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Kathleen Anne Smith  
*St. Catherine University*

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Successful Recruitment and Retention Strategies Supportive of  
Completion of Associate and Baccalaureate Degree Nursing Programs for African Americans

Systems Change Project  
Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

St. Catherine University  
St. Paul, Minnesota

Kathleen Anne Smith

September 2011

ST. CATHERINE UNIVERSITY  
ST. PAUL, MINNESOTA

This is to certify that I have examined this  
Doctor of Nursing Practice systems change project  
written by

*Kathleen Anne Smith*

and have found that it is complete and satisfactory in all respects,  
and that any and all revisions required by  
the final examining committee have been made.



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Margaret Dexheimer Pharris, PhD, RN, MPH, FAAN  
Faculty Project Advisor

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16 September 2011

Date

DEPARTMENT OF NURSING

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## Dedication

My educational journey began with my parents Juanita and Randolph, who knew I was somebody before I knew me. You are more than the Best of the Best!!!

Ivan, my son has been on this journey from the time he was born and has always been a driving force and inspiration. You are truly God's precious gift.

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I AM honored to have your Love and I Thank YOU!!!

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### Abstract

The purpose of this systems change project (SCP) was to examine the marketing approaches used to recruit African American students into the nursing program at a predominately white university. Additionally, the project sought to elicit information regarding the retention resources utilized by black students and nursing faculty to support the successful completion of the associate or baccalaureate nursing program. The survey tool was delivered to students and faculty via the internet. Sixty-six students were invited to participate in the project, with a response rate of 18%. Of those, eleven students responding to the survey met the project criteria of Black or African American, as defined by those with an ancestral link to slavery in the United States. Fifty-nine nursing faculty members were invited to participate and 43 surveys were completed for a response rate of 73%. Findings of the project were the university does not have any recruitment efforts specifically directed to recruit African American students into the nursing program. Many of the students became aware of the nursing program through word of mouth or via the internet. Students and faculty most frequently used the same resources, the learning center and multicultural programs. Faculty mentioned one-on-one sessions with students; however, this resource was not mentioned by students. Students and faculty commented on the need to increase faculty of color, and one-third of the students expressed incidents making the university unwelcoming. An area of differing perspectives was noted in the area of faculty knowledge of African American issues, 87% of faculty felt "somewhat knowledgeable", while only 33% of students felt faculty were somewhat knowledgeable. In order to increase the diversity in nursing and to alleviate the whiteness of the nursing profession it is imperative to recruit and retain African American nursing students and faculty.

## Section I

The diversity of the world is changing and in the United States, data from the 2010 census shows Blacks/African Americans comprise 12.6% of the population ([www.census.gov](http://www.census.gov)), and the number of Blacks in higher education has increased by 6% during the period from 2004-2009 (<http://nces.ed.gov>). However, this increase has not been witnessed in the nursing profession where the number of nurses describing themselves as Black/African Americans is 5.4% according to the 2008 *National Sample Survey of Registered Nurses* (NSSRN) (American Association of Colleges of Nursing [AACN], (2010). These numbers clearly demonstrate the need for the nursing profession to increase the number of black registered nurses in the United States. This sentiment is echoed in the October 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, that stated “ To better meet the current and future health needs of the public and to provide more culturally relevant care, the current nursing workforce will need to grow more diverse” (IOM, 2010, p 3-37).

Ackerman-Barger (2010) stated it another way, “in the area of nursing [diversity] is a particularly important topic because nursing is based on human relationships and meeting patients’ needs based on who they are and what is happening in their lives”( p. 677). Statements such as these support the timeliness and importance of this systems change project, which reviewed and analyzed recruitment and retention strategies supportive of successful completion of associate and baccalaureate degree nursing programs for black nursing students.

### Background

Before analyzing the underrepresentation of Blacks in nursing, it is important to have an understanding of the history of educating Blacks, through which it becomes apparent that an educational gap has existed for over 400 years since slavery. Blacks were first brought to this country as slaves in 1619; during the time of slavery, education was not offered to the slave. According to Humphries (1994/1995) “If you lived in that period and learned to read, the slave masters put your eyes out; if you learned to write, the slave masters cut your hands off; and if you

were articulate, they cut your tongue out” (p. 57). In spite of these threats, 29 “black Americans” obtained baccalaureate degrees during the period from 1619 to 1850. The Institute for Colored Youth was founded in 1837 as a high school in Philadelphia, later to become Cheyney University and in 1856 the first historically black college and university (HBCU) was founded by the African Methodist Episcopal church, known today as Lincoln University. During the 1860s, most historically black colleges and universities were founded and were considered public or private in nature. When the Emancipation Proclamation was signed in 1863, very few of the four million or so black slaves could read or write. Because many Blacks had no education, the colleges and universities served as elementary, middle, and high schools. It was not until after WWII that HBCUs were able to offer more collegiate level courses. After the repeal of many civil rights laws in the 1890s, Blacks were hit with Jim Crow laws in the south which were upheld by the judicial system. Plessy versus Ferguson in 1896 upheld the doctrine of “separate but equal” racial segregation even in public accommodations. This separate but equal doctrine was re-infused into the federal government during the Wilson presidency and stood until 1955 when a decision was made and announced in the case of Brown versus The Board of Education. This decision stated the “separate but equal” doctrine of Plessy versus Ferguson had no place in the field of public education (<http://www.project2.org/brown.html>). This decision was upheld by the Civil Rights Act of 1964 and Title VII which forbade racial segregation and discrimination in education.

The Civil Rights Act of 1964, Title VII, the Elementary and Secondary Education Act of 1965, Affirmative Action laws, and finally the establishment of the Department of Education in 1979, Blacks saw a change in their educational trajectory. For Blacks and other minority groups the increases have been minimal and in some cases negligible given the magnitude and long range effects of inadequate academic preparation for all, but especially for African Americans. In order to change the face of nursing, Blacks need to complete high school, and apply and be admitted to a college/university nursing program. Black nursing students need to successfully

complete the nursing program and pass the NCLEX-Registered Nurse (RN) licensure examination.

### **Blacks in Education Today**

“In March, 2009, President Obama proposed the American Graduation Initiative, which established the goal that by 2020 the United States will regain its position as the nation with the highest percentage of its population holding post-secondary degrees and credentials” (<http://www.ed.gov/college-completion>).

An unequal educational system is unacceptable for all Americans, and especially for African Americans, who have long endured the pain and suffering of an unequal, inequitable educational system. In order for Blacks to be successful at post secondary institutions, they must be successful at the elementary and high school levels; for many Blacks this is not the reality. One solution to preparing students for college is the No Child Left Behind (NCLB) program initiated in 2001, with reauthorization and revision under the Obama administration, entitled Blueprint For Reform.

The revised Blueprint For Reform released in 2010 builds on reforms from the revision of 2009 and has a clear priority of students being “college and career ready” (U.S. Department of Education, 2010). Guiding 21<sup>st</sup> century education are the concepts of “no child left behind” and “achievement tests.” There are many unanswered questions about the NCLB concept and the real role of “achievement” testing, and the validity of the results. Are the tests inherently biased, should teachers be teaching to the tests, and if they are, what are students missing in the process of being “educated”? The no child left behind legal mandate is focused on K-12 education of students, with the notion that all children will be prepared to succeed at levels of higher education. This concept has not been validated by achievement test results, as many schools across the United States have failing grades. In Minnesota eighth graders’ results for 2008-09,

show 54% of black students and 87% of white students achieved at the basic level in reading on the National Assessment of Educational Progress (NAEP) test (U.S. Department of Education, 2010). Results are far worse for both groups of students at the proficient level where the numbers are 10% of black students and 44% of white students. In the area of math, the results are not much better. At the basic level, the rates are 53% for Blacks and 89% for Whites and at the proficient level they are 13% for Blacks and 53% for Whites. The results from the NAEP tests were used because the test results are comparable across the United States, where state specific tests are not. Poor student achievement results are seen at the high school level as well.

Gomez (2003) reported that in the US in 2001, “77% of African Americans ages 18 to 24 completed high school, while 80% of white students completed it” (p. 0). Six years later a similar statistic is still seen for black students where the graduation rate is 77%; however that rate is significantly increased for white students where the rate is 95%, as reported in the 2007-2008 data in Minnesota (MDHE, 2009). This achievement gap is seen for all minority groups, but especially for those in poverty and those who are not English proficient except for Asian and Pacific Islander, where the gap is not as great (U.S. Department of Education, 2010).

If minority students are not completing high school, it is no surprise the number is low for college participation. The five year average participation rate for black students entering college in Minnesota during 2001-2006 was 47% and 50% for white students. To many this gap may seem minimal. However, when combined with low graduation rates as seen for many Blacks, even for those attending NCAA Division 1 institutions, such as University of Miami, University of California Berkley, or the University of Minnesota, where 57% of Whites earned their degrees in six years compared to 34% of blacks students and the achievement gap becomes a chasm (Thernstrom, 1994/1995). Minnesota Department of Higher Education [MDHE], (2007) reported that in 2004, approximately 22% of black students who started at a four-year institution graduated in four years and there was a slight decrease in 2007 to 21%. At two-year institutions,

the number is more dismal, with black students having the lowest graduation rate of any group. In this group in 2004, only 14% of first-time, full-time black students graduated from the same institution within three years (MDHE, 2009). The report continues by stating:

A larger portion of students of color neither graduated nor transferred within 150 percent of the expected completion time than their White counterparts. This was especially pronounced at two-year institutions where, on average, fewer than half the students of color either completed a credential or transferred to another institution within three years. At Minnesota's four-year institutions, Black and American Indian students completed degrees at substantially lower rates than their Asian, Hispanic and White counterparts (MDHE, 2009 p 21).

Thirty-two percent of the educational awards to African American students in Minnesota are seen at the diploma and certificate levels, with the majority in the health field. MDHE (2009) data for bachelors and higher degrees is reported using the term "students of color" instead of Black or African American terminology that is used at the associate degree level. In Minnesota in 2006-07, 2799 students of color received a bachelors compared to 26,466 Whites, with those in the health field accounting for 10-11%, of the awards for black and white students (MDHE, 2009 p.35). These graduation rates are much lower than one would expect in Minnesota where the retention rate for first-time students who begin at an institution one fall and return to the same institution the next fall are relatively high. For four year institutions the retention rate from fall of 2005-07 was 80.6% and at two year institutions was 58.1%. Public and private two-year institutions had significantly lower retention rates than four year academic institutions (MDHE, 2009). For many four year institutions in Minnesota the retention rate from first to second year does not correlate with the low graduation rates, even at the six year mark. From this data alone there is an inconsistency in the reporting measures and it is unclear what the criterion was for "Black" students. How is the U.S. to reach the 2020 goal set by the president to "regain its

position as the nation with the highest percentage of its population holding post-secondary degrees and credentials” (<http://www.ed.gov/college-completion>) with the poor graduation outcomes, especially for African Americans or students of color?

It is evident that poor student achievement at the high school and associate degree level lends to poor achievement at upper division university levels. These poor results are especially devastating for Black/African American students seeking higher levels of education and may be even more devastating for students wishing to enter the field of nursing where reading, science, and math skills are imperative to success in school. Failing grades at the K-12 levels perpetuate discrimination, suppression, and oppression of the African American student and may block the completion of programs in higher education.

With all the challenges at the K-12 levels, African Americans are continuing their education at institutes of higher learning at lower levels than other ethnic groups. This is seen in Minnesota where 6% of undergraduate students are Black; unfortunately, this is far below the national standard of 14%, and clearly demonstrates the underrepresentation of Blacks in Minnesota colleges (MDHE, 2009). This disparity is not dependent on the type of educational institution. These data clearly show African Americans are entering college in fewer numbers than their white counterparts; however, when one considers retention rates for many schools to be between 60-90%, what are the chances of success for a student who struggles with math and reading? Students who are unsuccessful at the K-12 level may have even greater challenges at the undergraduate level, especially in professions requiring math, science, and reading proficiency.

