictions of increases in minority nurses based on current rates of growth do not forecast numbers that are even close to those needed to accurately represent the projected minority population (Rivera-Goba & Campinha-Bacote, 2008). This is the challenge that lies before schools of nursing.

Globalization and demographics served. Globalization, “the increasing interconnectedness and interdependence of people and countries...has resulted in massive... social and cultural change” (Thompson et al., 2014). Therefore, globalization has, and will continue to have, an effect on the population served by U.S. nurses. Borders have become increasingly open and people travel much more freely between countries than they did in the

past. Xu and Davidhizar (2005) noted the United States is the most popular destination for students studying abroad. Globalization also opens the borders to such people as tourists, employers and employees, and missionaries from other countries, who may enter the United States temporarily or for long-term stays. Because cultural beliefs and values impact the delivery of health care, health care providers may find themselves in the position of needing to adapt their care more often in response to this influx of people from a variety of cultural backgrounds. These people and their families have unique health care needs and preferences and may require care during their time in the United States. Conversely, nurses educated in the U. S. may desire to practice nursing internationally and will need the cultural competence to do so effectively.

The shift in demographics, coupled with globalization, will increase the potential for intercultural encounters in nursing education and the practice of nursing (Xu & Davidhizar, 2005). Cultural differences impact the efficacy of this care. Gordon and Copes (2010) stated it is this changing demographic that “put a spotlight on the lack of diversification within the nursing profession” (p. 11). According to Seago and Spetz (2005), it is important to close this gap between the minorities and whites represented in nursing schools so that student nurse graduates will more closely mirror the population distribution. Once this gap is closed, the resultant greater diversity in nursing will be especially critical in the United States, where currently a multicultural population is cared for by a nurse population that is over 88 percent white (AACN, 2014a, Hart, 2005; Shaw & Degazon, 2008).

Culturally competent workforce. As early as 1991, the ANA recognized that nurses need to have knowledge and skills related to cultural diversity in order to provide care effectively to the changing demographic (ANA, 1991). The ANA (1991) defined these areas as including how cultural groups understand life processes, define health and illness, maintain wellness, how

they believe illness is caused, how they cure and care for members of their cultural group, and how the cultural background of the nurse influences the way in which health care is delivered (ANA, 1991). More current literature refers to this knowledge and these skills as cultural competence. The multifaceted aspects of cultural competence were summarized by V. W. Wilson, Andrews, and Leners (2006) as:

a complex integration of knowledge, attitudes, behaviors, customs, skills, policies and resources that enhance cross-cultural communication, effective interactions with others, and the provision of health care that is congruent with the beliefs and practice of people from diverse backgrounds. (p. 17)

It was not only the ANA that appreciated the importance of cultural competence decades ago. Davidhizar, Dowd, and Giger (1998) observed that The Pew Commission equated culturally competent care with quality care, and that the Joint Commission on the Accreditation of Healthcare Organizations included culturally competent care in its accreditation guidelines. The literature still asserts that good treatment includes understanding the cultural backgrounds of individuals and treating those individuals appropriately and respectfully (Domenig, 2004; Strunk, Townsend-Rocchiccioli, & Sanford, 2013). To do so benefits not only individual clients, but expands to benefit all clients seeking care (Domenig, 2004).

Nurses bring their own cultural heritage into the health care setting (ANA, 1991). If this cultural heritage does not include an understanding of the heritage of the patient, problems may result. In the summary of their position statement for increasing cultural diversity in nursing practice, the ANA (1991) noted that ethnocentric approaches to providing nursing care will result in ineffective nursing practice. Boutain (2005) maintained that when individuals promote Western health care values as superior, a conflict with differing health care values may occur.

J. Lowe and Archibald (2009) described the often difficult process that the non-Western client must negotiate to ensure their beliefs and practices are promoted along with the beliefs and practices of the Western practitioners who are treating them.

The experts in providing care to minority populations are those who have lived in and with those minority populations. However, because nursing as a profession does not include representative numbers from these populations, it is unable to most effectively provide health services to minority clients (Gonzalez et al., 2000). Zajac (2011) observed that because minority nurses are in a position to be especially cognizant of what comprises culturally sensitive and competent care, it is essential that a culturally diverse health care workforce exists to meet the needs of minority populations. While describing the benefits of having migrant staff working with migrant patients, De Geest, Madigan, and Bischoff (2004) asserted “patients...benefit from treatment that takes better account of their situation and general context and from more flexible, more adapted treatment that is appropriate for their individual way of life and has regard for their personal and social suffering” (p. 215). Zuzelo (2005) also stated that nursing students who come from lower socioeconomic levels bring a better understanding of the issues and concerns facing health care consumers from comparable backgrounds. Similarly, Ume-Nwagbo (2012) asserted one of the reasons the profession needs to increase its diversity is that members of these minority groups need and want “more culturally satisfying health care services” (p. 262). Thus, it is understood that an increase in diversity in the nursing profession is positively associated with culturally competent care.

When there is a lack of diversity, nurses who are not familiar with the cultures of their patients may be frustrated in providing care. Spence (2005) observed that nurses feel “difference means difficulty” because they cannot rely on the assumptions they use in more familiar

situations. She believed that cultural differences are problematic because of the challenges related to communication and mores (Spence, 2005). Spence explained that prejudice can refer to both positive and negative “preunderstandings” about a people or culture. One can assume that, whether positive or negative, these preunderstandings may be inaccurate. It is evident that the whole idea of practicing without prejudice and sharing a worldview can best be facilitated by providing a health care provider who shares the culture of the person for whom they are caring. This is more likely to result in culturally safe practice.

According to Spence (2005), cultural safety is influenced by power relationships and people’s rights and is measured by how the recipient of health care perceives their health care experience. Mingo (2008) noted that when health care providers do not understand the cultural implications affecting the lifestyle practices of minority populations, then it is less likely the patients from those minority populations will accept or comply with their recommendations. On the other hand, Gordon and Copes (2010) observed that patients cared for by minority nurses from their own communities were more compliant and trusting. Consumers of health care, according to Davidhizar et al. (1998), have indicated a preference for culturally and ethnically congruent health care. One could conclude from this that minority populations may not feel culturally safe in situations where their health care is being provided by those outside of their culture. They may feel disempowered and they may feel that their rights to such things as self-determination and choice are being ignored. Providing health care workers from the minority communities should result in more effective care for minority patients. Two illustrations of this were provided by Giarratano, Bustamante, and Carter (2005).

Giarratano et al. (2005) noted that minority women faced barriers preventing their access to basic screening services. As a result, at the time this study was undertaken, mortality rates

from breast cancer were 1.3 times higher in African American women than in white women, and Hispanic/Latinas had a 40% higher mortality rate from cervical cancer than white women (Giarratano et al., 2005). It was thought this was because detection occurred much later in the disease for these clients, at which time treatment is less effective (Giarratano et al., 2005). Giarratano et al. explained that one of the reasons African American women did not use basic screening services was because they mistrusted the health care system.

Giarratano et al. (2005) described a project wherein culturally congruent community lay health educators (CLHEs) delivered their message about cancer screening to African American women in the spiritual context of the African American church. Women educators “witnessed” about their experiences with cancer and delivered a message of prevention (Giarratano et al., 2005). Giarratano et al. explained that when the women agreed to be screened, at least two CLHEs were with them at their screenings to provide support and comfort in addition to education. Follow-up and case management was provided by an African American case manager (Giarratano et al., 2005). Giarratano et al. reported the program was highly successful, with 1,895 women screened (exceeding the goal by almost 100%), and with follow-up phone calls indicating that 88% of the women were still doing monthly breast self-examinations a year later.

In a second example, bilingual and bicultural Hispanic/Latina CLHEs were recruited and trained to improve understanding of the issues and barriers of the Hispanic/Latina populations in New Orleans regarding cancer prevention (Giarratano et al., 2005). Giarratano et al. (2005) explained that in order to reach Hispanic/Latinas, the CLHEs targeted sites such as churches, soccer tournaments, and community events, in addition to using the Spanish media via radio and newspapers. Giarratano et al. noted that in this population, health care disparities were influenced by a lack of English skills and a mistrust of the health care system. Hispanic/Latinas may also

have a disadvantage in that their legal status may not qualify them to receive Medicaid services (Giarratano et al., 2005). According to Giarratano et al., the CLHEs were able to refer these women to private practitioners who were willing to provide health care to illegals. Giarratano et al. discovered that some important concepts for this population included expanding partnerships and teaching from woman to woman. Expanded partnerships referred to the fact that male partners wanted to learn about cervical and breast cancer, too – an outcome which surprised the researchers (Giarratano et al., 2005). Giarratano et al. believed that this interest on the part of the women's male partners may have helped her break through some of the social barriers which may have prevented her from seeking medical help in the first place. This is because the Hispanic/Latina's family exerts great influence over her and her health care decisions (Giarratano et al., 2005). According to Giarratano et al., "the woman-to-woman relationship was the heart and soul of the outreach program" (p. 398). In this case, 1,494 women were screened and 90% reported they were performing self-breast exams a year later (Giarratano et al., 2005).

In the same way, Kim, Flaskerud, Koniak-Griffin, and Dixon (2005) promoted the health of Hispanic/Latino community members by training lay health advisors from the community to provide health education classes. Kim et al. purported that "As members of their own community and culture, lay health advisors are intimately aware of their community's history, strengths, and challenges; have intricate social networks in place; and are well positioned to provide culturally competent care" (p. 200). Thus, the lay health advisors are a more "natural link" between their community and the health care system primarily administered by the white majority in the United States (Kim, Flaskerud, Koniak-Griffin, & Dixon, 2005, p. 200).

These examples tangibly illustrate the benefits of minority groups as providers of care for their own communities. These providers knew where to offer care, how to offer it, and were

aware of the special concerns and needs of these populations. These results highlight the importance of having a culturally competent, diverse nursing workforce.

Hern, Vaughn, Mason, and Weitkamp (2005) discovered that at least a two-week cultural exchange is needed for gaining sensitivity to another culture. It should be considered that minority students who have had a lifetime of lived experience would provide even more sensitivity to another culture. Therefore, if the profession brings in more nurses from more cultural backgrounds, there should be a better match with the cultural views and values of clients who are also from that culture. Bellack (2005) acknowledged that schools of nursing may choose to admit those students who are easier to teach and require fewer resources over those, such as minority students, who may require more of the faculty's time, effort, and resources. Bellack asked that all nurse educators take responsibility for making sure the admissions selection processes and financial aid award practices help to achieve a culturally diverse workforce. She stated these steps are needed to improve diversity in the workforce because "the profession's ability to care for a growing multicultural and multilingual society is at stake" (Bellack, 2005, p. 200). In any case, as Seago and Spetz (2005) challenged, "These issues must be addressed...nurses and the profession itself must grow to include and understand the cultures, classes, genders, ethnicities, and ages of those for whom they provide care" (p. 561). There is no better way to do this than to facilitate the retention of those nursing students who come to programs from diverse cultures, classes, genders, ethnicities, and ages.

Nature of disease. Another issue calling for an increase in the number of culturally competent nurses is that the increasing diversity of the U.S. population has changed the nature and prevalence of various illnesses and diseases (Heller, Oros, & Durney-Crowley, 2013). Heller et al. (2013) asserted that these changes require modifications in practice that reflect diverse

values and beliefs regarding health care, and respect them. For example, globalization has resulted in an increased opportunity to spread disease from nation to nation (Heller et al., 2013). While this scenario is certainly not desired, it does provide an opportunity for nurses to learn from one another (Heller et al., 2013). A recent example can be found in the prevalence and distribution of Ebola. Before March, 2014, no more than 318 people had been infected by Ebola in any of the outbreaks, and the disease was most prevalent in Zaire, Uganda, Sudan, Gabon, and the Philippines, with only one area being affected at a time (Centers for Disease Control and Prevention [CDC], 2014). However, according to the CDC (2014), Ebola was diagnosed in 13,241 people in Guinea, Liberia, Sierra Leone, Mali, Spain, the U. S., Nigeria, and Senegal from March, 2014 to November, 2014. The spread of Ebola virus illustrates how the prevalence of international travel has increased the risk of being exposed to diseases that used to be contained in countries far from the United States. A free exchange of information and ideas between health care providers around the globe would best facilitate the containment and treatment of this and other diseases that we, as a country, have had little experience with. Another advantage of having more minority nurses is they may have a greater insight into the illnesses and diseases that are unique to their population (Heller et al., 2013). Ultimately, this sharing of knowledge would mean that any disease could be effectively treated in any nation.

Language competence. As the U.S. population becomes more diverse, nurses are increasingly faced with the challenge of caring for patients with limited English proficiency (LEP). According to Sumpter and Carthon (2011), one of the reasons that some student nurses may have difficulty caring effectively for minority populations is they have a lack of training and skill in cultural competency and in being linguistically competent in languages other than English. People with LEP appear to be especially vulnerable when it comes to health service

disparities (Pope, 2005; Strunk et al., 2013). The Sullivan Commission on Diversity in the Healthcare Workforce (2004) described the language barrier as “a critical issue” in health care.

Illustrating this, Dixon (2014) related that 20 percent of Americans do not speak English when they are at home. Krogstad and Gonzalez-Barrera of the Pew Commission (2015) recounted a 2013 survey of Latinos that found 73% of Hispanics speak Spanish when they are home, including those who are bilingual. These statistics show that a significant proportion of patients may be at risk as a result of communication difficulties.

Pope (2005) explained that language status can result in bias. Health care providers may come to conclusions about a patient’s intellectual ability or compliance based on the patient’s limited English proficiency, even if they do this unconsciously (Pope, 2005). In addition, difficulties associated with LEP include missing the subtleties of social interaction, discrepancies in models of thought, baseless assumptions, and lack of validation that patients understand the instructions given to them (Pope, 2005).

Studies show that Hispanic/Latino patients with LEP suffer from disparities in health care services (Pope, 2005; Strunk et al., 2013). The studies which supported this conclusion found that LEP Hispanic/Latina women and their families experienced less access to health care services, poorer care, and less satisfaction with health care services (Pope, 2005). Pope (2005) observed that postpartum LEP Hispanic/Latina women had higher rates of urinary tract infections, less family planning provisions, more contraceptive method failures, more unintended pregnancies, and higher rates of anemia and folate deficiency. Due in part to these findings, Pope concluded that “Health disparities thus make language access a clinical issue” (p. 514). Clearly, having a nurse who is comfortable in speaking the language of the client is a great asset and another reason to recruit and retain nursing students from underrepresented populations.

Reducing health care disparities. As noted previously, providing quality, culturally competent care to minority populations should decrease the health care disparities which currently exist between minority groups and predominantly white populations, both in terms of access and outcomes (Amaro et al., 2006; Carthon et al., 2014; Ferrell & DeCrane, 2016; Strunk et al., 2013; V. W. Wilson et al., 2006). Minority nurses are in a pivotal position to reduce these disparities. In fact, Nnedu (2009) cited health care disparities as the reason for increasing the recruitment and retention of minority nurses.

Health care disparity is expressed in patterns of morbidity and mortality in minority communities, with morbidity and mortality rates being higher in minority populations than they are for white communities (Gilchrist & Rector, 2007; Kim et al., 2005; Leonard, 2006; Ume-Nwagbo, 2012). Regrettably, as Lee, Fitzpatrick, and Baik (2013) discovered, advances in health science and medical technology over the past three decades have not eliminated health care disparities. After examining many studies, they found the quality of health care in the United States differed according to the patients' race or ethnicity, in addition to level of income, education, and their environment (Lee, Fitzpatrick, & Baik, 2013).

Substantiating this, Thacker (2005) noted Healthy People 2010 reported that, in nearly all health status indicators, certain racial groups and low-income communities lagged behind the majority U.S. population. The United States Department of Health and Human Services (HHS), Healthy People 2020 (2011), continued to assert that one of its primary objectives is to focus on health care disparities and promote health equity. Health equity, according to the HHS, Healthy People 2020 is:

the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address

avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (p. 1)

Based on this, HHS, Healthy People 2020 has articulated a new and ambitious goal, which is “to achieve health equity, eliminate disparities, and improve the health of all groups” (p. 1). It is expected that increasing the number of minority nurses will lead to increasing culturally competent care and access to health care for minority populations, which should promote health equity.

While culturally competent care should result in similar outcomes for all populations, Gonzalez et al. (2000) concluded that segregation, disparate treatment, and racism contribute to the epidemiologic gap that exists between minorities and whites. They also surmised this negative result was related to the underrepresentation of minorities in the health professions (Gonzalez et al., 2000). Confirming this, Zajac (2011) found that patients who are cared for by health care workers who share their ethnic background have better outcomes. This is also supported by the findings of Gornick (2002), who stated, “there is also a consensus that biological, genetic, and health status differences account for very little of the persistent disparities by race in health care” (p. 52). This finding substantiates the possibility that health care disparities may be a result of the health care delivery system and its health care providers.

Decreased access to health care contributes to health care disparities (Strunk et al., 2013). Discomfort with unfamiliar and conflicting health care beliefs results in the decreased likelihood that minority populations will seek out health care (Strunk et al., 2013). Not surprisingly, then, studies have shown that patients from minority backgrounds are more likely to use health care services when they are available from health care providers who share their ethnic or racial background (Giddens, 2008; Gilchrist & Rector, 2007). Health care recipients from these

populations also reported being more satisfied with the health care that they received from these nurses (Giddens, 2008). Sumpter and Carthon (2011) noted the “enduring health disparities among many racial and ethnic minorities”, and purported that the lack of minority health care providers was one of the sources of the disparity (p. 43).

Access to health care is also facilitated when there is an increase in minority nurses because health care professionals who are ethnically diverse are more likely to provide care to underserved populations in culturally diverse settings (Davidhizar et al., 1998; Edwards et al., 2009; Ferrell et al., 2016; Giddens, 2008; Gordon & Copes, 2010; Hill, Lawson, & Rhodes, 2008; Soroff, Rich, Rubin, Strickland, & Plotnick, 2002). The nursing shortage is projected to worsen (AACN, 2014c). Knowing that the shortage is exacerbated in areas populated by minorities, it would appear the minority population is in double jeopardy of having decreased access to health care. In light of this, Soroff, Rich, Rubin, Strickland, and Plotnick (2002) emphasized that the gap between the percentage of minorities in the nursing profession and the minorities in the general population is of serious concern.

Minority nurses, then, can help to decrease healthcare disparities both by offering quality, culturally competent care and by serving their underserved communities (Edwards et al., 2009; Hill et al., 2008). The nursing profession is faced with the challenge of providing these nurses. If the lack of minority health care providers is a source of health care disparity, then increasing the retention of minority nurses should help to enhance health care in a society that has become more culturally diverse (Nnedu, 2009).

Moore (2005) recalled that the Breakthrough to Nursing Project was begun by the NSNA because it was believed the health care problems of minorities would be best met by increasing the number of minority health care providers. The National Advisory Council on Nurse

Education and Practice (2001), in its report to the Secretary of Health and Human Services and the Congress, stated , “nurses from minority backgrounds are significant contributors to the provision of health care services, and leaders in the development of models of care that address the unique needs of racial/ethnic minority members of the country’s population” (p. 19).

Gonzalez et al. (2000) pointed out that although the U. S. has addressed disparities in education, employment, and housing, little attention has been paid to disparities in health care. They believed nursing needs to establish affirmative action policies to increase diversity in the profession (Gonzalez et al., 2000).

Thus, it is clear from the literature that there is a need to provide more minority nurses in order to give quality care to diverse populations and eliminate disparities in health care outcomes. While cultural competence can be taught to white nurses, minority nurses not only instinctively understand how to provide culturally competent care to people who share their cultural or ethnic background, but they are more likely to return to work in their underserved communities (Condon et al., 2013; Ferrell et al., 2016; Giddens, 2008; Healy, 2013; Kreuter et al., 2011; Rearden, 2012; The HHS Advisory Committee on Minority Health [ACMH], 2011; Wong et al., 2008).

Minority nurses also have unique understandings that are valuable to their white counterparts. Learning from each other, nurses from all backgrounds could better understand how to care for all patients with more cultural sensitivity. Regarding health care disparities, Heller et al. (2013) insisted that “nursing practice, education, and research must embrace and respond to...changing demographics” (p. 1). Not only should the number of minority nurses be increased, but cultural competency skills must be incorporated into the nursing curricula in order to address these disparities, according to Gonzalez et al. (2000). It should be noted that this

disparity is not limited to the U. S. According to Milio (2002), there is an urgent need to eliminate healthcare disparities in every country. Ideally, the nursing profession would be able to ensure that culturally competent nurses are available to care for all people.

Nursing shortage. More minority nurses are needed in order to help relieve the nursing shortage. “A significant nursing shortage exists today” according to Heller et al. (2013). In fact, Heller et al. believe the current shortage is “deeper...and probably more resistant to short-term economic strategies that have worked before” (p. 5). The nursing shortage is worldwide and persistent (Shaffer, 2014). This already existing nursing shortage has been exacerbated by the aging of the general population, the retirement of many members of the nursing workforce, and an expected increase in the number of insured individuals due to the implementation of the Affordable Care Act. As noted previously, the nursing shortage is international in scope, and an increase in the production of nurses by the United States, including minority nurses, could help to alleviate even this problem.

Aging population. The nursing shortage is made worse by the increasing age of the “baby boomers” (AACN, 2014c). Because these people were born between 1946 and 1964, Heller et al. (2013) reported that by 2020, the fastest growing age group will be composed of those who are 85 years of age and older. More than 20 percent of the population will be aged 65 and older (Heller et al., 2013). This aging population, according to Shaffer (2014), places “unprecedented demands on a nursing workforce that is already insufficient” (p. 1). Heller et al. (2013) concurred, noting that because many of these individuals also have chronic illnesses, it will be a challenge for the health care system to provide quality, continuing care. We need more nurses now, and will need even more in the future, in order to care for the elderly in our nation.

Retirement of nurses. Shaffer (2014) warned that caring for the increasingly elderly population is made more difficult because the demands are placed on an aging nursing workforce. Practicing nurses who are aging and retiring are not being replaced at the desired rate (Heller et al., 2013; Thacker, 2005). Thacker (2005) asserted that an integral part of the solution is to increase the numbers and diversity of health care workers. Nnedu (2009) concurred, citing “the graying of the current nursing workforce” (p. 94) as a reason to encourage the recruitment and retention of minorities in nursing. Fears (2010) noted that about 33% of the nursing workforce is aged 50 or older and 55% of these nurses plan on retiring in the next ten years. A shortage of about 300,000 nurses is anticipated in the future (Fears, 2010). The nursing profession cannot afford to overlook the potential supply of nurses from underrepresented minority groups in the United States.

Affordable Care Act. The Patient Protection and Affordable Care Act (PPACA) is expected to continue to affect the demand for nurses and, in fact, is anticipated to aggravate the nursing shortage. The ANA declared the passage of this Act would give “millions of people...greater protection against losing or being denied health insurance coverage, and better access to primary and preventive services” (ANA, 2014, p. 1). More precisely, Katz (2013) placed that figure at 41.3 million Americans in 2014. Already, The Affordable Care Act has decreased the number of uninsured nonelderly Americans by almost 13 million between 2013 and the end of 2015 (KFF, 2016). Katz explained that the expectation is for nurses to be one of the primary solutions to the shortage in the healthcare workforce resulting from this influx of newly insured citizens. Because of the shortage of physicians, nurse practitioners are expected to fill in this gap, leaving fewer registered nurses to work at the bedside (Katz, 2013). Hughes (2013) concluded this means there will be an insufficient supply of nurses to manage the work.

She further reported the projected nursing shortage will be 1.2 million by the year 2020 (Hughes, 2013).

Globalization and the nursing shortage. Globalization is another factor to take into consideration with the nursing shortage. A lack of nurses worldwide means that optimal health care for all people is threatened (Kulwicki, 2006; Thompson et al., 2014). This “ailing nursing workforce”, according to Kulwicki (2006), must be dealt with. Nurses are in a unique position to impact world health. They constitute the largest workforce in health care and are the “front-line” health care providers (Kulwicki, 2006). In addition, they are the most cost-effective health care workforce (Kulwicki, 2006).

Increasing the population of culturally competent nurses, including nurses who share racial and ethnic roots with other nations, would provide the opportunity to share these nurses with the world. Increasing the number of culturally competent nursing faculty, including minority faculty, would provide the opportunity to educate more nurses internationally. Even now, nursing students in other countries receive nursing education by way of distance learning or by traveling to countries such as the United States to complete their education (Thompson et al., 2014). Globalization, declared Thompson et al. (2014), may reshape nursing education worldwide.

Milio (2002) cautioned that globalization requires the nursing profession to adapt to another culture’s perspectives and methods for education. Part of the reshaping of education is to provide education to and from minority nurses who have insights into the potentially unfamiliar landscape of health beliefs and needs in a world of diverse people and cultures. To this end, nursing must enhance the recruitment and retention of nurses, including addressing inequities in nursing education (Kulwicki, 2006).

Providing opportunities. Another reason for recruiting and retaining nursing students from minority populations is to provide access to higher education, and ultimately a career, to disadvantaged students. As noted previously, Bellack (2005) stated the purpose of higher education is to “provide students of all kinds with real opportunities for social and economic mobility” (p. 200). Zuzelo (2005) believed the profession of nursing has an imperative to support disadvantaged students. She went so far as to say that education “guarantees” social mobility, and pointed out that helping students from low socioeconomic status levels become successful in the profession improves their lives (Zuzelo, 2005). Gilchrist and Rector (2007) agreed, describing the potential of providing a promising future for the graduating nursing student, and declaring it is the “duty” of nurse educators to support disadvantaged students (p. 279). As N. K. Lowe (2005) stressed, providing minority students with the opportunity to join the nursing profession “is the right thing to do” (p. 305).

Additional benefits. There are additional benefits to increasing the number of minorities in nursing education. N. K. Lowe (2005) asserted one of the tangible benefits of increasing diversity is that there is an improved quality of the educational experience for all of the students involved. Studies have shown that nursing students who have the opportunity to share their nursing school education with minority students give more culturally competent care to their patients and are more open to the perspectives of others (Gilchrist & Rector, 2007). Ideally, the classroom milieu would be enhanced through the sharing of a variety of viewpoints and life events. Milone-Nuzzo (2007) urged nursing educators to appreciate this aspect of having a multi-cultural classroom, stating, “we must be vigilant in making our schools of nursing settings in which individuals from diverse backgrounds feel supported, encouraged, and valued for the richness they bring to the academic environment” (p. 344).

Benefits also occur beyond the classroom. Noone (2008) and Boutain (2005) stressed that providing a workforce that better reflects the population it serves helps to advance social justice. For example, these nurses may become involved in advocating for environmental changes that promote healthier living in disadvantaged communities, or better access to healthcare for remote populations. They may also serve as role models for others who may have thought a career in health care was beyond their grasp.

Summary. “Breakthrough to Nursing” was initiated in 1964 to recruit minorities into the nursing profession, and was established by the NSNA’s Nursing Recruitment Committee as one effort to improve the nursing shortage (Barnes, 2005). When Breakthrough to Nursing began, some of the most severe shortages in nursing were in the inner cities where most of the minority population lived (Tuft, 2005). Soon there will be no “minority population”, and the United States will be a “plurality nation” (Cooper, 2012). It is important that the nursing profession is prepared to provide culturally competent care to this increasingly diverse population. Buerhaus, Donelan, Norman, and Dittus (2005) stated:

the future of nursing rests largely on the success of attracting more people into the nursing profession, the capacity of nursing education programs to take in and successfully educate all those who want to become nurses, and the ability of the profession to retain its workforce. (p. 82)

Consequently, recruiting and retaining nursing students from minority populations would not only diversify the nursing workforce but would increase the number of nurses prepared to provide quality health care to our nation. Furthermore, a government survey in 2008 found more than 40% of nursing faculty were between 50 and 59 years of age, with almost a fifth aged 60 years old or older (Thompson et al., 2014). The implication here is that nurses need to be

recruited from every race and ethnicity not only to increase the nursing workforce, but also to replace aging nursing faculty.

Zuzelo (2005) asserted that the two current priorities for the nursing profession are to add diversity to the nursing workforce and to increase the number of people choosing nursing as a career. Both of these priorities can be addressed with the recruitment and retention of nursing students from minority populations. In order to do this, though, attrition of minority nursing students must be decreased, and retention of these students to graduation must be the goal of schools of nursing. This is imperative if the number of minority nurses in the workforce is to reflect the diverse population in the United States today and the increasingly diverse population expected in the United States in the years to come. To promote retention and decrease attrition, it is necessary to understand what barriers are faced by minority students, what strategies have been found to be successful in overcoming these barriers, and how students tap into those qualities of grit – passion and perseverance – to succeed.

Barriers to Success

Minority nursing students face barriers, unique in type and/or degree, not encountered by those who belong to the majority racial and ethnic backgrounds in the United States. These barriers may result in high attrition of minority nursing students and the resultant underrepresentation of minority nurses (Ume-Nwagbo, 2012). Ume-Nwagbo (2012), found the literature attributed attrition of minority students to a “lack of minority faculty role models...language difficulties, lack of support from teachers, coping with insensitivity and discrimination, loneliness, and isolation...financial difficulties, poor educational preparation, and cultural differences” (p. 263). Amaro et al. (2006) described four categories of barriers: personal needs, academic needs, language needs, and cultural needs. They found that oftentimes, minority

students will encounter several barriers, and have a high level of need in each category (Amaro et al., 2006).

The urgency for graduating minority nursing students is based on two needs. One is the need to address the anticipated demand identified by the Bureau of Labor Statistics for one million new nurses by 2020 (AACN, 2014a). The second need, according to the AACN (2014a), is to have a culturally diverse nursing workforce in place in order to best provide the culturally competent patient care that will be required by an increasingly diverse U.S. population. The first step to meeting these needs is to examine the barriers to retention of minorities. Removing these barriers or supporting minority students to overcome them should result in their eventual entrance to the nursing profession.

Academic barriers. Academics has been identified as one of the barriers for students from underrepresented populations (Ferrell & DeCrane, 2016; Gardner, 2005a; Healey, 2013; Loftin et al., 2012; Mingo, 2008; Rearden, 2012). In fact, Amaro et al. (2006) discovered that, in their study, “all (minority) students identified academic needs” (p. 250). Ferrell and DeCrane (2016) asserted that when studying areas in which minority students needed support, “academic may be considered to be the most important” (p. 43). A lack of academic readiness was one of the most significant barriers for minority nursing students resulting in poorer preparation for success in college courses (Lewis, 2010; Soroff et al., 2002). Nnedu (2009) specifically identified poor math, science, reading, and writing preparation as barriers to the recruitment and retention of minority nursing students. Another of the reasons academic barriers are present in minority populations, according to Mingo (2008), is that academic pursuits are not usually encouraged in impoverished communities.

Zuzelo (2005) thought the lack of available Advanced Placement courses in some of the schools attended by students from low socioeconomic backgrounds deflates their high school grade points averages (GPAs). Additionally, performance on standardized tests may be lower because minority students are more likely to suffer from a lack of access to study materials and strategies (Zuzelo, 2005). In fact, according to Soroff et al. (2009), inadequate preparation for standardized tests may be one of the most significant barriers to entry into nursing schools in the first place.

According to Bellack (2005), however, GPAs and standardized test scores, areas in which non-white and low-income students tend to be at a disadvantage due to the disparities in academic preparation described above, do not always predict which students will be successful in nursing school. Thacker (2005) stated studies of white college students have found that the most reliable indicators of success are the high school GPA and achievement on standardized tests such as the American College Test Assessment (ACT) or Scholastic Aptitude Test (SAT). However, Thacker (2005) pointed out that different indicators were found for students of other cultural or ethnic backgrounds. For Mexican Americans, the indicators of success were the high school GPA, college coursework, and reading and math skills (Thacker, 2005). Indicators of success for African Americans were college coursework, reading test scores, mathematics skills, and study skills (Thacker, 2005). Thacker reported that for all ethnic groups the most valid predictor of success was the ability to achieve a passing score on reading and vocabulary tests.

Poor study habits combined with a heavy academic workload were also found to be specific academic barriers to retention for minority students (Igbo et al., 2011; Soroff et al., 2002). In addition to study skills, Mingo observed that such skills as critical thinking and time management may be lacking because of a poor elementary or high school environment for

minority students. Dower, McRee, Briggance, and O'Neil (2001) specifically described a bad primary school education as a barrier to diversity in nursing education for minorities in California. The belief that minority students have often had poor educational preparation was echoed by other researchers as well (Gardner, 2005b; Igbo et al., 2011; Ume-Nwagbo, 2012).

Because adequate preparation in basic academic skills is necessary for success in college, one approach to facilitate success might be to offer remediation to those students who lack these skills. However, according to Igbo et al. (2011), there is a lack of institutional support for necessary remediation. This lack of institutional support may be seen in the absence of such resources as tutoring, counseling, and mentoring (Nnedu, 2009). Even when such support is available, though, there may be barriers related to accessing those services. Ferrell et al. (2016) found that, although 84% of minority students they surveyed indicated they had access to tutoring services, only 32% took advantage of those services (p. 6). One reason students gave for this was that they had scheduling conflicts (Ferrell et al., 2016). This is an indication of how some barriers (such as financial and family responsibilities) can impact another barrier (academic). Even when minority students are academically prepared, they may still struggle with such things as multiple-choice exams (Gardner, 2005b). Deficiencies in test-taking skills make it difficult to accurately assess what the student has learned.

Curriculum. Academic barriers may be exacerbated by the lack of a culturally responsive curriculum (B. C. Evans, 2005). There is an underlying value of uniformity in nursing education which may not be responsive to the changes needed to educate a more diverse student population (Bednarz et al., 2010). This uniformity may be expressed in terms of a curriculum that is inflexible in terms of content, approach, and/or organization.

Giddens (2008) suggested there are several elements in higher education that are “out of synch with the contexts” of minority students (p. 80). In other words, the students are unfamiliar with the way in which teaching and learning occur in the higher education classroom in the United States, and are not prepared to be successful in this environment. According to Flinn (2004), most nursing curricula are based on the mainstream culture, which is “linear, sequential, time-oriented, individualistic, competitive, dualistic, with a dominance over nature” (p. 10). This cultural perspective is not always shared by the minority student. The incompatibility between the minority student’s cultural beliefs and the curriculum in which they are being taught can add to the difficulty in learning. Recruiting students into a curriculum that does not promote their success becomes an ethical question.

Another challenge for minority students regarding the nursing curriculum is that new technologies and pedagogy have influenced how courses are offered. One strategy that has become increasingly popular is the use of distance education. Barakzai and Fraser (2005) noted that with an increase in non-traditional students, there is also an increase in the offering of distance education coursework. One of the potential difficulties that Barakzai and Fraser identified for LEP students taking classes on-line is the use of vocabulary and context. Other cultures may use more nonverbal communication to convey meaning (high-context language), so the written language required for on-line courses may place students from these cultures at a disadvantage (Barakzai & Fraser, 2005). As far as vocabulary is concerned, Barakzai and Fraser noted that science and medical courses have a vocabulary of their own, which can be complex and confusing.

Assessment of student learning must also be considered when discussing curriculum. Barakzai and Fraser (2005) observed that postsecondary education typically expects students to

function at high levels on Bloom's taxonomy. The students are expected to go beyond the ability of knowing and comprehending information to analyzing, synthesizing, and evaluating that information (Barakzai & Fraser, 2005). This kind of abstract thinking can be particularly difficult for the LEP student who is trying to assimilate the large amounts of information being given to them quickly in English using medical terminology (Barakzai & Fraser, 2005).

In a study by Ferrell et al. (2016), "program organization" was identified as one of the reasons that graduation was delayed for the minority students surveyed (p. 6). The inference is that the curriculum was organized in such a way as to make it difficult for the minority nursing students who responded to progress through it "on schedule". Barakzai and Fraser (2005) believed no group of people should be disadvantaged by the way in which curricular content is delivered, and that it is futile to recruit students if we are not able to help them become successful.

Financial barriers. Financial barriers are often present for minority students (Dower, McRee, Briggance, & O'Neil, 2001; Ferrell & DeCrane, 2016; Nnedu, 2009; Ume-Nwagbo, 2012). O'Neal et al. (2016) found that stress experienced by Latino/a first-generation college students centered on the challenge of financing their education. The financial stress many minority students face is highlighted by the fact that students who come from low socioeconomic levels meet one of the criteria to be identified as disadvantaged by the federal government, while belonging to a minority culture is another criteria for being labeled as disadvantaged (Zuzelo, 2005). Thus, minority nursing students have been identified as disadvantaged by two criteria – financial status and ethnicity. Lack of finances can also have implications for academic success.

Financial barriers, Mingo (2008) purported, interfere with the types of experiences impoverished families are able to provide for their children. Access to money opens doors for travel, music lessons, trips to the zoo and museums and concerts, and other educational opportunities. Zuzelo (2005) believed disadvantaged students have not been given a comparable opportunity to learn and are not as academically prepared or psychologically ready for college as is a student with more economic advantages. Therefore, students who are economically disadvantaged may face more challenges in an educational environment. Those students who come from a minority background and a low socioeconomic level may be at an even greater risk for attrition. Currently, the AACN is advocating for more federal funding for grants which would increase the opportunities for individuals, particularly disadvantaged and underrepresented individuals, to go to nursing school (AACN, 2014a).

Funding, however, has been impacted by the recent economic downturn, according to Carthon, Nguyen, Chittams, Park, and Guevara (2014), who noted there has been a reduction in funding at some historically black colleges and universities. Additionally, difficult economic times can result in increased financial constraints for some minority students (Carthon et al., 2014). The rising cost of college tuition is also a factor (Ferrell & DeCrane, 2016). These things must be considered as having an impact on the graduation rates of minority students (Carthon et al., 2014; Ferrell & DeCrane, 2016; Ferrell et al., 2016).

Choi (2005) specifically reported that English as Second Language (ESL) students are more likely to be burdened with a lack of physical and financial resources to tend to their basic needs. Other studies have found that this burden is shared by minority students in general (Amaro et al., 2006; Cason et al., 2008; Loftin et al., 2012). When the cost of tuition is added to the cost of basic needs, the financial load may seem insurmountable. Many students find it is

necessary to work in order to provide for their families in addition to paying for at least a portion of their own education. Seventy-four percent of minority students surveyed by Ferrell et al. (2016) were employed while in school. This makes it more difficult to receive financial aid and to pass their courses (Cason et al., 2008; Loftin et al., 2012). Hispanic student nurses in one study identified the cost of their nursing education as the largest barrier to their success (Healey, 2013).

Unfortunately, college students who most need information about financial aid or scholarship programs often do not have access to this information (Cason et al., 2008; Loftin et al., 2012; Mingo, 2008). Loftin, Newman, Dumas, Gilden, and Bond (2012) explained that this was due to a lack of information provided to the students about opportunities to finance an education with scholarships or grants, rather than depending exclusively on loans. Another issue with financial aid is the reluctance by some to want to reveal their financial information to apply for financial aid (Cason et al., 2008). Even when the student applies for financial aid, though, it may not solve the problem of financial need. Bellack (2005) asserted that because market forces influence how an institution distributes financial aid, colleges are less likely to provide aid to disadvantaged students. Instead, they are awarding aid based on financial need to those students who have the best chance of graduation, those who have already demonstrated academic success (Bellack, 2005). The result, according to Bellack, is to deprive minority students of the opportunity to pursue a higher education.

Aspirational barriers. Mingo (2008) explained that aspirational barriers describe the students' feelings about whether or not they can accomplish a goal. If family members have never gone to college, or if there are no available mentors or role models from the student's culture who have graduated from college, it is less likely the minority nursing student will be

able to envision themselves as capable of completing their program of study (Mingo, 2008). Gilchrist and Rector (2007) emphasized that parental involvement in their student's education, as well as high aspirations for their children, are "highly predictive" of enrollment in a university (p. 279). One could conclude from this that parental involvement and high aspirations would also be predictive of student success.

Bond et al. (2008) found that Mexican-American nursing students felt their families did not expect them to be successful in college. B. C. Evans (2008) also discovered that because fewer parents of minority students had gone to college, these parents were unable to help guide their children through the college experience (B. C. Evans, 2008; Rearden, 2012). Families, then, can encourage or discourage academic success in their children.

Families are not the only group that can encourage the minority student to be successful in school. Cason et al. (2008) also found minority students emphasized the importance of supportive role models in the community who prove that success is possible. In order to invest in a course of action, the students must believe they can succeed in that course, and they must believe others think they can succeed as well. It is much easier to follow in the footsteps of others than to be the first one to blaze the trail.

Lack of institutional and faculty commitment. Some minority nursing students interviewed about barriers to success were unconvinced the institution was committed to helping them overcome the obstacles that impacted them (Mingo, 2008). Faculty relationships reflect commitment to students and some of the minority students interviewed identified a lack of faculty commitment to retain diverse students in particular (Mingo, 2008; Ume-Nwago, 2012). Some minority students felt that relationships with faculty were impersonal (B. C. Evans, 2005). Gardner (2005b) shared that when asked about barriers, minority students revealed they felt that

teachers did not acknowledge their individuality. The students wanted their teachers to treat them as individuals, take an interest in them, and understand they are different from their white peers (Gardner, 2005b).

B. C. Evans (2005) posited that nursing faculty have not recognized their own cultural and ethnic background, their own cultural and ethnic assumptions, or determined the effect of these things on their teaching practice. The result can appear to be insensitivity to the cultural needs of their students, which may be interpreted as a lack of commitment to their success. B. C. Evans (2005) believed this has become a barrier for the retention of diverse students.

A lack of commitment to diversity on the part of the leadership has also been acknowledged as a barrier for minority students in some schools of nursing (Nnedu, 2009). If the leadership is not committed to promote diversity, then it is unlikely the institution or faculty will be perceived as committed to the idea. It is apparent that institutions must begin to change the way minority students are supported by their administration, staff, faculty, and the other students if minority students are to be successful in their programs.

Language and communication barriers. Language skills are critical in the practice of nursing (Xu & Davidhizar, 2005). They are also critical in nursing education. Language is the primary way in which nursing faculty and their students communicate (Bednarz et al., 2010). Not surprisingly, language and communication problems have been identified as one of the most significant barriers to the English-as-a-second-language (ESL) minority nursing student's achievement (Amaro et al., 2006; Flinn, 2004; Gardner, 2005a; Gardner, 2005b; Lewis, 2010; Nnedu, 2009; Soroff et al., 2002; Ume-Nwagbo, 2012). In fact, Hansen and Beaver (2012) observed that "Language difficulties are universally mentioned as a primary concern for ESL students and their faculty" (p. 246).

Choi (2005) cited studies which showed nursing students whose first language is not English had higher attrition rates than did English speaking students. ESL students suffered from more anxiety, depression, and psychosomatic complaints than did those students who spoke English as their first language (Choi, 2005). Xu and Davidhizar (2005) also noted that English proficiency is unmistakably associated with a satisfactory educational experience.

Choi (2005) explained that nurses must be fluent in both academic English and the communication skills which are specific to nursing. Hansen and Beaver (2012) reported that basic interpersonal communication skills in English can be attained in two to three years, but it takes five to seven years to develop the formal, academic language one needs for success in college. Moreover, learning medical and nursing terminology equates with learning an additional language (Hansen & Beaver, 2012). Hansen and Beaver (2012) warned that because ESL students usually speak basic English well, these students and their faculty may not recognize the need for further English-language training.

Further complicating the issue is the fact that these students must be able to communicate effectively with a variety of people (other health care providers, patients, and patient's families, for example) in potentially stressful situations, which can make it more difficult for the student to recall the English they need (Hansen & Beaver, 2012). Communication outside of the controlled environment of the classroom is often difficult for any nursing student, no matter how great their command of the English language. It is, therefore, not surprising that Gilchrist and Rector (2007) found ESL students have more difficulty in clinical courses, a major component of nursing education. Sedgwick et al. (2014) found nursing students with accents sometimes felt that they were being discriminated against by their clinical faculty, with one stating "I guess when you have an accent pretty much some instructors think that you are ignorant" (p. 91).

