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Diversity and Inclusion or Tokens? A Qualitative Study of Black Women Academic Nurse Leaders in the United States

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Abstract

Severe under-representation of Black women academic nurse leaders persists in United States higher education, and a major research gap still exists regarding experiences of these leaders, and facilitators of and barriers to their success. Our objective was to examine how race and gender influence how Black women academic nurse leaders' function in their leadership positions, how they are perceived by their peers, and how their perception of race, gender, class, and power influences diversity, equity, and inclusion initiatives in the workplace. Critical race theory was used as a guiding theory, and the study design involved narrative inquiry followed by thematic analysis. Four overarching themes with four sub-themes were revealed: (a) Paying a personal price for authenticity, (b) Being the only one is hard even when you are in charge, (c) The illusion of diversity and inclusion while trying to survive, and (d) Focusing on building and sustaining diversity, equity, and inclusion. Implications for nursing education including instituting training for faculty in anti-racist pedagogy and requiring nursing programs to meet inclusivity metrics for approval and accreditation.

Keywords

nursing education, nursing faculty, nursing ethics, racism in nursing leadership, nursing administration and leadership, United States

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Background

According to the National League for Nursing (NLN) faculty census survey in 2018–2019, only 18% of nurse faculty in the United States (US) identify as non-White, with half of these identifying as African American or Black (National League for Nursing, 2020). No data can be located at the time of this study on the number of Black academic nurse leaders in the US, specifically. However, it can be deduced from the under-representation of Black nurses in faculty positions that Black nurses would be equally under-represented in academic nursing administration and leadership. The coronavirus 2019 (COVID-19) crisis and the major civil rights activities following the killing of George Floyd in 2020 has sparked renewed interest in dismantling structural racism in nursing and healthcare (Knopf et al., 2021). The need for increased diversity in healthcare professions and nursing is so crucial that major agencies continue to stress the point year after year (American Association of Colleges of Nursing, 2017; 2021a; American Nurses Association, 2018; National League for Nursing, 2016).

The recently released report by the National Academies of Medicine titled, *The Future of Nursing 2020–2030: Charting a path to achieve health equity* reiterated the need for nurses

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at all levels and settings to acknowledge "the history of racism within the profession" and their role "in helping to dismantle structural racism and mitigate the effects of discrimination and implicit bias on health" (National Academies of Medicine, 2021, p. 11). For nurses to take on the role of dismantling structural racism, they must build a "more diverse workforce and support nurses of diverse backgrounds in pursuing leadership roles" (National Academies of Medicine, 2021, p. 12). Leading nursing organizations including the American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), National League for Nursing, and several others have made similar calls for nurses to combat racism and create a more diverse and inclusive culture for nurses (AACN, 2017; 2021a; ANA, 2018; NLN, 2016).

More recently, in 2021, in response to an executive order from a former US president calling for restrictions on diversity training offered at federal agencies, the AACN released a statement condemning the action (AACN, 2021b). The 2021 AACN *The Essentials: Core Competencies for Professional Nursing Education* included the contributions of nurse pioneers from diverse backgrounds such as Mary Eliza Mahoney, recognized as the first professional Black nurse, and Estelle Osborne, the first Black nurse to earn a master's degree (AACN, 2021a). In the report, the AACN noted that "diversity, equity, and inclusion require intentionality, an institutional structure of social justice, and individually concerted efforts" (AACN, 2021a, p. 5).

Prior to these recent developments, existing studies show that Black women experience discrimination related to race and gender as they navigate their careers in general, and specifically, in academic nursing (Beall-Davis, 2017; Iheduru-Anderson et al., 2021). Access to leadership and success in the nursing profession is predicated on a system of real inclusion, support, and equitable access to resources and opportunities (AACN 2021a; Iheduru-Anderson, 2020). However, this has not been the experience of many Black nurses in practice and academia seeking to develop themselves as leaders (Beard & Julion, 2016; Davis & Maldonado, 2015; Iheduru-Anderson, 2020, 2020a; Whitfield-Harris et al., 2017). In a qualitative study of 12 African American female college presidents to determine how they viewed their leadership roles and contributions to academia, Waring (2003) concluded that race and gender were instrumental and deeply rooted in the participants' self-conceptions of leadership. A different study of 30 Black/African American nurses found a system of nursing leadership dynamics that enforced a White/Black hierarchy among nurses that kept Black nurses from advancing into the White echelon (Iheduru-Anderson, 2020a).

Although recent studies exploring the experiences of Black nurses, faculty, and other nurses of color have emerged (Beard & Julion, 2016; Iheduru-Anderson, 2020), a major gap still exists in the literature about the experiences of Black women as academic nurse leaders, and facilitators of and barriers to their success. This gap represents a significant hurdle to meeting the inclusion goals of Black leaders in academic nursing voiced by US nursing professional societies. This study aims to fill this knowledge gap. For the purposes of this study, Black rather than African American was used as an all-inclusive term those with African ancestry. To convey an essential and shared sense of history, identity, and community among people who identify as Black, including descendants of people from Africa who were enslaved, those in the African diaspora, Afro-Caribbean, and Afro-Latino. Therefore, Black women academic nurse leaders include any person who identify as Black, woman, holding an academic nurse administrative/leadership position, title, or role. This includes those who may serve in both faculty and administrative role.

Conceptual Framework

This study used Critical Race Theory (CRT) as the framework. Parker and Villalpando (2007, pp. 520–521) articulated the key aspects of CRT as being an acknowledgment of the centrality of race and racism, a challenge to the dominant ideology, a commitment to social justice and praxis, a centering of experiential knowledge, and an approach that honors historical context and promotes interdisciplinary perspectives. Acknowledging the centrality of race and racism in US society includes recognizing the deeply embedded role of race and racism in nursing discipline and the critical examination of dominant Western ideology in nursing education and leadership (Waite & Nardi, 2019). Originating from legal studies, CRT challenges the assumptions about race-neutrality and colorblind ideologies (Patton, 2016). It is appropriate for exploring how diverse racialized groups experience seemingly race-neutral White spaces (Ladson-Billings, 2005).

The use of CRT in this study prioritizes elevating the voices of Black women academic nursing leaders with respect to their academic leadership roles. Crenshaw et al. (1995) argued that race and racism intersect other aspects of a person's identity. Critical race theory is the appropriate framework to explore how the socially constructed and culturally constructed categories of race and gender interact to sustain the systems of power and white supremacy within academic nursing (Collins, 2015). White supremacy in this context describes the white dominance and control of power and resources in the nursing profession at every level in the US, and not the self-proclaimed white nationalist hate groups such as the Ku Klux Klan, neo-Confederates, and members of neo-Nazi movements (Ansley, 1989). This study uses CRT to facilitate the examination of the nature and location of power, the functions of power, and how power shifts in time and space to affect the everyday experiences of Black women academic nurse leaders (Overstreet et al., 2020). Critical race theory has been previously used in studies of nursing scholarship (Ackerman-Barger & Hummel, 2015; Beard & Julion, 2016).

