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Exploring the Narratives of Black Male Nurses in Southeast Georgia: Implications for the Implementation of Culturally Responsive Pedagogy in Nursing Curriculum

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EXPLORING THE NARRATIVES OF BLACK MALE NURSES IN SOUTHEAST

GEORGIA: IMPLICATIONS FOR THE IMPLEMENTATION OF CULTURALLY

RESPONSIVE PEDAGOGY IN NURSING CURRICULUM

by

CELINE M. PFUND

(Under the Direction of Antonio Gutierrez de Blume)

ABSTRACT

This dissertation inquiry explores the narratives of two Black male nurses in southeast Georgia.

The framework for my research includes a variety of different theoretical components including

works from both major nursing and curriculum studies scholars. The nursing workforce remains

homogenized despite major recruiting. The intention of my research was to explore the

experiences of Black male nurses to identify challenges, barriers, and systems of oppression that

they may have encountered working in a profession dominated by White females in order to

facilitate development of culturally responsive pedagogy in nursing. Methodologically, I mainly

drew upon James Spradley's work on the ethnographic interview (1979), particularly using a

semi-structured interview method, which helped overcome my "socially inherited

ethnocentrism" (p.v) to understand the challenges, barriers, and systemic oppressions my two

Black male nurse participants, Chuck and Trice, experienced as they navigated in a White female

dominated nursing profession. The findings of this research support the conclusion that power

and oppressive forces in healthcare are based on gender rather than race, in that men, regardless

of race, have the power to oppress females in nursing. Although the discussions involving White

supremacy, racial profiling, and racial discrimination elicited strikingly oppositional responses

from each participant, three emerging themes from this inquiry were identified: (1) Intrinsic

motivation was a distinctive characteristic of each participant and fundamental in their success as

nursing students and nurses. (2) Increasing diversity in nursing relies on challenging the stereotypical image of nursing as feminine and subservient. (3) Oppositional identity, code switching, and colorblindness are components of personal and professional relationships and affects communication between patients, colleagues, within communities and families. These themes can be incorporated when developing culturally responsive pedagogy in nursing. Nursing educators should be implored to create a culturally responsive curriculum which attracts and retains nursing students from minority backgrounds with the intent to create a more diverse nursing population which mirrors the population which it serves thereby alleviating health disparities.

INDEX WORDS: Black male nurses, Diversity in nursing, Health disparities, Narrative inquiry, Power and oppression in nursing, Nursing recruitment, Culturally responsive pedagogy, Critical nursing scholarship

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DEDICATION

To my two fathers who have inspired and encouraged me to follow my dream; Zenon, despite every degree I earned, you always continued to push me into going back to school and although you passed into heaven the year before I started this journey, I want you to know…I did it Dad! Poppy, you have been with me this entire journey since my first semester, when you schooled me on the Civil War during one of our many road trips to Pittsburgh, and to the very challenging end. You have always empowered me to stay resilient in my confidence and ability to overcome any and all obstacles that I have faced both personally and professionally. I hope I have made you proud!

To my adult children, each and every day of my life you have all motivated me by example to strive in becoming a better human being. Nikki, you have always been wise beyond your years and I have learned more from you than you will ever know. You were my first angel that taught me what unconditional love truly means. Ryan, your strong will and determination has taught me so much about my own life and personal goals. Without your encouragement to take such a life altering risk, I would have never started this journey in the first place. Megan, your positive zest for life and your unique charisma teaches me every day how to love and embrace what this beautiful universe has to offer. You are my eternal sunshine and even on the darkest of days, you are my beacon of light. I love all of you to the moon and back!

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CHAPTER 1

INTRODUCTION

The Future of Nursing

In response to anticipated complexities in healthcare associated with the passing of the

Affordable Care Act (ACA) in 2010, the Institute of Medicine (IOM) partnered with the Robert

Wood Johnson Foundation (RWJF), the largest philanthropy organization in the United States

whose mission is for the promotion of health and access to quality healthcare for all Americans.

Together they published a landmark study, *The future of nursing: Leading change, advancing*

health (2011). In this publication, scholars envisioned a new transformative framework for the

nursing workforce in the United States and one of the charges was to advocate for an

increasingly diverse nursing workforce so as to better serve the needs of the increasingly diverse

population of the nation. This study also cites the importance of transforming nursing education

in order to create a more diverse and inclusive curriculum to effectively recruit and retain nurses

from minority populations. The National League for Nursing (NLN) concurs with this

recommendation and suggests that "Nursing pipeline programs are instrumental in increasing

diversity in nursing education and ultimately the nursing profession" (NLN, 2016, p.5).

Unfortunately, very little progress in disrupting White female dominance in nursing and nursing

education has been made since the publication of this precedent setting report (IOM, 2016,

Chapter 4). In fact, the demographic profile of the nursing profession, as well as in nursing

academia, has remained that of White females since the inception of modern nursing during the

Florence Nightingale era and the statistical representation of both men and persons from

minority backgrounds in the profession has only minimally increased during the last several

decades. The discussions in this paper will often refer to "minority" persons in nursing. For the

purpose of using consistent language, the word "minority" is used to describe both men in nursing and persons from minority descent.

The discourse of nursing has been primarily that it is a profession for White females but historically this is inaccurate. Prior to the 1900's men had vital roles as nurses secondary to their associations with military and religious orders. However, following the advent of modern nursing ushered in by Florence Nightingale during the 1900's and laws banning men from joining the United States Nurse Corps during World War II, White female dominance in nursing emerged (O"Lynn & Tranbarger, 2007). In addition, according to the American Nurses Association (ANA), the lack of diversity in nursing has also been attributed to both gender (as it relates to nursing) and racial discrimination that is prevalent in the United States culture (McMenamin, 2015). Over the past several decades, the recruitment of men and persons from minority backgrounds into nursing has been a priority of major stakeholders in the health care industry (American Association of Colleges of Nursing (AACN), 2015; ANA, 2015: IOM, 2011; NLN, 2016; RWJF, 2001-2015; U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), 2015). During the past twenty years, recruitment strategies have been expanded and modified to attract both men and minority populations into the profession which, according to national statistics, unfortunately continues to be dominated by White females. Despite these initiatives, the nursing workforce remains undiversified and does not mirror the population which it serves. According to the most recent U.S. Census Bureau (2017) statistics, persons from minority backgrounds represent 40.9% and African American and/or Black persons specifically represent 13.3% of the nations' population respectively. It is also projected that by the year 2043 persons from minority backgrounds will actually represent that majority of the population in the United States (AACN, 2015). However

when compared to the nursing population, the most recent report by HRSA (2017) indicates that women account for 90.4%, men account for 9.6%, White persons account for 73.5%, African American and/or Black account for 10.4% and other races account for 16.1% of the professional registered nurses (RN's) workforce respectively. These statistical trends are echoed by the NLN (2018), in *The Biennial Survey of Schools of Nursing, Academic Year 2015-2016*. In basic RN programs in the United States, men only accounted for 15% and African American and/or Blacks only accounted for 10.8% of the nursing students who were enrolled in 2015-2016. Nursing clearly remains undiversified and I would argue that it will remain so unless a school to nursing pipeline is envisioned, embraced, implemented, and sustained. The United States is the most diverse country in the world and a diverse team of nurses is needed to provide culturally congruent health care in order to facilitate better patient outcomes and satisfaction.

Furthermore, it is important to note that national nursing statistics are typically reported only in a binary fashion according to gender and race and not by the intersection of both. The need for increased numbers of men and minority persons in nursing is well documented in the literature, however virtually no distinction is made for the Black man as to whether he is included in the male or minority category. Considering the unique historical experiences, economic and socio-political factors, cultural and family dynamics, which have affected the Black male population in the United States since the days of slavery, it is imperative to explore the perceptions of Black male nurses in order to capture and give voice to their experiences. The ultimate goal of this research is to examine the views, opinions, and experiences, of Black male nurses with the hopes of discovering new insights that may change and/or affect current nursing recruitment strategies as well as nursing curriculum, with the goal of contributing to the development of a more diverse nursing work force in the United States.

The exploration into the cultural, socioeconomic, and political perceptions of nursing as a career choice is relatively unprecedented in that I seek to investigate the population which is exclusively Black males. This research is an important starting point in capturing the voices of Black men in nursing, who previously have not been heard. According to Ackerman-Barger & Hummel (2015):

> Transformation in nursing education requires that which is unseen and unknown to become visible in the learning environment. Dismantling inequities in nursing education will require persistence and ongoing evaluation. Students of color voices must continue to be heard and honored, voices to inform nurse educators and reinforce the necessity of inclusion and equity in nursing education and, ultimately in healthcare. (p. 45)

Personal Context of the Study

"The nation's capacity to improve the quality of health care hinges upon educators who can create inclusive learning environments and graduate diverse nurses" (Beard, 2016, p.1). As a nursing educator who has been teaching for over 10 years, I have consistently had non-diversified student cohorts which primarily consisted of White females. In addition, and perhaps more importantly, nursing curriculum remains non-diversified and includes very little, if any, content related to issues of power and inequity within a social context. I am inspired and motivated to challenge the status quo that is the White female dominated profession of nursing. It is with the understanding that some groups in society are marginalized, and as such, often are not as likely to have the same opportunities as their White counterparts, that I am encouraged to reach out to minority populations about the possibility of becoming a registered nurse. Choosing to enter into nursing could facilitate personal empowerment, job security, and substantial

financial earnings while also offering an alternative choice for many minority persons who might not otherwise choose to pursue a college career. My personal suspicion is that it is probably unlikely that many students in socioeconomically disadvantaged schools are commonly or consistently exposed to the very realistic possibility of becoming a nurse. I consider myself, as a professional nursing educator with a moral responsibility, an advocate for agency in the recruitment and retention of minority students into nursing. In essence, with an aim for social justice, I want to intervene in whatever capacity possible, in creating a more diverse nursing population. A diverse nursing workforce that includes more Black men, as well as Black women, is needed to alleviate health disparities in marginalized populations, necessary for the delivery of culturally congruent care, and in my opinion, essential if we are ever to create a more pluralistic society in America. For far too long nursing has remained dominated by White female nurses and subsequently a White female ideology. As a practicing nurse of twenty-five years and a nursing educator of ten plus years, I unfortunately have not witnessed an increase in the understanding of and appreciation for diverse and cultural attitudes in the art and science of nursing. Through my own observations and experiences, I believe that contemporary nursing practice remains largely guided by the cultural values and beliefs of White women. I would argue that many of these practices impede the delivery of culturally congruent healthcare which is known to result in better patient outcomes and satisfaction (AACN, 2015; IOM, 2011; NLN, 2016; RWJF, 2001-2015; HRSA, 2006, 2016).

In twenty five years, I have provided nursing care to many Black men and I have done my best to deliver personal individualized care to them and their families. But as a White woman, do I even know where to begin to truly individualize care for a Black man? In my entire career, I have never had a Black male nursing colleague to consult with. Had I, imagine the

possibilities that may have existed for improved creativity with devising culturally congruent care and better patient outcomes and satisfaction.

Social Context of the Study

According to The Institute of Medicine (2004), as citied by National League for Nursing (2016):

> The current lack of diversity in the nurse workforce, student population, and faculty impedes the ability of nursing to achieve excellent care for all. Adverse effects in population health care due to the lack of a diverse workforce that knows how to build inclusive environments are well documented. (p. 2)

It is acknowledged that a vast array of health disparities exist among socioeconomically disadvantaged and minority populations partly resulting from having a non-diversified health care workforce in the United States (AACN, 2015; IOM, 2011; NLN, 2016; RWJF, 2001-2015; HRSA, 2006, 2016). The death rate for African Americans is generally higher than Whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide (HRSA, 2016). Almost two decades ago in 2000, the National Advisory Council on Nurse Education and Practice cited that "a culturally diverse nursing workforce is essential to meeting the health care needs of the nation's population" (AACN, 2001, p.1). Yet, unfortunately in 2015 the statistics relating to a diversified nursing profession represent only minimal progress from prior years (HRSA, 2015), despite aggressive marketing strategies to recruit nursing students from the male and minority audiences. During the last few decades, as the nursing shortage has been highlighted by mainstream media, the public has been witness to numerous nationwide recruiting efforts such as those by Johnson & Johnson's "Campaign for Nursing's Future", Robert Wood Johnson Foundation (RWJF) and the American Association of Colleges

of Nursing's (AACN) "New Careers in Nursing Scholarship Program", and the AACN's and Johnson & Johnson's "Minority Nurse Faculty Scholars Program" (American Association of Colleges of Nursing, 2015). "While numerous initiatives and resources have resulted in a slight increase in the percentage of underrepresented groups (URGs) in nursing, these efforts have failed to close the gap between the representation of URGs in nursing and society" (Beard, 2016, p.1). The AACN (2015) predicts that by 2043, persons from minority backgrounds will comprise the majority of the United States population. It is well acknowledged that this is problematic since a nursing workforce that mirrors the population which it serves is essential in order to provide culturally congruent care, and result in better patient outcomes and satisfaction. "A diverse workforce is vitally important to ensuring our nation has accessible, affordable, and quality health care" (HRSA, 2015, p. 2). Nonetheless, the contemporary nursing workforce in The United States remains non-diversified and continues to be dominated by White women. As previously mentioned, most statistical reporting related to nursing in the United States is presented in only a binary fashion based on gender or race and statistical data based on the intersection of gender and race is minimal. It is worthy to note that even the NLN (2016) and HRSA (2017), two of the major government healthcare institutions, only report statistical data related in nursing in such a binary method. Therefore, it is difficult to estimate exactly what percentage of the male nursing workforce is Black or African American. However in one article, *Counting nurses: the power of historical census data*, (D'Antonio & Whelan, 2009), the authors use an Integrated Public Use Microdata Series statistical package to analyze nursing trends in the United States from 1900 to 2006 based on race and gender. The authors refer to this research as precedent setting in that it was the first methodical analysis conducted to examine historical trends in nursing based on race, gender, and marital status during the 20th century. The report

cites that in 2006, the total number of men in nursing in the United States was 447,628. Of that total, only 42,620 male nurses were African-American or Black. As such, at the time, Black men represented only 9.5% of the male nursing workforce in the United States, compared to White men who comprised 76.7% of the male nursing workforce. Male nurses from other ethnic backgrounds accounted for 13.7% of the total. The continuum of discrimination in nursing is represented by these statistics. White females continue to dominate the nursing profession in which males are considered to be a minority and even under the gender umbrella, Black males, as shown by these statistics are distinctly underrepresented. I find this revelation to be a fascinating phenomenon which warrants exploration. Examining these trends from a historical, and perhaps a racial perspective, is essential in order to understand and analyze the current demographic profile of nursing in the United States and serves as further validation of the need to explore the perceptions and experiences of Black men in nursing. I would argue that learning from the past and understanding the present is essential in order to be able to plan and advocate for changes in the future.

Historically, Black men in the United States "have less educational opportunities than white men; and they [have] had more incentives to leave school earlier and join the labour market to support themselves and their families" (D'Antonio & Whelan, 2009, p 2720). Many other scholarly works echo this statement and chronicle the social, cultural, educational, and economic challenges experienced by Black men in the United States (Alexander, 2012, Collins, 2009, Ferguson, 2001, Watkins, 2005). Factors affecting Black men in the United States are multifarious and complex. It is anticipated that examining how these factors have played a role in the experiences of Black men in nursing may be challenging and perhaps even controversial. The goal of my intended research is explore these phenomena as they relate to the perspectives

specific to Black male registered nurses (RN's) who are current members of the predominantly White female nursing workforce in the United States. What can the narratives of my participants help convey as to why Black males continue to be virtually absent from professional nursing in the United States and can these findings help to create interventions to alleviate this problematic issue? Increasing diversity in nursing is an essential intervention in alleviating health disparities of socio-economically disadvantaged persons in the United States. The goal of my research is to explore and discuss the underrepresentation of Black men in nursing, based not only on gender but on the intersections of race and gender, with the hopes of discovering new insight into the root cause of this phenomena and perhaps eventually contributing to alleviating this disparity.

<div align="center">Educational Context of the Study</div>

The vital need, relevance, and timeliness of my research is supported by a recent Position Statement issued by the AACN. The AACN, which oversees policy in academic nursing in the United States, "serves as the catalyst for excellence and innovation in nursing education, research, and practice" (American Association of Colleges of Nursing, 2017, para 1). In October, 2016, a revised draft was submitted for approval by AACN members regarding the need to increase diversity, inclusion, and equity in nursing education. Incidentally, it is imperative to note that the previous version by the AACN, which addressed diversity and equal opportunity in nursing, had not been updated since October of 1997. In March, 2017, the revised Position Statement was approved by AACN (2017) members and in part reads:

> Relevant research affirms the core interests of AACN members in advancing diversity, inclusion, and equity in academic nursing. As reflected below, those interests center on many facets of nursing education, central to the success of nursing schools in 21st Century. (p.1)

Nursing education, as a means to an end, is the necessary process by which students are prepared to become effective health care practitioners in the healthcare industry in the United States, with the ultimate goal of improving health care delivery and patient outcomes.

"The health of the nation through improved patient care is the ultimate goal of nursing education" (NLN, 2012 p.1). However, what is problematic is twofold. First of all, cultural norms and stereotypes associated with nursing continue to perpetuate the ideology that this profession is only appropriate for White women (O'Lynn & Tranbarger, 2007). Secondly, and more importantly, nursing curriculum continues to be reflective of the ideologies of White middle class females who represent the largest percentage of working nurses as well as nursing faculty teaching in American colleges and universities (Bednarz, Schim, & Doorenbos, 2010). It is a reasonable suggestion that one contributing factor to the underrepresentation of minority persons in nursing may be related to the lack of a culturally congruent pedagogy within the schools of nursing. Perhaps a curriculum of nursing which is representative of the hegemonic culture of White women, fails to attract and/or retain nursing students of color. The National League for Nursing (2016) acknowledges this as well and also identifies problematic factors such as educational institutions not actively recruiting minorities and a lack of retention of diverse students which results from a failure to create inclusive environments and provide sufficient academic support. Understandably, I would expect that challenging this notion, will be a massive undertaking. "The greatest of all obstacles to culturally responsive teaching is mainstream ethnocentrism and hegemony" (Gay, 2000, p. 208). Unfortunately, I can personally attest to this. Along with two other colleagues, I presented at a faculty development conference in southern Georgia on the importance of increasing diversity in nursing and nursing education.

During and after the presentation we encountered harsh, racist, and almost aggressive feedback that clearly indicated to us, at least in this case, that the White female hegemonic domain of nursing does not want to be brought asunder.

With renewed documented interest by major stakeholders in the healthcare industry who have again declared the critical importance of increasing diversity in nursing education and thus in the nursing profession, there perhaps has never been a better time to challenge the status quo that is White female nursing. In order to be successful in attracting persons from minority backgrounds into nursing, voice must be given from the bottom up to those who have not been previously relatively unheard; Black male nurses in the United States.