English language deficiency is purported to be the root cause of many issues related to communication by international students (Xu & Davidhizar, 2005). Communication goes beyond language, and Davidhizar and Shearer (2005) noted that communication is probably the largest problem for culturally diverse nursing students and their faculty. Noone (2008) noted that effective communication may be a challenge not just because of language problems but also because of cultural differences in assertive communication skills, as assertiveness may be seen as disrespectful in some cultures. Noone also observed there is a difference between collaborative learning environments and competitive learning environments when it comes to communication. Creating more collaborative environments in schools of nursing may help to enhance minority students' academic experiences.

Xu and Davidhizar (2005) also provided examples of cultural differences in communication styles. They identified collectivism versus individualism and high-context versus low-context communication as important concepts to be aware of when working with minority students (Xu & Davidhizar, 2005). Collectivistic cultures focus on the needs of the group, which are prioritized over individual needs, while individualistic cultures emphasize the individual's needs (Xu & Davidhizar, 2005). African, Arab, Asian, Latin, and southern European cultures tend to be collectivistic in nature, while most northern European countries, Australia, and the United States are individualistic cultures (Xu & Davidhizar, 2005). Xu and Davidhizar explained that collectivistic cultures tend to have high-context communication, which means communication is primarily indirect. In this type of communication, meaning comes from non-verbal communication and avoidance of conflict is an important goal (Xu & Davidhizar, 2005). Xu and Davidhizar described individualistic cultures as tending to have more low-context communication, which means that honesty and openness is valued, and the use of language is

precise and straightforward. Direct communication is often seen as threatening and rude by Asian cultures who value a communication style which is more indirect (Xu & Davidhizar, 2005). Two other concepts that affect communication between American faculty and Asian students, according to Xu and Davidhizar (2005), are the concepts of respect for teacher, and “face”. In Asian cultures, students are to have absolute respect for their teachers, honoring and revering them (Xu & Davidhizar, 2005). Obedience to the teacher is emphasized and the teachers are seen as “truth holders, exemplars for moral behaviors, and trusted friends” (Xu & Davidhizar, 2005, p. 212). Xu and Davidhizar clarified that face is the public image and is rooted in honor and reputation. Because of a desire to save face, open and direct confrontation is avoided at all costs (Xu & Davidhizar, 2005). Silence, therefore, is seen as an indication of strength and may signal disagreement in collectivistic cultures, while in individualistic cultures silence is seen as a sign of weakness (Xu & Davidhizar, 2005).

ESL students must be made aware of cultural communication differences, the need to be proficient in both basic English concepts and academic English, and the daunting challenge of learning medical terminology in English. Add all of these factors together and it is easy to understand the attrition rate of ESL students in schools of nursing (Choi, 2005). Even if they do graduate, ESL students have more difficulty in passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN) (Hansen & Beaver, 2012).

Ultimately, every nursing student must be able to pass the NCLEX-RN in order to practice as a nurse. While an average of 67% to 95% of graduating nursing students pass the NCLEX-RN the first time, only 33% to 47% of ESL nursing students pass it the first time (Gilchrist & Rector, 2007). The student’s investment in working for success in nursing school

comes to nothing if they do not pass the NCLEX-RN. This fact is another driving force behind interventions to improve the language skills of ESL nursing students.

Language skills and communication skills are both essential to providing effective nursing care. While they may be a barrier for minority students, they may also be an asset. It is hoped these students will be able to communicate effectively with minority populations, thus improving the health care that these populations receive.

Lack of mentors, minority faculty, and role models. The lack of mentors was identified as a particular problem for minority students (Amaro et al., 2006; Cason et al., 2008; Dower et al., 2001; Hart, 2005; Loftin et al., 2012; Nnedu, 2009). Choi (2005) observed that there is a specific lack of available mentors for ESL students. Even when mentors are available, minority students may not take advantage of their services for a variety of reasons (Cason et al., 2008; Ferrell et al., 2016; Loftin et al., 2012; Soroff et al., 2002). In one study, students indicated they were “not sure about mentoring services” (Ferrell et al., 2016, p. 7). Loftin, Newman, Gilden, Bond, and Dumas (2013) found that one mentoring effort failed because “...students would not avail themselves of the opportunity to develop a relationship or seek out assistance from a mentor, and mentors were reluctant to contact the students” (p. 393). In fact, one of the barriers to retention shared by Soroff et al. (2002) included failure to use available counseling. This does not mean that providing mentors should not be a goal for schools of nursing. A long-term relationship with a mentor has been associated with increased student success and as such, is vitally important (Cason et al., 2008).

Related to the lack of mentors is a lack of minority faculty and role models. Most nursing faculty are white and do not reflect the increasing diversity of the nursing student population (Carol, 2006). The AACN (2014a) wrote, “The need to attract diverse nursing students is

paralleled by the need to recruit more faculty from minority populations” (p. 2). Attrition was attributed, at least in part, to this lack of minority faculty role models, which has been identified as a significant barrier to retention (Dower et al., 2001; Nnedu, 2009; Soroff et al., 2002; Ume-Nwagbo, 2012). Zajac (2011) concurred with this conclusion, noting, “the lack of minority nurses is consistent with the scarcity of minority nursing faculty” (p. 74). Only 13% of nursing faculty in the United States identifies with a minority group (Kolade, 2016). This lack of minority faculty role models is a critical issue, according to Soroff et al. (2002). A study by Mills-Wisneski (2005) showed that 51% of students who responded to the question about the absence of minority faculty in their colleges rated the absence as very important and 20.2% rated the absence as important. Mills-Wisneski quoted one nursing student who wrote, “I need to know that someone can relate to me on a minority level. My differences, my concerns, and my life dilemmas” (p. 3).

Discrimination and bias. Discrimination and bias have been identified as barriers for the retention of minority nursing students (Gardner, 2005a; Gardner, 2005b; Graham et al., 2016). Loftin et al. (2012) pointed out that “multiple studies provided accounts of students being subjected to discrimination and racism by faculty, preceptors, peers, hospital staff, and patients” (p. 4). Graham, Phillips, Newman, and Atz (2016) discovered that their integrative review of the literature found “bias and discrimination are both an issue at the nursing program level as well as a systemic issue” (p. 136). Carol (2006) noted that although nursing schools have made the effort to recruit more students from underrepresented population groups, these same schools don’t always provide a welcoming environment. Carol stated some students felt targeted, isolated, and tolerated rather than accepted. On the other hand, some of the students from the majority population felt minorities were given more favorable treatment through scholarships

and tuition assistance (Hart, 2005). These perceptions may result in feelings of resentment. It is noteworthy that Amaro et al. (2006) found in their study that:

the majority of the participants reported they did not experience prejudice or discrimination from their nursing teachers. However, many encountered prejudice and discrimination from staff and clients in the hospital during practicum, and a few experienced prejudice from their classmates. (p. 251)

Anger was expressed by some minority students due to the feeling they were being treated differently than white students (Loftin et al., 2012; Mills-Wisneski, 2005). One minority student in Mills-Wisneski's (2005) study wrote, "I feel that racism is everywhere and I believe an African American instructor will understand and treat me better as compared to white instructors. They are willing to help their white students" (p. 3).

Insensitivity as a form of discrimination has been experienced by some minority students (Choi, 2005; Loftin et al., 2012; Ume-Nwagbo, 2012). Insensitivity may be seen in the form of ethnic or cultural stereotypes (Hart, 2005). A major barrier to academic success identified by African Americans in four-year institutions was stereotypes and stereotype threats, which is the fear of fulfilling those stereotypes (Johnson-Ahorlu, 2013). Conversely, according to B. C. Evans (2005), one barrier to success in nursing education for students of color is an ethnocentric professional view that includes approaching all students in the same way no matter what their race or ethnicity. B. C. Evans (2005) identified this as "covert racism".

Subtle biases exist in the learning environment, according to Carol (2006). One way this bias is manifested is when the strengths and talents of students from underrepresented populations aren't recognized (Carol, 2006). B. C. Evans (2005) concluded:

this may suggest that, although faculty are learning how to best teach students of color,

they need additional development in this area. Professional development programs can help educators uncover their personal attitudes toward students of color, acquire knowledge about those students' cultures and diverse perspectives, and understand the ways in which institutional racism is perpetuated. (p. 223)

Interestingly, Hart (2005) observed that some of the non-minority students surveyed felt even addressing the issue of diversity showed prejudice. This is the kind of misunderstanding that highlights the need for learning more about the potential for "subtle biases".

Cultural differences. Ume-Nwagbo (2012) observed that cultural differences were another barrier for minority nursing students. Gardner (2005b) explained that one of the themes identified by minority students when discussing barriers was "differentness". Minority students expressed feeling they were very different from their white peers due to dissimilarities in educational backgrounds, in their families, and in communication style and respect (Gardner, 2005b). Gardner (2005b) expressed the fact that the minority students did not believe their peers understood them or had knowledge about their cultural differences.

When considering factors that negatively impacted academic achievement, Bazalais, Lemay, and Doleck (2016) maintained cultural factors were important considerations. They believed cultural differences can result in lower achievement because of institutional biases and systemic inequities (Bazalai, Lemay, & Doleck, 2016). It is, perhaps, not encouraging to note that even minority faculty members have shared they feel "like a minority" when considering workplace relationships with both colleagues and students (Kolade, 2016).

Another aspect of cultural differences concerns race. Zuzelo (2005) considered that race plays a part in academic success, and racial identity may not be congruent with successful school-related behaviors. These include behaviors such as requesting assistance from faculty,

responding to faculty in a socially acceptable way, and developing a self-directed learning plan (Zuzelo, 2005). It can be assumed those who are not prepared to negotiate their academic experience according to the unspoken “rules” of the majority culture will be at a disadvantage throughout their academic pursuits.

Wros (2009) believed this incongruence in values in nursing education is a key factor in negative outcomes related to minority student recruitment and retention. For example, Davidhizar and Shearer (2005) noted that a different orientation related to time can result in student tardiness and in missing due dates. Spatial needs may vary for minority students in that some may invade others’ personal spaces, and other minority students may require more personal space and will feel anxious in crowded classrooms (Davidhizar & Shearer, 2005).

Social organization may be another barrier in that the values, beliefs, and attitudes toward gender and social class, for instance, may not be in line with the values, beliefs and attitudes of the dominant culture (Davidhizar & Shearer, 2005). Davidhizar and Shearer (2005) also described environmental control as a potential difference for diverse students. Some students feel they can control their fate, whereas others have a more external sense of control, believing they do not have the power to change their destiny (Davidhizar & Shearer, 2005). Minority students are challenged with the need to know these differences in culture and learn how to function biculturally (B. C. Evans, 2005).

Cultural differences may be seen in other ways. As part of a process for developing instruments for a study on barriers and interventions for minority students, nursing faculty experts were asked to review the items on the interview component for content validation (B. C. Evans, 2005). B. C. Evans (2005) noted this is where the discrepancies between the white faculty

and the Hispanic/Latino/American Indian faculty were discovered. The discrepancies in the expert responses were centered around five themes:

- 1) The Importance of a Personal Relationship with Students of Color
- 2) The Effect of Isolation from Home and Family
- 3) The Importance of Culture and Ethnicity in Personal Identity
- 4) The Need for Collaborative, Interactive Learning and a Curriculum of Inclusion
- 5) The Presence of Prejudice, Discrimination, and Racism (B. C. Evans, 2005)

B. C. Evans (2005) noted that while the minority reviewers felt a close, personal relationship with the minority students was highly relevant and essential to retention, the white faculty experts felt it was not. The minority reviewers believed isolation from families could be a deciding factor in success for minority students, while white reviewers felt this was irrelevant and that such assumptions should not be made (B. C. Evans, 2005). B. C. Evans (2005) also found the minority reviewers felt ethnic identity should be supported and that this aspect of education was highly relevant, while the white reviewers felt faculty should not assume students of color had different concerns than white students (B. C. Evans, 2005). The minority reviewers considered the addressing of transcultural concepts in every class and exam as highly relevant, while the white reviewers saw little relevance in assessing the curriculum for this (B. C. Evans, 2005). B. C. Evans (2005) also noted there was some discrepancy between the two groups in the discussion of the theme of prejudice, discrimination, and racism. While all of the minority reviewers felt this theme was relevant, the white reviewers were concerned about the use of the terms. Some white reviewers believed that actual discrimination may not have been present even though some students felt they saw evidence of it (B. C. Evans, 2005). If even nursing faculty

experts have such disparate perspectives on diversity, then the students they are teaching are likely to be even more confused.

Less social support/isolation. As early as 1998, Davidhizar et al. (1998) recognized that problems of retention and achievement for minority students in higher education remained, at least in part, because of a lack of available psychological and social support. A common barrier to success in the lives of disadvantaged students was found to be little parental encouragement for education, and little parental involvement once the student was enrolled in college (Cason et al., 2008; Soroff et al., 2002; Zuzelo, 2005). In fact, sometimes there is resistance from family members (Hart, 2005). Labun (2002) observed that some students felt alienated from their families as they approached graduation and some even dropped out of nursing school at this time because of that alienation. Other students felt isolated from their peers or minority communities because choosing to pursue higher education had made them different (Cason et al., 2008).

Studies have shown this lack of a support system may result in loneliness and in feelings of isolation (B. C. Evans, 2005; Gardner, 2005a; Mills-Wisneski, 2005; Ume-Nwagbo, 2012). In fact, according to Gardner (2005b,) the first theme minorities discussed when talking about their experience in nursing school was “loneliness and isolation”. Several students expressed these feelings and the sadness that accompanied them (Gardner, 2005b). The lack of a support system at home, though, is not the only factor resulting in less social support.

Gardner (2005a) asserted that the largest factor affecting retention in colleges is an absence of contact with other students or faculty. Isolation can be particularly daunting for minority students. Noone (2008) observed that these students may feel isolated due to cultural differences, different modes of communication, and being separated from family. This separation is exacerbated when the students find themselves surrounded by people who are dissimilar and

who may discriminate against them (Noone, 2008). Additionally, there is a perceived lack of support from their white classmates (Soroff et al., 2002). Loftin et al. (2012) found “Hispanic, Native American, African American, Asian, Nigerian, and Eastern Indian students described feeling isolated and lonely both inside and outside the classroom” (p. 4). When interviewing minority nursing students about their experiences on the clinical area, Sedgwick et al. (2014) discovered some felt excluded because of cultural differences. They concluded that “the perception of being excluded from interactions among peers had the potential to impact nursing care” (Sedgwick et al., 2014).

Demands of family responsibilities. Another important barrier to success for minority students concerned the difficulty of balancing nursing school with work and family and their obligations to both (B. C. Evans, 2005; Hart, 2005; Loftin et al., 2012; Porter-Wenzlaff & Froman, 2008; Soroff et al., 2002; Warda, 2008). According to Gardner (2005b), half of the minority students interviewed in one study discussed their need to conquer obstacles, and “described tremendous family obligations and household responsibilities” (p. 160). Ferrell et al. (2016) noted that for the 40% of the minority students they surveyed who lived with their parents, this situation was a mixed blessing. While living with family can help emotionally and financially, it may also mean there are responsibilities to the family they would not have if they lived away from home (Ferrell et al., 2016). In fact, Metcalfe and Neubrandner (2016) shared that minority students are often responsible for supporting family members financially. According to Porter-Wenzlaff and Froman (2008), the tension between the demands of traditional cultural role expectations and professional role expectations “cannot be overestimated” (p. 232). Students, especially female students, shared that their studies could not interfere with their family obligations (Loftin et al., 2012). It is impossible to meet everyone’s needs, but even more

impossible to refuse to meet the perceived needs of the family when that is a core value of the minority nursing student's culture.

Summary of literature review related to barriers. B. C. Evans (2005) believed minority students would be able to successfully complete nursing programs if the barriers could be removed or reduced by the appropriate interventions. Several programs have implemented strategies to remove these barriers and will be described in the next section. Some have been successful, and some are still in the process of being applied. As programs share their successes and failures with these strategies, a proven approach may emerge. Schools of nursing would then be able to use this approach to promote the retention of minority nursing students. It should be noted one positive theme was discovered by Gardner (2005b) when interviewing minority students to discuss their experiences in nursing education. This was the resolve to build a better future as a reason to attend nursing school (Gardner, 2005b). It is on this resolve that barriers are overcome and strategies can be built for intervention.

Strategies to Promote Success

Success in higher education, and nursing school in particular, continues to be a challenge for minority students (Benn & Pacquiao, 2010; Choi, 2005; Condon et al., 2013; Davidhizar & Shearer, 2005; Johnson et al., 2009; Labun, 2002; A. H. Wilson, Sanner, & McAllister, 2010). A typical college experience can provide unique difficulties for them (Davidhizar and Shearer, 2005). Because of this, Heller et al. (2013) urged that educational practices must "value and respect the diversity of the student body, as well as the population in general" (p. 2). It is not enough to respect diversity when educating minority nursing students, however. It is also important for nurse educators to discover effective practices that promote the retention of their minority nursing students (Baker, 2010).

The high number of minority nursing students who drop out before graduation is a challenge that must be met for schools of nursing (AACN, 2014a; Ferrell & DeCrane, 2016; Gardner, 2005a,). Gardner (2005b) and Peter (2005) believed attrition is one of the major reasons for the disparity between the number of minority nurses and the number of minorities in the general population. Choi (2005) posited that the attrition of these students deprives the profession of nurses who are culturally competent and who have the language skills needed to communicate with minority patient populations. Consequently, the problem transcends the minority students and the nursing schools and affects the populations who are receiving care from the nation's nursing workforce. To meet this challenge and reverse high attrition rates among minority nursing students, nursing programs have tried a variety of methods to promote their success. A description of some of those methods follows.

Academic strategies. Noone (2008) identified academic strategies to help with retention, such as preadmission programs to promote student readiness and teach study skills and test-taking skills. Other schools and researchers have identified approaches to academics that focus on these academic areas and others, including a culturally responsive curriculum. Each of the following interventions has met with varying degrees of success.

The Nursing Success Program at Texas Woman's University. Academic barriers were the emphasis for the interventions described by Symes, Tart, and Travis (2005). Symes et al. were interested in retaining nursing students who had encountered academic difficulty in their nursing program at Texas Woman's University – Houston Center (TWU). The only criterion for admission for their nursing students was the GPA (Symes, Tart, & Travis, 2005). Symes et al. explained that in order to predict success of their nursing students, and to allow for early intervention, the College of Nursing at TWU began a testing program and compared the results

on the tests with retention and graduation rates. The Nurse Entrance Test (NET) was chosen for this purpose and was given to the nursing students after they were admitted to the program (Symes et al., 2005). According to Symes et al., preliminary data showed the NET reading comprehension score was the score that best predicted academic risk. The manufacturer of the NET test, Educational Resources, Inc., had also completed a study showing that reading comprehension was one of the leading predictors of successful completion of a bachelor of science in nursing (Symes et al., 2005). Therefore, the reading comprehension scores were examined when considering retention strategies.

In their study, Symes et al. (2005) found that 88% of those with low reading comprehension scores were from minority groups. Because graduating students who mirrored the demographic of the population which they were going to care for was important to the university, Symes et al. considered the implications of the disproportionately high minority representation in the low reading comprehension group and initiated a program to promote the retention and graduation of these students. To this end, the Nursing Success Program (NSP) was initiated (Symes et al., 2005).

When at-risk students were identified based on the NET reading comprehension scores, they were required to enter the five-semester NSP as opposed to the four-semester traditional program for students who were not identified as being at-risk (Symes et al., 2005). According to Symes et al., two three-credit hour courses, Nursing Success 1 and Nursing Success 2, were required for the at-risk students. Another aspect of the program, Symes et al. noted, was proactive advisement, which involved ongoing monitoring of the students' progress through the nursing program and early intervention when a problem was detected.

The results of the study involving the NSP intervention showed it was effective in retaining students with lower reading comprehension scores until they graduated (Symes et al., 2005). In fact, Symes et al. (2005) stated the graduation rate for this group was the same as the graduation rate for the group of students who were in the higher reading comprehension group and were not involved in the NSP (81%). Additionally, the study showed reading comprehension was a significant factor for determining retention until graduation (Symes et al., 2005). Symes et al. also believed the study indicated that the ethnic diversity of the student body would be changed if student admission was limited to students with higher reading comprehension scores, although this was not a definite conclusion.

Predictors. Seago and Spetz (2005) conducted a study that addressed academic barriers to success for minority students. They found that predictors of higher percentages of on-time completion were having a tutoring program, having a learning resource center, having a remediation program, having an English as a Second Language program, having fewer students, and no Biology prerequisite (Seago & Spetz, 2005). Seago and Spetz (2005) felt they were faced with a dilemma with their results. They said the results were “contradictory and unsatisfying” (Seago & Spetz, 2005, p. 559). They were concerned that nursing programs were asking students from ethnic minorities to put aside their own cultures and accommodate to fit the dominant culture (Seago & Spetz, 2005, p. 559). Seago and Spetz then suggested the nursing profession must be flexible enough to embrace ethnic differences.

Nursing Success Course. Davidhizar and Shearer (2005) addressed academic barriers by suggesting minority students be offered a Nursing Success course to assist them in time management, learning and studying strategies, and help with test taking. Several strategies were noted to promote success of the ESL student. These strategies included making sure the course

syllabus was clear, being available, providing teaching tools to assist in learning course content, using simple directions, assisting students to network, providing experiential learning activities, providing help with medical terminology, and modifying written assignments as needed for the skills of the student (Davidhizar & Shearer, 2005).

Strategies for offering an effective nursing curriculum. Williams and Calvillo (2002) observed that the global community is reflected in college classrooms. They acknowledged that this fact challenges educators who want to maximize the learning of all students and help them achieve success (Williams & Calvillo, 2002). The goal, according to Bednarz et al. (2010) is “to make nursing education excellent for all types of students” (p. 254). Warda (2008) advised that curricula in nursing education should reflect the viewpoints and experiences of a diverse society. New pedagogies and the nursing curriculum, according to Warda, must be flexible and responsive to the needs of minority student populations.

Williams and Calvillo’s approach was comprehensive and primarily addressed the barriers of institutional and faculty commitment, and how the curriculum was offered as a result. To promote the success of their minority students, they presented a model with three main components: 1) input, 2) process, and 3) output (Williams & Calvillo, 2002). In this model, input referred to the student’s background, process referred to the learning environment, and output referred to student success (Williams & Calvillo, 2002). Nursing curricula can be based on this model.

In discussing the student’s background (input), Williams and Calvillo (2002) referred to Leininger, who defined cultures “as the learned, shared, and transmitted values, beliefs, norms, and life way practices of a particular group that guide thinking, decision, and actions in patterned ways” (p. 222). Williams and Calvillo explained that culture is often defined narrowly as

including race, ethnicity, and language, but much more than that makes up a student's culture.

According to Williams and Calvillo, the first of these are student characteristics, including such attributes as age, gender, learning styles, and socioeconomic status.

Socioeconomic status, as Williams and Calvillo described it, also included family support of the student's educational efforts. Previous education was also found to influence the student's input. As an example of input, licensed vocational nurses (LVNs) who were interested in becoming registered nurses were more likely to come from disadvantaged, culturally diverse backgrounds, and to be English language-learners (Porter-Wenzlaff & Froman, 2008). All of these things impact the culture of the student to some extent, and therefore, the input they bring into the classroom (Williams & Calvillo, 2002).

Process referred to the learning environment (Williams & Calvillo, 2002). Williams and Calvillo (2002) noted that teaching is not a neutral activity. They believed relationships, philosophy, curriculum, faculty characteristics, and services and resources offered by the college all contribute to the "web of relationships" which influences the learning environment (Williams & Calvillo, 2002). According to Williams and Calvillo, the teaching-learning process, including teaching methods, is an important factor in the learning environment. Williams and Calvillo emphasized that learning must be meaningful and useful, as well as active. Porter-Wenzlaff and Froman (2008) described the need for nursing programs to offer education in "new and challenging ways" (p. 231). They used a wide range of teaching strategies for the students in their LVN to BSN program, many of whom were from diverse backgrounds, in an effort to meet the various learning needs of their students (Porter-Wenzlaff & Froman, 2008). They also noted the students' autonomy as learners should be developed gradually as their academic backgrounds were likely to be more basic and traditional (Porter-Wenzlaff & Froman, 2008).

Williams and Calvillo also referred to the need for pre-entry information, advice, and guidance. They identified these factors as either positively or negatively affecting the students' choices as they pursue their education. They emphasized that "efforts to maximize learning for all students are essential" (Williams & Calvillo, 2002, p. 223).

Williams and Calvillo (2002) identified nine principles which affected the learning environment. The first principle was to know your students, including their values and beliefs, their learning styles, and their expectations (Williams & Calvillo, 2002). This may include the difficulties that many diverse students struggle with, including the demands of a family and job (Porter-Wenzlaff & Froman, 2008). Williams and Calvillo explained that the second principle was to provide a climate conducive to learning. This includes creating a climate where the students feel accepted, respected, and supported (Williams & Calvillo, 2002). Instructor characteristics which promote this climate include enthusiasm, caring for others, the ability to listen, and knowledge of the subject matter, qualities which seem to transcend the teaching situation (Williams & Calvillo, 2002).

Williams and Calvillo (2002) described the third principle as using the students' wealth of experiences as class content. When shared, these experiences can enrich the class (Williams & Calvillo, 2002). Williams and Calvillo asserted that learning is more meaningful when students can link their past knowledge with present learning. This principle was emphasized in the curriculum described by Porter-Wenzlaff and Froman (2008), where credit is given to the previous work and educational experiences of LVN students, allowing them to move more quickly through a BSN curriculum. The fourth principle, according to Williams and Calvillo (2002), was to tie theory to practice. Students appreciate knowledge that is meaningful and

applicable (Williams & Calvillo, 2002). Williams and Calvillo suggested that strategies for this principle include case studies, concept analysis, and concept mapping.

Principles five and six were to offer information using a variety of formats and techniques (Williams & Calvillo, 2002). Williams and Calvillo (2002) believed that because students come with diverse learning styles, a variety of presentation formats is most effective, and the lecture format should be used sparingly. Not only should teachers be willing to use different strategies, but the students must be open to actively participate in the learning process (Williams & Calvillo, 2002).

Williams and Calvillo (2002) identified the seventh principle as providing students with feedback on their progress. Timely feedback was rated as a “very effective” teaching strategy for retention of minority students by both associate and baccalaureate nursing faculty (Baker, 2010). It was noted that when students are aware of their progress, they have the opportunity to reinforce or correct their responses (Williams & Calvillo, 2002). Williams and Calvillo cautioned that informing students of incorrect responses needs to be done with sensitivity, and meeting with the student individually can help to prevent embarrassment or misunderstanding.

The eighth principle, according to Williams and Calvillo (2002), was to help students to acquire resources. It was suggested that students be introduced in the earliest part of the program to study skills workshops and to the availability of health services or financial aid support (Williams & Calvillo, 2002). Williams and Calvillo also noted social interaction is an important part of the resources available to students. Another important resource for minority students is the faculty. As Williams and Calvillo (2002) described it, principle nine was that the faculty members must be available to students for out-of-class contact. It was explained that interaction

with faculty outside of the classroom positively affects the students (Williams and Calvillo, 2002). It should be noted that the faculty must set reasonable boundaries for this access.

Williams and Calvillo (2002) explained that the output was student success, which should occur as student learning is maximized. They suggested that output measurements may include such things as test scores, retention rates, satisfaction measures, and future employment (Williams & Calvillo, 2002). Williams and Calvillo also pointed out that an instructor knows when learners are successful by noting whether the students are asking questions, identifying the components of complex principles and breaking them down into smaller units, engaging in self-evaluation, focusing on the instructional objectives, and directing their study behaviors appropriately. The interaction of physical, social, and emotional dimensions must be addressed in order to promote the most success in learning (Williams & Calvillo, 2002). Whatever approaches are used, it is important to remember the voices of the minority students must be an integral part of the nursing curriculum, according to Leonard (2006).

On-line courses. Minority students will be faced with taking online courses more often as they increasingly become part of the nursing school's curriculum. Barakzai and Fraser (2005) focused on the demographic variables that may influence student success and satisfaction with online coursework. Online courses may help to facilitate access to classes for minority students, as well as traditional students. It is important, though, to examine the effectiveness of these courses for non-native English speakers (Barakzai & Fraser, 2005). Barakzai and Fraser's study showed that students were satisfied with the online courses they took in science and medicine, and there was no significant difference in the exam scores of native English speakers and non-native English speakers. According to Barakzai and Fraser, none of the indicators concerned with computer experience or expertise was a significant predictor of success. Barakzai and Fraser

concluded , “technology is just the medium, not the message” (p. 379) and emphasized that teaching methods are probably most influential in determining the success of students in online courses.

Financial strategies. It has been established that financial concerns serve as a barrier to success for minority students in nursing. Financial support, according to Baker (2010), who reviewed a variety of retention strategies, affected the likelihood that minority students would stay in school. Ferrell et al. (2016), in their survey of minority nursing students, found that 65% relied on scholarships, 74% on federal subsidized and unsubsidized loans, and 45% on grants (including Pell grants), in addition to their own funds (74% were employed). Therefore, it is appropriate to consider the variety of financial approaches that have been found to be effective as part of a retention strategy for minority nursing students.

ETC. One of the more comprehensive financial interventions found in the literature was part of a project implemented in underserved communities in Massachusetts. These communities were largely populated by Hispanics and African Americans (Swinney & Dobal, 2008). Swinney and Dobal (2008) described this project, named Embracing the Challenge (ETC).

The ETC project’s goal was to increase the number of minority nurses by increasing recruitment, support, and retention of minority nursing students (Swinney & Dobal, 2008). Important components of this project were aimed at financial concerns. Martin Luther King, Jr. scholarships were given to minority high school students entering nursing programs (Swinney & Dobal, 2008). Once students entered the program there were other opportunities for financial assistance. The project gave stipends for a certified nursing assistant (CNA) program which was intended to help nursing students to earn a living by working as CNAs while attending nursing school (Swinney & Dobal, 2008). Retention scholarships were given to students who had

achieved junior-level status in their nursing programs (Sinney & Dobal, 2008). Supporting student success, Swinney and Dobal (2008) explained the project also provided internship programs at a medical center and health department in the summer, giving students valuable experience and some income. The project also paid for NCLEX review courses (Swinney & Dobal, 2008).

Regarding finances, Noone (2008) suggested schools of nursing should pay special attention to identifying scholarships specifically for ethnically diverse students. Moore (2005) purported that without grants, scholarships, and work-study programs paid for by the government, many minority students would not be able to afford to go to school. Baker (2010) concluded that “Concerns about meeting expenses while in school and the financial burden of college have a negative impact on retention” (p. 217). It is expected that helping to alleviate those concerns should help to retain these students.

Strategies to enhance institutional and faculty commitment. Ferrell and DeCrane (2016) asserted that “nursing programs must be committed to the goal of increasing student success... Everyone who comes in contact with minority students must be committed to their success” (p. 42). Institutional and faculty commitment to recruiting and retaining minority students is expressed in a variety of ways. Ferrell and DeCrane identified assistance, guidance, and encouragement as ways to show commitment (p. 42). The literature discussed institutional commitment in terms of the strategic plan and Affirmative Action. Faculty attributes and the faculty’s relationships with students were identified as important in demonstrating faculty commitment.

Institutional commitment. An emphasis on institutional commitment was reflected in Noone’s (2008) suggestion that the institution’s strategic plan is the place to begin when

preparing to develop programs related to diversity. Identifying diversity as an initiative in the strategic plan may provide the impetus needed to begin action. Including a commitment to diversity in the strategic plan also makes the college accountable for pursuing appropriate recruitment and retention strategies to promote successful entry of underrepresented minority nurses to the profession.

Gonzalez et al. (2000) also addressed a perceived lack of institutional commitment to increasing the population of minority nurses in the United States. According to Gonzalez et al., although the ANA supports affirmative action policies, the profession has not demonstrated a commitment to those policies. Besides affirmative action, Gonzalez et al. also believed that nurses must work to improve educational and career opportunities for minorities by improving the academic preparation of young students. In order to do this, they must work with schools (elementary and secondary), private foundations, professional health care organizations, health care institutions, and community-based organizations (Gonzalez et al., 2000). Gonzalez et al. suggested that nurses especially need to encourage schools with a minority population to provide early exposure to the sciences and health professions. Gonzalez et al. (2000) also asserted that admissions policies must be changed so that nursing can enforce minimum academic standards for entry and recognize other qualities, such as cross-cultural experience and ethnicity, when considering admission (Gonzalez et al., 2000).

Faculty commitment. Dapremont (2011) sought to discover what black nursing students felt contributed to their success. She discovered that faculty encouragement was important to more than 75% of the students she interviewed (Dapremont, 2011). She also discovered that, while faculty encouragement was valued, many of the students felt discouraged by lack of faculty support (Dapremont, 2011).

Gardner (2005b) also focused on the need to remove the barrier related to a lack of institutional and faculty commitment to minority students. To this end, Gardner (2005b) provided a list of positive attributes for nurse educators who are working with minority students. These included getting to know the student personally, treating the student like an individual, being encouraging, being approachable, being patient, making the student feel comfortable around them, being caring, showing compassion, being available, and being organized (Gardner, 2005b). Gardner (2005b) concluded by saying that unless nurse educators increase their understanding of minorities, the high attrition rates will continue and the result will be a lack of minorities in the health care field. Gardner (2005b) felt educators needed to become more knowledgeable about the challenges and needs of minority nursing students, and that educators also needed to increase the cultural knowledge of white nursing students. These approaches demonstrate commitment to minority students and promote feelings of acceptance and inclusion.

Compassion on the part of nurse educators was an attribute emphasized by Rivera-Goba and Campinha-Bacote (2008). They explained that in order to cultivate compassion, educators must be willing to understand another's point of view and subsequently engage in self-reflection (Rivera-Goba & Campinha-Bacote, 2008). Rivera-Goba and Campinha-Bacote suggested that nursing faculty listen to the stories of minority students in order to develop this compassion. They believed this would lead to a connection between faculty and minority students that "has the potential to yield culturally relevant interactions and strategies to address the recruitment, retention, and graduation of these students" (Rivera-Goba & Campinha-Bacote, 2008, p. 207).

The results of this connection were further described by Baker (2010), who declared, "retention as a function of faculty-student interaction is the most compelling strategy addressed in the literature" (p. 217). She went on to explain that minority students identified the faculty as

“vital” to their desire to complete their program of study (Baker, 2010, p. 217). This information leads to the conclusion that faculty should be encouraged to realize the importance of these relationships and value these connections with their students.

According to the literature, then, commitment to minority students is demonstrated by prioritizing the graduation of minority students from schools of nursing, and by utilizing such strategies as including this goal in the institution’s strategic plan, implementing policies consistent with affirmative action, and hiring and educating faculty who are committed to this initiative. This demonstration of commitment shows the minority student that the school and faculty are invested in their success. It is hoped this commitment will be reciprocal, and the student will respond by doing what they can to be successful.

Language and communication strategies. A variety of strategies was found in the literature related to language and communication barriers. While the ESL students have more obvious challenges related to language, cultural differences can also result in language barriers. Strategies were found which addressed either one or both of these concerns.

English classes. Choi (2005) suggested it may be appropriate to encourage ESL nursing students to attend further English language classes, especially those focusing on the terminology of the health care system. Choi cautioned that faculty must acknowledge that proficiency in English takes many years to acquire. Therefore, a continuing English course may be necessary while the student is in school. Role modeling effective nursing communication may also benefit the ESL student, as well as nonacademic interaction with English speaking students (Choi, 2005). Gilchrist and Rector (2007) also suggested including a course, or holding tutoring sessions, which incorporate language skills such as reading, speaking, listening, and writing. In

addition, they noted ESL students need to be corrected for errors in pronunciation, spelling, and phraseology (Gilchrist & Rector, 2007).

Storytelling. A teaching technique recommended by Gilchrist and Rector (2007) for ESL students was storytelling. They noted this approach helps many students who are having difficulty learning nursing concepts (Gilchrist & Rector, 2007). Giddens (2008) also advocated the use of storytelling as an effective teaching strategy for minority students. Evans and Bendel (2004) noted that “stories can empower the practice of nursing” (p. 191). Story can be used to discover knowledge related to nursing, linking theory with practice (Evans & Bendel, 2004). Brown, Kirkpatrick, Mangum, and Avery (2008) explained that “Stories capture interest and attention, enable recall of details by association, and bring facts to life by putting them in personal scenarios” (2004, p. 284). It provides a meaningful context for learning that is not available in textbooks (Giddens, 2008).

Intercultural communication. Xu and Davidhizar (2005), noting that effective communication is critical to achieving learning outcomes in nursing education, addressed the barrier of language and communication. Xu and Davidhizar submitted that general measures for addressing communication included learning about each other, making a conscious effort to understand each other, and learning how to engage in intercultural communication. When dividing responsibilities for these things between Asian students and American faculty, Xu and Davidhizar suggested the Asian students learn about American culture, make efforts to improve their use of the English language (including knowledge of slang and idioms), and make efforts to bolster their self-confidence and approach their American faculty with their needs. In terms of American faculty, Xu and Davidhizar suggested that they learn about their Asian students and

their cultures, be alert to the student's nonverbal behaviors, encourage their Asian students to ask questions, and avoid asking Asian students questions in public.

Comprehension. Hansen and Beaver (2012) declared that in order to be successful, ESL students must practice reading, listening, speaking, and writing in English. Taping class lectures to be listened to as needed and using handouts were found to be particularly helpful for ESL students (Hansen & Beaver, 2012). Hansen and Beaver also suggested ESL students explain class content to someone else in their first language, which aids their English comprehension. Other strategies suggested by Hansen and Beaver included the pair-share technique (asking students to share information with the person next to them in class), providing language resources, and role playing.

Hansen and Beaver (2012) cautioned that ESL students need to have a supportive clinical instructor who will give them language assistance when necessary. Peer mentors are also important (Hansen & Beaver, 2012). Regarding study strategies, Hansen and Beaver shared that concept maps, study groups, tutoring, and practice with multiple-choice questions throughout the curriculum are valuable tools for the success of ESL students. Extended testing time and an alternative testing setting for ESL students was also recommended (Hansen & Beaver, 2012).

Mentoring and strategies to increase minority faculty and role models. Mentoring and faculty development were also integral components of retention plans (Noone, 2008). Confirming this, while reviewing a number of retention strategies, Baker (2010) discovered that the literature "supported the premise that faculty mentoring and support of students are positively related to retention" (p. 217). V. W. Wilson et al. (2006) also found mentoring can make a difference in the recruitment and retention of minority nursing students. According to V. W. Wilson et al. (2006), mentoring addresses a variety of barriers that negatively affect the success

of minority nursing students. One example of such a program paired disadvantaged nursing students with minority preceptors (Hill et al., 2008).

Mentoring, as described by V. W. Wilson et al. (2006), is primarily relational. In A. H. Wilson, Sanner, and McAllister's (2010) study, the faculty involved in mentoring minority students were prepared by receiving training in cultural competence and in mentoring in general. The four main foci for the mentoring relationships in the strategy described by V. W. Wilson et al. were related to communication, professional leadership skill development, confidence building activities, and support-seeking strategies.

Caring. Gardner (2005b) believed that while the nursing profession values empathy and caring, educators must communicate this to their students. More mentoring relationships between educators and minority nursing students may help to accomplish this (Gardner, 2005b). These types of relationships are meaningful to the students and may make the difference for students who are struggling in their programs (Bond et al., 2008; Cason et al., 2008). An additional benefit of this approach is that, as faculty role model empathy and caring to students, the students will be better equipped to apply these attributes themselves when interacting with others.

Role models. Zuzelo (2005) proposed that schools of nursing strive to provide minority role models, and strive for more diverse teaching faculty. Zajac (2011) suggested that to increase more minority role models, nursing schools need to conduct focused searches for minority faculty, and these faculty should receive training in mentoring. Zajac also proposed a less obvious answer to the recruitment of minority faculty by suggesting institutions plan and commit for retention of minority nursing students to graduation and beyond and then hire them as nursing faculty.

Zajac (2011) emphasized there must be a commitment on the part of the institution not just to recruit, but also to retain minority faculty. At least one study has shown that African American nurse educators were less satisfied at predominantly white colleges and universities as opposed to historically black colleges and universities, even though they received better pay and more tenured positions at the white universities (Zajac, 2011). One of the major reasons for this dissatisfaction was a feeling of isolation from their peers (Zajac, 2011). Kolade (2016) found this same result in a study of minority nursing faculty.

Zajac (2011) suggested that retention of minority faculty could be facilitated by conducting campus wide diversity awareness activities, as well as recognizing and celebrating ethnic differences. Zajac believed it was important for the institution to create an empowering educational culture, and that diverse faculty should be celebrated. Zajac stated, “the key to changing the racial and ethnic diversity in nursing is to increase diversity of nursing students and faculty in nursing education programs” (p. 74).

It is not necessary to wait for this to happen, though, before minority students can be exposed to minority role models. When minority faculty are not available, Zuzelo (2005) suggested bringing in speakers who have been successful in overcoming challenges. Providing reading assignments that reflect diversity is another way to introduce minority students to minority role models (Zuzelo, 2005).

Preparing the Next Generation of Nursing Mentoring Program (NGN). Mentoring was addressed in a formal mentoring program, NGN, described by A. H. Wilson et al. (2010). A. H. Wilson et al. stated that what made this program unique was that it assessed the perceptions of the faculty mentors and the student mentees over a three-year period. In addition, A. H. Wilson et al. noted that the faculty were extensively prepared to mentor. According to A. H. Wilson et

al., it is particularly important that there be a strong bond and trusting relationship between the mentor and the mentee. The two-fold approach to the nursing faculty's preparation for becoming mentors included cultural competence education and training on how to mentor (A. H. Wilson et al., 2010). Because the program was a success, A. H. Wilson et al. believed that this program could be duplicated and possibly result in an increasingly diverse nursing workforce.

Strategies to decrease discrimination and bias. The literature recognized that discrimination and bias still exist (Carol, 2006; Choi, 2005; B. C. Evans, 2005; Gardner, 2005a; Gardner, 2005b; Graham et al., 2016; Mills-Wisneski, 2005; Ume-Nwagbo, 2012). Although it may be subtle, this discrimination is keenly felt by the minority student (Amaro et al., 2006; Loftin et al., 2012; Mills-Wisneski, 2005). Addressing discrimination and bias benefits not only the minority student, but also each individual who gains insight into their own prejudices.

Sensitivity. Choi (2005) emphasized sensitivity to cultural differences when teaching minority nursing students. In an effort to explain this concept, Choi described a variety of effective teaching strategies for ESL students reflecting this sensitivity. These teaching strategies included building trust, learning about the student's cultural background, using different learning strategies in the classroom, posing effective questions, having diverse cultural groups represented on faculty, providing effective feedback that is clear and specific, and reviewing all educational material to ensure that it is culturally appropriate (Choi, 2005).

Cultural competence. A review of the literature by Ume-Nwagbo (2012) found that there were no published studies on the correlation between cultural competence of the faculty and graduation rates of minority students, or the percentage of minority students who are admitted to nursing school in the first place. She completed a study that did show a correlation between the mean cultural competence of faculty at an institution and the graduation rate of minority nursing

students (Ume-Nwagbo, 2012). Cultural competence is a lifelong process, according to Bednarz et al. (2010), and may be promoted through activities such as self-reflection in order to consider personal biases and beliefs and gain insight; finding opportunities to interact with those from other cultural backgrounds; assessing the cultural backgrounds of students in the program and learning more about them; getting to know individual students and their beliefs; acknowledging the minority student's difficulties and attempting to try to find ways to support the student in overcoming them; and listening, learning, and being aware of current social constructs that affect students from a variety of backgrounds. Duerksen (2013) found that discrimination decreased in schools of nursing where there was multicultural training.