To explore the experiences of Black women academic nurse leaders and their relationship to power, it is necessary to recognize the historical roles of race, gender, class, and power in their everyday exchange in the workplace. Black women nurses are under-represented in academic nursing leadership. Collins (2012) posits that power is relative from an intersectional perspective, noting the unequal access, distribution, and control of resources create systemic domination due to the power dynamics. The historical systems of inequity and exclusion in academic nursing leadership created a system of relational domination which Black women nurses must navigate (Iheduru-Anderson, 2020). Although Black women in the US in administrative positions may have authority, Beall-Davis (2017) noted that they could be simultaneously oppressed "in variable contexts at different times" (p. 148).

These power dynamics are consistent with the narratives of many Black women leaders as they negotiate their administrative roles in academic nursing (Ledesma & Calderón, 2015). Therefore, our research seeks to answer: (a) how does race and gender influence how Black women academic nurse leaders' function in their leadership positions; (b) how does race and gender influence how their peers in academic nursing perceive them; and (c) how does the perception of race, gender, class, and power influence the diversity, equity, and inclusion initiatives in the workplace?

Methods

Research Design

As stated earlier, CRT can be used to study social issues such as inequality and power and was the guiding theory behind this study (Collins, 2012). Utilizing the CRT lens forces the researcher to provide counter-narrative to the dominant ideologies (Ladson-Billings, 2005). Critical ace theory gives participants from historically marginalized racial and ethnic backgrounds the opportunity to provide stories to counter the dominant narrative. Narrative inquiry, a form of qualitative research aimed at in-depth exploration and conceptualization of the meaning people assign to their experiences, can be used in higher education research to provide a rich, accurate account of individual experiences. According to Creswell and Poth (2017), narrative research involves analyzing and retelling detailed accounts of individual-specific experiences in context as the individuals understand them. In narrative research, researchers and participants must work closely together to come to a shared understanding of the participants' stories about their experiences (Creswell & Poth, 2017). Using CRT to guide narrative research is an excellent approach to studying the experiences of these leaders within the context of their roles within an organization or profession (Beard & Julion, 2016) and in higher education (Ladson-Billings, 2005). Narrative inquiry is deemed appropriate for examining the experiences of these leaders because it begins with the expressed lived experiences and told stories of individuals (Creswell & Poth, 2017).

Given the study design of narrative inquiry within a CRT framework, data collection using individual interviews is an appropriate method to give voice to and better understand how these Black women describe their professional experiences as leaders in academia, and the meanings they attributed to them (Beard & Julion, 2016; Butina, 2015). Qualitative interviews reveal understanding by eliciting individual stories from the participants by having the interviewer ask open-ended questions related to a phenomenon of interest, and allowing the participants to direct the conversation (Butina, 2015). Our goal for this project was to elevate the voices of these Black women who are traditionally marginalized in Western institutions, and shed light on the complex ways they encounter whiteness as academic nurse leaders (Ledesma & Calderón, 2015).

Sampling

Participants were eligible for inclusion in the study if they identified as Black or African American, woman, reported possessing a graduate-level education, and are currently in an academic nurse leadership position, title, or role. An academic nurse leadership position, title, or role includes any role that requires oversight of another individual. Typical academic nurse leadership roles include dean, associate and assistant dean, chair, associate and assistant chair, director, program director, director of nursing, associate and assistant director, clinical coordinator, and simulation director and coordinator. To qualify, participants must have reported serving in the academic nurse leadership position for at least 6 months.

Sampling for narrative research aims to recruit and interview information-rich participants about their experiences (Creswell & Poth, 2017). To that end, purposeful sampling augmented with snowball sampling was used. A recruitment flyer providing explicit inclusion criteria for the study was distributed through professional nursing organization websites, direct emails through the researchers' professional networks, and social media platforms. Some participants known to the authors were recruited via direct emails and phone calls. The academic practice settings targeted were diverse, including large, small, public, private, urban, and rural institutions in 28 US states.

Ultimately, of the potential participants who expressed interest, 51 were eligible for the study and 34 consented and participated. For this analysis, an additional inclusion criterion was added, in that the participant had to be female. Adding this criterion resulted in data from 34 participants being used for this analysis, as all who participated in the original study were women. A sample size of 34 was considered sufficient to provide an information-rich narrative to capture the life experiences of the participants (Creswell & Poth, 2017).

Research Ethics. The study was approved by the lead author's university's Institutional Review Board (approval number 2020-1657). All participants reviewed the study informed consent form that was emailed to them before agreeing to participate in the study. Before consent, participants were assured of their confidentiality, the purpose of the study was made clear to them, and all participants had their questions answered. Participation was voluntary, and no compensations were offered. Participants' confidentiality was paramount for this type of study; therefore, participants were assigned pseudonyms used throughout the study.

Data Collection

Upon granting consent to participate, each participant completed a short demographic questionnaire. Next, the participant underwent an audio-recorded individual interview lasting on average about 45 minutes. Each interview was conducted via telephone or WebEx, depending upon the participant's preference. Five interview questions were asked focusing on experiences directly related to leading in academic nursing as Black women (e.g., "How does your experience as a Black woman affect your leadership decisions, how you lead, and your promotion of diversity, equity and inclusion in nursing education?"). Data collection and analysis were completed concurrently. All audio-recorded interviews were transcribed by a professional transcriptionist (Rev.com).

Data Analysis

We analyzed the demographic data using descriptive statistics. Inductive thematic analysis was performed on the transcribed data derived from the interviews (Braun & Clarke, 2012). The goal of the analysis was to understand the meaning the participants ascribed to their lived experiences instead of measuring the frequency of themes. Therefore, the themes and sub-themes were derived from the data (Sundler et al., 2019). After each interview was transcribed, the authors took turns listening to the audio recordings to ensure accurate data transcription and make corrections where necessary. This was followed by an iterative process of immersing themselves in the interview data by listening to the audio recordings, reading, and rereading the transcripts, and performing initial independent coding. The authors met regularly to review the initial coding as we progressed through data collection and analysis, reviewing, and revising codes and themes as necessary. Initial coding involved reading through each transcript several times and using short, descriptive words and phrases to name preliminary findings. As data collection and analysis continued, we identified new meanings and compared similarities and differences. Through this process, new codes were identified, and older ones merged or deleted.

The initial coding was followed by a review of patterns of meanings, after which we organized codes into categories and themes. We reviewed the categories to understand how they fit into the whole and the purpose of the study. The final themes and sub-themes were named and described in detail, supported by direct quotes from the participants (Braun & Clarke, 2012), placing their stories in a more powerful context (Ladson-Billings, 2005). Throughout the process, we maintained reflexive journals and met regularly to discuss the findings and how best to present the data, representing the participants' experiences rather than our own.