#### Project overview

The achievement gaps for undergraduate African Americans, the changing landscape of the population served by nurses, and the unchanging whiteness of the nursing profession have led

to this systems change project (SCP). The problem statement from the context of diversity asks: Do the associate and baccalaureate degree nursing programs at a Midwest university recruit, retain, and graduate sufficient numbers of African American nursing students to help meet the demands of an ever increasing diverse population?

This SCP reviewed strategies aimed at recruiting African American nursing students and retention methods aimed at promoting successful completion of the associate degree program (ADP) and baccalaureate degree program (BDP) from nursing student and faculty perspectives. In this paper, the term African American/Black is defined as those individuals whose ancestral lineage traces back to those involved in slavery in the United States. This may be different from most definitions and is exclusive of those recent immigrants from Africa, as their minority experiences have a different historical context. Ogbu (1992) uses the term “Involuntary minorities,” meaning those whose presence originates from slavery, colonization, or conquest. The term “student” for this project includes students currently in program, those who have graduated from the program, and those who have withdrawn from the nursing program. Literature was reviewed and analyzed from the topic areas of diversity in nursing, recruitment of African American nursing students, and retention methods employed. Key search terms include: African American nursing students, minority nursing students, black nursing students, diversity in nursing, retention of nurses, retention of black nurses, retention of Blacks in higher education, discrimination in nursing, and cultural diversity in nursing. This list is not all inclusive, but demonstrates the depth and varied language utilized to gain a clear picture of experiences and needs of African American nursing students.

### **Ethical Considerations**

When considering increasing the number of black nurses, many ethical questions may arise. Why is it important to increase the number of black nurses? Why is it important for the

voices of students and faculty to be heard? Why are students not successful and what can be done to turn the tide? There are many responses; however, one of the strongest reasons to increase the number of black nurses is it is ethically and morally and some would say, constitutionally, correct. The constitution discusses life, liberty, and the pursuit of happiness. The question would be what is the quality of life when one is underemployed or unemployed, since employment opportunities are frequently tied to educational attainment? African American students are disadvantaged due to inequitable education and this lack of preparatory education places African American students at risk for non completion of baccalaureate education. Other causes of poor preparation may be related to experiences of marginalization, racism, discrimination, oppression, and suppression for African Americans students from K-12 through higher levels of education. Other barriers include being a first generation college student and being a low income student (Ackerman-Barger, 2010), a lack of academic preparation (Sullivan Commission, 2004; Wilson, Andrews & Leners, 2006), perceived discrimination from faculty and peers (Fischer, 2007; Giddens, 2008; Jones, 1992; Wilson et al., 2006), feelings of a lack of peer groups in a geographic location (Furr & Elling, 2002; Jones, 1992; Wilson et. al., 2006), lack of minority nurse role-models (Loo & Rolism, 1986, Wilson et. al.,2006), and financial restraints (Furr & Elling, 2002; Giddens, 2008; Jones, 1992; Villaruel, Canales, &Torres, 2001).

The ethical guidepost of “Common Good” is conducive to overcoming the barriers to higher education for African American students. It is ethically right to educate a diverse nursing workforce. At this Midwest U.S. university, education is grounded in Catholic social teaching, and specifically directed by an ethical guidepost of Common Good. Common Good implies the university intends to provide “social conditions allowing everyone to reach their full human potential” (A. Miller, personal communication, 2009). Additionally, social justice is a guiding ethical principle. Kalb (2010) asserted that “Social justice is not just about things being equal: it is about assisting those so that they can be on a level playing field with the same opportunities for all” (p. X). The institution has values and so does the nursing profession. Warda (2008) states

“the nursing profession’s organizing paradigm is based on values, beliefs, and cultural patterns that emphasize the provision of health care in environments where people feel connected, seen and supported and where they can count on each other” (p.195). In order for this to occur, especially for African American and minority nurses, it is necessary to increase the number of African American and other minority nursing students recruited, retained, and graduated from the associate and baccalaureate nursing programs.

Another ethical principle shaping this systems change project involves public responsibility to provide an avenue for students to reach their highest potential. Academic institutions should provide measures that develop and educate a diverse workforce in general and specifically as it relates to health professions. This diverse workforce is required to address the needs of an ever changing diverse, global society. Langston-Moss (1997) proposed that “although nursing education varies from school to school, commitment and acceptance of student diversity should clearly be demonstrated” (p.29).

Catholic social teaching seeks to empower the “powerless and vulnerable” (A. Miller, personal communication, 2009). This systems change project seeks to empower African American students who have been negatively impacted by achievement gap, experiences of marginality, racism, and discrimination; and other barriers to completion of their respective program of study.

Lastly, there is the notion of human dignity. Human dignity involves the right to life, to live and not just survive. African American students obtaining a baccalaureate degree, especially in nursing, have an opportunity to improve the socioeconomic status of themselves, their family, and the community. Equitable education offers a greater chance for employment, and is one less cog in the gear of racism, discrimination, oppression, suppression, underemployment, and unemployment.

In summary, schools of nursing have an ethical, legal, and social/moral obligation to provide supportive services to assist all students to successfully complete their programs of study and especially African American students due to the aforementioned barriers that may impede their ability to complete their chosen course of study. Non-completion of programs of study by African American students in higher education may be used to perpetuate stereotypes related to the abilities of African American students to learn. These issues, combined with a continuously increasing diverse population asking for more nurses from underrepresented groups, supports the necessity of reviewing the educational environment conducive to successful completion of associate and baccalaureate nursing education for African American nursing students.

This SCP will develop recommendations gleaned from the analysis of student and faculty comments as well as the literature that bolster successful achievement at the associate and baccalaureate levels for African American nursing students. Understanding opens the door for improved outcomes. Langston-Moss, (1997) stated, “It is important that nurse educators recognize and try to understand other ethnic experiences in order to modify teaching methods to include all students” (p. 29). Social justice in nursing is “more than just being an advocate for patients, it is also about advocating for nursing and the healthcare professions. It is about being culturally aware, sensitive, and inclusive in care and education” (Kalb, 2010). Education brings about changes and changes to the face of nursing are long overdue, yet there will be challenges to change on many fronts, now and into the future.

### **Project Challenges**

Challenges to the project include the ability to obtain and locate data related specifically to African American students as defined for this project. In the institution under study, the baccalaureate program admits small numbers of African American students, whereas the AD program generally admits larger numbers of African American students, though these numbers are disproportionately small in relation to population demographics. Additionally, students need to self select “race” and “ethnic” preferences on the university admission application. However,

the application forms at the time of this study were inconsistent across programs, and did not offer the option to select ethnicity or a variety of “race” choices until recently. Since this information is not directly available through the university Institutional Research and Planning department or the admissions office, other sources to access African American students were needed, such as phone calls to allow students to self select thereby including or excluding them as possible participants. The institution has two campuses, requiring a review of resources and faculty at both locations to determine resources and strategies available to support the successful completion of the nursing program. Because of multiple locations and differing processes, the researcher may have overlooked pertinent resources and data.

Another challenge to the project is institutional racism that is not recognized or acknowledged by students, faculty, and university administration. In the face of challenges, this project remains imperative as the school of nursing seeks to strengthen its commitment to educating students from diverse backgrounds. It is believed the institution is especially obligated to educate African American students as they are a vulnerable population, especially when one considers the historical background of slavery, racism, marginalization, oppression, and suppression.

### **Project Benefits**

By developing strategies and resources to combat the barriers for African American students, the nursing department and institution will be well positioned not only to support the success of African American students, but the success of all students. High graduation rates and an inviting environment will lead to increased student enrollment, retention, and completion. Strategies for faculty development will benefit all students, leading to student and faculty satisfaction, as well as the ability to recruit top notch faculty and retain the best of the best nursing and university faculty. Excellent faculty and high graduation rates improve the opportunity for increased enrollment in all university programs. A high graduation rate for African American students suggests a welcoming environment for all underrepresented

populations. Other benefits are the positive internal and external images of the university that enhance chances for grant awards.

In addition to these institutional benefits of increasing the number of African American nurses, is the benefit of improved patient outcomes, especially for African American patients. These benefits serve the health-care, nursing, and educational systems by educating competent, safe, culturally varied nurses who are assets to each system.

It is beneficial to increase the diversity of the nursing profession as the general population is becoming more diverse in ethnicity, culture, and beliefs, as well as more savvy related to their healthcare needs. According to 2010 U.S. census data, African Americans in Minnesota make up about 5.2% of the population, while 85% if the population is considered white ([www.2010.census.gov](http://www.2010.census.gov)). However, African American nurses only account for 1.3% of those registered nurses in the state (MDH, 2008). This number clearly shows the disproportionate state of African American nurses in Minnesota. Many studies have concluded African American patients in general are more comfortable accessing the healthcare system when providers look like them, that is providers have brown skin, and have the ability to relate to them through a shared history, leading to improved health outcomes. When individuals are unable or unwilling to access the healthcare system due to mistrust, there is an added cost to the care received as they seek care at emergency room where the cost of care is highest and at a point when they are often the sickest.

For many, the shortage of nurses of color adds to this perception of an inaccessible system. Additionally, issues affecting patient outcomes include increased pharmaceutical costs, and the fact that many individuals of color do not have health care insurance or are underinsured and do not have the financial resources to obtain prescription medications. The inability to obtain medication leads to substandard management of chronic illness. Poor or absent management of chronic illness may lead to a loss of earnings for many African Americans as they are diagnosed in the later, more debilitating stages of a disease. The project seeks to discover the best elements

for retaining African American nursing students leading to an increase in the number of African American nurses. By increasing the number of African American nurses, the health care system will be more accessible to patient populations who are not comfortable and trusting of the current health care environment. In order to increase the number of African American nurses, students must persist in the nursing program, graduate, and pass the examination for licensure. Consider the following example that further supports pre-program preparation and effective retention programs.

The following is an example of the expense of a student not persisting in a nursing program by utilizing the *Noel-Levitz Retention Revenue Estimator tool*, and the *Return on Investment (ROI) Estimator Tool* (Culver, 2009). Tim Culver, Vice President of consulting services at Noel-Levitz, “recommends considering the concepts of ‘dollars lost’ and ROI from any investment in retention...” (2009). Schools of nursing should apply these concepts to all nursing students, but more specifically to African American students due to their underrepresentation in the nursing student population.

If the tuition for an undergraduate baccalaureate program is \$932 per credit or \$29,888 per year for full-time students taking 32 credits, and three students are admitted into the nursing program at the junior level and persist through the senior year and graduate, according to the Noel Levitz formula, the net tuition recognized would be \$10,500 per student for the third and fourth years. This does not include tuition inflation or attrition that may occur during the junior or senior years. The average net tuition per student is an estimate for the purposes of this example.

#### **Example for the baccalaureate program of net retention revenue**

*Average Net Tuition per year per student \$3500 multiplied by the number of students 3 equals \$10,500 Net Retention Revenue per year.*

### **Example for the associate program of net retention revenue**

*Net Tuition \$1500 multiplied by the number of students 4 equals \$6,000 Net Retention Revenue per semester or \$12,000 per year.*

At the associate level the tuition is \$577 per credit, and if four students are admitted during the year and they persist till graduation or four semesters, the net tuition recognized would be \$6,000 for three semesters or \$18,000.

### **Return on Investment (ROI)**

The above calculations are conservative estimates and somewhat upside down given the recent recommendation to increase the number of baccalaureate prepared nurses to 80% of graduating nurses (IOM, 2010). Furthermore, if one considers the concept of life-long learning, the university would want students to persist and progress through the various academic levels of nursing education offered at the university, including the nursing doctorate. This would provide even greater net retention revenue. If the university is serious about retaining these seven students, and invested \$15,000 for retention programs the short-term return on investment (ROI), would be 5%, and even greater over a longer period of time at the associate and baccalaureate program levels providing the students persist to graduation.