My research is intended to capture the personal perceptions of nursing as articulated by Black men who are employed as professional registered nurses in the United States. It is my goal to share the personal histories, as they relate to the educational and professional experiences of my participants in order "to make relatively invisible individuals into influential actors; to make kinship networks into powerful forces; and to make the threads of everyday life-threads woven from new concepts life race, class and gender- into a rich tapestry of meaning" (D'Antonio & Whelan, 2009, p. 2717).

Perhaps, with additional insight provided by a small sample of a population which has been historically underrepresented in the nursing profession, new knowledge and viewpoints regarding nursing as a career choice may be identified. It is my hope that by exploring these attitudes and personal narratives of my targeted participants that I may discover a means to successfully expand and improve recruiting efforts in Black male populations while also incorporating these findings into nursing curriculum development.

Statement of the Problem

"All national nursing organizations, the Federal Division of Nursing, hospital associations, nursing philanthropies, and other stakeholders within the health care community agree that the recruitment of underrepresented groups into nursing is a priority for the nursing profession in the U.S." (American Association of Colleges of Nursing, 2015, p. 2).

In 2010, the Bureau of Labor Statistics projected that in excess of one million nurses would be needed by the year 2016 to sustain the nursing workforce (Hulse, 2010). Consideration of not only aging baby boomers but also aging nurses who are or will be entering into retirement should also be noted as a contributing factor to the nursing shortage. It was reported in 2003 that nurses "aged 45-54 years replaced those aged 35-44 years as the largest age group of RNs in the United States" (Juraschek, Zhang, Ranganathan, & Lin, 2012, p. 246). As these nurses retire, the attrition rate of nurses will dramatically spike as the largest nursing cohort in history approaches retirement. "Health inequities, inflated costs, and poor health care outcomes are intensifying because of today's shortfall of appropriately prepared RNs" (NLN, 2015, p.5). This is a crisis of supply and demand and the profession of nursing is at a critical precipice due to a massive shortage of nurses currently employed in the healthcare industry. According to National League for Nursing (2015), the nursing workforce in the United States is expected to be one of the fastest growing occupations during the next few decades due to technological advances in the healthcare industry, new health care reform, preventative care needs, and a population of two million baby boomers needing care for chronic conditions as well as end of life care. "The RN workforce is projected to grow by 19.4% from 2012 to 2022, resulting in 1,052,600 job openings" (NLN, 2015, p. 5). Given these statistics, the profession of nursing can offer a plethora of job

opportunities for all persons especially to those considered a minority based on race and gender since they are eagerly desired.

Currently in America, Black males represent the largest socioeconomically disadvantaged group that populates the school to prison pipeline, while also experiencing massive rates of unemployment, government surveillance, and incarceration (Alexander, 2012; Collins, 2009; Ferguson, 2001). Entering into the nursing profession, offers a viable alternative option for this population as, educational preparation can be completed in less than two years, a multitude of financial scholarships and assistance are available specifically for minority students (AACN, 2015; RWJF2001-2015), and job and financial security can be achieved since starting salaries for full time registered nurses are reported to be $61,706-$67,930 (Minority Nurse, 2015). A recent report by the U.S. Department of Health and Human Services (2015), which deliberates on how factors such as race, ethnicity, and gender affect recruitment and retention in nursing, makes no clear conclusion as to why the disparity in nursing remains and calls for further research to explore this phenomenon. "Research that examines the various factors which impact these variations would be useful in developing and enhancing policies and programs that diversify the health workforce" (U.S. Department of Health and Human Services, 2015, p. 5).

<div align="center">Purpose of Dissertation Research</div>

The purpose of my research is to investigate the experiences of Black male nurses in relation to cultural, socioeconomic, historical, and political contexts while also addressing the underrepresentation of this group in nursing in southeast, Georgia. Perhaps, most importantly, in light of the critical nursing shortage that continues to plague this country and thereby threatens the health outcomes of its population, it is imperative that active recruitment of all persons, regardless of race and gender, into nursing be considered an issue of vital importance.

There is much documented in the literature (Alexander, 2012; Collins, 2009; Ferguson, 2001; Spring, 2013; & Watkins, 2005) that there are societal, educational, political, socio-economic, cultural, and power relational struggles that are uniquely inherent to Black men in the United States of America. Effects of these power struggles results in significant racism, oppression, and lack of opportunity for Black men in the United States. As such, the process of exploring the perceptions of Black men on nursing is a complex endeavor which relates to, and is affected by, historical, cultural, gender, and socioeconomic contextual factors. I would argue that these contexts may be difficult for Black men to discuss and may even illicit emotions of racism and fear related to the current state of affairs in which political and educational agendas operate to maintain oppression on certain marginalized populations. My research is intended to offer insight into the complex historical, cultural, gender, and socioeconomic picture of Black male nurses working in a White female dominated profession.

Previous research on nursing recruitment and retention has virtually excluded the audience which is exclusively Black male. My intended research is unprecedented in that the targeted population for my research study is exclusively Black males. As such, my research may identify experiences, challenges, and perspectives uniquely inherent to Black men who have navigated the school to nursing pipeline and who currently work as professional registered nurses (RN's). My hope is to discover considerations not previously included in the literature in an effort to develop novel interventions aimed at alleviating the underrepresentation of Black males, and Black females for that matter, in nursing. The ultimate and long term goal of my work, is to eventually partner with K-Twelve urban Savannah schools and based on the outcomes of my research, create a culturally relevant pedagogy that will introduce minority

students to the advantages and realities of pursing the challenging, rewarding, and financially promising career of nursing.

On a regional level, the need for and importance of my research is reiterated by multiple professional nurses in an article included in the *Albany Herald*, a Georgia news source, entitled *Georgia experiencing severe nursing shortage* (Miller, 2017). As recently as January, 2017, when discussing the current critical nursing shortage in the state of Georgia, Nina Saunders, president and CEO of Navicent Health in Macon is quoted as saying that "this shortage seems to be one of the most significant and continues to worsen" (Miller, 2017, p.1) and in this article, it is reported that there is an average earning potential of $63,000 annually for RN's. This presents a tremendous professional opportunity for young Black males in Georgia. I would surmise that most young Black males currently do not even consider nursing as a career option. Otherwise, Black men would possibly make up a greater percentage of the nursing workforce. Furthermore, in the same newspaper article, the importance of the need to increase minority recruitment in K-Twelve Georgia schools is echoed by Merry Fort, a registered nurse who works for a company that supplies temporary nurses to health organizations in Georgia. Fort recommends targeting young student populations in nursing recruitment and is quoted as saying "we need to start in middle schools, encouraging males and females, encouraging a diverse group to go into the nursing profession" (Miller, 2017, p. 5).

<div align="center">Research Questions</div>

Although, research has been conducted and literature exists addressing the need to increase diversity in nursing (AACN, 2015; ANA, 2015: IOM, 2011; NLN, 2016; O"Lynn & Tranbarger, 2007; RWJF, 2001-2015; HRSA, 2015), no substantial progress has been made in improving the percentages of minority representation in the profession. Also interesting, is that

in all of the literature reviewed regarding the nursing shortage and the goal of increasing minority and male representation in nursing, there is a virtual absence of research which specifically relates to Black/African American males in the USA. I feel that it is important to state here that a basic understanding of the concepts of power and oppression, which will be discussed in greater detail later in this paper, unique to Black males in contemporary society is essential when posing the following research questions. In what ways do Black males subscribe to the stereotypical gender issues associated with nursing and do they perceive them from a male and/or minority perspective? How have the experiences of Black male nurses been affected by issues of inequality, oppression and power during their nursing education and career? Finally, what if any barriers do Black male nurses encounter when working in a profession dominated by White females? Bearing in mind the unique historical experiences, sociopolitical factors, and family dynamics which have affected the American Black male population in the United States of America, it is postulated that giving voice to Black males and sharing their lived experiences as nurses in the scholarly literature may add invaluable understanding as to why Black men continue to be underrepresented in nursing.

CHAPTER 2

LITERATURE REVIEW

In this chapter, I will review the following bodies of literature which are relevant to my dissertation study: (1) the history of nursing: an inaccurate discourse; (2) recruitment considerations: the image of nursing; (3) Black men in nursing; (4) educational experiences of minority persons in nursing; (5) minority nursing recruitment; (6) multicultural education in nursing; (7) nursing curriculum: culturally incongruent; (8) nursing curriculum in need of reform; and (9) White supremacy in the United States: oppression of Black citizens.

Culturally responsive teaching (Gay, 2000/2018) and culturally relevant pedagogy (Ladson-Billings, 1994/2009) in nursing education, in both the extent and nature of the content, in required course curriculum, in my opinion is severely lacking this vital component. As a nursing educator and Curriculum Studies student, my personal stance is that the lack of multicultural education in nursing curriculum is unacceptable and needs to be considered a topic of upmost importance. In addition, due to the limited amount of multicultural content within the nursing text books, it could be concluded that the type of knowledge disseminated to nursing students during the course of their education, is culturally, historically, and socially inaccurate, and perhaps even gender biased. This author postulates that nursing curriculum remains reflective of the hegemonic ideologies of White middle class women and their personal notions of what nursing is and should be and as such fails to recruit students from minority backgrounds.

Realistically, major curriculum reform of course is not a simple undertaking which can be simplistically achieved by one inspired person or even by a group of people who share consensual attitudes and ideals. The need for major reform regarding political agendas, economic disparities, institutional policies, administrative processes, and social inequalities, in order to

create a more culturally congruent curriculum, present enormous hurdles for the educator trying

to challenge the status quo. Also compounding the problem is that often, "too few teachers have

adequate knowledge about how teaching practices reflect European American cultural values.

Nor are they sufficiently informed about the cultures of different ethnic groups" (Gay,

2000/2018, p. 21). I can personally attest that this can indeed be an unconscious underpinning in

ones approach to teaching. Prior to being a Curriculum Studies student, I had been teaching

nursing for almost a decade and I believed that I was extensively incorporating multicultural

considerations into my class presentations when appropriate. I was convinced that as an

educator, I was exceeding the expectations of covering multicultural content as it pertained to

nursing. After being educated on systems of oppression and issues of social justice within a

hegemonic society, I now acknowledge that my teaching strategies, as well as the content I

covered, were only superficial in addressing the larger dilemmas and challenges that

multicultural educators are presented with.

> The legitimacy of and viability of cultural diversity in teaching and learning for
>
> ethnically diverse students are far from being commonly accepted among educators. Even
>
> those who are receptive to them often do not have the depth of understanding and
>
> competence needed to guide pedagogical practices. (Gay, 2000/2018, p. 209)

In my opinion, this declaration is unfortunately reflective of the educational preparation of the

majority of nursing faculty and may explain perhaps why many educators are not adequately

equipped with educational strategies to deliver culturally congruent pedagogy.

Traditionally, most nursing professors have Ph.D degrees and have a scientific or clinical

background rather than that of an academic focus. Currently, of the fifty plus faculty at the

Georgia Southern University School of Nursing, only 4 faculty members possess a doctoral

degree specifically in education (Georgia Southern University, 2018) and as such are not

formally educated on critical pedagogical design. Even those educators who understand and

embrace the need for the inclusion of multicultural perspectives in nursing education, as Gay

(2000) describes, may not be adequately trained or prepared to integrate a culturally relevant

pedagogy (Ladson-Billings, 1994/2009). I would argue that possessing a doctoral degree, which

is required to teach nursing at a university level, does not necessarily adequately prepare

educators for addressing and understanding the complex cultural issues of power and oppression

that exist within society as well as nursing and nursing education. In my opinion, a

comprehensive understanding of these problematic issues is essential when discussing the

importance of increasing diversity in nursing. Despite the fact that the literature is saturated with

scholarly articles, from a plethora of academic sources, citing the importance of increasing

diversity in the nursing profession and integrating culturally congruent pedagogy into nursing

education, there apparently has been a failure to bridge theory with praxis during the past few

decades.

<div align="center">The History of Nursing: An Inaccurate Discourse</div>

Since 1998, the United States has experienced a growing RN deficit, primarily because of

the growing population and aging nurses. As a result, RN demand continues to outstrip

RN supply, creating an unprecedented shortage of RN's in the United States. (Juraschek,

Zhang, Ranganathan, & Lin, 2012, p. 241)

The health of the people in the United States is at risk due to the insufficient number of

educationally prepared professional registered nurses who are needed to provide nursing care to

the American populace, along with a deficit of nursing faculty to educate those nurses. Also,

problematic, is that the United States is comprised of many diverse ethnic and racial populations,

yet the current nursing workforce and nursing faculty, of which the largest percentage of workers are Caucasian women, is not representative of the population which it serves. Moreover, health disparities as well as culturally incongruent care have been associated with differences in heritage cultures and practices, ethnic background, and socioeconomic status (RWJF, 2001/2015). The majority of nurses practice in the United States are White middle to upper class women whereas the population that they care for is the most diverse on in the world. "Our nation is enriched by cultural complexity-37 percent of our population identify as racial and ethnic minorities. Yet, diversity eludes the nursing student and nurse educator populations" (NLN, 2015). Incidentally, although men constitute 52.8% of the U.S. working workforce population in comparison with the 47.2% of their female counterparts, they only account for 9.2% of all professional registered nurses (HRSA, 2015). Therefore it is important to re-emphasize that in regards to nursing, males as they constitute less than 10% of all RN's, are considered a minority group within the vocation. Before examining issues and perspectives specific to Black men as they relate to nursing, it is imperative to first discuss the gendered stereotypes of nursing which have been prevalent in the field and recorded in the literature.

It has also been widely documented in the literature (Anthony, 2004/2006; O'Lynn & Tranbarger, 2007; Palmer, 2008; Roth & Coleman, 2008; Wolfenden, 2011) that because the nursing profession has been a predominantly female occupation, 59% of the population in America that is male, is either under recruited in nursing or not interested a in pursuing a career in nursing for a number of cited reasons. Two of the most common causes reported for having an aversion to entering into the profession, are that most men consider nursing a subservient gender specific role for which they do not identify with and that they will be perceived as gay or effeminate. Understandably, these perceptions of nursing in regards to gender specific

assumptions, may in fact seem reasonable and valid in the absence of the historical

understanding of men in nursing prior to the time when the profession was feminized by

Florence Nightingale, who is considered the founder of modern nursing. Unfortunately, this false

ideology still remains as the discourse associated with the practice of professional nursing in

contemporary American society and is perhaps one of the biggest hurdles that must be overcome

in order to proportionately balance the genders in health care professions. It is important to dispel

the myth of the word "nurse" as being essentially associated with the stereotypical characteristics

that have been historically attributed to woman, such as nurturer, caregiver, compassionate and

subservient.

The Crimean War (1854-1856), was a socio-political conflict that ensued between Russia

and Turkey following the fall of the Ottoman Empire. Eventually French and British forces allied

with Turkish troops. During the Crimean war, Florence Nightingale emerged as nursing's

research pioneer after instituting the principles of sanitation, hygiene, and nutrition when caring

for wounded soldiers. When Nightingale arrived in Turkey with 38 fellow nurses, she found

basic living conditions for soldiers to be deplorable and unsanitary. In addition, mortality rates of

soldiers were very high and not necessarily attributed to war injuries, but often secondary to

preventable contagious diseases common at the time. Noted as being the first statistician in

nursing, Nightingale keep detailed records of mortality rates and within two years after

implementing standard hygienic and improved nutritional practices, the reported mortality rates

of British soldiers declined by almost twenty percent (McDonald, 2014). This dramatically

elevated Florence Nightingale's status, as well as the status of nursing, and she is still considered

to be the founder of contemporary nursing. She went on to develop schools of nursing and by

implementing basic nursing interventions, which resulted in a substantial decrease in mortality rates, Nightingale forged the way for the respected profession of nursing.

In the decades prior to that, nursing was in fact considered an obligatory, menial and disrespected task performed by women, often in under privileged communities. After Nightingale's initiatives and the creation of the first nursing schools, she elevated the profession of nursing to that of a respectable career choice for unmarried women during the Victorian period. At that time, nursing was structured according to the Victorian family ideal, with men (doctors) as the heads of households, [and] women as the handmaidens (nursing) (Wolfenden, 2011). Ironically in the twenty-first century, this model still is unfortunately the discourse that accompanies nursing, in which a nurse is considered a person with minimal education, who functions in a subservient role and who has no legitimate power. Yet, this is not the reality in contemporary times when nursing is a highly challenging academic as well as highly skilled career in which professionals assume high levels of autonomy. If men are to be successfully recruited into nursing then this false discourse must be eradicated (Anthony, 2006; O'Lynn & Tranbarger, 2007; Palmer, 2008; Roth & Coleman, 2008; Wolfenden, 2011)

As a result of Nightingales work during the Crimean War, and her subsequent establishment of schools of nursing, nursing became feminized and solely associated with women. However prior to the Nightingale era, historically the vocation of nursing had been primarily been that of men, especially in religious orders and during times of war. According to Anthony (2004), it has been acknowledged that men have tended to the care needs of people as far back as 275 BC when men served as nurses in India. Anthony (2004) and Evans (2004) also provide historical depictions of men who functioned in the role of nurses, such as Hebrew priests, key figures in Christianity, Roman monks, religious orders, such as the Augustine

Brothers, and military nursing orders such as The Knights Hospitallers of St. John, and the

Teutonic Knights during the Middle Ages and Crusades respectively. Even as late as the Civil

War, Walt Whitman, who was an American poet and literary journalist, expressed a passion for

administering care to wounded soldiers during the war. The omission of these historical accounts

as well as gender bias in nursing textbooks has been acknowledged by academic scholars and it

has been suggested that the feminization of nursing curriculum is in part responsible for the lack

of success in the recruitment and retention of males in academic programs. In regards to the

historical contributions of men in nursing, "the failure to recognize this contribution leaves men

nurses with little information about their professional background and historical position, a

situation [that] perpetuates the notion that men nurses are anomalies" (Evans, 2004, p. 321).

<div style="text-align:center">Recruitment Considerations: The Image of Nursing</div>

In 2010, The American Association of Men in Nursing, (AAMN) Board of Directors

while recognizing the importance of this, issued a Position Statement addressing nursing

curriculum which read, "It is imperative that professional nursing education adopt language that

balances feminine and masculine discourse. Gender neutral language in nursing education serves

to acknowledge nursing as a gender neutral profession" (AAMN, 2010, para 1). Although this is

a valid position and it is probable to assume that the use of gender neutral language may indeed

placate men from being considered a marginalized group in nursing, what are the implications

for minorities in nursing? What type of educational discourse is needed, if any, to increase the

inclusion of minorities in nursing and again will this differ between White and Black men as well

as female and male minorities?