Rigor and Trustworthiness. The Consolidated Criteria for Reporting Qualitative Research (Tong et al., 2007) were observed. Creswell (2013) recommends that researchers utilize at least two strategies to check validity and reliability in any qualitative inquiry. Rigor was established by selecting narrative inquiry as the research design for the study using CRT as the framework. Detailed information and rationale for the choice of design and framework were provided for the reader to enable them to understand the authors' choices for study design, sampling, data collection, and analysis, and to enable them to make judgments about the transferability of the findings to another context or individuals (Creswell & Poth, 2017; Morse, 2015). The authors all have doctoral degrees and frequently met throughout the research process to review and revise interview questions and probes to reduce investigator bias, improve data quality, increase our depth of understanding about the participants' experiences, build consensus, and triangulate findings (Creswell & Poth, 2017). Building trust was important to establishing rapport and getting the participants to speak freely and honestly about their experiences. Sufficient time was spent on the process of data analysis to improve credibility further by the authors immersing in the data, listening to the audio recordings, reading, and rereading the transcripts, to ensure that important information was not missed. A summary of the themes was discussed with four participants who accented to be contacted during data collection to verify that their experiences were accurately reflected (Hadi & José Closs, 2016). The authors kept reflexive journals during the entire research process. The experience of the primary investigator in the use of qualitative methodology extended the quality of this study.

Positionality

To undertake ethical research, we must state our positionality related to the topic under study (Darwin Holmes, 2020). The study's authors are aware of our world views, values, and perspectives related to this topic. We noted our positionality as a form of reliability (Darwin Holmes, 2020; Milner, 2007). All the authors identify as Black American nurses, doctoral-educated, and faculty in academic nursing at publicly-funded state universities. The first author holds faculty and administrative roles with extensive experience researching race, racism, diversity, equity, and inclusion in nursing education, practice, and leadership. The first author

has over 6 years of experience in conducting qualitative research studies. The authors' races, genders, and career aspirations to leadership in academic nursing informed their interests in exploring the experiences of Black women academic nurse leaders in the US using narrative inquiry. We acknowledge that our experiences as Black women and nurses will have some impact on our understanding and interpretation of the research findings. However, using narrative inquiry and supporting the findings with direct quotes from the participants adds to the trustworthiness and rigor (Creswell & Poth, 2017). Our experiences as Black nurses aided us in elevating the voices of these leaders, allowing them to name their realities rather than marginalizing them (Milner, 2007).

Results

The study sample included 24 Black nurse academics (see Table 1). Most participants (88%) were aged 41 through 70, and all but two (94%) had a doctoral degree. Over half (65%) had at least 26 years in the nursing profession, and about two-thirds (68%) had at least 11 years of experience as nurse educators. Yet, over half (53%) reported 5 years or less experience in nursing education leadership. Forty-five percent reported serving in a tenure track appointment ($n = 15$), with over half of those having already achieved tenure ($n = 8$). Over half (53%) reported serving in a leadership position of Program Director or Department Chair, with only two (6%) reporting serving as Dean, and seven (21%) reporting serving as Associate or Assistant Dean.

Table 1. Participant Demographic Characteristics.

Characteristic	Level	*n* (%)
Age in years	31 to 40	3 (9%)
	41 to 50	7 (21%)
	51 to 60	13 (38%)
	61 to 70	10 (29%)
	71 and older	1 (3%)
Highest level of nursing education	Master's degree	2 (6%)
	Doctor of Nursing Practice (DNP)	6 (18%)
	Doctor of Education (EdD)	7 (21%)
	Doctor of Philosophy (PhD)	16 (47%)
	Other doctoral degree	3 (9%)
Number of years in nursing profession	1 to 15	3 (9%)
	16 to 20	5 (15%)
	21 to 25	4 (12%)
	26 to 30	7 (21%)
	31 to 35	5 (15%)
	36 to 40	7 (21%)
	41 and longer	3 (9%)
Number of years as nurse educators	1 to 5	3 (9%)
	6 to 10	8 (24%)
	11 to 15	12 (35%)
	16 to 20	8 (24%)
	21 to 25	0 (0%)
	26 to 30	3 (9%)
Number of years in nursing education leadership	1 to 5	18 (53%)
	6 to 10	12 (35%)
Characteristic	Level	*n* (%)
	11 to 15	4 (12%)
Appointment type	Non-tenure track	9 (26%)
	Tenure track - Not tenured	7 (21%)
	Tenure track-Tenured	8 (24%)
	Not applicable	10 (29%)
Leadership positions	Dean	2 (6%)
	Associate/Assistant Dean	7 (21%)
	Program director/ Department chair	18 (53%)
	Assistant director/Chair	4 (12%)
	Program coordinator	3 (9%)

Thematic Results

Four main themes were identified in this study: (a) Paying a personal price for authenticity, (b) Being the only one is hard even when you are in charge, (c) The illusion of diversity and inclusion while trying to survive, and (d) Focusing on building and sustaining diversity, equity, and inclusion. These themes and their sub-themes are depicted in Figure 1. In line with CRT, to interpret these themes and sub-themes, we situated the findings within a broader context of Whiteness within the nursing academy (Patton, 2016). Our interpretation aimed to understand participants' experiences within the context and conditions resultant from the White gendered and racialized norms that underpin academic nursing in the US. These interpretations, supported by participant quotes, are described in the following sections. Additional participant statements for each of the themes and sub-themes are provided as a Supplementary File.

Paying a personal price for authenticity. To support this theme, some participants explained that it could be challenging to remain authentic to self without being vilified or scapegoated (see Supplemental Table 2). Participant Erin expressed struggling to find "the balance between doing what is right, and just doing what will be acceptable to the majority, so that they will not turn on me." More than half the participants talked about overcorrecting their behaviors to be more like their White colleagues in order to be respected and accepted. Participant Ally said, "I find myself towing the White line and behaving in the same manner that oppressed the Black nurses and students in order not to antagonize them and to save my job."