Admissions. Bias was the barrier that concerned Carol (2006), who suggested some solutions for the problem of bias in nursing schools. Carol believed that admissions processes may exclude diverse students. For example, many schools reward their alumni by giving credit in admissions policies to their children and this may unintentionally exclude the first generation student (Carol, 2006). Carol suggested that there be an admissions policy that rewards students who are the first generation in their family to attend a nursing school.

Carol (2006) also noted that admissions policies may inadvertently be biased against students when they consider leadership for admissions. Some students of color, according to Carol, have had less opportunity to be involved in organizations in the same way that other students have. Expanding the definition of leadership to include church responsibilities, for example, was given as a possible solution by Carol (2006).

According to Carol (2006), a third unintentional opportunity for bias may appear in the form of the written admissions essay. Carol purported that writing styles can be influenced by a student's culture, and faculty judging the essay may not value the way in which minority

students express themselves. In addition, if admissions policies do not give credit for being multicultural or bilingual, then they may be inadvertently exclusionary (Carol, 2006). Carol supported using admissions criteria that focus on both quantitative and qualitative measures as a more equitable approach to the admission of students to nursing school.

Strategies to acknowledge and appreciate cultural differences. The literature described strategies that addressed the need to acknowledge and appreciate cultural differences. The first strategy described was based on an assessment model. A second strategy emphasized respecting differences. Health assessment was the context for a third strategy.

An assessment model. The barrier of cultural differences was the central focus for teaching approaches described by Davidhizar et al. (1998). The first step in the education of the culturally diverse student, according to Davidhizar et al., was to avoid stereotyping and make an assessment of the individual. The Giger and Davidhizar Assessment Model was used for assessing differences between people in cultural groups and included six interrelated factors for assessment: 1) communication, 2) space, 3) time, 4) social organization, 5) environmental control, and 6) biological variations (Davidhizar et al., 1998).

Communication was defined as “a continuous process by which one person interacts with another through written or oral language, gestures, facial expressions, body language, space, or other symbols” (Davidhizar et al., 1998, p. 39). Davidhizar et al. (1998) pointed out that the way in which verbal and nonverbal communication is expressed is influenced by culture in many ways, and individual communication may vary from what is common in the culture. With this in mind, Davidhizar et al. cautioned that in education it is important to be cognizant that the language and values of the culture are often reflected in lecture presentations.

Personal space was defined by Davidhizar et al. as “the area that surrounds a person’s body” (1998, p. 40). Spatial behavior is part of nonverbal communication and may be seen as an action that reflects real feelings, according to Davidhizar et al. (1998). Ethnic groups can vary significantly in their need for space (Davidhizar et al., 1998). Davidhizar et al. explained that educators need to keep this in mind when conversing with minority students, or when planning spacing for testing.

Social organization includes patterns of cultural behavior which are learned (Davidhizar et al., 1998). According to Davidhizar et al. (1998), the process of learning these behaviors is “enculturation”, also referred to as socialization. The core values of American students include individualism, honesty, truthfulness, straightforwardness, self-assuredness, self-confidence, and self-motivation (Davidhizar et al., 1998). Davidhizar et al. contrasted this with some minority students who identified core values of mutual interdependence, group-centeredness, sensitivity, respect, loyalty, generosity, a sense of belonging, cooperation, tolerance, and accommodation of others. It was noted that the emphasis in Western European cultures is often on individual autonomy, while other cultures may value decisions made by the family (Davidhizar et al., 1998).

Davidhizar et al. (1998) asserted that the perception of time varies according to one’s culture. Some cultures, explained Davidhizar et al., view time as an abstract concept, while others view it more concretely. Students of one culture may value getting assignments done in a specific timeframe while others may be less interested in deadlines (Davidhizar et al., 1998). Davidhizar et al. explained that those who are less concerned about deadlines may view time as flexible with no need to hurry or be punctual. Additionally, some cultures are future-oriented

while others have a view of time that includes no concept of expectancy (Davidhizar et al., 1998).

Environmental control concerns the belief of whether or not one has the ability to control what happens to them. Davidhizar et al. (1998) asserted that many Americans value the ability to master their environment, while other societies view nature as greater than humans and tend to be more fatalistic. While Americans want rational explanations for events, people from other cultures may be content just to accept them (Davidhizar et al., 1998).

Davidhizar et al. (1998) purported that biological variations in various racial groups have historically been underplayed. A body of scientific knowledge has been put together to address these biological and ethnic differences (Davidhizar et al., 1998). Davidhizar et al. emphasized that “the increased population of culturally and ethnically diverse students in the health professions has made it increasingly important for educators to consider the differences they face in the classroom” (p. 41). According to Davidhizar et al. (1998), these differences may affect the way the student thinks and learns. Davidhizar et al. believed that minority students should be empowered to be successful while sharing their diversity and retaining their sense of cultural identity.

Respecting differences. Barriers related to cultural differences were at the heart of an approach to minority student nurse retention described by Flinn (2004). Flinn (2004) proposed that because faculty in nursing programs are predominately white, middle-class women, they must learn how to teach a diverse student population and how to help these students become successful practitioners. This cannot happen if faculty minimize the importance of cultural differences, according to Flinn. Faculty must be open to considering pedagogies that take these differences into account (Flinn, 2004).

Teachers, according to Flinn (2004), must value and respect the differences in multicultural classrooms by creating learning environments which give all students the same opportunity to learn. Flinn emphasized that teaching strategies should show respect for the diversity of all the students in the classroom and should involve all students in the learning process. Each student should be given an opportunity to read, write, and speak during each class session (Flinn, 2004). Flinn asserted that students thrive when there are personal student-teacher relationships, innovative teaching methods, and when rules are clearly stated.

Flinn (2004) interviewed teachers who had enjoyed success in a diverse environment. She stated that they used a wider variety of teaching strategies and often used more than one strategy during each class period (Flinn, 2004). Flinn elaborated this point by giving some examples of the strategies they used, including discussion, active learning, brainstorming, giving examples, small group tasks, and lesson models. Although lectures were not recommended, Flinn conceded that she found they could be effective with some modifications, such as having a clear outline, using visual enhancements, reviewing content, utilizing questioning, including time for discussion and group work, and allowing students to contribute to discussions of cultural aspects of a topic. Flinn also suggested that note-taking guides were helpful, and that giving definitions of common English words before the class was taught resulted in improved communication.

Health assessment. Another approach that addressed cultural differences, including racial and biological differences, was described by Gaffney (2000). These strategies were implemented by a nursing program which integrated principles related to culturally competent care in a health assessment course (Gaffney, 2000). The class consisted of 22 students, including students from Canada, Lebanon, Saudi Arabia, the Philippines, Sierra Leone, Eritrea, China, Japan, Poland, Ghana, Korea, and El Salvador, in addition to the United States (Gaffney, 2000).

Gaffney described the students as registered nurses who were working on their baccalaureate degrees. As an aside, it was noted that although admission testing provided evidence of English proficiency, many of the students had difficulty with technical health assessment terminology (Gaffney, 2000). This problem, Gaffney explained, was addressed by providing written notes that went along with the oral presentations.

According to Gaffney (2000), the instructors of the course encouraged class members to share customs and values that were relevant to each class topic. Gaffney explained that in order to facilitate this, a portion of each class time was reserved for discussion of these issues. Students shared experiences from personal and professional perspectives (Gaffney, 2000). For example, when the topic was assessment for domestic abuse, the students were told that questions to reveal abuse need to be asked of women in the absence of their male partner (Gaffney, 2000). This led to discussion about what to do when cultural practices dictated that the man should not be excluded from the health assessment interview with his wife (Gaffney, 2000). Gaffney shared that skin assessment led to discussions about burns that were caused by cultural childhood games (“hot broomsticks”) and cauterization which was used to treat pain in Saudi Arabia, and about scarification, coin rubbing, cupping, and scraping practices seen in Asian cultures. Veiling, Gaffney revealed, was discussed during the content on head and neck assessment, and eye assessment led to discussions about “evil eye” and tattoos on the upper eyelids.

Pain response was also discussed according to culture (Gaffney, 2000). Gaffney remarked that the students had been taught that pain is a subjective experience which is highly influenced by culture and that discussion bore this out. Gaffney concluded that

dialogues such as those in health assessment courses inform us about issues of diversity, marginalization, and culturally competent care. A learning atmosphere that is

comfortable, accepting, and enthusiastic should help students foster the insights that will be applied to clinical practice. (p. 221).

Strategies to promote social support. It is important to foster a sense of belonging for the minority student, decreasing the sense of isolation that sometimes leads to attrition (Bond et al., 2008; Cason et al., 2008; Ferrell & DeCrane, 2016). Over 80% of minority students interviewed by Dapremont (2011) identified family support as being important to their success. Inviting family members to college functions may improve that family support, according to minority students interviewed by Cason et al. (2008).

Support from their peers is also very important (Dapremont, 2011). Strayhorn (2014) described a positive relationship between the academic success of black males in predominantly white colleges with meaningful interactions both with other students from similar diverse backgrounds, and students from other races. These interactions promoted feelings of belonging for these students (Strayhorn, 2014). Coleman (2008) also addressed the importance of connecting minority students with their peers from different cultural backgrounds, and those from shared cultural backgrounds. Focusing on African American nursing students, Coleman (2008) stated that intra-and interracial peer support groups helped these students in “gaining cross-cultural insight, communication skills, and interactive skills” (p. 11). Coleman further asserted that these students “must also seek and develop strong peer relationships and networks with other African American students who share their stories, struggles, and successes, resources, and offer safe spaces for affirmation and validation of each other” (p. 11).

Other researchers also found that minority students felt more connected to the school if they joined minority support groups (Cason et al., 2008; Gardner, 2005b). Ferrell et al. (2016) found that more than half of the minority students in their study attended minority groups that

were available to them on campus. Student nurse clubs and organizations were rated as “very effective” retention strategies for minority nursing students by 60% of baccalaureate nursing program faculty (Baker, 2010). Ferrell and DeCrane (2016) declared that the minority students in their study wanted to be involved in their institutions in some way, even with the time constraints imposed by their lives outside of school.

The simple, but powerful, act of connecting with others was highlighted again and again in the literature. Sedgwick et al. (2014) asserted that “nursing students, regardless of race or ethnicity, benefit from interacting with diverse groups of peers and faculty” (p. 89). Carthon et al. (2014) believed that it was almost certainly the most important factor in the success of their students, sharing that “Across the three program measures, the presence of others... in the form of mentors, psychosocial support, and academic support may be linked to the achievement of URM students” (p. 265). Dapremont (2011) found the same outcome, concluding that “Social interactions through contact with students and faculty also aided the Black students’ nursing degree program completion. Peer and faculty interactions created an environment that fostered learning and increased confidence and acceptance into the environment” (p. 13).

Strategies to address demands of family. Although the demands of the minority student’s family were identified as a barrier in the literature, there were no specific interventions identified to lessen these demands, other than inviting family members to college functions to explain more about nursing as a profession (Beacham, Askew, & Williams, 2009; Cason et al., 2008). Family has also been seen as a facilitator of success, providing encouragement and support (Warda, 2008). In fact, this is probably an area that the students must negotiate on their own, according to the needs of their families and the cultural norms that influence their roles.

Those interventions related to faculty and peer support, and perhaps particularly to mentors who share their cultural heritage, may be the best sources of student support for this area.

Comprehensive programs. Many colleges offer comprehensive approaches to increase the retention of underrepresented students in their nursing programs. In fact, Noone (2008) emphasized that the best strategy for working with minority students is a comprehensive approach. These approaches attempt to support the minority student in overcoming multiple barriers by employing a variety of strategies. According to Loftin et al. (2013), “multidimensional approaches allow each program to select and adapt strategies that best fit the needs and resources of their program for the target group of students” (p. 393). For example, Healey (2013) found that model nursing programs with proven success in retention strategies for Hispanic/Latino nursing students included: mentoring, study groups, funds to support services, support groups with mentors, assertiveness training (if the student’s culture does not promote it), social events, and faculty workshops to increase awareness of diversity and decrease racism (Healey, 2013). Loftin et al. (2013) cautioned, however, that no specific combination of interventions was shown to be particularly successful.

ALCANCE project. B. C. Evans (2005) described a program designed to promote success for minority nursing students developed for the ALCANCE (“reach” in Spanish) project (p. 216). Some of the interventions for this program were a community mentoring program, a nursing student mentoring program, a class to teach minority high school seniors medical interpretation skills, individual counseling and support starting in middle school, stipends for the student enrolled in the nursing program, and an option for academic tutoring (B. C. Evans, 2005). This comprehensive program addressed barriers related to language, mentoring, financial needs, and academic needs.

CANDO. Igbo et al. (2011) noted that most enrichment programs designed to address barriers for nursing students offered both academic and social support. Igbo et al. described a three-year project called the Consortium to Advance Nursing Diversity and Opportunity (CANDO), which proved to be successful in increasing the number of baccalaureate prepared nurses from ethnic and racially diverse backgrounds. The CANDO project used interdisciplinary specialists to help in design and implementation of the project (Igbo et al., 2011). For example, Igbo et al. explained that the program provided a writing workshop including information on APA formatting taught by an English professor, effective communication techniques taught by a speech pathologist, and a medical terminology overview with an emphasis on anatomy and physiology. Igbo et al. described other academic support, including activities to enhance critical thinking skills, support for academic skill development, language assistance, help with clinical application of the basic medical sciences, study skills workshops, and a weekly discussion on effective study techniques. Social support was offered in a variety of ways, including career coaching to identify long-term professional goals, and socialization with peers as they assumed the role of a nursing student (Igbo et al., 2011).

LAP. Barry University in Miami Shores, Florida, had a minority student enrollment of more than 50%, 33% of whom failed during the first semester of nursing school in 2001 (Bagnardi & Perkel, 2005). To address concerns related to this attrition rate, the Learning Achievement Program (LAP) was created (Bagnardi & Perkel, 2005). This comprehensive program addressed many barriers, including the need to increase institutional and faculty commitment, recognize cultural differences, and offer academic, financial, and social support. The program also recognized the need for a more diverse faculty.

Bagnardi and Perkel (2005) described LAP as consisting of three phases. The first phase was a “bridge” program which included student assessments in reading, math, and motivation and social support (Bagnardi & Perkel, 2005). All of these scores showed that the students were at risk (Bagnardi & Perkel, 2005). Bagnardi and Perkel explained that interventions instituted during Phase I to address these issues included academic and counseling sessions, as well as sessions to introduce students to the college environment with an emphasis on nursing school. A program advisor was also provided and addressed such issues as time management, stress management, test-taking skills, study skills, financial planning, and scholarship resources (Bagnardi & Perkel, 2005). In addition, a joint plan of action for the first semester of nursing school was prepared with each student and the LAP advisor, and a contract was developed between the student and the program advisor to help make expectations of the student and the LAP advisor clear (Bagnardi & Perkel, 2005).

The second phase, according to Bagnardi and Perkel (2005), consisted of weekly structured review sessions with a learning coach. The learning coach attended classes with the students and then helped students fill in gaps in their notes and conducted critical thinking exercises in the review sessions (Bagnardi & Perkel, 2005). Bagnardi and Perkel clarified that in this phase the students also had weekly group sessions with the counselor and individual sessions with the counselor and/or LAP advisor as needed. The third phase had not yet been completed by the school, but study support and counseling for NCLEX preparation was planned (Bagnardi & Perkel, 2005).

Bagnardi and Perkel (2005) noted that in spite of all of these interventions the students still had great difficulty in acclimating to their role as college students, although by midsemester most students were able to adapt. According to Bagnardi and Perkel, the faculty felt challenged

by having a limited number of minority faculty working with students, by communicating effectively with minority students, by finding teaching strategies to meet the diverse learning needs of the students, and by reconciling their expectations with the expectations of the students (especially concerning timeliness). Bagnardi and Perkel observed that most problems concerned time management, role expectations, and stress management.

Bagnardi and Perkel (2005) stated that the minority students suggested that there be more emphasis on time management, study skills, and test-taking strategies. They also suggested a greater inclusion of their families in the program (Bagnardi & Perkel, 2005). Bagnardi and Perkel concluded by saying “if we are to bring more well-educated, qualified nurses, and especially minority nurses into the profession who can make a positive impact on the health of our nation, the investment is a necessary one.” (p. 20).

NN-CAT Nursing Mentoring Program: This program, a pipeline program, described by Metcalfe and Neubrandner (2016) was designed to prepare potential nursing students for success before they matriculated into a nursing program. The students were either in a prenursing track at a university, or in the first years of a two-plus-two nursing program at a community college (Metcalfe & Neubrandner, 2016). The program addressed academic concerns by providing a nursing mentor and tutors, and financial barriers by providing a “significant” scholarship as well as a stipend to assist with living expenses and tuition (Metcalfe & Neubrandner, 2016). The program also provided academic mentors, who are nurses themselves, and have been trained to assist their mentee with personal and social needs as well as academic challenges (Metcalfe & Neubrandner, 2016).

Reading: Opening the Doors to a Nursing Career Project Plan. Thacker (2005) identified the components of the approaches that some successful BSN programs (which had

student retention rates of 93% to 100%) utilized to promote retention of their minority students. This wide-ranging list included a required placement test in writing and math, a passing score on the Test of English as a Foreign Language (TOEFL), a remedial course in reading and math skills, a medical-nursing terminology course, a study skills workshop, attendance at an orientation program, and utilization of a nursing writing workshop (Thacker, 2005). It also included family involvement at a nursing open house, financial aid, participation in a mentorship program, and employing ESL and minority faculty (Thacker, 2005). In addition, Thacker described interventions such as flexible course scheduling, having low student-to-faculty ratios in the skills lab and clinical areas, additional assistance for clinical and skills lab learning, peer tutoring, and academic advising. Counseling, available housing, participation by minority students in campus organizations, and minority nursing leaders as guest speakers were also provided (Thacker, 2005). Several barriers to success were addressed in these strategies, including academic, financial, and social support; increased commitment of institutions and faculty; language and communication needs; and the provision of mentors and minority faculty and role models.

Thacker (2005) then described a program developed to support diverse students called Reading: Opening the Doors to a Nursing Career Project Plan. The aim of Alvernia College, where the program took place, was “to prepare learners for personal achievement, social responsibility, and moral integrity” (Thacker, 2005, p. 60). The short-term goal of the program was that Hispanic/Latino students, or other underrepresented groups, would account for 12% of enrollment each year in the nursing program (Thacker, 2005). Thacker explained that seven objectives were developed along with activities for achieving each of these objectives.

The first objective was “to establish an advisory committee of community interest groups to oversee the program and to provide input into the planning, implementation, and evaluation” of the program (Thacker, 2005, p. 60). Thacker (2005) stated that the advisory group helped to enhance cooperation and coordination within the project. It also provided input into the development of the program and coordination of services (Thacker, 2005).

The second objective was “to introduce developmentally specific programming for elementary, middle school, and high school students so as to inspire them to choose nursing as a career and to integrate college resources into the programming to introduce students to the college environment” (Thacker, 2005, p. 61). Thacker (2005) observed that in order to do this, specific programming was developed for elementary aged children, middle school children, and high school teens to make them aware of nursing as a good career choice. A camp called “Dynamic Science: Exploring Careers in Healthcare” was offered in the summer for 4th, 5th, and 6th grade students (Thacker, 2005). Thacker noted that five economically disadvantaged students were given scholarships to attend the camp. According to Thacker, a Nurse Shadow Program was instituted so that middle school and high school students could follow a nurse during the workday and a nursing club was organized for 6th through 9th grade students. High School students were introduced to the requirements for entrance into a nursing program and were supported by the provision of computers and learning software provided by the college to help them in preparation for basic courses and their standardized tests (Thacker, 2005). Thacker also described a mentoring program which was established to pair Hispanic/Latino high school students with mentors from the Hispanic Center. “Jump Start” classes were offered which allowed high school students to take prerequisites for their nursing program, as well as dual

credit courses that gave credit for both high school requirements and college (Thacker, 2005). Thacker observed that financial aid support was also given.

The third objective was “to provide continuing support for Hispanic nursing students while they are enrolled in the nursing program” (Thacker, 2005, p. 61). Thacker (2005) explained that the nursing students were offered an ongoing program on diversity which opened up dialogue between the minority students and the white students. A mentor or advisor was provided for the nursing students and they had full access to the support systems of the college (Thacker, 2005). Thacker shared that the program also worked with churches to offer spiritual support to the Hispanic/Latino students.

The fourth objective was “to use the guidance offices of Berks County Schools and the Hispanic Center to reach the target population” (Thacker, 2005, p. 61). This strategy allowed the college to reach the population of Hispanic/Latino students who may have had an interest in nursing (Thacker, 2005). It is important to partner with those entities in the community who have good access to the populations being recruited.

The fifth objective was “to recruit licensed RNs from the pool of students completing the Associate’s Degree to continue in the RN-BSN completion program” (Thacker, 2005, p. 62). Thacker (2005) observed that this objective was dependent upon collaboration between the Reading Area Community College and Alvernia College. Once again, community connections were vitally important.

The sixth objective was “to strengthen the culturally sensitive care component in the BSN, RN-BSN completion programs and as continuing education to practicing nurses” (Thacker, 2005, p. 62). According to Thacker (2005), the Curriculum Committee in the nursing program strengthened the nursing program requirements to promote the provision of culturally sensitive

care. Service learning opportunities were also modified to target community-based projects in Hispanic/Latino neighborhoods (Thacker, 2005).

The seventh objective was “to seek opportunities for private and public funding for individual scholarships for Hispanic and underrepresented nursing students” (Thacker, 2005, p. 62). Thacker (2005) noted that the Alvernia College Nursing Department and the Office of Institutional Advancement prepared and submitted funding proposals to find funding for direct and endowed nursing scholarships. Thacker emphasized that “our nation’s health will not thrive without the willingness to recognize, stimulate, and develop all segments of the population” (p. 62).

NYIT. Soroff et al. (2002) explained that retention strategies at the New York Institute of Technology (NYIT) emphasized early intervention. The NYIT Learning Resource and Writing Center was heavily utilized and each student’s course load was reviewed to ensure that it was manageable (Soroff et al., 2002). In addition, collaborative learning was emphasized, assessment tools were used to diagnose study habits and personalize improvement for deficiencies, a “buddy system” was established to pair each student with a more senior student, and a mentoring program pairing students and practicing nurses was instituted (Soroff et al., 2002). Soroff et al. also stated that students met with the Project Coordinator to ascertain academic progress. An early financial aid assessment was performed, and eligible students received a monthly stipend (Soroff et al., 2002).

Interventions were not provided solely for students. Faculty orientation included workshops to address the special needs and problems of minority students, and practice sessions were offered for integrating cultural content into the course and curriculum activities (Soroff et al., 2002). Soroff et al. (2002) observed that as the project entered its sixth year, enrollment had

increased by 50% and was 49% African American, 18% Hispanic/Latino, 18% Asian, and 15% white. The pass rate for NCLEX for the first graduating class was 60%, and the mean cumulative GPA was 3.31 (Soroff et al., 2002).

Soroff et al. (2002) concluded that programs which promote the success of minority students in nursing must have policies in place that strongly support educational attainment among these groups. Minority faculty role models, comprehensive student support, and implementation of an ethnically sensitive approach were all validated (Soroff et al., 2002). Most important to the success of the program, according to Soroff et al., was the fact that the NYIT curriculum was based on transcultural competence.

Early intervention. N. K. Lowe (2005) also believed that there are “gross inequities” in educational opportunities for minorities that must be corrected. N. K. Lowe noted that in order to increase diversity in the nursing student population nursing faculty must begin by teaching attitudes and ideas to children in elementary and middle schools that will encourage them to pursue careers in nursing. To this end, N. K. Lowe described an approach that began before students were admitted to the school of nursing.

Six areas were identified by the Institute of Medicine that were believed to be essential to promoting diversity (N. K. Lowe, 2005). These were:

reconceptualizing admission policies and procedures by health professional educational institutions; reducing financial barriers to health professional education; encouraging diversity through accreditation standards for health professional educational programs; improving the institutional climate for diversity through all aspects of the student experience; applying community benefit principles to diversity efforts; increasing mechanisms to garner public and stakeholder support for diversity efforts. (p. 305)

These strategies addressed barriers in recruiting, academic and financial barriers, and institutional commitment to increasing diversity in the student body, as well as introducing the idea that community support is important. In conclusion, N. K. Lowe (2005) stated that nurses must foster clinical environments which demonstrate respect for non-white and minority patient groups. Ultimately, N. K. Lowe observed that these clinical groups should not merely tolerate cultural diversity, but they should celebrate it.

Tuskagee. A 150% increase in enrollment at Tuskegee University resulted from increased recruitment activities at high schools in Georgia and Alabama (Nnedu, 2009). Tuskagee put some comprehensive strategies in place in order to promote retention for these students (Nnedu, 2009). To address academic barriers, the university utilized student contracts; tutorials focusing on science; student seminars focusing on study skills, test taking, time management and other topics; prescriptive learning based on assessed individual needs; Early Alert interventions; and supplemental reviews using a variety of interactive learning strategies. To address barriers related to social support, the university implemented counseling, support groups, and mentoring (Nnedu, 2009). Increasing the faculty's cultural competence and helping provide financial support for students in need were two other support strategies that were important for the program (Nnedu, 2009). Nnedu (2009) reported that the support strategies described resulted in all nursing students who were enrolled from 2001-2004 being retained.

Pathways. A program which became known as Pathways to Nursing was designed by the University of Missouri-Kansas City to recruit and retain diverse nursing students (Manney & Fonza-Thomason, 2010). Manney and Fonza-Thomason (2010) described the results of focus groups made up of underrepresented minority students who were entering this program. These students had come out of a poor public school system and were asked what they would need to

be successful in college, specifically in a nursing program (Manney & Fonza-Thomason, 2010). The students replied that they thought they would need support both academically and socially (Manney & Fonza-Thomason, 2010). According to Manney and Fonza-Thomason, specific identified needs were for financial assistance, self-control and confidence, transportation, and housing. Additionally, the women identified child care as a need (Manny & Fonza-Thomason, 2010).

One retention strategy for this program was the formation of a Nursing Academy, a four-week program to address some identified academic deficiencies and to give the students some contact with minority nurses (Manney & Fonza-Thomason, 2010). The mentoring aspect of this program was expanded so that it included students from their freshman year in high school through their freshman year of college (Manney & Fonza-Thomason, 2010). Manney and Fonza-Thomason (2010) explained that this expansion was necessary because of the enormous obstacles the students faced when persevering through their curriculum in school. Thus, this approach addressed barriers related to academics and lack of minority role models and mentoring.

RECAP. Edwards et al. (2009) described a program in Oklahoma to address health care disparities in culturally diverse populations by increasing the number of minority students in a nursing program. Academic barriers and mentoring were the focus of this program. The project, called the Recruitment Enhancement Cultural Affirmation Project (RECAP), identified minority students early in the program and gave them an intensive orientation before the start of classes (Edwards et al., 2009).

One of the strategies used for these nursing students was HeartMath, a software program that is designed to facilitate learning and improve cognitive function (Edwards et al., 2009). A

second strategy was Buzan's MindMapping, which helped the students to organize the large amounts of content they received into maps on paper (Edwards et al., 2009). Additional strategies included academic support with a mentor (including a mentor from their ethnic or racial background if they desired), assessments of learning style, development of skills in test taking, case scenarios, an individualized learning plan, a study room, weekly academic enhancement opportunities, early intervention for students experiencing difficulty, and financial stipends for some of the students (Edwards et al., 2009). According to Edwards et al. (2009), graduation rates of minority students increased significantly as a result of these interventions.

NALC Program. The Nursing as an Additional Language and Culture Program (NALC) was described by Cantwell et al. (2015) and was implemented to promote success for minority nursing students (whose attrition rate was 22.4 percent compared to 2.2 percent for the Caucasian students), although it was offered to all nursing students in the nursing program. It consisted of three components: 1.) a focus on "the language of nursing", which, besides medical terminology, included pharmacology mathematics and a review of anatomy and physiology; 2.) participation in activities to enhance study and test-taking skills; and 3.) social activities to help the students become familiar with the culture of nursing education and the nursing profession (Cantwell et al., 2015). The program was offered before the school semester started and was scheduled for nine days (Cantwell et al., 2015). Cantwell et al. reported that the participants gave favorable responses on a survey indicating their satisfaction with the program, and that attrition was equal among those who participated in the program and those who did not, even though those who participated had been evaluated as having lower academic skills. This was considered a positive result.

Retention coordinator. Strategies that were used in the minority retention project described by Gardner (2005a) centered around increasing the work units for the retention coordinator. The retention coordinator taught classes on study and test-taking skills, reviewed tests with students and helped them develop strategies to improve their test grades (Gardner, 2005a). The retention coordinator also established a mentoring network with minority RNs and minority students, held dinners at local restaurants to introduce new mentors to the program, and provided opportunity for discussion on topics of importance (Gardner, 2005a). In addition, Gardner (2005a) explained that the retention coordinator paired American students with English language learners for conversation opportunities. A family night was held where minority nursing students had the opportunity to bring spouses and family members to dinner for discussion about the importance of their support of the student (Gardner, 2005a). The retention coordinator arranged for guest speakers, held minority support group meetings, met with minority pre-nursing students, and acted as an informal advisor to other faculty regarding cultural competency and retention (Gardner, 2005a). Gardner (2005a) noted that the program achieved 100% retention of their minority nursing students. The retention coordinator at this institution addressed nearly every barrier identified in the literature for minority nursing students.

Red River. Labun (2002) described a successful model used in Canada to enhance the success of disenfranchised groups of minority nursing students. This program was started in 1981 and has had a long history of success (Labun, 2002). This is also a very comprehensive program, addressing language, social, academic, and financial barriers, demonstrating commitment, and providing mentors.

The program began at Red River College in Winnipeg, Manitoba in 1981 (Labun, 2002). Labun (2002) explained that the program worked in collaboration with an existing nursing

program and was successful in both recruitment and retention of minority students. According to Labun, the goal of the program was to help these students become self-sufficient by establishing educational programs designed to meet their special needs and promote success.

Applicants were chosen because of social or financial barriers which may have negatively affected their opportunities for success in the nursing program (Labun, 2002). Additionally, the applicants were chosen because they had demonstrated qualities that showed they had the potential to succeed (Labun, 2002). The access program integrated academic, social, financial, and personal assistance to these students and began with courses teaching professionalism (Labun, 2002).

The first year of the access program, as described by Labun (2002), consisted of college preparation courses in such topics as student roles and responsibilities, in addition to the more traditional classes of chemistry, math, physics, and English language development. There was a zero harassment policy, which was explained in orientation, and students were advised of their rights (Labun, 2002). All of this helped with acculturation of the students and the establishment of a safe learning environment. If students were successful the first year, they progressed to the nursing major (Labun, 2002).

Labun (2002) noted that faculty involved in the program recognized that they needed to develop special skills for educating minority students. This was accomplished through workshops, presentations, and courses (Labun, 2002). According to Labun, program topics addressed such issues as racism, how to give feedback to students, fostering an atmosphere of equality, and how to provide better integration and support. Labun counseled that open communication to develop flexibility and trust were especially important concepts to apply when working with these students.

Labun (2002) explained that students were supported throughout the program, however, academic and social support was decreased as the student showed success. Tutorial support was provided when needed, and financial support was maintained throughout the student's education (Labun, 2002). Labun further shared that each student was provided with an advisor or counselor, and counseling was also provided for academic, personal, and financial concerns.

One important part of the program, according to Labun (2002), was the initial orientation for the students. It has been found that students who do not connect with other students at this time are at a greater risk of failing to graduate (Labun, 2002). Labun noted that the English language posed major difficulties for students. They were encouraged to speak only English while they were at school. Supplemental English language instruction was also provided (Labun, 2002).

Labun (2002) noted that the students' reasons for becoming nurses were tied to success in the program. She stated that students who were successful were those who were willing to take risks, grow personally and academically, and who built on previous learning (Labun, 2002). Labun concluded that "above all, there must be an atmosphere of realistic hope, mutual trust, genuine joy, and a spirit of celebration in the success of students" (2002, p. 316).

CAPS. The Coppin Academy for Pre-Nursing Success (CAPS) is a program that was described by Gordon and Copes (2010) to address the need of recruitment and retention of minorities. The CAPS program, according to Gordon and Copes, formed a partnership between the Baltimore City Public School System and a historically black university. The pre-entry program offered by CAPS sought to encourage an interest in nursing for students from 8th to 12th grades, to identify areas of deficiency for these prospective students, and to prepare them for admission to the nursing program (Gordon & Copes, 2010).

According to Gordon and Copes (2010), students in the program received support from eighth grade through graduation from the program, including cultural and social enrichment, courses critical to success in the program, early clinical exposure, workplace mentoring, academic assistance and tutoring, monthly financial support, career counseling, financial aid counseling, and advanced placement for those high school students who qualified. Two hospitals allowed high school seniors in the program to participate in a four week clinical experience in order to give them a realistic idea of the roles and responsibilities of the RN (Gordon & Copes, 2010). Students were encouraged to participate in activities and events at the college, as research shows that retention of minority students is improved when the students are actively involved in college life (Gordon & Copes, 2010). This is another comprehensive program which addressed several barriers, primarily academic, financial, and social.

CO-OP. Hill et al. (2008) described a co-op program which provided minority preceptors and increased clinical time in addition to faculty mentoring. The increased clinical time consisted of eight months of full-time employment with faculty and minority mentors after graduation, in addition to the standard clinical experience they had before they graduated (Hill et al., 2008). The added benefit of the extended clinical experience, according to Hill et al., is that minority students were able to earn money even before they graduated. Hill et al. believed that this approach would provide graduate nurses who had benefitted from a rigorous clinical experience and who possessed cultural sensitivity expertise. These are important qualities for the nursing workforce. The project also included other, more traditional strategies, such as early intervention for academic difficulties, peer and faculty mentoring, supplemental instruction, tips for test-taking, and support from a writing center (Hill et al., 2008).

LFS. In response to the concern about increased attrition in minority student nurses, Peter (2005) and a group of faculty and staff in the Department of Nursing at the University of Southern California developed “Learn for Success” (LFS), a learning assistance program. The purpose of the LFS program was to decrease attrition rates by assisting at-risk students to become academically successful (Peter, 2005). It included a unique, comprehensive approach.

LFS was based on Pintrich and Schrauben’s learning model, which asserted that the level of a student’s learning results from motivation (“will”), the use of learning strategies (“skill”), and the ability to self-manage (Peter, 2005). Peter (2005) noted that teachers often focus on course content and not whether students are using the strategies they need to learn. Peter also believed that at-risk students need affective support from faculty and other students as well as cognitive support.

Peter (2005) explained that LFS was required for those students who were identified as at-risk. This identification was made on the basis of overall GPA and science GPA (Peter, 2005). The ten scales in the Learning and Study Strategies Inventory (LASSI) were also used to measure the following attributes: student attitude, motivation, time management, anxiety management, ability to select the main idea, willingness to seek help from others, test taking ability, self-testing behavior, concentration, and the ability to process information (Peter, 2005).

Peter (2005) explained that faculty “coaches” were assigned to a group of at-risk students. These coaches met with the students to teach learning strategies and link goal accomplishment to academic success in order to motivate them to succeed with persistence and problem solving (Peter, 2005). The result, according to Peter, was that students felt in control of their own learning. Students were also encouraged by their coaches to monitor and modify their use of the learning strategies presented to them (Peter, 2005). Peter posited that self-regulation

was the key predictor of academic success. Interactive monthly skill workshops were held for discussion, peer support, and presentation of learning strategies and study skills (Peter, 2005).

Success of the LFS intervention was based on GPA, a grade of “C” or above in all courses, retention in the nursing program, a significant increase in LASSI scores, and the students’ responses to the program (Peter, 2005). Peter (2005) observed that at the end of the intervention, 95% of the students identified as at-risk were retained, compared with 97% of students not identified as at-risk. Ninety-five percent of the high-risk students earned course grades of “C” or better, compared with 99% of non-at-risk students (Peter, 2005). According to Peter, a GPA of 2.5 or above was achieved by 85% of the students identified as at-risk compared with 96% of the non-at-risk students. Students’ LASSI scores also demonstrated significant improvement in the areas of motivation, anxiety management, concentration, selecting the main idea, and test-taking skills (Peter, 2005). Peter also observed that the importance of early intervention was highlighted by comparing the students originally identified as at-risk with a group identified as at-risk later in the program.

Peter (2005) stated that faculty coaching is highly recommended as an effective method for helping students to become successful learners. Peter did note that providing faculty coaching for at-risk students is costly. Attrition, however, costs much more (Peter, 2005).

BDN. The Bring Diversity to Nursing (BDN) project in Massachusetts was designed to increase ethnic and racial representation in nursing in that state (Melillo, Dowling, Abdallah, Findeisen, & Knight, 2013). The program began with recruitment, starting with reading programs in elementary school, and continued to workshops in middle school and high school (Melillo et al., 2013). Minority nurse recruiters were also involved with this aspect of the program (Melillo et al., 2013). Once students entered the college, they were recruited into the

BDN retention program. Stipends and scholarships were offered to these minority students, as well as educational technologies to promote NCLEX success (Melillo et al., 2013). Melillo, Dowling, Abdallah, Findeisen, and Knight (2013) explained that part of the student application for inclusion in the BDN project included writing an essay in which they identified their nursing goals, what barriers they had faced related to academic success, and what interest they had in serving in an area of nursing shortage.

Once admitted into the BDN project, the student received support in the way of academic, personal, and socio-cultural needs, as well as stipends or scholarships, and the loan of computers and other technology (Melillo et al., 2013). Students showed their commitment to the BDN project by signing a contract agreeing to participate in all BDN retention activities (Melillo et al., 2013). These activities included tutoring; a course in time management, reading, writing, and test-taking; pedagogy that included culturally appropriate case studies and simulation; monthly meetings with the Coordinator of Diversity Support Services; counseling, including life management skills; social activities, and more (Melillo et al., 2013).

RRANN. The Recruitment and Retention of Alaska Natives in Nursing (RRANN) program was designed ultimately to promote the representation of Alaska Natives/American Indians in the registered nurse population (Rearden, 2012). Specifically, it sought to improve recruitment and retention of Alaska Natives in a nursing program in the University of Alaska Anchorage School of Nursing (Rearden, 2012). The RRANN program included peer mentoring, a student success facilitator, tutoring (group and individual), a stipend, campus housing, monthly meetings, guest speakers, outings and lunches, a recitation, and a newsletter (Rearden, 2012). Rearden (2012) shared that when students who had graduated from the program were asked .about their experiences in RRANN, they identified the following themes as being most

important: connection, pride, support, and success. Connecting with their peers was very important, as was having a mentor who shared their cultural heritage (Rearden, 2012). Rearden (2012) noted that “it was no surprise to find financial assistance and personal support and guidance to be highly valued by the graduates” (p. 77).

SLIPP. The Success in Learning: Individualized Pathways Program (SLIPP) was employed to promote retention and graduation of disadvantaged and ethnically diverse nursing students in Loma Linda, California (Condon et al., 2013). A model was adopted to promote academic success and retention in the SLIPP program and included “pre-entrance preparation, academic support, social support, financial support, and faculty development” (Condon et al., 2013). Condon et al. (2013) explained that the pre-entrance preparation provided support in math, reading, and writing skills in order to compensate for underprepared students. Academic support included tutoring, help with exams, goal-setting, the development of cultural competence, and NCLEX-RN preparation (Condon et al., 2013). Social support was also included in the model and involved peer support, family support, and a role model or support person (Condon et al., 2013). Financial support, according to Condon et al. (2013), was a necessary component of the program because financial need is a major cause of attrition for minority nursing students. This financial support included “federal, state, and local agency grants; living stipends; scholarships; work study and other employment; low interest loans; tuition discounts; and family/friends contributions” (Condon et al., 2013, p. 399). Faculty development focused on improving pedagogy (Condon et al., 2013).

Grant-funded retention plan. Murray, Pole, Ciarolo, and Holmes (2016) also described a program for retention of minority students which included the hiring of a retention specialist, offering role modeling and mentoring, providing scholarship support, and preparing students for

the licensure exam. This program was made possible with Nursing Workforce Diversity grant funding from the Department of Health and Human Services Health Resources and Services Administration (Murray, Pole, Ciarolo, & Holmes, 2016). Murray et al. concluded, “These efforts show promise of advancing diversity in nursing education” (p. 143).

The retention specialist was charged with assisting at-risk students to be successful through the implementation of retention strategies (Murray et al., 2016). Murray et al. explained that the specialist collaborated with the Student Success Center at the School to provide: 1.) academic support; 2.) assistance with improving writing skills; and 3.) counseling students on how and when to contact a professor. The retention specialist also provided opportunities for socializing, by way of open meetings where students could gather to discuss their experiences, including the issues they were facing (Murray et al., 2016). Often, these issues centered around the difficulties in balancing their responsibilities to their family, work, school, and life in general, as well as feeling isolated from their white peers (Murray et al., 2016).

Murray et al. explained that two programs were instituted for role modeling and mentoring. In the first program, peer-to-peer mentoring, incoming freshmen were paired with more experienced nursing students (Murray et al., 2016). The second program was designed to provide monies to students to enable them to attend conferences such as the National Black Nurses Association Conference and the state Minority Nurse Conference (Murray et al., 2016).

Scholarship support was given after the students had attained junior or senior level status in their program (Murray et al., 2016). Murray et al. (2016) explained that these two years were chosen because students were taking more complex courses during this time, which made it more difficult to work while they were studying. This school of nursing was also able to provide additional funds from private donors (Murray et al., 2016).

In order to prepare for the licensure exam, the students were given the opportunity to take practice assessments (Murray et al., 2016). Scores for successful performance on these assessments were identified, and remediation activities were required for those students who did not meet this goal (Murray et al., 2016). A database was created which allowed the retention specialist to track and monitor students, thus enabling early intervention for students who were identified as being at-risk for failure (Murray et al., 2016).

Summary of strategies in the literature. A variety of strategies have proven to be effective in the recruitment and retention of minority nursing students. What may be effective for one population, though, may not be effective for another. Just as a culturally competent nurse will adapt to the unique characteristics of the individual being cared for, so also a culturally competent school of nursing will adapt to the unique characteristics of their students when planning strategies for success.

Grit and Associated Attributes

Grit is defined as “trait-level perseverance and passion for long-term goals” (Duckworth & Quinn, 2009, p. 166). It is associated with such attributes as determination, the ability to overcome challenges, diligence, goal-completion, self-control, persistence, motivation, stamina, sustained interest and effort, resilience, deep commitments, ambition, conscientiousness, dedication, follow-through, and a good work ethic (Duckworth et al., 2007; Duckworth & Quinn, 2009; Goodwin & Miller, 2013; Hoover, 2012; Pappano, 2013; Perkins-Gough, 2013; Steiner-Adair, 2013; University of Pennsylvania, 2014). Grit has shown a correlation with academic achievement (O’Neal et al., 2016). In fact, these noncognitive attributes have been found to be more predictive of academic success than native intelligence (Duckworth, 2016; Pappano, 2013; Perkins-Gough, 2013).

After interviewing Latino nursing students about their experiences in nursing school, Rivera-Goba and Campinha-Bacote (2008) found that one of the themes was perseverance associated with hard work, essential qualities of grit. They discovered that “perseverance emerged as a key factor affecting the educational experience of Latina nursing students” (Rivera-Goba & Campinha-Bacote, 2008, p. 222). They also described the passion of the Latina nursing students they interviewed, stating “Their overall desire to succeed was key...they did whatever was necessary to graduate from nursing school” (Rivera-Goba & Capinha-Bacote, 2008, p. 222). In fact, one Latino respondent in a study completed by O’Neal et al. (2016) stated, “In Latinos you see a different... passion probably because they are not just students for themselves but for their future families and their friends” (p. 460). Duerksen (2013), when describing strategies for success in minority nursing students, discovered that

Students who had high aspirations and goals, a sense of determination, perseverance and resiliency, a willingness to learn and change, and the ability to balance multiple stressors at one time were most successful throughout the duration of a nursing program. (p. 5)

Cason et al. (2008) developed a model of barriers and supports for minority nursing students based on interviews with these students and found that “while self-determination was not a construct in the model...it did emerge as a theme embedded in a number of participants’ comments” (p. 47).

