

The Career Development of Aspiring Black Female Nurse Executives in Healthcare
Organizations

by

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Miami, FL

Proposal #225985 Presented at SIG: Career Development

American Educational Research Association

March 25, 2008

Abstract

This qualitative study was designed to explore the career development of aspiring Black female nurse executives in healthcare organizations. The researcher described the study, population, research design, interview guide, data collection procedures, and methods of data analysis. The results focused on an analysis of the interviews and researcher's log. The researcher interpreted the findings in relationship to current literature and offered recommendations for practice and further research.

Nurses have increasingly assumed leadership responsibilities in healthcare organizations (Byers, 2000; Phelps, 2005), and the demand exists for more nurse leaders (Georges, 2004). Strong nursing leadership is critical not only to nursing divisions but to the entire healthcare organization, in which nurse leaders create the vision and mission for departments of nursing, shape nursing practice, and ensure delivery of quality patient care (American Hospital Association [AHA], 2003; Erickson & Ditomassi, 2004; Georges, 2004). However, cultural and racial diversity in the nursing workforce is underrepresented, especially with regard to Black nurses. The U.S. Department of Health and Human Services (2004) reported that racial and ethnic minority groups comprised only 12% of RNs, of whom 4.9% were Blacks. In addition, approximately 5.7% of RNs are administrators or assistant administrators, of whom an unreported percentage of Black administrators is obviously lower than 5.7% (U.S. Department of Health and Human Services).

Few Black female nurse executives are in leadership positions in healthcare organizations today (American College of Healthcare Executives [ACHE], 2002; Steefel, 2006). The leadership of Black female nurse executives is needed to ensure the delivery of culturally competent care for the expanding diverse patient population, as well as to provide role models to Black nurses aspiring to leadership positions (Georges, 2004; Palmer & Johnson-Bailey, 2005). The sparse literature on the career development of Black female nurse executives indicates they face many obstacles in their careers, such as gender and racial prejudice, lack of professional development opportunities, and little mentoring (Bessent, 2002; Erickson & Ditomassi, 2004; Villarruel & Peragallo, 2004). However, the career development of Black female nurse executives has not been explored in-depth, in terms of the influences, choices, and the factors that have hindered and facilitated their advancement to leadership positions.

Purpose of the Study

Despite the many studies on leadership, women and leadership, and women's career development, few researchers have studied minority leadership and career development (Jean-Marie, 2004, 2006). Further, despite a number of studies on nurses and nurse leaders (Bieber, 2003; Courtney et al., 2001; Fressola, 1998; Mayor, 2004), no study to date has been conducted on aspiring Black female nurse executives and their

career development. Increasing multiculturalism within the healthcare environment calls for an increasing number of Black nurse executives, who need to be groomed and promoted to leadership positions (Steeffel, 2006; Sullivan Commission on Diversity in the Healthcare Workforce, 2004). Through the phenomenological approach of qualitative inquiry and with in-depth interviews, the present study will address the need for understanding the experiences, obstacles, and facilitators of aspiring Black female nurse executives' career development in attaining their current leadership positions. An investigation and description of the career development experiences of aspiring Black female nurse executives can provide insights into the factors that facilitate and hinder nurses in becoming executives.

The guiding research question was: How do aspiring Black female nurse executives in this pilot study describe their career development? Responses to this question provided the framework for an in-depth exploration of the multifaceted elements of aspiring Black female executives and their experiences in the development of their careers in healthcare organizations.

Theoretical Perspectives

The theoretical framework was derived from two sources: traditional career development theories and critical race theory (CRT). Most contemporary career development theories do not adequately address minorities and women (Constantine & Greer, 2003). With regard to career development, two specific theories will be utilized. In Super's (1990) lifespan theory, career development continues throughout an individual's five developmental stages—growth, exploration, establishment, maintenance, and decline—with transitional minicycles between stages. Central to Super's theory is the concept of self, which influences career choice in the traits individuals bring to a vocation. Gottfredson's (2005) developmental model extends Super's theory and addresses women, encompassing processes of circumscription, compromise, barriers, and opportunities in career choices. A major component of Gottfredson's theory is self-concept, which evolves from demographic and psychosocial components such as gender, race, and values. Self-concept interacts with occupational images, which are comprised of sex type, prestige, and field of work, to determine occupational preference.

Although traditional career development theories integrate the personal, sociological, and institutional aspects of career development, these theories do not encompass other important dimensions of the role of race in career development. Therefore, critical race theory can provide an essential framework from which to view the career development of Black women. CRT holds that racism is normal in American society and Blacks progress to success and leadership only when their progress furthers Whites' agendas (Delgado & Stefancic, 2000). Studies of minorities and career development indicate the applicability of CRT to the proposed research. Simpson (1996) found that Black female attorneys' promotion was based on their ability to fit in with the predominant White culture. Waring (2003) found with 12 Black female college presidents that race was a major hindrance in their career advancement. With Black, Hispanic, and White female school administrators, Byrd-Blake (2004) found that barriers for Black women included lack of formal mentors, challenging assignments, and greater personal responsibilities compared to those of White women. Mayor's (2004) study of 88 Black, Asian, and Caribbean nurse managers found that only the Black managers experienced "the glass ceiling" as they ascended the managerial ranks (p.104). Thus, critical race theory can inform career stage development theories.

Methods

The researcher used a phenomenological approach to investigate the career development of aspiring Black female nurse executives in healthcare organizations. In phenomenological research, the researcher attempts to identify "the 'essence' of human experiences concerning a phenomenon as described by participants in a study" (Creswell, 2003, p. 15), although in actuality only a proxy of the entire essence of an individual can be deconstructed and then reconstructed (Tashakkori, personal communication, October 27, 2007). In the current pilot study, the researcher explored the phenomenon of the career development of aspiring Black female nurse leaders. The goal of the pilot study was to field test the interview protocol which would be used for the study on Black female nurse executives. This exploration took place by means of in-depth interviews.