Other ways participants reported paying a personal price for authenticity is when their Black constituents described them a "White conformists," or "Sellouts." Five participants reported how crucial it is not to show any sign of vulnerability, because it will be misinterpreted by their White peers as a sign of weakness to be exploited. Participant Nia remarked about how difficult and emotionally exhausting it is to strike "a balance between being your authentic self and being what

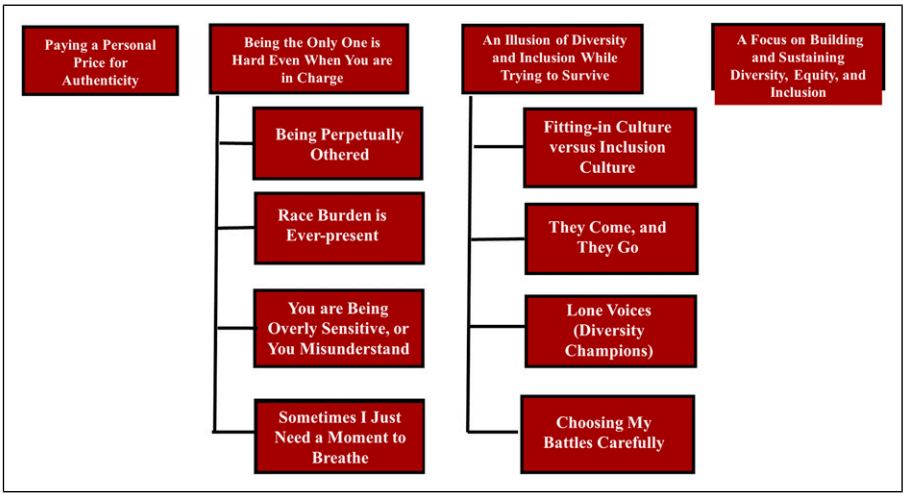

Figure 1. Themes and Sub-themes. There were four overarching themes found in the analysis. Two of the themes had four sub-themes each, for a total of eight sub-themes.

they want you to be." "If you make a big deal of it, you pay a steep price," declared participant Lori in her interview.

Many of the participants reported that as they ascended the career ladder, they were expected to further compromise their authenticity by being less sensitive to racism and discrimination. They felt that many of their White peers, as well as other people of color, believe that if you are "an administrator, then you must not experience racism and racial discrimination." However, participant Anna commented that at "the administrative level, racism is more subtle but evident." Another participant Zuri added that at the leadership levels, "People are less likely to report perceptions of racism and racial discrimination, therefore suffer more emotional, mental, and physical consequences as a result."

Being the only one is hard even when you are in charge. This theme reflects participant experiences in their work environments as the singular Black person, or only one of a handful of Black people or ethnic minority academic nurse administrators. This theme is explained by way of the following four sub-themes: (a) Being Perpetually Othered, (b) Race Burden is Ever-present, (c) You are Being Overly Sensitive, or You Misunderstand, and (d) Sometimes, I Just Need a Moment to Breathe.

Being Perpetually Othered. Despite having worked for the same nursing school for extended periods, some of the participants felt that they were always viewed as the "other"—not like "one of us," or as integral members of the team. "In my experience, being in an administrative role, taking charge and making difficult decisions has resulted in more exclusion than inclusion from my peers," noted Alex. Brady expanded on this:

> In their infinite wisdom and superiority, nurse educators fail to see the damage they do to people like me even when they place us in these positions. In the institution where I worked that I had to quit, there were only three African-American faculty including me. I felt alone, very lonely. They may have allowed us a seat at the table, but they will always see us as the others, those people.

Some felt that since they were the only person of color in the many leadership meetings, they were expected to provide insights into the minds and behaviors of other people of color. In other words, "You are one of them, so you must know," said Brady. Terri echoed a similar sentiment:

> When you are the only person of color in leadership and administration, you are always alone in the midst of all white people. They assume a lot about you. You are always the other person. When race issues come up, all eyes at the table will turn to you, like you are the Black people whisperer (laughing).

For one participant, Pauly, feeling perpetually othered was reflected when one faculty complaint about her was interpreted to her by her direct superior, the dean of nursing, as "'Everyone has a problem with your tone and bluntness.' I was just being myself, but they can't handle that." Erin said, "The presence of a Black dean [me] at this college of nursing is surprising to many people."

Race Burden is ever-present. Some participants identified certain components of their administrative roles that cause added stress for them as Black women leaders in nursing. Cece identified it as "race burden," saying, "Race burden is ever-present, overwhelming, and crushing for me and many people like me, especially as we rise through the ranks." Nelly remarked, "You better make sure there is very strong evidence for anything you propose and any decision you make because it would be thoroughly dissected even when the benefits are evident." Anna described these experiences as "a sink or swim position."

Some participants felt that appointment to a leadership position could be an act of Black subjugation. Three participants reported that they sometimes felt that they were being deliberately set up as the "fall guy" by being assigned insurmountable tasks, having unrealistic expectations set for their performance. Ryan elaborated:

> When you are hired in a leadership position as a token to make the institution feel like there is diversity, but you are not allowed to perform to your full capacity as a leader. You are undermined at every turn, disrespected, and sometimes explicitly excluded from decision making. I see it a form of modern Black subjugation. You have the role, but your power and authority are stripped.

You are Being Overly Sensitive, or You Misunderstand. When calling out obvious racist or prejudicial comments and actions by their colleagues, some participants are accused of being overly sensitive or having misunderstood the meaning of the comments or actions. Arno gave an example by describing how a colleague in a faculty search committee reacted to a tenure track faculty candidate with an accent who had just made a presentation. The colleague stated, "Well, we know we don't have to worry about her." When asked what she meant by the statement, she implied that she meant that they would not have to worry about considering her for the position, stating, "Well, I couldn't even understand her." Arno felt that when "you [as an academic nurse leader] have the courage to call White colleagues out on racist comments like that, then all of a sudden they go, 'You misunderstood. I didn't mean it that way; you're being too sensitive, everything is not about race,'"

Some participants even reported being asked to apologize to their White colleagues because the colleagues were offended when the participants asked them to explain their prejudicial statements. With righteous indignation, Faith stated:

> The dean asked me to apologize for telling this White woman who thinks it is okay to say that Black and Brown students do not belong to the program because they require too many resources and cost too much money. They are telling me I misunderstood her. Her message was clear.

Sometimes I Just Need a Moment to Breathe. A discussion of the experiences of these women cannot be fully separated from influences from wider society. Although none of the participants was asked directly about racially charged news events of the past year, several of them alluded to them and discussed how the current climate affects their institutions, roles, and relationships with their peers. For participant Jess, it has been "extremely difficult and traumatizing." Several participants noted that sometimes they just needed space and time "to exhale, to breathe" in the course of doing their jobs and navigating their White spaces. Rain explained.

> I need a minute sometimes, especially in the past eight months, I have needed more than a moment to grief, to breathe, to be Black, to holler at all the racial trauma and injustices … [After the killing of George Floyd] they expect me to come in and treat it like any other day in the life. But it is not, is it? I just need a moment, a moment to just be.

An Illusion of Diversity and Inclusion While Trying to Survive. Collectively, these leaders felt there was an effort to cultivate an appearance of diversity without actual inclusion and equity in academic nursing and the nursing profession. As an example, Aria recounted her experiences as an assistant chair of nursing in a very prestigious college of nursing. Although she had an exemplary performance, she was reprimanded by her direct superior in a private meeting, and scolded for "being too nice, overly ambitious, and not knowing her place in the organization." She continued,

> I realized then that I was not hired to change things. I was hired to make it seem like there is diversity. I was given the talk about how to represent the leadership. There were statements like, 'I understand what you are trying to do, but that is not the way we do things here.' Or 'If you want to survive in this role you have to pick your battles carefully, lay off always talking about this diversity thing, it is not earning you favors.'