Strayhorn (2014) studied the relationship between grit and the grades of black males who attended a college which was predominantly white in ethnicity. The study showed that the black students who scored higher on the grit scale not only had higher grades in college than less gritty black students, but they had also earned higher grades in high school and had higher ACT scores (Strayhorn, 2014). Even when compared with black males who had similar grades and ACT

scores in high school, though, grittier black males achieved higher grades in college than those who were less gritty (Strayhorn, 2014).

What all of these researchers found is that another aspect of the minority students' experiences in schools of nursing with predominantly white faculty, staff, administrators, and students is internal – a characteristic of the students themselves – which may be described as grit. Those who have grit tend to be more successful academically (Duckworth & Quinn, 2009; Strayhorn, 2014; Wolters & Hussain, 2014).

As seen from the literature, there is a wide variety of strategies that schools of nursing can employ to promote the success of their minority students. However, it is the minority students, themselves, who must decide whether or not to access these resources and make the sacrifices needed in order to be successful in nursing school. The literature describes this persistence and suggests ways that nursing faculty can nurture it in order to promote student success.

Williams (2010) discovered four themes when she interviewed persisting students. The first was Keeping Up and included time management, a focus on keeping up and not falling behind, and using resources to help them do that (Williams, 2010). The next theme was Not Giving Up, and consisted of keeping “paths and possibilities open” and not allowing the idea of quitting to prevail (Williams, 2010, p. 364). It also included self-determination and vision (Williams, 2010). Rivera-Goba and Campinha-Bacote described this self-determination and vision in their study, explaining that “occasionally the roadblock was so overwhelming that the student contemplated...dropping out of nursing school. Fortunately, this thought never lasted long, and they would then do whatever was necessary to continue on their journey” (p. 222).

Zuzelo (2005) noted that disadvantaged students who are successful display “hardiness”, and that this ability to overcome challenges is an important asset in nursing.

The third theme discovered by Williams (2010) was termed Doing It and included being motivated and acting to accomplish the goal. Rivera-Goba & Campinha-Bacote (2008) found that the Latina students they interviewed identified and implemented whatever strategies they needed to overcome the barriers to their success. These students were even motivated by the barriers they faced (Rivera-Goba & Campinha-Bacote, 2008). Amaro et al. (2006) also found that one of the factors the successful minority nursing students they studied shared was “self-motivation and determination” (p. 251). In fact, this self-motivation and determination was identified as “the most significant support” for these students (Amaro et al., 2006, p. 253).

The last theme was Connecting and Concerned, which included the idea of staying connected with others, including family and friends, peers and faculty (Williams, 2010). Included in this discussion was the idea of helping one another (Williams, 2010). Williams (2010) shared that many students expressed how positive experiences with faculty or patients motivated them to stay focused on graduation. Williams (2010) gave some suggestions for encouraging persistence in students that were based on Connection. Connection, Williams asserted, could be encouraged by sending newsletters to families, by gathering together with other students, and by using teaching strategies that encouraged students to work together. Student organizations were also identified as a useful vehicle for bringing students together (Williams, 2010).

According to D. B. Evans (2013), the most powerful predictor of attrition was a student’s intention to leave. D. B. Evans’ (2013) study was designed to assess a variety of noncognitive variables, such as demographic data, interactions with faculty and peers, and hours worked

outside of school, and evaluate their impact on the student's intention to complete their program of study in nursing. The results showed that academic development, interaction with their peers, faculty concern, and working less than 15 hours per week, correlated positively with the students' intention to complete (D. B. Evans, 2013). D. B. Evans (2013) discovered that minority students had a higher intention to complete than white students. Studying this further, D. B. Evans (2013) examined the data to see if there was a difference in minority students' intention to complete in predominantly white colleges or historically black colleges. She found that minority students had a higher intention to complete than white students in both types of schools (D. B. Evans, 2013). D. B. Evans (2013) concluded that intention is not enough to ensure completion of a program, and that retention efforts should focus on "academic development, peer interaction, faculty concern, and limited employment" (p. 152). A focus on these areas may further support students who have every intention of graduating and entering the nursing workforce.

Veal, Bull, and Miller (2012) studied persistence in doctoral nursing education with the aim of helping nurse educators in their efforts to promote retention of their students to graduation. Minority students in a monolithic culture, defined as a predominantly white educational institution with an absence of diversity and diverse perspectives, were interviewed for this study (Veal et al., 2012). The core process in the data obtained by the students, according to Veal et al. (2012), was "learning to balance stressors with moderators" (p. 324). Students in the focus groups for the study identified race as being a "significant factor" in how comfortable they felt at their institution of learning, and they expressed that "the monolithic culture affects the decisions students make, the resources they choose to use, and their psychological well-being" (Veal et al., 2012, p. 324).

Concerning stressors, the minority students identified not feeling connected, existing within the cultural environment (meaning that they were not socially integrated or accepted), and having difficulty when utilizing technology (Veal et al., 2012). Concerning moderators, or those factors that alleviated stress, the minority students identified receiving supportive services, and a support network of peers and faculty mentors (Veal et al., 2012). Both the study by D. B. Evans (2013) and Veal et al. (2012) identified a connection to peers and faculty as important contributors to persistence for the minority nursing student.

Goff (2011) identified learned resourcefulness as an important indicator of persistence for baccalaureate nursing students. Learned resourcefulness was defined as an acquired set of behavioral and cognitive skills that an individual uses in order to regulate their emotions and cognitions in such a way that they can continue to move toward their goals (Goff, 2011). For example, when faced with academic or personal stressors, an individual with learned resourcefulness will use “emotional responses, problem-solving strategies, ability to delay immediate gratification, and self-efficacy” to work toward their goals (Goff, 2011, p. 5). One interesting result from this study as it relates to minority nursing students was that males and African/Black participants had higher scores on learned resourcefulness than did females and Caucasian nursing students (Goff, 2011, p. 11). Discovering how minority students use learned resourcefulness to cope with stressors could contribute to an understanding of how they persevere in nursing programs with predominantly white faculty, staff, administrators, and students.

One distinctive aspect of grit is that those who possess it are willing to pursue challenging goals over years and even over decades (Duckworth, 2016; Duckworth & Quinn, 2009; University of Pennsylvania, 2014). This makes it an appropriate concept for student nurses

who must dedicate years of study to their goal of becoming a nurse. This emphasis on stamina, according to Duckworth and Quinn (2009) makes it unique from other measures. Grit is not just resiliency, but maintaining a focused passion over a long time (Perkins-Gough, 2013). Rivera-Goba and Campinha-Bacote (2008) noted that the Latina students they interviewed had a desire to persevere that “began a long time before nursing school” (p. 222). Such a commitment results not just from perseverance of effort, but also in a consistency of interest, especially when the endeavor pursued is demanding, as is true about pursuing a degree in nursing (Duckworth & Quinn, 2009). Duckworth et al. (2007) declared that “The gritty individual approaches achievement as a marathon; his or her advantage is stamina. Whereas disappointment or boredom signals to others that it is time to change trajectory and cut losses, the gritty individual stays the course” (p. 1088). Urging students to create a “career vision”, therefore, has been found to help students to persist towards graduation (Williams, 2010).

Educators are recognizing the importance of noncognitive skills, such as grit, in promoting student success. As Hoover (2012) stated, “‘hard’ is not the same thing as ‘can’t’” (p. 2). In other words, a gritty student will use strategies to overcome barriers to meet their goals, attaining success even in circumstances that are less than ideal. Finding out more about the experiences of minority nursing students, including how they “stay the course” by using strategies to overcome barriers, should help in the promotion of their success.

Summary

A review of the literature revealed that nurses have long recognized the need to embrace diversity. These efforts have included the recognition that nurses should serve people from all racial and ethnic backgrounds, and that the inclusion of minorities as caregivers in the profession is essential to improving the health of the nation. The literature also shows that there are many

other good reasons for increasing the recruitment and retention of minorities in nursing. These reasons include graduating nurses of all races and ethnicities to more closely mirror the make-up of the U.S. population, to help alleviate the nursing shortage, to lessen disparities in health care outcomes, to provide opportunities to participate in fulfilling professional work, and to enrich the profession, among others. Nevertheless, while recruitment of minority students is increasing, retention is lower for minority nursing students than for white nursing students. Barriers to success are thought to account for this discrepancy, and are described in the literature. While schools of nursing have implemented an assortment of strategies to promote success, no one strategy seems to be the answer to the problem of minority attrition. An additional variable is that some students appear to have innate grit, the passion and perseverance necessary to increase their likelihood of success in spite of their obstacles.

Examining the literature to know what barriers are causing an impediment to success for minority nursing students and what strategies are available to schools of nursing to ameliorate these barriers is important. However, it is also important to know what motivates the minority students to utilize these resources and to persevere. Mills-Wisneski (2005) noted that, of the nursing students she interviewed, some “recognized that it is persistence and self-motivation that helps minority students to overcome the many obstacles associated with the rigors of the nursing curriculum” (p. 3). In this study, those qualities are described as grit.

Listening to the students’ stories in an effort to understand their experiences with barriers and with strategies designed to promote their success, will add meaning to the information gleaned from the literature. Listening with the intent to understand what allows them to persevere and passionately pursue their long-term goals (grit) will give insights into how best to support them. The result should be a collaborative approach toward a mutual goal.

Narrative pedagogy has been recognized as an approach “that gathers teachers and students into converging conversations wherein new possibilities for practice and education can be envisioned” (Gazarian, 2010, p. 287). The application here is that new possibilities for education can be imagined based on listening intentionally to the stories of the students as they relate their experiences to the interviewer. Narrative pedagogy allows lived experiences to be shared and interpreted (Williams, 2010). If gritty students are willing to persevere to overcome obstacles related to their passion of being a nurse, even if it means being a minority student in a primarily nursing program with primarily white faculty, students, staff, and administrators, then it is the mandate of schools of nursing to facilitate the process for them with appropriate strategies. It is believed that the outcome, if successful, will result in high quality health care provided by a culturally competent nursing workforce whose demographic effectively mirrors that of the communities to which they are providing care.

CHAPTER III: RESEARCH METHOD

The aim of this study was to discover the lived experiences of minority nursing students who attend schools of nursing with predominantly white faculty, staff, administrators, and students. Specifically, this study focused on those situations or factors, both positive (strategies for success), and negative (barriers) which are most influential in their experience. Another aspect of these students' lived experiences that was studied was grit, which consists of characteristics related to perseverance and passion in pursuing achievement of a long term goal. It is hoped that information and insights gained from this study will help inform colleges of nursing about which factors are perceived by minority students to be barriers to their success, which strategies are perceived by minority students as helpful in promoting their success, and the role of grit in their experiences in schools of nursing with predominantly white faculty, staff, administrators, and students. Ultimately, the goal of the study was to offer insights into the minority nursing students' experiences which will help to promote their success in these nursing schools.

Research Design

This study utilized a qualitative hermeneutical phenomenological approach in that the result was a description of a lived experience as it related to a shared phenomenon (Creswell, 2014; LoBiondo-Wood & Haber, 2006; Polit & Beck, 2012). The lived experience was the phenomenon of being a minority nursing student in a school of nursing with predominantly white faculty, staff, administrators, and students. A central aspect of phenomenology is the intentionality of consciousness (Creswell, 2013; Polit & Beck, 2012). Each student shared perceptions of experiences they had had in these schools, including barriers they faced and strategies that they had used to overcome these barriers. In order to do this, the student had to

have a conscious awareness of these experiences (Polit & Beck, 2012). The researcher noted that minority students were able to describe barriers and strategies related to their success in conversation, indicating a conscious awareness of these things. Regarding the students' perceptions of grit, which was another aspect of this study, Duckworth et al. (2007) asserted that there was "no theoretical reason why individuals would lack awareness of their level of grit" (p. 1089). For that reason, the Grit-S scale, which is designed to measure levels of grit, was appropriate for measuring the minority students' perceptions of their grittiness.

The study was hermeneutical in that it involved an interpretation of "texts" (Creswell, 2013). Polit and Beck (2012) explained that "the term hermeneutics refers to the art and philosophy of interpreting the meaning of an object such as a text" (p. 496). Texts included the descriptions of the students' experiences obtained through the interviews. Secondly, the respondents were asked to take the Grit-S, an instrument which measures grit. Students selected statements on the Grit-S which best described their passion and perseverance over time (Duckworth & Quinn, 2009). In addition, the students were asked to draw a picture describing what role the concept of grit had had as they used strategies to respond to challenges in nursing school, providing additional texts. Themes from these texts were then identified and described by the researcher.

Laverty (2003) explained that hermeneutic phenomenology goes beyond seeking to understanding. LoBiondo-Wood and Haber (2006) observed that in most American phenomenological research, the focus is on understanding in terms of the individual experiencing the phenomenon, and not the phenomenon itself. This was true for this study. The researcher strove to question in such a way that new understandings were possible (Laverty, 2003). Generally, researchers have a "horizon", or the ability to see beyond the obvious, so that

someone else's meaning is not just re-created, but there is an understanding that there are more possibilities to the meaning (Laverty, 2003). Laverty clarified the role of the researcher in a hermeneutical approach as involving themselves "in a process of self-reflection to quite a different end than that of phenomenology. Specifically, the biases and assumptions of the researcher are not bracketed or set aside, but rather are embedded and essential to interpretive process" (p. 28). Hermeneutics, according to Polit and Beck (2012), accepts that the researcher has a prior understanding of the phenomenon being studied, and while researchers using this approach may attempt to identify these understandings, they will also accept that they are not able to completely set them aside. This assumption was accepted by this researcher.

A transformative worldview seeks to use research to change the lives of marginalized peoples, especially those who may face inequities because of race or ethnicity (along with other diverse groups) by focusing on a social issue which is the emphasis of the study (Creswell, 2014; Hall, 2013). This philosophical assumption is compatible with a phenomenological qualitative approach to research (Creswell, 2014). The transformative worldview was appropriate for this study as it sought to promote the success of minority students in schools of nursing with predominantly white faculty, staff, administrators, and students. Historically, minority students have not been as successful in these schools as have the white students (Benn & Pacquiao, 2010).

As is appropriate for this type of research, open-ended questions were used, followed by probing questions. A self-report scale to measure the concept of grit, the Grit-S, was given. There was also a picture-drawing activity to provide additional data for the purpose of triangulation. The student was asked to illustrate the barriers they had faced, the strategies for success they had used, and the role of grit in their journey through nursing school. When they completed the illustration, they were asked to describe their picture and its meaning. This was

appropriate because, according to Creswell (2014), a visual model may help to clarify a complicated phenomenon. Polit and Beck (2012) explained that the use of such “supplementary texts,” can deepen the researcher’s understanding of the phenomenon being studied (p. 496).

The researcher was positioned to actively collect participants’ meanings related to the phenomenon of being a minority student in a school of nursing with predominantly white faculty, staff, administrators, and students through the interviews, the grit scale, and pictorial representations created by the students to describe the phenomenon. These meanings were derived from the questions which were designed to elicit stories from the participants related to their experiences, and from the pictorial representation of the experience. Results from the Grit-S scale provided additional meaning to the students’ narratives. The researcher validated the accuracy of the findings, and made interpretations from the data with the hoped for result of gaining a better understanding of the minority students’ experiences in a school of nursing with predominantly white faculty, staff, administrators, and students. These activities were also congruent with the role of the researcher in phenomenological inquiry (Creswell, 2014).

Reflexivity and Bias

The researcher’s own experiences may shape interpretations of qualitative data, according to Creswell (2014) and should be acknowledged (Creswell, 2014; LoBiondo-Wood & Haber, 2006; Polit & Beck, 2012). In fact, according to Laverly (2003), hermeneutic phenomenologists believe that “understandings are based on our historicity of being and all understanding will involve some prejudice” (p. 25). In the case of this study, the researcher was a white nursing faculty member, and was employed in a school of nursing with predominantly white faculty, staff, administrators, and students. This perspective may have shaped interpretations in that the researcher did not share a common background with the subjects and

therefore may not have been trusted, or may have misinterpreted what was said in the interviews. However, this perspective may also have been valuable in that understanding these differences in perspectives is exactly what needs to happen in order to bridge them.

Participants/Sample and Setting

Participants. Participants were self-identified as members of a minority racial or ethnic group, and were enrolled as juniors or seniors in a school of nursing with predominantly white faculty, staff, administrators, and students in the Midwest. This included all students who self-identified as being either Hispanic/Latino or non-white. Participants were at least 19 years of age, but were not excluded because of gender, socioeconomic status, or English proficiency. It is acknowledged that there is a minimum proficiency in English requirement for admission to each of these schools of nursing. The participants were either immigrants or native to the United States.

After obtaining permission to conduct the study, emails were sent to schools of nursing identified by the researcher to inquire about the best way to contact minority nursing students, including the existence of diversity clubs or groups, or classes which minority junior and senior nursing students may have been attending. A nursing faculty member at two of the schools became the contact person for the study and asked for volunteer participants. An email was sent to all students at the third school, asking for volunteers. It was hoped that some of the participants may have encouraged classmates who met the criteria to volunteer as well. This type of sampling, snowball or chain sampling, makes use of natural social networks (Noy, 2008). Noy (2008) asserted that snowball sampling, a tactic of qualitative research, helps resist hegemonic power, a particular concern when working with marginalized groups such as the minority students who were interviewed in this study.

In order to optimize the ability to identify themes, the sample needed to be purposive and homogenous (Roberts, 2013). The sample was purposive in that only those minority students who met inclusion criteria were included in the study. The inclusion criteria were that the student self-identified as belonging to an ethnic or racial minority and was a junior or senior in one of the selected schools of nursing in the Midwest. The sample was homogenous in that each student interviewed had the shared experience of being a minority student in a school of nursing in the Midwest with predominantly white faculty, staff, administrators, and students.

Regarding sample size, Roberts (2013) explained that small sample sizes are used for phenomenological analysis. A sample that is too large can provide so much data that the researcher is overwhelmed (Roberts, 2013). Mason (2010) concurred, stating that some qualitative researchers have difficulty coming to conclusions because they have too much data. In a study of 25 phenomenological research studies using interviews, Mason (2010) found that all of the studies had at least six interviews, and just over two-thirds had 5-25 interviews. The goal for this study was to reach saturation by conducting 5-25 interviews. In the end, sixteen interviews were completed, with fourteen meeting the criteria. Only these fourteen were used for data gathering, while the other two were kept for comparison purposes.

Identified schools of nursing. Each region of the country has unique demographic characteristics. The Midwest is of particular interest to this researcher. For this reason, schools of nursing in the Midwest were chosen for this study. It is anticipated that results could be generalizable to other Midwestern schools of nursing, or other schools of nursing with similar demographics. Participants from three private not-for-profit 4-year colleges of nursing were contacted. Five of the participants were enrolled in a 3-year LPN or ADN to BSN completion program. Because of the extreme difference in population and demographic make-up, state

universities were not included in this study. Demographic data for each participating school are included in Appendix A.

Setting. The interview took place in each participant's school of nursing, in the case of two of the schools. The researcher was unable to obtain a room in the third school, and so the interviews took place in the researcher's office on a week-end. Those participants were amenable to this idea. A room was arranged by the researcher with the contact person at the school. The researcher asked that the room be private, so that interruptions were minimized and quality recordings were attained.

Ethical Considerations

Written informed consent was first obtained from each subject (see Appendix B). Participants' rights were explained to them before they participated in the study and before they signed the consent form. These rights are outlined in the College of Saint Mary document: The Rights of Research Participants (see Appendix C). Although anonymity cannot be assured, participants were assured that their responses would remain confidential and that they would be identified by a coded number in any discussion or publication of the data. The names of participants are known only to the researcher who is conducting the interview. All transcribed interviews will be destroyed after completion of the study. No risks are anticipated to the participants. No direct benefit to the participants is anticipated, although the participant's school may elect to respond to the results of the survey by implementing new strategies to facilitate success. Participants at each school received a thank-you in the form of being entered into a drawing for an Amazon gift card.

Institutional Review Board. All research was examined by the Institutional Review Board (IRB) of the College of Saint Mary, (see Appendix D) and by review of the IRBs of the participants' educational institutions. In order to meet IRB requirements, a Level of

Determination Checklist: Expedited Reviews was completed, and copies of participants' consent forms, (see Appendix B), the Rights of Research Participants form (see Appendix C), copies of the emails sent to recruit participants (see Appendices E & F), data collection instruments (see Appendices G, H, I), proof of completion of ethics in research training (see Appendix J), and the Faculty Review and Approval form (see Appendix K) were provided. Following IRB approval, the Consent Form and Rights of Research Participants Form were distributed to those who chose to participate in the study.

Data Collection Procedures

Data was collected from self-identified minority nursing students who met the inclusion criteria and who agreed to be participants in the study. The interview took place in the participant's school of nursing (or at the researcher's office for one school) at a time deemed to be convenient for both the interviewer and the participant. The study was explained to the prospective participants and any questions were answered. Participants were informed that the interview would be recorded as well as the anticipated time requirement for the interview (20-30 minutes), and plans for sharing the interview results. The prospective participant was then informed of their rights and, when they were agreeable, they were asked to complete the consent form for participation in the study.

The participants were interviewed, completed a checklist based on barriers and strategies identified in the literature, took the Grit-S assessment using paper and pencil, and completed a pictorial description of their experiences in nursing school. The interview questions focused on perceived barriers to success and their experiences with strategies to overcome these barriers, as well as how they perceived themselves in terms of grit. The concept of grit was also explored by way of the completion of the Grit-S assessment. The students were asked to draw a picture

depicting how they have used grit to come up with strategies for success to overcome barriers, and were asked to describe their picture after they completed it.

The interviews were conducted face-to-face and consisted of open-ended questions designed to draw out stories describing what barriers the minority students interviewed perceived that they had faced in schools of nursing with predominantly white faculty, staff, administrators, and students, the strategies that they had tried and whether or not those had been effective, and how grit had influenced their ability to be successful in the program (see Appendix L). The open-ended questions assisted in gaining as much information about the minority nursing students' experiences as possible. Probing questions were also used to clarify content as necessary, as well as a checklist. The interviews were recorded and transcribed afterwards.

Interviews have limitations, as well as advantages. Limitations include the fact that what is learned is indirect information, influenced by the viewpoint of the individuals being interviewed; also, the subjects are not usually seen in a natural setting; the responses of the participants may be influenced by the presence of the interviewer; and not everyone being interviewed is able to articulate their experience or show insight (Creswell, 2014). Advantages of interviews include the ability to gather historical information and it gives the researcher control over the questioning process (Creswell, 2014).

The Grit-S (see Appendix I), the questionnaire used to determine the students' level of grittiness, has been shown through several studies to be reliable and valid (Duckworth & Quinn, 2009). This is a self-report scale, and was used as a descriptor of the minority students' passion and perseverance for completing long-term goals. The scale was completed and scored using paper and a pencil provided to the student. Follow-up questions were used to ask the respondents to apply this concept to their experiences in nursing school. Some relevant limitations of this tool

include the fact that it is based on self-report, and that students may be gritty in one domain, such as work, and not in another, such as school (Duckworth & Quinn, 2009). Applying the concept of grit to minority students who may not share American values related to passion and perseverance is another consideration for this tool.

Qualitative documents in the form of a pictorial description of participants' experiences in their schools of nursing were also collected (see Appendix M). The participants were asked to depict their journey through the nursing program in which they were enrolled using white paper and colored markers. They were asked to consider how they have used grit and strategies for success to overcome barriers and to draw a picture to illustrate that process. Creswell (2014) also identified some advantages and disadvantages of using artistic objects to gather qualitative data. Advantages include the idea that creating an art object will allow a more unobtrusive method of gathering data, participants may be able to express themselves and their reality more directly than they would with questioning, and it captures the attention of the audience more effectively than simple narrative (Creswell, 2014). Creswell (2014) recognized the difficulty of interpretation as one of the limitations, as well as the fact that the creative process may be stemmed by the presence of the researcher who is observing the creation of the artwork. Bryant (2004) noted that "qualitative studies that utilize multiple data sources typically prove more persuasive than those studies that do not" (p. 106). Therefore, it was decided to implement the drawings as part of the research protocol.

A protocol guide was developed and was used by the researcher when conducting the interview, the Grit-S assessment, and explaining the pictorial representation activity to promote consistency and reduce the introduction of bias (see Appendix L). As recommended by Creswell (2014), the interview began with "ice-breaker" questions. Following these, each topic was

introduced with an open-ended question and was followed by probing questions related to barriers the participants may have encountered, and strategies they have used for success. A general question about their experience as minority students was also asked. Following this, the participants were asked to complete the Grit-S assessment, and were asked questions about characteristics related to their perceptions of their grittiness. Last, the participants were asked to draw a picture illustrating their experience as a minority student in a nursing school with predominantly white faculty, staff, administrators, and students.

The participants were offered the opportunity to receive a copy of the results of the research. Participants were given the option to review the preliminary results as part of a member check for validity. At the conclusion of the interview the participants were thanked and assured of the confidentiality of their responses. As a thank-you, they were also given the chance to win a \$50 Amazon gift card in a drawing from a pool of all participants in each school.

Data Quality Measures

Grit-S. The Short Grit Scale (Grit-S) was used as a method for students to describe their level of grit. Studies have found evidence that this scale has predictive validity, consensual validity, and test-retest stability (Duckworth & Quinn, 2009). Duckworth and Quinn (2009) also found that grit is reliably assessed from the Grit-S even though it is a self-report, completed by the informants themselves. Additionally, Duckworth and Quinn (2009) found the Grit-S was a more efficient measure of grit than was the previous 12-item Grit-O scale. Duckworth and Quinn observed that studies of grit that were prospective and longitudinal indicated that grit caused the relationship with achievement rather than the reverse, a quality that is appropriate for this study.

Pictorial description. The pictorial descriptions completed by the participants after the interview provided a means of triangulation to validate whether or not there is corroborating evidence for themes identified from the interviews. Just as the interview questions emphasized

the themes of barriers to success, strategies for success, and grit, so participants were asked to also include these themes in their drawings. Upon completion of the drawings, the participants were asked to explain them to the researcher. This step decreased the chance for misinterpreting the meaning of the drawings.

External checks. An audit trail was conducted to provide an external check of the themes identified from the interviews. The audit trail was completed by the Chair of the researcher's doctoral committee (see Appendix N). Member checking, in which the participants are given the opportunity to review the researcher's conclusions for accuracy and credibility (Creswell, 2013), was completed after preliminary analyses had been made.

Data Analysis Procedures

Although Creswell (2014) described a sequence of steps to be used in the analysis of data in qualitative research, Roberts (2013) highlighted the importance of flexibility in order to allow the researcher to return to the data during the process of analysis in order to focus on meanings. This approach was used in the analysis of the data for this study.

The first step of analysis, according to Creswell (2014), is to prepare the data. In this study, recorded data from interviews was transcribed, the Grit-S scale results were recorded, and pictorial descriptions were numbered for identification. Roberts (2013) believes analysis occurs one step sooner than this. She believes data analysis actually occurs as the researcher conducts the interviews and begins to attach meaning to what is being said (Roberts, 2013). Although this did not occur in a formal way – themes were not identified during the interviews – it was possible to consider possible themes while listening to the participants.

Secondly, Creswell (2014) advised that the transcriptions of the interview data be read, with preliminary notes taken. This was done. Additionally, the results of the Grit-S were

calculated. Along with this activity, the pictorial depictions were reviewed and themes were identified.

The third step is to code all data (Creswell, 2014). Creswell (2014) suggested categories be determined based on “chunks” of data, and the labels assigned to those categories should be the codes by which the data will be identified. The codes for this study emerged as the analysis progressed and data was compared with the review of the literature. This process, according to Roberts (2013), results as interviewers engage with the transcripts, which did occur.

These codes, then, were used for the fourth step of identifying themes, according to Creswell (2014). Creswell (2014) explained the themes are the major findings and are supported by quotations and evidence (Creswell, 2014). Roberts (2013) cautioned that any interpretation of the data must be based only on what the participants expressed in their interviews. It is common, according to Bryant (2004), to pass through several stages while developing themes from qualitative data. Bryant (2004) also advised that researchers who are reporting data results for qualitative studies remember to designate these reports as perceptions, rather than as actual facts. Because this study is phenomenological in design, the themes formed a general description of the lived experiences of the participants (Creswell, 2014).

The fifth step is to determine how the description of the lived experience and the associated themes will be represented in the narrative of the study (Creswell, 2014). This was accomplished through a discussion of the themes with identified subthemes, as well as illustrations from quotations and the pictorial depictions of the participants’ experiences. Results of the Grit-S scale were also included in descriptions of the students’ experiences. Some data was summarized in figures such as charts and bar graphs to clarify meaning.

The last step is to interpret the results (Creswell, 2014). According to Creswell (2014), this may be done in terms of the researcher's own interpretation of the findings, or by comparing the findings with those of previous researchers. Both of these approaches were taken when interpreting results for this study, as there is much data to compare regarding minority students' perceptions of barriers to success in nursing school and strategies for promoting success.

The students' responses on the Grit-S scale were scored according to the directions for the scale. The maximum score on the scale is five, which is described as "extremely gritty" (Duckworth & Quinn, 2009). The lowest score possible is one, which is described as "not at all gritty" (Duckworth & Quinn, 2009).

Summary

This hermeneutic phenomenological study was designed with the intent of discovering the lived experiences of minority nursing students in a school of nursing with predominantly white faculty, staff, administrators, and students. The minority students shared their stories through interviewing and a pictorial description of their journey in nursing school. The barriers faced by minority students in primarily white schools of nursing in the Midwest, the strategies that were employed to help overcome these barriers, and the role of grit were explored in this study with the purpose of promoting a better understanding of this experience. It is hoped a better understanding of the lived experiences of these students will result in better outcomes for minority students in schools of nursing with predominantly white faculty, staff, administrators, and students, thereby increasing the number of nurses representing minorities in the workforce.

CHAPTER IV: RESULTS

Research Focus

This study sought to answer the following central question: How do minority junior or senior year participants describe their experiences in a college of nursing in the Midwest with predominantly white faculty, staff, administrators, and students, regarding the barriers they have faced, the strategies for success they have used, and their personal attributes related to grit? In order to answer this question, the following subquestions were identified:

1. What barriers most negatively influence the experience of minority junior or senior year participants who are enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest?
2. What strategies for success have most positively influenced the experience of minority junior or senior year students who are enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest?
3. How do minority junior or senior year students enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest describe themselves in regard to characteristics related to grit, using the Grit-S scale and a pictorial representation of their experience?

The results of the study are organized according to these subquestions.

In order to allow the minority participants to generate their own ideas related to barriers, strategies, and grit, open-ended questions regarding these concepts were asked. Their responses were transcribed and themes were identified. This process (identification of themes) was facilitated by considering themes that were prevalent in the literature related to this topic, an approach suggested by Ryan and Bernard (n.d.), and Bradley, Curry, and Devers (2007). The themes found in the literature provided a framework for structure when considering themes

found in the interviews. Bradley et al. (2007) explained that this approach "...can help researchers integrate concepts already well known in the extant literature" (p. 7). This approach was further applied in the development of checklists based on themes related to barriers and strategies for success found in the literature. Participants selected themes relevant to their experience from these checklists. However, the investigator took care to ensure that data was not forced into these existing codes for categorizing themes, and new themes were allowed to emerge (Bradley, Curry, & Devers, 2007).

Key-words-in- context were also used (Ryan & Bernard, n.d.). These key words, recognized from the literature and discovered by noting their repetition by the participants who were interviewed, were also significant for identifying themes. In addition, responses by one participant to the questions asked were compared and contrasted with the rest of the participants, which is a third method of identifying themes (Ryan & Bernard, n.d.). Ryan and Bernard (n.d.) also identified looking for metaphors and analogies as an effective way to search for themes. Although this was seen to some extent in the question-answer portion of the interview, it was seen most often when the participants were asked to describe a picture they drew to illustrate their experiences as minority participants in schools of nursing with predominantly white faculty, staff, administrators, and students. Linguistic approaches suggested by Ryan and Bernard include looking for transitions and connecting words. This approach was also used in order to identify where one idea, or theme, ended and another began. Note that participants' responses will be identified by MSN (minority student nurse) and a number when direct quotations are used. MNS2 and MNS16 were interviewed but did not meet the criteria for inclusion and so their results are not included in this paper.

Demographics

Fourteen of the individuals interviewed met the criteria. Of these fourteen, three described themselves as Asian, four as Hispanic/Latino/Mexican, four as African American, and three as African (naming the African countries they had immigrated from). English was the first language for seven of the participants, it was not the first language for five of the participants, and two participants described themselves as at least bilingual, learning English along with another language, or languages, as they were growing up. These two participants considered themselves native English speakers. Nine of the participants responded that they were native to the United States while five had immigrated. The age range of the participants was 19 years old to 51 years old. The average age was 27 years old, but the mode was 23 years old, and the median age was 23 years old. The age of one of the participants was unknown.

Barriers

Responses to open-ended question. To answer the broader question, “what barriers most negatively influence the experience of minority junior or senior year participants who are enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest?” the participants were asked the following open-ended question, “What barriers, if any, would you identify as having to overcome in order to be successful in nursing school?” Coding terms from the literature included: academic barriers (Dower et al., 2001; Ferrell & DeCrane, 2016; Ferrell et al., 2016; Gardner, 2005b; Healey, 2013; Igbo et al., 2011; Lewis, 2010; Loftin et al., 2012; Nnedu, 2009; Rearden, 2012; Soroff et al., 2002; Ume-Nwagbo, 2012; Zuzelo, 2005); financial barriers (Dower et al., 2001; Ferrell & DeCrane, 2016; Gardner, 2005b; Hart, 2005; Igbo et al., 2011; Lewis, 2010; Mingo, 2008; Nnedu, 2009; Ume-Nwagbo, 2012); aspirational barriers/ lack of confidence (Gilchrist & Rector, 2007; Mingo, 2008); lack of

commitment by the faculty and college (Mingo, 2008; Strayhorn, 2014; Ume-Nwago, 2012); language and communication barriers (Amaro et al., 2006; Flinn, 2004; Gardner, 2005a; Gardner, 2005b; Lewis, 2010; Nnedu, 2009; Soroff et al., 2002; Ume-Nwagbo, 2012); lack of mentors, minority faculty, and role models (Amaro et al., 2006; Dower et al., 2001; Hart, 2005; Loftin et al., 2012; Nnedu, 2009); discrimination and bias (Abrums et al., 2010; Loftin et al., 2012; Sedgwick et al., 2014); cultural differences (Coleman, 2008; Ume-Nwagbo, 2012); lack of social support/isolation (B. C. Evans, 2005; Gardner, 2005a; Gardner, 2005b; Mills-Wisneski, 2005; Ume-Nwagbo, 2012); and family responsibilities (B. C. Evans, 2005; Hart, 2005; Loftin et al., 2012; Porter-Wenzlaff & Froman, 2008; Soroff et al., 2002; Warda, 2008). Participant responses related to being misunderstood and “having to prove yourself” were coded as discrimination and bias. Feedback regarding barriers to success was elicited through an open-ended question, a checklist, a question regarding the significance of the barrier(s) identified, and a drawing (see Appendix L).

Academic barriers. Only one participant referred to academic barriers in response to the open-ended question. This participant cited a lack of flexibility in the curriculum, specifying, “I don’t think that there is any kind of flexibility in our curriculum. A lot of issues us girls face is not having classes offered when it’s most convenient to us” (MNS8).

Financial barriers. A second theme identified was financial barriers. Two participants emphasized the impact of financial barriers on their opportunity for success in the nursing program. One participant explained, “...financially, it’s a struggle. And it’s a lot of sacrifices you have to make especially with the (college) being so expensive” (MNS8). The second one declared, “I am very concerned about money. This is my last year (to receive a) scholarship... so that is a stressor for me this year since I can’t afford to pay and go here next year” (MNS6).

Lack of commitment by the faculty and college. One participant described lack of commitment by the faculty. Regarding faculty support, this participant complained,

I don't think we get a lot of support from our staff right now. It's almost like they have forgotten that nursing school was something that they had to go through as well...but it's almost like they have no sympathy for our situation...It's hard; I feel like that is something that they can work on... I haven't found too many faculty members that kind of push us or help us believe that we can succeed. (MNS8)

Language and communication barriers. Two of the participants identified language, including writing, as a significant barrier to their success in nursing school. One explained that the English she learned more closely matched the English spoken in Great Britain and that words that she was unfamiliar with were sometimes on exams. For example, she recalled missing a test question because she did not know what a "popsicle" was (MNS10). Another declared "It was hard being able to speak English because when I came here, I had no background in English. I did not know how to say 'hi'...I kind of grew into knowing, learning English" (MNS12).

Lack of mentors, minority faculty, and role models. One of the participants pinpointed a lack of mentors as a barrier. This participant stated that a barrier for her was:

not really having anyone to turn to for advice, or...mentorship...because I'm also a first generation college participant, so...I have nobody to turn to if I have just a minor issue with paperwork, or what should I do. It's kind of uncharted territory for me. (MNS14)

Discrimination and bias. Responses to the open-ended question included themes related to being misunderstood and having to prove yourself. These responses were coded collectively as discrimination and bias, with sub-themes of being misunderstood and having to prove yourself.

Being misunderstood. Two of the participants revealed ways in which they felt they were misunderstood. Specifically, one stated that people often believe that she is Latina and expect her

to be able to speak Spanish (MNS4). MNS8 asserted that "...our struggle is completely different from theirs", referring to the lack of understanding by populations that are not associated with minority groups. This same participant went on to speak expressly about the reluctance of minority students to speak up if there are difficulties, stating "I think the program could be structured better but I feel like more of the ones to speak up are our Caucasian participants whereas the African American or Latino participants, we just see it as another struggle or another hurdle. We don't speak up" (MNS8).

Having to prove yourself. Two participants (MNS5 and MNS9) declared that they felt they had to prove themselves to faculty more than participants who did not come from non-minority backgrounds. They both explained that they came to this conclusion by believing that they were questioned by faculty more than non-minority students.

Cultural differences. One participant referred to the contrast between "my family culture and beliefs vs. the standards and the way we do things as a nursing society" (MNS1). She further explained that her culture's approach to "doing things" is not "in line" with what she has been taught in nursing school (MNS1).

Lack of social support/Isolation. Four of the participants described feelings of isolation, identifying it as a significant barrier to success. One described this sense of isolation in terms of getting along with peers, finding friends, and finding people to study with (MNS3). Another stated that she felt like an outcast, explaining, "you are going to be alone because no one wants you in" (MNS7). An awareness of being different was also shared, with one participant expressing discomfort about being classified as the "diverse person", in spite of the fact that she is "not the spokesperson for everyone" (MNS4). Related to this was the observation by a

participant that everyone in the college brochures and on the website for her college is white (MSN5).

Family responsibilities. Two of the participants identified family responsibilities as an important barrier to success for themselves and other minority students. One explained that “A lot of us work two jobs or we are working and going to school and we have children” (MNS8). Another said that her barrier was “just responsibility with my siblings. I have that responsibility, yet, I have the responsibility to make it to school and to clinical rotations. I think that is the main (barrier)” (MNS11).

Aspirational/Lack of confidence. No participant identified aspirational/lack of confidence barriers in response to the open-ended question.

Other barriers. One participant found that “workload” has been the greatest barrier, explaining that it was difficult to balance the variety of roles (being a student in nursing and general education classes, and being an employee) (MNS13). Two participants identified time management (MNS13, 15). Another participant (MNS4) described the greatest barrier as being the fear of disappointing her family if she did not succeed in graduating from nursing school, which was coded as “fear of not meeting family expectations”.

Checklist. After the open-ended question regarding barriers to success, participants were given a written list from the literature of barriers that minority students often face in colleges of nursing with predominantly white faculty, staff, administrators, and students, and were asked which barriers to success they had faced (see Appendix G). In response, the participants identified the following barriers in order of prevalence: financial barriers (nine participants); family responsibilities (eight participants); cultural differences (seven participants); lack of mentors, minority faculty, and role models (seven participants); discrimination and bias (six

participants); aspirational barriers/lack of confidence (five participants) -- note that one participant underlined “lack of confidence”; lack of social support/isolation (five participants) -- note that one participant underlined isolation, and wrote “fitting in”; academic barriers (three participants), with the following subcategories: insufficient or poor academic preparation for college (one participant), and a curriculum or teaching strategies that are not culturally sensitive (one participant); language and communication barriers (three participants); and lack of commitment by the faculty and college (two participants). Additionally, participants added the following barriers to the list, which were not included in the checklist: workload (one participant); and time management (one participant). Every theme from the literature was selected by at least two participants.

The participant who underlined “lack of confidence” on the checklist explained this verbally, stating, “...I haven’t found too many faculty members that kind of push us or help us believe that we can succeed. Lately, it’s more or less that our program is tailored for so many of us not to succeed, and that is what we have been hearing, and it’s not very motivating at all” (MNS8).

Most impactful barrier. As a last question regarding barriers to success, participants were asked to identify which of the barriers they thought had impacted them the most, and why. Participants identified academic barriers; financial barriers; family responsibilities; language and communication; lack of mentors, minority faculty, and role models; discrimination and bias; cultural differences and lack of social support/feelings of isolation; and aspirational barriers/ lack of confidence. Lack of commitment by faculty/college was not selected by any participant as being most impactful. One student identified fear of not meeting family expectations as the barrier impacting her most.

Academic barriers. One participant identified lack of preparation for college as the most impactful barrier, stating, "...we didn't learn until we got to high school that college was an option and that it was something we should be working toward" (MNS8).

Financial barriers. Seven of the participants interviewed answered that finances had a major role as a barrier to their success in nursing school. One participant explained that this was her last year for a scholarship, and that she is "...very, very concerned about money...since I can't afford to pay and go here next year" (MNS6). Some participants noted the tension between finding the time to work in an effort to support themselves and their children, as well as paying tuition, and finding the time to study. One participant summed it up, "I also have four children and, financially speaking, that kind of speaks for itself" (MNS14). Another elaborated:

I am a single parent...and with being in nursing school and they don't really want you to work-- they want you to focus more on school work – but at the same time, it's like they want their money, too. It's like, how do I juggle trying to be in school and be proactive in what I need to do in order to get everything out of it that I need to, but still try to pay, because y'all want your money? (MNS9)

This thought was echoed by MNS8, who explained why she chose finances as the barrier that has affected her most:

...it costs a lot to go here. I am one of the rare students who do get a scholarship financially and school loans. I do work/study, but I do still have quite a chunk of money that I have to pay out of pocket. On top of that, maintaining my home life. I have two children so I have to go to school to maintain life outside. (MNS8)

Another participant shared many of these same concerns, explaining, "...my family wasn't prepared for me to go to college... and my dad left us... so I began to pay for my school... I

have a part time job and I can't afford that" (MNS11). Exaggerating to make a point, one participant identified financial concerns, then laughed and said, "I owe like \$60,000 a month now" (MNS15).

Aspirational barriers/lack of confidence. Two participants chose "lack of confidence" as one of the most significant barriers to their success. One of these participants clarified that,

Sometimes I do feel like the lack of confidence because you go through periods where you don't do as good as you should have or you wanted to on a test, so you think that maybe this isn't for me, maybe I do need to change my major and do something else. But, this is what I want to do, so you fight through that. (MNS8)

Language and communication. Two of the minority participants interviewed ranked language or writing as among the most significant barriers to success in nursing school for them. One participant specified that the English she learned in school was different from the English spoken in the United States. She stated, "I don't know if it's like the worst... but...some words really differ... In (my country) we speak (English) different" (MNS10). Another participant explained,

...nursing is all about applying or they have a lot of 'select all that applies' (referring to items on exams). With English being an additional language for me, it's kind of hard to know the best between what is, and what is not (a correct answer). (MNS12)

Lack of mentors, minority faculty, and role models. Three of the participants interviewed identified a lack of mentors, minority faculty, and role models as significant barriers they faced in nursing school. One explained,

If I could see a faculty, an RN/MSN who had like a PhD...and she is Hispanic or Black

or whatever, I would be like ‘wow – good for them’ because they are not part of that percentage who didn’t do anything past high school. (MNS5)

Similarly, another said, “it...helps as a minority to see other people who have been through the struggle and made it” (MNS8).