Pilot Study Participants

The five pilot study participants represent a convenience sample of aspiring Black female nurse leaders in healthcare organizations in a multiculturally diverse urban

southeastern city in the United States. This was a convenient sample of five female Black nurse leaders who were known to the researcher and recruited to participate. These individuals were not chief nurse executives, and held the title of Director of Nursing or similar titles in South Florida healthcare organizations. The participants were informed that the goal of the pilot study was to test and revise the interview guide and they were asked to make any recommendations for its revisions. The researcher made notes of questions that were difficult for the participants to understand or where the participants needed further clarification to understand the question. Based on the collective input of the researcher and participants, one question was added, two were deleted, and the order of the questions was changed to allow for a smoother, more logical transition of questioning during the interview.

The participants in this study were located in a metropolitan area of the southeastern United States. Two were Blacks, one was African-American, one was Jamaican, and one was Jamaican-American. Their ages ranged between 38-57 years of age with an average age of 49 years. Four of the five were responsible for raising children.

Table 1. *Summary of Demographic Profiles*

Name	Age	Marital Status	Number of Children	Birth Order
Judine	57	Married	2	oldest of 2
Diane	49	Married	0	oldest of 2
Renee	38	Married	2	oldest of 2
Dreamgirl	53	Divorced	2	oldest of 9
Darlene	48	Divorced	2	oldest of 2

As shown in table 2, all five held leadership positions for accredited organizations with job responsibilities to supervise ethnically diverse employees. They had held their positions from less than 1 year to 3 years. Four had earned Masters Degrees with two of

those had earned two Masters degrees. The size of the budgets managed by these leaders ranged from \$500,000 to \$5 million. One of the participants did not have budgetary oversight for her department but encountered no difficulties with budgetary requests for the department.

Table 2: *Summary of Professional Demographic Information*

Name	Current Position	Years in Current Position	Degree(s)
Judine	Director of Nursing	<1	BSN
Diane	Director of Quality	2 years	MSN, M ED
Renee	Director	3years	MSN
Dreamgirl	Director of Nursing	3 years	MSN, MBA
Darlene	Associate Chief Nursing Officer	3 years	MBA

Interview Procedure

Data were collected through one interview with each participant with each interview lasting from 30 minutes to 90 minutes. Although all of the participants were made aware of a request for a second interview none had the time for a second interview when contacted. Although the researcher solicited their feedback on the verbatim transcripts of their interviews (sent to them via email), none responded with feedback. In addition to the interview, the participants completed a brief demographic questionnaire to describe their current healthcare organization.

During the interview, the researcher encouraged full responses from the participants, with the additional opportunity for follow-up probing questions (Creswell, 2003). The interview guide was derived from the literature on career development theories and studies of the career development of women. Additional data sources included the participants' curriculum vita, requested at the first interview, and the researcher's log and field notes. All interviews were audiotaped with participants' permission and then transcribed verbatim. Participants signed consent forms which described procedures to assure their anonymity that had been approved by the university's human subjects review board.

Data Analysis

The transcribed verbatim interview data and texts from the researcher's log were analyzed first by the assignment of codes to facilitate keywords that may eventually reveal themes and patterns (Morse & Field, 2003). Then, as appropriate in phenomenological studies, the constant comparative method was used to identify emerging themes and patterns (Creswell, 2003). The themes and patterns that emerged were anchored in the rich descriptive text that was elicited from the participants. The researcher collated the themes to identify the extent to which the research questions were addressed.

To enhance trustworthiness of the findings, triangulation of data took place through comparison of the first interview, the researcher's log, and analyses of participants' curriculum vitae and demographic data. Member checks were conducted from the interview although transcripts were sent to the participants, but participants opted to provide no feedback. As part of the research log, the researcher acknowledged potential biases that may exist because of her roles as a Black nurse and Black female nurse leader, her views and experiences with racial bias, and her own career development. The researcher's subjectivities were minimized through acknowledgment of her perspectives (Peshkin, 1988), as well as through an audit trail of study procedures, insights, methods, decisions, and thought processes used to interpret the data. The audit trail involved an expert review (Morse, Barrett, Mayan, Olson, & Spiers, 2002) which was conducted by a similarly trained peer with 15-years of career development expertise who currently serves as Associate Vice President of Community Relations at a local university. This individual recently earned her doctoral degree in Adult Education and Human Resource Development and used the qualitative method as her research design. Keeping in mind the iterative nature of the research procedures, the colleague reviewed the researcher's procedures in terms of data collection, transcription, analysis, coding consistency, and writing of results. The colleague provided feedback in both oral and written form that verified the researcher's adherence to stated procedures and pointed out any researcher's subjectivities that the researcher might have failed to notice. (Marshall & Rossman, 1999).

Results

Results were organized in two sections. In the first section (individual case analysis), brief profiles of each respondent were constructed from their curriculum vita and interview responses to the demographic portion of the protocol. In the second section (cross case analysis), themes were defined and illustrated with verbatim excerpts from the interviews. Those themes that were identified in all three sources (e.g., researcher log, researcher notes, and interviews or researcher notes, interviews, and curriculum vita reviews) were listed first, followed by those themes identified in two data sources. Outlier themes were also identified, i.e., those representing themes that emerged from responses of individuals or smaller groups of individuals. In the cross case analysis, the researcher also looked for themes that were derived from the theoretical frameworks and the literature review.

Individual Case Analysis and Themes

Dreamgirl

Dreamgirl is a 52-year old divorced African-American female who was born and raised in a Black community of Fort Lauderdale, Florida. She is oldest of nine children who were raised by her mother a licensed practical nurse (LPN) and her stepfather. Critical to her success was the support she received from her grandmother. Her grandmother had a major influence in my life a woman who believed in her dreams of getting an education and provided the financial support to accomplish her goals. While her grandmother was a provided financial support for her goals it was her Uncle Art, a college graduate who became the motivation for her to attend college. Although her mother was a LPN, Dreamgirl had no plans on becoming a nurse and chose nursing as a career only after completing an Associate Degree in Criminal Justice. Her nursing career path opened because, after graduating with her degree in Criminal Justice she discovered that she could not find employment in this field. At this time she was already working in a hospital as a Unit Secretary and was encouraged by the staff to return to school to become a registered nurse. She followed in the path of her mother becoming a LPN and subsequently returned to school and completed her degree to become a registered nurse. Taking advantage of tuition reimbursement in her organization Dreamgirl continued to advance her education and obtained Master degrees in both Business and Nursing. Her current role is a manager for two nursing areas.