Cally expressed, "It is not equitable when a particular type of people get the resources and assistance they need, and you are left to fend for yourself." Ra remarked that creating the appearance of diversity is sometimes the motive behind hiring Black nurse leaders at some institutions. Noting that although many nursing programs and institutions expressed the need and desire to change, it is "difficult to get folks to review and change existing policies to benefit people like me."

The theme of cultivating an illusion of diversity and inclusion included four sub-themes: (a) Fitting-in Culture versus Inclusion Culture, (b) They Come, and They Go, (c) Lone Voices (Diversity Champions), and (d) Choosing my Battles Carefully.

Fitting-in Culture versus Inclusion Culture. The fitting-in culture as opposed to inclusion culture was aptly described by Emma with an analogy:

> There is a difference between inclusive culture and fitting-in culture. An inclusive culture is: come, bring your diversity, and we welcome and embrace you as you are. That is opposed to: come, bring your diversity, and then you will have to do it our way and fit into our culture. … It is like inviting a vegetarian to dinner and serving chicken. You knew they were vegetarian when you invited them to dinner at your table, but you hoped that they would still eat meat from your table regardless of being vegetarian. That is not inclusion. It is forcing them to do it your way or else.

Three nurse leaders expressed dismay at the current racially divisive academic environment and the lack of will by

school administrators to strategically address the problem, saying faculty and nurse leaders were ill-equipped and lacked the will to deal with it. Although several participants felt burdened with either tolerating or checking microaggressions daily in their work environment with little to no support from their leaders, some felt that they needed to make all the necessary adjustments to fit into the White dominant culture, or else leave.

They Come, and They Go. This subtheme refers to the threat of job loss among Black women academic nurse leaders as a result of being forced out of their position. Many participants reported being viewed as token hires, and therefore their authority was always questioned. In some cases, participants expressed that people in their environment experienced fear of them and saw it as their responsibility to "get rid of them or put them in their places by any means necessary." Many of the mid-level leader participants discussed being reprimanded for making decisions or taking actions without express permission from their direct supervisors, even when White leaders at the same levels were given this authority. Jess described it this way:

> Organizational transformation towards equity and inclusion is difficult when you do not have strong White allies willing to do the work. When you are told that others like you, with big ideas, have come and gone. To know your place and stay there (laughs mirthlessly).

Lori explained, "Fear is a very strong motivating factor. I got really good at ignoring certain things, because I did not want to be punished later during reappointment and promotion hearings." The participants discussed being reminded through actions or words that they are in White spaces and occupying White seats and "not to get too comfortable."

Lone Voices (Diversity Champions). The subtheme of Lone Voices (Diversity Champions) speaks to the Black nurse leader often being the only diverse voice at the decision-making table. Nene talked about always taking extra time to consider how best to bring up a topic, or present feedback to White faculty colleagues and students so as not to be encumbered with future professional ill-will.

Another aspect of being a Lone Voice is the expectation by their White peers that they as Black women lead diversity and inclusion committees, and plan anti-racism trainings, often without adequate support and resources. Alex talked about how she was asked during an interview for the associate dean position what she could do if hired to improve the diversity of the student body. She stated, "They were looking for a savior. So, I asked them to tell me what they have in place and what the plan is. There was no plan. I felt like I was the plan. I lost interest."

Some of the participants noted that although they were expected to lead these diversity committees and initiatives, when they tried to focus on race-related issues, rather than some of the other "safer" diversity topics, they reported being shut down. Kris discussed experiencing continued and subtle shutdown of discussions about racial and ethnic diversity in her college of nursing. Similar to the experiences of many other participants, initiatives at Kris's college to address the concerns of Black students and other students of color were met with lukewarm enthusiasm, dismissed, or tabled because there supposedly were more pressing issues, like enrollment and (she laughed) lack of diversity.

Choosing My Battles Carefully. This subtheme refers to these leaders feeling they need to be extra careful when making decisions, because any backlash will seriously impact their careers. Zuri reflected on how she had changed, and how in her current higher level administrative position, she is able to use her position's power to try to equalize and advance the careers of faculty, staff, and students of color. She has also been able to force faculty to review and revise outdated policies. Emma said:

> For a very long time, I was the only Black person in any level of leadership in my school of nursing. I understood my place. I even knew that no matter what they say I was there to make them feel good about themselves. I was a token hire. […] But try fighting the 100-ton gorilla. It is not easy. I stayed for as long as I can stay, to quietly support those students who looked up to me. In the end, it got to be too much, so I left.

The above statement exemplifies what some of the participants learned to do in their roles. For example, Jess remarked. "You know that everything you do will be highly scrutinized, you don't want to be accused of reverse racism, which I have been accused of." Moira discussed a specific faculty hiring decision she made, which invariably resulted in what she described as, "15 months of torture for this poor girl." She felt that the new Black faculty would be a great addition to the team with some mentoring and guidance. However, the faculty were upset with the hire, and showed their displeasure by treating the new faculty poorly until she quit. Five faculty discussed not being able to move into higher level positions despite repeated "great" reviews in their current administrative roles. Ryan described this as "fighting a lost battle, and knowing when to put away your sword."

A Focus on Building and Sustaining Diversity, Equity, and Inclusion. For many decades, African American women have been leading the fight for racial equality and social justice, and participants discussed this. Holly explained, "As a Black woman who have experienced discrimination and racism, it is my responsibility to harness the power of my position to fight for and promote social justice and equity in nursing." Ira elaborated on how her perception of her leadership power have changed related to promoting equity and inclusion.

> As a Black woman leader, I fully understand the power of my position. With my life experience, I am committed to promoting DEI [diversity, equity, and inclusion] and social justice in my

> college […] I model the change I want to see. I am too old to worry about what people say or think. […] Damned the consequences. [Ira]

Additionally, many of the participants felt that it was their default responsibility to create an inclusive environment for themselves and students from racial and ethnic minority backgrounds, often with limited or no support from the institution leadership. Lou remarked that to make meaningful progress in anti-racism in nursing, "White nurses should champion the responsibility for improving DEI [diversity, equity and inclusion] in academic nursing, and not burdening Black nurses with the responsibility." Some reported that their nurse leaders are typically absent from diversity, equity, and inclusion activities, sending the "message that such activities are trivial."

Further, seven participants challenged the idea that all academic nurse leaders are willing to advocate for diversity, equity, and inclusion. They felt that many chairs and deans avoid the topic of race, and when forced to face the issue, they typically reverted to the cliché of "we treat everyone the same" or "meaningless colorblind statements." Emma felt that because many nurse leaders and faculty have been somewhat complicit and avoided addressing racism within their institutions and the profession, recent events have caused significant 'knee jerk' reactions and overcorrection in terms of creating a veneer of inclusion. Nelly described this response as "a bias towards not looking biased."