Discrimination/Bias. Termed “discrimination” by one of the minority participants, and “bias” by two additional participants, this feeling of inequity was one of the most impactful barriers for success for three of the participants interviewed. One of these participants described instances when people made assumptions that she has immigrated to the United States, when in fact she is native to the United States (MNS5). Likewise, a second participant said that when others at the college see her and other minority students, they assume they are foreign exchange students (MNS8). A third participant explained,

it’s not very much, but you can sometimes feel it. You know, sometimes you go to an instructor and the way they even respond to you in class sometimes...If it’s another person who is not like you, they respond to it very positively, but if it’s you (who) said it, it’s like you just feel like something is not just right. (MSN10)

Cultural differences and lack of social support/Isolation. The participant descriptions for these two barriers were similar. One of the two participants who identified cultural differences as one of their most significant barriers explained that, “I feel awkward every time in a class when we get into the cultural differences in health care and everybody kind of turns to look at me” (MNS5). The minority participant who described isolation, described it in terms of not “fitting in, feeling like an outcast, because you know the majority of the students are white” (MNS7).

Family responsibilities. Four participants described family responsibilities as having a significant impact on their success in nursing school. One stated:

I have a family of my own, and then, I am my mother's daughter, my dad's daughter, and seeing them want to spend time with me, but trying to explain, you know, like this is a full time commitment, and I don't have the time. They really put the heavy weight of guilt on me for that, that family should always come first and no matter what kind of institute you're in...It's hard for me to communicate to them and communicate to other people saying, you know, I really don't have time to do these things. (MNS1)

Another revealed, "I still have to call my mom and tell her where I am...I don't think people really understand, like, family is a huge part and are always involved in your life" (MNS5).

Additional barriers with the most impact. The participant who identified the most impactful barrier as "fear of not meeting expectations" elaborated that her family, in particular her father, has "very high expectations of us" (MNS4).

Drawings. A last way for participants to describe barriers was by completing a drawing activity at the end of the interview (see Appendix M). Following the interview, participants were asked to draw a picture of their nursing school experience, considering barriers they faced as one aspect of their picture. MNS14 illustrated several of these barriers in her drawing (see Figure 2), explaining,

...first of all, this is the uphill battle, with the sun at the top. I feel like the world's on my shoulders, 'cause I do have a family that's depending on me, even though they support me 100%. I still feel like I have to do this. And the biggest thing is money. It always is, you know, when you come from a working class family. This is my parents, who, they can only offer me their support, which is phenomenal, you know. I couldn't ask for more.

And, these are my naysayers here. The ones that didn't think I was smart enough, or wondered why I was doing it with four children, and all the other stuff. Time is a huge thing because I have to divide my time between everybody in my life and goals.

(MNS14)

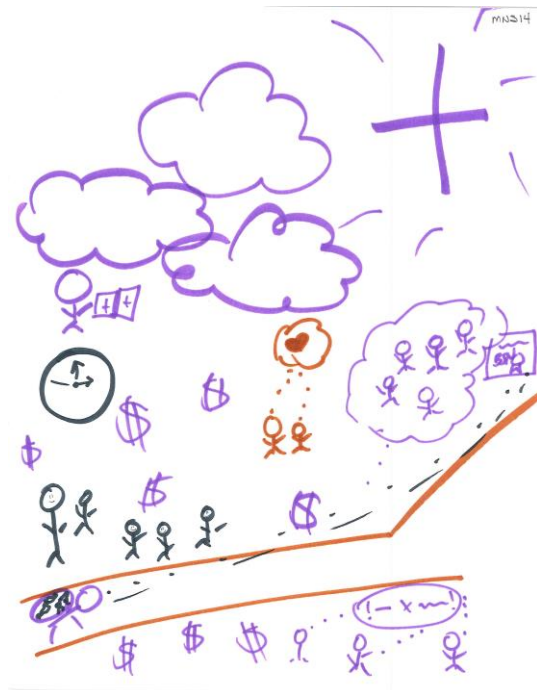


Figure 2. MNS14's Drawing Illustrating Several Barriers Encountered in Nursing School

Overall, barriers in the participants' drawings were represented by such objects as: a brick wall, a bag of problems, mountains, a map with a detour, a black hole, dark clouds, valleys, hurdles, money signs, a test form, a bumpy road, books, a figure walking away, a clock, stick figures saying negative things, sad faces, question marks, and a computer. When describing the barriers in their drawings, the participants identified them as: academic; financial; language/communication; discrimination and bias; cultural differences; lack of social support/isolation; aspirational/lack of confidence; and family responsibilities. In addition, participants identified: death/abandonment of family members; fear of not meeting expectations; procrastination (time

management); and technology. No participants identified lack of commitment by faculty/college; or lack of mentors, minority faculty, and role models in their drawings.

Summary. Following is a summary regarding what barriers the participants stated have most negatively influenced their experiences as minority nursing students enrolled in nursing programs with predominantly white faculty, staff, administrators, and students (see Figure 3). In Figure 4, barriers identified by participants in response to all prompts (the open-ended question, the checklist, as a most significant barrier, and in the drawings) may be seen. The barriers described were: academic, financial, language/communication, discrimination and bias, cultural differences, lack of social support/isolation, family responsibilities, workload, time management, fear of not meeting family expectations, death/abandonment of family members, and technology. No participants identified aspirational/lack of confidence barriers in response to the open-ended question, no participants identified lack of commitment by faculty/college, workload, or time management as one of the most significant barriers or included them in the drawings, and no participant identified lack of mentors, minority faculty, and role models in the drawing. Death or abandonment of family members and technology were identified only in the drawings.

The total number of times each barrier was identified, in order of prevalence, was: financial barriers were identified twenty-one times; family responsibilities were identified seventeen times; discrimination and bias was identified fourteen times; cultural differences and lack of social support/isolation were identified twelve times; lack of mentors, minority faculty, and role models were identified eleven times; academic barriers were identified nine times as were aspirational/lack of confidence barriers; language/communication barriers were identified eight times; and lack of commitment by faculty/college was identified three times. Barriers identified that were not in the literature were: workload (once), time management (three times),

fear of not meeting family expectations (three times), death/abandonment of family members (twice), and technology (once).

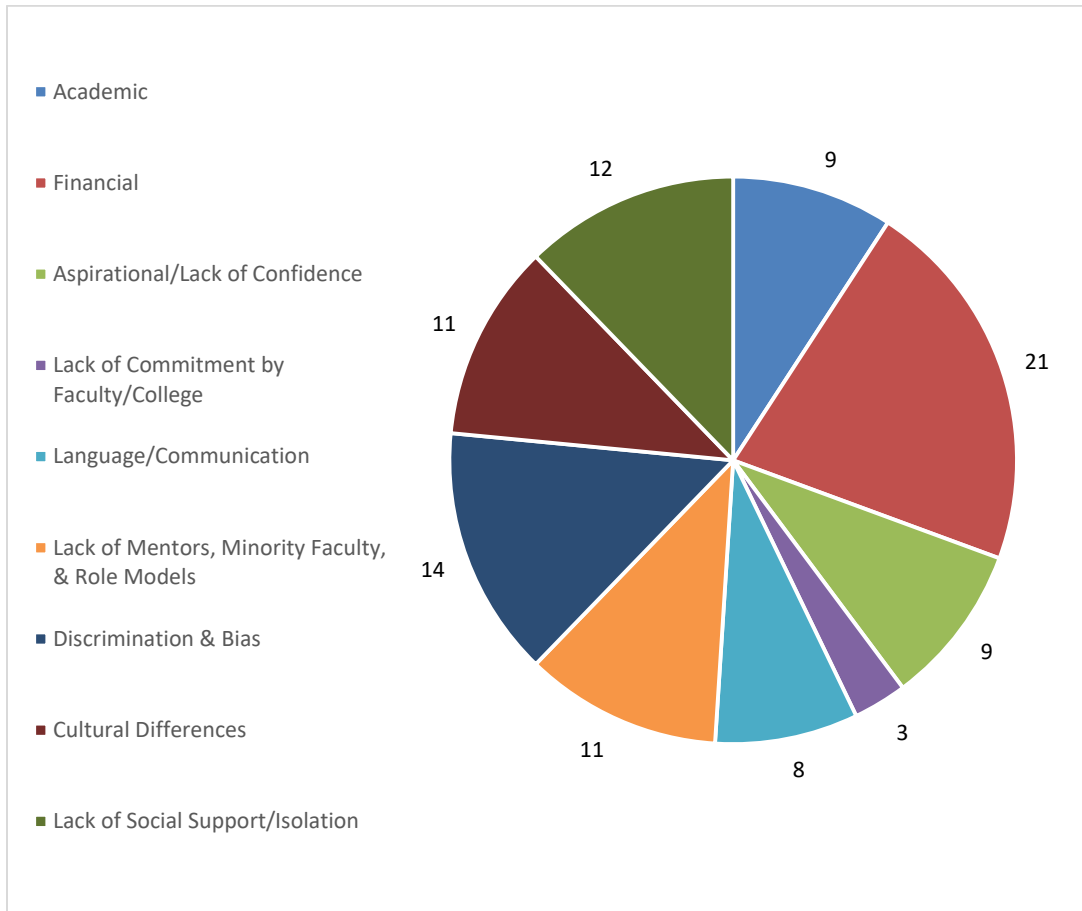


Figure 3. Barrier Totals by Classification of Themes. Total number of times each of the barriers was identified by participants

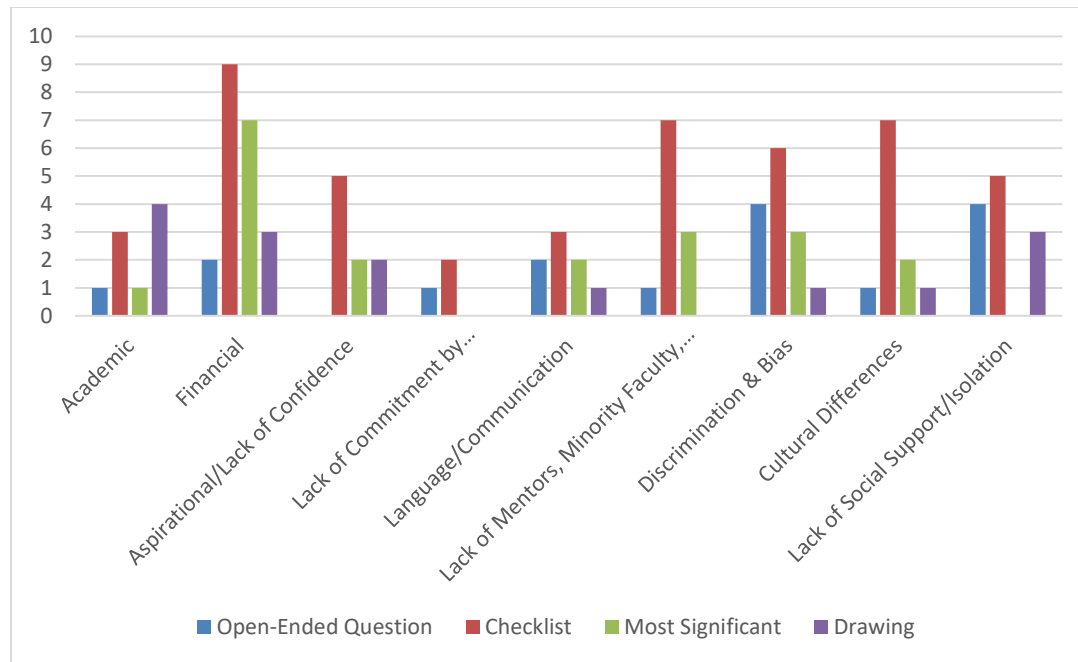


Figure 4. Barrier Themes by Response Type. Total number of times each barrier was identified according to type of response

Strategies for Success

The literature emphasized not only the barriers described above, but also the importance of strategies for success to address those barriers, including: academic support (Ferrell & DeCrane, 2016; Ferrell et al., 2016; Noone, 2008); financial support (Baker, 2010; Ferrell & DeCrane, 2016; Ferrell et al., 2016;); addressing aspirational barriers by equipping and motivating minority students for success (Nnedu, 2009); institutional and faculty commitment (Gardner, 2005b; Gonzalez et al., 2000; Noone, 2008); language and communication support (Choi, 2005; Gilchrist & Rector, 2007); mentors, minority faculty, and role models (Baker, 2010); addressing discrimination and bias by promoting cultural competence in administration, faculty, staff, and other students and demonstrating cultural sensitivity and humility (Abrums et al., 2010); a college environment that shows appreciation and support for cultural differences (Flinn, 2004); social support, including clubs, organizations, and support groups (Bond et al.,

2008; Cason et al., 2008; Ferrell & DeCrane, 2016; Ferrell et al., 2016); and supporting participants with family demands by promoting work/school/life balance and respecting the participant's priorities (Abrums et al., 2010). Feedback regarding strategies for success was elicited through an open-ended question, a checklist, a question regarding the effectiveness of the strategies used, and a drawing (see Appendix L).

Responses to open-ended question. In response to the open-ended question, the minority participants interviewed identified academic support; financial support; institutional and faculty commitment (described as available and flexible faculty); mentors; and social support (through group activities and the diversity club), as strategies they have used for success. No participants identified strategies addressing aspirational barriers, language and communication support, strategies to address discrimination and bias, appreciation for cultural differences, or support for demands of family.

Academic Support. Four participants recognized the academic support they got from academic centers and tutors as being especially important to help with academic barriers. One participant who identified academic support as an important strategy expanded this thought by saying,

I believe that they do try. At our achievement center we have a lot of tutors and staff tutors and work/study tutors that do help us with our math, our science, biology, our nursing, and that's a free service to us. We can go in there and get help that we need.

(MNS8)

A second participant simply responded, "Academic - they do offer help when I need it" (MNS9), and a third participant identified "extra text(books)" as being a strategy she used for success (MNS13). The fourth participant who identified academic support explained,

...we have a place that is called (the) “Achievement Center”, and it’s a place like, if you have papers, you can write them and then take it there for the writing tutor to go through your work, so by the time you present it to the instructor, it’s kind of like what they expect -- and they do a lot of tutoring. Tutors are valuable – students and even professional tutors. So that has really been helpful. Some of the information you may not really understand it in class, and when you go there you are like, “o.k., now I get it better”. And then, like, test-taking skills. They do that a lot, especially in the nursing classes, and now, we are doing that in the nursing classes so instructors are really good at helping students learn how to take tests in a better way. (MNS10)

Financial support. Five of the participants identified financial aid and support for getting loans, grants, and scholarships as being important strategies for dealing with financial barriers. For example, one participant answered,

Well, 100% financial aid. Yeah. Because you give numerous amounts to apply for scholarships, and at least twice a year that I know of there’s a big pool of scholarships... and helping us with financial aid and walking through with everything. (MNS1)

Another participant said, “...there is always FAFSA, kind of just to go help out with loans and what not... I never sought out more help than financial aid” (MNS 5).

Institutional and faculty commitment. One of the participants referred to the availability of faculty as a strategy to overcome barriers to success. She explained,

...there’s a number of ways to get hold of them (faculty)... (they say) ‘if there’s anything you don’t understand and if you’d like to communicate and ask me questions later on or privately, you can always do that’. I mean, everyone’s always been really open to that. (MNS1)

A second participant mentioned the flexibility of faculty who understand her situation (MNS11). One participant gave faculty credit for promoting success, but pointed out that white faculty couldn't really relate to personal issues, saying, "There is always faculty to help you out if you have a question or need anything, but it is more school questions than personal life that they can't relate to" (MNS5). Another participant saw commitment in her culture class, stating, "I am taking a culture class right now and they are trying to work hard and show that they care" (MNS12).

Mentors, minority faculty, and role models. Two of the participants identified mentors as contributing to their success. One stated:

There is one particular faculty here...he has like this African American history mentoring program... He has a program where he goes out in the community and finds people of color who can assist us through school. So that has actually been beneficial to me.

(MSN9)

A second participant, when thinking about a strategy that had promoted her success, noted that she had had a mentor the previous year (MNS6).

Appreciation for cultural differences. One participant identified appreciation for cultural differences as a strategy for success, stating, "I would say the school is trying really hard to, like, cause the diversity stuff... I think they are trying really hard to help promote that in the college" (MNS4).

Social support. Three participants talked about the importance of social support and group activities to address the barriers of isolation. One shared that an effective strategy for her was, "Studying together. I get distracted when I do it on my own. We just, like, rely on that social support that you can have" (MNS15). Another participant (MNS3) specifically mentioned

the Diversity Club at her college as a source of support, although she stated that her schedule makes it hard to attend. An additional participant stated, "...there's always group activities that you can participate in... and student groups that are always reaching out and asking people if they'd like to do things. So everyone here's really nice about things" (MNS1).

No participants identified addressing aspirational barriers, language and communication support, addressing discrimination and bias, or being supported related to family responsibilities when asked the open-ended question.

List of strategies. After being asked the open-ended question, participants were given a list with strategies for success found in the literature (see Appendix H). Participants were asked to circle the strategies for success that they had used as nursing students, and were encouraged to add additional strategies that they did not find on the list. In response, the participants indicated that they had used the following strategies for success in order of prevalence. Financial support was selected by 12 participants, and academic support was also selected by 12 participants. Five participants specifically indicated that remediation in basic skills was important, with one indicating help with writing and another help with science. One of these participants also circled "tutors". One participant only circled "assisting with time management". Three participants specifically indicated that the curriculum was designed in such a way as to support their success.

Social support was selected as a strategy they found useful by nine participants. One of the participants just circled "clubs". One participant did not identify "social support", but wrote the following comment on the checklist: "I have connected with others for support because they know how hard it is and we encourage each other, which helps" [MNS7]. Another did not specifically select "social support" from the checklist, but when asked if there was anything else that was not on the list stated, "those who are or have been in nursing school" [MNS1].

Mentors, minority faculty, and role models was chosen as a strategy they used for success by seven of the participants. One participant commented, “The African American [mentor]; it has helped only for conversation. Because of my age I have learned how to ignore [bias] and move forward [MNS7].” Addressing discrimination and bias was indicated by six of the participants. One of the participants just circled “cultural sensitivity”. Another stated, “I do think they strive for cultural competency, as far as with the students” [MNS8]. Addressing aspirational barriers was chosen by four participants (one participant stated that they “had a lot of support through... [their] faculty advisor” [MNS1]). Institutional and faculty commitment was also chosen by four participants (one participant circled “faculty commitment” only, stating, “I would say there’s been a good faculty commitment” [MNS14]). Another participant stated, “...just making diversity a priority in the college and promoting the cultural competence...” [MNS3]).

Additionally, appreciation for cultural differences was selected by four participants. One of these participants said, “I am taking a culture class right now and they are trying to work hard and show that they care...” (MNS12). Support for demands of family was indicated as an important strategy by three of the students, and language and communication support by one participant.

Participants selected all of the strategies on the list. In addition, one gave credit to the support her family gave her-

Effective strategies for success. After identifying which strategies for success they had used, the participants were asked about the effectiveness of those strategies. When describing effective strategies, the participants chose academic support; financial support; addressing aspirational barriers; institutional and faculty commitment; mentors, minority faculty, and role models; strategies to address discrimination and bias; appreciation for cultural differences; and

social support. No students selected language and communication support or support for demands of family as the most effective strategies for their success. Additional effective strategies noted were the support of family and faculty advisors.

Financial support. When asked how effective strategies to address finances had been, seven participants stated that financial support has been very effective. One participant professed,

I think the financial support one has been very effective because if I didn't have financial support, I wouldn't be able to come here. And I really, like, rely on some of the grants and scholarships that I've received just to pay for things. Especially, I mean, I got a really good minority scholarship which helped pay for my books and my material and everything that I used. If I didn't have that this semester, I wouldn't have been able to even buy my books. So that's number one. It's very effective. (MNS1)

A second participant explained, "I pay out of pocket for my education so that (financial support) helps a lot" (MNS4). A third participant who stressed the importance of financial support noted "...they have a lot of scholarships... I don't really need to worry about my tuition at all" (MNS10).

Institutional and faculty commitment. Making diversity a priority in the curriculum (institutional and faculty commitment) was selected by five of the participants as an effective strategy. One participant stated, "the commitment is absolutely amazing. I mean, from the top of the leader board down to the instructors, everyone is really trying to see that you succeed" (MNS13). Another participant remarked that it was good that the college had made diversity a priority and was promoting cultural competence in an updated curriculum (MNS3). A third participant shared that "the school is trying really hard to promote that (diversity) in the college"

(MNS4). A fourth also felt that "...they want to try to make it diverse. I see everything about diversity and what not... they certainly try" (MNS5). This participant did assert that the effort was not always effective, though. MNS10 felt similarly about her school, noting that "...the college appreciates and supports cultural differences... everyone is welcome to learn about the different cultures... they really emphasize on that". Another participant recognized the commitment shown by faculty in terms of communication stating, "basically, just keeping the communication lines open, and if I don't feel comfortable in class, I'll stop by or email them or set up a time to meet with them directly" (MNS14).

Academic support. Academic support was mentioned as particularly significant by five of the participants, with tutors mentioned specifically. One of these five participants focused on teaching strategies, stating, "The instructors try to incorporate both just the teaching part and incorporate activities which help us remember material, which I think is really helpful, 'cause sometimes we use that to study for an exam" (MNS13). Two participants mentioned their faculty advisor as helpful academically. One stated "I've had a lot of remediation with writing" (MNS14).

Social support. Social support was noted by three participants as being effective. This strategy was described by those participants as the presence of diversity clubs, but participants mentioning this were often ambivalent. In spite of this, the clubs were seen as a significant strategy on the part of the college. A diversity club was identified as both a strategy and a barrier by one participant, who stated, "I am the only one that is defeating down the barriers for myself...it is a club of me" (MNS4). A second participant also expressed ambivalence about this strategy, stating, "We have a lot of clubs and organizations, some...may not be getting a lot of support, but then they are there..." (MNS10). A third echoed a similar sentiment, "I know they

were trying to make a club, but, for some reason it didn't work out. But, had they been able to do that... I think there's just lack of interest, maybe" (MNS14).

Mentors, minority faculty, and role models. One participant stated that the assigned mentors were helpful, noting particularly that "If they have a subject they've taken already, we can ask them questions" (MNS13). Another shared that "...my academic advisor is black. That helps because when I go there... I feel like she understands me better..." (MNS10).

Strategies to address discrimination and bias. One participant described cultural sensitivity and humility of the faculty when identifying the importance of strategies to address discrimination and bias (MNS13).

Appreciation for cultural differences. One participant felt as though her faculty has an appreciation for cultural differences, stating "(they) definitely show appreciation. They always ask you... your opinion of things. They want to know how things are done differently in other cultures, and ...that's always nice" (MNS13).

Addressing aspirational barriers. Faculty advisors were mentioned by two participants, one specifically in the context of a strategy to address aspirational barriers. She stated,

I talk to her about things at school and things outside of school that might be deterring my ability to focus. She always has good suggestions. Sometimes she'll tell me, 'Oh, if you ever need my help, you know, I'm just a phone call away.' And that's always really helpful. (MNS13)

Strategies to address demands of family. One participant explained that support for the demands of her family was one of the most significant strategies for her success. She explained, "...demands with family, when my professor, you know, I told them about my situation, you

know, they were understanding. They knew that I would be late sometimes for class, and I would have to miss some days, too” (MNS11).

Other significant strategies. As noted previously, two participants identified faculty advisors, one in the context of encouraging her and giving her confidence. This response was coded as “aspirational”. Another credited the support her family gave her.

Drawing. A last way for participants to describe strategies for success was by completing the drawing activity at the end of the interview (see Appendix M). Participants were asked to consider strategies for success in the drawings they were asked to complete to depict their experiences in nursing school. Few participants represented the strategies they used for success on their drawings, and even fewer identified strategies in their pictures that matched the strategies discussed in the literature. The most common strategy for success identified on the pictures was social support from friends, family, or both. This was most commonly represented by stick figures. The second most common strategy for success mentioned was not included in the list of strategies for them to choose from, and was not emphasized in the review of the literature. That strategy is the support offered to them by their faith in God. This was represented by crosses, most commonly, and “God”, “prayer”, and “faith” were identified on the pictures or brought up during the discussion of the pictures. One example was the drawing completed by MNS7 (see Figure 5) described below:

...I am praying and these are my crosses. That is how I get through it and that is just from our history... So these are my hills and these are when I am down in the valley. This is where my prayer has to be strong – my prayer and my faith – because I don’t... it’s not going to be given to me with how it is, you know. So I have to pray that God opens all the doors, because no door that is opened by God can be closed by man. And I think a lot

of people want the doors closed. They don't want them, but if God opens them, you can't close them. So I have to keep my faith very strong for this journey... (MNS7)

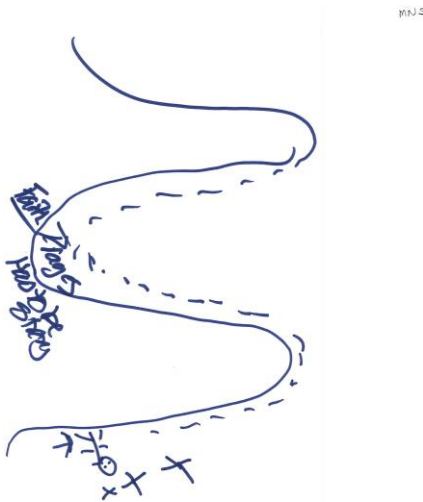


Figure 5. MNS7's Drawing Illustrating the Role of Faith as a Strategy for Success

Summary. Following is a summary of the strategies for success which influenced the experience of minority junior or senior year participants who were enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest. Strategies identified by participants in response to all prompts (the open-ended question, the checklist, as a significant strategy, and in the drawings) was social support. Strategies identified in all areas except the drawing were: academic support; financial support; institutional and faculty commitment; mentors, minority faculty, and role models; and appreciation for cultural differences. No participants identified strategies related to addressing aspirational barriers, discrimination and bias, demands of family, or language and communication in response to the open-ended question or in the drawing. Language and communication support was not identified as an effective strategy for success. It was only identified on the checklist. Strategies that students identified that were not in the literature were: family support, time management, faculty advisors, and faith.

The total number of times each strategy was identified in order of prevalence, was: financial support was identified twenty-four times; strategies related to academic support were identified twenty-one times; social support, twenty times; institutional and faculty commitment was identified fourteen times; mentors, minority faculty, and role models, ten times; strategies to address discrimination and bias, seven times; appreciation for cultural differences, six times; addressing aspirational barriers, five times; support for demands of family, four times; and language and communication support, once (see Figure 6). Strategies identified by participants that were not mentioned in the literature reviewed were: family support (once), time management (once), faculty advisors (twice – coded as “aspirational” in one case), and faith (four times). Figure 7 illustrates which strategies were identified according to the method of inquiry (questions, checklist, or drawing).

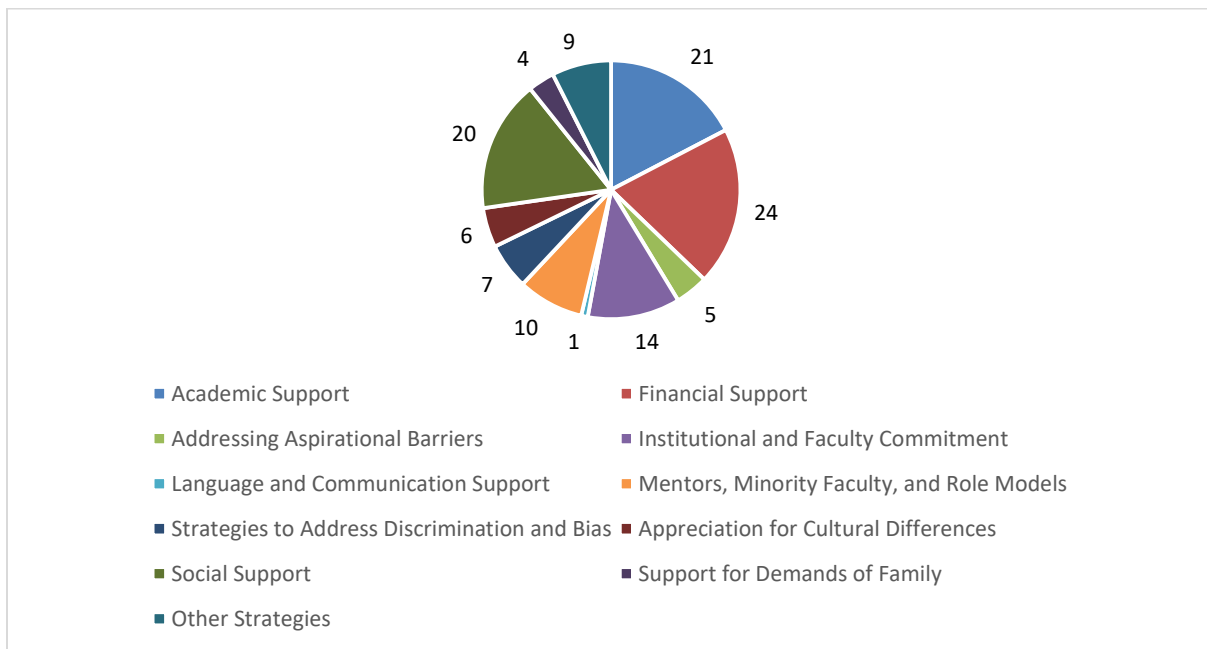


Figure 6. Strategy Totals by Classification of Themes. Total number of times each of the strategies was identified by participants

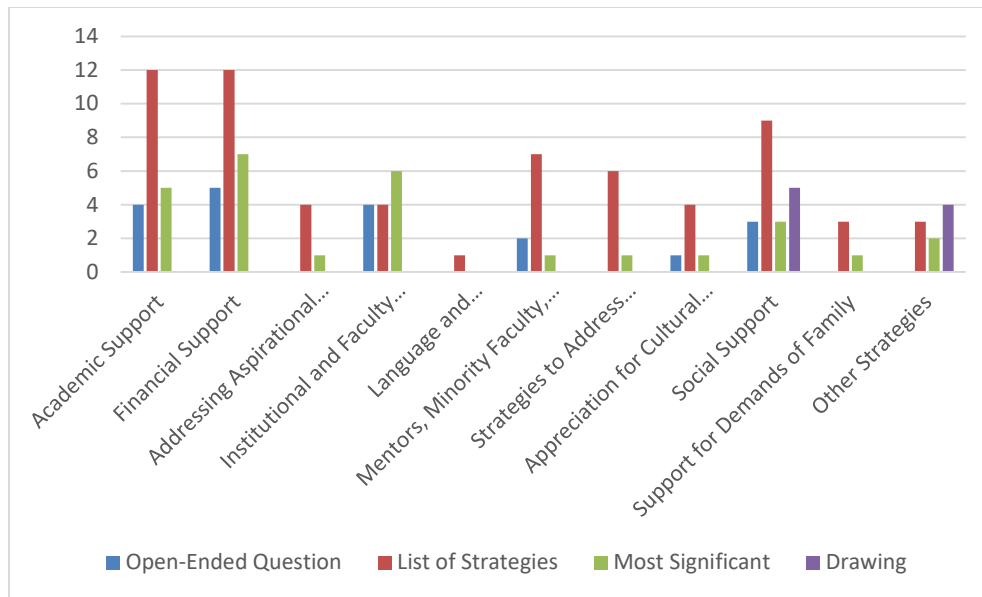


Figure 7. Strategy Themes by Response Type. Number of times each strategy was identified according to type of response

Additional comments. Before moving to the topic of grit, participants were given the opportunity to share any final thoughts related to being a minority student in a school of nursing with predominantly white faculty, staff, administrators, and students. The essence of their responses follows:

It's very hard, I think, for some people to understand that coming from a different culture... I think that some people really take for granted that life is very easy here. And I always keep that in the back of my head and when I see people just complain about little things... it kind of upsets me sometimes. (MNS1)

This participant identified barriers, but no strategies for success. Cultural differences and the tendency for the dominant culture to take what they have for granted are themes here. A second participant answered,

Sometimes, well, my mannerisms can be... interpreted incorrectly... Sometimes I won't look at people straight in the eye and that is considered rude here but I grew up like that.

So I feel like, I don't know, there is a personal weird barrier sometimes or I will say something weird that wouldn't be weird (in my culture)... so it makes you feel left out at times. Just the way you live your life... I don't mean to be rude, but sometimes it comes off as being rude. I guess I want, like, clear communication between both of us" (MNS3).

Once again, this participant identified barriers, but no strategies for success. Barriers identified were lack of social support/ isolation, language/communication, and cultural differences. A third participant shared a similar experience:

It's weird, because... it's hard to connect with people... I feel like they won't ever understand me, I guess, and I know that some teachers probably have issues on figuring out, like, family life and this and that. I know that one of the gals in my class, she is Latino, and her family is a big thing for her... and something happened and, it's just been a train wreck for her. And I understand her because you are always close to your family, especially her, and knowing her, because she is Latino and I am Latino, and it's like, I get it... It sounds bizarre but, it feels like me and the other kids are kind of, like, the underdogs, you know, (in a) white, predominantly white school, it's like when we take our class photos you can easily point us out... We are kind of the underdogs and I kind of want to prove people wrong... I don't want to be a statistic... It shocks people and patients when I walk into the room and they see me. The first question they ask me is, 'so where are you from?' I am like 'oh, from (city named)', and they really stare at me... and they kind of get awkward and ask me, 'so, what are you?' and I am, like, 'I am Hispanic', you know? It's kind of like, it feels like you are the underdog – you have to prove that you got this" (MNS5).

This participant identified barriers related to discrimination and bias, cultural differences, lack of social support/isolation, and family responsibilities. There were no strategies for success mentioned.

The following two participants also described social isolation. The first shared:

It can be very uncomfortable at times. I think that I am more used to it because the high school that I went to, there were less... than five students that were Hispanic or any other ethnicity, and I was one of them. I think I am less shocked, now that I am in college.

Okay, you know, this is probably something that I should accept. I have just learned to adapt, I guess, but it can be difficult at times – totally fitting in with the rest of the people. (MNS11)

The second explained:

I think it's difficult to be in a classroom... with the relationships and getting to know people, families. It's hard for me to see, probably 90% of my class comes from an affluent background, so that's kind of difficult for me, 'cause I always feel like the odd duck out, you know, 'cause I don't have a doctor in the family. I don't have anything, you know, so... (MNS14)

Discrimination and bias was a common theme in response to this question, as illustrated below:

...they cater to their own. They are more concerned about their own achieving... And even with the Hispanics they will focus on them all the time, but they won't focus on us. Like we are just out of luck. You know, you can persevere a little longer. And that is why we have to persevere, that is why we have to fight. Like, we have to fight because, you aren't helping us all. You are setting us up to fail... That's not right. (MNS7)

In addition to discrimination and bias, this participant identified lack of commitment by faculty/college. An additional participant shared similar thoughts:

I think we experience a lot of barriers being an African American student with predominantly white staff, white peers... it's hard to sum it up. It's hard to talk about it. For us, it's something that we see every day. It's something that you see and that you kind of laugh off. I can't believe the world is still in this phase, this day and age with this bias (which) is so common and people are sometimes oblivious to it or ignorant to it. So you experience it on a day to day and you don't even know it and sometimes it... builds up and it's frustrating. And it's hard to go to somebody and be, like, 'that was really offensive', like, 'why would you say something like that'? It's not just the peers. Sometimes it's the staff or the faculty and they are still oblivious to some of the things they say and do. So, it's hard, but we push through it. I think we are used to it. It is just the way of life for us. Something that we feel like we have to deal with... so we do, to the best of our abilities, and we try not to let that one situation or that one comment be the thing that ruins your day. I feel like me continuing education to hopefully be a nurse educator... is the best way I can be hands on to change it for another nurse – African American nurse, Latino nurse, minority nurse – that is coming into the field so they not only have their role model, but they have someone there to advocate for them and speak up for them when those biases or barriers... do occur. So, eventually, I feel like I will help someone else in my position. (CMS 8)

As noted, this participant described discrimination and bias as a barrier in this phase of the interview, as well as lack of commitment by the faculty and college. She did identify a strategy for success in that she hopes to be a mentor, minority faculty member, and role model some day

in the future. However, this was not her current experience. Another participant shared some of the same experiences:

It doesn't bother me too much, but... I feel like I have to work overtime because I am a minority and to me, sometimes, they might be looking at me to fail, and so I have to set myself to a higher standard, goal. So, okay push yourself a little bit harder; make yourself known so that way you don't fall into that category of, 'oh, well, she didn't come through school. Maybe she didn't need to be here anyway.'" (MNS9)

This participant also described discrimination and bias as well as lack of commitment by the faculty and college. She did not identify a specific strategy for success.

Another participant shared a more positive experience:

...they've been taking steps to make sure they have a group of students that is culturally diverse. In my class, I have a good number of people from different places... I know we have faculty with, a lot of white... faculty, but I almost don't think about it until I'm asked a question about it. I'm not really sure how to answer that question because I almost feel like the department is so... a lot of people I've met are very diverse in some way. (MNS13)

This was not the only participant who had a positive experience. Another shared that, "They're all really nice. They don't really make you, like, seem different than anyone else. They treat everyone the same... They're awesome" (MNS15).

A few participants described unique experiences. One is an international student who shared her frustration with the laws that prevented her from working while she was a student. She did not want to work for the money, she said, but she did want the opportunity to apply her new skills. Her barrier was an inability to get work experience. Another participant protested the

presence of required cultural awareness activities in the curriculum, asserting, "...we aren't a diverse college... if we were, we would maybe be more relaxed" (MNS4). The barrier noted here is a lack of diversity. There were no strategies for success mentioned.

Summary. In summary, after being asked questions about barriers and strategies for success, and being given checklists to identify these, as well as being asked to prioritize the significance of the various barriers and effectiveness of the various strategies for success, participants were encouraged to share anything they wanted about being a minority student in a school of nursing with predominantly white faculty, staff, administrators, and students. The most prevalent concerns, which happened to relate to themes previously identified, were related to lack of social support/isolation (four), discrimination/bias (four), lack of commitment by faculty/college (three), and cultural differences (three). Of lesser concern was language/communication (one) and family responsibilities (one).

Grit

The last research question was: How do minority junior or senior year participants enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest describe themselves in regard to characteristics related to grit, using the Grit-S scale and a pictorial representation of their experience? The participants were given the Short Grit Scale (see Appendix I), an 8-question survey, by way of paper and pencil, and their scores were calculated by the participant and the investigator. The maximum score on the scale is 5, which is considered extremely gritty, while the lowest score is 1, which is considered not at all gritty (Duckworth, 2016, Chapter 4, para. Section 2, para. 2).

Grit scale results. The participants' results on the Short Grit Scale were as follows:

MNS1: 4

MNS3: 4

MNS4: 2.875

MNS5: 3.75

MNS6: 3.75

MNS7: 4.625

MNS8: 4

MNS9: 3.875

MNS10: 3.75

MNS11: 4.375

MNS12: 5

MNS13: 4.5

MNS14: 3.875

MNS15: 4.125

Average = 4.03571428571

4.1 is in the 70th percentile of grittiness (Duckworth, 2016). This means that this group of participants nearly scored in the upper 30th percent of gritty persons.

Themes related to grit. After completing the Grit Scale, the participants were asked to respond to the following statement: “Grit has been defined as ‘perseverance and passion for long-term goals’ (Duckworth & Quinn, 2009, p. 166). Please describe yourself in terms of perseverance and passion.” In explaining these terms, Duckworth (2016) specified, “What I mean by passion is not just that you have something you care about. What I mean is that you care about that same ultimate goal in an abiding, loyal, steady way” (Chapter 4, Section 5, para. 7). Participants were also asked “What made you decide to persevere in nursing school?” The responses to these questions were coded as follows.

In order to identify themes found in the participant responses, the researcher considered the themes Duckworth (2016) used when considering the various aspects of grit. Duckworth organized her book, *Grit: The power of passion and perseverance* into 13 chapters: Showing Up, Distracted by Talent, Effort Counts Twice, How Gritty Are You?, Grit Grows, Interest, Practice, Purpose, Hope, Parenting for Grit, The Playing Fields of Grit, A Culture of Grit, and the Conclusion. These chapter titles were viewed as themes for the purpose of this study, with a few exceptions. Duckworth's (2016) chapter, "Showing Up", gave an overview of her theory related to grit, and as such, did not refer to a specific theme, and the concluding chapter was not centered around a specific aspect of grit, and so will not be considered as a theme.

In order to simplify and clarify what the chapter titles refer to, the themes will be identified as: Talent, Effort, Level of Grit, Growth of Grit, Interest, Practice, Purpose, Hope, Parenting for Grit, Commitment (from The Playing Fields of Grit), and A Culture of Grit. Level of Grit will be further divided into three sub-themes: Goals, Perseverance, and Passion.

Talent. Duckworth (2016) acknowledged the advantage of talent when pursuing a goal. However, she stated that, when considering talent and effort, "...as much as talent counts, effort counts twice" (Chapter 2, Section 11, para. 3). One participant referred to talent when discussing what made her decide to persevere in nursing school. She explained, "They (family) tell me that I need to go on and be a doctor. I don't know if I want to do that. Let me just finish this first because I am good at it. I am not trying to be cocky or anything like that. But, as a nurse, you have to be confident..." (MNS7). Talent appeared to be giving this participant confidence, which, added to the effort which is inherent in the concept of grit, would make it more likely for her to be successful (Duckworth et al., 2007; Duckworth, 2016). Bazalais et al. (2016) noted that while there is a link between ability and achievement, "...intellectual ability is no guarantor of

success in completing college programs...” (Bazelais, Lemay, & Doleck, 2016, p. 33). These noncognitive attributes of grit are discussed in the following themes related to grit.

Level of grit. Duckworth (2016) defined grit as having two components, those being passion and perseverance (Chapter 2, Section 2, para. 4). In further explaining the level of grit, Duckworth (2016) emphasized that “Grit is about holding the same top-level goal for a very long time” (Chapter 2, Section 6, para. 1). She further explained that the questions she chose to measure passion were selected to discover how steadily individuals hold on to goals over a period of time (Chapter 2, Section 3, para. 2). Therefore, three sub-themes related to level of grit were identified: goals, perseverance, and passion.

Goals. Stoltz (2014) described the importance of pursuing the best goals in the right way. Several of the participants gave descriptions of their grit in terms of goals, which will be considered a sub-theme. For example, one participant declared, “When I set a goal I just pretty much head forward and keep going” (MNS14). Another participant connected goals with perseverance stating “You have to do it because you have to graduate because that is the ultimate goal – because that is the long-term perseverance... This is what I have to do” (MNS4). The difficulty of achieving the goal was addressed when MNS15 confessed, “It’s a big goal for me to actually finish school and get to that spot” referring to her goal of working in the NICU (MNS15).

Perseverance. Several of the participants interviewed spoke to the idea of perseverance, another sub-theme of their level of gritiness. Duckworth (2016) described perseverance as “...working hard and bouncing back from setbacks” (Chapter 2, Section 2, para. 5). Stoltz (2014) assigned the term “resilience” to a similar concept, defining it as “your capacity to respond constructively – to be strengthened and improved by – adversity” (p. 26). When reflecting on her

attributes related to grit, MNS1 reflected, “Perseverance and passion. Well, it’s almost an obsession”. The statements of other minority nursing participants concurred, with one stating that she must “stick with this but it doesn’t get any easier” and “you have to push through” (MNS8). Three minority nursing participants insisted that they will complete what they set out to accomplish. Two of these participants also noted that it makes them anxious if they do not complete a goal that they have set out to accomplish. MNS10 tells herself “I can do this”, and MNS11 stated simply “I am a very stubborn person”.