Time and money are challenges in her career development. Dreamgirl was a single-divorced woman with two young children with aspirations of a better life and needed education as a vehicle to ensure that better life. “When I say time, it’s because, by the time I had started to seek higher education, it’s like, now you’re starting to feel older and having to, and in some essence, compete with the younger nurses or having to go to school, work and take care of a family”. “I could have done more with nursing if I had been that focused earlier.

A significant mentor, a White male, assisted in her leadership development by providing establishing clear goals and expectations on how the mission of his department was going to be accomplished. Dreamgirl joined this department as a nurse researcher. This was her first role after serving as a bedside nurse for many years. He identified her for this nurse researcher position and then supported her and equipped her with the knowledge and skills needed for the role. With his leadership style “he had very clear standards about punctuality; very clear standards about completion of assignments, delegation, and education. If you did not know how to do something, you found out how to do it. If you need to go through a class or seminar or wherever you needed to go, whatever you needed to do, it would be there”. As Dreamgirl advanced in her career she did seek other mentoring relationships. She once asked a female Black nurse leader to serve as her mentor. The individual declined stating that they both had the same education and training and this individual did not believe there was a benefit to the mentoring relationship.

Dreamgirl has a sense of determination. She remembers the impact of segregation and integration which she experienced in the 9th grade. “It was always the thing that when you grew up you were going to go to Dillard High School. Dillard high school was the school you went to. That was where your parents went; where my parents graduated from; where everybody went; where all of your teachers attended....But what happened was integration. I spent a year at Dillard, and then, we were bussed throughout the county. Well, we had to go to school, the White kids went to school in one session and we went in the other. It was like they went in the mornings, we went in the evenings [to the] same school. We were still not together. Put in the same building at different times of the day. Just being in the classroom where they felt, if it was an advanced math class, an

advanced English class, it was automatically felt that you came from a sub-standard school so you weren't going to be able to do whatever work they had there. So you were constantly trying to, having to prove yourself. You felt that you were, at that point, trying to prove it for everything, but you lost a safety net being bussed about. You know, from one point, we were going to school in the mornings, and then if the other group decided that they wanted to go in the mornings, we were going in the evenings. You spent more time being bussed and back throughout the community and it was just that, you know. I remember being at Plantation [High School]. We didn't want to be there as Black kids, and the White kids didn't want us there. Seemed like a waste of a lot of good times” Dreamgirl states, that many times, she could have focused on something else other than the racial issue encountered as a result of the attempts at integration.

“There are times when quitting is not an option”. She can remember many times being in a class and being the only Black there and it was difficult because there was just “no one there that looks like me. Not like you need someone that looks like you, but you know right away that you're the only Black, you're the only African-American there”. She remembers that it was sometimes very lonely and just wanted someone who looked like her to relate to. She recalls that if there were question that had to do with anything that was related to anyone Black or African-American, it was automatically assumed that she had all the answers and could speak for entire Black race. Later in life, as a nurse researcher, she attended national meetings and noticed that “I was the only Black” and the only other individuals there that were Black were the servers and those performing the janitorial services. “I felt comfortable at the conferences, and my colleagues treated me with respect because I was very knowledgeable about my field”.

Dreamgirl has overcome many barriers and has had the support of her family, friends, and mentors to her develop her career. Although contented with her current role, she believes that she is now qualified to apply for other leadership roles. She describes the leadership in her organization as “lily White” and would like to see more diversity in the upper echelon of the organization. She is definitely striving for the balance between work and personal life. Although older, she hopes to return to school to obtain her doctoral degree.

Diane

Diane was born in Alabama 47-years ago, the third of six children and describes herself as balanced, genuine, detailed, and honest. Her early vision of nursing as a career occurred in elementary school between, fifth and seventh grade. She recalls that during elementary school, when she was asked to complete paperwork on what she wanted to become, she would always write, nurse. "I can't really say it was very conscious" of her choice to become a nurse. She grew up in a home with her parents, her mom, a homemaker and her father a tile worker, who both stressed from an early age the importance of education. After graduating from a four-year degree nursing program as a registered nurse, her nursing career started when she met a military recruiter who suggested that she should join the military. Diane believes that, in line with the thinking at that time, the recruiter was saying, "You're Black and you're a female and you'll do wonderful in the military". Diane became an Air Force nurse, went on to complete double Masters degrees in Education and Management, and served in the military for over 20 years, achieving the rank of lieutenant colonel.

Her career development was shaped by the military since she spent much of her career as a military nurse. In terms of career development, the military structure is different from the civilian structure. In the military, career progression is part of the structure which a soldier must engage. Systems and processes are in place to help ensure ones steady career progression. In order to be promoted, the soldier has to complete many educational and training requirements.

A major influence on her career development is the role of individuals who identified characteristics or qualities in her which are needed for a job, "Those people who give you the opportunity to do a job because they feel that you have that particular skill set to do the job". She has never aspired to positions of leadership or those with additional responsibilities. However, when people offered her opportunities, she reviewed them to determine if she wanted to take on the new role or additional responsibilities.

Diane identifies one role model in her work life whom she describes as being a very capable individual who is balanced in her approach to work and family life. While, she does not identify any mentors, she does identify the role the church has played in her career development, specifically her speaking skills. Growing up, she was always in a community church which provided a great number of church activities for its young

people, including plays and speaking contests. In addition to participating in the church activities, the added benefit for the children was that the individuals who facilitated the activities in the church were Black professionals who were role models.

Diane believes that a successful career development includes mentoring programs. Additionally, for individuals interested in career advancement, they should accept additional assignments and projects which can be used to assess their talents and identify strengths and areas for improvements. For future nurse executives, Diane advises “Take the opportunities that come before you”. Future executives must be prepared for opportunities and take them and instill the value of education which is needed to move forward.

Renee

“My environment was always focused on education, career, and independence. My parents always stressed – independence, career, success equals independence,” states Renee, a Jamaican born, 35-year female who migrated to the United States when she was eight years old. She is the sister to a younger brother, an engineer, and the daughter of two professionals and currently married with three children. Her mom is a nurse executive in risk management and her father an engineer. She considers both of her parents as her role models, especially her father who was constantly pushing his children to excel. She has a large extended family, cousins, aunts, and uncles, who have all contributed and supported her educational pursuits. Early in her life, her parents instilled in her the importance of education, “being on top”, and maintaining good grades. As a teenager, she earned her own money running a lemonade stand and washing cars.