Additional major themes relating to the challenges of the recruitment and retention of

men in nursing have been identified and agreed upon by professional nursing organizations as

well as by many scholarly authors (American Association of Men in Nursing, 2010; Anthony, 2004, 2006; Evans, 2004; MacKinnon, 2007; MacWilliams, Schmidt & Bleich, 2013; NLN, 2013,2015; O'Lynn & Tranbarger, 2007; Palmer 2008; Rajacich, Kane, Chuckiston & Cameron, 2013: Roth & Coleman, 2008; Thew, 2015; Wolfenden, 2011). Factors contributing to decreased desires of men to choose nursing as a profession and negatively influencing their educational or professional success, include the lack of appropriate recruiting strategies, assumptions that becoming a nurse will inflict an effeminate or homosexual stereotype upon them, that the intellectual requirements are not rigorous, a lack of male mentors in the field, gender bias in curriculum and working environments, difficulty with gendered communication styles, the use of labeling terms such as "male nurse," portrayal of nursing in the media, and fears of being considered a sexual deviant due to the requirement for physical contact.

Arguably, these beliefs and attitudes related to men in nursing must be considered valid in light of the historical and contemporary discourse associated with nursing. Because these beliefs and attitudes are unfortunately perpetuated within nursing, nursing education and by mainstream media, if a meaningful attempt is to be made to effectively recruit men into nursing, this discourse must be reinvented or reimagined. Challenges must be made to the social construct of the image of nursing as a profession only appropriate for White women.

Over the past several years, scholarly literature has posited a number of appropriate and reasonable interventions and strategies aimed at increasing the number of males and minorities in nursing. In addition to revising curriculum to incorporate gender neutral language, as discussed earlier, many authors, understandably so, stress the importance of dismissing the terminology of "*male nurse.*" Thew (2015) uses a distinct comparison to everyday language usage when the author questions why people call men who are nurses, "*male nurses*", yet points out that when

referring to an attorney who is female, one does not use the phrase "*female attorney.*" Following

on this, Rajacich et al (2013) conducted a qualitative study, which included a focus on how to

challenge hegemonic masculinity in relation to the concept of caring. The research participants

were sixteen men working as professional nurses in Canada. The concept of caring is perhaps the

most quintessential aspect of the art of nursing. However, in western culture the trait of caring is

primarily considered to be a feminine virtue possessed primarily by women. This is an

unfortunate stereotype which obviously has tremendous impact on breaking down the barriers to

increasing diversity in nursing. Considering this perspective, one could argue that Black females

may have the advantage in breaking down the barriers to increasing diversity in nursing, before

their male counterparts, both White and Black. The research study by Rajacich et al (2013)

includes an insightful discussion on how to de-gender the ideology of caring. Rajacich et al

(2013) write:

> Men in one of the focus groups talked about how de-gendering caring would go a long
>
> way to attracting men to the profession. Nothing that caring has been historically (and
>
> stereotypically) associated with women in our society, they reframed caring for other
>
> people as part of what it is to be a decent human being, regardless of whether someone is
>
> a man or a women. (p. 77)

The participants also expressed the same sentiments in regards to labeling terms. Unanimously,

they reported that they disliked being called a "*male nurse.*" The authors wrote that "participants

would like to be known merely as nurses, and not categorized differently or set apart from the

larger category of nurses" (Rajacich, et al, 2013, p. 77). It can be argued that these are valid and

reasonable reactions to labeling that marginalizes men in a profession which is in actuality an

entirely appropriate career choice for both men and women. This discourse of caring which is

prevalent in the United States culture could, for obvious reasons deter men from considering

nursing as a career. The Robert Wood Johnson Foundation, an advocate for increasing diversity

in nursing proclaims that "Nursing is not a woman's profession, it is a people's profession"

(RWJF, 2012, para 1). Arguably, it is vital to eradicate such a marginalizing label in order alter

the current nursing discourse, to facilitate gender equity within the profession, and to improve

efforts on male recruitment into the profession. However, it is my belief that current recruitment

strategies and research regarding the nursing shortage, are inadvertently ignoring the large

untapped resource pool of Black American men. It will be interesting to examine perspectives

regarding the virtue of caring from the nurses who are exclusively male and Black.

<div align="center">Black Men in Nursing</div>

In all of the literature that was reviewed in regards to male perceptions on nursing as a

career choice, none included any reference to whether the groups being researched or studied

were ethnically or culturally diverse. It is vital to consider why no differentiation was made

between the male groups based on ethnic or cultural background considering the fact that it has

been well documented in the literature that the beliefs, attitudes, and behaviors of Black people

in, cultural, psychological, socioeconomic, political, and educational contexts, tend to differ

vastly than that of White people (Alexander, 2012; Collins, 2009; Dapremont, 2014 Payton,

Howe, Timmons, & Richardson, 2013; RWJF, 2001-2015; Spring, 2013; Watkins, 2005).

Arguably, as Black men's perceptions on lived experiences can be expected to differ from that of

White men, it is a pragmatic assumption that their perceptions on nursing based on the

intersections of gender and race, may not coincide with that of their White male counterpart.

As cited in a policy brief, the American Association of Colleges of Nursing (AACN)

writes that currently "individuals from ethnic and racial minority groups' account for one-third

of the U.S. population" (American Association of Colleges of Nursing, 2015, p.1) and as

previously mentioned, it is projected that minorities will actually surpass Caucasians as the

majority by the year 2043. However, according to the U.S. Health Occupations survey report

from 2010 to 2012, females accounted for 90.8%, men only accounted for 9.2%, and

Black/African Americans (non-gender specific) accounted for only 10.7% of the professional

registered nursing workforce (HRSA, 2015). More importantly, the nursing workforce does not

mirror the population which it serves as Caucasian nurses represent 83% and African

American/Black nurses specifically represent only 6% when compared to 77.7% and 13.2% of

the general population respectively (NLN, 2016). Additionally, as statistical representation

pertains to local and regional areas specifically, although the state of Georgia is reported as being

the fourth state with the largest population of African Americans (HRSA, 2016), only 35.6% of

the minority population was enrolled in nursing programs in 2014 (AACN, 2015).

Central to the discussion of Black male's perceptions of nursing is determining the extent

to which they are currently employed as professional registered nurses in the United States.

However, this is difficult due to statistical reporting. Reported nursing statistics are primarily

categorized according to gender and race and not by the intersection of both. Both the U.S.

Census Bureau (2013) and the U.S. Department of Health and Human Services (2015) report the

percentages of males and females, as well as Black and White persons, working as nurses, but

does not cross this data. The National League for Nursing, also only reports statistics in a binary

fashion based on gender and race nor accounts for an intersection of both. Likewise, The AACN

(2015) also reports minority representation in nursing but does not break down the statistics by

gender. Following the tradition of institutional statistical reporting, even the website Minority

Nurse (2015) reports nursing statistics based on race and gender only and does not indicate how

many Black males are employed as nurses in American. It is clearly evident that past and current

statistics not only confirm the lack of racial, ethnic, and gender diversity in the registered nurse

population but fails to offer a statistic that represents the presence of Black men in nursing.

It was only after an extensive literature search, that one article was identified that

presented historical statistical data on the demographics of nursing in the United States, based on

race and gender and included the percentages of Black males in nursing from the time period of

1900-2006. D'Antonio & Whelan (2009, p. 2717), report that this study was the "first systematic

attempt to trace the demographic trajectory of professional nurses in the United States" and they

highlight the relevance to policy in that they suggest that by using such statistical trends,

researchers will have a "firmer base upon which to construct workforce and practice strategies

for a future global work force" (D'Antonio & Whelan, 2009, p. 2717). Using the digital

technology of the Integrated Public Use Microdata Series, the authors compiled census data and

presented a demographic profile of twentieth century nursing in the United States. This article

includes a plethora of rich data and discussions of social history as it relates to the educational,

economic, and social disadvantages prevalent to Black men in the United States which serves as

a foundation and precedent for my research study. Interestingly, as the authors chronicled the

history of men in nursing, both Black and White, from a historical perspective, their accounts

frequently mirrored those written by scholarly authors who examine the socio-political,

economical, and educational disadvantages experienced by Black men in the United States.

Alexander (2012), Collins (2009), Ferguson (2001), and Watkins (2005) also chronical the

multifactorial and complex problems present in the social structure of the United States which

adversely affect Black men in this country in socio-political, economical, and educational

contexts. According to these authors, due to the legal and social structure of our society, Black

men in the United States have historically been disadvantaged. They have had less educational and economic opportunities, undergo undue and excessive amounts of legal surveillance, are adversely affected by Welfare policies, and have massive incarceration rates, otherwise commonly known as the school to prison pipeline, than their White male counterparts. This phenomena has resulted in an inequitable balance of power in society in which Black men tend to be at risk for powerlessness. I would agree that this imbalance of power and sense of powerlessness, on the part of Black men in the United States, is the essence of the social injustices that the Black man has to endure.

What I find impressive, and especially inspiring for my own research, is how D'Antonio and Whelan (2009) present a historical description of men in nursing since 1900 while weaving in both gender and racial components in relation to the nursing profession during the 20th century. The authors also refreshingly incorporate issues of power and inequality throughout their discussion. The authors cite that although White women dominated the profession during this time, African American women comprised 3% and men comprised 9% of those identifying as professional nurses. However by 1930, during the Nightingale era, representation by men dropped to a meager 2%. Despite this drop, White men still continued to comprise the majority of male nurses. In 1900, 80% of male nurses were White and by 1920, 89% of male nurses were White. What is also thought-provoking is that the authors cite that Black men were losing their place even in unskilled health occupations such as practical nursing. According to the authors, in 1930 Black men had the same opportunity as White men to attend nursing school. However, according to the census data, Black men represented 23% of the nursing field in 1910 but by 1930 they only represented 10% (D'Antonio & Whelan, 2009). This study echoes the works of Alexander (2012), Collins (2009), Ferguson (2001), and Watkins (2005) in that the authors

attribute these demographics to the fact that Black males in America had less educational opportunities, and were being subjected to, as they still are today, massive social inequities due to the stereotypical ideologies associated with Black men. It could be suggested that during a time of turbulent civil rights unrest in this country it was almost unthinkable for a Black man to enter into nursing due to these stereotypical ideologies. The authors passionately write:

> African-American men may have well have stayed away from nursing because, at a time when their masculinity was under constant political and economic assault from either subtle or overt racists practices, they felt more vulnerable to its gendered image. And they may well have been kept away because black women's hands on white bodies may have raised some sexualized anxieties, but those of black men on white bodies represented completely unthinkable sexual images. (D'Antonio & Whelan, 2009, p. 2720).

I would concur and argue that unfortunately these same racist views are likely to still be prevalent among people in contemporary American society and may be a contributing factor as to why Black men may not feel compelled to enter into the nursing profession.

Although this study does include the important discussion of Black men in nursing and correlates it to pertinent contemporary issues of social injustice, it is relatively dated as it was published in 2009. However, that being said, the fact that little research has followed specifically to this topic validates the need for further research. My study is intended to contribute to bridging this gap in the research and offer additional insights to the literature while having enormous potential for future implication in policy and research as it relates to developing nursing curriculum designed to recruit and retain both men and women from diversified backgrounds.

Educational Experiences of Minority Persons in Nursing

According to the National League for Nursing (2013), although the percentage of minorities enrolled in registered nursing programs increased from 16% in 1993 to 26% in 2005, in 2012 the statistic remained stagnant at 26%. In fact, this represented a decline from 2009 when underrepresented groups accounted for 29% of the nursing workforce (Ackerman-Barger and Hummel, 2015). For males enrolled, the representation is even less encouraging as there was only a meager 5% increase of men enrolled in nursing schools from 1992 when it was reported at 10%, to 2012 when it was reported as 15%. Further compounding the problem is that minorities, including men, also have a significantly higher attrition rate while in nursing school (Ackerman-Barger & Hummel, 2015; Beard, 2016; Murray, Pole, Ciarlo, and Holmes 2016; Payton, et al, 2013). Within these noteworthy scholarly articles, all of which address the recruitment and retention of minorities in nursing programs, there is consensus among the aforementioned authors, that problematic issues related to the success of these students include, financial constraints, continued existence of institutional racism, a lack of diverse nursing faculty, learning environments that are not culturally inclusive, curriculum which is not culturally congruent, and the need for intensive mentoring programs. (Ackerman-Barger & Hummel, 2015; Beard, 2016; Murray; 2016; Payton, et al., 2013). As a nursing educator of ten years, I can attest that these barriers are indeed present and indeed most likely contribute to increased attrition of male and minority nursing students.

For me personally, I bear witness to the institutional racism, both overt and covert, existing in nursing academia. The educational institution where I teach is located in southeast Georgia, which is one of the States with the largest Black population. Yet most faculty members balk at entering into dialogue related to multicultural education. Multicultural education

encompasses curriculum that examines historical and contemporary political, economic, culture and social structures that may impede persons from effectively having an understanding of human differences. "A major goal of multicultural education, as stated by specialists in the field, is to reform the school and other educational institutions so that students from diverse racial, ethnic, and social-class groups will experience educational equality" (Banks, 1993, p. 3). When personally and professionally speaking on the need to diversify the nursing population, or the even importance of teaching students about issues of social justice, I have been met with hostility and avoidance by some colleagues when presenting on these issues or merely bringing them into conversations.

Specifically regarding classroom dynamics, I often notice that males and students from minority backgrounds regularly self-segregate within the classroom and clinical environments. I have a high suspicion that this is either a conscious or perhaps unconscious effort to create supportive learning and peer mentoring environments which we know from the literature results in greater student success. Within the literature, students who are male or from minority backgrounds often report feelings of isolation, discrimination, loneliness, and a sense of differentness. Dapremont (2014) writes on the benefits of creating diverse study groups in order for both White and Black students to be introduced to alternative perspectives and I would contend that in certain circumstances this would be valuable to collaborative learning. However, in the same research study, which focuses on strategies for success for Black nursing students, Dapremont (2014) writes;

Some participants said that while White students regularly engaged in study groups, Black students rarely did, partly due to obligations the latter group had outside of school. When Black students wish to join White study groups, they sometimes found it difficult

to access them, and some Black participants who joined White study groups stated that they endured racially insensitive comments. (p. 159)

It is reasonable to understand how self-segregation practices may serve as a means of empowerment for these individuals. Nevertheless, some faculty members intentionally attempt to disrupt these collective student groups. As the new coordinator for junior level nursing students, I was actually instructed, when scheduling students in various clinical rotations, to separate the Black female students and the male students from one another. Not that it would be even mathematically feasible, due to the demographics of predominantly White female students in the program, I have never heard the suggestion to separate White females from one another within the same nursing student population. Nursing school is inherently stressful and anxiety provoking based on the nature of the clinical and academic expectations of the curriculum. Therefore, why would faculty even contemplate making the experience even more challenging for minority students by removing personal support systems in place and placing minority students with other students that they may not assimilate to? It could be suggested that this is in fact an example of racial discrimination as well as unconscious bias and not conducive to creating an inclusive learning environment. It is imperative that continued research be conducted so that knowledge can generated in order to develop and communicate strategies to promote minority student success and to facilitate more inclusive learning environments. Not to mention, educating nursing faculty on creating inclusive learning environments conducive for minority student success. Again, it is noteworthy to mention, that although all of these current and vitally relevant studies make valid contributions to the literature regarding the barriers that are faced by minority nursing students and offer, based on research, strategies for success, they yet again fail to categorize participants according to the intersections of race and gender.

A small number of nursing studies were identified that did specifically mention minority males in some context, yet these considerations were extremely limited. A qualitative descriptive study by Dapremont (2014), which explores the educational experiences of 18 Black nursing graduates, only specifically refers to Black males in the study when it indicates that of the 18 participants, two were male. Cowan (2015), who was reviewing the effectiveness of The Sustain Program, which was funded by the Robert Wood Johnson Foundation, and implemented to promote the success of male and minority students enrolled in an accelerated entry level master degree nursing program, simply notes that historically minorities and especially men have high attrition rates in nursing academia. Although Cowan (2015) concluded that program has been proven successful, as it reports a retention rate of 100% since its inception in 2009, again no distinction between the perceptions of Black men and White men or minority males and minority females is made. In fact, the only reference to minority males in the entire study is when the participant selection is described and it consists of only one sentence. The author writes that "Male and ethnically diverse students were selected for the SUSTAIN program; some of the ethnically diverse students were men" (Cowan, 2015, para 9). Payton, et.al. (2013), while using an interpretative qualitative study to evaluate the effects of a mentoring program utilized by 26 African American students enrolled in various nursing programs, perhaps contributes the most important recommendation for further research. Although the authors only go as far to describe that three of the 26 participants were male, they write that "further research is needed to validate whether differences between AA male and female nursing student perceptions exist" (Payton et. al., 2013, p. 177). In my research, I intend to further explore the differences in perceptions that may exist based on the intersections of both gender and race as perceived from the exclusive view point of Black males working as professional nurses in the United States.

Minority Nursing Recruitment

In the May/June 2016 issue of *Nursing Education Perspectives*, a publication sponsored

by the National League for Nursing. Murray et. al. (2016) describe the successful

implementation of a nursing recruitment effort in five urban high schools of students from socio-

economic, educational and environmental disadvantaged communities. They succinctly describe

the lack of progress in diversifying the nursing profession despite the massive initiatives put

forth by the major stakeholders in the healthcare industry during the mid to late twentieth

century. Murray et. al. (2016) write:

> 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
>
> (DHHS, 2000). 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. (p. 138)

Time and again, nursing scholars are reiterating the fact that nursing remains undiversified

despite the aggressive campaigns initiated by the major health care institutions and

organizations. I think it is an obvious conclusion to be made; the interventions that have been

employed to increase diversity in nursing are not working. As I have mentioned, many research

studies have been conducted that focus on the barriers, as well as implementing successful

strategies, for minority students in nursing. Consensus on these results is evident in the literature.

However, the majority of these studies only offer a collective voice of the minority nursing

student. Who is the minority nursing student? Is this person a male? Is this person a female from

a minority background? Is this person a Black male? I would surmise that each of these populations would have different stories to tell based on their lived experiences. The literature is already saturated with research relating to the gendered stereotypes associated with nursing from the male perspective and as such there is a plethora of scholarly work devoted to the increased recruitment of men, which is discussed in greater detail heretofore in this paper. But what about the voice that is uniquely Black and male? I would propose that we need to hear the narratives from this specific population in order to envision possibilities that may never have even been considered.

Following par, in their article on nursing diversity and strategies for recruitment, retention, and graduation of minority nursing students Murray, et. al., 2016 did not include statistical representation of their participants by the intersections of race and gender. However, they did conclude that "early recruitment and multiprong retention programs can be successful in diversifying the registered nurse workforce" (Ibid., p. 138). According to the literature, Black men in the United States are more likely to come from disadvantaged communities so what better untapped resource pool for nursing recruitment is out there? I ask this with genuine sincerity and transparency. Can you imagine the possibilities? People look through a worldview lens based on their own lived experiences and yet despite yearning for an understanding of other people and other cultures they are obviously limited by the narrow perspective of the self.