Passion. Passion was identified as a third sub-theme of the level of grittiness. Duckworth (2016) described passion this way: “Passion is a compass... that then guides you on your long and winding road to where, ultimately, you want to be” (Chapter 2, Section 3, para. 19). Two of the participants discussed perseverance in terms of passion. MNS7 acknowledged, “I have to be (passionate), because if I don’t have any passion, how can I support my perseverance? I have to have a passion, so they are intertwined,” and MNS10 averred, “If I have the passion for something...even if it is very difficult... I come out successful”. Another testified, “This is something that I love and want to do so I can’t stop” (MNS6).

In order to further explore their passion for nursing, participants were asked what they would be if they could not be a nurse. Four responded that they would be teachers, three that they would be lawyers, one that they would work in sociology or psychology, one that they would be a caseworker to “help the helpless”, one would look for a job in social work, one would be a pharmacist, one a physician, and one in “something related to history”. It is interesting that the passion to help others that led many to become nurses was reflected in the second choice of occupation identified by several of the participants.

Growth of grit. Another theme based on one of Duckworth's chapter titles was "Grit Grows". Duckworth described this growth as follows:

First comes interest. Passion begins with intrinsically enjoying what you do... Next comes the capacity to practice. One form of perseverance is the daily discipline of trying to do things better than we did yesterday... Third is purpose. What ripens passion is the conviction that your work matters... And finally, hope. Hope is a rising-to-the-occasion kind of perseverance... (hope) is inestimably important to learn to keep going even when things are difficult, even when we have doubts. (Chapter 5, Section 7, para. 12)

MNS 7 described the process of facing what is difficult through purpose and hope while overcoming perceived prejudice. She described how she tells herself that she can succeed in spite of others wanting her to fail. She stated:

My perseverance -- it just comes from the history of being a Black American. You always had to stay the course...because there are so many barriers, so many people wanting you to fail, wishing you would fail, hoping you would fail...So...you have to say to yourself 'are you going to let these people's thoughts determine whom I am going to be?' So, I have to knock down that wall. And I always have to tell myself. I can do this. I can do it. They don't believe in me because I don't look like them. (MNS7)

Stoltz (2014) found that a "growth mindset" positively influenced grit, and that individuals with this mindset were more likely to succeed (p. 22). Stoltz expanded on the idea of growth by defining it as "your propensity to seek and consider new ideas, additional alternatives, different approaches, and/or opinions" (p. 22). MNS7 also demonstrated growth by the fact that she sought out alternatives to the professional life she had before she went to nursing school. She

explained, "...everyone moved out and I said, 'Okay, it's my turn. I'm going back.'... There are a lot of avenues in the medical field... and I have a lot more to offer than the basics."

Interest. Related to the theme of "Interest", Duckworth (2016) connected interest to passion, noting that the phrase "Follow your passion" has been borne out in research that reveals that people are more satisfied, and perform better, when they work at something that they are interested in. When reflecting on how to describe herself in terms of passion, one participant noted that her passion "has gone up" from when she started her nursing program (MNS3), indicating an increase in interest.

Interest was also demonstrated in response to the question, "What made you decide to persevere in nursing school?" One participant revealed that she liked the "blood and guts" associated with the nursing profession (MNS1). Another stated that she liked what nurses are able to do, and is considering furthering her schooling to become an advanced practitioner (MNS4). A third shared that she has persevered because of an interest in the human body and how it functions (MNS8). MNS6 described how she worked in the community and "fell in love" with nursing. "Love" was also a term used by MNS7: "I'm good at it...I just love doing it. I love helping people get back to their normal or helping people find a new normal..." An additional participant described "a passion for helping people and helping them solve problems (MNS9)". MNS10 acknowledged that, although her career was chosen for her, she has had an interest in healthcare since she was young.

Practice. Hogan and Wong (2013) described the difference between a fixed mindset and a growth mindset, explaining that those with a fixed mindset believe that, because their abilities are predetermined, there is not much they can do to improve them. On the other hand, those with a growth mindset believe that no one has ever reached their full potential unless they have spent

years devoted to hard work and practice (Hogan & Wong, 2013). Hogan and Wong (2013) noted that one characteristic of gritty individuals is that they tend to practice more than their peers. Regarding the theme of practice, one of the participants described her discovery that previous accomplishments are stepping stones to the next accomplishment (MNS8). The practice involved in achieving those accomplishments, then, were what prepared her to be successful when faced with the next challenge.

Purpose. Purpose was defined by Duckworth (2016) as “the intention to contribute to the well-being of others” (Chapter 8, Section 1, para. 1). Illustrating this, a participant described her little brother’s stay in the NICU and how that motivated her to go to nursing school. She stated, “I definitely as a nurse have a passion to work with kids” (MNS15). One identified the well-being of those close to her, explaining that her motivation was to persevere in order for her own children to have a better life (MNS8). In fact, several participants credited their children with giving them purpose. For example, MNS9 asserted that her child is her motivation to persevere and be successful, explaining that her purpose is, “My son. I instill in him that quitting is not or never will be an option.”

More generally, when asked what had made them decide to persevere in nursing school, five participants explained that it was a desire to care for people. One of these stated it was because of:

what the career stands for...it’s just the little time you can spend with the residents and the appreciation they have on their faces for the little things we do...they remember acts of kindness...You go in feeling like you did something different to touch the world.

(MNS13)

Likewise, another participant was motivated by the experience of a patient's family member thanking her for everything she did for his dying wife (MNS5).

Hope. Regarding the theme of "Hope", Duckworth (2016) wrote that "(Grit) rests on the expectation that our own efforts can improve our future" (Chapter 9, Section 1, para. 4). This was echoed in the responses of three of the participants. One expressed hope that things will get easier for her in nursing school (MNS5), and another expressed hope that nursing will open up new opportunities for her (MNS13). A third, in responding to the question about what made her decide to persevere in nursing school, stated that it was a better opportunity to provide for her family (MNS1).

Parenting for grit. As far as the theme of "Parenting for Grit", Duckworth (2016) observed that "...wise parenting encourages children to emulate their parents" (Chapter 10, Section 8, para. 1). One participant shared that "Perseverance is something I've always had, or learned from my mom. She had to persevere a lot" (MNS13). This statement attributes this participant's grit to the interactions she had with her mother. Related to this, the same participant revealed that it was not just her mother who persevered, but that she learned perseverance from the people who lived in her country of origin, stating that "Just the general condition of the country as the whole, means that every family has to, in some way, struggle to make a headway" (MNS13). Another participant, when explaining that she was setting a standard for her children by completing nursing school, is role modeling grit to her children (MNS14).

Commitment. Duckworth (2016) titled one of the chapters in her book "The Playing Fields of Grit". In this chapter she described the importance of encouraging people to commit themselves to improving in difficult things over a period of time, by "purposeful, continuous commitment to certain types of activities" (Chapter 11, Section 5, para.11). This theme, then,

will be referred to as Commitment. Stoltz (2014) also associated this quality with grit, believing that his years-long research on grit showed that grit can predict “who stays and who quits” (p. 9). Commitment, according to Stoltz (2014) is associated with tenacity – “the degree to which you persist, commit to, stick with, and relentlessly go after whatever you choose to achieve” (p. 20).

Regarding commitment, four participants shared their conviction that they will complete something that they’ve committed to completing. Two described a feeling of anxiety if they are not able to accomplish what they’ve set out to do (MNS1, MNS11). One averred, “I am not a quitter” (MNS9). Another professed, “I go for it. If I have something in mind, I don’t have excuses to not work for it” (MNS12). These participants all expressed a commitment to seeing their goals through to the end.

Drawings. Participants were also requested to draw pictures of their journey in nursing school incorporating grit when applicable to their experience. Themes identified from the drawings included: Level of Grit: Goals, Level of Grit: Perseverance, Practice, Purpose, Hope, and Commitment. A summary of the participants’ explanations of their drawings as they depicted these themes follows.

Level of Grit: Goals. Seven minority nursing participants (MNS 1, 5, 8, 9, 10, 11, 14) mentioned goals when describing their drawings. For example, when describing her picture, MNS1 stated that her goal is to be a nurse, but when she reaches her goal, she will set yet another goal (MNS1).

Level of Grit: Perseverance. Four participants illustrated perseverance in their pictures, with one explaining that it showed that she had to “keep going” in order to accomplish her goal (MNS5). This theme also came through when respondents answered the question regarding what made them decide to persevere in nursing school. One confirmed, “I am here...there is no

turning back” (MNS6), while another maintained, “I don’t have middle, it’s either this or that...I go for it...” (MNS12).

Practice. Many participants drew roads or paths to indicate their nursing education “journey”, but one specifically drew a road going up a hill because nursing school is “an uphill battle” (MNS14), reflecting the idea of struggle in this way. Paradoxically, when another participant described her drawing, she said that nursing school was “awesome” and also a place where she endured “hard, hard times” (MNS15). Another included this idea in her drawing, noting that she would set a new goal once she had accomplished her original goal of successfully completing nursing school (MNS1). Duckworth (2016) referred to this as a “stretch goal” (Chapter 7, Section 4, para. 2) when discussing Practice. Struggle is another aspect of practice as described by Duckworth, who observed that those with grit practice “Until what was a struggle before is now fluent and flawless. Until conscious incompetence becomes unconscious competence” (Chapter 7, Section 4, para. 9). This struggle, while not referred to in response to the questions, was illustrated in some of the participants’ drawings.

Purpose. Similarly, another participant explained elements of her drawing as follows: “I feel that by completing my BSN, that I’ll be changing the future for my kids...somehow. Because I’m setting the standard” (MNS14).

Hope. In her drawing, one participant drew a cross to represent faith, and described a “hope” that she would end up in “green pastures” once she had attained her goal of becoming a registered nurse (MNS10). Duckworth (2016) explained hope by describing the difference between optimists and pessimists. She concluded that “when you keep searching for ways to change your situation for the better, you stand a chance of finding them” (Chapter 9, Section 6, para. 8). One of the participants (MNS13) described this particularly well when explaining her

picture (see Figure 8). She explained that she crossed through a door and persevered, and that the sunshine in her picture showed “there’s always joy on the other side” and “endless possibilities to achieve a lot” (MNS13). She described her accomplishments of becoming a CNA and LPN and stated that she “sees progress” “and, it’s working, so I must be doing something right” (MNS13). Next to the letters abbreviating her accomplishments to date (CNA and LPN), she drew arrows facing upwards and wrote, “Better human” (MNS13).

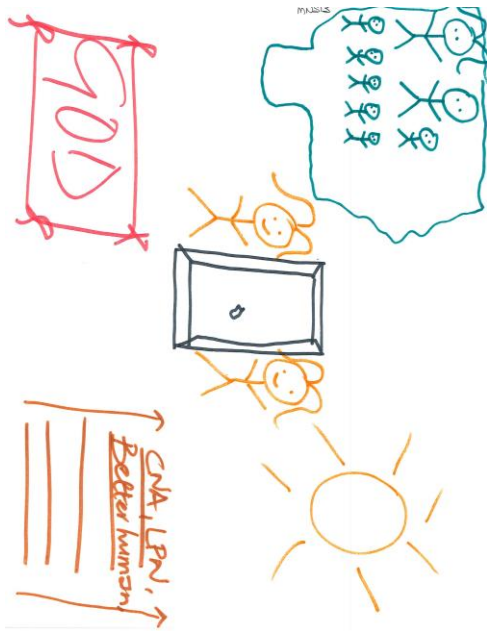


Figure 8. MNS13’s Drawing Incorporating Themes Related to Grit.

Commitment. The respondents depicted the idea of commitment in their drawings. In describing their drawings, one observed that it would be a long time before she reached her goal (MNS1), and another explained that it is getting harder to walk away from nursing because it is still in sight and that is what she wants (MNS12). Both of these comments illustrated commitment, the willingness to do something difficult over a period of time.

Summary. In summary, when totaling the number of times themes related to grit were mentioned, either when describing themselves in terms of perseverance and passion, when

explaining their drawings, or when responding to the question of what made them decide to persevere in nursing, it was discovered that every theme except two were mentioned, and no new themes were discovered (see Figures 6 and 7). In order of frequency, the themes related to grit were identified as: perseverance (11), goals (10), purpose (9), interest (8), commitment (6), hope (5), practice (4), passion (3), parenting for grit (2), talent (1), and grit grows (1). Themes not discovered were “Effort” and “A Culture of Grit” (see Figure 9 & Figure 10).

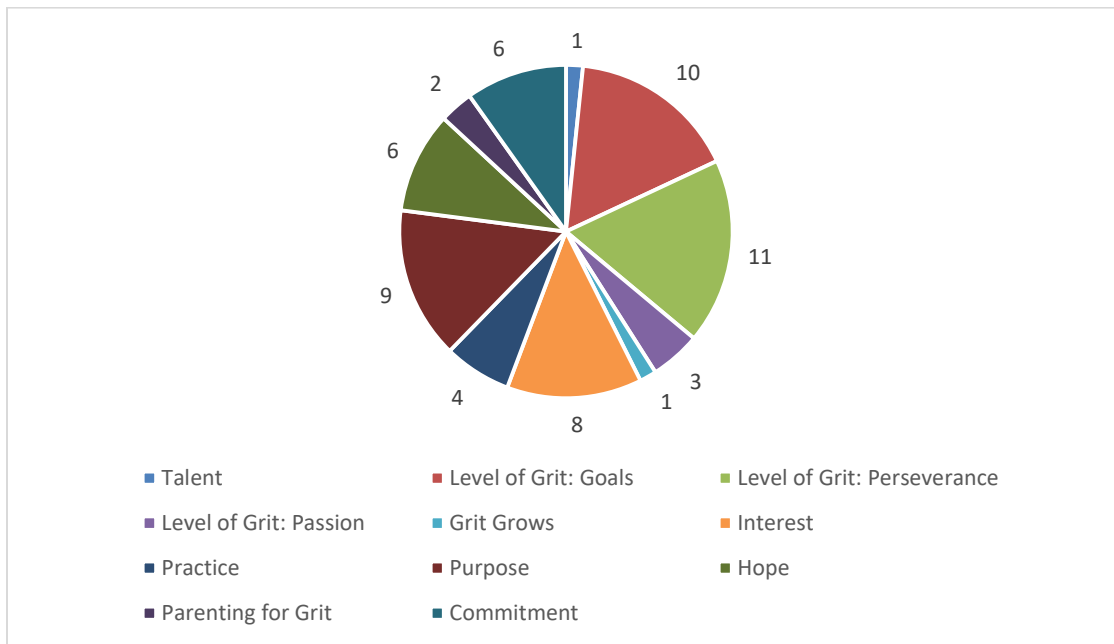


Figure 9. Grit Attribute Totals by Classification of Themes. Total number of times each theme related to Grit was identified as participants described their attributes related to Grit

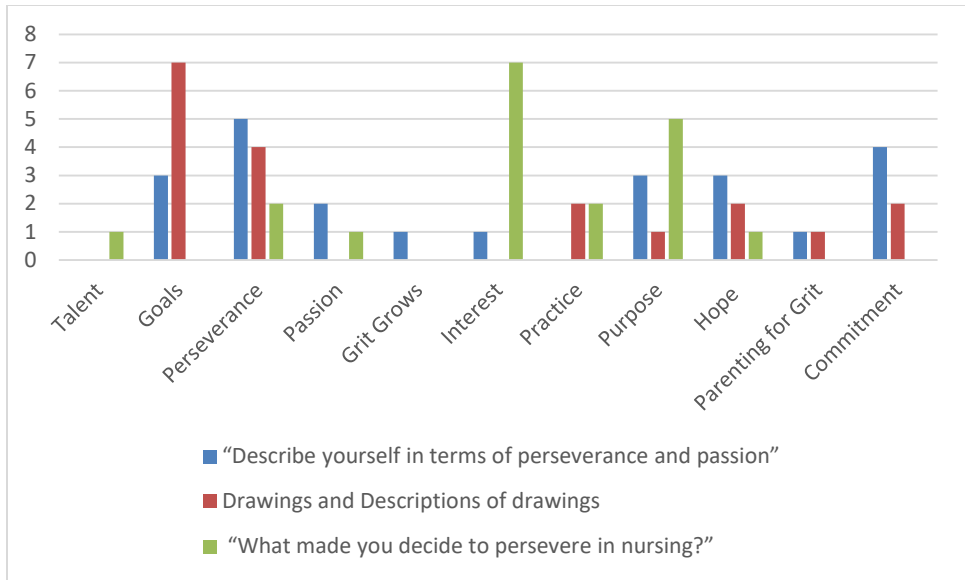


Figure 10. Grit Themes by Response Type. Total number of times each theme related to Grit was identified by participants based on response type

Summary

Participant responses demonstrate that minority students still face many of the same barriers that they faced over nearly ten years of literature review. It was particularly notable that discrimination and bias are still perceived by the participants as being significant barriers in their nursing school experience. It should also be stated that, while each of the students interviewed identified at least one of the barriers discussed in this paper, not all minority nursing students in schools of nursing with predominantly white faculty, staff, administrators, and students experience all of these barriers. It is also true that this research did not seek to discover which of these barriers might also apply to students from the majority population.

Strategies are often present to help promote success, but seemed lacking in areas other than financial and academic support. Regarding social support, it appears that colleges are making an effort to provide diversity clubs, but that these are poorly attended. Faith was identified as an effective strategy by the participants, although it was not identified in the

literature review. Lastly, the minority students interviewed had high scores on the Grit scale. They identified both a passion and perseverance for nursing, and were committed to becoming nurses. It is clear that there is more work to be done to support minority nursing students to overcome barriers as they pursue this goal.

CHAPTER V: DISCUSSION AND SUMMARY

Research Questions

This study was conducted in order to answer the following central question: How do minority junior or senior year nursing students describe their experiences in a college of nursing in the Midwest with predominantly white faculty, staff, administrators, and students, regarding the barriers they have faced, the strategies for success they have used, and their personal attributes related to grit? The theoretical framework for this study consists of the interaction between four elements: the student who identifies as a minority and is attending a school of nursing with predominantly white faculty, staff, administrators, and students; barriers that the participant identifies as impacting their success; strategies for success that the participant identifies as promoting their success; and the role of grit in the participant's success. The final three elements will be discussed in this chapter in the context of the first – the participants who self-identify as minority students in a school of nursing with predominantly white faculty, staff, administrators, and students.

Barriers. The first subquestion identified was: What barriers most negatively influence the experience of minority junior or senior year participants who are enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest? Participants responded to this question by answering an open-ended question related to barriers they had faced, by identifying barriers they had faced using a checklist provided to them with a list of barriers identified in the literature, and by describing which barriers were most significant and why. They also drew pictures of their journeys in nursing school, incorporating the barriers they had faced.

Interpretation. The most predominant barrier identified by the participants when asked an open-ended question, identifying barriers on a checklist, describing their most significant

barriers, or drawing a picture of their experience, was finances. The participants described the stress of having to pay for both tuition and living expenses. Not surprisingly, those participants who expressed this the most were single mothers who were supporting not only themselves, but their children. It was interesting that although this barrier was identified as the most significant barrier by the participants, and was selected most often on the checklist, only two participants identified it initially when asked the open-ended question. It appeared that seeing it as a barrier on the checklist that followed the open-ended question was a prompt in some way, reminding them that finances could be considered a barrier to their success in nursing school.

The same was true of family responsibilities. It was chosen second most often on the checklist and as the second most significant barrier overall, but was only identified twice when the open-ended question was asked. Students often described family responsibilities in a cultural context. Their perception was that their culture had a different expectation regarding family obligations than did the culture of the white students. The exception was those participants who described family responsibilities as a barrier in the context of finances. In those cases, no mention was made of cultural differences.

Discrimination and bias and lack of social support were mentioned most often when the open-ended question was asked. Although they were not mentioned as often as financial barriers and family responsibilities when asked what barriers were most significant or when they completed their drawing, these themes (discrimination and bias, and lack of social support) also came through most often and most clearly at the end of the interview, when asked if there was anything else they wanted to share about their experiences in nursing school. The participants described feeling isolated and shared a sense of achieving in spite of the lack of support they received. Contributing to their feelings of isolation was the perception they shared of being

misunderstood. One of the participants described a perceived bias for one minority group over the minority group she identified with. This illustrates the importance of remembering that each minority group's experiences are unique.

Participants also revealed that cultural differences and lack of commitment by the faculty and college were concerns when they were asked this last question. Lack of commitment by the faculty and college was rarely mentioned in the previous, more structured portion of the interview. It appeared that this last question resulted in responses that were more passionate and more oriented towards the emotions that being a minority student evoked. For example, not one participant mentioned finances or academics when asked this last question.

A lack of mentors, minority faculty, and role models was chosen as one of the most significant barriers by three of the participants. Participants described the importance of seeing that someone like them had been successful. It is more difficult to believe in one's ability to succeed if it appears that few who have gone before you have been able to accomplish the same goal.

Language and communication barriers, not surprisingly, were identified most often by those for whom English was not their first language. However, one participant described the language barrier in a cultural context, emphasizing differences in non-verbal communication. Another participant, for whom English was not her first language, claimed that she had no difficulty with the English language and did not identify it as a barrier.

Aspirational barriers/lack of confidence were identified by five participants on the checklist, and by two participants when asked to describe their most significant barrier. These students specified that the significance in this case was related to their lack of confidence – a doubt that they could succeed. When completing their drawings, two participants described this

doubt as leading them to question nursing as a choice of career for them, thus identifying an aspirational barrier.

It was surprising, based on the academic emphasis in nursing school, that overall, academic barriers were tied for the third fewest number of responses. It is possible that the students who had reached junior or senior status had resolved their academic difficulties, or had none to begin with. It is unknown whether or not the lower graduation rate for minority nursing students is related to attrition before or after this point in the program.

It is perhaps heartening that lack of commitment by the school and faculty was mentioned least by the participants as a barrier to their success. There were instances where an effort on the part of the school and faculty was acknowledged by the participant, but the effect was described as less than helpful. Either the participants felt that the effort, regardless of outcome, made up for the lack of effect, or this commitment was seen as relatively unimportant to their success.

Connection to the review of the literature. All of the barriers identified in the literature were identified at least three times by the participants. These barriers included: academic barriers (Dower et al., 2001; Ferrell & DeCrane, 2016; Ferrell et al., 2016; Gardner, 2005b; Healey, 2013; Igbo et al., 2011; Lewis, 2010; Loftin et al., 2012; Nnedu, 2009; Rearden, 2012; Soroff et al., 2002; Ume-Nwagbo, 2012; Zuzelo, 2005); financial barriers (Dower et al., 2001; Ferrell & DeCrane, 2016; Gardner, 2005b; Hart, 2005; Igbo et al., 2011; Lewis, 2010; Mingo, 2008; Nnedu, 2009; Ume-Nwagbo, 2012); aspirational barriers/ lack of confidence (Gilchrist & Rector, 2007; Mingo, 2008); lack of commitment by the faculty and college (Mingo, 2008; Strayhorn, 2014; Ume-Nwago, 2012); language and communication barriers (Amaro et al., 2006; Flinn, 2004; Gardner, 2005a; Gardner, 2005b; Lewis, 2010; Nnedu, 2009; Soroff et al., 2002; Ume-Nwagbo, 2012); lack of mentors, minority faculty, and role models (Amaro et al., 2006; Dower

et al., 2001; Hart, 2005; Loftin et al., 2012; Nnedu, 2009); discrimination and bias (Abrums et al., 2010; Loftin et al., 2012; Sedgwick et al., 2014); cultural differences (Coleman, 2008; Ume-Nwagbo, 2012); lack of social support/isolation (B. C. Evans, 2005; Gardner, 2005a; Gardner, 2005b; Mills-Wisneski, 2005; Ume-Nwagbo, 2012); and family responsibilities (B. C. Evans, 2005; Hart, 2005; Loftin et al., 2012; Porter-Wenzlaff & Froman, 2008; Soroff et al., 2002; Warda, 2008). It is disappointing to note that the literature review for the vast majority of these barriers indicates that they have been impacting minority nursing student success for several years.

In addition to those barriers found in the literature review, fear of not meeting her family's expectations was identified as a major barrier by one participant. Workload and trying to fill multiple roles was a barrier for another participant. Closely associated with this was time management, a barrier referenced by a third participant. These barriers could be related to the demands of family, a barrier that was identified in the literature, especially if trying to fill multiple roles was related to the culture's expectations of the participant in that regard. Time is a cultural construct and difficulty with time management may be related to cultural differences. Death or abandonment of family members and technology were the only other barriers identified by participants that were not discovered as barriers in the review of the literature. Whether the impact of these factors was intensified because the student self-identified as belonging to a minority group is not clear. Also, none of these additional barriers were described by more than one participant.

As is evident in the interpretation of the results, one aspect of discovering what barriers to success impacted minority students was to discover which were identified most often. The prevalence of family responsibilities as a barrier in the participants' responses was interesting in

that limited literature was found addressing this problem or how to solve it. Much of the literature reviewed discussed language support for those for whom English is an additionally learned language (Bednarz et al., 2010; Choi, 2005; Flinn, 2004; Gilchrist & Rector, 2007). However, of the seven participants for whom English was an additional language, only three identified it as a barrier on the checklist, and fewer than three in response to each of the other prompts. The perceived prevalence of discrimination and bias was disturbing, and is, perhaps, a reflection of the current cultural climate in the United States and abroad to some degree. On the other hand, this problem is not a new one.

Strategies for success. The second subquestion identified was, “What strategies for success have most positively influenced the experience of minority junior or senior year students who are enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest?” Participants responded to this question by answering an open-ended question related to strategies they had utilized to promote their success, by identifying strategies they had implemented using a checklist provided to them with a list of strategies identified in the literature, by describing which strategies had been most effective for them, and by drawing a picture of their journey in nursing school, keeping in mind strategies they had used in order to promote their success in nursing school.

Interpretation. Not surprisingly, the strategies found in the literature are designed to lessen the impact of the barriers that the minority students have identified as impeding their success in nursing school. A thought-provoking analysis of the data related to strategies occurs when the strategies identified by the students are compared with the barriers that they identified. This comparison is illustrated in Figure 11.

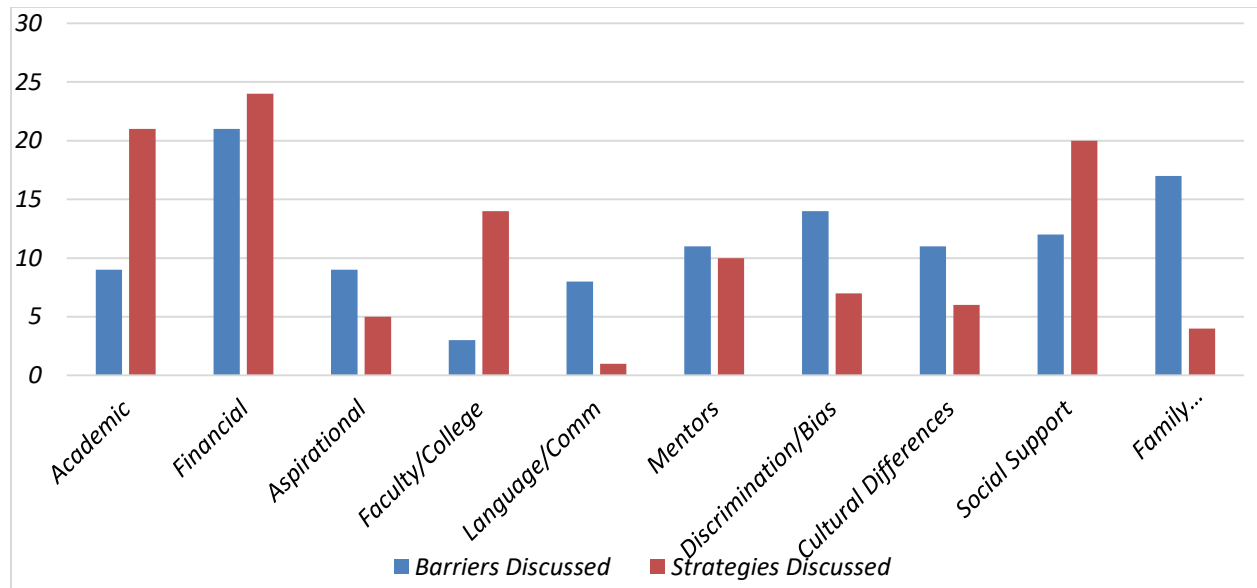


Figure 11. Comparison Between Barriers and Strategies Identified. The number of times barriers were identified as compared to the number of times the corresponding strategy to address that barrier were identified

As might be predicted, since financial barriers were identified most often as a barrier to success, financial support was identified by participants most often as the strategy that supported their success in nursing school. Loans, grants, and scholarships were mentioned specifically. This result highlights the importance of continuing to find funding for these students.

Considering the fact that academic barriers were tied for sixth place when participants were noting barriers to their success, it is interesting that academic support was chosen as the second most important contribution to their success in nursing school. Participants particularly appreciated the availability of a center devoted to providing resources for academic success. It is possible that the success of this strategy is shown in the fact that so few students identified it as a barrier.

Social support was the third most often mentioned strategy for success, and was identified fourth most often as a barrier. When described, social support included such things as

study groups, student groups, and school clubs. However, several of the participants noted that clubs were often not well attended or effective. One noted that it was up to her to take the initiative to make sure that the diversity club remained viable. It is perplexing that in spite of the characterization of the clubs as largely ineffectual, social support was mentioned so often as a strategy for success. Because social support was also identified as friends, family, and/or peers, it is possible that this is where the participants feel supported.

It is noteworthy that institutional and faculty commitment was valued as a strategy for success, mentioned fourteen times, while this commitment was the barrier least mentioned. Effective communication with faculty, and faculty availability, were some descriptors used to define this commitment. Evidently, this strategy is being well implemented and was therefore not seen as a barrier by the majority of the participants.

The lack of mentors, minority faculty, and role models was recognized as a barrier to success eleven times, and their presence as strategies for success ten times, perhaps meaning that the same participants who saw it as a barrier also recognized the importance of addressing that barrier with a strategy directed toward its resolution. One of the participants explained her school's mentor program in great detail. Another expressed her appreciation for the faculty's efforts to find a mentor who belonged to the same minority group as the participant, even when it meant going outside of the college to locate the mentor. This response confirms that there are ways to provide this important resource to minority students, even for schools who do not have minority faculty on campus.

There were twice as many mentions of discrimination and bias as barriers (fourteen) by the participants than there were mentions of strategies to address discrimination and bias to promote their success (seven). In addition, this barrier was mentioned frequently at the end of the

interview when asked if there was anything else the participants wanted to share. It is evident that there is a gap between the perceived needs of the participants and the response of the schools of nursing when it comes to this topic.

The same could be said for cultural differences, as support for cultural differences was named six times as a strategy for success, while those same differences were brought up twelve times as a barrier to success. This barrier was also acknowledged frequently when the participants were asked if there was anything else they wanted to tell the researcher. The similarity in results suggests a relationship between the students' perceptions of discrimination and bias and cultural differences.

Aspirational/lack of confidence barriers were also identified almost twice as often than were strategies to address those barriers (nine times to five). Once again, it is unknown whether this gap is due to a lack of strategies related to these barriers, or a whether these strategies lack effectiveness. In this case, it is possible that the school is unaware that these barriers exist, as they are seldom discussed in the literature, and students may not feel comfortable sharing their doubts regarding their occupational choice, or their ability to succeed.

Support for the demands of their families was noted only four times by participants, while it was identified as a barrier second only to financial barriers. This is both a significant gap and an opportunity for schools of nursing to make a difference by decreasing the impact of a significant barrier. Because of the sensitive nature of this barrier, however, it is possible that it is perceived both by the minority students and the institutions and faculty that there is not much one can do to lessen this stressor.

Strategies to lessen the impact of language and communication barriers were only mentioned once. This was surprising in that English was not the first language for five of the

participants and an additional two participants were learning English in addition to their native language as they were growing up. It is possible that academic support was seen as a strategy to help them address this difficulty, as language was specifically mentioned in the circumstance of taking the exams.

As described above, a comparison of the prevalence in which a barrier was identified with the prevalence a strategy was identified found that there was little correlation (see Figure 11). In the case of participants addressing a barrier more often than its strategy to address it, it is possible that the barrier remains a problem because the strategies to address it are not effective, although this cannot be proved conclusively. In the case where the strategy for success is identified more often than the barrier, it is possible that the strategy is so effective that the barrier is no longer a problem. Again, this cannot be proved conclusively.

Other strategies noted by participants were the support of their family (once), support with time management (once), faculty advisors (twice), and faith (four times). The researcher considered including faculty advisors in the theme of mentors, minority faculty, and role models but decided against this, as the role of faculty advisor is more formal than the minority student may have with a mentor, a role model, or even a minority faculty member. Communication with faculty was written in on the checklist but was incorporated in the theme of faculty support. Of particular interest here was the support the participants felt they received from their faith. Two of the schools of nursing the participants attended have close associations with a church, which may have contributed to this. However, neither of the schools require their students to be members of their church in order to enroll in the program.

Connection to the review of the literature. Regarding strategies for success, the literature often identified strategies in terms of programs or initiatives instituted by a school of nursing.

These programs were designed to ameliorate the negative effects of the barriers and so included strategies specific to the identified barriers. Participants identified each strategy addressed in the review of the literature at least once. Strategies for success in the literature included: academic support (Ferrell & DeCrane, 2016; Ferrell et al., 2016; Noone, 2008); financial support (Baker, 2010; Ferrell & DeCrane, 2016; Ferrell et al., 2016;); addressing aspirational barriers (Nnedu, 2009); institutional and faculty commitment (Gardner, 2005b; Gonzalez et al., 2000; Noone, 2008); language and communication support (Choi, 2005; Gilchrist & Rector, 2007); mentors, minority faculty, and role models (Baker, 2010); addressing discrimination and bias (Abrums et al., 2010); appreciation and support for cultural differences (Flinn, 2004); social support (Bond et al., 2008; Cason et al., 2008; Ferrell & DeCrane, 2016; Ferrell et al., 2016); and supporting participants with family demands (Abrums et al., 2010). Strategies that were identified by participants but that were not in the literature reviewed included family support, time management, faculty advisors (as distinct from mentors, minority faculty, and role models), and faith. Faith was credited by four participants as a strategy for their success in nursing school – the same number as support for demands of family, and more often than language and communication strategies.

As noted for the topic of barriers, this study was interested in discovering not only what strategies for success the participants would identify, but which were identified most often. For the most part, the strategies for success that were described most often in the literature were also recognized by the participants most often in the interviews, including financial and academic support. Many programs for success described in the literature have language and communication support as one of their initiatives, while, surprisingly, this was identified only once by the participants as a strategy for success.

Grit. After a discussion of barriers and strategies for success, the researcher investigated the following question: How do minority junior or senior year students enrolled in nursing programs with predominantly white faculty, staff, administrators, and students in the Midwest describe themselves in regard to characteristics related to grit, using the Grit-S scale and a pictorial representation of their experience? The participants were asked to complete the Grit-S scale, to describe themselves in terms of passion and perseverance for nursing, and to include the idea of grit in their drawings.

Grit-S scale interpretation. The most obvious result from the Grit-S scale was that the participants scored, on average, just under the 70th percentile on the Grit Score, meaning that they were gritty, a term used to describe an individual's passion and perseverance when pursuing a long-term goal (Duckworth, 2016). They were, in fact, grittier than almost 70% of people who have taken this assessment. This is not surprising, considering the fact that nursing programs are challenging, and that graduation rates for some minorities, according to a study by Carthon et al. (2014), has actually gone down since diversity initiatives were instituted. Graduation rates in these schools increased "...for Hispanics/Latinos (from 7.9% to 10.4%), but decreased for Blacks (6.8% to 5.0%) and Native American/Pacific Islander students (2.1% to 0.3%)" (Carthon et al., 2014, p. 259). Graduation rates from the three nursing schools in which the interviews took place for Hispanics/Latinos are 0% for School A, 25% for School B, and 50% for School C; rates for black students are N/A for School A, 25% for School B and 50% for School C; for Asians the rates are N/A for School A, 65.5% for School B, and 75% for School C; for American Indians the rates are N/A for School A; N/A for School B; and 0% for School C.

In comparison, graduation rates from four-year public colleges in general for the United States in 2013 were 57.6% overall, with whites graduating at a rate of 60.6%, black students at a

rate of 40.3%, Asian students at a rate of 67.9%, Hispanic students at a rate of 50.6%, and American Indian students at a rate of 39.4% (The Chronicle of Higher Education, n.d.). The rigor of nursing school is seen when graduation rates of minority nursing students, as reported by Carthon et al. (2014) are compared with the graduation rates of minority students of all 4-year colleges in the United States as reported by The Chronicle of Higher Education (n.d.).

Connection to the review of the literature. No literature specific to grit and minority nursing students was found. However, grit has been shown to have a positive correlation with success in academics (Duckworth & Quinn, 2007). There was a study by Wolters and Hussain (2014) that included an “ethnically diverse sample of 213 college students” (p. 293). This study found that perseverance, one of the aspects of grit, was a “consistent and adaptive predictor” for various indicators of self-regulated learning and predicted achievement (Wolters & Hussain, 2014, p. 293). Perseverance and goals were the themes mentioned most often by the participants when they shared their perceptions of their own grittiness for the study described in this paper. All of the themes found in the participants’ responses, including perseverance and goals, were derived from the literature related to grit. No additional themes outside of the literature reviewed related to grit were discovered from the interviews.

The two themes, perseverance and goals, seemed to have some overlap. Some participants described their goals as relatively short-term – just wanting to finish nursing school. Others described setting goals after nursing school, for example, in their choice of employment. There was a sense by some that once they had set a goal, they were obligated to achieve it, no matter what obstacles got in their way. This was most often seen in their reflections on perseverance. They felt they had to do whatever it took to accomplish their goals. O’Neal et al. (2016) found a similar result in their study of Latino/a first-generation college students. These

students, O’Neal et al. reported, “...exhibited grit by working hard to complete their goals” (p. 460).

Purpose was identified after perseverance and goals as a theme for the participants when considering their passion and perseverance for a long-term goal. Purpose was defined by Duckworth (2016) in terms of a desire to make a positive contribution to others. Some of the participants expressed this in relation to contributing to their families, most often as a role model to their children. One of the participants wept when she explained this. O’Neal et al. (2016) noted that, in their study, the goal of being able to support their families financially was a major impetus for displaying grit in their pursuit of a degree. Others approached purpose in terms of the difference they could make in the lives of those for whom they would provide care. A few had already experienced this in their work in the healthcare field.

The next three most prevalent themes related to grit, as expressed by the participants, were interest, hope, and commitment. Regarding interest, two of the participants used the word “love” to describe their passion for the nursing profession. There was an interest in the science of nursing (anatomy and physiology), and in the “blood and guts” of nursing. This interest seemed to help sustain them through a challenging nursing program. There was an excitement about what they were doing in nursing school, and in what they would do when they graduated from nursing school. Wolters and Hussain (2014) described something similar, labeled it as motivation, and noted that students with motivation “perceived coursework as useful, interesting, and important” (p. 299).

As for hope, Duckworth (2016) described an experiment that “...proved... that it isn’t suffering that leads to hopelessness. It’s suffering you think you can’t control” (Chapter 9, Section 3, para. 4). If nursing school can be seen as causing some suffering – and many of those

interviewed described elements of suffering – then hope is what causes them to persevere. There is an expectation that the suffering will lead to a positive outcome.

Although one participant confessed that she hoped nursing school would get easier, other participants spoke of the hope they had for the future, after they attained their degree in nursing. Primarily, they had hope that by finishing nursing school they would be able to provide better opportunities for their children. One shared a broader hope – that she would be a “better human” as a result of her nursing education. Similarly, one of the minority respondents in O’Neal’s study (2016) expressed the idea that where you finish, rather than where you started out in life, is what is most important. This individual was hoping to use their education to serve their community in the future (O’Neal, 2016).

Commitment was the next most frequent theme related to grit. This willingness to work purposefully to accomplish something difficult has a nuanced difference from perseverance in that perseverance implies overcoming adversity of some kind, while commitment is enduring the daily grind required to achieve a goal. The idea of moving ahead to accomplish a goal, regardless of what it takes, is the same, however. Participants who described commitment explained that they had to finish the program because they were on that path and would not quit. Stoltz (2014) described this trait as “tenacity” and defined it as “The degree to which you persist, commit to, stick with, and relentlessly work at whatever you choose to achieve” (p. 31).

Practice, passion, and parenting for grit were the next most often themes found in the interviews. Duckworth (2016) described setting “stretch goals” and struggling as a part of the practice that gritty people do in order to succeed. The participants described both setting new goals to “stretch” themselves after they had accomplished their original goal, and the struggles they had encountered in their journey. One participant described both the frustration and the joy

of the struggle that is nursing school. Ideally, according to Stoltz (2014), the result of this struggle is robustness, which he described as “How well you hold up – the degree to which you are worn down or become stronger – over time” (p. 35).

While interest was one of the most frequent themes identified in the interviews, passion was one of the fewest. Two of the participants linked passion with perseverance. They felt that they had to be passionate about their goal in order to persevere. A minority respondent in O’Neal et al.’s (2016) study described a “different passion”, related to the idea that they were going to school not just for themselves, but also for family and friends (p. 460).

Parenting for grit was identified by the participants in two ways. One was in relation to the role models in a participant’s life who had demonstrated grit to her. The second way was in a participant’s desire to role model grit to her own children. It is assumed that this desire to role model grit is one of the factors that causes this participant to persevere in pursuing her goals. O’Neal et al. (2016) emphasized the importance of family, and even “future family” in the minority student’s desire to succeed.

Duckworth (2016) described talent as much less important than passion and perseverance when pursuing a long-term goal. However, one participant described her talent for nursing as one of the reasons she perseveres. She described confidence in her abilities – a trait which has encouraged her to persevere.

Duckworth (2016) described the growth of grit as beginning with interest, which develops into a passion. That passion leads to a desire to practice, a form of perseverance. This develops further into purpose – the idea that what you do makes a difference – and then, hope. One participant described her resolve to persevere when encountering discrimination and bias, revealing her interest, passion, purpose, and hope. Likewise, O’Neal et al. (2016) found that “grit

was spurred by participants' desires to resist stereotypes, overcome challenges, and make their families proud" (p. 460). The very circumstances that could cause some to give up, increase the resolve of others, "spurring them on" to even greater success. Stoltz (2014) called this trait "resilience", defining it as "your capacity to respond constructively to -- and ideally make good use of -- all kinds of adversity" (p. 25).

Themes that were not chosen from Duckworth's book (2016) were a culture of grit, and effort. Effort may be implied in the participant's descriptions of their determination to do what it takes to accomplish their goals. It is concerning that no one mentioned their school environment when describing grit. No one talked about the culture in their college as being designed to support gritty individuals. Rather, it often seemed as though the participants were persevering in spite of their learning environments.

Historical context. History, of course, does not change. We do, however, have the opportunity to change the future. The hope is that this change will result in fewer barriers to success for minority nursing students as well as the implementation of appropriate strategies to promote their success. Additionally, the promotion of grit in these students should help them persevere to graduation, the attainment of a passing score on the NCLEX-RN, and entry into the nursing workforce. This is a goal that has long been articulated by those interested in decreasing health disparities and promoting opportunities for minority nursing students (B. Evans, 2004; Mancino, 2005; The Sullivan Commission on Diversity in the Healthcare Workforce, 2004; Tuft, 2005).

Connection to the literature. The literature review indicated that change related to increasing the success of minority nursing students in schools with predominantly white faculty,

staff, administrators, and students has not occurred rapidly enough to meet the needs of the future, as explained by Murray et al. (2016):

In 2000, the National Advisory Council on Nurse Education and Practice issued a ‘National Agenda for Nursing Workforce Racial/Ethnic Diversity’ as a call to action to address the underrepresentation of racial and ethnic minorities in the RN workforce. Nearly two decades later, the call to action has not been realized; ethnic minorities remain vastly underrepresented in the nursing workforce relative to their numbers in the general population. Moreover, the numbers of minorities enrolled in nursing education programs are insufficient to meet the health care workforce diversity needs of the future. (p. 138)

Additionally, the literature review for this study demonstrated that barriers to success for minority nursing students present over ten years ago are still present today. These same barriers were identified by participants in this 2017 study (see Table 1).