### **Example short term ROI:**

Using the Noel Levitz estimator, average net tuition revenue of \$2250 multiplied by 7 students “saved” minus \$15,000 investment divided by the \$15,000 investment equals a five (5) percent ROI. In today’s economy not many investments provide a 5% return rate. It may seem that seven African American nurses hardly dents the demand, but if one considers this addition every 3-5 years multiplied by the 20 or so nursing programs in Minnesota, or multiplied by even half the number of nursing programs in the United States, then the increase in African American nurses would indeed be of great significance. Not only will colleges and universities benefit financially, the influx of nurses will be noticed by healthcare consumers, especially those of color who will feel more comfortable navigating the healthcare system. Some of these nurses will

become educators, therefore helping to ease the nursing faculty shortage. They will also be role models, thereby increasing the pool of possible nursing students. By increasing the number and success of African American nursing students, the university will be fulfilling its mission to educate. It also fulfills the social justice commitment of nursing to serve a diverse community, and becomes a better steward of its educational income.

While this section has focused on investing in the retention of African American nursing students, the concepts are applicable to all students. By applying different principals of recruitment and retention, the university could increase the enrollment of African American nursing students by 3% the first year through recruitment and retention efforts, and positive word of mouth experiences. This would be evidenced by an increase in the number of African American nursing students graduating equal to the number admitted for that particular cohort. If African American students have a welcoming supportive environment in which to grow and be successful, they will share that experience and support the growth of nursing programs, especially at historically predominately white institutions (PWI's) making the institution a more attractive educational option for African Americans.

## **Section II**

### **Theoretical Framework and Literature Review**

#### **Theoretical Sources Guiding the SCP**

There are many barriers leading to the disproportionate academic achievement of African American students. Some structural barriers seen today include: crumbling schools, lack of supplies, and outdated texts, generally at the K-12 levels in various areas of the country. In this era of technology many of these schools lack technology. Without the opportunity to become computer literate at an early age, students are disadvantaged throughout their educational experiences and eventually in the workplace. Another barrier is insufficient funding, at all educational levels. At the college level, Historically Black Colleges and Universities (HBCUs) rely heavily on funds received from the Higher Education Act and the Historically Black College

Act as Part B of Title III, as well as state funds. It must be noted that funds received by HBCUs are significantly lower than funding for predominately white institutions (PWI's). The lack of funding along with a decline in enrollment, partially due to the fact that over 80% of African American students are enrolled in PWIs, leads to the elimination of educational opportunities for many African American students requiring financial assistance to further their education at HBCUs (Harper, Patton & Wooden, 2009). These and other educational disparities lead to achievement gaps for many African American students.

Achievement gap theory looks at disparities brought about from structural and institutional design (Hirsh, 2005). Although there are many barriers related to the achievement gap, one must remember the achievement gap does not just relate to students, it relates to teachers as well. Educators at all levels are considered in short supply in many areas of the country. There is a belief that many teachers lack the cultural affinity to understand the basis of the achievement gaps experienced by African American students. Additionally, teachers may lack the tools to include cultural perspectives, and a variety of learning formats in curricula supportive of classroom success for culturally diverse students. Teachers need staff development education to support their own professional growth and the educational growth of students. Hirsh (2005) stated:

A significant challenge to schools is selecting the staff development approach that aligns most clearly with the assumptions and beliefs of staff members and produces the desired results for students. When beliefs are in alignment, change in behavior accelerates; when beliefs underlying a new staff development program contradict long-held beliefs of participants, change can come much slower or not at all. (p.39)

The barriers experienced by students and faculty may lead to feelings of marginalization and may further support marginality and achievement gap theory. Whereas achievement gap theory focuses

on institutional policy and systems change needs, marginality theory focuses more on the perceived treatment of students and faculty.

The second theory supportive of the systems change project is marginality. Marginality occurs for students and faculty of color. Grant and Breese (1997), supported the notion that retention and graduation are affected by students' experiences of marginality or what Turner (2002), termed "proportions." Marginality occurs when individuals concentrate "on the marginal attribute [that] emphasize their uniqueness and separation from others" (Grant & Breese, 1997, p.192). Marginality is a long used concept in sociology and is believed to be of significance to the topic of successful completion of the baccalaureate program under the assumption that the reaction of students and faculty to marginalization impacts their admission, retention, and achievement in the educational system. Examples of marginality include the experience of being the only person of color or significant minority group in the classroom whether as a student or faculty. This may be regarded as being on display or "socially invisible." Some may call this the "token" effect. Inherent in the concept of marginality is the notion that black students do not belong. Some white students have voiced the opinion that many black students are admitted based on affirmative action or sports and not on academic merit alone. Conversely, an African American student in a study by Grant and Breese (1997) stated he did not like being placed in the affirmative action place for admittance when he was indeed there on academic scholarship. Comments like these suggest the continued stereotype that African Americans are not smart enough to be admitted based on intellect, grade point average (GPA), or American College Testing (ACT) scores. African American faculty also experience marginality and these experiences include: feelings of isolation, misperceptions, fewer opportunities for sponsorship/mentoring, social invisibility, and a more difficult time gaining credibility and acceptability.

The theoretical frameworks discussed focus on obstacles to academic success and educational inequalities. Each of these theories support the need for schools of higher learning to

provide educational strategies for African American students to successfully complete their academic programs, and for all faculty to be provided with educational tools to support the success of African American students. Both the achievement gap and marginality theories have strengths and limitations, which will be discussed next.

Achievement gap and marginality theory recognize the role of race and ethnicity in the unequal educational accomplishments for some African American students. Achievement gap as defined in this paper uses race and ethnicity to analyze the gaps in achievement. Marginality theory when defined as including the individual and not just the marginal experience is inclusive of “race and ethnicity.”

An analyses of the causal factors related to the decrease in the number of baccalaureate degrees awarded to African American students, must be holistic in nature. Providing marginalization experiences occur, it is necessary to hear the voices of students. Greenberg and Green in their research (as cited in Grant & Breese, 1997) did not consider individual responses to marginality, but had their focus on the negative reactions to marginality. Conversely, Grant and Breese (1997), looked at six reactions individuals may have when placed in marginal situations and concluded that some reactions may lead to a positive outcome. These marginal reactions, along with areas of inequalities seen in achievement gaps, have strengths as well as limitations based on the history of African Americans, individual lived experiences, and the experiences of those in students’ ecosystem. Marginalization is not exclusive to students; faculty members also experience marginality with a variety of responses.

Marginality theory does not address the need for faculty development to foster the implementation of classroom strategies supportive of successful coursework completion. Achievement gap theory recognizes the need for staff development to not only support student success, but also the success of faculty in the education profession. Both theories support the notion of the visibility and need for African American students to see faculty of their same ethnic background. Achievement gap and marginality theories do address the fact that students and

faculty have these experiences and that systems and resources need to be implemented that strengthen student and faculty resiliency to the experiences.

### **Literature Review and Synthesis**

For this project, literature was reviewed and analyzed from the following topic areas: increasing diversity in nursing, specifically increasing the representation of African American nurses; recruitment approaches with a direct target of underrepresented groups, especially African Americans students into the field of nursing; and best practices for retaining and overcoming barriers for African American nursing students.

### **Increasing diversity**

A 2010 Institutes of Medicine (IOM) report on the future of nursing, states nurses have a considerable opportunity to act as full partners with other health professionals and to lead in the improvement and redesign of the health care system and its practice environment. Nurses make up the largest group of healthcare providers with over three million nationwide, and should have a key role in health care reform; however:

A major challenge for the nursing workforce is the underrepresentation of racial and ethnic minority groups and men in the profession. To better meet the current and future health needs of the public and to provide more culturally relevant care, the nursing workforce will need to grow more diverse. And to meet this need, efforts to increase nurses' levels of educational attainment must emphasize increasing the diversity of the student body. This is a crucial concern that needs to be addressed across all levels of nursing education. (IOM, 2010, p. 4-35)

The 2008 *National Sample Survey of Registered Nurses*, found that while 65.5% of the U.S. population is non-Hispanic White, 83.2% of RN's are non-Hispanic White, clearly a significant disparity in the number of RN's from underrepresented population groups exists (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2010). One does not need to look to the national front to see the disparities in the number of

African American/Black nurses. In Minnesota, the number of black (term used by Minnesota Department of Health) nurses is about 1.3% of the nursing population, while the African American/Black population is about 5.2% for the state (MDH, 2008; 2010.census.gov) (note African American/Black for MDH is inclusive of immigrant populations). Clearly there is a need to increase the number of African American/Black nurses and in order for this to be accomplished, black students must be recruited into the nursing program. A study conducted by the American Association of Colleges of Nursing, (2010), shows the enrollment of Black/African American students into generic baccalaureate programs is not keeping pace with other underrepresented groups. In 2002 there were a little over 9000 African American/Black nursing students enrolled in generic baccalaureate nursing programs; that number had increased to just over 15,400 in 2009. While that is a significant increase, most other groups such as Hispanics and Asians have seen a greater than double the number of students enrolled in baccalaureate nursing programs. These data clearly support the notion that African Americans are not admitted into nursing programs proportionately to other unrepresented groups. Increasing the number of African American nursing students not only benefits the profession, it has an impact on the individuals in underrepresented communities and the nursing profession.

To meet the challenges of health care in the future, it is important to analyze how many students are admitted into nursing programs and how many students are retained, actually graduate, and become licensed as registered nurses. Barriers to nursing program completion include: poor academic preparation, lack of finances, perceived and actual discrimination, an unwelcoming university/department environment, inadequate educational supportive resources, and a lack of minority faculty role-models (Amaro, Abriam-Yago & Yoder, 2006; Nugent, Childs, Jones & Cook, 2004). Much research demonstrates that African American students have increased program persistence when they feel welcomed, and supported academically, emotionally, and financially. A welcoming, supportive environment may be achieved with the implementation of mentoring programs. Nugent, et al. (2004), studied the retention of minority

students, and described a Mentorship Model that includes faculty and institutional awareness. A mentorship model is useful for program retention, as well as for recruitment of nursing students.

### **Program recruitment**

Institutions or departments committed to increasing the recruitment and retention of African American students will be more successful if they include goals to reach this population in the strategic plan (Wiggs & Elam, 2000). In review of this university's strategic plan, there are no specific numbers of students equated with the goal of increasing enrollment. Nor are there any specifics for any underrepresented student population for the university or school of nursing. Recruitment of minority students into the health professions has proven to be a challenge. Physical therapy programs, nursing, and medical schools continue to use the strategies of career fairs, brochures, economic incentives, and visits to high schools with little success (Dowell, 1996; Haskins & Kirk-Sanchez, 2006). Economic incentives are frequently supported by federal funds. "Short term recruitment and retention programs funded by the Federal government and other organizations, while necessary and useful, have not been sufficient to fundamentally alter the historical patterns of minority underrepresentation in nursing education" (National Advisory Council on Nurse Education and Practice, [NACNEP], 2000, p. 7). Other barriers to recruitment of minorities into nursing and health professions include: misperceptions of the role of the nurse (Dowell, 1996; NACNEP, 2000), poor academic preparation (Ackerman-Barger, 2010; Allen, Nunley & Scott-Warner, 1988; Dowell, 1996), financial constraints (Amaro, Abriam-Yago & Yoder, 2006; Allen et al., 1988), an unwelcoming campus environment including a lack of minority faculty, and perceived and actual discrimination (Ackerman-Barger, 2010; Dowell, 1996; Langston-Moss, 1997; NACNEP, 2000). This list is not all inclusive by any means, however the fact remains the color scheme of the United States is changing; nursing is extremely homogenous "White;" and "the lack of minority health professionals is compounding the nation's persistent racial and ethnic health disparities" (Sullivan Report, 2003). There continues to be minimal research related to effective recruitment strategies for underrepresented populations in

the health professions including nursing.