Renee planned on studying business but found the accounting classes difficult. She truly wanted a career in business. Unable to complete business school, her mother suggested nursing. Her initial reaction was that she was uncertain about whether she wanted to become a nurse. As she laments, “I don’t know if I’m the nurse, warm, fuzzy, feely type”. She did some research on the profession and realized that there were many career paths for nurses in nursing and this excited her. Renee was already identified as a leader in the family, someone individuals would call with problems, or if someone was hurt, she would be called to provide assistance. Fortunately for the profession, what skills Renee believed she lacked, she worked hard to develop. She entered the profession,

became passionate about the profession, finding that “I loved it and that was lucky for me. I really, really developed a passion for it”.

Initially upon graduation, Renee worked as a staff nurse but soon realized that she wanted a leadership position, a goal she had identified as a child. Her first leadership role was as a Director of Nursing in an assisted living care facility for the Marriot company, a facility that catered to the needs of independent elderly clients. Renee showed initiative, believed in herself, and was committed to learning the rules and regulations of managing a long term care facility. Renee recalls, “I did what I had to do, I cleaned it up, organized it, everything was running smoothly and I think that’s my personality. I want to go in, I like the challenge of fixing and getting to where it needs to be and when it’s like that, I’m like, okay, you know, what’s next”. Ready for the next challenge, she undertook another position as a Director of Nursing where her organization provided her with on-the-job training in management and team building. She admits that she also learns by watching effective leaders in her environment.

For her next role, she embarked on a new avenue in nursing as an educator. Renee is passionate about nursing and now her passion for nursing was influencing her to motivate nurses in a new arena and seek another challenge. She wanted to work with nurses from the beginning of their profession. It was an opportunity for her to give back to the profession which, she says “has been so good to me”. Deciding to become an educator was the impetus for returning to school to pursue her Masters Degree in Education with a major in curriculum development. She began working at a small private college and served as the nursing faculty for several years before applying for the vacant Program Director position. A White woman who, according to Renee, “had the education degree but no experience as an educator”, was offered the position. Renee left the organization and returned to the same organization several months later when she was contacted and asked to become the Program Director. She accepted the role and was able to articulate the terms for her employment. She remains the Nursing Program Director at this college.

In spite of this experience, she does not view being Black as a not been a barrier in her career development. She sees her greatest career barrier as managing her home life and work. She has three young children, and she wants to spend time with them without

overextending herself. At times, she admits, she does overextend herself. Because of the need to balance work and family and the importance of her family, she has no plans to leave her current role. Her current role provides the flexibility to be available for her children, their school activities, and vacations. She credits her success to her parents and the support of her husband who cares for the children when she has to work long hours. However, she sees no other barriers besides the barrier created by having a family. Renee claims, “Barriers, I don’t think, I don’t find any barriers now that I can honestly say, I haven’t come up against a lot of barriers and I think that has a lot to do with the challenge and the stimulation part of me.”

The church has played a major role in every aspect of her life including her career development. “I believe, and the way that I worship and I go to church is that if this is meant to be, if this is what my higher power wants for me, then, this is what it’s going to be”. The result of her faith and belief is she is more confident and it allows her to just accept career decisions.

In terms of leadership development, Renee believes that education is critical to the success of Black women, especially in developing their leadership skills. She also believes that organizations need to tap into these talents. “I think that as Black women, period, I think we’re leaders. We’re leaders in our community. We’re leaders in our churches. We’re leaders in our homes. And that just goes without saying. That’s just part of our culture. That’s just who we are, and I think that dates back centuries and centuries and centuries. But our organizations, they need to tap into that and if they can really take a Black nurse leader or a Black nurse that has those leadership qualities, and really develop it, you know really invest in that nurse, they can really develop good leaders”

Renee states, “We [Black women] have the strength and the perseverance to really be a power source in the society. I think we need to, we really need to, embrace that. I think we’re afraid to embrace that, but I think we need to embrace it. I think we need to continue to educate ourselves and I think we need to stick together and I think we just need to go for the gold, even if we’re going to get shut down. We just go for it and go in with confidence”.

Darlene

Darlene a 48-year old Jamaican-American divorced mother of two children who

admits that she owes her life and career to the intervention of her high school principal. Her single most life defining incident occurred when she was a teenager. At 15 years old, while a high school student, she was raped and as a result became pregnant. She recalls: “I’ll never forget he [Mr. Smith the high school principal] took the time and he came to my house and we talked and he looked at me and shook his head and said you have great potential. I’d hate to see it go to waste”.

Darlene was a bright individual, full of potential, growing up with her parents in the country side in Jamaica. An avid reader she got both of her parents to join the book mobile which visited her neighborhood every month so that she would have more books to read. Her parents joining the book mobile allowed her to get three books from each of her parents. As a child she was only allowed to borrow one book. She gravitated to books which told stories about nurses. Her mother, who wanted to be teacher, was instead a stay at home mother and her father was a farmer. She knew from elementary school that she wanted to be a nurse.

Her dream became a reality because of the significant intervention by her high school principal. Once pregnant, according to school policy, Darlene could no longer attend school. She shared her predicament with her high school chemistry teacher who suggested that she should talk to Mr. Smith. She communicated with Mr. Smith, who visited her home, and created a plan for her to keep abreast of assignments while at home. What was noteworthy was that once she delivered the baby, the principal allowed her to return to school. While she was forbidden to wear her school uniform, allowing a pregnant student to return to school had never been done. This was critical for her success as she was in the fifth form preparing to take her “O” level examination required for entry into college and for employment. This incident “made me into a stronger person, made me more appreciative of life. It certainly showed me if I think of any one thing out of that experience, it taught me, it was how determined one could be because truly that was maybe the hardest thing that I have had to go through”.

After graduating with an Associates of Science Degree in Nursing, she desired only to be a nurse who provided care at the bedside. She did not aspire for leadership positions until, a mentor, a White woman, one of several White mentors she has had, said to her, “Well, think about it this way, you’re an excellent nurse, how would you like to

have an impact on the care the patients receive by teaching others to do what you do?” Darlene wanted to make a difference and realized that a leadership position would allow her to have an organizational influence on patient care and the quality of care her patients received. She could set expectations and hold individuals accountable for those expectations. It was an extraordinary opportunity which opened the door to several positions in leadership including Vice-President of Cardiovascular services and her current role as an Associate Chief Nursing Officer. She believes that individuals, and mentors, both White males and females, have opened doors for her in her career development because she showed potential and had the knowledge, skills, and abilities.