Successful entry into the workforce of the gritty minority nursing students who face and conquer these barriers should result in fewer health disparities between persons of white and minority backgrounds. This was the mission of the ANA in 1896, and the goal of the 2003 Institute of Medicine report on health disparities (B. Evans, 2004), as well as an impetus for greater recruitment of minority nursing students initiated by the National Nursing Student Association’s Breakthrough To Nursing in 1964 (Mancino, 2005) and The Sullivan Commission on Diversity in the Healthcare Workforce (2004). With a greater understanding of the stories, experiences, and unique needs of the minority nursing student, the outcomes in these programs and initiatives can still be achieved.

Table 1

List of Barriers to Success with Citations to Show the Year the Barrier was Identified in the Literature and Whether it was Identified in this 2017 Study

Barrier	Citations	Identified by Participants in This 2017 Study
Academic	Amaro et al., 2006; Davis, Davis, & Williams, 2010; Dower et al., 2001; Duerksen, 2013; Ferrell & DeCrane, 2016; Ferrell et al., 2016; Gardner, 2005a; Gardner, 2005b; Healey, 2013; Igbo et al., 2011; Lewis, 2010; Loftin et al., 2012; Mingo, 2008; Nnedu, 2009; Rearden, 2012; Soroff et al., 2002; Ume-Nwagbo, 2012; Zuzelo, 2005	Yes
Financial	Bednarz et al., 2010; Loftin et al., 2012; Wong et al., 2008	Yes
Aspirational	Gilchrist & Rector, 2007; Loftin et al., 2012; Mingo, 2008	Yes
Lack of Commitment by the Faculty and College	Gardner, 2005a; Gardner, 2005b; Strayhorn, 2014	Yes
Language and Communication Barrier	Amaro et al., 2006; Bednarz et al., 2010; Flinn, 2004; Gardner, 2005a; Gardner, 2005b; Hansen & Beaver, 2012; Lewis, 2010; Nnedu, 2009; Soroff et al., 2002; Ume-Nwagbo, 2012	Yes
Lack of Mentors, Minority Faculty, and Role Models	Cason et al., 2008; Gardner, 2005b; Loftin et al., 2012	Yes
Discrimination and Bias	Abrums et al., 2010; Adeniron & Smith-Glasgow, 2010; Loftin et al., 2012; Sedgwick et al., 2014	Yes
Cultural Differences	Cason et al., 2008; Coleman, 2008; Loftin et al., 2012	Yes
Lack of Social Support/ Isolation	Coleman, 2008; Gardner, 2005b; Loftin et al., 2012	Yes
Family Responsibilities	Bond et al., 2008; B. C. Evans, 2008; Loftin et al., 2012	Yes

Connection to Theoretical Context

Each of the elements of the theoretical framework -- minority student, barriers to success, strategies for success, and grit -- were present in the interviews (see Figure 12).



Figure 12. Koenigsman’s Model for Minority Students’ Grit and Success in Response to Barriers Encountered in Nursing School

Minority student. Each participant included in the study self-identified as a Hispanic/Latino or non-white nursing student in a nursing school with predominantly white faculty, staff, administrators, and students. The four minority groups represented were Asian, Latino/Hispanic/Mexican, African American, and African. These four groups were represented fairly equally: three described themselves as Asian, four as Hispanic/Latino/Mexican, four as African American, and three as African (naming the African countries they had immigrated

from). All of the participants were female, and ranged in age from 19 to 51 years old. Nine were native to the United States, while five had immigrated. Seven spoke English as their first language, five learned English later in life, and two additional participants explained that they learned English along with their native language. All were enrolled in nursing schools with predominantly white faculty, staff, administrators, and students.

Barriers. The second element is the perceived barriers to success that the minority student faces in a nursing school or program with predominantly white faculty, staff, administrators, and students. Barriers may be specific to minority students or generalizable to the population of nursing students as a whole. Barriers may arise from the minority student's culture and corresponding obligations and expectations, or from the minority student's school's culture and expectations. Specific barriers identified included: academic barriers (Amaro et al., 2006; Dower et al., 2001; Ferrell & DeCrane, 2016; Ferrell et al., 2016; Healey, 2013; Igbo et al., 2011; Lewis, 2010; Loftin et al., 2012; Mingo, 2008; Nnedu, 2009; Rearden, 2012; Soroff et al., 2002; Ume-Nwagbo, 2012; Zuzelo, 2005); financial barriers (Wong et al., 2008); aspirational barriers (Mingo, 2008); lack of commitment by the faculty and college (Gardner, 2005a); language and communication barrier (Amaro et al., 2006; Bednarz et al., 2010; Flinn, 2004; Gardner, 2005a; Gardner, 2005b; Lewis, 2010; Nnedu, 2009; Soroff et al., 2002; Ume-Nwagbo, 2012); lack of mentors, minority faculty, and role models (Cason et al., 2008); discrimination and bias (Sedgwick et al., 2014); cultural differences (Coleman, 2008); lack of social support/isolation (Coleman, 2008; Gardner (2005b); and family responsibilities (B. C. Evans, 2008). In addition to those barriers found in the literature review, barriers identified by the participants included: fear of not meeting her family's expectations; workload and trying to fill multiple roles; time management; death or abandonment of family members, and technology.

Strategies for success. The third element to the framework is the perceived strategies for success. This includes those things that the student identifies as being helpful in assisting them to overcome the barriers to success that they identified. These strategies may be provided by the school of nursing that they attend, or the students may have sought them out independently of the college. Strategies for success may be seen as external environmental supports for the minority nursing student. All of the strategies discussed in the review of the literature were identified at least once by the participants, and included: academic support (Noone, 2008); financial support (Baker, 2010); addressing aspirational barriers by equipping and motivating minority students for success (Nnedu, 2009); institutional and faculty commitment (Gardner, 2005b; Gonzalez et al., 2000; Noone, 2008); language and communication support (Choi, 2005; Flinn, 2004; Gilchrist & Rector, 2007; Hansen & Beaver, 2012); mentors, minority faculty, and role models (Baker, 2010); addressing discrimination and bias by promoting cultural competence in administration, faculty, staff, and other participants and demonstrating cultural sensitivity and humility (Abrums et al., 2010); a college environment that shows appreciation and support for cultural differences (Flinn, 2004); social support, including clubs, organizations, and support groups (Bond et al., 2008; Cason et al., 2008); and supporting participants with family demands by promoting work/school/life balance and respecting the participant's priorities (Abrums et al., 2010). In addition, strategies that were identified by participants but that were not in the literature reviewed included family support, time management, faculty advisors (as distinct from mentors, minority faculty, and role models), and faith.

Grit. The fourth element of the conceptual framework is grit – the passion and perseverance to pursue a long-term goal (Duckworth, 2016; Goodwin & Miller, 2013; Hoover, 2012). If strategies for success are external, grit is an internal element that promotes success. It is

one of the non-cognitive attributes that is instrumental in a student's success in college (Wolters & Hussain, 2014).

In summary, the model represents a minority nursing student with grit who is using one or more strategies for success to cross over a barrier. The minority student has self-identified as belonging to a minority group. Grit is a characteristic that influences attitudes and behavior (Wolters & Hussain, 2014). In this model, it is seen as an internal characteristic that influences the minority students' success in nursing school. There are unique barriers for minority nursing students, but the use of appropriate strategies for success can help them to overcome these barriers and successfully graduate from nursing school.

Implications

The results of this study show that minority nursing students face significant barriers to their success. In some cases these barriers are perceived as being unique to them as minority students, at least in intensity, whereas some of these barriers are probably equally challenging for majority nursing students. These barriers have been identified in the literature for a very long time but persist in helping to prevent a more equally represented nursing workforce after graduation. This would imply that commonly applied strategies for success may not be that effective.

For example, family responsibilities were mentioned as a barrier thirteen times, but support for demands of families was identified only four times as a strategy for success. It is clear that these participants were not finding the support they needed in order to balance their responsibilities at home with their responsibilities at school. Many of the participants who identified family responsibilities described it in terms of cultural expectations. For their families, school was given a lower priority than their obligations to family members. Helping minority students to balance these expectations may be an important strategy in promoting their success.

More creative strategies to address this barrier, such as required scheduled study hours at the school, or more flexible curricula, may help to increase the graduation rates of minority students.

Language and communication was identified as a barrier nine times, but only once as a strategy for success. The implication here is to realize that, even though minority students must meet admissions criteria related to language proficiency in order to be accepted into most nursing schools, assumptions about their ability to process information given to them in English may be in error. It may be difficult to process what they are hearing as rapidly, for example, as their counterparts who are native English speakers. Some of the participants interviewed pointed out that terms used on nursing exams were not familiar to them. One example was “popcicle”. This word is not a medical term, but rather a word familiar to those in a particular cultural context. Having exams reviewed by experts in cultural bias may be helpful to avoid these pitfalls.

Discrimination and bias was mentioned as a barrier by participants fourteen times, but as a strategy for success only seven times. Discrimination and bias were also described with some passion in their final comments by several of the participants. Finding a way to reduce discrimination and bias has been a challenge by the culture as a whole. It is an important challenge for schools of nursing to search for these answers as well.

On the other hand, academic barriers were identified by participants only nine times, but as a strategy for success twenty-two times. It would seem that the programs put in place for academic support have been largely effective for those minority students who were interviewed, and should be continued. Likewise, lack of commitment by faculty/college was described only three times as a barrier by participants, but institutional and faculty commitment was credited as being a strategy for success thirteen times. The participants seemed to be aware of efforts by the faculty and their schools of nursing to support them in their pursuit of nursing as a career.

While the same type of conclusion may be made in terms of social support, which was identified as a barrier twelve times, while mentioned as a strategy for success nineteen times, the explanations by the participants told a different story. When asked for additional comments, several remarked that they felt isolated. This seeming contradiction might be explained by the fact that some of the participants described efforts at organizing clubs, for example, but noted that these efforts were largely unsuccessful.

One implication is for schools of nursing to plan support strategies to overcome these barriers. Faith was mentioned as a strategy for success by four of the participants, but was not found as a strategy for success in the review of literature. Nursing seeks to promote holistic health for patients in terms of physical and psychosocial needs, including spiritual needs. Schools of nursing may find that being intentional in providing spiritual support for their students could contribute to the success of these same students. Emphasizing the role of faculty advisors and educating the faculty to assume this role effectively, as well as educating families about ways in which they can be supportive, may also help to promote the success of minority students. Very few participants included strategies for success in their drawings. This could imply that the participants were focused on the barriers they had faced, rather than their successes. It could also imply that they felt they have not been aided much in their journey by external strategies for success, but are largely “going it alone”.

The results of the Grit-S scale showed that the participants have grit in quantity, scoring at about the 70th percentile. According to Stoltz (2014), however, the United States ranks twelfth in the world for percentage of college graduates, and white students from higher-income families graduate at the highest rates. Research has shown that those individuals who have higher grit scores have a better chance of success in college (Stoltz, 2014; Strayhorn, 2014). For this reason,

Stoltz emphasized the importance of applying grit to education. Also for this reason, Strayhorn (2014) suggested that “grit may prove to be an effective lever for raising black male academic success” (Discussion section, para. 3). This can be generalized to nursing education as well. McCabe (2016) asserted that “...grit can be nurtured in undergraduate nursing students” (p. 146). Teaching nursing faculty to work with minority students (and all students) in such a way that they develop grittiness could make a significant difference in the retention rate of these students. As a cautionary note, Bazelais et al. (2016) found no significant relationship between academic achievement in a college physics course and grit. The authors of this study offered several explanations for this result, including the idea that “success is not just a matter of ability and effort, but also a host of situational factors that frame individual action” (Bazelais et al., 2016, p. 41). This is where supporting minority students with appropriate strategies for success may make a difference.

Limitations of the Study

Some limitations of the study were identified. One potential limitation was related to the selection process, in which participants were invited to participate in the study if they identified as Hispanic/Latino or non-white. One potential participant arrived to the interview who was 7/8 white and 1/8 Pacific Islander. The researcher chose not to include the results of this interview in the study, resulting in a more representative sample of minority students, but more specific parameters may be helpful in replicating this study in the future.

A related limitation was that all minority students were included as participants, whether or not they had immigrated to the United States, or spoke English as an additionally learned language. Also, participants were interviewed no matter what minority group they identified with, although these groups have had very different experiences in the United States.

Another limitation was overlap in the understanding or meaning of terms used to describe barriers and strategies for success. This may be inevitable as the meaning of terms often has a subjective component, but there were instances where family responsibilities were described in terms of cultural differences, cultural differences and lack of social support/isolation were explained as one barrier, and finances and family responsibilities were interconnected.

A fourth limitation is related to the fact that strategies for success specified by the students may have been either effective or ineffective. The follow-up question asked which strategies had been most effective for them, but it may be useful in the future to add a question about effectiveness to the checklist so that each strategy would be rated as effective or ineffective. Related to this is the question of whether participants did not mention a strategy for success because it was not needed, or because it was available but ineffective. This clarification would help to explain the previous question.

A last limitation is that each participant was a female. This was an unintended result and illustrates the dearth of males in nursing, who represent another minority group in nursing. It is noted that two interviews with male nursing students who did not qualify for the study yielded very similar results to the female respondents.

Recommendations for Future Research

Regarding recommendations for further studies, it would be interesting to compare the responses of minority students with the responses of the white majority students who are also facing barriers in nursing school, using strategies for success, and pursuing their degrees with passion and perseverance. Another consideration is the differences between minority groups, a topic for another important study. Finding differences and similarities between groups could help

to guide interventions that would bring minority students of differing backgrounds and majority students together in order to accomplish mutual goals.

A study that asks the minority students to rate strategies for success would help to identify where the college should put resources to best help their minority students. Knowing how the participants would rate both the need for, and the effectiveness of, existing strategies would bring more clarity to those designing programs to ensure the success of these students. It might also be beneficial to go a step beyond this and ask minority students what strategies for success they think would be most beneficial, and how they would implement those strategies. This would counter the hegemony that is implied when a majority group attempts to “fix” the problems of a minority group. Related to this would be a study that focuses on identifying the strengths of the minority students from the perspectives of both the minority students and the white faculty, staff, administrators and students, and ask how those strengths can enrich the nursing school experience for all students.

Finding the most effective points for intervention on the part of the college would logically guide interventions and could provide a valuable contribution to promoting success for minority nursing students. It would be a valuable contribution to the literature to complete a study to determine if, for example, student success resulted from intervening at the points of 1.) becoming familiar with the minority students’ culture and experiences; 2.) increasing grit, 3.) removing barriers, and 4.) identifying appropriate strategies based on the barriers identified by the unique student populations, based on their culture and experiences. This would enhance the practical use of Koenigsman’s Model for Minority Students’ Grit and Success in Response to Barriers Encountered in Nursing School (see Figure 13).

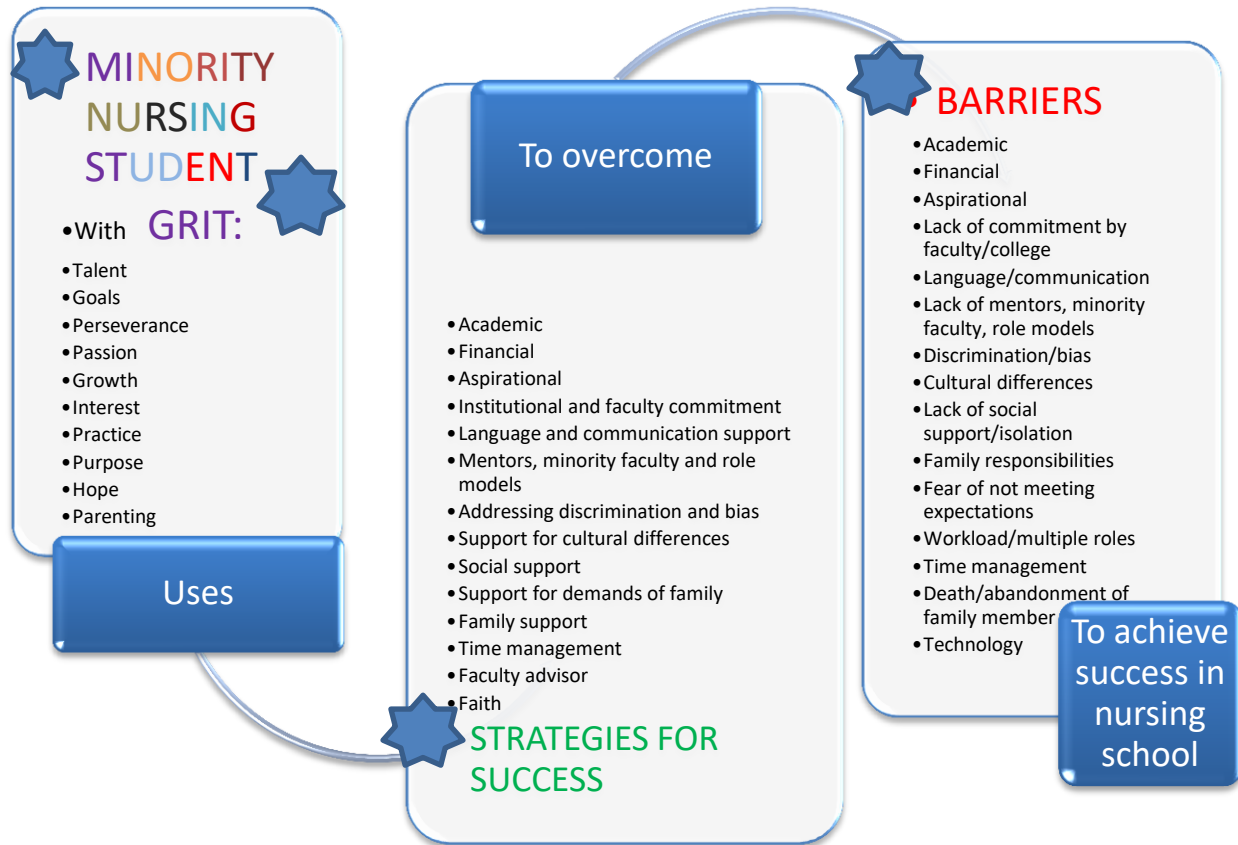


Figure 13. Koenigsmann’s Proposed Research Application Model for Minority Students’ Grit and Success in Response to Barriers Encountered in Nursing School

Summary

The impetus for this study was a desire to find out how to increase the graduation rate of minority nursing students in schools of nursing with predominantly white faculty, staff, administrators, and students. While initiatives designed to attract minority students to nursing have been largely successful nationally, the graduation rate of these minority students still lags behind the graduation rate of white students, meaning there are fewer minority nurses in the workforce.

The researcher determined that insight into this problem could be gained by interviewing self-identified minority students about their experiences in their nursing schools. In particular, the study focused on perceived barriers, strategies for success, and the role of grit in their nursing school journey. The results showed that all of the minority students interviewed testified they had qualities related to grit, defined as having the passion and perseverance to pursue a long-term goal. In fact, the participants scored in the “very gritty” range of the Grit-S scale. This is the first place for schools of nursing to intervene on behalf of these students. Grit can grow, and the grittier the individual, the more likely they are to achieve success (Duckworth, 2016; Stoltz, 2014). The first opportunity for intervention, then, is to assist these students to grow grit.

Barriers for these students have been well identified in the literature, and have not changed much over the years that the literature was reviewed. No new barriers were identified by more than one participant in this study. However, all of the students identified significant barriers to success. This leads to the next opportunity for intervention. That is, schools of nursing can provide strategies for success aimed at assisting these students to overcome the barriers that are unique for them.

For example, the barriers related to the students’ family responsibilities, while mentioned rarely in the literature, were second in importance to the participants. This could have implications for implementing strategies for success such as the design of a more flexible curriculum, required scheduled study sessions at the school, or other creative solutions. Strategies to address all of the identified barriers were mentioned by the participants, with mixed reviews. There is opportunity to include the students themselves when planning and implementing these strategies. One strategy not mentioned by the literature, but mentioned by several participants, was the role of faith in helping them cope with the pressures of nursing

school. This highlights the importance of a holistic approach when designing strategies for support.

As noted previously, the grit of the participants seemed to be an important factor in their journey, which was not surprising. Schools of nursing must also show grit – the passion and perseverance to pursue the goal of supporting an important demographic in our nursing programs. The success of these students will enrich the nursing workforce, improving the care of the underserved in our communities, and of the nation as a whole. As educators in nursing, this is our ultimate goal.

References

- Abrums, M. E., Resnick, J., & Irving, L. L. (2010). Journey or destination? Evaluating student learning about race, class, and privilege in health care. *Nursing Education Perspectives, 31*(3), 160-166.
- Adams, V. W., & Price-Lea, P. J. (2004). A critical need for a more diverse nursing workforce. *North Carolina Medical Journal, 65*(2), 98-100.
- Adeniran, R. K., & Smith-Glasgow, M. E. (2010). Creating and promoting a positive learning environment among culturally diverse nurses and students. *Creative Nursing, 16*(2), 53-58.
- Alsharif, N. Z. (2012). Cultural humility and interprofessional education and practice: A winning combination. *American Journal of Pharmaceutical Education, 76*(7), 1-2.
- Amaro, D. J., Abriam-Yago, K., & Yoder, M. (2006). Perceived barriers for ethnically diverse students in nursing programs. *Journal of Nursing Education, 45*(7), 247-254.
- American Association of Colleges of Nursing. (2012, August). *Nursing shortage fact sheet*. Washington, D.C.: Author.
- American Association of Colleges of Nursing. (2014a). *Fact sheet: Enhancing diversity in the nursing workforce*. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/enhancing-diversity>
- American Association of Colleges of Nursing. (2014b). *Mission and values*. Retrieved from <http://www.aacn.nche.edu/about-aacn/mission-values>
- American Association of Colleges of Nursing. (2014c). *Nursing shortage*. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage>

- American Nurses Association. (1991, October 22). Ethics and human rights position statements: Cultural diversity in nursing practice. Retrieved from <http://www.nursingworld.org/readroom/position/ethics/etcladv.htm>
- American Nurses Association. (2014). Health care reform. Retrieved from <http://www.nursingworld.org/healthcarereform>
- Bagnardi, M., & Perkel, L. K. (2005). The learning achievement program: Fostering student cultural diversity. *Nurse Educator, 30*(1), 17-20.
- Baker, B. H. (2010). Faculty ratings of retention strategies for minority nursing students. *Nursing Education Perspectives, 31*(4), 216-220.
- Barakzai, S. D., & Fraser, D. (2005). The effect of demographic variables on achievement in and satisfaction with online coursework. *Journal of Nursing Education, 44*(8), 373-379.
- Barnes, K. (2005, April/May). Breakthrough to nursing's early years. *National Student Nurses Association Imprint, 52*(3), 70-74.
- Barrier. (n.d.). In *Merriam-Webster.com*. Retrieved from <http://www.merriamwebster.com/dictionary/barrier>
- Bazelais, P., Lemay, D. J., & Doleck, T. (2016). How does grit impact college students' academic achievement in science? *European journal of science and mathematics education, 4*(1), 33-43.
- Beacham, T., Askew, R. W., & Williams, P. R. (2009). Strategies to increase racial/ethnic student participation in the nursing profession. *The ABNF Journal, 20*(3), 69-72.
- Bednarz, H., Schim, S., & Doorenbos, A. (2010). Cultural diversity in nursing education: Perils, pitfalls, and pearls. *Journal of Nursing Education, 49*(5), 253-260.

- Bellack, J. P. (2005). Threatening our diversity. [Editorial]. *Journal of Nursing Education, 44*(5), 199-200.
- Benn, D. D., & Pacquiao, D. F. (2010). Assessment of determinants of nursing students' Retention and progression in an associated degree program. *UPNAAI Nursing Journal, 6*(1), 26-30, 32-24.
- Bond, M. L., Gray, J. R., Baxley, S., Cason, C. L., Denke, L., & Moon, M. (2008). Voices of Hispanic students in baccalaureate nursing programs: Are we listening? *Nursing Education Perspectives, 29*(3), 136-142.
- Boutain, D. M. (2005). Social justice as a framework for professional nursing. *Journal of Nursing Education, 44*(9), 404-407.
- Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research, 42*(4), 1758-1772.
- Brown, S. T., Kirkpatrick, M. K., Mangum, D., & Avery, J. (2008). A review of narrative pedagogy strategies to transform traditional nursing education. *Educational Innovations, 47*(6), 283-286.
- Brush, B. (1999). Has foreign nurse recruitment impeded African American access to nursing education and practice? *Nursing Outlook, 47*, 175-180.
- Bryant, M. T. (2004). *The portable dissertation advisor*. Thousand Oaks, CA: Corwin Press.
- Buerhaus, P. I., Donelan, K., Norman, L., & Dittus, R. (2005). Nursing students' perceptions of a career in nursing and impact of a national campaign designed to attract people into the nursing profession. *Journal of Professional Nursing, 21*(2), 75-83.

- Cantwell, E. R., Napierkowski, D., Gundersen, D. A., & Naqvi, Z. (2015). Nursing as an additional language and culture (NALC): Supporting student success in a second-degree nursing program. *Nursing Education Perspectives, 36*(2), 121-123.
- Carol, R. (2006, Summer). Discrimination in nursing school: Thing of the past or alive and well? *Minority Nurse, 56*-62.
- Carthon, J. M. B., Nguyen, T., Chittams, J., Park, E., & Guevara, J. (2014). Measuring success: Results from a national survey of recruitment and retention initiatives in the nursing workforce. *Nursing Outlook, 62*, 259-267.
- Cason, C. L., Bond, M. L., Gleason-Wynn, P., Coggin, C., Trevino, E., & Lopez, M. (2008). Perceived barriers and needed supports for today's Hispanic students in the health professions: Voices of seasoned Hispanic health care professionals. *Hispanic Health Care International, 6*(1), 41-50.
- Centers for Disease Control and Prevention. (2014, November 8). *Outbreaks chronology: Ebola virus disease*. Retrieved from <http://www.cdc.gov/vhf/ebola/outbreaks/history/chronology.html>
- Choi, L. L. S. (2005). Literature review: Issues surrounding education of English-as-a-Second-Language (ESL) nursing students. *Journal of Transcultural Nursing, 16*(3), 263-268.
- Coleman, L. D. (2008). Experiences of African American students in a predominantly white two-year nursing program. *Association of Black Nursing Faculty, 19*(1), 8-13.
- Condon, V. M., Morgan, C. J., Miller, E. W., Mamier, I., Zimmerman, G., & Mazhar, W. (2013). A program to enhance recruitment and retention of disadvantaged and ethnically diverse baccalaureate nursing students. *Journal of Transcultural Nursing, 24*(4), 397-407.

- Cooper, M. (2012, December 12). Census officials, citing increasing diversity, say U.S. will be a 'plurality nation'. *The New York Times*. Retrieved from <http://www.nytimes.com>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles: Sage.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Los Angeles: Sage.
- Dapremont, J. A. (2011). Success in nursing school: Black nursing students' perception of peers, family, and faculty. *Journal of Nursing Education, 50*(5), 254-260.
- Davidhizar, R., Dowd, S. B., & Giger, J. N. (1998). Educating the culturally diverse healthcare student. *Nurse Educator, 23*(2), 38-42.
- Davidhizar, R., & Shearer, R. (2005). When your nursing student is culturally diverse. *The Health Care Manager, 24*(4), 356-363.
- Davis, S. P., Davis, D. D., & Williams, D. D. (2010). Challenges and issues facing the future of nursing education: Implications for ethnic minority faculty and students. *Journal of Cultural Diversity, 17*(4), 122-126.
- De Geest, S., Madigan, E., & Bischoff, A. (2004). Transcultural change: A challenge for the public health system. *Applied Nursing Research, 17*(3), 213-216.
- Dixon, M. E. (2014). Federal commission says staffing shortage has helped make nursing one of the most ethnically diverse of the healthcare profession. *Advance Healthcare Network for Nurses*. Retrieved from <http://nursing.advancweb.com/Editorial/Content/PrintFriendly.aspx?CC=57273>
- Domenig, E. (2004). Transcultural change: A challenge for the public health system. [International column]. *Applied Nursing Research, 17*(3), 213-216.

- Dower, C., McRee, T., Briggance, B., & O'Neil, E. (2001). Diversifying the nursing workforce: A California imperative. Retrieved from http://www.cpec.ca.gov/CompleteReports/ExternalDocuments/Diversifying_the_Nursing_Workforce_2001.pdf
- Duckworth, A. (2016). *Grit: The power of passion and perseverance*. [Kindle Fire version]. Retrieved from <http://www.amazon.com>
- Duckworth, A. L. & Quinn, P. D. (2009). Development and validation of the short grit scale (Grit-S). *Journal of Personality Assessment*, 91(2), 166-174.
- Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R. (2007). Grit: Perseverance and passion for long-term goals. *Journal of Personality and Social Psychology*, 92(6), 1087-1101.
- Duerksen, J. L. (2013, September/October/November). Retention and success of culturally diverse nursing students. *The Oklahoma Nurse*, 4-5.
- Edwards, K., Radcliffe, S., Patchell, B., Broussard, K., Wood, E., & Ogans, J. (2009). Outcomes: The recruitment enhancement cultural affirmation project. *Journal of Cultural Diversity*, 16(1), 64-67.
- El Nasser, H., & Overberg, P. (2011). Census tracks 20 years of sweeping change. USA Today.com Retrieved from: http://usatoday30.usatoday.com/news/nation/census/2011-08-10-census-20-year-change_n.htm
- Evans, B. (2004). Healthcare's minority report: Sullivan Commission, IOM try to make patient hospital staff makeup more reflective of the nation's ever-changing population. *Modern Healthcare*, 34(39), 6.

- Evans, B. C. (2005). Content validation of instruments: Are the perspectives of Anglo reviewers different from those of Hispanic/Latino and American Indian reviewers? *Journal of Nursing Education*, 44(5), 216-223.
- Evans, B. C. (2008). "Attached at the umbilicus": Barriers to educational success for Hispanic/Latino and American Indian nursing students. *Journal of Professional Nursing*, 24(4), 205-217.
- Evans, B. C., & Bendel, R. (2004). Cognitive and ethical maturity in Baccalaureate Nursing students: Did a class using narrative pedagogy make a difference? *Nursing Education Perspectives* 25(4), 188-195.
- Evans, D. B. (2013). Examining the influence of noncognitive variables on the intention of minority baccalaureate nursing students to complete their program of study. *Journal of Professional Nursing*, 29(3), 148-154.
- Fears, D. (2010, June 14). Retirements of baby-boomer doctors, nurses could strain overhaul. *Washington Post*. Retrieved from: <http://www.washingtonpost.com/wp-dyn/content/article/2010/06/13/AR2010061304096.html>
- Ferrell, D. K., DeCrane, S. K., Edwards, N. E., Foli, K. J., & Tennant, K. F. (2016). Minority undergraduate nursing student success. *Journal of Cultural Diversity*, 23(1), 3-11.
- Ferrell, D. K., & DeCrane, S. K. (2016). S.O.S. (students' optimal success): A model for institutional action to support minority nursing students. *Journal of Cultural Diversity*, 23(2), 39-45.
- Flinn, J. B. (2004). Teaching strategies used with success in the multicultural classroom. *Nurse Educator*, 29(1), 10-12.
- Gaffney, K. F. (2000). Encouraging collaborative learning among culturally diverse students. *Nurse Educator*, 25(5), 219-221.

- Gardner, J. D. (2005a). A successful minority retention project. *Journal of Nursing Education, 44*(12), 566-568.
- Gardner, J. D. (2005b). Barriers influencing the success of racial and ethnic minority students in nursing programs. *Journal of Transcultural Nursing, 16*(2), 155-162.
- Gazarian, P. (2010). Digital stories: Incorporating narrative pedagogy. *Journal of Nursing Education, 49*(5), 287-290.
- Georges, C. A. (2012). Project to expand diversity in the nursing workforce. *Nursing Management, 19*(2), 22-26.
- Giarratano, G., Bustamante, F., & Carter, C. (2005). A multicultural and multilingual outreach program for cervical and breast cancer screening. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 34*(3), 395-401.
- Giddens, J. F. (2008). Achieving diversity in nursing through multicontextual learning environments. *Nursing Outlook, 56*(2), 78-83.
- Gilchrist, K. L., & Rector, C. (2007). Can you keep them? Strategies to attract and retain nursing students from diverse populations: Best practices in nursing education. *Journal of Transcultural Nursing, 18*(3), 277-284.
- Goff, A. M. (2011). Stressors, academic performance, and learned resourcefulness in baccalaureate nursing students. *International Journal of Nursing Education Scholarship, 8*(1), 1-20.
- Gonzalez, R. I., Gooden, M. B., & Porter, C. P. (2000). Eliminating racial and ethnic disparities in health care. *American Journal of Nursing, 100*(3), 56-58.
- Goodwin, B., & Miller, K. (2013). Grit + talent = student success. *Educational Leadership, 71*(1), 74-76.

- Gordon, F. C., & Copes, M. A. (2010). The Coppin Academy for pre-nursing success: A model for the recruitment and retention of minority students. *The Association of Black Nursing Faculty Journal*, 20(1), 11-13.
- Gornick, M. (2002). Measuring the effects of socioeconomic status on health care. In E. Swift (Ed.). *Guidance for the National Healthcare Disparities Report* (pp. 45-74). Washington, DC: National Academies Press. Retrieved from http://www.nap.edu/openbook.php?record_id=10512&pages=52
- Graham, C. L., Philips, S. M., Newman, S. D., & Atz, T. W. (2016). Baccalaureate minority nursing students perceived barriers and facilitators to clinical education practices: An integrative review. *Nursing Education Perspectives*, 37(3), 130-137.
- Hansen, E., & Beaver, S. (2012). Faculty support for ESL nursing students: Action plan for success. *Nursing Education Perspectives*, 33(4), 246-250.
- Hart, K. A. (2005, February/March). Breakthrough to nursing national survey results: Student comments focus on passion for nursing, diversity, and challenges. *National Student Nurses Association Imprint*, 52(2), 30-34.
- Healey, C. (2013). Development of a plan for improved recruitment and retention of Hispanic practical nursing students. *Nurse Education Today*, 33, 10-12.
- Heller, B. R., Oros, M. T., & Durney-Crowley, J. (2013). The future of nursing education: Ten trends to watch. *National League for Nursing Publications*. Retrieved from <http://www.nln.org/nlnjournal/infotrends.htm>
- Hern, M. J., Vaughn, G., Mason, D., & Weitkamp, T. (2005). Creating an international nursing practice and education workplace. *Journal of Pediatric Nursing*, 20(1), 34-43.

- Hill, A., Lawson, R., & Rhodes, R. (2008). Collaborative Co-op as a means to expand BSN enrollment and diversity. *The Association of Black Nursing Faculty Journal*, 19(2), 48-50.
- Institute of Medicine of the National Academies. (2010, October). *The future of nursing: Focus on education* (Report Brief). Retrieved from:
<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Nursing%20Education%202010%20Brief.pdf>
- Hogan, M., & Wong, K. (2013). Grit and mindset: Do you have the grit to go the distance? *Women Lawyers Journal*, 98(3), 1-11.
- Hoover, E. (2012). The 4-letter word everyone is talking about. *Chronicle of Higher Education*, 59(8), 1-3.
- Hughes, J. E. (2013, March 21). 5 ways the Affordable Care Act affects nursing. *Phoenix Forward Magazine*. Retrieved from
<http://www.phoenix.edu/forward/perspectives/2013/03/5>
- Igbo, I. N., Straker, K. C., Landon, M. J., Symes, L., Bernard, L. F., Hughes, A. A., & Carroll, T. L. (2011). An innovative, multidisciplinary strategy to improve retention of nursing students from disadvantaged backgrounds. *Nursing Education Perspectives*, 32(6), 375-379.
- Johnson & Johnson. (2014). Why be a nurse? *Johnson & Johnson Campaign for Nursing's Future*. Retrieved from: <http://www.discovernursing.com/why-be-a-nurse>
- Johnson, C. W., Johnson, R., Kim, M., & Mckee, J. C. (2009). Personal background preparation survey for early identification of nursing students at risk for attrition. *Journal of Nursing Education*, 48(11), 606-613.

- Johnson-Ahorlu, R. N. (2013). "Our biggest challenge is stereotypes": Understanding Stereotype threat and the academic experiences of African American undergraduates. *The Journal of Negro Education, 32*(4), 382-392.
- Katz, K. (2013, August 29). Impact of Obamacare: Job implications of the healthcare reform bill. Retrieved from <http://www.rasmussen.edu/degrees/health-sciences/blog>
- Kaufman, K. A. (2011). Findings from the annual survey of schools of nursing academic year 2009-2010. *Headlines from the National League for Nursing, 32*(3), 207-209.
- Kim, S., Flaskerud, J. H., Koniak-Griffin, D., & Dixon, E. L. (2005). Using community-partnered participatory research to address health disparities in a Latino community. *Journal of Professional Nursing, 21*(4), 199-209.
- Kolade, F. M. (2016). The lived experience of minority nursing faculty: A phenomenological study. *Journal of Professional Nursing, 32*(2), 107-114.
- Kreuter, M. W., Griffith, D. J., Thompson, V., Brownson, R. C., McClure, S., Scharff, D. P.,... Haire-Joshu, D. (2011). Lessons learned from a decade of focused recruitment and training to develop minority public health professionals. *American Journal of Public Health, 101*, 188-192.
- Krogstad, J. M., & Gonzalez-Barrera, A. (2015). *A majority of English-speaking Hispanics in the U.S. are bilingual*. Retrieved from Pew Research Center: <http://www.pewresearch.org/fact-tank/2015/03/24/a-majority-of-english-speaking-hispanics-in-the-u-s-are-bilingual>
- Kulwicki, A. (2006). Improving global health care through diversity. *Journal of Transcultural Nursing, 17*(4), 396-397.

- Kurtz, A. (2013, January 23). For nursing jobs, new grads need not apply. *CNN Money*, Retrieved from: <http://money.cnn.com/2013/01/14/news/economy/nursing-jobs-new-grads/index.html>
- Labun, E. (2002). The Red River College Model: Enhancing success for Native Canadian and other nursing students from disenfranchised groups. *Journal of Transcultural Nursing*, 13(4), 311-317.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), 21-35.
- Lee, H., Fitzpatrick, J. J., & Baik, S. Y. (2013). Why isn't evidence based practice improving health care for minorities in the United States? *Applied Nursing Research*, 26, 263-268.
- Leonard, T. (2006). Exploring diversity in nursing education: Research findings. *Journal of Cultural Diversity*, 13(2), 87-96.
- Lewis, L. (2010). Adding more – and better educated – nurses in California. *American Journal of Nursing*, 110(5), 56-59.
- LoBiondo-Wood, G., & Haber, J. (2006). *Nursing research: Methods and critical appraisal for evidence-based practice*. St. Louis: Mosby.
- Loftin, C., Newman, S. D., Dumas, B. P., Gilden, G., & Bond, M. L. (2012). Perceived barriers to success for minority nursing students: An integrative review. *ISRN Nursing*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3369480/>
- Loftin, C., Newman, S. D., Gilden, G., Bond, M. L., & Dumas, B. P. (2013). Moving toward greater diversity: A review of interventions to increase diversity in nursing education. *Journal of Transcultural Nursing*, 24(4), 387-396.

- Lowe, J., & Archibald, C. (2009). Cultural diversity: The intention of nursing. *Nursing Forum*, 44(1), 11-18.
- Lowe, N. K. (2005). "In the nation's compelling interest". *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 34(3), 305.
- Mancino, D. J. (2005, April/May). Breakthrough to nursing. *National Student Nurses Association Imprint*, 52(3), 64-68.
- Manney, R., & Fonza-Thomason, A. (2010). PATHWAY to nursing for urban core youth. *The Association of Black Nursing Faculty Journal*, 21(3), 61-65.
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research*, 11(3), 1-14. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027>
- McCabe, E. M. (2016). Can grit be nurtured in undergraduate nursing students? *NASN School Nurse*, 144-146. doi: 10.1177/1942602X16634440
- Melillo, K. D., Dowling, J., Abdallah, L., Findeisen, M., & Knight, M. (2013). Bring diversity to nursing: Recruitment, retention, and graduation of nursing students. *Journal of Cultural Diversity*, 20(2), 100-104.
- Metcalfe, S. E., & Neubrandner, J. (2016). Social determinants and educational barriers to successful admission to nursing programs for minority and rural students. *Journal of Professional Nursing*, 32(5), 377-382.
- Mills-Wisneski, S. M. (2005). Minority students' perceptions concerning the presence of minority faculty: Inquiry and discussion. *Journal of Multicultural Nursing and Health*, 11(2), 49-55.
- Milio, N. (2002). A new leadership role for nursing in a globalized world. *Topics in Advanced Practice Nursing*, 2(1), 1-2.

- Milone-Nuzzo, P. (2007). Diversity in nursing education: How well are we doing? *Journal of Nursing Education*, 46(8), 343-344.
- Mingo, A. D. (2008). Barriers and facilitators affecting African Americans continuation into graduate programs in nursing. *The Association of Black Nursing Faculty Journal*, 19(2), 51-63.
- Moore, F. K. (2005, April/May). Breakthrough to nursing: Spotlight on the 70's. *National Student Nurses Association Imprint*, 52(3), 56-58.
- Morton, J. (2012). Transcultural healthcare immersion: A unique interprofessional experience poised to influence collaborative practice in cultural settings. *Work*, 41(3), 303-312.
doi:10.3233/WOR-2012-1297
- Murray, T. A., Pole, D. C., Ciarlo, E. M., & Holmes, S. (2016). A nursing workforce diversity project: Strategies for recruitment, retention, graduation, and NCLEX-RN success. *Nursing Education Perspectives*, 37(3), 138-143.
- National Advisory Council on Nurse Education and Practice (2001, November). First report to the Secretary of Health and Human Services and the Congress. Retrieved from <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/firstreport.pdf>
- National Advisory Council on Nurse Education and Practice (2013). Achieving health equity through nursing workforce diversity: Eleventh report to the Secretary of the Department of Health and Human Services and the Congress. Retrieved from: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/eleventhreport.pdf>
- Nnedu, C. C. (2009). Recruiting and retaining minorities in nursing education. *The Association of Black Nursing Faculty Journal*, 20(4), 93-96.

- Noone, J. (2008). The diversity imperative: Strategies to address a diverse nursing workforce. *Nursing Forum*, 43(3), 133-143.
- Noy, C. (2008). Sampling knowledge: The hermeneutics of snowball sampling in qualitative research. *International Journal of Social Research Methodology*, 11(4), 327-344.
doi:10.1080/13645570701401305
- O'Neal, C. R., Espino, M. M., Goldthrite, A., Morin, M. F., Weston, L., Hernandez, P., & Fuhrmann, A. (2016). Grit under duress: Stress, strengths, and academic success among non-citizen and citizen Latina/o first-generation college students. *Hispanic Journal of Behavioral Sciences*, 38(4), 446-466.
- Pappano, L. (2013, May). "Grit" and the new character education: Researchers study how certain performance traits may help students learn. *Education Digest*, 78(9), 4.
- Parran, L. (2004). Oncology Nursing Society makes the goal of diversity become a reality. *Oncology Nursing Society News*, 19(3), 3-6.
- Perkins-Gough, D. (2013). The significance of grit: A conversation with Angela Lee Duckworth. *Educational Leadership*, 71(1), 14-20.
- Peter, C. (2005). Learning – whose responsibility is it? *Nurse Educator*, 30(4), 159-165.
- Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice*. Philadelphia: Wolters Kluwer.
- Pope, C. (2005). Addressing limited English proficiency and disparities for Hispanic postpartum women. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 34(4), 512-518.
- Porter-Wenzlaff, L. J., & Froman, R. D. (2008). Responding to increasing RN demand: Diversity and retention trends through an accelerated LVN-to-BSN curriculum. *Educational Innovations*, 47(5), 231-235.