### **Program retention**

Retention activities effectively aimed at and supportive of Black and other minority nursing and health professional students may be categorized into those at the student, faculty, and institutional levels.

#### **Student level**

Activities supportive of success at the level of the student include adequate pre college academic preparation, improved study skills, self-motivation and determination, peer support, and ethnic student associations (Amaro, et al., 2006), as well as a “heightened awareness of Black students regarding available resources” (Ackerman-Barger, 2010, p.681).

#### **Faculty level**

To diversify the student body, nursing needs to recruit and retain a more diverse faculty (Amaro, et al. 2006; Gilliss, 2009; IOM, 2010). Rew (1996), added to this by stating “[T]o be successful in addressing the many issues of diversity, it is essential to have faculty that is also characterized by diversity in age, gender and ethnicity” (p.313). With that being said, in the face of reality it is necessary to educate all nursing faculty to be culturally aware, sensitive, and knowledgeable about differing cultures and customs (Ackerman-Barger, 2010; Campinha-Bacote, 2010; Rew, 1996). Ackerman-Barger (2010) suggested that faculty “contribute to cultural imposition through their beliefs and teaching methods” (p.679). With a similar view, Giddens (2008) discussed the need to move toward a “contextual pedagogy using multi-contextual approaches” to teach (p.80).

In summary, it is important to assist faculty in becoming aware of their own views and biases and the effects these perspectives have on their teaching. Individuals providing nursing education require educational development in cultural and learning differences. One way to assist students in their learning is to clarify expectations and provide guidance and direction to improve

study skills and exam preparation. Faculty must learn to use multi-contextual methods to educate students.

### **Institutional level**

Due to a scarcity of financial and human resources, it is imperative to “determine the level of institutional commitment to include students from diverse cultural backgrounds” (Crawford & Olinger, 1988 p. 380). The implementation of programs requires funding and many students from underrepresented groups have external employment and need more financial support; this becomes even more of a factor with the many changes in federal aid eligibility and reductions in funding sources. In an effort to recruit and retain minority nursing students, institutions will need to increase financial resources, including those specific to and for health professional students (Allen et al., 1988; Crawford & Olinger, 1988; NACNEP, 2000; Wiggs & Elam, 2000). Other supportive measures include: tutoring and counseling services (Crawford & Olinger, 1988; Wiggs & Elam, 2000), recruitment and retention of minority faculty (Gilliss, 2009; Crawford & Olinger, 1988; NACNEP, 2000; Wiggs & Elam, 2000), and linkages to students in middle and high school (Andes, Edmonds, Monreal & Galvan, 2007; Foster, 1996; Crawford & Olinger, 1988; Gordan & Copes, 2010).

There are a number of mentoring programs aimed at increasing the number of underrepresented groups in nursing; however a thorough literature search did not reveal any programs directly aimed at African American nursing students. Yet, several programs have been developed to increase the number of baccalaureate prepared Hispanic nurses. Two programs are located in the south at the University of Texas at El Paso School of Nursing (UTEP-SON) and the University of Texas Health Science Center at San Antonio School of Nursing (UTHSCSA-SON), called Juntos Podemos (Cantu & Rogers, 2007). Both programs have an expanded goal to provide access to quality nursing education to disadvantaged students, including those who are economically disadvantaged. The UTEP-SON program has a pre-nursing advisor, while both programs work with local high schools and counselors to encourage and support a student’s

career choice. Both have relational mentoring programs; Juntos Podemos utilizes currently enrolled students to mentor those students in the first and second semesters. The UTEP-SON program utilizes Hispanic nurses with a baccalaureate degree or higher to mentor students, as well as trained academic coaches who are graduate students who tutor the students at a minimum through the first examination, if the grade is 80% or greater the student does not need to attend the sessions unless their grade drops below 79% (Andes, Edmonds, Monreal & Galvan, 2007; Cantu & Rogers, 2007).

Another initiative that has shown promise and success is The Coppin Academy for Pre-Nursing Success (CAPS) program at Coppin State University in the Helene Fuld School of Nursing (HFSON). This program partners a historically Black university and the Baltimore City Public School System. Once identified, students receive support from 8<sup>th</sup> grade through graduation from the baccalaureate nursing program. There is a pre-entry program for high school students with an interest in nursing as a career; the CAPS program is year round and the baccalaureate curriculum has a ten (10) month calendar year. Components of the CAPS program include: workplace mentoring, academic support and tutoring, monthly stipends and financial aid counseling, clinical experiences at local hospitals, and a partnership with the Upward Bound Program (Gordon & Cops, 2010). This program has been successful with enrollment growing; students are passing the NCLEX exam on the first attempt and many are practicing in underserved areas.

Last to be discussed are those programs initiated in other health care professions with similar needs to increase the diversity of professions similar to nursing. Foster (1996) and Terrell and Braudreau (2003), discuss the phenomena of a pipeline to increase the number of African Americans entering medical school and other health professions including pharmacy, dentistry, and nursing. A pipeline includes the development of a relationship with middle or high school students interested in the health professions. The university decides the extent of the relationship, but the goal is to help these middle or high schools students to choose a career in health care and

to help them prepare for admission to an academic program. The authors mentioned above stress the need to create partnerships with high schools and health profession schools. Terrell and Beaudreau (2003), state "...government entities could bring a great deal of knowledge to a pipeline program" (p.1052). Equally important would be to combine the efforts of government and other public and private agencies to "improve pre-health professions education in low-performing high schools. [T]his could result in leveling the playing field in academic achievement between minority and nonminority students who are interested in entering a health profession" (Terrell & Beaudreau, 2003, p.1052). It is clear that much research is needed in the area of recruitment and retention of African American and minority nursing students.

### **Section III**

#### **Project Design and Methodology**

This project employed a mixed method design. Basic program information was obtained through an exploratory framework. Student information regarding program admission, completion, and ethnicity was obtained through a review of records from the departments of nursing, admissions, retention, and the multicultural student support program. Additionally, an online survey was administered to students and faculty. The survey instrument was formatted utilizing the software supplied by the university's online survey tool and was accessed via the Internet. Survey group responses were analyzed using a descriptive phenomenological approach reflective of the themes of the lived experiences of the respondents. The study was approved by the investigator's university institutional review board (IRB). The student survey was reviewed by a panel of three faculty experts and deemed to appropriately represent the content of interest. Additionally, both surveys were reviewed by a member of the university's institutional research department.

After IRB approval was granted admission, graduation, and non-completion data were obtained using student ID's. As currently these data are not contained in a single data base, a single database was developed. This information was obtained through the following

departments: the office of retention, the nursing department, the admissions office, and the multicultural student support office. Information obtained for some students included name, phone number or address, year admitted into the nursing program, year of program completion or withdrawal from the university, and race or ethnicity as indicated by the student. All data were provided to the researcher. The researcher did not have direct access to additional student information, only information students had given release approval to the university was provided.

### **Participants and Data Collection**

The researcher used purposeful sampling to select all of the participants. Purposeful sampling is “a strategy in which researchers deliberately choose the cases or types of cases that will best contribute to the information needs of the study” (Polit & Beck, 2010, p. 320). The student participants were currently or previously enrolled African American nursing students at a Minnesota university offering nursing programs at the associate and baccalaureate level. The student sample size was relatively small, which is common for phenomenological studies where “participants must have experienced the phenomenon and must be able to articulate what it is like to have lived that experience” (Polit & Beck, 2010, p. 323). Faculty participants were all current nursing faculty in the associate and baccalaureate programs.

#### **Student participants –**

To obtain student names and contact information, the following offices were contacted: admissions, retention, nursing, and alumnae. Information was requested for students admitted to the nursing program between 2004-2009 for the associate and baccalaureate degree program. Faculty and staff assisted the researcher in excluding some students who were personally known not to meet the definition of African American for this project. After this review, there were 73 associate degree students to be contacted and 13 baccalaureate degree students. Of these, a functioning email address was not available for 21 students. The researcher was able to obtain a phone number for five of the 21 students, who were then contacted by phone to obtain an email address, with only one student returning the call. Sixty-six students were contacted by email,

receiving an introduction to the project, contact information for the researcher, advisor, and IRB chair, an explanation of the voluntary nature of the survey and individual questions. Student participants who consented to participate completed the student survey tool via the Internet (See Appendices A & B).

The student surveys included ten (10) questions—two were demographic: one asking students to self select the racial/ethnic group to which they identified, and the other question dealt with whether the student was in the associate or baccalaureate program. Additionally, there were several open ended questions to elicit the participants' experiences around recruitment, resources, and suggested improvements. Last, there was a separate link to a question asking the level of interest in participating in a focus group in the future. The student survey took less than 20 minutes to complete. Data were stored via the online survey tool program and were password protected with a password known only to the researcher.

### **Faculty participants**

Thirty-five (35) faculty from the associate and twenty-four (24) faculty from the baccalaureate nursing programs were invited to participate in the study by email from a support person in the department of nursing. The invitation provided a link to the online survey where a full disclosure introduction was available and it was indicated that completion of the tool denoted consent from the participant (See Appendix C). The tool consisted of eight questions: one asking the racial/ethnic group with which the faculty identified and another asking the respondents' position in the nursing program. The remaining were open ended questions asking about resources used to refer students, the inclusion of African American cultural content in the curriculum, and program suggestions. The online survey tool could be completed in less than 30 minutes.

## **Project Questions**

The aim of the project questions was to generate student and faculty responses related to recruitment, resources, and curriculum, as well as obtain suggestions to improve program completion for African American nursing students. The project questions are as follows.

1. What are the recruitment strategies directed toward African American students admitted in the associate and baccalaureate nursing programs and are the strategies effective as perceived by African American students?

This information was gleaned through survey responses, as well as from information received from the office of student affairs.

2. How many African American students have been admitted to the associate or baccalaureate degree nursing program during the period of 2004-2009?

This information was obtained in collaboration with the office of multicultural affairs, the office of Retention, and nursing faculty for the BDP and the Admissions office for information on the ADP.

3. What are the retention strategies and resources accessed, and found to be effective and or ineffective as identified by university faculty and African American nursing student participants?

This information was determined through review of resource data and direct contact with staff from the Center for Academic Development and the Learning Center, and from student and faculty survey responses.

4. How many African American students admitted to the associate and baccalaureate degree nursing program either completed the program or withdrew from the program, and what were the reasons?

This information was obtained from the Office of Institutional Review, the office of Student Affairs, the nursing department, and student survey responses.

## **Section VI**

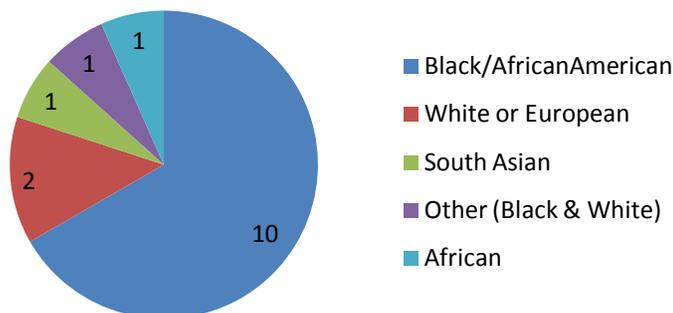
### **Findings and Data Analysis**

In preparing to review the data, the researcher recognized the need to become familiar with the data as they pertained to the participants' descriptions of their experiences. Once familiar with the data, the researcher returned to each question and the theoretical framework, extracting direct narrative quotes that captured the essence of and directly pertained to the phenomenon. The researcher coded the narrative responses and after further reflection and reading the responses many times, common themes began to emerge. In an effort to reduce researcher bias, two reviewers were consulted. One reviewer was external to nursing and the other was internal to nursing, both having experience with survey design and evaluation. With the assistance of the reviewers, student and faculty comments were further analyzed. Additional categories and subcategories became apparent. After continued review of the questions and responses, the final categories were developed.