Darlene is an individual who does not see barriers to her career development as she explains “Yes and if I’m going to look at barriers, I can see what could be barriers to a lot of people, but I can tell you that I’ve not made them mine, because when I think about, I only see possibilities. For a lot of people, they may not see beyond color and creed and all of that. I truly haven’t allowed myself to be confined in a box”.

Darlene describes herself as a hard worker, great communicator, listener, and dedicated with a sense of integrity. She believes that she has to be a role model for Blacks and take positions so that other Blacks can see Blacks in positions of leadership. Darlene comments, “How many Black CNLs [Chief Nurse Leaders] do you know? I swear to God I told them that and they are like okay. I said let’s do this for the race. Because you know something, if there’s a barrier, the barrier is not enough [Blacks], there’s not enough being represented out there and so you don’t have role models. Not too many of them, you don’t see”.

The level of organizational support for her career development has been significant. The organization, committed to cultural diversity, identifies future leaders and provides leadership training, mentoring, and a structured succession planning program. Darlene’s future for nursing leadership is “to truly make a difference, not just for the nurses, but for the patients, you’ve got to have good leadership in place. You’ve got to have people that, the staff, regardless of who they are, that they look up to and that they can respect. For that to happen, leaders need to know them, the employees need to know them. The fact is that one day we will have a hospital, an organization that I am an integral part of, that has good, strong leaders, that offers care that is way above par”.

Judine

Judine comes across as a strong, no-nonsense, 57-year old married African American female who was recently on the verge of retiring when she was asked by White leaders to remain with her organization during a transitional period. She serves as a Director of Nursing and her current career goal is to retire. She is a wife and mother of two adult children who does not recall why she wanted to become a nurse. However, her high school year book includes a statement that she plans to be a nurse. Judine was raised in the 60's by a single mother with her younger sister in rural Georgia. Her father played no role in her life. As a child she was the nurturer and caregiver, helping her mother care for the household. Her mother, who worked in the fields, wanted her to graduate from high school and that was important for her mother. Judine wanted more for her life: "I think a lot of it is who you are inside and your own personal aspirations to succeed".

Judine recalls an incident as a teenager about to graduate who needed money for her graduation. Growing up in all Black neighborhood, Judine was not exposed to any racial issues or prejudice.

"As a senior, one of my neighbors did work as a housekeeper for someone and she said to me, I know that you said you needed money for school, so you know, this Saturday I can't go to work and need someone to relieve me, can you go? I said, well I don't know what to do and she said you go in the home, she'll tell you what to do. She kind of pretty much told me what the routine was. So I went, my husband, who was my boyfriend at the time, took me to work. So I didn't mind. I had made breakfast, cleaned up the table, washed the dishes, made the bed, put the clothes to wash, and I didn't mind that. She asked, will you mop the floor which was a wood floor. Well, didn't have a problem with that either, until, she didn't want me to mop with a mop. She wanted me to get on my knees and scrub it with a brush and then, when I mopped the floor, and there was still some water, it was dry but it wasn't dry, and she had company to come. They were saying, oh, you know, we could come around to a different door, you know, to the back, because she's mopping, and the owner said, oh no, you don't have to worry about that, she can do it again. And I thought, this is what my momma was talking about. There's no respect for my time, my work, my effort. It's just, I'm just subservient ... So, after that,

they left the living room. I got on the phone, called my husband, my boyfriend, and I said, come pick me up now..... So I went to her and I told her I had to leave, so she can pay me. She said but you're not done. I said no, I won't be able to finish, you know, I have to leave and I left. And I knew that I could not work in anybody's home and be subservient. However, I respect people who can do it. I'll do what I have to do if I have to make a living, but I know that is not how I want my life to be".

After moving from Georgia to South Florida, Judine, now married to her high school sweetheart and a mother, enrolled in school to become a Licensed Practical Nurse (LPLN). She saw this avenue as the quickest way to start her nursing career. After graduating as an LPN and practicing as an LPN, she discovered that she did not have the theory to understand her nursing functions and decided to pursue an Associate Degree as a registered nurse. Her aspiration was to remain a bedside nurse. Judine states, "I got into nursing and I love nursing, but I love doing what we were taught as nurses, not so much what's happening now as so much paperwork. When I take care of patients, I feel very satisfied in doing that. The other piece of nursing [that] I like is teaching others how to do nursing, and so I never had aspirations of getting into management". Also her family is her priority and she did not want to take on any additional responsibilities which would mean spending time away from her family. Judine believes that, if her family was not her priority, she would have had the opportunity to progress to higher levels in the organization. She understands that whatever role she undertakes she is totally committed and cannot fail. She takes the initiative to seek and obtain the knowledge required to be successful. "I have to succeed."

An early role model for Judine was Ms. Chambers who was the nurse manager of Cardiac Unit. Judine recalls, "I was so in awe to see a Black nurse manager, because, here, most of the nurses were White, most of the managers, all of the managers were White except her and I saw Black people in dietary or in environmental services". Ms. Chambers provided support and became someone that Judine could confide in and was also instrumental in Judine furthering her education. A nursing instructor early in her career told Judine that she needed to develop her skill in assertiveness, "because you're a Black woman going into a White female profession and you need to learn to be more assertive". Judine's interpretation of the comment is that she should not be perceived as

being weak. However, for Judine, it was only after she became a nurse that she realized, “I was Black and different. I thought I was just a human being”. She discovered that, once a unit had a Black nurse manager, the White nursing staff left the unit, which was, according to Judine, as example of “White flight”. One physician commented that his colleagues wanted to see “blond blue-eyed nurses” and her unit had too many Black nurses to which Judine replied, “who are qualified and competent”.