- Prymachuk, S., Easton, K., & Littlewood, A. (2008). Nurse education: Factors associated with attrition. *Journal of Advanced Nursing*, 63(3), 149-160.
- Qaabidh, L. L., Wesley, Y., Gulstone, J., & George-Jackson, G. (2011). Career advancement, black nurses and healthcare disparities: Overcoming the odds. *JOCEPS: Journal of Chi Eta Phi Sorority*, 55(1), 2-6.
- Rearden, A. K. (2012). Recruitment and retention of Alaska Natives into nursing: Elements enabling educational success. *Journal of Cultural Diversity*, 19(3), 72-78.
- Rivera-Goba, M. V., & Campinha-Bacote, J. (2008). Making a connection: The use of storytelling as a strategy to enhance faculty's success with Latina nursing students. *Hispanic Health Care International*, 6(4), 205-225.
- Roberts, T. (2013). Understanding the research methodology of interpretative phenomenological analysis. *British Journal of Midwifery*, 21(3), 215-218.
- Ryan, G. W., & Bernard, H. R. (n.d.). *Techniques to identify themes in qualitative data*. Retrieved from: http://www.analytictech.com/mb870/readings/ryan-bernard_techniques_to_identify_themes_in.htm
- Saintsing, D., Gibson, L. M., & Pennington, A. W. (2011). The novice nurse and clinical decision-making: How to avoid errors. *Journal of Nursing Management*, 19, 354-359.
- Seago, J. A., & Spetz, J. (2005). California's minority majority and the white face of nursing. *Journal of Nursing Education*, 44(12), 555-561.
- Sedgwick, M., Oosterbroek, T., & Ponomar, V. (2014). "It all depends": How minority nursing students experience belonging during clinical experiences. *Nursing Education Perspectives*, 35(2), 89-93.
- Shaffer, F. A. (2014). Ensuring a global workforce: A challenge and opportunity. *Nursing Outlook*, 62(1), 1-4.

- Shaw, H. K., & Degazon, C. (2008). Integrating the core professional values of nursing: A profession, not just a career. *Journal of Cultural Diversity, 15*(1), 44-50.
- Soroff, L., Rich, E., Rubin, A., Strickland, R. D., & Plotnick, H. D. (2002). A transcultural nursing educational environment: An imperative for multicultural students. *Nurse Educator, 27*(4), 151-154.
- Spence, D. G. (2005). Hermeneutic notions augment cultural safety education. *Journal of Nursing Education, 44*(9), 409-414.
- Steiner-Adair, C. (2013, Winter). Got grit? The call to educate smart, savvy, and socially intelligent students. *Independent School, 28-32*.
- Stoltz, P. G. (2014). *Grit: The new science of what it takes to persevere, flourish, succeed*. United States of America: ClimbStrong Press.
- Strayhorn, T. L. (2014). What role does grit play in the academic success of black male Collegians at predominantly white institutions? *The Journal of African American Studies, 18*(1). doi: 10.1007/s12111-012-9243-0.
- Strunk, J. A., Townsend-Rocchiccioli, J., & Sanford, J. T. (2013). The aging Hispanic in America: Challenges for nurses in a stressed health care environment. *Medsurg Nursing, 22*(1), 45-50.
- Sumpter, D. F., & Carthon, J. M. B. (2011). Lost in translation: Student perceptions of cultural competence in undergraduate and graduate nursing curricula. *Journal of Professional Nursing, 27*(1), 43-49. doi: 10.1016/j.profnurs.2010.09.005
- Swinney, J. E., & Dobal, M. T. (2008). Embracing the challenge: Increasing workforce diversity in nursing. *Hispanic Health Care International, 6*(4), 200-204.

- Symes, L., Tart, K., & Travis, L. (2005). An evaluation of the nursing success program: Reading comprehension, graduation rates, and diversity. *Nurse Educator, 30*(5), 217-220.
- Thacker, K. (2005). Academic-community partnerships: Opening the doors to a nursing career. *Journal of Transcultural Nursing, 16*(1), 57-63.
- The Chronicle of Higher Education. (n.d.). College completion: Who graduates from college, who doesn't, and why it matters. (Nebraska public colleges [4-year]: Graduation rates [2013 graduation rate]). Retrieved from http://collegecompletion.chronicle.com/state/#state=NE§or=public_four
- The Henry J. Kaiser Family Foundation. (2016, September). *Key facts about the uninsured population*. Retrieved from <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- The Sullivan Commission. (2004). *Missing persons: Minorities in the health professions*. Retrieved from <http://www.aacn.nche.edu/Media/pdf/SullivanReport>
- Thompson, P. E., Benton, D. C., Adams, E., Morin, K. H., Barry, J., Prevost, S. S., Vlasich, & C., Oywer, E. (2014). The global summit on nurse faculty migration. *Nursing Outlook, 62*(1), 16-21.
- Tuft, M. A. (2005, April/May). Breakthrough to nursing: 40 years of progress and persistence. *National Student Nurses Association Imprint, 52*(3), 50-52.
- Ume-Nwagbo, P. N. (2012). Implications of nursing faculties' cultural competence. *Journal of Nursing Education, 51*(5), 262-268.
- United States Department of Education, National Center for Educational Statistics (NCES). (2008-2014). *Integrated Postsecondary Education Data System (IPEDS)*. Retrieved from <https://overgrad.com/universities/>

United States Department of Health and Human Services, Action Plan to Reduce Racial and Ethnic Health Disparities. (2011, September 19). *A nation free of disparities in health and health care*. Retrieved from

http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf

United States Department of Health and Human Services, Advisory Committee on Minority Health. (2011). *Reflecting America's population: Diversifying a competent health care workforce for the 21st century: A statement of principles and recommendations*. Retrieved from

<http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/FinalACHMHWorforceReport.pdf>

United States Department of Health and Human Services, Health Resources and Services Administration Bureau of Health Professions (2006). *The rationale for diversity in the health professions: A review of the evidence*. Retrieved from

<http://bhpr.hrsa.gov/healthworkforce/reports/diversityreviewevidence.pdf>

United States Department of Health and Human Services, Healthy People 2020. (2011, June 29). *Disparities*. Retrieved from: <http://healthpeople.gov/2020/about/DisparitiesAbout.aspx>

University of Pennsylvania (2014). *The Duckworth Lab research statement*. Retrieved from <http://sites.sas.upenn.edu/duckworth/>

Veal, J. L., Bull, M. J., & Miller, J. F. (2012). A framework of academic persistence and success for ethnically diverse graduate nursing students. *Nursing Education Perspectives*, 33(5), 322-327.

Warda, M. R. (2008). Curriculum revolution: Implications for Hispanic nursing students. *Hispanic Health Care International*, 6(4), 192-199.

- Werner, C. A. (2011, November). The older population: 2010. *The 2010 Census Briefs*. Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>
- Wharton School. (2013, May). Can the U.S. meet its aging population's health care needs? *Knowledge @ Wharton*. Retrieved from: <http://knowledge.wharton.upenn.edu/article/can-the-u-s-meet-its-aging-populations-health-care-needs/>
- Williams, M. G. (2010). Attrition and retention in the nursing major: Understanding persistence in beginning nursing students. *Nursing Education Perspectives, 31*(6), 362-367.
- Williams, R. P., & Calvillo, E. R. (2002). Maximizing learning among students from culturally diverse backgrounds. *Nurse Educator, 27*(5), 222-226.
- Wilson, A. H., Sanner, S., & McAllister, L. E. (2010). An evaluation study of a mentoring program to increase the diversity of the nursing workforce. *Journal of Cultural Diversity, 17*(4), 144-150.
- Wilson, V. W., Andrews, M., & Leners, D. W. (2006). Mentoring as a strategy for retaining racial and ethnically diverse students in nursing programs. *The Journal of Multicultural Nursing and Health, 12*(3), 17-23.
- Wolters, C. A., & Hussain, M. (2014). Investigating grit and its relations with college students' self-regulated learning and academic achievement. *Metacognition Learning, 10*, 293-311. doi: 10.1007/s11409-014-9128-9
- Wong, S. T., Seago, J. A., Keane, D., & Grumbach, K. (2008). College students' perceptions of their experiences: What do minority students think? *Journal of Nursing Education, 47*(4), 190-195.
- Wros, P. (2009). Giving voice: Incorporating the wisdom of Hispanic RNs into practice. *Journal of Cultural Diversity, 16*(4), 151-157.

- Xu, Y., & Davidhizar, R. (2005). Intercultural communication in nursing education: When Asian students and American faculty converge. *Journal of Nursing Education, 44*(5), 209-215.
- Zajac, L. (2011). Double-loop approach: Recruitment and retention of minority nursing faculty. *The Association of Black Nursing Faculty Journal, 22*(3), 73-77.
- Zuzelo, P. R. (2005). Affirming the disadvantaged student. *Nurse Educator, 30*(1), 27-31.

Appendix A

College Demographics

College	Type	Nursing Program	Total Undergraduate Enrollment	White	Black	Hispanic	Asian/Pacific	American Indian	Multi-Racial
A	4 year Private Non-profit Urban	RN	718	76%	6%	11.4%	2%	0.6%	2.4%
B	4 year Private Non-profit Urban	RN	588	91%	2%	2.4%	3%	0.5%	1.5%
C	4 year Private Non-profit Urban	RN	747	59%	6%	16.2%	3%	0.8%	5.2%

Graduation Rates by Race/Ethnicity

College	White:	Black	Hispanic	American Indian	Asian/Pacific Islander	Multi-Racial
A	49%	25%	25% or 56%	N/A	N/A	N/A
B	80%	N/A	N/A	N/A	N/A	N/A
C	49%	50%	50% or 39%	0%	75%	0%
National Rates	55.2%	37.7%	48.1%	31.2%	65.5%	66.4%

Data from:

United States Department of Education, National Center for Educational Statistics (NCES).

(2008-2014). *Integrated Postsecondary Education Data System (IPEDS)*. Retrieved from

<https://overgrad.com/universities/>

Appendix B

Adult Consent Form

**ADULT CONSENT FORM**

IRB#: _____ **Approval Date:** _____ **Expiration Date:** _____

The Lived Experiences of Minority Nursing Students: Perceived Barriers to Success, Strategies for Success, and Level of Grit

You are invited to take part in this research study because you are a nursing student in a school of nursing with predominantly white faculty, staff, administrators, and students, and you have self-identified as belonging to a racial or ethnic background other than white, or you are Hispanic/Latino. The information in this form is meant to help you decide whether or not to take part in this study. If you have any questions, please ask.

The purpose of this study is to explore the lived experiences of minority nursing students attending schools of nursing with predominantly white faculty, staff, administrators, and students, including their perceived barriers to success, strategies for success, and the role of grit. You are invited to participate in this study because you have self-identified as Hispanic/Latino or non-white, and you are enrolled in a school of nursing predominantly made up of white faculty, staff, administrators, and students.

The literature describes unique barriers faced by minority students in schools of nursing with predominantly white faculty, staff, administrators, and students. The literature also describes strategies which may promote the success of these students. Grit, which is defined as passion and perseverance in pursuing a long-term goal, has been identified as an important factor for success, regardless of the barriers faced or the strategies used by these students. It is important for nursing educators to understand the perceptions of minority nursing students related to barriers faced, strategies used, and what role grit has played in students' experiences. A better understanding of these factors may help lead to interventions which would decrease attrition and increase retention and graduation of minority nursing students in schools of nursing with predominantly white faculty, staff, administrators, and students.

If you choose to participate in this study:

· You will meet with the researcher for approximately one hour in your college at a time agreed upon by you and the researcher. The researcher will ask you questions about barriers you have faced as a minority student in a white school of nursing predominantly white faculty, staff, administrators, and students, strategies you have implemented to promote your success, and the role of grit in your experience. This interview will be audio recorded. You will also be asked to complete an 8-item Grit-S assessment on a laptop computer provided to you, and a drawing representing barriers, strategies, and your use of grit as you have progressed through nursing school.

There will be no further commitment from you following this meeting.

There are no known risks to you from participating in this research study.

You are not expected to get any direct benefit from being in this research study, other than the chance to win the small incentive offered for participation.

Your participation in this study may assist educators to develop strategies that will promote the success of minority nursing students in primarily white schools of nursing.

Instead of being in this research study you can choose not to participate.

There is no cost to you to be in this research study.

You will not be paid or compensated for being in this research study.

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data.

The only persons who will have access to your research records are the study personnel, the Institutional review Board (IRB), and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

You have rights as a research participant. These rights have been explained in this consent form and in The Rights of Research Participants that you have been given. If you have any questions concerning your rights, talk to the investigator or call the Institutional Review Board (IRB), telephone (402)-399-2400.

You can decide not to be in this research study, or you can stop being in this research study (“withdraw”) at any time before, during, or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, or with the College of Saint Mary.

You will not lose any benefits to which you are entitled.

If any new information is gained during this research study that may affect whether you would want to continue being in the study, you will be informed promptly.

You are freely making a decision whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study.

If you have any questions during the study, you should talk to the investigator listed below. You will be given a copy of this consent form to keep.

If you are 19 years of age or older and agree with the above, please sign below.

Signature of Participant:

Date:

Time:

My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Investigator:

Date:

Principal Investigator: _____ Phone: _____

Secondary Investigator: _____ Phone: _____

Participant Initials _____

Appendix C

The Rights of Research Participants

**THE RIGHTS OF RESEARCH PARTICIPANTS*****AS A RESEARCH PARTICIPANT AT COLLEGE OF SAINT MARY
YOU HAVE THE RIGHT:**

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.
2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.
3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.
4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.
5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.
6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.
7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.
8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

THE INSTITUTIONAL REVIEW BOARD IS RESPONSIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE INSTITUTIONAL REVIEW BOARD CHAIR AT (402) 399-2400. *ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, IRB WITH PERMISSION.

Appendix D

College of Saint Mary Institutional Review Board Approval



May 20, 2015

Dear Ms. Koenigsman,

Congratulations! The Institutional Review Board at College of Saint Mary has granted approval of your study titled The Lived Experiences of Minority Nursing Students: Perceived Barriers to Success, Strategies for Success, and the Role of Grit

Your CSM research approval number is **CSM 1506**. It is important that you include this research number on all correspondence regarding your study. Approval for your study is effective through June 1, 2016. If your research extends beyond that date, please submit a "Change of Protocol/Extension" form which can be found in Appendix B at the end of the College of Saint Mary Application Guidelines posted on the IRB Community site.

Please submit a closing the study form (Appendix C of the IRB Guidebook) when you have completed your study.

Good luck with your research! If you have any questions or I can assist in any way, please feel free to contact me.

Sincerely,

Vicky Morgan

Dr. Vicky Morgan
Director of Teaching and Learning Center
Chair, Institutional Review Board * irb@csm.edu

Appendix E

Recruitment Materials: Email to Prospective Participating Schools of Nursing

Greetings,

My name is Sherry Koenigsman, and I am completing a doctorate in education through the College of Saint Mary in Omaha, Nebraska. My dissertation is concerned with the lived experiences of self-identified Junior or Senior minority students in schools of nursing with predominantly white students, faculty, staff, and administration. I will be asking them to describe the barriers they have encountered in their education, and the strategies they have found to be most helpful. I will also ask them to complete a short survey measuring Grit – the passion and perseverance to pursue a goal over a period of time.

I am very interested in interviewing students in your school of nursing for this study. They will be asked to answer questions related to their experiences, to draw a picture to illustrate their experiences, and to complete the Grit-S instrument. I will audiotape their responses and identify themes from the audiotapes. It is my hope that the information from this study will be helpful in giving schools of nursing a better idea of how they might best support minority students to be successful in their nursing programs. The participating students will not receive a direct reward, but will be entered into a drawing for a \$50 gift card from Amazon. I will share my results with the participating schools.

Please let me know what questions you have, and if you are interested in allowing me to pursue this study in your school of nursing.

Thank you so much,

Sherry Koenigsman, MSN, EdDc
College of Saint Mary, Omaha, NE

Appendix F

Recruitment Materials: Email to Prospective Participants:

Dear _____

You are invited to take part in a research study because you have identified yourself as a minority student in a school of nursing that is composed of predominantly white students, faculty, administration, and staff, and you are a Junior or Senior in your nursing program. The purpose of this study is to determine what barriers you have encountered during your nursing education, the strategies for success you have found useful, and your characteristics related to grit – the passion and perseverance needed to pursue a long-term goal. This research study is being conducted as part of the requirements of my doctorate in education program at the College of Saint Mary.

You may receive no direct benefit from participating in this study, but it is hoped that the information gained will be helpful to promote the success of other minority students in similar schools of nursing. Those who take part in this interview will be entered for a chance to receive a \$50 gift card from Amazon.

Should you decide to participate you will be asked to complete an audiotaped interview, a short activity, and an 8-question survey related to characteristics of grit. This process should not take longer than a total of 30 minutes and will take place at your school of nursing. Your participation is strictly voluntary. Furthermore, your response or decision not to respond will not affect your relationship with the College of Saint Mary or any other entity. Please note that your responses will be used for research purposes only and will be strictly confidential. No one at the College of Saint Mary will ever associate your individual responses with your name or email address. The information from this study may be published in journals and presented at professional meetings.

If you are interested, please contact Sherry Koenigsman at sherry.koenigsman@bryanhealth.org or call me (Sherry) at 402-481-8848 (office) or 402-802-1048 (cell phone) and leave your name and contact information. If you know anyone else who may be interested in participating in this study, please feel free to give them my contact information.

Thank you so much,

Sherry Koenigsman, MSN, EdDc
College of Saint Mary, Omaha, NE

Appendix G

List of Barriers to Success

Please circle any of these barriers to success which you have encountered while in nursing school. Describe how these barriers have impacted you. In addition, please write down any other barriers that have challenged you that are not on this list.

1. Academic barriers:
 - a. insufficient or poor academic preparation for college;
 - b. a curriculum or teaching strategies that are not culturally sensitive
2. Financial barriers
3. Aspirational barriers: lack of confidence
4. Lack of commitment by the faculty and college
5. Language and communication barriers
6. Lack of mentors, minority faculty, and role models
7. Discrimination and bias
8. Cultural differences
9. Lack of social support/Isolation
10. Family responsibilities
11. Other barriers

Appendix H

List of Strategies for Success

Please circle any of these strategies which you have used while in nursing school. Describe how effective these strategies have been. In addition, please write down any other strategies that you have used that are not on this list.

1. Academic support:
 - a. remediation in basic skills (reading, writing, math, science)/ assisting with time management/ teaching study strategies/ teaching test-taking skills/ providing tutors);
 - b. Curriculum: effective teaching strategies/ flexibility in the curriculum/ support for on-line courses/ culturally sensitive approach when designing curriculum
2. Financial support: grants/ scholarships
3. Addressing aspirational barriers: finding ways to help you believe you can succeed
4. Institutional and faculty commitment: making diversity in the college a priority/ employing nurse educators who make a commitment to understanding and supporting diversity
5. Language and Communication: English classes/ medical terminology classes/ promoting intercultural communication/ communicating with you effectively
6. Mentors, Minority Faculty, and Role Models: providing mentors for minority students such as yourself
7. Discrimination and Bias: promoting cultural competence for administration, faculty, staff, and other students in the college/ cultural sensitivity and humility is shown in the college

8. Cultural Differences: the college shows appreciation and support for your cultural differences
9. Social Support: clubs, organizations, and support groups for minority students, such as yourself
10. Demands of family: college supports work/school/life balances and respects your priorities
11. Other strategies for success:

Appendix I

Short Grit Scale

Directions for taking the Grit Scale: Here are a number of statements that may or may not apply to you. For the most accurate score, when responding, think of how you compare to most people --not just the people you know well, but most people in the world. There are no right or wrong answers, so just answer honestly!

1. New ideas and projects sometimes distract me from previous ones.*

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

2. Setbacks don't discourage me.

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

3. I have been obsessed with a certain idea or project for a short time but later lost interest.*

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

4. I am a hard worker.

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

5. I often set a goal but later choose to pursue a different one.*

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

6. I have difficulty maintaining my focus on projects that take more than a few months to complete.*

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

7. I finish whatever I begin.

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

8. I am diligent.

- Very much like me
- Mostly like me
- Somewhat like me
- Not much like me
- Not like me at all

Scoring:

1. For questions 2, 4, 7 and 8 assign the following points:

- 5 = Very much like me
- 4 = Mostly like me
- 3 = Somewhat like me
- 2 = Not much like me
- 1 = Not like me at all

2. For questions 1, 3, 5 and 6 assign the following points:

- 1 = Very much like me
- 2 = Mostly like me
- 3 = Somewhat like me
- 4 = Not much like me
- 5 = Not like me at all

Add up all the points and divide by 8. The maximum score on this scale is 5 (extremely gritty), and the lowest score on this scale is 1 (not at all gritty).

Grit Scale citation

Duckworth, A.L., & Quinn, P.D. (2009). Development and validation of the Short Grit Scale (Grit-S). *Journal of Personality Assessment*, 91, 166-174.

<http://www.sas.upenn.edu/~duckwort/images/Duckworth%20and%20Quinn.pdf>

Duckworth, A.L., Peterson, C., Matthews, M.D., & Kelly, D.R. (2007). Grit: Perseverance and passion for long-term goals. *Journal of Personality and Social Psychology*, 9, 1087-1101.

<http://www.sas.upenn.edu/~duckwort/images/Grit%20JPSP.pdf>

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Do not duplicate or distribute without the consent of the author.

The following statement is taken from:

University of Pennsylvania (2014). *The Duckworth Lab research statement*. Retrieved from

<http://sites.sas.upenn.edu/duckworth/>

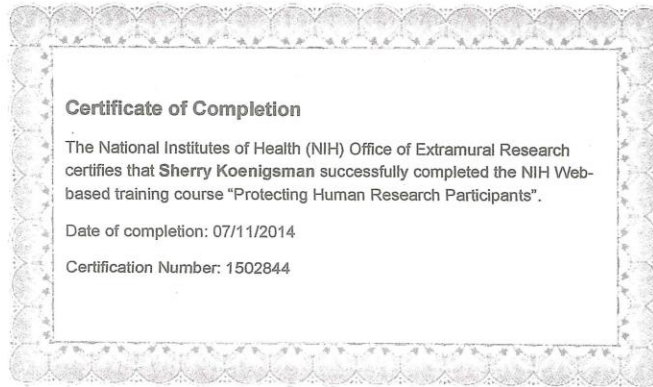
Researchers and educators are welcome to scales we have developed in our lab for non-commercial purposes. On a cautionary note, we point out that these scales were originally designed to assess individual differences rather than subtle within-individual changes in behavior over time. Thus, we do not know whether they are valid indicators of pre-to post-change as a consequence of interventions. We also discourage the use of the scales in high stakes settings where faking is a concern (e.g., admissions or hiring decisions). Our scales are copyrighted and cannot be published or used for commercial purposes or wide public distribution. Journalists and book authors should therefore not reproduce our scales nor any part of them. (p. 1)

Appendix J

Proof of Completion of Ethics in Research Training

Protecting Human Subject Research Participants

Page 1 of 1



Appendix K

Faculty Review and Approval Form

Page 44 of 45

Faculty form to be submitted with student applications to IRB**Faculty Review and Approval of Student IRB Applications**

College of Saint Mary students whose research requires Institutional Review Board (IRB) approval must submit this form indicating faculty review and approval of the proposed research design.

Although the IRB is not responsible for assisting students with research design, it is responsible for the review of all research performed at CSM in order to ensure that professional, ethical, and legal standards concerning the use of human participants are being followed. The Standards are those in Title 45 Code of Federal Regulations, Part 46: Protection of Human Participants (45 CFR Part 46) and include the ethical principles of The Belmont Report. In order to approve research covered by this policy, the IRB shall determine that risks to subjects are minimized by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk.

In addition, risks to subjects, if any, must be reasonable in relation to anticipated benefits, and the importance of the knowledge that may reasonably be expected to result (46.111). The CSM Institutional Review Board will not approve research that is deemed more than minimal risk to participants and will not approve any research involving animals.

Research Design and IRB Application Approval by Faculty

Student's Name: Sherry Koenigsman

Expected Starting Date of Research: June, 2015

Degree Sought: EdD

Research Title: The lived experiences of minority nursing students: Perceived barriers to success, strategies for success, and the role of grit
Level of Determination: Exempt Review Expedited Review
 Full Review

As research advisor, I have reviewed my student's IRB Application. I find that (check):

All required components are present in the following order—in a single document with page numbers (See Directions, Section 2):

- a. Application – APA Style
- b. References – APA Style
- c. Level of Determination checklist (appropriate one for your study)
- d. Consent form(s) on CSM letterhead or waiver of informed consent
- e. Rights of Research Participants form(s)

- f. Recruitment materials-flyers, email invitations, letters, etc. (Section 5)
- g. All data collection instruments (surveys, interview protocols, etc.)
- h. Ethics certificate (See Section 7)
- i. Faculty Review and Approval form

The research design conforms with discipline standards

The student is requesting the appropriate review for her/his research

The format of the IRB proposal is in accord with the CSM Application Guidebook

There are no substantial misspellings or other APA style errors that mar the work

The research project to be submitted to the IRB has my full support

Signed (Do not type; please use electronic signature or sign a hard copy and scan so this can be sent electronically):



Research Advisor

5-3-15

Date

Appendix L

Interview Protocol Guide: Minority Students: Barriers, Strategies, and Grit

Date _____ Time of interview _____

Place:

Interviewer:

Interviewee:

Position of the interviewee:

Opening Statement:

Thank you for agreeing to participate in this research study regarding minority students and success in schools of nursing. A review of the literature has shown that minority nursing students have unique experiences in schools of nursing with predominantly white faculty, staff, administrators, and students. The literature has identified a variety of barriers to success that are faced by minority students, a variety of strategies provided by schools of nursing to assist minority students in being successful, and the role that grit plays in successful completion of a long-term goal. This session will consist of three activities: an interview, a short questionnaire, and a pictorial depiction of your experience in nursing school. We will begin with the interview. Do you have any questions before we start?

At the conclusion of this statement, and after all questions have been answered, the participants will be asked the following interview questions. As recommended by Creswell (2014), the interview will begin with “ice-breaker” questions. Following these, each topic will be introduced with an open-ended question and will be followed by probing questions

1. I would like to begin by asking some demographic questions.
 - a. With what minority group do you identify?
 - b. Is English your first language? If not, what language did you learn first?
 - c. Did you immigrate to the United States, or were you born in the United States?
 - d. What is your gender?

- e. What is your age?
 - f. In what type of nursing school are you enrolled (2-year or 4-year)?
 - g. What is your year in nursing school?
2. What made you choose this school?
 - a. What has surprised you about nursing school?
 - b. What has been most memorable about your experience in nursing school so far?
3. Many minority students have identified barriers or obstacles to their success in nursing school. What barriers, if any, would you identify as having to overcome in order to be successful in nursing school?
 - a. Here is a list of barriers commonly identified by minority students in schools of nursing predominantly white faculty, staff, administrators, and students (the students will be given a printed list of barriers). Please circle barriers which you believe have negatively impacted your experiences in nursing school. Which of these barriers do you think have impacted you the most? Why?
4. Many schools of nursing offer support to minority students in a variety of forms. Some students have taken advantage of these strategies, or have devised strategies of their own. What strategies have you used? Describe how effective those strategies have been.
 - a. Look at the list of barriers again. Has your school offered any strategies to help you overcome these barriers? Here is a list of strategies used by some schools of nursing (the students will be given a printed list of strategies). Please circle any of these strategies which you have used while in nursing school. Describe how effective these strategies have been.
 - b. Please write down any other strategies that you have used that are not on this list.
5. Please complete the 8-item Short Grit Scale. (The students will complete the Short Grit Scale on a laptop, where it will be scored). After the students have completed the Short Grit Scale, they will be asked the following questions:

- a. Grit has been defined as “perseverance and passion for long-term goals” (Duckworth & Quinn, 2009, p. 166). Please describe yourself in terms of perseverance and passion.
 - b. What has made you decide to persevere in nursing school?
 - c. Describe your passion for nursing. Why did you decide to become a nurse? What would you do if you couldn't be a nurse?
6. What else about your experience as a minority student in a school of nursing with predominantly white faculty, staff, administrators, and students would you like to tell me?

Following the interview, this statement will be read by the researcher:

Now that you have completed the interview, I would like you to draw a picture of your experience in nursing school. When thinking about what you would like to include in your picture, I would like you to consider what barriers you have encountered and what strategies you used to succeed. I would also like you to consider the role of grit, meaning passion and perseverance, in your journey. To do this, recall what you did to persevere and what role your passion for nursing had when or if you were faced with any barriers to success in nursing school. When this activity is completed, I am going to ask you to explain your picture to me.

When the student completes the drawing, the interviewer will state, “Please explain the picture you have just drawn in terms of the barriers you have encountered, the strategies you used to succeed, and your passion and perseverance for nursing.”

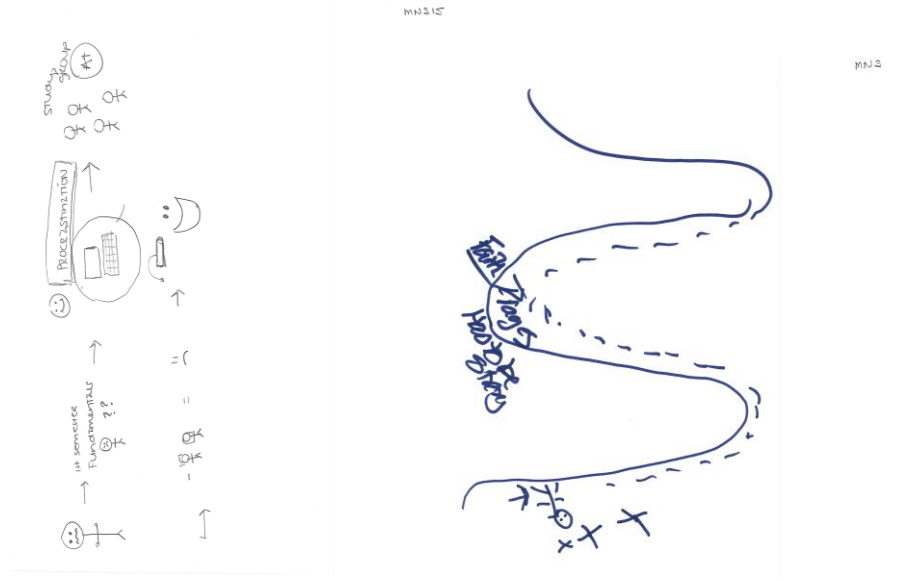
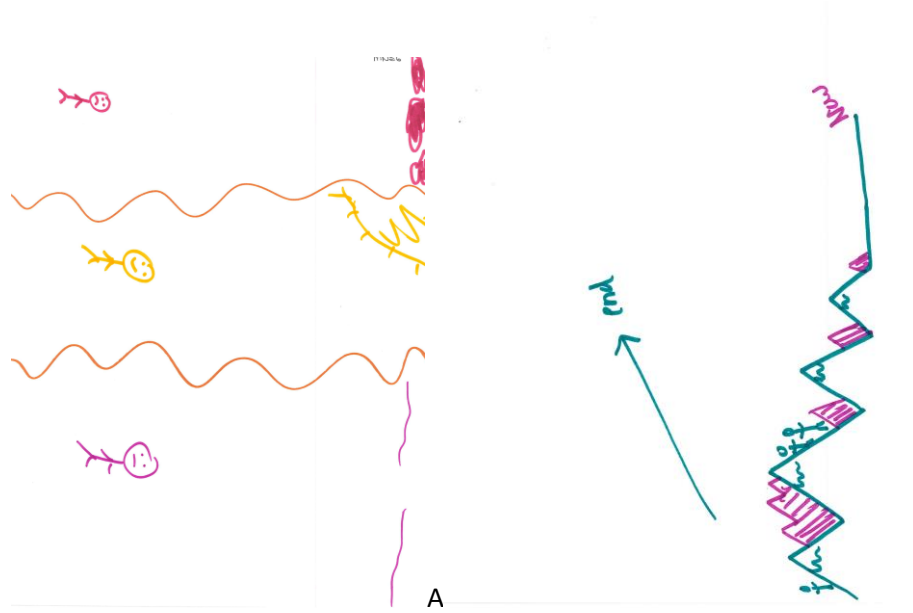
Following the drawing activity, the researcher will read the following statement: “I would like to thank you again for participation in this study. The information you have shared may make a positive difference in the educational experience of those students who will come after you.

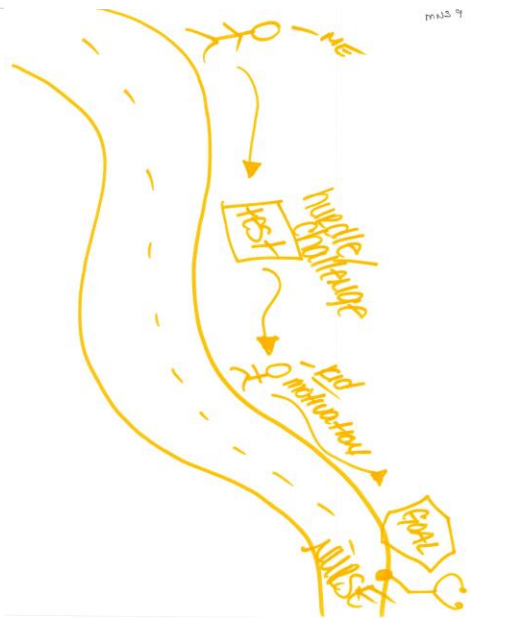
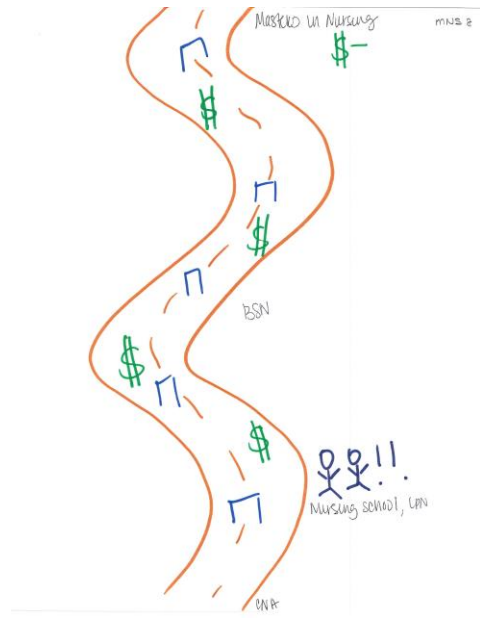
The participants will be offered the opportunity to receive a copy of the results of the research. Each participant will be given the option to review the preliminary results as part of a member check for validity and will be asked for their email contact information for this purpose. At the conclusion of the interview the participants will be thanked and assured of the

confidentiality of their responses. They will also be given the chance to win a \$50 Amazon gift card in a drawing from a pool of all participants.

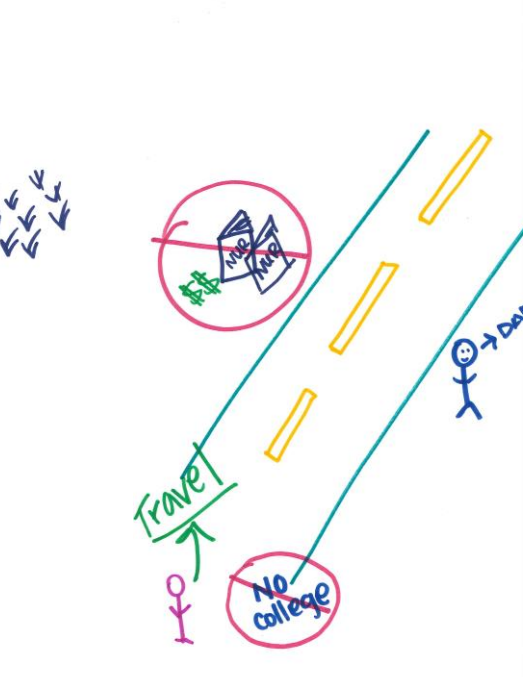
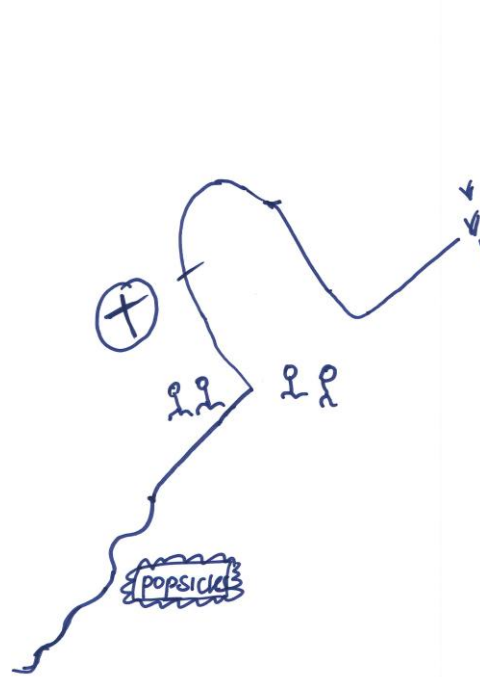
Appendix M

Drawings by Minority Nursing Students Depicting Barriers They Have Faced, Strategies for Success They Have Used, and the Role of Grit

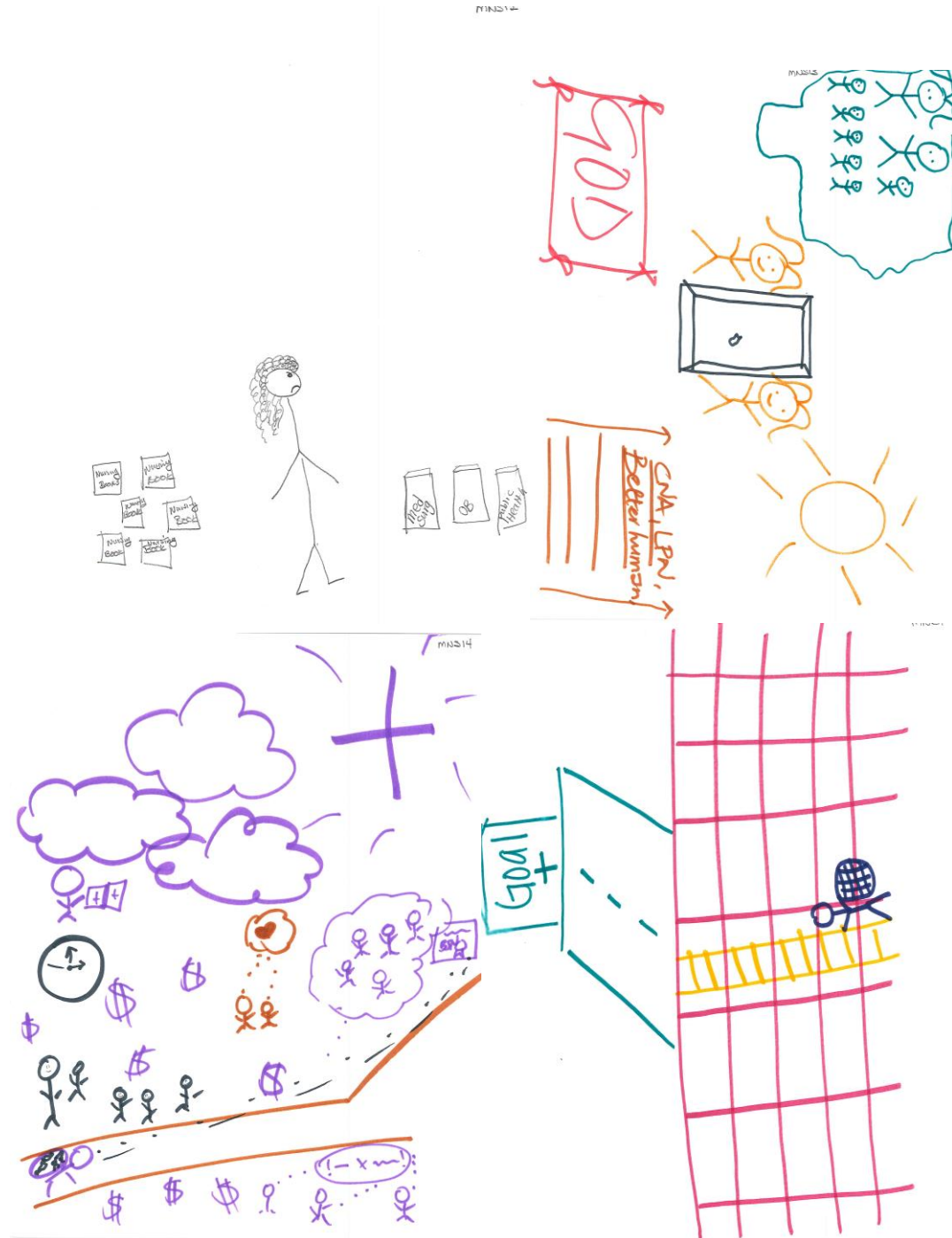


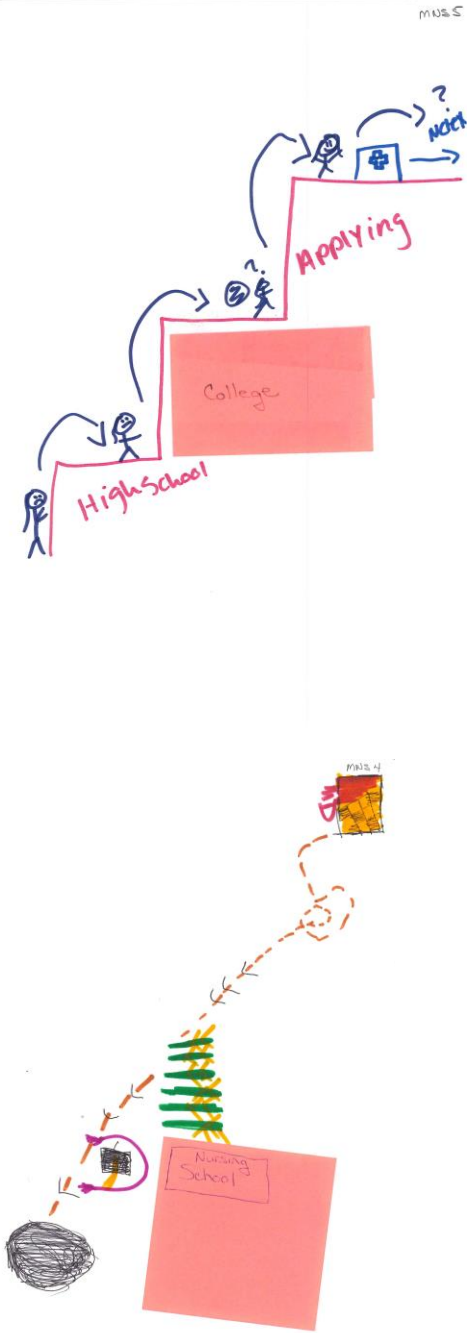


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Appendix N

Audit Trail Letter



August 24, 2016

Sherry Koenigsman requested an Audit Trail be conducted for her qualitative dissertation, *The Lived Experiences of Minority Nursing Students: Perceived Barriers to Success, Strategies for Success, and the Role of Grit*. The Audit Trail was conducted on August 21, 2016.

In my opinion, the study followed the established processes for qualitative studies, remaining consistent with the intended purpose statement, research questions and planned procedures approved by the Institutional Review Board. The themes identified during data analysis flowed directly from the transcribed audio tapes. The procedures utilized were clear, transparent, and well documented.

In summary, I attest that the criteria for trustworthiness, credibility, and dependability of the findings met the standards for data quality management. I served as auditor as part of my role as Doctoral Committee Chair for the Doctor of Education Program.

Sincerely,

Lois Linden

Associate Professor
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106