Some faculty also discussed faculty failure to consider the diversity of their minority students and perpetuating negative racial stereotypes about a group. For example, Lilly stated, "not all minority students need special assistance in nursing education to be successful, but many faculty tend to make this assumption about students of color, expressing real surprise when they excel." Dalia identified a specific instance where a new Dean presented a strengths-weaknesses-opportunities-threats analysis report to the school of nursing identifying a major challenge faced by their nursing program as "our Black students come from the inner cities, and they don't have critical thinking skills, so it's harder to teach them."

"Covert racism by many nurses and nurse leaders has the power to sustain racism for the next five decades," said Vaz. She felt that because individuals in the work environment have learned that it is socially unacceptable to be overtly racist, they have become adept at covert racism which is far more destructive, "and undermines all efforts to improve health equity and social justice." Several participants noted that efforts to address diversity, equity and inclusion and anti-racism related issues almost always fall short of the mark and leave them very disappointed with their institutions and nurse leaders. Diversity, equity, and inclusion committee meetings were frequently canceled, White committee members found excuses not to participate in diversity, equity, and inclusion efforts, and their resources were often cut for budgetary constraints.

We conclude these results with a set of statements collated from multiple participants. "Becoming an anti-racist requires a lot of learning and unlearning … It is a marathon, not a sprint." As Black women who want change, we may seem impatient, but we need to "exercise some patience with our White colleagues, who are making great efforts to become anti-racist." To our White colleagues who are making genuine efforts to unlearn marginalizing and biased attitudes and behaviors toward people of color, "We ask that you continue to make the efforts." "Do not give up when you are not appreciated for your efforts." If you want to give up because you feel unappreciated:

> Imagine feeling unappreciated all time by your colleagues, because that is how we feel most of the time. Change takes time so long as we are working hard at it. We need White allies, not saviors, to make lasting change.

Discussion

We used CRT as the framework to examine the experiences of Black women academic nurse leaders placing race at the center of our scholarly inquiry. The study aimed to explore how race influenced how these women experience their role as academic administrators, how their peers perceive them in these roles, and how the perception of race, gender, class, and power influence diversity, equity, and inclusion initiatives in the workplace. We identified four main themes and eight subthemes that indicated that Black women academic nurse leaders felt they were hyper-visible and highly scrutinized, constantly experiencing pressure to be inauthentic, and not champion diversity, equity, and inclusion efforts. They did not feel supported in their leadership; in fact, they related that their authority was routinely undermined and thwarted, and some felt they were placed in the leadership position as an act of racial hostility, making them a target. Taken together, these findings highlight continued exclusion and inequities faced by these women even as they rise through the ranks of academic nursing leadership.

The theme of Paying a Personal Price for Authenticity referred to how participants had to carefully consider every decision and act because they felt at high risk for backlash and alienation. Similar findings have been reported in previous studies of Black faculty and other faculty of color (Henry, 2015; James, 2012; Rollock, 2021). The theme of Being the Only One is Hard Even When You are in Charge, and the subtheme of the Race Burden is Ever-Present are supported by reports by participants that the burden of racism and microaggression was ever-present. These findings are consistent with the literature on the experiences on Black nurses and faculty (Ackerman-Barger et al., 2020; Hassouneh et al., 2012; Iheduru-Anderson, 2020a; Whitfield-Harris et al., 2017). A qualitative study of racialized faculty members in Canada found that speaking up against racism can pose a significant risk for career advancement in academia (James,

2012). Hence, the participants reported working hard to maintain racial harmony by being polite and nice to those who were being rude and exhibiting racial microaggressions.

The subtheme of Sometimes I Just Need a Moment to Breathe reflects how participants in the study were so physically and emotionally spent from racial assaults and microaggressions that they needed time and space to restore themselves, which has been described in other research as racial battle fatigue (Rollock, 2021; Witherspoon Arnold et al., 2016). Witherspoon Arnold et al. (2016, p. 905) argued that the expectation not to complain about racial hostility serves to "create a tyranny of niceness that camouflages institutionalized White racial framing" and diverts attention away from addressing issues with racism in the workplace.

The superficial appearance of diversity, in reference to the theme An Illusion of Diversity and Inclusion While Trying to Survive, was examined by Iheduru-Anderson and Wahi (2021), and the lack of representation of Black women in academic nursing leadership has been reported on extensively (Beard & Julion, 2016; Iheduru-Anderson et al., 2021; Villarruel & Broome, 2020). In a Canadian study, in reference to the theme of Choosing My Battles Carefully, Black women faculty also reported not responding to racist actions (Henry, 2015). Participants reported having to go above and beyond the work of their White counterparts to get appreciation, and this finding was echoed in the study of Black women professors in the UK mentioned earlier (Rollock, 2021).

Being a lone voice on race-related issues was reported by our participants and by nurse faculty in previous studies (Whitfield-Harris et al., 2017), as was the burden of diversity, equity, and inclusion work falling as an implicit expectation on Black faculty and leaders (Hassouneh, 2006; Henry, 2015; Lollar, 2015; Settles et al., 2019). A similar experience was reported by Black women leaders in higher education who described learning to become adept at securing the support of the "good old boys" to leverage their positions while maintaining their integrity and sense of self (Davis & Maldonado, 2015, p. 59).

Although this study is unique, the findings echo throughout the literature. It was observed by Iheduru-Anderson and Wahi (2021) that teaching "cultural competence," which had been the intended remedy for racism in nursing, failed to address the problem, and appears to have exacerbated it. They recommend changing the approach to focus efforts instead on supporting and developing Black nursing faculty and faculty leaders (as well as Black nursing students), creating, and supporting anti-discriminatory pedagogy, and subjecting nursing programs to define and meet key performance indicators associated with inclusion in order to be approved and continue operating (Iheduru-Anderson & Wahi, 2021). Anti-racism and anti-sexism faculty training has been shown to be successful in academia (Carnes et al., 2012), specifically academic nursing (Hassouneh, 2006; Schroeder & DiAngelo, 2010). As multiple nursing organizations have taken the position that they promote the elimination of racism in nursing, it follows that they would likely endorse the use of inclusivity key performance indicators to improve the quality of nursing education should any be developed (Iheduru-Anderson & Wahi, 2021).

Implications for Nursing Education

This paper describes largely negative experiences of Black women academic nurse leaders as they perform their duties as leaders in nursing education. Considering these administrators ascended to leadership through the faculty ranks, their experiences of hostility and lack of support shed light on how difficult it is at every level to aspire to be a Black woman nurse leader in academia. According to the AACN, "Making nursing education equitable and inclusive requires actively combating structural racism, discrimination, systemic inequity, exclusion, and bias" (AACN, 2021a, p. 6). As described earlier, the cultural competence training did not address structural racism, so other approaches in academic nursing are needed.