Judine soon realized that there were different standards for Black managers compared with White managers. Concerns about care raised on a unit with a Black nurse manager were treated differently than those same concerns on a unit with a White nurse manager. The Black managers perceived that they were being pressured and given goals that could not be accomplished, perceived that they had failed because of these unrealistic goals, and then quit or were asked to leave. Judine discusses a painful period when her unit was closed, a move she believes was done to force her to leave the organization. “I tried to take it on my chin like a champ and not look at it very negatively, even though I had other nurse managers saying, you know if I was you I would leave, oh I could never go through that. But you see, in my culture, things are always tough for us and if we just fell apart when those things, you know, when barriers were thrown at us, you would just die. You would just never, ever grow. You would never live. You would just be in a cocoon. So, and I think because life is tough, you know how to deal with it. You don’t just cut and run or break down and cry and that kind of thing”. However, Judine, after experiencing such pressures for several years and being perceived by her boss as someone with an attitude, moved to a different role. She does not consider it quitting. “I had to take care of me; the stress was taking its toll on my physical life”.

Overall, Judine has had the support of many peers even through difficult times. Many have embraced her in this new role but because of her past experiences she remains cautious: “I’m always on guard. I never let my guard down, but I know how to be politically correct and be supportive and not let that kind of stuff and all that vindictiveness get to me. I don’t let that weigh on me because I can’t spend my life worrying about what someone did to me”. Her church serves as a foundation for her life. “I get my spiritual feeding and that helps me. It helps me to live a life as clean as I possibly can. I don’t build my life based on what man wants. I’m not perfect and I really,

truly try to live by the Ten Commandments”.

Judine advises nurses to pursue their educational goals and obtain advance degrees, to participate in professional organizations, and for organizations to have mentors available for those interested in leadership positions. However, Judine cautions aspiring nurses about the role of education in development: “I think education is great, but education doesn’t teach you everything. Certain things you gain by experience and it depends on the organization you work for; because even in education, you can learn certain theories and certain ways of doing things, but they may not apply to that organization. You have to tap into the organizational culture before you can just come in like gang busters and think that oh well, because I have this degree, I have this knowledge, I can change the system”.

For Judine, “Had I been White, I think my life would have been a whole lot easier. But I might not have grown as much as I have grown, and the one thing that I know from those experiences I’ve had, I always look at the positive. They weren’t feel good experiences. They’re not things I want to happen at that time, but because those things happened, I had the opportunity to do a lot of different things that prepared me for the things that has happened to me, because I don’t have the fear or oh I can’t do this, oh I can’t do that”.

Cross-Case Theme Analysis of Participants’ Experiences

Overall, from the profiles of these participants, it can be seen that the career development of Aspiring Black Nurse Executives is both unique and overlapping. For many of the participants’, explicit aspirations for leadership positions were not considered as part of their career goals. Their commitment was to excellence of nursing care at the bedside. However, once their talents were identified by others, they quickly understood that they could have a much more significant impact on nursing and patient care with a leadership. For those aspiring to positions of leadership, these five nurse-leaders have demonstrated and created the sense that even without mentors, but with preparation, sometimes luck, Black females can make it to the executive suite. As these women shared their extraordinary stories, several themes emerged. The career development of these aspiring executives were varied but with both common and unique themes. At the core of these individuals’ careers is their passion for nursing. Themes

which emerged are integrated into the stories of these individuals to provide interconnectedness of the career development of the individuals. The three themes which were derived from 17 codes include (a) support system, (b) career resilience, and (c) education and learning.

Support Systems

The first theme, support systems, refers to the level of involvement by parents, spouses, friends, peers, staff, mentors, role models in helping to shape the career development of these individuals. The support systems for these women are strong. The family, whether it was the nuclear or extended family, was a significant source of support for these individuals as they selected, pursued their education and their career. While the family did not play a role in the selection of a nursing career, it was an independent decision by the participants, it was their support and encouragement which allowed the participants to pursue their dreams. Education was emphasized in all of the households of the participants even if for one participant the expectation was only “you are going to graduate from high school”. Family members provided the foundation, structure and focus, set high expectations, encouraged reading and joining the library, ensuring that home work was completed, giving additional homework assignments, and allowed their children to participate in speaking competitions. Although the majority did not have any formal mentoring relationships during their careers there family and friends continued to provide the support needed to succeed in their roles. Family members were nurturing. Because of the bond with their families and communities these women understood that their success was a success not only for their families but for their communities. They learned that their accomplishments and achievements were important to their people. The family members displayed the work ethic and the value for work and performing a job to the best of ones ability that the participants wanted to emulate.

Spouses were another source of support and encouragement. Their main roles became playing a significant role in assisting their wives with raising the children and with the household chores. Four of the five participants have children and at least two the participants discussed not advancing in their careers because of their children. For them the family was the more important than career and they were not going to sacrifice their family life for a career. In addition to the family, school teachers, friends, role models

and colleagues were influential in the career development of some of these individuals. For many of the participants these influential individuals were inspiring and offered support, guidance, and encouragement during their career progression. However, only two of the participants had mentors and or strong collegial relationships. Support systems were critical to the success of these individuals. The family laid the foundation, the participants built their careers and the support systems of friend, peers, spouses, and children encouraged and nurtured their careers.

Career Resilience

The second major theme, career resilience, reveals how these leaders dealt with their own development and barriers to their career development. The lack of mentors was noted by many of the participants however not as a barrier to their career development. Many of the participants took on roles for which there were no mentors and little training and development. Since failure is not an option for these individuals it was left to them to learn and develop the knowledge and skills necessary to perform in their new roles. Whether it was obtaining the education or training these women showed initiative and created their futures. They enrolled in classes, took advantage of continuing education offered by organizations and also learned by observing other leaders, staff, and managers. As children the importance of education was emphasized for these individuals during and the participants, except one, all completed graduate degrees and at least two individuals have double graduate degrees. They loved to learn and saw the value of education more as a preparation for opportunities, the unknown next step in their career. They had to be prepared for their roles. These are determined and willing individuals who work hard to achieve their goals. As a group, it can be said that they have a “Can Do Attitude”.

A key to the success of the women in the study is that they have developed unique perspectives and abilities for dealing with challenges. They do not see barriers to their career development only challenges which they believe they can overcome. They have sacrificed to achieve their goals. While none of the participants aspired to positions of leadership, once they became leaders, they understood that titles were less important than the work they were performing. The scope of their work responsibilities allowed them to make a difference in the nursing care their patients received.