<center>Multicultural Education in Nursing</center>

When writing on the theoretical foundations of multicultural education in nursing, Gatlin-Stokes and Flowers (2009) recommend changes in course curricula to facilitate diverse perspectives within nursing education. The authors suggest that "faculty must be prepared to develop curricula to accommodate diversity, choose appropriate instructional materials, apply

principles of multicultural education, and use teaching strategies to create inclusive classrooms"

(Gatlin-Stokes & Flowers, 2009, p. 268). In order to achieve student learning outcomes that will

improve clinical cultural competence and thereby reduce health disparities, which are prevalent

in American society, educators need to revise and create curriculum which is culturally

responsive. The authors also advocate for creating a classroom environment which will facilitate

dialogue that challenges cultural norms and augments the learning process by including diverse

perspectives from alternative points of view. I would consider this as a necessary component in

contemporary nursing education so that students can develop and appreciate cultural self-

awareness. However, and admitting the obvious complexity to this issue, how is it proposed that

White nursing educators do that when existing curriculum is primarily based on the discourse of

White nursing academics? In addition, realistically how can White female educators effectively

create a diverse and culturally congruent curriculum when their own lived experiences are that

which are viewed from the lens of a White women? The percentage of nursing faculty continues

to remain dominantly White due to the underrepresentation of minorities within the profession,

as there are not enough persons from diverse backgrounds qualified to travel through the nursing

to faculty pipeline. Furthermore, as minority persons are underrepresented in nursing academia

as well, it would be reasonable to conclude that very little input into curriculum development is

being created from the perspectives of nursing faculty who are themselves diverse. As statistical

representation in nursing validates that the profession of nursing is dominated by White women,

it also indicates that this is the trend in nursing academia as well. According to the AACN

(2015), only 13.1% of full-time nursing faculty are from minority backgrounds and only 5.5%

are male. This is not only problematic when considering the creation of curriculum that is

inclusive but also significant in that the lack of diverse faculty will have implications for

adequate mentoring and support for minority students. I would argue that lack of a diversified curriculum partnered with the lack of diversified nursing educators has the potential to negatively affect the recruitment and retention of minority nursing students.

In order to ensure that nursing education is culturally congruent, Gatlin-Stokes and Flowers (2009) also recommend that multicultural perspectives be incorporated throughout the entire curriculum, and that textbooks and learning materials not contain biased language in regards to gender, age, race, and ethnicity. As a nursing educator with nine years of teaching experience and as a Curriculum Studies student whose area of focus is multicultural education, I agree with the authors that incorporating diverse perspectives into course curriculum is absolutely essential in order to facilitate learning that will improve the cultural competence of students as they leave the educational environment and enter into the nursing workforce. Gay (2000/2018) writes:

> The legitimacy of and viability of cultural diversity in teaching and learning for ethnically diverse students are far from being commonly accepted among educators. Even those who are receptive to them often do not have the depth of understanding and competence needed to guide pedagogical practices (p. 209).

This quote is illustrative of the multifarious issues which affect nursing and nursing education, which remain non-diversified. First of all, as mentioned, the majority of nursing educators are White middle to upper class females who quite possibly bring with them, perhaps even unconsciously, educational ideologies reflective of a female Eurocentric point of view. In addition, Gay (2000/2018) and Bednarz, Schim, & Doorenbos, (2010) discuss the problematic issue of "unconscious incompetence" (Campinha-Bacote, 1999, cited in Bednarz et al, 2010, p.254) in which well-meaning nursing educators, who are mostly White women, do not

understand that identifying and attending to student characteristics based on race, gender, and sexual preference is not discrimination. Recognizing these characteristics actually facilitates seeing and respecting the student as a unique individual being. This particular peril "creates significant obstacles to recognizing the realities among today's nursing students and puts up barriers to student success" (Bednarz et al, 2010, p.254). If the profession of nursing is unsuccessful in increasing diversity among nursing students, therefore future nursing faculty, the profession will continue to be represented by the White hegemonic narrative of nursing and will fail to attract persons from minority backgrounds. This argument is maintained in a document by the AACN (2015) on enhancing diversity in the nursing workforce:

> A lack of minority nurse educators may send a signal to potential students that nursing does not value diversity or offer career ladder opportunities to advance through the profession. Students looking for academic role models to encourage and enrich their learning may be frustrated in their attempts to find mentors and a community of support. (p. 3)

<div align="center">Nursing Curriculum: Culturally Incongruent</div>

Instructional materials in nursing education are greatly lacking in multicultural perspectives and minimal multicultural education, if any at all, is integrated into the curriculum.

> Multicultural education is a field of study designed to increase educational equity for all students that incorporates, for this purpose, content, concepts, principles, theories, and paradigms from history, the social and behavioral sciences, and particularly from ethnic studies and women studies. (Banks & Banks, 1995, p. xii)

The literature is saturated with articulately written scholarly articles, position and mission statements by professional organizations, public announcements by political administrations, as

well as other major stakeholders in the health care industry, all of whom discuss the vital importance of increasing the representation of minority populations in nursing, the challenges of implementing multicultural education in nursing, improving self-cultural awareness of nursing students, the need to attend to the specific learning needs of diverse student populations, and the necessity of creating culturally relevant nursing pedagogy (Ackerman-Barger, & Hummel, 2015; American Association of Colleges of Nursing, 2015; Beard, 2016; Bednarz, et al, 2010; Boutain, 1999; Jeffreys, 2008; NLN, 2016; Pavlakis & Leondiou, 2014; RWJF, 2001-2015; U.S. Census Bureau, 2013; U.S. Department of Health and Human Services, 2016). However, existing content in some nursing textbooks (e.g., Berman & Synder, 2012; DeLaune & Ladner, 2011; LeMone, Burke, & Bauldoff, 2011; Lewis, Dirksen, Heitkemper, Bucher, & Camera, 2011; Potter & Perry, 2013) is unfortunately generalized based on certain ethnic and cultural practices and not focused on systems of power and oppression in American society. Nursing textbooks do not encompass content on issues relating to the power structures present in American society which results in the marginalization of certain populations and which result in issues of social injustice.

While conducting an extensive review of five commonly used nursing textbooks, it became glaringly evident that multicultural perspectives, although included within the various texts, account for only a small portion of the academic content and is extremely superficial in its presentation. I reviewed three nursing fundamental textbooks, which are typically used during the first and second semesters of a nursing program. The examination of material that was presented in *Fundamental of nursing: Concepts, process, and practice* (Berman & Synder, 2012), *Fundamentals of nursing: Standards and practice* (DeLaune & Ladner, 2011), and *Fundamentals of nursing* (Potter & Perry, 2013) revealed that multicultural education, as it

pertains to nursing, is not considered a priority of the scholarly authors. In the chapter entitled

Nursing theories and conceptual frameworks, Berman & Synder (2012) briefly discuss critical

theory, and only one chapter in the entire text is dedicated to multicultural education. The

material presented within this chapter includes, benign information related to demographics,

health disparities and communication styles, simplistic definitions of terms such as racism,

prejudice, ethnicity, and only a few charts and tables which simplistically illustrate symbiotic

examples of health related images. In addition, there is a virtual absence of discussion related to

any social justice issues and very little attention is paid to developing personal cultural

awareness.

It is also essential to note, that although standard nursing textbooks typically contain a

thousand to fifteen hundred plus pages, with each chapter averaging approximately fifty to sixty

pages, The Berman & Synder (2012) chapter on culturally responsive nursing care is a meager

12 pages long. Unfortunately, DeLaune & Ladner (2011), and Potter and Perry (2013), also

include only one chapter in their textbooks pertaining to multicultural viewpoints related to

nursing, the content essentially mirrors that which is contained in the first text discussed, and

both chapters are less than 15 pages long. Disturbingly, the discussion by DeLaune & Ladner

(2011) on the importance of developing cultural awareness is only two sentences long.

The medical-surgical textbooks, which students use during their second year in nursing,

reviewed were *Medical-Surgical nursing: Critical thinking in practice* (LeMone, Burke, &

Bauldoff, 2011) and *Medical-Surgical nursing: Assessment and management of clinical

problems* (Lewis, Dirksen, Heitkemper, Bucher, & Camera, 2011). LeMone et al. (2011) only

contributes one chapter as it pertains to cultural care of persons and families who are

experiencing death. Lewis et. al (2011) also authors only one chapter on health disparities and

culturally congruent care, which again is only 15 pages long, and contains content which is strikingly similar to the chapters reviewed in the nursing fundamentals texts. Both medical-surgical texts do sporadically include tables and charts that skim over culturally congruent care in relation to certain diagnosis, such as diabetes and heart disease, but not surprisingly, this information is superficial and relates primarily to physiological aspects of nursing care.

It is appropriate here to briefly discuss the work of Madeline Leininger, a nursing theorist who during the 1950's to the 1970's, was the first scholar to write on the importance of culturally congruent care, and is the founder of the theory of transcultural nursing. Transcultural nursing was heavily based on theories relative to anthropological investigations into cultural practices.

Transcultural Nursing has been defined as a formal area of study and practice focused on comparative human care (caring) differences and similarities of the beliefs, values, and patterned lifeways of cultures to provide culturally congruent, meaningful, and beneficial health care to people. (Leininger, 2019).

Incidentally, since the time of Leininger, only a small number of theorists have made significant contributions to her work or have emerged with new and/or innovative theories related to multicultural perspectives in nursing. The development of her theory began when she was working as a health practitioner and caring for children from diverse cultures who were experiencing mental health disorders. While caring with these children, "she observed that those working around her took no interest in the cultural differences of the patients, and made no allowances for any effect those differences might have on the best treatment practices or caring processes" (Kte'pi, 2016, para 4). In 1989, she founded the *Journal of Transcultural Nursing* and was infamous for challenging the paternalistic notions of medicine, which at the time, did not take into account cultural difference affecting the care for patients from diverse backgrounds.

Leininger's work was unprecedented and her ideology transformed nursing's role in health care delivery. Leininger was a nurse, educator, and theorist, "in an era when the medical profession still resisted treating nursing seriously as a discipline grounded in research and evidence rather than a mere occupation. She "reconceptualized nursing with new dimensions of care in mind" (Kte'pi, 2016, para 10). This summation of Leininger's work is important when discussing the limited amount of material, regarding her work, that is included in the nursing text books. Ironically, but not surprisingly, I was able to read more about the theory of transcultural nursing in the Salem Press Biographical Encyclopedia (2016), than in all of the nursing texts combined that I reviewed. In the chapters discussing nursing theorists, the authors' discussions of Leininger's work were typically a quarter page, at best. When presenting the vitally important and unparalleled contributions of Leininger's theories pertaining to culturally congruent pedagogy as well as culturally congruent care in nursing, the minutest entry that Lewis et al. (2011) writes in the nursing text book is limited to:

> The term *transcultural nursing* was coined by Madeline Leininger in the 1950's.
> Transcultural nursing is a specialty that focuses on the comparative study and analysis of cultures and subcultures. The goal of transcultural nursing is the discovery of culturally relevant facts that can guide the nurse in providing culturally congruent care. (p. 25)

It is alarming to me as a nursing educator and Curriculum Studies doctoral student that the precedent setting works of Leininger on the importance of culturally congruent care are presented in such a negligible fashion. Subsequently, although scholars have expanded on Leininger's works and have published contributing research in this field, apparently very little emphasis on the importance of her work exists in nursing curriculum.

Out of well-intended curiosity and as a practical means of investigation, I visited the nursing resource reading room at Georgia Southern University which is available solely to students enrolled in the School of Nursing. The room contains bookshelves which span half of the wall space in the room, and there is an exceptional array of educational books available which are arranged by category. Although excellent resources, that pertain to the basic tenets of nursing education such as patho-physiology, medical-surgical and fundamental nursing, psychology, leadership and management, maternal-child, woman's health, community nursing, statistics, research, pharmacology, general reference, as well as a number of scholarly journals, are available, not a single book on multicultural education was present for the students use. As a nursing educator, I find this to be an alarming and concerning observation but unfortunately not surprising.

In addition, I reviewed the college catalogs and undergraduate curriculum course descriptions for Georgia Southern University (2016), Armstrong State University (2016), and Augusta University (2016), three regional higher education institutions in Georgia. My intent was to determine the extent of multicultural education implementation within each institution's nursing program. I examined each programs course sequence and then cross checked the course descriptions in each university's online catalogs. While not surprising, and along the general discussions and suppositions contained within this paper, the discovery was disheartening. Of the three nursing programs, none of the curriculum includes a multicultural education class as part of the required coursework. Georgia Southern University does require a core class, *Global Citizens*, which is taken during the second semester of the first year and Augusta University also requires *World Humanities I and II*, as core classes but there are no multicultural education courses within the nursing programs themselves. Augusta University also offers *Cultural Anthropology*

and *Social and Cultural Diversity* as electives, but it is important to point out that these are only two choices out of a total of twenty classes.

<div align="center">Nursing Curriculum in Need of Reform</div>

Critical nursing scholarship, which has evolved from the works of critical social theorists and focuses on the relationships of power and oppression to address the inequities in nursing and nursing education, and the use of culturally responsive pedagogy, or teaching, in education will be used to facilitate and guide my research. "Culturally responsive teaching can be defined as using the cultural knowledge, prior experiences, frames of reference, and performance styles of ethnically diverse students to make learning encounters more relevant to and effective for them" (Gay, 2000/2018, p. 29).

In an article published in *Nursing Inquiry*, Manias & Street (2000) provide a Foucauldian analysis of critical social theory in relation to contemporary nursing discourses and practices. The nursing scholars discuss the vital concepts of knowledge and power, empowerment and emancipation, resistance by the subordinated (or oppressed), and most importantly, they address the need for nursing scholars to bridge theory with praxis. Manias & Street (2000) write:

> As nurses attempt to apply theory to practice, certain hidden agendas may operate in health care institutions that serve to mitigate against the implementation of theory…as such, nurses' experiences in constantly dynamic and complex health care settings may demand different interpretations, leading to new practices and theories. (pp. 54-55)

Furthermore, they recommend that nursing scholars "use Foucault's work, within a process guided by contemporary critical approaches [to] challenge the dominance of some forms of knowledge, practices and structures" (Manias & Street, 2000, p 58). The dissertation research that I conducted on the underrepresentation of Black men in nursing, and their experiences as

Black male nurses, in my opinion, is both unprecedented and timely. The United States is a non-pluralistic society that is plagued with racial divide, violence, social injustices, inequitable political and economic practices, and consists of health institutions which do not deliver culturally congruent care. This results in enormous health disparities in minority populations (American Association of Colleges of Nursing, 2015; National League for Nursing, 2016; U.S. Department of Health and Human Services, 2006).

When addressing nursing education, I would make the argument as it relates to the lack of diversity in nursing of both men, and persons from minority backgrounds, that perhaps the lack of a substantial number of Black males in nursing is related to nursing education not being culturally relevant. The fact that nursing curriculum does not contain culturally responsive pedagogy may indeed contribute to the fact that minority persons do not perceive a nursing career as relatable to their culture and experience higher attrition rates while in nursing school. "The enduring narrative of history textbooks is that the United States is a White nation-built by White people, civilized by White people, and indebted to White people" (Ladson-Billings & Brown, 2008, p. 155). This same narrative is unfortunately reflected in the nursing textbooks, which are primarily authored by the White professors that dominate nursing academia, as mentioned previously in this paper. Nursing textbooks are devoid of substantiate history related to the accomplishments of Black nursing leaders and contain sexist language relatable mostly to the White female. In my opinion, the historical and social reality of nursing has been inadvertently distorted by the authors of nursing textbooks to that which is representative of the White hegemonic culture of nursing, the pure Victorian image of the subservient handmaiden. Understandably, this image would fail to attract those who do not relate to this image or ideology. As a nursing educator, I would argue that in order to create a more inclusive nursing

curriculum, the historical accomplishments of Black nursing leaders, the image of nursing as other than the "pure White female", as well as a redirection to encompass more culturally diverse dialects in the nursing textbooks must be instituted in order to recruit more persons from diversified backgrounds and expand the cultural knowledge within the profession. Ladson-Billings & Brown, 2008, suggest that "Expanding knowledge reflects what many schools regard as an outstanding effort to diversify the curriculum. This strategy involves adding more faces and voices of color throughout the curriculum" (Ladson-Billings & Brown, 2008, p. 156). I would agree that this simple intervention in developing curriculum for the K-Twelve student population may go a long way in attracting the interest of nursing to populations that might not otherwise be exposed or initially interested nursing as a career choice.

Furthermore and perhaps more importantly, an evolving nursing curriculum which is geared more towards inclusivity rather than the White hegemonic ideology of contemporary nursing may attract more persons from minority backgrounds, improve the attrition rates of minority students, and possibly result in a more diverse nursing population more adequately prepared to serve the population which it serves resulting in better patients health outcomes. In addition, education on the issues of social injustice and power of oppression within the United States society will better prepare nurses to become active citizens and advocates of change for the betterment of humankind. This type of curriculum may;

> challenge the deficit approaches to teaching and learning that view 'languages, literacies, and cultural ways of being of many students and communities of color as deficiencies to be overcome in learning that demanded and legitimized dominant language, literacy, and cultural ways of schooling. (Alim, 2017 as cited in He, 2019, p. 64)

It is a time well overdue, in fact decades overdue, for nursing education to be finally to begin to be re-conceptualized, to be transformed.

<div align="center">White Supremacy in the United States: Oppression of Black Citizens</div>

In *Black Protest Thought and Education* (2005/2011), Watkins chronicles the multifarious cultural, political, socio-economic, and gendered issues that have disadvantaged Black communities, have had negative implications on educational policies and pedagogies, and have ultimately resulted in oppression the majority of Black citizens in the United States. Oppression of people in society by those who indeed have the cultural, political, socio-economic, and gendered power, is in essence the central theme of my exploration into the experiences of Black males working as professional nurses. Likewise, in *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (2012), Alexander validates these problematic issues with a historical account of the experiences of Black persons in the United States following the civil rights movement. Although Black persons were technically legally emancipated following the civil war, a new form of slavery was instituted in the United States as political, economic, social, and educational oppressions ensued as a result of government institutions using legitimized legislation to continue the "slavery" of Black persons. New Caste systems were formed, pitting the Whites against the Blacks. Political agendas resulted in mass incarceration of Black men as a result of racial profiling and laws designed to target Black populations unfairly. The welfare state perpetuated the cycle of the fatherless families and contributed to the demise of economic advancement for some persons in Black communities. Economic practices of banks and real estate corporations aided to alienate Black persons from becoming economically successful. Socially, cultural practices of the Black community were considered aberrant to the accepted White cultural norms of society. In addition, the media image of the Black person as the

"thug" living in the hood, propagated the stereotype that the Black person was an abomination in acceptable White culture. Black communities were negatively affected by educational funding related to tax basis calculations, resulting in inequitable education for Black communities. In addition Blacks through education have been exposed to the colonial European form of education which views their cultural beliefs as contradictory and deficient to the White ideologies of the United States. Although slavery has been abolished since the 19th century, I would argue that it is still existence, just in a more covert form.