Two main approaches are recommended for nursing education. First, faculty must be equipped with skills to deliver an anti-racist pedagogy through faculty training. To combat sexism among science, technology, engineering, and math faculty, Carnes et al. (2012) successfully trained faculty in developing an anti-sexist pedagogy. A similar anti-racist intervention was used with faculty at the University of Washington School of Nursing with evidence of success (Schroeder & DiAngelo, 2010). Second, inclusivity policies need to be made and enforced at the highest levels of academic nursing, which in the US, would be state boards of nursing (which approve nursing education programs) and accreditation organizations such as the Commission on Collegiate Nursing Education, Accreditation Commission for Education in Nursing, and Nursing Commission for Nursing Education Accreditation. Specifically, key performance indicators related to inclusivity beyond recruitment metrics demonstrate an authentic commitment to increasing the representation of Black women leaders in academic nursing. Implementing these two approaches simultaneously would send a strong top-down message that inclusion in academic nurse leadership is required, not optional.

Strengths and Limitations

This study is unique in its scope, breadth, and size, centralized on the experiences of Black women academic nurse leaders. The participants provided incredibly rich data revealing insights into how they navigate their roles in the deep and entrenched nature of White supremacy in US nursing and society. Although the intent of this study is not to generalize the findings, the essential meaning structure of the findings is a strength. The meaning-oriented themes add to the robustness of the qualitative research findings. The sample participating in this study was drawn to reflect the experiences of

this group of Black women academic nurse leaders, and it is up to other Black nurses and nurse leaders to determine if the experiences are transferable to them. As study participants were recruited from several US states, the findings do not reflect any particular US region or location.

Although, the current study presented a US and academic nursing perspective, the need for representation of diverse and historically marginalized voices in nursing leadership is not uniquely a US or academic nursing challenge. Black nurses are under-represented in clinical nursing leadership as well (Iheduru-Anderson, 2020). The current study could be expanded in future studies to examine the lived experiences of historically under-represented groups in nonacademic settings and other Western countries including United Kingdom, Australia, Canada, and Europe.

Conclusion

Our study adds to the limited literature on Black women academic nurse leaders in the US, yet found many of the same themes seen in studies of Black leaders and other leaders of color in nursing and other academic fields. Through the participants' unique perceptions as Black women academic nurse leaders, they revealed how because the structure, organization, and leadership positions in academic nursing are predominantly White, improving inclusivity in academic nursing leadership is critical to how Black women academic nurse leaders perceive their role and are able to perform as leaders. Higher education leadership involved with nursing programs should implement an anti-racist pedagogy and associated faculty training to improve campus culture and to address racial microaggressions at all levels of nursing education. Nursing education also needs to improve the nursing academic climate by hiring, training, and mentoring academic nurse faculty and administrators from historically racially marginalized groups. Given historical precedent, this will likely only happen if meeting inclusivity metrics is mandatory in order to gain nursing program approval and accreditation.

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Supplemental Material

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References

Ackerman-Barger, K., Boatright, D., Gonzalez-Colaso, R., Orozco, R., & Latimore, D. (2020). Seeking inclusion excellence: Understanding racial microaggressions as experienced by underrepresented medical and nursing students. *Academic Medicine*, *95*(5), 758–763. https://doi.org/10.1097/ACM.0000000000003077

Ackerman-Barger, K., & Hummel, F. (2015). Critical race theory as a lens for exploring inclusion and equity in nursing education. *Journal of Theory Construction & Testing*, *19*(2), 39–46.

American Association of Colleges of Nursing. (2017). *Diversity, equity, and inclusion in academic nursing* [Position Statement]. https://www.aacnnursing.org/Portals/42/News/Position-Statements/Diversity-Inclusion.pdf

American Association of Colleges of Nursing. (2021a). *The essentials: Core competencies for professional nursing education*. https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

American Association of Colleges of Nursing. (2021b). *Rounds with leadership: Accelerating momentum for change*. https://www.aacnnursing.org/News-Information/News/View/ArticleId/25031/rounds-with-leadership-7-28-21

American Nurses Association. (2018). *The nurse's role in addressing discrimination: Protecting and promoting inclusive strategies in practice setting, policy, and advocacy* [Position Statement]. https://www.nursingworld.org/~4ab207/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-in-addressing-discrimination.pdf

Ansley, F. L. (1989). Stirring the ashes: Race, class and the future of civil rights scholarship. *Cornell Law Review*, *74*(6), 86. https://scholarship.law.cornell.edu/clr/vol74/iss6/1/

Beall-Davis, S. (2017). *African American women in America: Underrepresentation, intersectionality, and leadership development experiences* [Doctoral Dissertation, Walden University]. https://www.proquest.com/docview/1950267225/abstract/B009B1B6C93C4BA1PQ/1

Beard, K. V., & Julion, W. A. (2016). Does race still matter in nursing? The narratives of African-American nursing faculty members. *Nursing Outlook*, *64*(6), 583–596. https://doi.org/10.1016/j.outlook.2016.06.005

Braun, V., & Clarke, V. (2012). Thematic Analysis. In *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and*

biological (pp. 57–71). American Psychological Association. https://doi.org/10.1037/13620-004

Butina, M. (2015). A narrative approach to qualitative inquiry. *American Society for Clinical Laboratory Science*, *28*(3), 190–196. https://doi.org/10.29074/ascls.28.3.190

Carnes, M., Devine, P. G., Isaac, C., Manwell, L. B., Ford, C. E., & Byars-Winston, A. (2012). Promoting institutional change through bias literacy. *Journal of Diversity in Higher Education*, *5*(2), 63–77. https://doi.org/10.1037/a0028128

Collins, P. H. (2012). Social inequality, power, and politics: Intersectionality and American pragmatism in dialogue. *The Journal of Speculative Philosophy*, *26*(2), 442–457. https://doi.org/10.5325/jspecphil.26.2.0442

Collins, P. H. (2015). Intersectionality's definitional dilemmas. *Annual Review of Sociology*, *41*(1), 1–20. https://doi.org/10.1146/annurev-soc-073014-112142

Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (1995). *Critical Race Theory: The key writings that formed the movement*. The New Press.

Creswell, J. W. (2013). *Steps in conducting a scholarly mixed methods study* [Slide Presentation]. DBR Speaker Series. https://digitalcommons.unl.edu/dberspeakers/48

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Darwin Holmes, A. G. (2020). Researcher positionality—A consideration of its influence and place in qualitative research—A new researcher guide. *Shanlax International Journal of Education*, *8*(4), 1–10. https://doi.org/10.34293/education.v8i4.3232

Davis, D. R., & Maldonado, C. (2015). Shattering the glass ceiling: The leadership development of African American women in higher education. *Advancing Women in Leadership*, *35*, 48-64. https://doi.org/10.21423/awlj-v35.a125.