### **Student Survey Findings**

Of the 66 students who were sent surveys, 13 students responded to the survey, for a response rate of 18%. Of those, 11 students met inclusion criteria. Thirteen surveys were started and eleven (11) were completed past the demographic information, however some questions did not have responses and or comments. All of the respondents were female. The first question asked: With what racial/ethnic group do you identify? (If you are of a multi-racial/multi-ethnic background, please circle all that apply). This question was used to assess whether the student met the inclusionary criteria. The responses from the students are seen in Figure 1. The student responding as "Other" indicated she is multiracial, inclusive of Black/African American; therefore her responses have been included.

**Figure 1. Student Racial Ethnic Identity**



### **Recruitment**

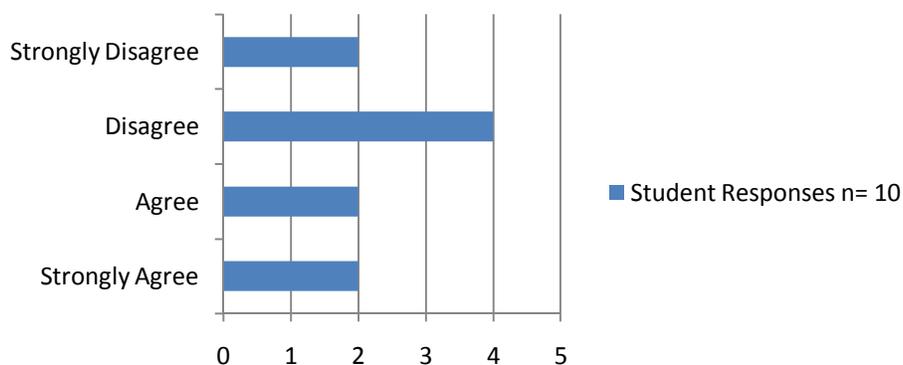
Question 2 asked how the student learned of the nursing program. This question sought to discover how the students were finding out about the program. Responses will assist the nursing department and university to evaluate recruiting efforts. A majority of the respondents learned of the program from other students through word of mouth, thus supporting the need for students to have a positive experience.

Another question inquired about the student's knowledge of Black staff/faculty representation; the majority response to this question was either none or one. The fourth question asked the student to assess the knowledge of faculty as it relates to issues of African Americans. Fifty-six percent of respondents felt the faculty were "somewhat knowledgeable," while 33% felt the faculty "were not at all knowledgeable" in regard to issues concerning African Americans, and 11% indicated the faculty were "very knowledgeable."

### **Curriculum**

Figure 2 represents the results from the question asking if the curriculum adequately represents the contributions of African Americans. This question sought to determine the students' perspective of the diversity of the curriculum presented to them.

**Figure 2. The nursing curriculum adequately represents the contributions of AfricanAmerican persons**



### **Institutional support**

The next two questions addressed facilities, programs, and organizations that contributed positively or negatively to students' nursing education. Eight students responded to this question, five students reported they were not affected negatively while in the nursing program. There were three comments indicating students felt they were negatively impacted: one comment related to a clinical experience and the other two comments related to attitudes toward the nursing program. One stated "the AD program overall" without further comment. Students' reported programs having the strongest positive impact were the learning center, one-on-one assistance, and culturally supportive programs.

The final question asked the students to provide suggestions to improve the university and/or the nursing program. The comments may be categorized as follows and may fall into more than one category; institutional or nursing department, student learning needs, and community comfort. Notable comments are included below for each of the categories (See Table 1).

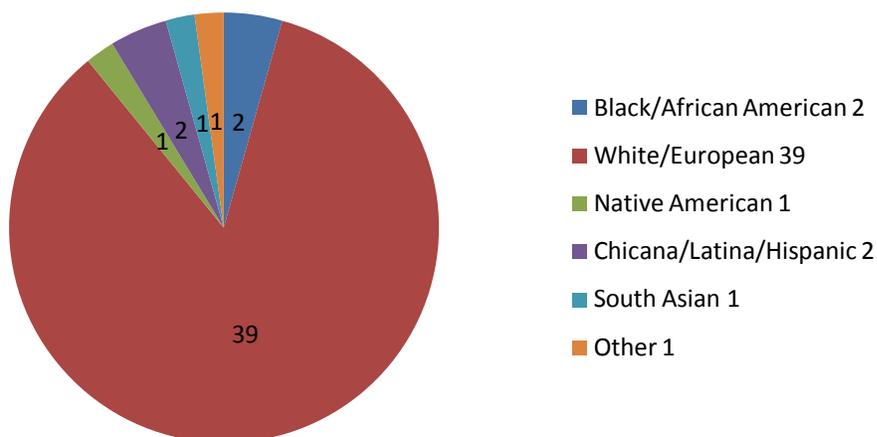
Table 1 African American-Student Suggestions to Improve the University & Nursing Program	
Categories	Comments
Institutional or nursing department	<p>“Hire African American teacher[s] or Minorities to reflect the mission of [the university]</p> <p>“need way more organization in the program”</p>
Student learning needs	<p>“We learn different due to our backgrounds, history”</p> <p>“Some instructors are very set in their ways and should not be teaching nursing at all”</p> <p>“Encourage more multicultural students to participate in class”</p>
Community comfort	<p>“It does not relate at all to African American students, but I have come to deal with that part”</p> <p>“it would be helpful to acknowledge the accomplishments of African American nurses”</p> <p>“The program should embrace diversity and treat students with dignity regardless of their race”</p>

In summary, black female students provided responses to the survey delivered via the Internet, as seen in the above table. The survey with its open ended questions provided the student’s an opportunity to have their voices heard.

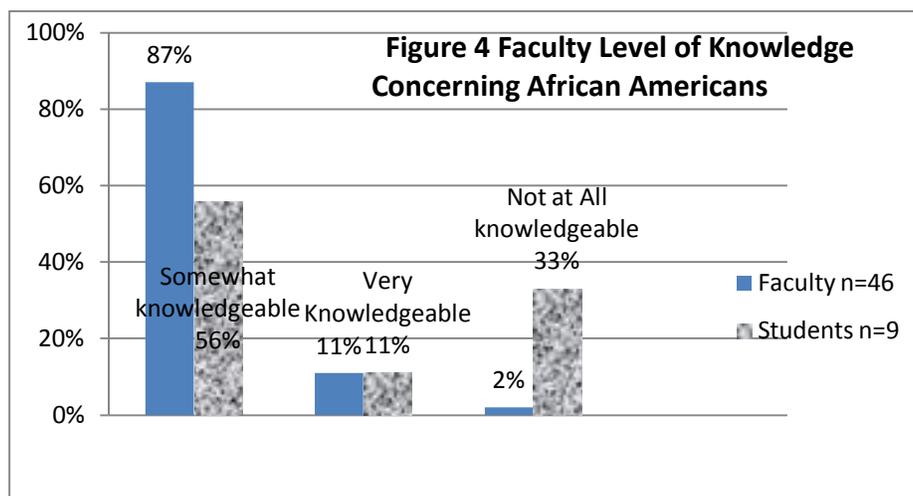
### **Faculty Survey Findings**

The faculty survey consisted of seven questions. A total of 59 nursing faculty members were invited from the associate and baccalaureate nursing department to participate in the survey. Forty-seven surveys were started and forty-three were completed for a 73% response rate. The nursing department faculty presents little diversity, which is consistent with the nursing profession in general. Figure 3 shows the racial/ethnic makeup of the faculty respondents.

**Figure 3. Faculty Racial/Ethnic Identity**



Faculty members were asked to evaluate their knowledge level related to African American issues. This question garnered 46 responses, the majority (87%) felt “somewhat knowledgeable”, while 11% felt “very knowledgeable” and 2% responded “not at all knowledgeable”. This question is similar to a student question where the students were asked to assess the faculty knowledge of African American issues. It is interesting to note the contrasting perceptions of the knowledge level of the faculty especially at the “not at all knowledgeable” level. (See figure 4)

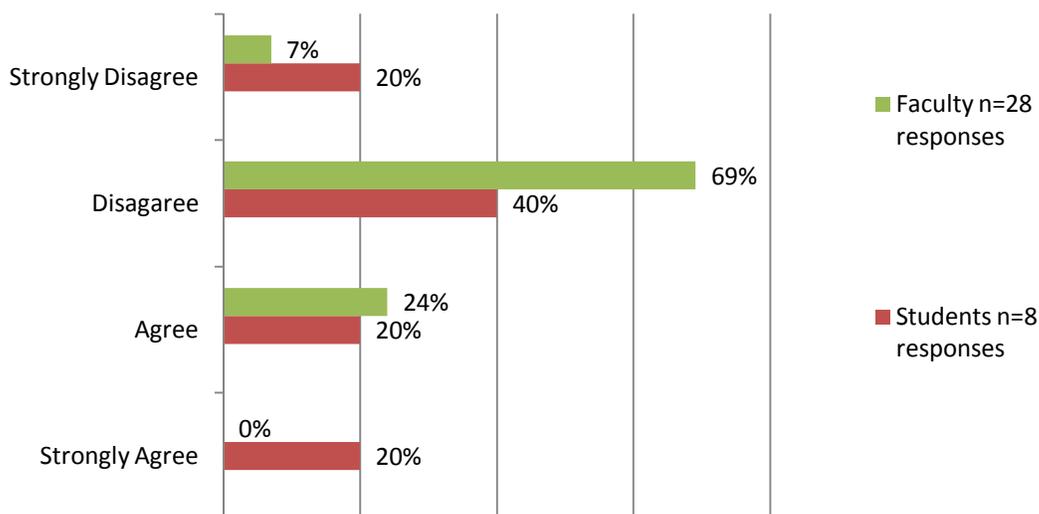


**Curriculum**

Figure 5 represents the responses to the questions in which students and faculty were asked to assess whether the curriculum adequately represented the contributions of African

Americans. Student and faculty responses agree that the curriculum is not educating nursing students to have an awareness of the contributions of African Americans in the field of nursing; this is significant when considering the need to increase the diversity of the nursing profession and the comfort level of students from diverse populations in the nursing program.

**Figure 5 Comparison of Student and Faculty responses to whether the curriculum represents the contributions of African Americans**



### **Institutional support**

The faculty was asked about the learning strategies and/or resources they referred African American students to in an effort to support successful completion of a nursing course. The response cited most frequently was the learning center at 21 times. The learning center as the number one choice is congruent with the student response to this question. One-on-one and faculty/staff tutoring was mentioned 19 times by faculty and was in the top three responses by the student participants. Culturally supportive programs and curriculum related activities received nine (9) responses from the faculty. Students also rated culturally supportive programs as having a positive impact on their learning. The students did not mention curriculum related activities, such as the inclusion of “African American guest speakers” or “collaborative learning styles” as cited by the faculty. Faculty also recommended students to other students for academic

assistance and encouraged study groups to aid in learning; neither one of these learning resources were mentioned by the students responding to the survey. Two other items mentioned, though only by a couple of faculty, that may significantly impact academic success include the reduction of work hours and the development of a success plan with a faculty member.

Faculty members were given the opportunity to provide suggestions to improve the University and nursing program for African American students. There were 24 faculty who responded, many of them with multiple suggestions; some were similar to those of the students and after multiple readings and much reflection this researcher was able to reduce the responses to the same categories as those for the student responses (See Table 2).