The works of both Foucault (1977/1995) and Freire (2010) emphasize hierarchal frameworks of power and oppression within society and how often these schemes are perpetuated by educational, or lack of educational, practices. Essentially, education along with disciplinary practices and systems of surveillance, can effectively result in the continued oppression and control of the people who do not belong to the dominating group. Furthermore, both scholars advocate that educational agency of change, or delivering culturally congruent pedagogy is required to effectively free those people from the dominating groups that continue to oppress them.

> Cultural action is always a systematic and deliberate form of action which operates upon the social structure, either with the objective of preserving that structure or of transforming it…Cultural action either serves domination (consciously or unconsciously) or it serves the liberation of men and women. (Freire, 2010)

I would argue that undoubtedly Black persons' perceptions and experiences may indeed be related to such systems of oppression and dominating power forces. The continued existence of racism and discrimination as deterrents to minority recruitment and retention in nursing schools is well documented (Ackerman-Barger & Hummel, 2015; Beard, 2016; Dapremont, 2014;

Murray, et al., 2016; Payton, et al., 2013). As recently as 2012, a precedent setting lawsuit made national headlines when Tonya Battle, a Black female, with 25 years of nursing experience, was working in the neonatal intensive care unit at Flint's Hurley Medical Center in Michigan and was told by her supervisor that she could not provide care for a White infant. According to the report (Farmer, 2014), there was a note on the unit clipboard, written by the father that read "No African American nurse to take care of baby". Racism in American still exists and it remains a very real and problematic issue affecting the lives and relationships of the people in this country

Major stakeholders in the health care industry have addressed the need for increased diversity in nursing over the past several decades but no substantial progress has been made (American Association of Colleges of Nursing, 2015; National League for Nursing, 2016; U.S. Department of Health and Human Services, 2006). In addition, attrition rates for nursing students of color are higher than that of their White counterparts (Ackerman-Barger & Hummel, 2015). As an education and nursing scholar, I consider it vital to challenge and explore these phenomena. "A critical examination of the diversity gap in nursing is essential. Experiences of nursing students of color and the influence of faculty and peers on those experiences are not addressed well in the nursing literature" (Ackerman-Barger & Hummel, 2015, p 39). By combining critical nursing scholarship with culturally responsive pedagogy, and using a qualitative research design as my mode of investigation, I hope to discover and contribute new knowledge to the scholarly literature. According to Boutain (1999);

> There is a need for nursing research that applies ideas gained from critical nursing
>
> scholarship, yet attends to the historical, cultural, and social context of clients analyzed
>
> through those frameworks. The revision of critical nursing scholarship to address

multicultural perspectives on critical thought will significantly transform nursing

knowledge development. (p.37)

CHAPTER 3

THEORETICAL FRAMEWORK AND METHODOLOGY

Critical Nursing Scholarship and Culturally Responsive Pedagogy: Education to Level the

Playing Field

"Race and identity are not just personal and individual constructions; they are also social

and political constructions and are therefore profoundly affected by power relationships in

society" (Nieto, Bode, Kang, & Raible, 2008, p. 180). A resulting top down hierarchy of power

ensues within western society in which some people, based on race, gender and socio-economic

status have more power than others. I would argue that the lived experiences of Black male

nurses can provide invaluable insight to pedagogical approaches aimed at challenging the status

quo that is the White female dominated profession of nursing. Education is used for social and

political agendas and often reflects the ideology of the dominant group; as it continues to do in

nursing curriculum. According to Sleeter and Grant (2009) advocates of "multicultural education

hope to reduce the social stratification and raise the status and power of the group with which

they are concerned" (p. 122). It is only by capturing the voices of those with little or no power

that agency of change can be envisioned, embraced and implemented. If nursing curriculum is

ever going to evolve and incorporate issues of social justice to address the pervasive inequities of

power within society, and the profession of nursing for that matter, research such as this will

continue to be warranted.

The framework for my research includes a variety of different theoretical components

including works from both major nursing and curriculum studies scholars (e.g., Ackerman-

Barger, & Hummel, 2015; Alexandar, 2012; American Association of Colleges of Nursing,

2015; Anthony, 2004/2006; Banks & Banks, 1995; Beard, 2016; Bednarz, et al, 2010; Boutain,

1999; Collins, 2009; D'Antonio & Welan, 2009; Dapremont, 2014; Evans, 2004; Ferguson, 2001; Freire, 1970/1993; Foucault, 1977/1995; Gatlin Stokes and Flowers, 2009; Gay, 2000; He, et al, 2019; Kte'pi, 2016; Jeffreys, 2008; Ladson-Billings, 2008; Leininger, 2008/2019; Mackinnon 2007; MacWilliams et al, 2013; Manias and Street, 2000; Murray et al, 2016; Nieto, et al, 20080 O'Lynn & Tranbarger, 2007; Palmer, 2008; Pavlakis & Leondiou, 2014; Payton et al, 2013; Rajachiech et al, 2013; Roth & Coleman, 2008; Sleeter & Grant, 2009; Spring, 2013; Thew, 2015; Watkins, 2005; Wolfenden, 2011).

I would argue that racism and discriminatory practices remain present in institutions such as education and healthcare and hinders minority persons from access to and full benefit from these institutions. I feel that Black males may have interesting stories to share about their experiences as professional registered nurses that can add insight to the dominating power distribution in nursing. Furthermore, can these narratives offer suggestions for increasing empowerment for minority persons in nursing? "Through storytelling, disparities in education can be exposed and solutions for addressing disparities can be sought" (Ackerman-Barger & Hummel, 2015, p. 40).

<center>Ethnographic Interview: Methodology</center>

Methodologically, I mainly drew upon James Spradley's work on *The Ethnographic Interview* (1979) since this interview method "offers all of us the chance to step outside our narrow cultural backgrounds, to set aside our socially inherited ethnocentrism… to apprehend the world from the viewpoint of other human beings who live by different meaning systems" (p. v). Because of the subjective nature of my research, face-to-face interviews with open-ended questions were employed during my research. I chose to use semi-structured interview because I felt that structured interviewing, which poses predetermined closed-ended questions offers little

flexibility in responses. "There is generally little room for variation in responses except where open-ended questions (which are infrequent) may be used" (Fontana & Fey, 2003, p. 68). Rather than following a scripted format, I attempted to capture unanticipated and spontaneous responses of each individual in order to compare and contrasts the unique perceptions of each participant. In employing this form of *creative interviewing* (Fontana & Fey, 2003), I tried to be as transparent as possible regarding my own lived experiences. I established good rapport with the participants so that they felt comfortable in contributing honest and genuine responses, even though some of their responses might be controversial in nature:

> Creative interviewing is based on *feelings*; it assumes that researchers, qua interviewers, need to "get to know" respondents beneath their rationale façade, and that researchers can reach respondents' deep wells of emotion by engaging them, by sharing feelings and thoughts with them. (Fontana & Fey, 2003, p. 91)

<div align="center">My Relationship with My Participants</div>

From a reflexive stance, I would be remiss if I did not honestly admit that I did indeed have concerns about being able to achieve such lofty goals. I anticipated that Black men might not be entirely comfortable meeting a middle aged, middle class, White women for the first time and be able to open up honestly, be transparent themselves, and share with me stories about their experiences as RN's in a profession dominated by White women. As "gaining trust is essential to the success of the interviews" (Fontana & Fey, 2003, p.78), I was fortunate as a researcher that in my opinion trust was established and although each interview was very different in many aspects, both interactions with each of my participants were uniquely dynamic in that the conversations that flowed were honest and forthcoming. Both participants not only shared rich

and deeply meaningful narratives with me that I believe were genuine and sincere, they also shared very private details of their personal lives that did not need to be disclosed.

> Because the goal of [semi]structured interviews is *understanding,* it is paramount that the researcher establish rapport with respondents; that is, the researcher must be able to take the role of the respondents and attempt to see the situation from their viewpoint, rather than superimpose his or her world of academia and preconceptions upon them. (Fontana & Fey, 2003, p. 78).

I feel that this was achieved. I was able to engage in interesting and friendly dialogue with both participants, while also being transparent myself, but remained focused on the intent of the interviews and redirected when necessary.

> Traditionally, the researcher is involved in an informal conversation with the respondent, thus he or she must maintain a tone of "friendly" chat while trying to remain close to the guidelines of the topic of inquiry he or she has in mind. The researcher begins by "breaking the ice" with general questions and gradually moves on to more specific ones. (Fontana & Fey, 2003, p. 86)

Obtaining IRB Approval

After obtaining Institutional Review Board (IRB) approval on April 3, 2019, a detailed summary describing the purpose of my research along with an IRB approved consent form and the interview questions were sent to four participants who had informally agreed verbally to participant. Unfortunately, afterwards only two of the four agreed formally to participate and I scheduled interviews with each of them on April 26, 2019. I met with each of them individually, face-to-face, in a public place that also facilitated private conversation. I obtained IRB consent and the interviews were audiotaped and then sent to a well-established professional company for

transcription. Electronic communication continued with participants following the initial interview via email and texting.

Thematic analysis, which involves multiple readings and reviews of the participant's transcribed texts was used to interpret data. I reviewed the transcripts and data was manually coded, in order to identify key phrases and concepts which emerged. In order to provide validity of the data, triangulation or viewing the data from multiple viewpoints was also employed (Savin-Baden & Major, 2013). An independent reviewer also analyzed the data and concurred with my finding 100%. I revisited the data on multiple occasions over a period of three weeks. I used verbatim quotes from the transcriptions whenever feasible and appropriate in order to breathe life into the body of the manuscript while giving voice to the lived experiences of those sharing their narratives with me. In addition, and perhaps most importantly, I sent each participant both the transcriptions that included the preliminary data analysis as well as the completed chapters which included their verbatim quotes for feedback and validation of my interpretation. Each participant chose their own pseudonym and in order to ensure privacy, within the body of the manuscript, participant 1 is referred hereinto as Chuck (personal interview with Chuck, June 7, 2019) and participant 2 is referred hereinto to as Trice (personal interview with Trice, June 2, 2019). I did not receive any feedback from either of them pertaining to the initial transcription data analysis. However, Chuck provided feedback and clarification regarding comments and analysis proposed by me as well as some of the quotes which I used in the body of the research paper. Revisions were made and my entries and/or interpretations were updated to reflect the verbatim feedback that was given to me by Chuck. I did not receive any requests from Trice to change the manuscript.

Establishing Trust

It is also imperative that researchers, when approaching data analysis, be transparent and express their ontological and epistemological views. According to Savin-Baden & Major (2013), "Failure to consider and disclose belief systems can have repercussions, such as faulty research processes or unbelievable findings" (p. 54). My ontological and epistemic stance is that reality is a social construct, multiple personal truths exist based on those constructs and the nature of knowledge acquisition is determined by historical, political, socioeconomic, ethnic, gender, and cultural contexts. In fact, when speaking on the issue of duplicity with Chuck, I offered my narrative of living a duplicitous life as both a professional nursing educator and as a "biker chick" only to find out that he actually researched me beforehand when deciding whether to do the interview or not. He wanted to know "what he was walking into" (Interview with Chuck, April 26, 2019). He also mentioned that my duplicity was an incentive to actually do the interview and I feel that my dialogue with Chuck flowed honestly and that he trusted me.

In order facilitate meaningful mutual dialogue within an inclusive non-threatening environment, I was transparent in my both my approach and in my relationships with my participants. According to Savin-Baden & Major (2013),

> We can situate ourselves in relation to the participants. Doing so requires an awareness of power relationships during interviews; the unique context of the researcher and the researched, and this should lead the researcher striving for a clear view of what participants mean while simultaneously seeking and acknowledging co-created meaning. (p. 335)

I accordance with attempting to create a non-threatening environment, I suggested meeting places for the interviews but the final decision regarding location was left up to each participant.

In addition, in an attempt to provide a relaxed researcher/participant relationship I intentionally chose to wear jean Capri pants and a casual top. I felt that this style of dress was appropriately chosen in order to avoid presenting a hierarchal relationship on my part. Incidentally, both participants dressed in the same casual fashion.

As a novice researcher and I was somewhat anxious about entering into and of the outcomes of the interviews with the participants. However, I believe that we engaged in individual productive exchanges of meaningful dialogue that elicited a wealth of rich and informative data.

CHAPTER 4

A DIALOUGE WITH TWO BLACK MALE NURSES IN SOUTHEAST GEORGIA:

DISCUSSION AND ANALYSIS

Research Phenomenon

When Malcolm X condemned the "white man" and declared him the enemy, he was not,

of course, speaking about any particular white man, but rather the white, patriarchal order

that characterized both slavery and Jim Crow. Malcolm X understood that the United

States was created by and for privileged white men. It was white men who dominated

politics, controlled the nation's wealth, and wrote the rules by which everyone was forced

to live. No group in the United States can be said to have experienced more

privilege, and gone to greater lengths to protect it, than "the white man". (Alexander,

2012, p. 255)

Historically within the United States, political and economic systems perpetuated by White men

and embedded deeply within our social structure have served to oppress all others. Black men

and women, poor White men and women, and even middle class to upper class White women

frequently possessed little to no power within their own caste systems to effectively make change

in order to better their own positions within society. In 1870, following the civil war, the 15th

amendment to the constitution granted Black men the right to vote. Yet women, regardless of

race were not given this right until 1920 (Office of the Secretary of State, 2019). It is widely

acknowledged that legal barriers such as required literary tests and polling taxes, in addition to

issues of intimidation and even fraud, limited the Black man from exercising his right to vote

until after the Voting Rights Act of 1965 was passed. However despite this, one could argue that

during the late 19th and early 20th centuries, Black men may have actually had more political

power than White women. Conversely, during this same time, White women, and Black women to a certain extent, had more power in nursing. Men regardless of race were essentially not permitted in the profession. Although men served in the military during the civil war, when the Army Nurse Corp was founded in 1901 men were barred from working as nurses.

> Consequently military nursing changed from being predominantly male to exclusively female. Not until 1955, after the Korean War, were men permitted to serve as military nurses. On the civilian side, as late as 1982 men were forbidden to attend some state-supported nursing schools. (McMenamin, 2015, para. 18)

This is an important notion to consider when questioning power in nursing and broaching the conversation with Black men who work in a profession dominated by White females. According to Freire (2010) in order for the reality of power to exist in society and in relationships, there must be both oppressors as well as those oppressed. "The discovery by the oppressed that they exist in a dialectical relationship to the oppressor, as his antithesis-that without them the oppressor could not exist" (Freire, 2010, p. 49). In other words, without each other, neither would exist. Someone has power and someone does not. I would argue that in society the White male has the power but that in nursing the White female has the power.

Examining the history of social, political, and professional power of both Black men and White Women in the United States is essential when discussing the implications of this research which is focused on exploring White female supremacy in nursing with the intent to challenge its hegemony. Furthermore, the current demographics of nursing do not reflect the successful eradication of racial and gender inequities in the profession, inequalities which are a tenant of critical theory. I postulate that these complex gender and racial power structures will be central to the conversations with my participants in addition to the social, economic, and political

injustices experienced by Black men in the United States, as discussed in great detail previously in this paper.

Issues of racial discrimination and profiling, mass incarceration of Black men in the United States, social media stereotypes that portray Black men as the "thug" or "criminal", and political, judicial, and welfare institutions that unfairly target the Black population, especially the Black male, serves as a means for power and control. As the Black male is undergoing these oppressive forces, those having power through the law, use these men to send a message of fear to the masses in an attempt to maintain control of the Black community through obedience. Black men, who had little power in creating the laws they must abide by, following the abolishment of slavery, are used like chess pieces by governmental institutions for political, social and economic gain. In my opinion, the Black man is "presumed to have accepted once and for all, with the laws of society, the very law by which he may be punished" (Foucault, 1977/1995, p. 89-90). In other words, Black men are portrayed in the media as a criminal, then punished like a criminal, and then made an example of in order to send the message to the Black communities that "they must behave" or suffer the same consequences. Foucault describes this phenomenon in *Discipline & Punish: The Birth of the Prison* (1977/1995). Foucault writes:

> The public execution is to be understood not only as a judicial but also as a political ritual. It belongs, even in minor cases, to the ceremonies by which power is manifested. An offence, according to the law of the classical age, quite apart from the damage it may produce, apart even from the rule that it breaks, offends the rectitude of those who abide by the law: if one commits something that the law forbids, even if there is neither harm nor injury to the individual, it is an offence that demands reparation, because the right of superior man has been violated. (Foucault, 1977/1995, p. 47)

As a researcher, it is imperative that I have an historical and contemporary understanding of the experiences of Black men in this country prior to entering into a transparent dialogue with my participants. Power and oppression is multifactorial and complex. Power and oppression results not only from political and governmental institutions but also from geographical spaces, socioeconomic classifications, educational systems, community discourses (conscious and unconscious ways of knowing), and what is considered societal norms. All of these elements need to be understood and deliberated while conducting my research. All of these elements contribute to each person's unique lived experiences and how they view the world, and therefore are fundamental in shaping that individual's self-identity. I would argue that in order to successfully explore the narratives of Black male nurses in southeast Georgia, I must consider critical race theory or issues of power and oppression as central to my research.

Expanding on both critical theory and critical race theory, critical nursing scholarship builds on the works of Freire, as well as Foucault, and seeks to explore issues of social injustice and oppression as specifically related to healthcare. "Critical nursing scholarship describes the emerging work in nursing that endeavors to understand how oppression operates within society and shapes human perceptions of the social world" (Boutain, 1999, p. 39). Such oppressions are widely acknowledged to have negative implications on both the health outcomes of persons from minority groups and the delivery of culturally congruent nursing care to all individuals, families, and communities within the United States. Furthermore, critical nursing scholarship advocates on the exploration of historical and contemporary oppressive factors that influence healthcare from a post-modern perspective. Such factors include the philosophy that there is no one universal truth or knowledge, that the development and dissemination of research is political, knowledge development is based on issues of power, language is fundamental in order to

understand and create knowledge, and historical and social situations are paramount in producing

and maintaining oppressions (Boutain, 1999). Critical nursing scholars implore nursing

researchers to examine and "expose oppressive features of society that hinder human health and

potential" which result in part from White supremacist ideologies (Boutain, 1999, p. 40).