In addition, these leaders wanted to inspire other Black nurses and nurses in general to leadership positions. They viewed being at the bedside as the best position for a nurse, where nursing was valued. Their identity and sense of self, who they are as individuals, is critical to their success as nurse leaders. They were raised to believe that they were important, even though some were raised in segregated societies. Their family members emphasized to them that they could accomplish anything they wanted to, be what ever they wanted to be. Their families instilled in them a belief that they were never less than anyone else. As a group, they are determined individuals who see opportunities in every event in their career development paths. They show they have the ability to adapt and change with the challenges placed in front of them.

Although race could have been perceived as a barrier given their life experiences, their career resilience created a context in which participants did not perceive that their race had a negative impact on their career development. All the participants, even those who were bussed to schools during the advent of court-ordered integration, do not see themselves as victims. Although no one in this group viewed herself as oppressed or as a victim, they did view racism as another challenge which they must overcome. They did not attain the positions by being weak; they understood that they had to be “twice as good and work twice as hard, be prepared twice as much”, as described by, Renee as their other white colleagues. Fortunately for these women, they were raised by families who told them earlier in life that they were great individuals.

Religion/Church

A unique theme which emerged from this study was the role of the church and religion in the career development of some of the individuals. Beyond the church, participants did not describe organizations and the community as having a major role in their career development. Many of the participants were not active members of any organization, whether in the professional arena or in the local community. The participants who mentioned the church discussed the importance of seeking guidance from a higher power before making decisions about their careers.

Limitations

Three limitations are acknowledged for this pilot study. First, the sample comprised of 5 aspiring Black female nurse executives employed in hospitals in one

metropolitan area of the southeastern United States. Although overall generalization of study findings cannot be made to larger populations, specific findings of the study may be generalizable, especially to aspiring nurse executives in healthcare settings similar to those of the participants (Creswell, 2003; Donmoyer 1990; Guba & Lincoln, 1981; Polkinghorne, 1991; Tashakkori & Teddlie, 2003). Mayring (2007) described this type of generalization as consisting of two components: identification of typical material from prior considerations, in the present case participants' career paths; and triangulation of results from the qualitative interviews and the quantitative demographic questionnaire data. Second, although it may not possible to extract and record the "essence" of participants' lives, their salient experiences, insights, and feelings were recorded and transmitted. Third, researcher bias may have influenced interpretation of study results because of her own role as a Black nurse leader, precautions were employed to minimize the researcher's personal biases.

Despite the limited generalization of results to larger populations, transferability of the results may be possible, as Eisner (1991) suggested. The researcher's deconstruction of the participants' lives and reconstruction within the theoretical frameworks illuminated the uniqueness of each participant's experiences, while the cross-case analysis developed insights that exceed the limits of particular situations or experiences. Barone (1998) elaborated on this concept by adding that, if the researcher can represent participants' career development experiences as vivid portrayals, readers may identify with many aspects of the experiences and a "naturalized" identification may take place (p. 15).

Discussion

The purpose of this study was to investigate, analyze, and describe the career development of aspiring Black female nurse executives. The participants told their stories of their career development, which were analyzed to develop codes and themes, including what influenced their career choice, the influences of support systems, and barriers and facilitators to career development. As the women started their career journeys, they were shaped by the early influences of the immediate and extended families who created a nurturing environment. Many of these individuals, as described by Super's (1990) early

stages of growth and exploration, had already made career choices by the time they were in high school and some even earlier.

According to Super's exploration phase which occurs from age 15 to 24, individuals identify and crystallize their career. Career establishment, the third stage of Super's career stages, occurs between ages 25 to 44 and represents gainful employment. However, while these individuals were gainfully employed as nurses, they continued to their career growth by taking diverse roles within the nursing profession. Three of the participants could be considered to be at the stabilization phase and already looking for the next opportunity and challenge. As a group, these nurse leaders are dynamic individuals who describe themselves as loving a challenge, ambitious, passionate, and intense. Stabilization reflects the individual's ability to settle down in the new role, perform work to validate the career choice, and to use the knowledge, skills, and abilities acquired in performing this role. Next, the individual consolidates this role and finally has the opportunity for advancement. As the participants told their stories, the role of "self" emerges. Who are these individuals? How these individuals define themselves, their interest, and values, which change over time and with experience. The influence of self in the context of the environment of these individuals defines how these individuals view barrier. The barriers included race, organization, peers, families, and lack of mentoring opportunities were perceived by the participants as challenges to be overcome.

Gottfredson's (2005) stages of circumscription and compromise are concerned with individuals' career development and aspirations. Two participants (Judine and Renee) noted that they did not advance further in their career because of the expectation the importance they placed on family. According to Gottfredson, they compromised, relinquished their most preferred alternatives for less compatible but more accessible ones. Another element in Gottfredson's theory is circumscription which is defined as "the process by which children progressively eliminate from consideration occupations they think unacceptable to themselves" (p.82). Renee's inability to be successful in accounting made a career in business one she could not pursue; this led her into the nursing profession.

Critical race theory (CRT) is built on three basic premises. First, racism is seen as normal and is part of the national social fabric. The second premise is that the majority

group supports advances for Blacks only when they also advance the causes and interests of the majority group (Bell, 1992). The third premise, storytelling, provides an important format for the ongoing exploration, understanding, and discourse of and about racism. While several of the participants willingly discussed race and segregation when growing up, none admitted that issues of race were a problem in their career development.

Judine told several stories about race, one where she went to clean the house of white woman in order to make money. The second story focused on how she was treated as Black nurse manager. Many white nurses left her unit when she became the nurse manager; she termed it “white flight”. Judine noted that as a Black nurse manager she was treated differently than her white colleagues. In one case where there were numerous complaints about her unit, she was told by a white physician that complaints were because she was Black with a Black staff and therefore, the physicians who bring patients to her unit complain. He claimed that the physicians wanted to interact with blonde, blue-eyed nurses.

Although the participants may agree with the first tenet of CRT that racism is a normal and a permanent fabric of our lives, they have learned early and throughout their lives that the issue of racism is about the other person and not about the participants. As one individual stated, “I am who I am. Black, I can’t change that, I have to keep moving forward”. For several of the participants white mentors or other individuals advised them opportunities for career growth.