Categories	Comments
Institutional or nursing department	<p>“...students need role models ... I'm not sure that the role models need to have the same cultural background or the same color skin”</p> <p>“Hire more professors of color and pay attention to multicultural competence in the hiring process for all faculty and staff”</p> <p>“Active recruitment with faculty outreach...”</p>
Student learning needs	<p>“... implement retention strategies to address unique needs of African American students, establish a mentoring program between nursing students and practicing RN's ...”</p> <p>“...individual assessment of learning needs, learning approach...”</p> <p>“...a student work group that would include many nationalities...”</p>

Community comfort	<p>“I think there should be a section in the library devoted to African History and history in the medical/nursing field “</p> <p>“Have faculty development around inclusivity”</p> <p>“Help establish a community of support--(1) of other African American students (2) focus group with African American graduates...”</p>
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In conclusion, the faculty survey was completed by 73% of those invited to participate. The findings indicate faculty utilize university learning centers and provide much needed one-on-one assistance to students. One-on-one assistance is used to clarify information, review examinations, and discuss student needs. This activity requires time and is relationship building for the student and faculty. While much information was gathered from the survey instrument, there were strengths and limitations to the project.

Many of the university program improvement suggestions cited by the faculty were congruent with those cited in an article by Allen et al. (1988). It is interesting to note that twenty-three (23) years later many of the same remedies are recommended, such as, increase the number of Black faculty, increase preprogram and precollege support, engage in relationship building, and increase culturally related knowledge and activities.

### **Strengths and limitations**

The use of a survey tool distributed via the Internet was appropriate to elicit information from the faculty. A limitation to the faculty survey was the researcher’s attempt to limit the number of questions, which may have led to the exclusion of follow up questions that would have provided even richer more insightful responses. It is difficult to assess whether the faculty respondents were teaching when the student respondents attended the university, as those questions were not asked of the participants.

A survey tool delivered via the internet may not have been the most appropriate method for the student population as email contact information frequently included the university email address and not a personal email address. Since the current Black nursing student population is less than the number of respondents some of the respondents were not currently enrolled in the nursing program and may not routinely access the university account. Additional student limitations include:

1. Student content data were not available through one source.
2. Not all sources contacted for information were responsive, so it is possible the researcher did not receive a complete list of African American students who were enrolled in, withdrew from, or graduated from the nursing program.
3. Until recently, data were not collected on race/ethnicity and until very recently students did not have the options of multiple ethnicity choices.
4. There were years when the nursing programs did not appear to have any students meeting the study criteria, limiting the student sample.
5. The student data collection period was at the end of the school year, current students may not have completed the survey since this is exam time.
6. Students may not have responded to the survey after having a negative experience at the university.
7. The researcher may have used the U.S. postal service to invite students to participate by enclosing a participant specific survey link that once used would be inactive therefore maintaining the integrity of the survey data.
8. The survey questions as constructed may not have obtained the strongest student responses.

In summary, purposeful sampling was an appropriate method to become informed about the experiences of African American nursing students. The aim was to obtain as much information as possible from a representative sample of African American nursing students at a

predominately White institution (PWI). The student sample size may have been increased by more intentional use of snowball sampling. By having a larger student pool and more data, other themes may have been discovered with the ability for greater data saturation and deeper, richer responses. Purposeful sampling was an appropriate method to obtain faculty participants. The anonymous online survey tool was appropriate to delve into the thoughts and opinions of faculty who teach students in the associate and baccalaureate nursing program.

## **Section V**

### **Discussion of Findings and Recommendations**

This section discusses the significance and implications of data collected from student and faculty surveys. These salient points analyzed in light of information from the literature help to inform the project recommendations. The successful implementation of recommendations requires change at the institution, department, and individual levels. A brief discussion is included on the process for integrating innovative change at this Minnesota University.

#### **Project Assumptions**

Assumptions of the project were that the university had specific strategies directed toward the recruitment of African American nursing students. This belief was not supported by conversation with university admissions or by student responses in the case of the nursing program studied. This is consistent with many nursing programs since “minority recruitment for nursing education programs has been challenging” (Dowell, 1996). Other health care professions have activities aimed at recruiting minority students. Haskins and Kirk-Sanchez (2006) found that in a study of strategies employed by physical therapy programs, there was no difference in the number of minority recruits for programs that had specific recruitment efforts and those that did not. The special efforts mentioned include; a brochure, open house, visits to high schools, current minority students, career fairs, and the inclusion of cultural diversity as a goal. However, Dowell (1996) stated “The recruitment strategies remained similar despite cultural variations in

the population. One must wonder if differing strategies would be more effective based on these cultural variations” (p.294). Contrary findings were revealed in a study conducted by Wiggs and Elam (2000), who found that efforts such as outreach programming to high school students, summer preparation programs, and joint recruitment efforts with undergraduate and health profession programs were needed to reach African American students interested in the health professions.

Another assumption was that faculty and students were not utilizing campus resources such as the learning center and multicultural programs. However, a majority of student and faculty responses validated the use of these resources. It is unknown to what extent the resources are making a difference. While the multicultural programs have some data related to resource usage, data are it is not specific to the population for this project. It was also assumed the university/nursing department was unwelcoming for African American students. With a small sample size it is difficult to definitively conclude the environment is unwelcoming, but one third of the student respondents voiced a negative experience. Furthermore, when asked for suggestions to improve the nursing program, a majority of students and faculty commented more faculty of color should be hired and some commented on the need for inclusivity education. In order to make the changes supportive of positive student experiences, the nursing department needs to develop a plan for change.

### **Innovative Change**

The change theory models congruent with the project are Kotter’s theory of organizational change ([www.kotterinternational.com/kotterprinciples/changesteps](http://www.kotterinternational.com/kotterprinciples/changesteps)), and the Awareness, Desire, Knowledge, Ability and Reinforcement (ADKAR) model of change ([www.change-management-coach.com/adkar.html](http://www.change-management-coach.com/adkar.html))

The ADKAR and Kotter models of change were chosen for the change project because the university and nursing departments have cultures that are slow to change unless there is perceived danger. The danger here is that if nursing schools do not recruit, retain, or graduate

more African American students and other students from underrepresented groups, the nursing profession will continue to be homogenously White. Educational institutions, schools of nursing, and the nursing profession will all fail to uphold the mission of educational opportunities for all. Nursing also fails to uphold its position on social justice because there will continue to be a shortage of nurses able to provide care within the context of the patient's worldview. This adds to the health disparities currently witnessed in populations underrepresented in nursing and other health professions. The university and nursing department have philosophies and values promoting leadership, self-determination, and social justice for all students, indicating a need for this systems change project. An additional factor is the lost student retention revenue if students do not have a positive experience or are unsuccessful at the university.

The Kotter model is useful at the administrative/institutional levels where the values and norms transcend all departments. The ADKAR model has the ability to take into account the differing cultures of campuses in physically different locations, with differing student populations, which is then reflected at the individual level.

The Kotter and ADKAR models are similar as both focus on people who will create the change. The ADKAR model has a focus on assisting the individual to make a positive transition. The Kotter model considers changes that must occur at the upper and executive management levels, and includes the application of Kaizen principles to record incremental changes over time. When implemented in the workplace, Kaizen principles recognize the daily continuous improvements and the elimination of waste by humanizing the workplace, and nurturing human resources. The models seek to empower management and faculty by providing information.

The ADKAR model of change was developed by Jeff Hiatt, CEO of Prosci Change Management. The model was first published in 2003 and looks at actions and outcomes needed for change at the individual level, thus creating change at the organizational level. For this systems change project, many individuals will need an **awareness** of the need to review and analyze current recruitment and retention practices for African American nursing students,

leading to recommendations for success for this student population. Nursing faculty must be informed and recognize the need to support African American students. Additionally, faculty must know how to support the students since they are the advisors and instructors in this program. Others who need to be informed include those in the areas of student affairs, recruitment, retention, learning resources, multicultural programs, and liberal arts faculty. After many conversations, the researcher has knowledge of many faculty and staff across the university who are interested in this topic; however, it is necessary to have more participation from those within the nursing department, as well as at the university level. A **desire** to change must be created. This desire may be created through the use of incentives, by providing best practices information, and by linking the changes to the philosophy and mission of the university and nursing department. Providing the **knowledge** of how change can be made through coaching, mentoring, and education equips the participants to be desirous of creating actual change. Equipped with knowledge, the faculty and staff will be excited about participating in the change necessary to improve the recruitment and retention of African American students in the nursing program. Faculty and staff will have support to implement actual changes because faculty and staff have the **ability**, and receive feedback from students and other faculty as to the effectiveness of the changes. Those taking a leadership role and participating in the changes should be recognized by the nursing department and university community. After thorough evaluation of the remedies implemented, continual **reinforcement** is needed to sustain the change within the department and at the university level. The university is a multi-layered institution, and for these changes to become imbedded in the system, changes need to occur at the organizational level.

For change to occur at the organizational level, the Kotter model of change would be appropriate. The Kotter model has many similarities to the ADKAR model, and is generally applied at this level. In order to have optimum buy in, it is necessary for university administration and the dean or department chair of nursing to have a clear understanding of the need for change, and communicate the need for change to their respective department members.

Obstacles to the change project include administration, faculty, and staff who do not see any value in the change. It will be necessary to identify leaders from various departments to help build teams supportive of change and to communicate the value of the changes to the future of the department and university. Leaders and other team members are needed to convince others of the value and help to change the minds of the resisters. The leaders will also mentor others to become champions of the initiative and provide sustainability within the department and scalability of the change project at the university level. The university should recognize the short term successes, analyze progress, and build upon what is working, while eliminating what is not effective. In order to improve recruitment and retention strategies, resources are required.

Human resources are needed to obtain the information from electronic and or hardcopy databases; individuals must provide the information to the team and be available to discuss the findings, as good data collection and analysis are needed to track success. Additionally, human and financial resources are needed to implement change, and to recognize and celebrate successes. Once the department of nursing has a plan for change, it becomes necessary to review the recommendations.

## **Recommendations**

### **Recruitment**

The university strategic plan includes increasing student enrollment. It is the researcher's recommendation that the university have a specific goal to increase the number of African American students at the university level. Additionally, the nursing department administrative team should develop short and long term goals to increase the number of African American nursing students admitted into the program. Studies conducted by Wiggs and Elam (2000) and Leverett, Parker and McDonald (2007) found that by defining the goals and objectives, their respective health and business professional programs were able to meet the goal of increasing African American students in the areas of nursing and medicine (Wiggs & Elam, 2000) and in the business program (Leverett, Parker, & McDonald, 2007). It is also important to assess the level

of commitment at the university level, especially in the current environment of scarce resources (Crawford & Olinger, 1988). Additionally, to demonstrate that commitment internally and externally, the goals should be located on the nursing department webpage. To improve visibility, the nursing department website should be assessed and the use of technology for recruitment efforts should be increased. Conversation should continue with university admissions and marketing departments to develop strategies to increase the outreach to potential students, with faculty participation.

Focus groups should be conducted with a larger number of African American participants at the high school level to evaluate the needs and knowledge of high schools students. Wiggs and Elam (2000) found that 15% of students decided to enter a health career in high school or junior high school. The nursing department should conduct routine focus groups with select students from all populations, especially students from underrepresented populations. Focus groups with this university student population will support the assessment activities of the department of nursing, as well as the university; evaluate retention efforts; assess resource needs; assess campus comfort; and assess the development needs of faculty and staff.

The university should partner with a high school health careers program with the intentional goals of increasing the number of African American students admitted to the nursing program. The literature describes many “pipeline” programs outreach programs and high school partnerships programs that support students with an interest in attending nursing or medical school (Crawford & Olinger, 1988; Foster, 1994; Gordon & Copes, 2010; Terrell & Beaudreau, 2003; Wiggs & Elam, 2000).

It was difficult to fully assess the number of African American students recruited, retained, and actually graduated from this nursing program due to inconsistent processes across the university in collecting information, storing information, and follow up on the information that was collected. It is recommended that the university develop a seamless process between the admissions office, the nursing department, the alumnae office, and possibly other departments to

evaluate what data are being collected, by whom, in what format, and for what purposes. Once these decisions have been made, others will need to be made aware of the system used to store information so it is assessable to those who need to have access for analysis. Essential data to collect include student demographics, exit interview information, and follow up post graduation survey data. This information would be useful for recruitment and retention initiatives. Lastly, it was noted that admission forms were not consistent across programs. The university forms should be standardized across programs, as this may be perceived as unwelcoming before the student reaches the university doors. Routine data collection and analysis is the cornerstones of effective system change, upon which improved student retention and graduation rates can be built.