Research Purposes

I embarked on this journey of exploring the narratives of Black male nurses in southeast

Georgia after discovering that the literature is already saturated with research as to why more

men do not enter into the nursing profession, as previously discussed in this paper. As a nurse of

25 years, and a nurse educator of 10 years, I was originally interested in gender inequalities in

nursing as I had always had very few male co-workers as well as male students. As I began

researching, I realized that the reasons for men not entering into the nursing workforce over the

past several decades were already well documented. However, I began to identity a trend in the

scholarly articles for the need to increase not only men but persons from minority backgrounds

as well. As I conducted further research, I noticed that in almost all of the research, there was no

statistical information on the percentages of nurses based on the intersection of both race and

gender. Statistical representation was simply based on nurses as Caucasian or non-Caucasian and

male or female. Even among the plethora of articles addressing persons from minority

backgrounds in nursing, there was barely ever a distinction as to whether the minority persons

were male or female. I began to ponder about the Black male nurse and where he existed on this

continuum. A Black male nurse is both a male but also a person from a minority background.

Increasing the number of Black men in nursing could address both issues; more men in nursing

and more persons from minority backgrounds in nursing. I deliberated on the possibility that the

Black male population was an untapped resource pool for nursing recruitment and the direction

of my research was transformed.

My initial approach to the research, considering all of the discussions contained within

this dissertation, was to determine where the Black male nurse fits into the continuum of nursing.

My initial research question was whether Black male nurses assimilate with their White male

counterparts or do they assimilate with their Black female counterparts? I then began to expand

on wanting to capture their experiences, or narratives, during nursing school and as a

professional nurse, to identify challenges, barriers, and the rewards of nursing. Hypothetically, I

was anticipating that participants would share experiences of power and oppression as a Black

male in a White female dominated profession. I expected to explore the phenomenon of White

supremacy in nursing and identify interventions that would counter its hegemony. What I

concluded after conducting my research is not what I had anticipated. I trust what I have

captured from my participant's narratives, is not about an inequity in nursing due to race, but an

inequity due to gender.

<div align="center">Reluctant Participants</div>

As I began finishing my core work in Curriculum Studies and preparing for my

dissertation, I informally tried to gain the interests of possible future participants through word of

mouth regarding my dissertation topic. Quite honestly, and now very humbly, I expected a

response of prodigious excitement to my research topic. That was not the case unfortunately. I

would speak to nursing colleagues who were both male and Black as well as several other Black

male nurses that I encountered during professional conferences and/or whom I had met in either

professional settings or informal gatherings, about my dissertation topic. I expected reactions of

interest in response to my novel idea of exploring the narratives of Black male nurses. But that

did not happen. Black male nurses did not want to speak with me about the topic. Even after

obtaining official Internal Review Board (IRB) approval and securing four willing participants,

once I sent the IRB consent form and the interview questions to the participants, two of four

whom formally agreed to participant, politely declined by failing to return my messages and

calls. From a professional and educational perspective, I now consider myself naïve to the

magnitude of what I was asking participants to discuss with me. The questions that I am seeking

to answer, the narratives that I am hoping to capture, could be quite controversial especially

during a time in which this country has not seen such racial divide since perhaps the civil rights

movement. I surmise that the fact that Black male nurses were reluctant to speak to me stemmed

from issues relating to trust. Leininger, when speaking on the need to develop culturally

congruent relationships in nursing, considers the issue of trust to be the required universal

obstacle for people of different races to overcome. She is quoted as saying that persons of other

cultures, especially African Americans, may have fears associated with conversing with a White

person in that they may question what is "politically safe to say", "what can I say", can I share

my "inner secrets", and contends that many African Americans may be "afraid of being

misinterpreted [and that] information may get misconstrued" (Leininger, 2008).

Historically, White people have propagated a discourse of supremacy and inferiority of

Black populations. How then, can a Black man enter into a trusting researcher/participant

relationship with someone that they might perceive as feeling superior? Why would he even

want to? According to Woodson (2010, p. 58), "the Negroes have been terrorized to the extent

that they are afraid even to discuss political matters publically". Furthermore, distrust of White

persons by Black persons is well documented (Alexandar, 2012; Collins, 2009; Watkins, 2005). I

self-reflected on how Black male nurses might feel, regarding the issue of trust, when deciding to

speak to a middle aged, middle class, White woman about their experiences in nursing. I

postulate that they might understandably mistrust me, expect that I would not be able to identify

or relate to their lived experiences as Black men, and fear that I might misconstrue the true

meanings of their narratives. Although I was fortunate enough to finally obtain two Black male

nurses who were willing to participate in my study, my personal self-reflection and concerns

were confirmed by Chuck when he expressed his distrust of White persons. In fact he

specifically stated:

> Prior to 2006, this conversation between me and you would not have happened
>
> whatsoever…I would've walked past you like you didn't exist because that was how I
>
> grew up, with racial profiling down here in [southeast, Georgia], dealing with police
>
> officers…when I say no dealings, I mean no dealings. I was one that was just, stick with
>
> your own and protect your own…White privilege is absolutely 100 percent real, and I
>
> can't speak for anybody else's experience who might not want to share their story for fear
>
> that it may not be the most anonymous study that's ever done, but I just don't care.
>
> (Interview with Chuck, April 26, 2019).

I am apologetic to the naivety of my personal and professional motives but I am not apologetic

for wanting discuss such pertinent and vital problematic issues that face nursing today. If we do

not start a dialogue about the difficulties that nursing is encountering in effectively creating a

diversified nursing workforce, this problem will never be solved. This is an important dialogue to

be had. "Theories and theory-driven research that is created not only about but also with African

Americans can act to critique some of the taken-for-granted assumptions within the academic

discourse of nursing" (Boutain, 1999, p.45). The need to create partnerships in order to work

with the Black communities in creating change is reiterated by Trice, "The African American

community is really a general community to get to learn and know and to work with" (Interview with Trice, April 26, 2019).

Methodology

I used a semi-structured ethnographic interview methodology (Spradley, 1979; also Fontana & Fey, 2003) to explore the educational and professional experiences of Black male nurses in Southeast Georgia in relation to issues of gender stereotypes, inequality, oppression, and power in nursing. Once final Internal Review Board approval was granted, a convenience sample of two Black male registered nurses employed at a local hospital were recruited by a mutual acquaintance of both the participants and researcher. Participants were sent the interview questions via email approximately one week prior to the scheduled interviews. I met with each participant personally and the interviews were audio recorded and then transcribed verbatim by a professional transcription company. Manual coding was performed on the transcripts using thematic analysis which elicited a number of reoccurring themes. Following the completion of the analysis, an independent reviewer appraised my thematic analysis and concurred 100% with the theme development. I then re-reviewed the transcripts a second time to re-evaluate the thematic analysis and chose verbatim quotes to be included in the dissertation. The coded transcripts that included my initial thematic analysis were also sent to the individual participants to ensure accuracy and validity. In addition, in order to perform a trustworthy check to validate credibility and to ensure that I captured my participant's narratives accurately, final themes and verbatim quotes were then sent to each participant as a member checking procedure.

Participants: Chuck & Trice

From a personal background perspective, although both participants identified as Black males, they differed significantly from each other in various aspects. Chuck stated "I grew up upper middle class, with many of my family being impoverished" (Interview with Chuck, June 7, 2019). Chuck was part of a nuclear family in a Black community in southeast, Georgia and his parents were both college educated. Trice was raised in impoverished Black communities in both northern and southern geographical areas by his grandmother, who he described as only having an 8th grade education but also being very intelligent. Despite being raised by his grandmother, and not having any relations with his biological parents, Trice described a loving a nurturing upbringing;

> My grandmother was my everything. She was my mother, my father. I don't have a "woe is me" story when it comes to I didn't have a mother. I didn't have a father. Why? That would negate everything my grandmother did for me. (Interview with Trice, June 2, 2019)

Both participants hold bachelor's degrees in nursing (BSN). However, Chuck was a non-traditional nursing student, as this is a second career for him, and he reported having only nine months of professional nursing experience. In contrast, Trice was a traditional college nursing student who reported having 17 years of nursing experience. The participants were also inspired in very different ways to become nurses. Chuck had familial exposure to nursing as his sister is a Licensed Practical Nurse (LPN) and after receiving a bachelor's degree in biology and working as a surgical technologist for over a decade, he decided to pursue nursing. Incidentally, it is important to note that although Chuck has only nine months experience in nursing, he has had a

substantial amount of experience in the healthcare industry. Trice described beautifully and in great detail, his inspiration to become a nurse, after his grandmother became very ill.

> I was deeply inspired and touched by two Caucasian [women] nurses that came out to the house, came out to the hood or ghetto…what they did for her, like laying in the bed with her talking to her, going into the kitchen and washing the dishes, not that the house was in need of cleaning, but that left a lasting impact on me…sweetest, caring, patient, teaching me how to care for my grandmother. (Interview with Trice, April 26, 2019)

Despite the demographic and various differences of the participants responses in relation to power and oppression, racial profiling and racial discrimination, after reviewing and analyzing the interview transcripts, common themes were identified: intrinsic motivation, and to a lesser degree oppositional identity, code-switching, and colorblindness. Both participants also provided suggestions for increasing diversity in nursing and the importance of serving as role models to the Black community. Finally and most importantly, both participants were very verbal about witnessing females, regardless of race, having less power than men in healthcare and both discussed the "double standards" for male and female nurses as well as the inequitable treatment based on gender which results in females being treated unfairly.

White Supremacy, Racial Profiling, and Racial Discrimination

Honestly as a researcher, I expected to capture common narratives regarding power and oppression in nursing based on race. Hypothetically, I anticipated that my participants would share narratives about power and oppression in nursing, as well as in society, involving challenges and barriers that they experienced as Black males schooling and working in a predominantly White female field. While Chuck did share a plethora of candid and meaningful narratives regarding his lived experiences with issues of White supremacy, racial profiling and

discrimination, Trice shared that he could not relate to such issues as he had never experienced them. Furthermore, I was astonished to hear from both participants that not only did they not experience any challenges and/or barriers in nursing school or working in the nursing profession, but that they both had exceptionally positive experiences in nursing school as well as within the nursing profession.

Chuck was very vocal when describing personal experiences with White privilege, racial profiling, and discrimination:

> For me, being racially profiled and being called those derogatory names, and having older White males call me boy, and being in elementary school and having a little White girl say that I sexually harassed her, and her parents try to get me expelled…that's been my experience all the way up until college (Interview with Chuck, April 26, 2019).

He also described the experience of his grandmother, who was a secretary for 40 years, being forced into retirement so that the job could be given to a young White lady. Chuck honestly shared his know-hows of living in the hood as a Black male. He was very transparent when discussing his cultural background and how shared lived experiences help people relate to one another, "This is what I've been exposed to. Drugs, prostitution, gambling, murders, I've seen it. I have done some of it, but I can relate to you" (Interview with Chuck, April 26, 2019). He expanded on this at a later time:

> I didn't have to be part of this type of lifestyle. It was of my own volition. Also, I think it would be great to note, those who exposed me to these circumstances and situations, were instrumental in teaching me about positive alternatives to this lifestyle. They encouraged me to go to school and be better than what I was exposed to. (Interview with Chuck, June 7, 2019)

When discussing ways to recruit Black young males into nursing, he reflected on his own personal experiences in the Black community:

> I can tell you how to break down drugs and how to make that profit, but I can tell you how to switch that off [and] translate your mathematical skills of a triple beam balance and weighing cocaine and weighing out grams of marijuana into statistics for research, into medical application. (Interview with Chuck, April 26, 2019)

Finally, Chuck spoke in great detail about Black people, including himself, having a mistrust of White people and mentioned that members of the Black community do not understand how he now has trusting relationships with White people. "People who were in my life prior to 2006 who knew and witnessed my stance on race relations are still amazed that I go deep sea fishing with White men…to go 80 miles off the coast to the Gulf Shore, to the Gulf Stream with two White men is just not heard of" (Interview with Chuck, June 7, 2019). Although Chuck discussed more than once the need to develop trusting relationships with White people and the importance of taking chances, he also admitted concern of once again mistrusting White people;

> Though it is important to form trusting relationships, at any given time, having a sting of bad experiences with White people in the future, could cause a relapse of mistrust, due to my past experiences. This is the psyche. Past experiences may be forgiven, but they are rarely forgotten. Many times, we bury bad experiences until something happens and causes them to resurface. (Interview with Chuck, June 7, 2019).

In striking contrast, when discussing African American culture, Trice made comments on how he had never experienced racial discrimination; "I am so devoid of the culture really because I can't relate to things like that when I have not experienced what is being portrayed on television", and "I've never experienced any type of perceived racism in my life ever" (Interview

with Trice, April 26, 2019). He denied several times having any experiences pertaining to White privilege, racial profiling, or discrimination. He also did not mention any mistrust of White people, "I've loved, and felt like I've been loved, by Black people, as well as White people, my entire life" (Interview with Trice, April 26, 2019). However while discussing these issues he did not deny their existence. He offered insightful expansion on this topic when he said;

> I don't discredit, I mean the struggle is real of course, but I'm very grateful. I don't know if it's just my passion for life, the way I carry myself, and I know what not to do as a Black man. (Interview with Trice April 26, 2019)

When I asked him what he meant by that, he responded that he was in fact somewhat judgmental and critical of the recent Black Lives Matter campaign and of some Black persons behavior in the Black community. He stated;

> I criticized Black men in the media lately with the Black Lives Matter, for the most part…some of those situations, you put yourself in those situations. Nothing good comes of being out as a teenage after dark, after midnight, or if a police officer approaches you and tells you to stop, why not just stop? Why run? (Interview with Trice, April 26, 2019).

Although Trice adamantly denied several times during the interview that he ever experienced issues of White supremacy, racial profiling, or racial discrimination, his comments do support that the issues are indeed existent in the society of the United States. I find his personal declaration of "I know what not to do as a Black man" (Interview with Trice, April 26, 2019) particularly thought-provoking. In the book the *New Jim Crow*, Alexander chronicles racial profiling by police officers who "discriminate in their judgements regarding whom to target outside of the ghetto's invisible walls" (Alexander, 2012, p.133). Perhaps, Trice has not experienced issues of racial profiling and discrimination simply because of his personal

demeanor. In addition, this powerful statement by Trice elicits for me, the question of what should a Black man not do? I believe that this very question is rooted in the fundamental concept of power and oppression. Alexander (2012) writes:

Like the days when black men were expected to step off the sidewalk and cast their eyes downward when a white woman passed, young black men know the drill when they see the police crossing the street toward them; it is a ritual of dominance and submission played out hundreds of thousands of times each year. (p.136)

A discussion and exploration of the issues of power and oppression, racial profiling, and racial discrimination were initially intended to be the central tenant of my dissertation, however, since each participant had very different experiences and polar opposite views on the subject matter my dissertation focus shifted to exploring the common themes identified in both of the participants interviews.

In addition, I was also curious as to whether the participants, as Black men in nursing, tended to assimilate to others based on gender or race. In other words, did they tend to gravitate towards their White male counterparts or Black female minority counterparts? Again, each participant's response was dissimilar. Chuck explained how he gravitated towards Black female nursing students in school from day one and expressed several times throughout the interview in one manner or another that "We all tend to gravitate towards what looks like us" (Interview with Chuck, April 26, 2019). Trice believed that Black male nurses would tend to assimilate to their male counterparts regardless of race and attributed it to the fact that nursing is a "female-driven profession. It always has been and when you think of nursing, there's this image" (Trice, April 26, 2019). The contradictions in these responses regarding assimilation based on race or gender

of the Black man to his peers unfortunately also does not support any conclusions to be made on this particular research question.

<div align="center">Intrinsic Motivation</div>

Both participants discussed intrinsic motivation as being fundamental in their success in both their educational and professional careers. I find it compelling that both participants repeatedly spoke of how they were internally motivated to succeed personally and professionally despite coming from backgrounds that may have presented unique challenges. Both participants spoke of being innovative and serving as a role model for the Black community in creating change, and made comments reflective of intrinsic motivation such as;

> You see a door that's closed to you. I need to knock on it. I need to see if I can open it, and if I can open it, if I can get a peek in, well if I can't walk all the way through, at least I opened it just a little bit for somebody to come behind me and open it the rest of the way…I feel like a failure, but I can't fail. I cannot fail… [you] have to realize that there are people out there who've made a change. (Interview with Chuck, April 26, 2019).

Likewise, Trice made similar statements;

> A part of it for me, I just didn't want to perpetuate the cycle of that life had been handed to me… I know now that this is my purpose in life. This is the talent that I have. I'm good at it… I knew I wanted better coming from a life of penury, uneducated family members who pretty much abused the system in terms of public assistance, alcoholic, drug addicts, and I just knew I didn't want to be that way… [nursing is] giving back what was given to me… Why live a "woe is me" life and complain about the bad things in your life? Just do something about it to change it. (Interview with Trice, April 26, 2019).

One of the primary goals of this research was to gain insight into creating novel ways to increase diversity in nursing and gear nursing recruitment towards minority populations. Although intrinsic motivation does specifically contribute to the ultimate conclusion of this research, it is a fundamental and vital component which must be reflected upon when attempting to create curriculum in partnership with Urban Savannah K-12 schools in order to be able to relate to and motivate students to consider nursing as a possible career choice. Intrinsic motivation can be tapped into, encouraged and empowered and perhaps is an essential common thread in persons from minority backgrounds who wish to succeed both personally and professionally.

<div align="center">Oppositional Identity, Code-switching, and Colorblindness</div>

Oppositional identity and code-switching are theories that are fundamental when exploring the narratives of Black male nurses as they directly relate to cultural experiences and are instrumental in student success. When discussing oppositional identity and code switching with nursing students, White and Fulton (2015) found:

> Some Black students perceived that fitting in came with a cost. Using language differently was reported to be part of "acting White"; students recounted how they learned to talk "White", but then needed to talk "Black" when they were with Black friends and family. As Black students fit in better with White students, they perceived themselves as fitting in less with Black friends and family. (p.171)

When I asked Chuck about his thoughts on the phenomenon of oppositional identity, or Black persons being accused of "acting White" after being successful professionally and conversing about how Black people may actually get backlash or shunned from their own Black community after becoming prosperous, he offered thoughtful insight:

That's definitely a true statement, and that's definitely a true issue, there are hip hop

artists who will tell you "Money didn't change me. Money changed the people around

me". If I only had $20 to help you, then accept my $20 to help you. Maybe I don't have

$100 in my pocket. Even though I may make that much money, I still have my own bills.