The second premise of CRT is that the majority group supports advances for Blacks only when they also advance the causes and interests of the majority group. Although, the decision for promotion in these organizations is granted mainly by white individuals, the participant in this study believe they are equally as good as and at times more qualified than their white counterparts. Several individuals indicated that if they were white, their career development would not be impeded, there would be more career advancement, and they could be promoted with fewer qualifications. However from the stories of these participants, they believed that they were promoted on the strength of their educational attainments, knowledge, and skills.

The results of this study did not support the finding by Cook et al. (2002) who stated that women of color face racial discrimination and both women of color and White

women face gender discrimination, which “has created social, psychological, institutional, political, and economic barriers that seriously erode the actual control many individuals have over career choice and satisfaction” (p. 292). The women of this female dominated profession did not view gender as a barrier to their career development. However, the results of this study supported the findings by Madsen (2007a, 2007b) who conducted a qualitative study of 10 female U.S. university presidents’ career paths and educational backgrounds. Eight of the participants were White and two were Black. Madsen explored the lived experiences of women university presidents in developing their lifelong knowledge, skills, abilities, and competencies for success in higher education leadership. The women university presidents’ drive, determination, a desire for continuous learning and development, whether self initiated or offered by the organization and the ability to manage challenges and changes were characteristics of women. The results of the current study and Madsen’s studies also showed that most women did not overtly seek leadership positions, and their career paths to leadership were nonlinear. While the majority of the participants in this study did not have mentors, they did not view the lack of mentors as a barrier. In fact, White individuals served as mentors for those who had mentors. However, all the respondents in this study recommended that mentors should be provided to stimulate the development of nurse leaders.

The results of this pilot study supported some of the findings of Wentling (1992) who conducted a study of 30 women in middle management positions in 15 Fortune 500 Midwestern companies about their career development, aspirations, and perceived barriers and facilitators to their successful advancement. Similar to the participants of this study, factors that facilitated career development were educational credentials, hard work, interpersonal skills, competence on the job, and willingness to take risks. Having mentors was a finding for the managers in Wentling’s study.

Fressola (1998) investigated how twenty-three nurses in executive-level positions learned to become nurse leaders capable of managing in turbulent times. Nurses learned to become leaders through several means: experiences, relationships, and self-direction. The findings in this study are consistent with Fressola’s results. Several participants in this study were self directed took responsibility for their own learning and development, described on the job learning and continuing education, relationships both formal and

informal as important for their development as leaders. In addition, Bieber (2003) studied the leadership practices and requirements for veterans health administration nurse executives. Four of the most needed and essential skills of exemplary nurse executives were (a) transformational leadership skills, (b) financial skills, (c) organizational skills, and (d) personnel management skills. The current study of aspiring Black female nurse leaders identified three of the four essential skills including (a) financial management, (b) organizational skills, and (c) personnel management skills. .

Exploring the lived experiences of aspiring Black female nurse executives in terms of their career development within multiple theoretical perspectives is significant, first, because results may shed light on applicability of various theories of career development to Black female nurse leaders. Second, the results can add to the knowledge base of the career development of Black female leaders in healthcare settings. Findings can yield an understanding of the barriers and facilitators which support or hinder Black female nurse leaders in ascending to leadership positions. Third, identification of important factors in Black female nurse leaders' career development will aid the mentoring of and by Black nurses, as well as identify support systems for enhancing their career goals. The findings may contribute to human resource development departments to implement strategies to identify, recruit, train, and retain qualified Black nurses for leadership positions. These may pertain to possibly prejudicial policies in healthcare organizations regarding promotion of Black female nurses specifically and other minority nurses to leadership positions. Results may additionally provide indicators for changes in institutional policies in the selection and promotion of Black nurses to executive positions.

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APPENDIX



FIU IRB approval #061407-01 June 14,2007

DEMOGRAPHIC QUESTIONNAIRE

Thank you for agreeing to be a participant in this study. Please complete the following demographic information.

1. Your title: _____
2. Age: _____
3. Marital status: _____
4. Race/Ethnicity: _____
5. Highest degree earned: Nursing _____ Other: _____
6. Country of formal schooling: _____
7. Country of nursing school: _____
8. Years of work experience as a nurse: _____
9. Years of work experience as a nurse executive: _____
10. Years in present position: _____
11. Number of individuals supervised in current role: _____
12. What is the race and ethnicity of individual(s) supervised?

13. Number of full-time employees in the organization (FTEs): _____
13. Type of Organization:
 - a. Joint Commission accredited Yes ___ No ___
 - b. (Select one) Region ___SE, ___NE, ___SW, ___NW, ___MW
 - c. (Select one) _____Rural, _____Urban, _____Suburban
 - d. Public ___ Private ___ Both ___
14. Other information you would like the researcher to know about your role and organization:



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INTERVIEW GUIDE

Self:

1. Tell me about yourself - How would you describe yourself?
2. How does your view of yourself influence your careers choices?
3. How would you describe your childhood? Home and School?
4. What did/do you see as the greatest barrier to achieving your career objectives?
5. What did/do you see as the greatest facilitator to achieving your career objectives?

Career Development: Nursing

6. Why did you choose a nursing career?
7. Was there a particular event which influenced this career choice?
8. What role did your family, children, spouse, and friends, play in your career development?

Mentors/Role Models

9. Did you or do you have any role models?
10. If so, who are they and how specifically did they influence your career development?
11. Did you or do you have any mentors?
12. If so, who are they and how specifically did they influence your career development?

Race and Gender:

13. What effect do you feel being Black and a woman have had on your career development?
14. As a Black female, what do you see as your greatest challenge to pursuing your career goals?
15. How do you confront these challenges?
16. Do you perceive a different career path than Whites?

Community:

17. How have organizations in your community and the larger society influenced your career development?
18. Who are some of the people in your community and/or the larger society who have influenced your career goals?
19. How have these individuals influenced you?

Organization:

20. How have your organization and colleagues supported your career development?
21. How have your organization and colleagues hindered your career development?
22. What do you see as the best ways your organization can encourage Black female nurses to executive positions?

Other:

23. What advice would you give to Black female nurses who desire to reach leadership positions?
24. Are there any additional comments you would like to share?
25. Are there any questions you would like to ask me?