### **Curriculum**

Many of the student and faculty responses belied the faculty's lack of knowledge about issues surrounding African Americans. Faculty also noted the curriculum does not represent the contributions of African Americans. Wiggs and Elam (2000) supported the need to "develop learning objectives on multicultural issues for college curricula" (p.128). Crawford and Olinger (1988) stated there is a need to increase faculty sensitivity and increase "cultural diversity content in curriculum" (p. 380). Furthermore, Nugent, et al., (2004) found that faculty and institutional awareness of cultural differences combined with faculty development in the area of cultural sensitivity and differences is essential for a mentorship model with a goal of student retention. The recommendation is for further assessment of faculty knowledge in the areas of population differences, and how to integrate a culturally competent care model in the nursing curriculum. After this evaluation, a faculty development plan should be initiated that is inclusive of frequent, mandatory, developmental education. "Nurse educators also need to acknowledge that although schools are no longer segregated, racism may exist within their institution" (U.S. Department of Health and Human Services, Health Resources and Services and Administration, Bureau of Health Professions, Division of Nursing, as cited in Nugent, et al., 2004, p.94).

### **Institutional support**

Many of the institutional recommendations have been discussed in the recruitment section. However, university and department resources require the support and commitment of the university in the form of human, financial, and physical support for the students as well as the staff. Gordon and Copes (2010), reported “a comprehensive, structured academic support system significantly contributed to the retention and academic success of CAPS participants” (p.12). Nugent, et al. (2004), said it conclusively, “In order for institutions to be successful in the retention of minority students, they must implement activities that empower the students to become successful leaders” (p.94).

### **Summary of the Recommendations**

“There needs to be a firm commitment not only from faculty but from the academic institution to the recruitment, retention, and graduation of nursing students from diverse racial and ethnic backgrounds” (Nugent, et al., 2004, p. 94). The recommendations have been placed into categories delineated from student and faculty responses; curriculum, institutional support, and recruitment. Each of these categories supports the retention and successful completion of the nursing program of study for African Americans. Once the recruitment strategies of partnering with high schools and inclusion of faculty in outreach programs are implemented, it is imperative to compare the effectiveness to stated program goals and calculate ROI. Faculty and administrators must be educated and guided through the process of becoming aware of the needs of African American nursing students; they need to become desirous of change, be knowledgeable of how to change, be supported in the actual change, and have the awareness and change reinforced as it is woven throughout the academic setting. As the changes are infused throughout the nursing faculty and curricula, all students benefit and consequently, these new professionals will provide better care to patients, impact healthcare organizations, and have a long-term effect on the nursing profession.

### **Recommendations for the Nurse with the Doctorate of Nursing Practice (DNP) Degree**

DNP prepared nurses, whether practicing in a direct care setting or academic setting, have a responsibility to be change agents. The nurse at this level must have a vision for the needs of the population and the demands on nurses in the future. The DNP prepared educator must be knowledgeable in the areas of evidence based practice for the clinical and education settings. As it relates to this project's goal of increasing the number and success of African American nursing students and thus, African American nurses, the DNP educator must become comfortable evaluating student and program outcomes data, evaluating the applicability to practice, and assessing the needs of nursing students and practicing nurses. After the analysis, the DNP-educator must then develop a plan for change and articulate the importance and value of the changes to those in the academic community, community partners, policy makers, and funders. The educator may also apply the skills and knowledge to secure external and internal funding through the grant writing process.

### **Potential transferability of project findings and dissemination**

Due to sampling method and the small number of student responses, the findings are not generalizable to all underrepresented populations in nursing programs. However, when the student and faculty responses are combined, it lends to more impactful piece of information. Additional research is needed in relationship to African American and other underrepresented populations. One question to consider is for underrepresented populations with a similar history to African Americans, might their experiences be more congruent? For instance, indigenous populations, i.e., Native Americans, have been marginalized and have significant achievement gaps similar to those of African Americans. Additionally, their presence in the nursing profession is almost non-existent. More research needs to be conducted looking at the responses of students and faculty, especially the responses of those students withdrawing from the nursing program. More research needs to be conducted in the area of nursing faculty awareness and growth, in combination with assessment of the educational environment for African American faculty. The

findings of this project should be disseminated to the nursing department, university administration, and community partners, including potential high school partners; it is imperative for nursing to be a career option for African American students especially when considering predominately white academic institutions. Other places to disseminate project findings include conferences of higher education, nursing conferences, academic institutional conferences, and conferences with an emphasis on student of color recruitment and retention. Additionally, to educate nurses in the practice setting, it is important to present the information to local chapters of professional organizations.

### **Conclusion**

This systems change project provided students and faculty at a Minnesota school of nursing to have their voices heard regarding the educational opportunities for African American students. The project looked at recruitment and retention efforts aimed at African American nursing students. It was found that at this predominately white institution there were no targeted recruitment strategies or retention efforts.

African American students were invited to participate in this study via the Internet and asked to complete a survey. Eleven of the individuals completing the survey meet the project criteria. Faculty members were invited in the same way and 43 completed surveys for a 73% response rate.

While all responses are important the responses to a question in the area of knowledge and culturally inclusive curriculum revealed that faculty believe they are doing a better job than students perceived. It is also curious that faculty did not document the need for faculty education even though less than 50% considered themselves to be knowledgeable around issues of African Americans.

Literature clearly supports the development of outreach programs to high school students and mentoring programs for African American and other underrepresented populations as being successful in supporting the retention and graduation of this student population. The

literature is very clear that an institution/department must be committed to the change with financial and human resources. The role of the DNP is to lead students, faculty, and the organization to and through change, while disseminating, utilizing, and generating new knowledge.

## References

- Ackerman-Barger, P. (2010). Embracing multiculturalism in nursing learning environments. *Journal of Nursing Education, 49*(12), 677-682.
- Allen, M. E., Nunley, J. C., & Scott-Warner, M. (1988). Recruitment and retention of black students in baccalaureate nursing programs. *Journal of Nursing Education, 27*(3), 107-116.
- Amaro, D. J., Abriam-Yago, K., & Yoder, M. (2006). Perceived barriers for ethnically diverse students in nursing programs. *Journal of Nursing Education, 45*(7), 247-254.
- American Association of Colleges of Nursing. (2010). *National sample survey of registered nurses*. Retrieved from: [www.aacn/nche.edu/media/factsheets/nursingshortage.htm](http://www.aacn/nche.edu/media/factsheets/nursingshortage.htm).
- Anders, R. L., Edmonds, V. M., Monreal, H., & Galvan, M. R. (2007). Recruitment and retention of Hispanic nursing students. *Hispanic Health Care International, 5*(3), 128-135.
- Baker, B. H. (2010). Faculty ratings of retention strategies for minority nursing students. *Nursing Education Perspectives, Vol 31*(4), 216-220.
- Campinha-Bacote, J. (2010). A culturally conscious model for mentoring. *Nurse Educator, 35*(3), 130-135.
- Cantu, A. G., & Rogers, N. M. (2007). Creating a mentoring and community culture in nursing. *Hispanic Health Care International, 5*(3), 124-127.
- Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2010). *The future of nursing: Leading change advancing health*. Washington, D.C.: National Academies Press.

- Crawford, L. A., & Olinger, B. H. (1988). Recruitment and retention of students from diverse cultural backgrounds. *Journal of Nursing Education*, 27(8), 379-381.
- Culver, T. (n.d.). Is retention an expense or an investment? Retrieved from:<http://blog.noellewitz.com/2011/08/24/student-retention-expense-investment/>
- Dowell, M. A. (1996). Issues in recruitment and retention of minority nursing students. *Journal of Nursing Education*, 35(7), 293-297.
- Fischer, M. J. (2007). Settling into campus life: Differences by race/ethnicity in college involvement outcomes. *Journal of Higher Education*, 78, 161-215.
- Foster, H. W. (1994). Reaching parity for minority medical students; a possibility or a pipe dream. *Journal of the National Medical Association*, 88(1), 17-21.
- Furr, S. R., & Elling, T. W. (2002). African American students in a predominately white university: Factors associated with retention. *College Student Journal*, 36, 188-203.
- Giddens, A. F. (2008). Achieving diversity in nursing through multitextual learning environments. *Nursing Outlook*, 56(2), 78-82. doi:10.1016/j.outlook.11.003
- Gilliss, C. L.(2009). Book highlights from educating nurses: A call for radical transformation. Retrieved from: [www.carnegiefoundation.org/elibrary/educating-nurses-highlights#summary](http://www.carnegiefoundation.org/elibrary/educating-nurses-highlights#summary).
- Gomez, J. G. (2003). Barriers faced by African American students in higher education. *MA-IS 701- Atabasca University--Intergrated Studies*. Retrieved from: <http://library.athabascau.ca/maisproject/JoseGomezProject.pdf>

- Gordon, F. C., & Copes, M. A. (2010). The Coppin academy for pre-nursing success: A model for the recruitment and retention of minority students. *The ABNF Journal*, (Winter), 11-13.
- Grant, G. K., & Breese, J. R. (1997). Marginality theory and the African American student. *Sociology of Education*, 70(3), 192-205.
- Harper, S. R., Patton, L. D., & Wooden, O. S. (2009). Access and equity for African American students in higher education: A critical race historical analysis of policy efforts. *The Journal of Higher Education*, 80(4), 389-414.
- Haskins, A. R., & Kirk-Sanchez, N. (2006). Recruitment and retention of students from minority groups. *Physical Therapy*, 86(1), 19-29.
- Hirsh, S. (2005). Professional development and closing the achievement gap: Theory into practice 44(1), 38-44. doi:10.1207/s1543021tip4401\_6
- Humphries, F. S. (1994-1995). A short history of blacks in higher education. *The Journal of Blacks in Higher Education*, Winter (6), 57.
- IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- Jones, S. (1992). Improving retention and graduation rates for black students in nursing education: A developmental model. *Nursing Outlook*, 40, 78-85.
- Kalb, K. (2010). *Catholic social teaching and nursing education: Integrating our mission*. Unpublished manuscript. St. Paul, MN: St. Catherine University.