I still have my own family. I still did the work that I had to do. I'm willing to help you,

but you can't reprimand me for the amount of help that I give you. (Interview with

Chuck, June 7, 2019)

Chuck also spoke of making it a point to remain active and true to his roots in the Black

community, "I tend to go back, and I tend to still sit on the porch with people, and I still drink

out of mason jars or plastic cups. I still get in old mama's kitchen and make a pitcher of Kool-

Aid, and we'll sit outside and just have fun and just talk" (Interview with Chuck, April 26,

2019). Chuck later expanded on this with the following statements:

I certainly am not ostracized for being a college graduate, I'm praised. What I [am] trying

to convey, is that with my growth and maturity, I've put away those things I used to

participate in or separated myself from those situations. It's important to note, it's not the

African American community that I've set myself apart from, it's those things that would

hinder success and positivity. (Interview with Chuck, June 7, 2019)

When referring to dictation and personal presentation, he stated, "Going to professional

conferences and returning to have these kinds of discussions with people who look just like me,

you find that there is that separation. There is that, oh you speak differently now" and "Because I

don't say ain't or nah or things of that nature, I just know when to turn it on and turn it off". "I

have to make sure my presentation is one that can get me into the door" (Interview with Chuck,

June 7, 2019).

Chuck also described an interaction that he had while working as a surgical technologist with a patient with a swastika tattoo who did not want him in the room and he described his personal perception of colorblindness being necessary in order to deliver competent care:

The notion of colorblindness is based on not allowing personal views of race to hinder care. In the story provided, if the roles were changed, would I as a patient receive the best care possible from the individual with the swastika tattoo[?] More than likely not, due to the color of my skin. As medical professionals, there may be individuals who have personal issues pertaining to race and ethnicity. Those issues must be put aside if competent, adequate, and proper care is to be delivered. (Interview with Chuck, June 7, 2019)

To be colorblind means that one does ignore the color of a person's skin in order to relate to and accept them. To be colorblind means that we do not see and appreciate the culture or unique characteristics of those who are different from us. The truth of the matter is that racial differences do exist in our society and when we do not acknowledge the color of someone's skin, we do not see the very characteristics that make the person unique. As Alexander (2012) writes:

The colorblindness ideal is premised on the notion that we, as a society, can never be trusted to see race and treat each other fairly or with genuine compassion. A commitment to color consciousness by contrast, places faith in our capacity as humans to show care and concern for others, even as we are fully cognizant of race and possible racial differences. (p. 243).

As a researcher on the subject matter, I have subscribed to this philosophy and I would have never anticipated the suggestion of colorblindness being necessary for the Black man to deliver nursing care. When I shared my surprise of the response, Chuck offered a valid and genuine

argument when describing how he thought during this particular incident with the tattooed man who was refusing care:

> I don't see color, I don't see your tattoos right now. You're sick. Your ill. Let me take
>
> care of you…when it comes to the practices of care, you have to be colorblind…I take an
>
> oath to do no harm, to manage the best care possible, if I see you as a White person, and I
>
> don't like White people? How can I?" (Interview with Chuck, April 26, 2019).

Trice also touched on the issue of colorblindness when he was discussing empowering people "by showing a deep compassion for life, no matter what color you are" (Trice, April 26, 2019). Both of these interactions with my participants leads me to question whether or not the notion of colorblindness is a positive or negative attribute. Perhaps the perspective of colorblindness is unique to every individual and therefore has the potential to be either positive or negative. The point here is that two Black men are successful professional RN's and are delivering compassionate nursing care to their patients and that is the ultimate goal and having positive experiences in do so:

> Seeing race is not the problem. Refusing to care for the people we see is the problem. The
>
> fact that the meaning of race may evolve over time or lose much of its significance is
>
> hardly a reason to be struck blind. We should hope not for a colorblind society but
>
> instead for a work in which we can see each other fully, learn from each other, and do
>
> what we can to respond to each other with love. (Alexander, 2012, p. 244)
>
> In summation, in regards to personal identity (demeanor and dress) and code switching

(diction and dialect) Chuck reiterated several times the need to turn it on or turn it off in order to use race and cultural background to relate to others who are both the same as well as different than him. Trice did not specifically discuss oppositional identity and/or code switching but again,

he did say that "I know not what to do as a Black man". I would argue that this statement in and of itself, speaks volumes about expected behavioral norms for all persons based on the White culture that is prevalent in society in the United States. Also interesting is that Trice did discuss internal racism within Black communities themselves based on the darkness of skin tone. I think that it is important to consider that Trice stated that he was biracial but identifies as a Black male. He does have a lighter skin tone which may or may not be related to the fact that he has not experienced any issues with racial discrimination. He stated, "there's also racism in our own culture in terms of the different tones of Blackness" (Interview with Trice, April 26, 2019) and goes on to give examples of the likelihood of lighter toned Black people possibly having more professional opportunities. Although this is not entirely specific to the issues of code switching and color blindness, it demonstrates the point that Black persons who look more White may have more advantages in both Black and White cultures and he even acknowledged that "Perhaps me feeling that way is the reason why I've never experienced those forms of racism" (Interview with Trice, April 26, 2019).

I feel that the conversations concerning oppositional identity, code switching, and colorblindness that I had with my participants offered me new insight to the challenges of becoming relatable to the population which is Black male. Their points have been well taken and as I continue to reflect on ways to increase diversity in nursing through recruitment, I have learned some valuable lessons as a researcher, educator, and nurse.

Suggestions for Increasing Diversity in Nursing

As a primary focus of my dissertation, I had hope to capture insights from the Black male participants as to what needs to be done in order to increase the percentages of Black males in the nursing profession. Chuck shared with me that he had wondered about that himself. He spoke

of the experience of walking through the halls of the university where he had attended nursing

school and looking at the graduation classes photographs:

> I call it the walls of fame. They have all the graduating classes' photos in the hallway. I
>
> spent a lot of time looking at those pictures. Every other graduating class or every third
>
> graduating class had maybe one or two Black males in it, and so, yeah, the statistics are
>
> real. The representation was definitely real. (Interview with Chuck, April 26, 2019)

He actually presented that question to someone at the college and he shared with me that "they

didn't know the answer", and he added that "Black males don't tend to go into nursing. Black

males don't tend to describe to the idea of being a nurse because the idea of being a nursing is

that you're doing a feminine job [which is] subservient" (Interview with Chuck, April 26, 2019).

Also important to consider as a possible deterrent is whether a Black male's self-image of

masculinity Chuck be compromised by becoming a nurse. "When a man in nursing belongs to

one of the racial groups that have lower social status and limited opportunities in some societies,

he may suffer a double stigma, stigmatizing both his masculinity and sexuality" (O'Lynn &

Tranbarger, 2007, p.227). His perception of this issue validates the timeliness and importance of

my research. When I asked him to expand on the topic of why he thought there were not more

Black men in nursing, he presented two valid arguments based on limited exposure to nursing as

a career option as well as the fact that the stereotypical image of nursing is not reflective of the

Black male and again he reiterated that "you identify with those who look like you" and he went

on to say;

> Exposure is key to knowing what you can do. The Black male is exposed to music, i.e.
>
> mainly hip hop and rap, and sports. They're not exposed to becoming a true

entrepreneur…We're not being exposed to nursing as a profession, as a career, amongst

other things. (Interview with Chuck, April 26, 2019)

Likewise, Trice expressed the importance of exposure and feels that much can be accomplished

by simply being an example to the Black community as a registered nurse. He commented "I

think the profession is great PR and promotion in itself. You can get a lot accomplished

empowering just visitors, Black visitors that come to visit family members" and "hopefully

you're gonna live by example. Someone is always watching you and seeking motivation and

feeling your energy" (Interview with Trice, April 26, 2019).

Chuck also considered the image of the nurse as being perceived as subservient rather

than autonomous as problematic, "nurses are subservient. Nurses are gofers. They do whatever

somebody tells them to do. Nurses, they just take a bunch of crap for the amount of work that

they have to do" (Interview with Chuck, April 26, 2019). As we continued to converse, I probed

to elicit his ideas on how to challenge these stereotypes and ideologies in order to create agency

and he gave a dynamic illustration of contemporary Black culture and how it relates to the image

of the nurse.

Not only do we have to get the children there or the young men there, you have to

change the ideas and the perception of the Black male nurse to want to feed into his own

community... it's what they already know because when they go through school, when

they're looking at TV and stuff like that, all they have is the image of the White human

being in all leadership positions and all the reality TV. If it's a Black image, its ratchet, or

they're just wrong. They're fighting, cussing, shaking bootie. So when you see that

professional, when you see the marquees and the boards, things are starting to change,

but even when I was coming through high school and early years of college, it was all

White. When I would ride down I-16, and Armstrong [College] had their billboard

up, it was four white people. It was one White male and three White females. When you

look at the websites and stuff like that, it was all White people. I'm actually on the

website now. (Interview with Chuck, June 7, 2019)

I would agree that education institutions and recruiting propaganda are in fact beginning to gear

towards implementing more diversity in nursing enrollment, but I would argue that this is

occurring at too slow of a pace.

Also considered problematic, according to Chuck, in relation to exposure is that there are

not enough mentorship programs readily available as resources for young Black men. Although

he himself does some community mentoring, he also stated that "you rarely have a Black male

who's willing to stand up and be that figurehead and possibly get hit with a stone or a tomato or

something like that for being the difference" (Interview with Chuck, April 26, 2019). He

acknowledge the need for more Black male nurses to reach out to the community and provide

mentorship and he suggested the implementation of such mentorship programs to be initiated in

the juvenile justice system. Both participants also spoke on the importance of personal

transparency and vulnerability in creating relatable relationships, "share the vulnerable stories,

make that connection, and then people will start to open up, be able to find the value in what

you're saying because if they can't relate to you, then they're not gonna listen to you" (Interview

with Chuck, April 26, 2019). Similar attitudes were expressed by Trice when I asked him, in

regards to recruiting persons from minority backgrounds into nursing, how as a White woman

am I going to go into these schools with young adults from minority backgrounds that do not

look like me and relate to them, inspire them? Is it even possible? Trice responded:

It is possible. I think a lot is just showing a general interest and care for. Showing an

interest in someone goes a long way in my opinion. There's always room for

improvement in learning about a culture you're not vastly knowledgeable about. Just

being honest, and just stating your goals and asking for help. Why not? Be vulnerable.

(Interview with Trice, April 26, 2019)

Both of my participants made themselves vulnerable simply by agreeing to speak with me, when

many others would not and for that I will forever be grateful. Chuck also spoke of his

experiences of vulnerability and learning to trust others. He stressed the importance of taking

chances to overcome his mistrust of White people and readily shares the story, in both White and

Black communities, of how he now goes deep sea fishing with White people:

I told them that story my cohort, and I had 50 something people's attention, including my

instructor, who were glued to that story because they could not understand how I made

that transformation and how I just decided to give somebody a chance. At the end of that

story, that's what I told them. I said, take my story and understand that, at some point,

you have to give somebody a chance… No matter what happens in your life, you have to

give somebody a chance to prove that that's not everybody. (Interview with Chuck, April,

26, 2019)

I agree that in order to create agency and change we must become vulnerable and share our

stories with others in order to learn from one another in the hopes of developing trusting and

productive relationships in society. Both participants were very genuine and transparent and I

took away with me a wealth of insight and inspiration, as a person, a nurse, and educator. The

dialogues which transpired have added invaluable insights to my knowledge and will assist me in

my future endeavors related to nursing recruitment of minority persons. Having faith and

aspiring to assist in creating a more diversified nursing workforce, which is reflective of the population which it serves, is essential in order to provide better opportunities for persons in marginalized populations and improve patient health outcomes.

Dialogue further requires an intense faith in humankind, faith in their power to make and remake, to create and re-create, faith in their vocation to be more fully human (which is not the privilege of an elite but the birthright of all). Faith in people is an a priori requirement for dialogue; the 'dialogical man" believes in others even before he meets them face to face (Freire, 2010, pp. 90-91).

Females, Regardless of Race, Have Less Power than Men in Healthcare: An Incidental Finding

As previously stated, I intended to capture narratives of power and oppression, challenges and barriers experienced by Black men in the nursing field during my dissertation research. However, both participants reported having positive experiences in nursing school despite both being part of traditional nursing school cohorts in which they were, as Chuck called, a "double minority". Chuck was one of seven males total and the only Black male and Trice was one of two males who were both Black. Unfortunately, this is the typical demographic distribution of nursing school cohorts, inequitable numbers of persons from minority backgrounds as well as men. As previously discussed, men and persons from minority background typically have a higher attrition rate while in nursing school. In spite of these demographics, and being a "double minority" the experience of Chuck was exceptional as demonstrated by his comment;

> The experience was a fantastic experience. Nobody cut me any slack or anything like that. I didn't meet anybody who seemed to have any prejudice against me. There wasn't a moment something was made harder for me than others. I do feel like I could've been the

poster child. I did end up on the publications throughout the two years for the nursing program. (Interview with Chuck, April 26, 2019)

Although this dissertation research took on a new direction in relation to power and oppression, this statement, is the core of what I was hoping to capture as the essence of my dissertation research. The major stakeholders in the healthcare industry have been trying unsuccessfully to diversify the nursing workforce for decades. Yet, this man, a "double minority," and despite all odds based on his cultural background and personal lived experiences in the Black community, was not only was successful in becoming a registered nurse but had a positive educational experience while doing so. In addition, both participants discussed their success and satisfaction with a career that they feel is about caring and compassion, is autonomous, and personally rewarding. Both of these men epitomize the notion that nursing is an appropriate profession for Black men and serve as role models to the Black community. This is what I believe we need to somehow capture and repeat and as Chuck expressed, and Trice to a lesser extent, exposure of such role models serving as nurses needs to be implemented in programs designed to reach out to young Black boys and men. Not only did they report having excellent experiences in nursing school and in the profession, both expressed how they could develop nurturing nurse patient relationships by using therapeutic communication. In addition, both participants reported having excellent working relationships with not only female nurses, regardless of gender, but with male physicians as well. Both participants shared that they felt that nursing is a profession of caring, compassion, autonomy, personally and monetarily rewarding (all which have been discussed in the body of this paper), and one in which they could give back to society and make a difference in other people's lives.

Their narratives about their personal experiences in nursing included nothing related to the issues of power and oppression except when they were talking about witnessing the experiences of their female counterparts in the profession. This became glaringly apparent to me during each initial interview, before even analyzing the transcripts, and then validated when I reviewed, and re-reviewed the data again. This was absolutely an unanticipated discovery.

Repeatedly, I heard from the participants, accounts of female nurses being treated unfairly or disrespectfully, the existence of double standards, and both participants actually expressed empathy for what their female peers had to endure. I of course am familiar with the treatment of nurses by physicians having been a professional RN for 25 years, but I had never formally captured this perspective from the male point of view. As a professional nurse, I personally have had the experience of being berated, belittled, yelled at, publicly humiliated, and spoken to disrespectfully by many male doctors. I once even had a cell phone thrown at me by a male doctor. I found myself pondering the question that despite the fact that nursing is an autonomous and self-regulating profession dominated by White females, who really has the power?

The conversation relating to the experiences of females in nursing was broached when Chuck was discussing his perception of the historical and contemporary culture of nursing. He was telling the story of a family who had three generations of female nurses, race not specified, and their narratives of nursing culture which included "sexual harassment, verbal abuse, and [possibly] physical abuse being around just that male-dominated culture of medicine" (Chuck, April 26, 2019). We agreed that times are changing and the environment of nursing is improving albeit those attributes of the culture of nursing are still engrained in the profession. Unfortunately, despite being an autonomous self-regulating profession, historically men have

had the power as doctors and nurses have been in subservient roles and having to "follow

doctor's orders". As he continued to speak, about the male dominated medical profession and the

poor treatment of female nurses, I started reflecting on Freire's theory of oppression. Someone

needs to be oppressed in order for someone else to have power. I started to speculate about the

White woman wanting to keep control of her domain and that perhaps she might be fearful of

losing power if the profession is infiltrated by more men. I posed this to my participant and he

responded in a manner that he believed was reflective of a female nurse perspective:

> The power struggle is there, simply because those with the power have taken so much
>
> from a person and belittled a person so much until what is left belongs to me. Take me
>
> for example, the "double minority," coming into this profession and being placed in a
>
> position of leadership to tell a middle aged older White female this is what needs to
>
> be done. Even if I'm saying "This is the policy. This is what you've already doing.
>
> You just need to tweak this one aspect of it," there's probably gonna be some buck
>
> against that simply because you're not gonna come and tell me what to do. I've been
>
> working in this profession for 30 years. I'm old enough to be your mama, and I am a
>
> nurse. Hear me roar. (Interview with Chuck, June 7, 2019)

Both participants shared examples of how female nurses are treated unfairly:

> My heart goes out to female nurses when it comes to that doctor-nurse relationship, and
>
> it's very unfair. I just don't think- I've never [in seventeen years] seen male doctors treat
>
> male nurses the same way with disrespect ever, and my heart always went out to my
>
> female counterparts. (Interview with Trice, April 26, 2019)

Chuck also reported "witnessing the power struggle between doctors and nurses" (Interview with

Chuck, June 7, 2019)

In the same fashion he described witnessing similar power struggles between female nurses and their husbands, however the conversation then took a new direction about the power struggles between women nurses themselves:

> I've talked to other older female nurses, White female nurses, and I've listened to their conversations on the phone, where they're being belittled or talked down to by their husbands. I would hear these things, and then I would see this same nurse turn around and just berate a younger female nurse for something so simple, so that translation of not having power over here to I must maintain my power over here. (Interview with Chuck, June 7, 2019)

Chuck also shared an example of power struggles between White and Black female nurses:

> What I do see, not so much with the male aspect, but female to female, is I do see that old adage of nurse eat their young. I do see it, and I see it more with the Black female, White female to Black female. I've seen it quite often, where I may not have done something or charted something correctly, and I get a, "Oh, that's all right. I'll take care of it. Do it next time. Da-da-da." But for the Black female there's that, "Well you should know better" or "Why didn't you do that? (Interview with Chuck, April 26, 2019)

These thought provoking narratives shared are demonstrative of the hierarchal frameworks of power and oppression that are deeply embedded in our society and within our relationships; masculine verses feminine, Black verses White, and woman verses woman, all vying for power. When talking about the power struggles between women in general, Trice offered a succinct but precise summation:

> I often try to wonder, understand females in general, and the whole female empowering each other, but I feel like females in general, no matter what profession

you're in, can be cutthroat…I just wonder, do men behave like that? I don't think men are like that with each other the way women are. Yet, at the heart of everything-and I'm definitely a feminist, but at the heart of this, there's this female equality, but I feel like females are really just tough on each other. (Interview with Trice, April 26, 2019)

Another shared experience by Trice, which does not support that argument that men have more power in nursing school, exemplifies the power struggles between genders. He questioned whether the politics of gender played a role while he was in nursing school and whether it affected the outcome of an election in which he was a candidate:

I can't help but to think about my nursing college education years ago, being only one of two men in the class dominated by women, running for president, and only getting vice-president. I often wondered, did sex politics play a role in the outcome?

This statement too is contemplative of the parallel of power struggles between men and women in society as well as within nursing.