Hadi, M. A., & José Closs, S. (2016). Ensuring rigour and trustworthiness of qualitative research in clinical pharmacy. *International Journal of Clinical Pharmacy*, *38*(3), 641–646. https://doi.org/10.1007/s11096-015-0237-6

Hassouneh, D. (2006). Anti-racist pedagogy: Challenges faced by faculty of color in predominantly White schools of nursing. *Journal of Nursing Education*, *45*(7), 255–262.

Hassouneh, D., Akeroyd, J., Lutz, K. F., & Beckett, A. K. (2012). Exclusion and control: Patterns aimed at limiting the influence of faculty of color. *Journal of Nursing Education*, *51*(6), 314–325. https://doi.org/10.3928/01484834-20120323-04

Henry, A. (2015). 'We especially welcome applications from members of visible minority groups': Reflections on race, gender and life at three universities. *Race Ethnicity and Education*, *18*(5), 589–610. https://doi.org/10.1080/13613324.2015.1023787

Iheduru-Anderson, K. C. (2020a). The White/Black hierarchy institutionalizes White supremacy in nursing and nursing leadership in the United States. *Journal of Professional Nursing*, *37*(2), 411–421. https://doi.org/10.1016/j.profnurs.2020.05.005

Iheduru-Anderson, K. C., Agomoh, C. J., & Inungu, J. (2021). African born Black nurses' perception of their US work environment: race matters. *Nursing Outlook*, *69*(3), 409–424. https://doi.org/10.1016/j.outlook.2020.11.009

Iheduru-Anderson, K. C., & Wahi, M. M. (2021). Rejecting the myth of equal opportunity: An agenda to eliminate racism in nursing education in the United States. *BMC Nursing*, *20*(1), 30. https://doi.org/10.1186/s12912-021-00548-9

Iheduru-Anderson, K. (2020). Barriers to career advancement in the nursing profession: Perceptions of Black nurses in the United States. *Nursing Forum*, *55*(4), 664–677. https://doi.org/10.1111/nuf.12483

James, C. E. (2012). Strategies of engagement: How racialized faculty negotiate the university system. *Canadian Ethnic Studies Journal*, *44*(1), 133-153. https://doi.org/10.1353/ces.2012.0007.

Knopf, A., Budhwani, H., Logie, C. H., Oruche, U., Wyatt, E., & Draucker, C. B. (2021). A review of nursing position statements on racism following the murder of George Floyd and other Black Americans. *The Journal of the Association of Nurses in AIDS Care*, *32*(4), 453–466. https://doi.org/10.1097/JNC.0000000000000270

Ladson-Billings, G. (2005). The evolving role of critical race theory in educational scholarship. *Race Ethnicity and Education*, *8*(1), 115–119. https://doi.org/10.1080/1361332052000341024

Ledesma, M. C., & Calderón, D. (2015). Critical race theory in education: A review of past literature and a look to the future. *Qualitative Inquiry*, *21*(3), 206–222. https://doi.org/10.1177/1077800414557825

Lollar, K. (2015). Strategic invisibility: Resisting the inhospitable dwelling place. *Review of Communication*, *15*(4), 298–315. https://doi.org/10.1080/15358593.2015.1116592

Milner, H. R. (2007). Race, culture, and researcher positionality: Working through dangers seen, unseen, and unforeseen. *Educational Researcher*, *36*(7), 388–400. https://doi.org/10.3102/0013189X07309471

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, *25*(9), 1212–1222. https://doi.org/10.1177/1049732315588501

National Academies of Sciences, Engineering and Medicine. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. The National Academies Press. https://www.nap.edu/read/12956/chapter/1

National League for Nursing. (2016). *Achieving diversity and meaningful inclusion in nursing education* (p. 16) [Vision Series]. http://www.nond.org/resources/NLN-vision-statement-achieving-diversity.pdf

National League for Nursing. (2020). *NLN faculty census survey 2018-2019*. http://www.nln.org/newsroom/nursing-education-statistics/nln-faculty-census-survey-2018-2019

Overstreet, N. M., Rosenthal, L., & Case, K. A. (2020). Intersectionality as a radical framework for transforming our disciplines, social issues, and the world. *Journal of Social Issues*, *76*(4), 779–795. https://doi.org/10.1111/josi.12414

Parker, L., & Villalpando, O. (2007). A race(cialized) perspective on education leadership: Critical race theory in educational administration. *Educational Administration Quarterly*, *43*(5), 519–524. https://doi.org/10.1177/0013161X07307795

Patton, L. D. (2016). Disrupting postsecondary prose: Toward a critical race theory of higher education. *Urban Education*, *51*(3), 315–342. https://doi.org/10.1177/0042085915602542

Rollock, N. (2021). "I would have become wallpaper had racism had its way": Black female professors, racial battle fatigue, and strategies for surviving higher education. *Peabody Journal of Education*, *96*(2), 206–217. https://doi.org/10.1080/0161956X.2021.1905361

Schroeder, C., & DiAngelo, R. (2010). Addressing whiteness in nursing education: The sociopolitical climate project at the University of Washington School of Nursing. *Advances in Nursing Science*, *33*(3), 244–255. https://doi.org/10.1097/ANS.0b013e3181eb41cf

Settles, I. H., Buchanan, N. T., & Dotson, K. (2019). Scrutinized but not recognized: (In)visibility and hypervisibility experiences of faculty of color. *Journal of Vocational Behavior*, *113*, 62-74. https://doi.org/10.1016/j.jvb.2018.06.003.

Sundler, A. J., Lindberg, E., Nilsson, C., & Palmér, L. (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, *6*(3), 733–739. https://doi.org/10.1002/nop2.275

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Villarruel, A. M., & Broome, M. E. (2020). Beyond the naming: Institutional racism in nursing. *Nursing Outlook*, *68*(4), 375–376. https://doi.org/10.1016/j.outlook.2020.06.009

Waite, R., & Nardi, D. (2019). Nursing colonialism in America: Implications for nursing leadership. *Journal of Professional Nursing*, *35*(1), 18–25. https://doi.org/10.1016/j.profnurs.2017.12.013

Waring, A. L. (2003). African-American female college presidents: Self conceptions of leadership. *Journal of Leadership & Organizational Studies*, *9*(3), 31–44. https://doi.org/10.1177/107179190300900305

Whitfield-Harris, L., Lockhart, J. S., Zoucha, R., & Alexander, R. (2017). The lived experience of Black nurse faculty in predominantly White schools of nursing. *Journal of Transcultural Nursing*, *28*(6), 608–615. https://doi.org/10.1177/1043659617699064

Witherspoon Arnold, N., Crawford, E., & Khalifa, M. (2016). Psychological heuristics and faculty of color: Racial battle fatigue and tenure/promotion. *The Journal of Higher Education*, *87*, 890–919. https://doi.org/10.1080/00221546.2016.11780891

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