- Langston-Moss, R. (1997). Experiences and perceptions of black American female nursing students attending predominately white nursing programs. *Journal of the Black Nurses Association, 9*(2), 21-30.
- Leverett, A. L., Parker, D., & McDonald, J. M. (2007). Using a marketing approach to improve recruitment retention of African-American students in a BBA program. *Academy of Educational Leadership Journal, 11*(1), 1-9.
- Loo, C. M., & Rolison, G. (1986). Alienation of ethnic minority students at a predominately white university. *Journal of Higher Education, 57*, 58-77.
- Minnesota Department of Health. (2008). *Data and statistics*. Retrieved from:  
<http://www.health.state.mn.us/divs/orhpc/workforce/data.html>
- Minnesota Department of Higher Education, (2009). *Minnesota Measures*. Retrieved from:  
<http://www.ohe.state.mn.us/>
- Minnesota Department of Higher Education, (2007). *Minnesota Measures*. Retrieved from:  
<http://www.ohe.state.mn.us/>
- National Advisory Council on Nurse Education and Practice, [NACNEP], (2000). *A National agenda for nursing workforce racial/ethnic diversity*. National advisory council on nurse education and practice report to the Secretary of Health and Human Services and Congress. Retrieved from:  
<http://bhpr.hrsa.gov/dn/nacnep/diversity.htm>

- Nugent, K. E., Childs, G., Jones, R., & Cook, P. (2004). A mentorship model for retention of minority students. *Nursing Outlook*, 52(March-April), 89-94.  
doi:10.1016/j.outlook.2003.09.008
- Ogbu, J. U. (1992). Understanding cultural diversity and learning. *Educational Researcher*, 21(8), 5-14+24.
- Polit, D.F, Beck, C.T. (2010). *Essentials of Nursing Research: Appraising evidence for nursing practice (Essentials of nursing research)*. Philadelphia, PA: Wolters Kluwer Health, Lippincott Williams & Wilkins.
- Rew, L. (1996). Affirming cultural diversity: A pathways model for nursing faculty. *Journal of Nursing Education*, 35(7), 310-314.
- Sullivan commission on Diversity in the Healthcare Workforce (2004). *Missing persons: Minorities in the health professions*. Retrieved from <http://aacn.nche.edu/Media/pdf/SullivanReport.pdf>.
- Terrell, C., & Beaudreau, J. (2003). 3000 by 2000 and beyond: Next steps for promoting diversity in the health professions. *Journal of Dental Education*, 67(9), 1048-1052.
- Thernstrom, S. (1994/1995). The black-white student mismatch problem in university admissions. *The Journal of Blacks in Higher Education*, Winter (6), 62-65.
- Turner, C. S. (2002). Women of color in academe: Living with multiple marginality. *The Journal of Higher Education*, 73(1), 74-93.
- U.S. Department of Education, (2010). *A Blueprint for Reform: The Reauthorization of the Elementary and Secondary Education Act*. Retrieved from:

<http://www2.ed.gov/policy/elsec/leg/blueprint/publicationtoc.html>

U.S. Department of Health and Human Services Health Resources and Services Administration, (2010). The registered nurse population: Initial findings from the 2008 national sample survey of registered nurses. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>

Villarruel, A. M., Canales, M., & Torres, S. (2001). Bridges and barriers: Educational mobility of Hispanic nurses. *Journal of Nursing Education, 40*, 245-251.

Warda, M. R. (2008). Curriculum revolution: Implications for Hispanic nursing students. *Hispanic Health Care International, 6*(4), 192-199. doi:10.189/1540-4153.6.4.192

Wiggs, J. S., & Elam, C. L. (2000). Recruitment and retention: The development of an action plan for African American health professions students. *Journal of the National Medical Association, 92*(3), 125-130.

Wilson, V. W., Andrews, M., & Leners, D. W. (2006). Mentoring as a strategy for retaining racial and ethnically diverse students in nursing programs. *Journal of Multicultural Nursing and Health, 12*(3), 17-22.

## Appendix A

*Successful Recruitment and Retention Strategies Supportive of  
Completion of the Associate and Baccalaureate Nursing Programs for African Americans*

**RESEARCH INFORMATION AND CONSENT FORM-*students***

**Introduction:**

As a past or current nursing student you are invited to participate in a research study investigating recruitment and retention strategies supportive of admission, and completion of the associate and baccalaureate nursing programs for African Americans. This study is being conducted by Kathleen Smith, a student in the Doctorate of Nursing Practice (DNP) Program at St. Catherine University (SCU), (formerly the College of St. Catherine). Kathleen Smith is also a faculty member of the SCU Department of Nursing. You were selected as a possible participant in this research because you were admitted into the nursing program and you have identified as African American. Please read this form and ask questions before you decide whether to participate in the study.

**Background Information:**

The purpose of this study is to: 1. investigate and analyze recruitment and retention strategies directed toward African American nursing students 2. investigate retention strategies utilized by African American students and 3. assess the understanding of nursing faculty as it relates to the educational needs of the African American nursing student. After analyzing the data, recommendations will be made in the areas that may directly affect recruitment and retention of African American students in the nursing program. Approximately 42 people are expected to participate in this research.

**Procedures:**

If you decide to participate, you will be asked to complete the first three questions of the survey, these questions will determine if you meet the criteria for inclusion in the study. After meeting the criteria you will complete the remaining questions. These questions ask for responses related to recruitment into the university and your experience as a nursing student. Answering these questions will take approximately 15 -20 minutes. The survey may be completed with paper pencil or electronically. After the survey questions have been reviewed, you may be asked to participate in a focus group. Focus groups allow for rich and deep meaningful dialogue to occur among African American nursing students as it relates to their experience at St. Catherine University. Some of the focus group questions may be the same as those found on the survey document. These groups will last no longer than two hours and will be audio-taped. Focus groups will be conducted on the SCU campus.

**Risks and Benefits:**

The study has minimal risks. First, participants may feel discomfort when answering questions and may choose to stop participation or not answer a question at any time. Second, there is the risk that identifying information will become public. To decrease this possibility, identifiers will be removed prior to any review and or analysis by other members of the research team. Information will be stored in a secured location in a password protected file on a computer requiring password access. There are no direct benefits to participation in this research. An indirect benefit is the opportunity to have your voice heard relating to your experience at St.

Catherine University in the nursing program, additionally the nursing department and SCU community will have an awareness of your comments and recommendations.

**Compensation:**

If you participate, you will receive a \$10 Holiday gift card. Disbursement will occur at the end of the focus group and a receipt will be received at such time.

**Confidentiality:**

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable.

Kathleen Smith, will keep the research results in a password protected file and computer and/ or a locked file cabinet in the researchers' possession and only Kathleen Smith, and her advisor will have access to the records while we work on this project. We will finish analyzing the data by December 2011. Kathleen will destroy all original reports and identifying information that can be linked back to you five years after they are first used. The consent form will be maintained in a separate locked location from any survey or focus group responses.

Only the researcher and advisor will have access to audio-tapes. Audio-tapes will be erased or destroyed after being transcribed.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. Participants can refuse to answer any survey question if they choose. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Kathleen Smith, ksmith@stkate.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, Margaret Dexheimer Pharris, 651/690/6572, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

---

I consent to participate in the study, and I agree to be audio-taped if participating in the focus group.

---

Signature of Participant

Date

---

Signature of Researcher

Date

## Appendix B

## Student Survey

Date: \_\_\_\_\_

1. With what racial/ethnic group do you identify? (If you are of a multi-racial/multi-ethnic background, please Circle all that apply).

Black or African American

African

Middle Eastern

Native American (tribal affiliation \_\_\_\_\_)

White or European

Chicano/a or Latino/a or Hispanic

Asian Pacific Islander

South Asian

Other (please identify) \_\_\_\_\_

2. What is your gender? \_\_\_\_\_

3. Circle all that apply as it relates to the nursing program(s) .

Current undergraduate student of the:

Associate degree nursing program

Baccalaureate degree nursing program

Graduate of the:

Associate degree nursing program

Baccalaureate degree nursing program

I did not complete the:

Associate degree nursing program

Baccalaureate degree nursing program

4. How did you learn about the nursing program at St. Catherine University (College of St. Catherine)?
5. How many African American professors, teaching assistants and/or staff members do/did you know in the nursing program?
6. With regard to issues concerning African Americans, I feel the faculty, staff at St. Catherine University are:
- Very knowledgeable    Somewhat knowledgeable    Not at all knowledgeable
7. The nursing curriculum adequately represents the contributions of African American persons.
- Strongly agree    Agree    Disagree    Strongly Disagree

8. During your time at St. Catherine University which facilities, programs, and organizations have positively contributed to your experience in the nursing program? (e.g. Learning center, MIPS, Access & Success)
9. During your time at St. Catherine University which facilities, programs, and organizations have negatively contributed to your experience in the nursing program?
10. If you have suggestions to improve the University and the nursing program as it relates to African American students, please write comments in the space below.

**In an effort to maintain confidentiality the following will be on a separate document or the participant will be sent to a different link if completed electronically.**

1. To provide an opportunity for deeper discussion and dialogue with peers on this topic, a focus group will be held.

Are you interested in participating?

Yes  Contact me when the focus group is scheduled, the best days and times are

No

Name: \_\_\_\_\_

Contact information:

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**Thank you for your participation in the survey**

## Appendix C

*Successful Recruitment and Retention Strategies Supportive of  
Completion of the Associate and Baccalaureate Nursing Programs for African Americans*

**RESEARCH INFORMATION AND CONSENT FORM-faculty**

**Introduction:**

As current nursing faculty in either the Associate or Baccalaureate nursing program you are invited to participate in a research study investigating recruitment and retention strategies supportive of admission, and completion of the Associate, and baccalaureate nursing programs for African Americans. This study is being conducted by Kathleen Smith, a student in the Doctorate of Nursing Practice (DNP) Program at St. Catherine University (SCU). Kathleen is also a member of the baccalaureate nursing faculty at SCU. Please read this form and ask questions before you decide whether to participate in the study.

**Background Information:**

The purpose of this study is to investigate and analyze recruitment and retention strategies directed toward African American nursing students. Secondly, to investigate retention strategies utilized by African American students, and thirdly, to assess the understanding of nursing faculty related to the educational needs of the African American nursing student. After analyzing the data recommendations will be made in the areas that may directly affect recruitment and retention of African American students in the nursing program. Approximately 42 people are expected to participate in this research.

**Procedures:**

If you decide to participate, you will be asked to complete the survey questions. These questions ask about your experience relating to African American nursing students. Answering these questions will take approximately 20-30 minutes. The survey maybe completed electronically, on the SCU campus or any location the participant has electronic access.

**Risks and Benefits:**

The study has minimal risks. First, participants may feel discomfort when answering questions and may choose to stop participation or not answer a question at any time. Second, there is the risk that identifying information will become public. To decrease this possibility, identifiers will be removed prior to any review and or analysis by other members of the research team. Information will be stored on a computer requiring password access and at a secured location. There are no direct benefits to participation in this study. Indirect benefits include the opportunity to provide ones voice in relation to educating African American nursing students.

**Compensation:**

There is no monetary compensation for participation.

**Confidentiality:**

Any information obtained in connection with this research study that could identify you will be kept confidential. In any reports and publications, no one will be identified or identifiable.

Kathleen Smith, will keep the research results in a password protected computer and or a locked file cabinet in the researchers' possession and only Kathleen Smith will have access to the records

while working on this project. Original reports will be destroyed by the researcher five years after they are first used.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. Participants can refuse to answer any survey question if they choose. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Kathleen Smith, ksmith@stkate.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, Margaret Dexheimer Pharris, 651/690/6572, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

---

I consent to participate in the study.

---

Signature of Participant

Date

---

Signature of Researcher

Date

## Appendix D

## Faculty Survey Tool

Date: \_\_\_\_\_

1. With what racial/ethnic group do you identify? (If you are of a multi-racial/multi-ethnic background, please Circle all that apply).

Black or African American

African

Middle Eastern

Native American (tribal affiliation \_\_\_\_\_)

White or European

Chicano/a or Latino/a or Hispanic

Asian Pacific Islander

South Asian

Other- (please identify) \_\_\_\_\_

Gender, you identify as \_\_\_\_\_

2. What is/was your position in the nursing program? Circle the appropriate program.

Staff

Associate degree program

Baccalaureate

degree program

Instructor

Assistant Professor

Associate Professor

Professor

3. How many African American professors, teaching assistants and/or staff members do you know in the nursing program? Circle the applicable answer. *Rationale: This project seeks to gain insight into the balance of African American to African American student ratios.*

None

1-3

3-5

6-8

9-11

4. With regard to issues concerning African Americans, I feel:

Very knowledgeable

Somewhat knowledgeable

Not at all knowledgeable

5. The nursing curriculum adequately represents the contributions of African American persons.

Strongly agree

Agree

Disagree

Strongly Disagree

6. Regarding theory content. Are your lessons inclusive of specific cultural concerns as it relates to the African American population?

YES

NO

If so how is it included?

7. What learning strategies/resources have you utilized or referred African American students to, in order to support successful completion of a nursing course?

8. If you have suggestions to improve the University and the nursing program as it relates to African American students, please write comments in the space below.

**Thank you for your participation in the survey**