It is an important distinction to be made that the experiences of the "double minority" Black male nurses reflect that they perhaps have more power in nursing simply due to the fact that they are male. Incidentally, I feel that it is important to note that although Chuck has only been a RN for nine months, he has already been put in a leadership role and was even quoted as saying "I was already told as the 'double minority' that I would probably never be denied a job". This was not an anticipated topic of conversation or intended discovery of my dissertation. However, I would argue, based on the dialogues with my participants that the distribution of power in nursing is not dependent on race but on gender. As it is paralleled in society, men also have more power in nursing despite it being dominated by White women. This leads me to believe that as a result of not having as much power as men in nursing, women are subjugated

into the struggle of maintaining whatever power they have by oppressing others. If they themselves are not oppressed, then they become the oppressor and therefore bearer of power.

The White hegemonic culture of nursing is still reminiscent of the Victorian feminine image of purity and virtuous womanhood that Florence Nightingale perpetuated. Unfortunately, "Nightingale not only remains and important nursing role model but is seen a symbol for nursing itself" (O'Lynn & Tranbarger, 2007, pp.172-173). I mention this prior to discussing the gendered stereotypes associated with the image of nurse as feminine and the contradiction of expected female and male characteristics and/or attributes that were discussed between myself and my participants. Both participants spoke in great detail about the double standards in nursing based on gender. "I feel there is definitely a double standard when it comes to male nurses and female nurses" (Interview with Trice, April 26, 2019). Also, despite uniform policies regulating styles of dress, requiring that hair be pulled up neatly on the head, and prohibiting exposed tattoos, Chuck reported that as men, violations to the policies were tolerated.

> You know what I found interesting on the 9 percent [male] versus 91 percent [female]? Male nurses, can come in with tattoos all the way up our neck. We could have a bald head with tattoos on it and everything…It's tolerated, and that's what I've seen across the board because it's more acceptable for a man to wear a tee shirt instead of a scrub top, verses women…I've seen men with their hair long. It's down their shoulders. They'll put it in a ponytail and let it hang down. Those things are just tolerated because it's a man.
> (Interview with Chuck, June 7, 2019)

I would argue that females regardless of race have less power than men in healthcare. It all boils down to an issue of gender not race and parallels the power structures existent in the United States.

CHAPTER 5

DISCUSSION AND CONCLUSION

Power in Nursing: Gender Verses Race, an Incidental Finding

Since the time of the reconstruction, political agendas contrived by the White man, have resulted in the struggle for both power and independence of Black men and Black and White women, not to mention poor White men. For centuries, the culture in the United States has perpetuated the struggle of power and oppression among all others who are not White men. This is an importance concept to consider when discussing the hierarchy of power in contemporary nursing, which of course, continues to be dominated by White females. Interestingly during World War II, the Army Nursing Corp when faced with the very likely possibility of a mandatory draft of nurses, chose to lobby for the admittance of Black women into the Corp in order to avoid accepting men of all color. I would postulate that this political maneuver on behalf of the Army Nursing Corp sent the social and political message that as one of the first professional organizations dominated by females, the profession was determined to remain dominated by females. The message was loud and clear. The profession of nursing would rather accept the population of Black females than that of any man.

As mentioned earlier in my dissertation, prior to advent of modern nursing, the calling had actually been credited as a man's profession and associated with religious orders, the crusades and various military regimes. However, following the precedent setting nursing research of Florence Nightingale, during the Crimean War and afterwards, nursing became targeted exclusively to females in both Europe and the United States. Starting in the early 20th century, nursing schools in the United States were instituted and nursing became increasingly accepted as a reputable profession only for women. Nursing increasingly became associated with

attributes typically characterized as feminine such caring, compassion, and nurturing. Other than perhaps teaching, nursing became the first autonomously self-regulating profession for women in the United States. Interestingly enough though, with the social structure of the White man in power, nursing in the beginning, was deemed only acceptable for unmarried White women. Nursing school during this time was almost akin to the monastery life experienced by nuns. It could be argued that although nursing offered financial independence and personal autonomy, the White patriarchal power structures involved in educational politics and the medically driven healthcare industry, stilled maintained control over free thinking educated women.

At best, nursing during the 20th century was evolving into a profession acceptable only for women, White and Black, but not for men of any color:

> Discrimination against men in nursing continued unabated during the 20th century. Men nurses were denied admission to most nursing schools. They were not permitted to be commissioned in the Army Nurse Corps until 1955 and could not join the Navy Nurse Corps until 1965. The ANA denied membership to men nurses until 1930. (O'Lynn & Tranbarger, 2007, p. 68)

This would make sense in a time when females were fighting for their own suffrage rights and consolidation of the sexes, regardless of color, could potentially benefit them in their rebellion against the power of oppression placed upon them by the White men dominating the medical field. In fact, according to O'Lynn & Tranbarger;

> Beginning in the 1960's, the larger feminist critique of Western society, science, and academia crept into the nursing literature. Although this critique has been useful in examining issues relevant to nursing, this critique has provided a general perspective that rectification of the gender imbalance in nursing will only serve as a conduit for the

introduction of patriarchal and hegemonic systems and male privilege into the profession.

In order to prevent this, some feminist authors have paradoxically advocated

discrimination in order to maintain the gendered status quo. (O'Lynn & Tranbarger,

2007, p. 34)

I would argue that these same power struggles exist today and although White female nurses

may fear the usurp of their perceived power, men already have the power in nursing despite

being a minority based on gender and regardless of race. Despite being the majority, women are

less likely to advance to leadership and management positions, are more likely to experience a

pay disparity from their male counterparts, and still continue to experience work place bullying

and harassment. Although men comprised only 9% of the nursing workforce, in 2017 78.5% of

all healthcare workers were female yet only 26% held positions as CEO's overseeing hospitals

and despite having the same level of education on average earn 20% less than men in the same

role. (NPNow, 2018, para. 5-7). According to the 2018 *Nursing Salary Research Report*, male

registered nurses earn on average $6000.00 more than female registered nurses in the same

position (NURSE.com, 2018). Men's representation is highest in nursing as nurse anesthetists as

they comprise 41% and earn an average of $162,900.00 per year (US Census Bureau, 2013).

Women in healthcare still experience workplace bullying and harassment and the Occupational

Safety and Health Administration (OSHA) reports that a "Whopping 59% of registered nurses

and nursing students experience verbal abuse in a twelve-month period" and victims are more

likely to be women (NPNow, 2018, para. 11). Furthermore;

Male-dominated specialty areas can be more prone to sexism and workplace "bullying"

towards women. In these areas, women are less likely to be in lead or supervisory

positions and not taken seriously by their male peers. Some are outright demeaned in

front of co-workers as well as patients. (NPNow, 2018, para. 12).

Finally in an article discussing the experiences of men in nursing;

Male nursing students thought that they were treated better by physicians than their

female counterparts and were perceived as stable employees who would easily "move up

the ladder" in nursing…being a male in a predominantly female profession sets you up to

be recognized. (MacWilliams, Schmidt, & Bleich, 2013, p. 41-42)

Although this conclusion is not the original intent of my dissertation and an incidental finding

derived from the analysis of my participant's interviews, I would surmise that when it comes to

power in nursing, woman, despite being the majority, experience the same "glass ceiling" effect

in the nursing profession as other women do in the corporate world. Despite race, men have the

power.

<div align="center">Implementing Culturally Responsive Pedagogy into Nursing Curriculum</div>

Despite the massive initiatives employed by the major stakeholders in the healthcare

industry to increase diversity within the nursing population over the past two decades, progress

has been slow and the percentages of males and persons from minority backgrounds have

remained relatively stagnant. An undiversified nursing workforce, not reflective of the

population which it serves is correlated with negative patient outcomes for persons in many

Black communities and as such contributes to massive health disparities. This is a significant

health concern that must be addressed. Despite a plethora of governmental, philanthropic, and

scholarly research advocating for increasing diversity in nursing and implementing culturally

responsive pedagogy in nursing curriculum, there has obviously been a gap in bridging theory to

praxis. As such, this research remains timely and attempts to contribute to bridging that gap.

The overall goal of my research, as stated in the introduction of this paper, was to examine the narratives of Black male nurses in the hopes of discovering new insights that may facilitate better recruitment strategies to target persons from minority populations into the profession of nursing in urban Savannah K-Twelve schools. As I have postulated in this paper, I believe that one of the factors related to the underrepresentation of persons from diverse populations in the profession of nursing may be the lack of culturally congruent education, or culturally responsive pedagogy, within historical and contemporary nursing curriculum. I maintain the argument that implementing such a curriculum in primary and secondary educational systems may prove to be effective in exposing students, who might not have otherwise considered nursing as a career option. Although the dissertation research took an unexpected turn in the discussion of power in nursing, which was unanticipated, both participants also discussed in detail that exposure to nursing as a career option is key in recruiting individuals from minority backgrounds. In addition, both participants reflected on how the image of nursing as being a White feminine subservient role might also serve as deterrent in recruiting Black males. This ideology of nursing, in my judgement, also needs to be eradicated as best as possible. By creating a curriculum suitable for the K-Twelve educational system focused on exposing students to nursing as a possible career, I may be able to tap into an unsourced resource pool of young adults who have not even considered the possibility of becoming a professional registered nurse. In developing a culturally responsive pedagogy an inclusive curriculum must be developed based on the recommendation of the curriculum scholars.

In creating a curriculum, I would include historical figures to which the students could relate. According to Alim and Paris, "schooling should be a site for sustaining the cultural ways being of communities of color, rather than eradicating them" (cited in He, et al, p. 64). Adding

historical nursing figures into the curriculum such as Sojourner Truth who assisted with the Underground Railroad and nursed people to health, and Mary Mahoney, a young Black female that went into impoverished areas and delivered community nursing care, may serve to inspire the students in a relatable fashion.

As an educator I would encourage code-switching in not only social but learning environments as well. If nursing students are encouraged to use personal code switching techniques in the classroom, perhaps they may be more comfortable conversing in various manners when providing care to persons from cultures similar to their own. Better communication may result in better patient satisfaction and health outcomes. I acknowledge that I intentionally code switch based on my nursing educator persona, my family persona, or my biker chick persona. I grew up in inner city Chicago, one of the most diverse cities in the United States and I have learned a variety of cultural dialects in order to relate to many people from various cultures. When reviewing the transcripts I noticed that I was not speaking in grammatically correct terms. In fact, I did not even realize that until I read the transcripts. I used words like "cause", "gonna" and "like". It was not premeditated and I suppose that I just spoke "naturally" but after reading the transcripts, I believe that I myself was unintentionally, or unconsciously intentionally, code switching. Yet, the dialogue that was exchanged was natural and free flowing and my participants shared meaningful stories with me. I agree that as educators we should:

> Challenge the deficit approaches to teaching and learning that view "languages, literacies, and cultural ways of being of many ways of being of many students and communities of color as deficiencies to be overcome in learning the demanded and legitimized dominant language, literacy, and cultural ways of schooling. (He, 2019)

I would advocate that the ability to use code switching, based on whatever culture is relevant, is an asset in communication and its' use should be encouraged in academic environments as it might serve to improve both dialogue and relationships among people who are different.

Both of the participants expressed that in addition to eradicating the image of nursing as feminine and subservient, exposure is key in recruiting Black males into the nursing profession. In addition and based on the literature cited previously in this paper, mentoring programs must be established, recruitment of minority role models must be encouraged to meet and talk with young students, the notion of caring needs to be de-gendered, sexist language needs to be eradicated from textbooks, and nursing educators need to be educated on implementing culturally responsive pedagogy.

<div align="center">Significance and Implications for the Dissertation Research</div>

Three concurring themes emerged from the research. (1) Intrinsic motivation, a distinctive characteristic of my participants, is the key to their success as nursing students and nurses. (2) Increasing diversity in nursing demands our commitment to challenging the stereotypical image of nursing as feminine and subservient. (3) Oppositional identity, code switching, and colorblindness are components of personal and professional relationships and affects communication between patients, colleagues, within communities and families. These themes can be incorporated when developing culturally responsive pedagogy in nursing. Nursing educators should be implored to create a culturally responsive curriculum which attracts and retains nursing students from minority backgrounds with the intent to create a more diverse nursing population which mirrors the population which it serves thereby alleviating health disparities.

The omnipresence of race means that for people of color in the U.S., race is a social

construct that is ever present in institutions such as education and healthcare and hinder

people of color from access to and full benefit from these institutions. Through

storytelling, disparities in education can be exposed and solutions for addressing

disparities can be sought. (Ackerman-Barger & Hummel, 2015, p. 40)

Despite the massive undertakings of the major stakeholders in the healthcare industry of United

States during the past several decades, the nursing workforce remains undiversified resulting in

massive health disparities of persons form lower socioeconomic and disadvantaged communities.

Governmental and educational institutions, as well as philanthropic organizations, have put forth

mission and vision statements touting the critical need to recruit and retain persons from minority

backgrounds in nursing, have instituted massive recruiting campaigns, and advocated for the

creation of nursing curriculum that is diverse and inclusive. Yet the statistical representation of

minority persons in nursing has remained relatively unchanged. Furthermore, as minority

persons constitute a small percentage of the nursing workforce, there are not enough men and

minority persons academically prepared to navigate the nursing to faculty pipeline. The majority

of nursing faculty in academia developing curriculum are White females and nursing education

continues to perpetuate the hegemony of the White female ideology of the profession. The lack

of culturally responsive pedagogy in nursing curriculum and the inadequate preparation of

faculty to create diverse and inclusive learning environments may inadvertently contribute to of

lack of minority persons in nursing. In addition, education on issues of social injustices and

power and oppression in society is virtually non-existent in nursing programs:

Cultural values and practices of diverse persons remains an important core of nursing

education, yet there continues to be inadequate focus on the centrality of privilege and

power in nursing education and healthcare. Incorporating pedagogy in nursing education to address racism and other forms of oppression can be challenging and threatening for nursing educators who may not be able to understand the complexities and forms of racism and discrimination. (Ackerman-Barger & Hummel, 2015, p. 45)

As an educator I must advocate for educational practices that support the development of a culturally responsive pedagogy in nursing that facilitates improved recruitment and retention of students from minority backgrounds. Furthermore, it is imperative that I incorporate issues of social justice and power and oppression into lesson plans to prepare nursing students to be active citizens advocating for change in the hopes of creating more pluralistic relationships, communities, educational learning environments, and a nation at large.

The analysis of my dissertation data did not answer the research questions which I had originally intended to answer. However, the dialogues that transpired between myself and my participants elicited a plethora of knowledge and insight for me as a nurse, an educator, and as a women.

The narratives captured in my nursing research;

Provide a catalyst for conversation and change in the nursing academy. Transformation in nursing education requires that which is unseen and unknown to become visible in in the learning environment. Dismantling inequities in nursing education will require persistence and ongoing evaluation. Students of color voices must continue to be heard and honored, voices to inform nursing educators and reinforce the necessity of inclusion and equity in nursing education and ultimately in healthcare. (Ackerman-Barger & Hummel, 2015, p. 45)

This research has better prepared me as an educator to begin writing curriculum in order to partner with urban Savannah K-12 schools in an attempt to expose students from minority backgrounds, both male and female, to the possibility of nursing as a career choice, "exposure is key".

I end with an articulate analogy offered by Chuck:

> If I need to use my race, my background, your race, your background to relate to you, then I will, but most of my IV fluid is clear, and it's gonna flow into [you]-when I draw your blood, your blood is gonna be red. (Interview with Chuck, April 26, 2019).

Limitations

There are multiple limitations of this study. First, findings from this research are based on a small convenience sample size of two participants therefore conclusions made based on this research cannot be generalized to the overall population. Narratives captured by the participants in this study has served as a reagent for dialogue in regards to addressing inequities in nursing education and the lack of culturally responsive pedagogy. However, it is suggested that future studies include a greater number of participants in order to provide a more collective voice for students from minority and marginalized populations. In addition, geographical limitations exist as well. This study was conducted in one locale of southeast Georgia which makes it difficult to generalize the findings to other regions and states within the United States.

Secondly, the participants in this study were both male and the narratives captured are in a binary fashion as related to gender. More research is needed to determine if the experiences of Black nursing students differ based on whether they are male or female. Future studies should include both male and female participants in order to validate whether a differences in perceptions exist.

Finally, this research was conducted over a brief period of time and the research interviews occurred during the first meeting between the researcher and each individual participant. Although it is believed that adequate rapport was established in order for participants to engage in transparent dialogue, both interviews were very different in relation to style with the second interview being much more formal than the first one. During the second interview a comfortable level of dialogue was not established between the researcher and participant until well after the interview was initiated. I would suggest that future research be conducted over a longer time continuum and that participants and the researcher meet previous to the interviews in order to develop a trusting and friendly relationship well in advance to the research interview process.

<div align="center">Conclusion</div>

Nursing educators need to be adequately prepared to create and implement a culturally responsive pedagogy into nursing curriculum in order to recruit, retain, and empower students from minority backgrounds to overcome the barriers and challenges that exist in nursing education. Marginalized students must be given voice in order to make their narratives heard so that nursing scholars and educators can move forward in creating a truly diversified academia and nursing workforce which is not dominated by White female ideology. "Nursing education has created the illusion of equality and inclusion, masking the system of white dominance and privilege in nursing education (Allen, 2006 as cited in Ackerman-Barger & Hummel, 2015). A critical examination of the centrality of cultural competence in nursing education must continue" (Ackerman-Barger & Hummel, 2015).

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APPENDIX A

QUESTIONNAIRE

In order to ensure that questions were not loaded or misleading, broad open ended questions and opening statements, were posed to illicit meaningful responses to the following themes: (1) Motivation to choose nursing as a career, (2) The role of power and/or White supremacy as it relates to Black men in nursing, (3) Support systems involved with the decision to become a nurse, (4) Challenges and/or barriers experienced during nursing education and professional career, (5) Specific barriers for Black men working in a profession dominated by White females, (6) Rewarding experiences in the nursing profession and, (7) Ways to encourage Black males to pursue a career in nursing.

APPENDIX B

REASEARCH QUESTIONS	INTERVIEW QUESTIONS
1. In what ways do Black males subscribe to the stereotypical gender issues associated with nursing and do they perceive them from a male and/or minority perspective? 2. How have the experiences of Black male nurses been affected by issues of inequality, oppression and power during their nursing education and career? 3. What if any barriers do Black male nurses' encounter when working in a profession dominated by White females?	1. Explain what influenced you to apply to a nursing program 2. Describe you beliefs, and attitudes about the role of power and/or White supremacy and how it relates to Black men choosing to go into nursing. 3. Describe how your family and friends reacted to your decision to become a nurse. 4. What have been the greatest challenges and/or barriers that you have experienced during your nursing education and career? 5. What specific barriers have you experienced as a Black male working in a White female dominated profession? 6. What have been the most rewarding experiences that you have had as a nurse? 7. How could Black males be empowered and encouraged to pursue a career in nursing?